



Dental Plan – What’s changing?

1. Changing Dental Carriers

Changing from Aflac to Humana

2. Adding Dental HMO (DHMO) plan

- Requires that you select a Primary Care Dentist (PCD)
- Each family member covered can have a separate PCD, if desired
- No calendar year maximum, members pay a copay amount for each dental service
- Below are some common procedures and the copay amounts

Procedure Code	Description	Member Copay
D0120	Periodic Oral Evaluation	No charge
D0274	Bitewings, 4 radiographic images	No charge
D1110	Prophylaxis (routine cleaning)- Adult	No charge
D2394	Resin based composite – Four or more surfaces, posterior	\$90
D2710	Crown, resin-based composite (indirect)	\$270
D3330	Endodontic therapy (root canal), molar	\$250
D8080 & 8090	Comprehensive orthodontic treatment	\$1,900

3. New Secondary Low PPO plan

- Coinsurance on Basic Services changing from 50% to 70%
- Coinsurance on Major Services changing from 15% to 30%
- Deductible for Basic and Major Services is \$50 per person, maximum of \$150 per family

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

These plans provide benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist their out-of-pocket costs may be higher than that charged by contracted dentists.

Humana group dental plans are offered by Humana Insurance Company or by DentiCare, Inc. (d/b/a CompBenefits)