



Services	In-network dentist		Out-of-network dentist U&C 90	
<b>Deductible</b> (excludes orthodontia services)	Individual: \$50	Family: \$150	Individual: \$50	Family: \$150
Deductible applies to all services excluding preventive services.				
<b>Annual maximum</b> (excludes orthodontia services)	\$2,000 + extended annual maximum (see section below)			
<b>Preventive services</b> <b>Routine oral examinations</b> (2 per year) <b>Bitewing x-rays</b> (2 films under age 10, up to 4 films ages 10 and older) <b>Panoramic x-rays</b> (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) <b>Routine cleanings</b> (2 per year) <b>Fluoride treatment</b> (1 per year, through age 14) <b>Sealants</b> (permanent molars, through age 14) <b>Space maintainers</b> (primary teeth, through age 14) <b>Oral Cancer Screening</b> (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
<b>Basic services</b> <b>Emergency care for pain relief</b> <b>Amalgam fillings</b> (1 per tooth every 2 years, composite for anterior/front teeth) <b>Oral surgery</b> (including extractions of impacted teeth) <b>General anesthesia<sup>1</sup></b> <b>Stainless steel crowns</b> <b>Harmful habit appliances for children</b> (1 per lifetime, through age 14) <b>Periodontics</b> (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) <b>Endodontics</b> (root canals 1 per tooth per lifetime and 1 re-treatment)	80% after deductible		80% after deductible	

<sup>1</sup> Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



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<b>Major services</b> Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 every 5 years) Dentures (1 every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use)	50% after deductible	50% after deductible
<b>Extended Annual Max</b> Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
<b>Orthodontia services</b>	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.	

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out of network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Enrollment type <sup>2</sup>	Group size	Preventive	Basic	Major <sup>3</sup>	Orthodontia
Initial enrollment, open enrollment, and timely add-on	2-9 enrolled employees	No	No	12 months <sup>4</sup>	24 months <sup>4</sup>
Initial enrollment, open enrollment, and timely add-on	10 or more enrolled employees	No	No	No	12 months <sup>4</sup> (No waiting period for employer-sponsored)

<sup>2</sup> Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia (24 months for 2-9 enrolled employees.)

<sup>3</sup> Waiting periods do not apply to endodontic services unless a late applicant.

<sup>4</sup> Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.



# Humana Dental Traditional Preferred 14

GA TRP U&C 100/80/50  
S2 IT GROUP LLC

GEORGIA



## Questions?

Visit **Humana.com** or call **866-427-7478**  
Monday – Saturday, 8 a.m. – 11 p.m., and  
Sunday, 11 a.m. – 8 p.m., Eastern time.  
Find a dentist at **Humana.com/findadentist**.



## Register today!

Register or sign in to MyHumana at **Humana.com**  
to view your coverage details, ID cards, manage  
claims, find a dentist and more!

Missing tooth clause:  
See plan document for more details.

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog - Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í beésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721