# Humana One Dental Preventive Plus



### **New York**

Preventive Plus helps you meet your everyday dental needs. The plan covers services most often used, with the freedom to select any dentist.

	In-network coverage	Out-of-network coverage
Preventive services (no waiting period)  Routine oral examinations (limit 2 per year)  Periodontal examinations (limit 2 per year)  X-rays (limit 1 set per year, excludes full mouth and Panoramic)  Cleanings (limit 2 per year)  Topical fluoride treatment (limit 1 per year, age 14 and under)  Sealants (limit of 1 per tooth per lifetime, age 14 and under)	100% no deductible	70% of in-network fee schedule after deductible
Basic services (six month waiting period applies)  Emergency care for pain relief  Extractions and root removal  Fillings (limit 2 per year, composite covered on front teeth only ¹)  Space maintainers (age 14 and under, initial placement only)  Oral surgery  Prefabricated stainless steel crowns	<b>50%</b> after deductible	<b>50%</b> of in-network fee schedule after deductible
Discount services (no waiting period)  > Periodontics  > Endodontics (root canals)  > Crowns  > Implants  > Bridgework  > Dentures  > Denture relines and rebases  > Denture repair and adjustments  > Inlays and onlays  > Appliances for children	Receive an average discount of 28 percent by seeing in-network dentists. <sup>2</sup>	Not available
Orthodontia services  > Adult and child orthodontia		
Calendar-year deductible (excludes discount services)	\$50 per individual on the plan, up to a maximum of \$150.	
Annual maximum (excludes discount services)	<b>\$1,000</b> per individual on the plan	

Out-of-network dentists can bill you for charges above the amount covered by your HumanaOne Dental plan.

To ensure you do not receive additional charges, visit a dentist in the HumanaDental PPO network.

Waiting periods and other limitations may apply, please see your policy certificate for coverage details.

- 1. Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.
- 2. Dentists in the HumanaDental PPO network provide a discount for services not covered by the plan, with an average savings of 28% on out-of-pocket costs. Some services will have lower than average discounts. Check with in-network providers for specific discounts.

# Choose Humana*One*Dental benefits

### Be healthy

Good dental health is a reflection of good overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. Humana *One* Dental's Preventive Plus plan focuses on prevention, providing exams and cleanings every calendar year.

#### Be successful

Did you know 74 percent of adult Americans believe that an unattractive smile could hurt a person's chances for career success? That's according to the American Academy of Cosmetic Dentistry. HumanaDental's Preventive Plus plan helps you maintain a healthy and attractive smile.

### My Dental IQ

My Dental IQ promotes routine dental care—not only encouraging good oral health, but possibly helping to reduce total healthcare costs over time. Research shows that periodontal (gum) disease has been linked to other serious diseases in the body. The dental health risk assessment at **MyDentallQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

# Use your Humana*One*Dental benefits

#### Find a dentist

With Humana *One* Dental's Preventive Plus plan, you can see any dentist. You can save up to 28 percent on out-of-pocket costs when you visit a dentist in Humana *One* Dental's PPO Network – ask when you schedule your appointment.

## Know what your plan covers

The other side of this page gives you a summary of Humana *One* Dental benefits. Your plan certificate describes in detail your Humana Dental benefits.

### See your dentist

Simply present your HumanaDental identification (ID) card when you see your dentist. It contains all the information your dentist needs to submit your claims.

### Learn what your plan paid

After Humana *One* Dental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim by calling 1–866–537–0232.



This is an outline of the limitations and exclusions for the plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions:

- Treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), and state or Federal workers' compensation or occupational disease act or law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile nofault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made;
- 2. Any loss caused or contributed by:
  - war or act of war, (whether declared or not); participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto;
  - suicide, attempted suicide or intentionally selfinflicted injury; and
  - aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline;
- 3. Cosmetic dentistry, except that cosmetic dentistry shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. However, if the policy provides hospital, surgical or medical expense coverage, including a policy issued by a health maintenance organization, then coverage and determinations with respect to cosmetic surgery must be provided pursuant to Part 56 of this Title (Regulation 183);

- 4. Any service that:
  - A. Is not a dental necessity;
  - B. Does not offer a favorable prognosis; or
  - C. Does not have uniform professional endorsement;
- 5. Service while you are outside the United States, its possessions or the countries of Canada and Mexico;
- 6. Any expense incurred to which a contributing cause was your commission of or attempt to commit a felony or to which a contributing cause was your being engaged in an illegal occupation; or
- 7. Any expenses incurred in consequence of your being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.