Voluntary Humana Dental Plans

Benefit Comparison and Rates for 2-500 employees

Humana

North Ranch Benefits Trust
POWERED BY WARNER PACIFIC

BENEFIT SUMMARY							
	Plan #03CA3V0619 PPO 14 100/100/60 100/80/50 $1,000 P/E/M INFS		**Plan #03CA3V0586 PPO Traditional Preferred 185 100/80/50 $1,500 P/E/B INFS**		**Plan #03CA3V0614 PPO Preventive Plus 14 180 100/80/0 Unlimited P/E/B INFS**		**Plan #03LD3V0002 CA Liberty LS200 DHMO**
Network	PPO	Out of Network	Traditional Preferred PPO Network	Out of Network	PPO	Out of Network	HMO
DEDUCTIBLE							
Individual	$50		$50		$50		None
Family	$150		$150		$150		None
Waived for Preventive	Yes		Yes		Yes		Not applicable
ELIGIBILITY							
Group Size Dental Services	2-500 enrolled		2-500 enrolled		2-500 enrolled		2-500 enrolled
Group Size Ortho	Not applicable		Not applicable		Not applicable		2-500 enrolled
WAITING PERIODS							
Major	12 months		12 months		Not Applicable		None
Waived for major if there was prior group coverage?	Not Applicable		Yes, under certain circumstances [2]		Yes, under certain circumstances [2]		Not applicable
Ortho	Not applicable		Not applicable		Not applicable		None
DENTAL SERVICES							
Preventive Care	0% (deductible waived)	All charges above the INFS* (deductible waived)	0% (deductible waived)	All charges above the INFS* (deductible waived)	0% (deductible waived)	All charges above the INFS* (deductible waived)	$0-$45 copay/procedure
Basic Services	20% after ded*	20% after ded*	20% after ded*	20% after ded*	0% after ded*	20% after ded*	$0-$425 copay/procedure
Major Services	Not Covered[3]	Not Covered[3]	50% after ded*	50% after ded*	40% after ded*	50% after ded*	$0-$2,000 copay/procedure
Periodontal Surgery	Not Covered		Basic		Basic		See copay schedule
Endodontic Surgery	Not Covered		Basic		Basic		See copay schedule
ORTHO							
Co-pay	Not Applicable		Not Applicable		Not Applicable		Dependent children: $1,300 – 1,550 copay Adults: $1,300 - $1,695 copay
Orthodontics	Not Covered		Not Covered		Not Covered		Child and Adult
Takeover	Not Applicable		Not Applicable		Not Applicable		No
BENEFIT MAXIMUMS							
Annual Benefit Max	$1,000		$1,500 [1]		Unlimited		Unlimited
Lifetime - Ortho	Not applicable		Not applicable		Not applicable		1 treatment per member

* The out of network claim is based on In Network Fee Schedule (INFS). The member is responsible for the amount charged above the INFS amount.

[1] After the annual benefit maximum is reached, you will receive 30% coinsurance on preventive, basic, and major services for the rest of the plan year. Implants and orthodontia excluded.

[2] Yes, may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan. Available to members enrolled at group's initial enrollment, open enrollment, & timely add-on.

[3] The member may receive a discount on these services if a participating dentist is seen. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum.

VOLUNTARY DENTAL RATES [4]						Rates effective 1/1/17 through 12/31/17
$15 monthly administration fee applies to all groups			EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
PPO PLANS [6]						
Plan # 03CA3V0614	PPO Preventive Plus 14 100/80/0 $1,000		$31.18	$67.99	$64.40	$108.27
Plan # 03CA3V0586	PPO Traditional Preferred 14 100/80/50 $1,500		$60.74	$135.66	$94.30	$170.35
Plan # 03CA3V0619	PPO 14 100/100/60 100/80/50 Unlimited		$67.67	$155.55	$105.69	$192.92
HMO Plan [5,6]						
Plan #03LD3V002	CA Liberty LS200	CA employees only	$16.18	$35.04	$29.73	$49.18

[4] **Humana Dental** plans are only available to groups headquartered in California. Available for groups in all industries except 8021 (Dental Services).

[5] **Humana CA Liberty Dental HMO** enrollees must live in California.

[6] **Employer groups may offer any/all plans.**

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