



Humana Dental Preventive Plus

TX Prev+ U&C+ 100/80/0
PEARLAND ISD

TEXAS

Services	In-network dentist	Out-of-network dentist U&C 90
Annual Deductible (excludes orthodontia services)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Deductible applies to all services excluding preventive services.		
Annual maximum (excludes orthodontia services)	\$500	
Preventive services	100% no deductible	100% no deductible
Routine oral examinations (3 per year)		
Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)		
Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 12+)		
Routine cleanings (3 per year)		
Periodontal cleanings (4 per year)		
Fluoride treatment (1 per year, through age 16)		
Sealants (permanent molars, through age 16)		
Space maintainers (primary teeth, through age 15)		
Oral Cancer Screening (1 per year, ages 40 and older)		
Basic services	80% after deductible	80% after deductible
Emergency care for pain relief		
Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)		
Routine extractions		
Major services	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.	
Crowns		
Inlays/onlays		
Bridges		
Dentures		
Denture relines/rebases		
Denture repair and adjustments		
Implants		
Periodontics (gums)		
Endodontics (root canals)		



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Orthodontia services

Adult and child orthodontia

These services are not covered under this plan. Members may receive a discount on non-covered services and 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

Employer-sponsored funding: 5+ enrolled employees

Enrollment type ¹	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	Not available	Not available

¹ Late applicant enrollment will have the following waiting periods: 12 months basic services.

Monthly rates* (12 deductions per year)

Employee:	\$19.04
Employee + 1:	\$37.24
Family:	\$64.10

*This is not a substitute for a quote. Rates must be approved by Humana Dental underwriting.



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!



Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in **Your plan benefits section**, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include, but are not limited to;
 - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
 - Any service to correct congenital malformation;
 - Any service performed primarily to improve appearance;
 - Characterizations and personalization of prosthetic devices; or
 - Any procedure to change the spacing and/or shape of the teeth.
7. Infection control, including but not limited to sterilization techniques.
8. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
9. Any service not specifically listed in Your plan benefits.
10. Any service that:
 - Is not eligible for benefits based upon clinical review;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional acceptance; or
 - Is deemed to be experimental or investigational in nature.
11. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
12. Charges exceeding the reimbursement limit for the service.
13. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
14. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
15. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
16. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.

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 resewva 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 hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك