

## Dental Benefits

Employees have the option to enroll in dental plans through **Humana**.

You have two plan options to choose from and pick based on In-Network and Out-of-Network Coverage options. Preventative services are covered at 100% on both plans which include an annual cleaning and exam.

You may view your benefits, print an ID card and locate in-network dental providers by visiting [www.humana.com/findadentist](http://www.humana.com/findadentist)

### DESIGNATE A PRIMARY DENTAL PROVIDER – DHMO REQUIREMENT

- Visit [www.humana.com/findadentist](http://www.humana.com/findadentist)
- Under the Just Looking tab, select “DHMO” for coverage type and enter your zip code
- Select “HS205DHMO/Prepaid Networks” and search “Specialty: All Dentist Specialties.”
- Once found, list provider’s name in PlanSource, when prompted

#### IMPORTANT TO KNOW

#### Reimbursement schedule for your out-of-network benefits

Out-of-network services are covered at the percentage shown on the Maximum Allowable Fee, meaning you may be subject to “balance billing.”

In-Network has the best cost savings!

	HMO HS205	PPO
	IN-NETWORK ONLY	IN-NETWORK DETAILS BELOW*
<b>Calendar Year Deductible</b>		
Individual	\$0	\$50
Family	\$0	\$100
<b>Diagnostic &amp; Preventive</b>		
Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%	Covered 100%
<b>Basic Services</b>		
Amalgam	\$5	20% after deductible
Resin Basic	\$30 - \$90	
Periodontal	\$50 - \$55	
Extractions	\$0 - 40	
<b>Major Services</b>		
Root Canal	\$110	50% after deductible
Prosthetic Dentures	\$375-\$425 + Lab	
Crowns	\$275 + Lab	
<b>Orthodontic Services</b>		
Oral Exam	\$45	50%
Records & Planning	\$250	
Treatment	\$1,900	
<b>Anesthesia Services</b>		
Local Anesthesia	\$0	n/a
Nitrous Oxide per 15 min	\$15 copay	
<b>Annual Benefit Maximum</b>	n/a	\$1,000
<b>PER-PAY-PERIOD COSTS (24)</b>		
<b>Employee Only</b>	\$6.87	\$12.60
<b>Employee &amp; Spouse</b>	\$13.72	\$25.32
<b>Employee &amp; Child(ren)</b>	\$15.44	\$23.07
<b>Employee &amp; Family</b>	\$24.83	\$42.66

\*Out-of-Network Details can be found in the Plan Documents