



## Humana Dental Plans

### Introducing StaffScapes Dental Plans

StaffScapes offers employees a selection between two unique and useful plans which will benefit your entire family. Both plans utilize the widespread Humana network, have no waiting periods, and offer different price points which can best suited for every budget.

### Humana PPO Dental Plan

The Humana PPO plan is what most people will think of as traditional dental insurance. The monthly premiums are more, but aside from low deductibles, you will pay less out of pocket at your regular dental appointments. The PPO Plan covers:

- 100% of Preventative Treatments;
- 100% of Basic Services;
- 60% of Major Services;
- \$1500 Annual Maximum; and
- After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year. (Implants and orthodontia excluded.
- May be eligible to receive up to a 20% discount on non-covered services. Members may contact a participating provider to determine if any discounts are available.

<b>Employee Only:</b> \$35.31/month	<b>Employee &amp; Spouse</b> \$75.83/month	<b>Employee &amp; Family</b> \$113.38/month
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### Alpha Dental Discount Plan

The Alpha Dental Plan is a discount plan which utilizes the same wide Humana Network as the PPO plan, but offers a substantial discount off fixed prices. The result is that the monthly premium is less, but there will be fees for services. The Alpha Dental Plan:

- Has no annual maximums;
- Covers many routine dental concerns (including orthodontia); and
- Specialty dental visits offered at a discount of 20% off

<b>Employee Only:</b> \$11.75/month	<b>Employee &amp; Spouse</b> \$21.75/month	<b>Employee &amp; Family</b> \$31.75/month
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**For questions or more detailed information, please do not hesitate to contact the StaffScapes Benefits Department at 303-466-7864.**

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
<b>Calendar-year deductible</b> (excludes orthodontia services)	\$50	\$150	\$50	\$150
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,500 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• X-rays</li> <li>• Cleanings</li> <li>• Topical fluoride treatment (through age 14, one per calendar year)</li> <li>• Sealants (through age 14)</li> </ul>	100% no deductible		100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Space maintainers (through age 14)</li> <li>• Emergency care for pain relief</li> <li>• Basic oral surgery services - basic extractions of erupted tooth or root</li> <li>• Fillings (amalgam, composite for anterior teeth)</li> <li>• Appliances for children (through age 14)</li> <li>• Prefabricated stainless steel crowns</li> </ul>	100% after deductible		80% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays and onlays</li> <li>• Bridgework</li> <li>• Dentures</li> <li>• Denture relines and rebases</li> <li>• Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots</li> <li>• Implants</li> <li>• Periodontics (gums)</li> <li>• Endodontics (root canals)</li> </ul>	60% after deductible		50% after deductible	
<b>Orthodontia services</b>	If you do not choose orthodontia coverage, employees may be eligible to receive up to a 20% discount on non-covered services. Members may contact a participating provider to determine if any discounts are available.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

### Waiting periods

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available
Late applicant <sup>1,2</sup>	No	12 months	12 months	Not available

<sup>1</sup> Late applicants not allowed with open enrollment option.

<sup>2</sup> Waiting periods do not apply to endodontic services unless a late applicant.

The Beta Health Alpha Dental Plan focuses on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. Beta Health Alpha plan copayments for listed procedures are applicable at a participating general dentist.

Member costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. A PCD may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

**Specialists services:** Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. Members will receive up to a 20 percent discount by visiting a participating specialist.

## Summary of services

### Diagnostic (Exams and x-rays) Member pays

D0999	Routine office visit	\$ 5.00
D0120	Periodic oral evaluation	no charge
D0140	Limited oral evaluation—problem focused	\$ 15.00
D0150	Comprehensive oral evaluation—new or established patient	\$ 12.00
D0210	X-ray intraoral—complete series including bitewings	\$ 29.00
D0220	X-ray intraoral—periapical, first film	\$ 6.00
D0230	X-ray intraoral—periapical, each additional film	\$ 5.00
D0240	X-rays intraoral—occlusal film	\$ 5.00
D0250	X-ray extraoral—first film	\$ 5.00
D0260	X-ray extraoral—each additional film	\$ 5.00
D0270	X-ray bitewing—single film	no charge
D0272	X-ray bitewings—two films	no charge
D0274	X-ray bitewings—four films	no charge
D0330	X-ray panoramic film	\$ 49.00
D0340	Cephalometric film	\$ 60.00
D0460	Pulp vitality test	no charge
D0470	Diagnostic casts	\$ 49.00
D0999	Emergency visit (same day)	\$ 25.00

### Preventive (Cleanings) Member pays

D1110	Prophylaxis—adult cleaning (every six months)	\$ 15.00
D1120	Prophylaxis—child cleaning (every six months)	\$ 15.00
D1203	Topical application of fluoride not including prophylaxis—child	\$ 11.00
D1330	Oral hygiene instructions	no charge
D1351	Sealant—per tooth	\$ 12.00
D1510	Space maintainer—fixed, unilateral	\$ 173.00
D1515	Space maintainer—fixed, bilateral	\$ 250.00
D1520	Space maintainer—removable, unilateral	\$ 213.00
D1525	Space maintainer—removable, bilateral	\$ 246.00
D1550	Recementation of space maintainer	\$ 17.00
D1999	Additional prophylaxis (for perio maintenance)	\$ 41.00

### Restorative Services

#### (Fillings, crowns, inlays and onlays) Member pays

D2140	Amalgam—one surface, primary or permanent	\$ 33.00
D2150	Amalgam—two surfaces, primary or permanent	\$ 44.00

D2160	Amalgam—three surfaces, primary or permanent	\$ 54.00
D2161	Amalgam—four or more surfaces, primary or permanent	\$ 63.00
D2330	Resin based composite—one surface, anterior	\$ 45.00
D2331	Resin based composite—two surfaces, anterior	\$ 58.00
D2332	Resin based composite—three surfaces, anterior	\$ 77.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 124.00
D2390	Resin based composite crown, anterior	\$ 262.00
D2391	Resin based composite—one surface, posterior	\$ 98.00
D2392	Resin based composite—two surfaces, posterior	\$ 135.00
D2393	Resin based composite—three surfaces, posterior	\$ 172.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 188.00
D2510*	Inlay—metallic, one surface	\$ 299.00
D2520*	Inlay—metallic, two surfaces	\$ 309.00
D2530*	Inlay—metallic, three or more surfaces	\$ 327.00
D2542*	Onlay—metallic, two surfaces	\$ 332.00
D2543*	Onlay—metallic, three surfaces	\$ 343.00
D2544*	Onlay—metallic, four or more surfaces	\$ 352.00
D2610*	Inlay—porcelain/ceramic, one surface	\$ 318.00
D2650*	Inlay—resin based composite, one surface	\$ 306.00
D2651*	Inlay—resin based composite, two surfaces	\$ 314.00
D2652*	Inlay—resin based composite, three or more surfaces	\$ 328.00
D2710*	Crown—resin based composite, indirect	\$ 319.00
D2720*	Crown—resin with high noble metal	\$ 375.00
D2721*	Crown—resin with predominantly base metal	\$ 340.00
D2722*	Crown—resin with noble metal	\$ 346.00
D2740*	Crown—porcelain/ceramic substrate	\$ 395.00
D2750*	Crown—porcelain fused to high noble metal	\$ 384.00
D2751*	Crown—porcelain fused to predominantly base metal	\$ 315.00
D2752*	Crown—porcelain fused to noble metal	\$ 370.00
D2790*	Crown—full cast high noble metal	\$ 366.00
D2791*	Crown—full cast predominantly base metal	\$ 318.00
D2792*	Crown—full cast noble metal	\$ 345.00
D2910	Recement inlay, onlay, or partial coverage restoration	\$ 15.00
D2920	Recement crown	\$ 31.00

D2930	Prefabricated stainless steel crown—primary tooth	\$ 101.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 123.00
D2932	Prefabricated resin crown	\$ 157.00
D2933	Prefabricated stainless steel crown with resin window	\$ 179.00
D2940	Sedative filling	\$ 37.00
D2950	Core buildup, including any pins	\$ 82.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 23.00
D2952	Cast post and core in addition to crown	\$ 134.00
D2954	Prefabricated post and core in addition to crown	\$ 107.00
D2955	Post removal (not in conjunction with endodontic therapy)	\$ 139.00
D2960	Labial veneer (resin laminate)—chairside	\$ 187.00
D2999	Bleaching (per arch) (\$125 additional charge per unit for multiple crown units—complex rehabilitation)	\$ 162.00

**Endodontic Services (Root canals) Member pays**

D3110	Pulp cap—direct (excluding final restoration)	\$ 26.00
D3120	Pulp cap—indirect (excluding final restoration)	\$ 27.00
D3220	Therapeutic pulpotomy excluding final restoration	\$ 72.00
D3230	Pulpal therapy—anterior, primary tooth (excluding restoration)	\$ 102.00
D3240	Pulpal therapy—posterior, primary tooth (excluding restoration)	\$ 113.00
D3310	Root canal therapy—one canal (excluding final restoration)	\$ 275.00
D3320	Root canal therapy—two canals (excluding final restoration)	\$320.00
D3330	Root canal therapy—three canals or more	\$ 400.00
D3410	Apicoectomy/periradicular surgery—anterior	\$ 328.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$ 366.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$ 424.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 161.00
D3430	Retrograde filling—per root	\$ 116.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$64.00

**Periodontic Services (Gum disease) Member pays**

D4210	Gingivoplasty or givectomy—four or more contiguous or bounded teeth spaces per quadrant	\$ 333.00
D4211	Gingivoplasty or givectomy—one to three contiguous or bounded teeth spaces per quadrant	\$178.00
D4240	Gingival flap, including root planing—four or more contiguous or bounded teeth spaces per quadrant	\$352.00
D4260	Osseous surgery including flap entry and closure—four or more contiguous or bounded teeth spaces per quadrant	\$ 521.00
D4320	Provisional splinting—intracoronal	\$ 260.00
D4321	Provisional splinting—extracoronal	\$ 246.00
D4341	Periodontal scaling and root planing—four or more teeth per quadrant	\$ 112.00

D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 89.00
D4910	Periodontal maintenance	\$ 57.00
D4999	Periodontal screening and scoring	\$ 10.00

**Prosthodontics (Removable/Complete Dentures, etc.) Member pays**

D5110	Complete denture—maxillary	\$ 533.00
D5120	Complete denture—mandibular	\$ 533.00
D5130	Immediate denture—maxillary	\$ 764.00
D5140	Immediate denture—mandibular	\$ 778.00
D5211	Maxillary partial denture—resin base (including clasps and teeth)	\$ 463.00
D5212	Mandibular partial denture—resin base (including clasps and teeth)	\$ 442.00
D5213	Maxillary partial denture—cast metal framework, resin denture bases (including clasps and teeth)	\$ 547.00
D5214	Mandibular partial denture—cast metal framework, resin denture bases (including clasps and teeth)	\$ 545.00
D5410	Adjust complete denture—maxillary	\$ 36.00
D5411	Adjust complete denture—mandibular	\$ 36.00
D5421	Adjust partial denture—maxillary	\$ 36.00
D5422	Adjust partial denture—mandibular	\$ 36.00
D5510	Repair broken complete denture base	\$ 88.00
D5520	Replace missing or broken teeth—complete denture (each tooth)	\$ 62.00
D5610	Repair resin denture base	\$ 82.00
D5620	Repair cast framework	\$ 139.00
D5630	Repair or replace broken clasp	\$ 105.00
D5640	Replace broken teeth—per tooth	\$ 68.00
D5650	Add tooth to existing partial denture	\$ 93.00
D5660	Add clasp to existing partial denture	\$ 121.00
D5710	Rebase complete maxillary denture	\$ 276.00
D5711	Rebase complete mandibular denture	\$ 276.00
D5720	Rebase maxillary partial denture	\$ 230.00
D5721	Rebase mandibular partial denture	\$ 231.00
D5730	Reline complete mandibular denture (chairside)	\$ 175.00
D5731	Reline complete mandibular denture (chairside)	\$ 175.00
D5740	Reline maxillary partial denture (chairside)	\$ 167.00
D5741	Reline mandibular partial denture (chairside)	\$ 167.00
D5750	Reline complete maxillary denture (laboratory)	\$ 155.00
D5751	Reline complete mandibular denture (laboratory)	\$ 155.00
D5760	Reline maxillary partial denture (laboratory)	\$ 158.00
D5761	Reline mandibular partial denture (laboratory)	\$ 157.00
D5850	Tissue conditioning, maxillary	\$ 66.00
D5851	Tissue conditioning, mandibular	\$ 65.00

NOTE: In addition to the fees listed above in section 5000 through 6000, additional fees may be charged for upgraded teeth and enhanced cosmetics, personalization beyond norm or techniques involving precision dentures.

**Prosthodontics (Fixed/Partial Dentures, etc.) Member pays**

D6210*	Pontic—cast high noble metal	\$ 359.00
D6211*	Pontic—cast predominantly base metal	\$ 303.00
D6212*	Pontic—cast noble metal	\$ 320.00
D6240*	Pontic—porcelain fused to high noble metal	\$ 383.00
D6241*	Pontic—porcelain fused to predominantly base metal	\$ 312.00

D6242*	Pontic—porcelain fused to noble metal . . . . .	\$ 331.00
D6750*	Crown—porcelain fused to high noble metal . .	\$ 345.00
D6251*	Crown—porcelain fused to predominantly base metal . . . . .	\$ 323.00
D6252*	Pontic—resin with noble metal . . . . .	\$ 325.00
D6720*	Crown—resin with high noble metal . . . . .	\$ 380.00
D6721*	Crown—resin with predominantly base metal .	\$ 344.00
D6722*	Crown—resin with noble metal . . . . .	\$ 352.00
D6750*	Crown—porcelain fused to high noble metal .	\$ 384.00
D6751*	Crown—porcelain fused to predominantly base metal . . . . .	\$ 315.00
D6752*	Crown—porcelain fused to noble metal . . . . .	\$ 335.00
D6790*	Crown—full cast high noble metal . . . . .	\$ 359.00
D6791*	Crown—full cast predominantly base metal .	\$ 323.00
D6792*	Crown—full cast noble metal . . . . .	\$ 330.00
D6930	Recement fixed partial denture . . . . .	\$ 69.00

**Oral Surgery (Extractions, etc.)** **Member pays**

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) . . . . .	\$ 46.00
D7210	Surgical extraction—erupted tooth with removal of bone . . . . .	\$ 81.00
D7220	Removal of impacted tooth—soft tissue . . .	\$ 92.00
D7230	Removal of impacted tooth—partially bony .	\$ 163.00
D7240	Removal of impacted tooth—completely bony .	\$ 210.00
D7241	Removal of impacted tooth—completely bony with unusual surgical complication . . .	\$ 248.00
D7250	Surgical removal of residual tooth roots (cutting procedure) . . . . .	\$ 118.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth . . . .	\$ 243.00
D7280	Surgical access of an unerupted tooth . . . . .	\$ 235.00
D7285	Biopsy of oral tissue—hard (bone, tooth) . . .	\$ 217.00
D7286	Biopsy of oral tissue—soft . . . . .	\$ 150.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant . . . . .	\$ 126.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant . . . . .	\$ 195.00
D7510	Incision and drainage of abscess—intraoral soft tissue . . . . .	\$ 99.00
D7910	Suture of recent small wounds up to 5 cm . . .	no charge
D7960	Frenulectomy (frenectomy or frenotomy)— separate procedure . . . . .	\$ 128.00
D7970	Excision hyperplastic tissue—per arch . . . . .	\$ 207.00

**General miscellaneous services** **Member pays**

D9110	Palliative (emergency) treatment of dental pain—minor procedure . . . . .	\$ 48.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide—first 30 minutes . . . . .	\$ 27.00
D9310	Consultation—diagnostic services provided by dentist or physician other than practitioner providing treatment . . . . .	no charge
D9910	Application of desensitizing medicament . . .	\$ 6.00
D9941	Fabrication of athletic mouthguard . . . . .	\$ 107.00
D9951	Occlusal adjustment—limited . . . . .	\$ 77.00
D9952	Occlusal adjustment—complete . . . . .	\$ 286.00
D9999	Missed appointment (without 24 hour notice) .	\$ 30.00

**Orthodontics (Braces)**

**for Children & Adults (Monthly Payment)** **Member pays**

13 month treatment plan (\$137/month) . . . . .	\$2,409.00
16 month treatment plan (\$137/month) . . . . .	\$2,820.00
19 month treatment plan (\$137/month) . . . . .	\$3,231.00
22 month treatment plan (\$137/month) . . . . .	\$3,642.00
25 month treatment plan (\$137/month) . . . . .	\$4,053.00
28 month treatment plan (\$137/month) . . . . .	\$4,464.00
31 month treatment plan (\$137/month) . . . . .	\$4,875.00
34 month treatment plan (\$137/month) . . . . .	\$5,286.00
36 month treatment plan (\$137/month) . . . . .	\$5,560.00

Other Orthodontic Guidelines

1. A \$382 charge will apply at the end of treatment (included in the above amounts) to cover all retention office visits (unlimited).
2. Services not listed above will be discounted 30% off of the participating Orthodontist's Usual and Customary fees (except #5 listed below).
3. Services must only be provided by a contracted Orthodontic Specialist.
4. The amounts listed above also include an initial one-time \$246 charge for all records, mold, x-rays, etc. to determine the Orthodontic Treatment for the patient.
5. Invisalign® procedures are to be discounted 15% off the participating Orthodontist's Usual and Customary fees.



NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits•

**All Plans General Limitations and Exclusions**

1. All fees listed above do not include all appropriate lab fees. Member must agree (in writing) to all upgraded materials before treatment is started. See each section for specific details (if applicable).
2. All patients are responsible for paying all fees (as listed above) at the time services are rendered.
3. These fees are for General Dentists only. A participating specialist list is available by calling our office at 303-744-3007 or 1-800-807-0706.
4. Any procedures not listed will be discounted 20% off the participating General Dentists normal fees.
5. Medical costs associated with any dental procedures are not covered.
6. Dentures or appliances will be replaced only after 3 years have elapsed since such dentures or appliances were provided under any plan program, unless the denture or appliance becomes unserviceable due to illness or other causes not controlled by other means. Replacement of dentures, appliances, or bridgework due to loss or theft are not covered.
7. Any dental treatment started prior to the Member's eligibility to receive services under this plan or started after a Member's termination are not covered.
8. Failure to follow the prescribed treatment or accidents occurring during the course of treatment may result in additional charges by your plan provider.
9. Failure to pay scheduled fees at the time service is rendered may prevent future dental services from being received until all fees have been paid in full.
10. Services provided by non-participating dentists are not covered.
11. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health, or are contrary to established dental ethics are not covered.
12. Cosmetic dental procedures are covered only if the attending dentist and patient agree on the specific procedure.
13. Services which are compensable under Worker's Compensation or employer liability laws are not covered.
14. General anesthesia and IV sedation are not covered.
15. Myofunctional therapy procedure for training, treating or developing muscles in and around the jaw or mouth including TMJ are not covered except by participating plan specialists.
16. Any dental procedure or service that cannot be performed in the dental office due to general and/or physical limitations of a member are not covered.
17. Expenses incurred for dental procedures initiated prior to member's eligibility or after termination are not covered.
18. Any services that the Participating General Dentist recommends be performed by a specialist are covered only by a plan participating specialist.
19. The liability of Beta Health Association, Inc. is limited to the return of the membership fees paid for one year by the member.
20. Extractions for asymptomatic third molars (wisdom teeth) are not covered unless causing movement of the teeth. An example of symptomatic include severe decay, and ontogenic cysts, chronic pericoronitis, and infection.
21. The Beta Health Association, Inc. dental programs do not constitute dental insurance and are considered discount, fee-for-service dental plans.
22. Fees are subject to change on an as needed basis. Please contact Beta Health Association, Inc. for current fees.

Insured or administered by Beta Health Association, Inc.

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## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](http://Humana.com).

## Feel good about choosing a HumanaDental plan

**Make regular dental visits a priority** Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.  
 \* [www.perio.org](http://www.perio.org)

### Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

### Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?\* HumanaDental helps you feel good about your dental health so you can smile confidently.

\* American Academy of Cosmetic Dentistry

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

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.

## Use your HumanaDental benefits

### Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to [Humana.com](http://Humana.com) or call 1-800-233-4013.

### Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at [HumanaDental.com](http://HumanaDental.com) or call 1-800-233-4013.

### See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at [Humana.com](http://Humana.com).

### Learn what your plan paid

After HumanaDental 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 on MyHumana at [Humana.com](http://Humana.com) or by calling 1-800-233-4013.

