

## Humana Dental Plans (Voluntary)

### Benefit Comparison

	Plan #03CA3V0282 PPO 09 116-185 100/100/60 100/80/50 \$2500 P/E/B MAF		Plan #03CA3V0323 PPO Traditional Preferred 185 100/80/50 \$1500 P/E/B MAF		Plan #03CA3V0298 PPO Preventive Plus 09 180 100/80/0 \$1000 P/E/M MAF		Plan #03LD3V0002 CA Liberty LS200 DHMO
Network	PPO	Out of Network	Traditional Preferred PPO Network	Out of Network	PPO	Out of Network	HMO
<b>DEDUCTIBLE</b>							
Individual	\$50		\$50		\$50		None
Family	\$150		\$150		\$150		None
Waived for Preventive	Yes		Yes		Yes		Not applicable
<b>ELIGIBILITY</b>							
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
<b>WAITING PERIODS</b>							
Major	12 months		12 months		Not Applicable		None
Waived for major if there was prior group coverage?	Yes, under certain circumstances. <sup>2</sup>		Yes, under certain circumstances. <sup>2</sup>		Not Applicable		Not applicable
Ortho	Not applicable		Not applicable		Not applicable		None
<b>DENTAL SERVICES</b>							
Preventive Care	0% (deductible waived)	All charges above the maximum allowed fee*	0% (deductible waived)	All charges above the maximum allowed fee*	0% (deductible waived)	All charges above the maximum allowed fee*	\$0-\$45 copay/procedure
Basic Services	0% after ded.	20% after ded. of maximum allowed fee*	20% after ded.	20% after ded. of maximum allowed fee*	20% after ded.	20% after ded. of maximum allowed fee*	\$0-\$425 copay/procedure
Major Services	40% after ded.	50% after ded. of maximum allowed fee*	50% after ded.	50% after ded. of maximum allowed fee*	Not Covered	Not Covered	\$0-\$2,000 copay/procedure
Periodontal Surgery	Basic		Basic		Not Covered		See copay schedule
Endodontic Surgery	Basic		Basic		Not Covered		See copay schedule
<b>ORTHO</b>							
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
<b>BENEFIT MAXIMUMS</b>							
Annual Benefit Maximum	\$2,500 <sup>1</sup>		\$1,500 <sup>1</sup>		\$1,000		Unlimited
Lifetime - Ortho	Not applicable		Not applicable		Not applicable		1 treatment per member

\* The out of network claim is based on MAF, which is the equivalent of UCR at 90%. The member can be balance billed.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not guaranteed and the information herein is subject to change without notice. This is not an office of coverage.

## Humana Dental Plans (Voluntary)

Dental Rates <sup>1</sup>				Effective through 12/31/16			
\$15 monthly administration fee applies to all groups				Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<b>PPO Plans <sup>3</sup></b>							
Plan # 03CA3V0282	PPO 09 100/100/60 100/80/50 \$2500 P/E/B MAF	\$2,500	100/100/60	\$ 67.67	\$ 155.55	\$ 105.69	\$ 192.92
Plan # 03CA3V0323	PPO Traditional Preferred 100/80/50 \$1500 P/E/B MAF	\$1,500	100/80/50	\$ 60.74	\$ 135.66	\$ 94.30	\$ 170.35
Plan # 03CA3V0298	PPO Preventive Plus 09 100/80/0 \$1000 P/E/M MAF	\$1,000	100/80/0	\$ 31.18	\$ 67.99	\$ 64.40	\$ 108.27
<b>HMO Plan <sup>2,3</sup></b>							
Plan # 03LD3V0002	CA Liberty LS200 DHMO	CA employees only		\$ 15.82	\$ 34.22	\$ 29.05	\$ 48.02

<sup>1</sup> Humana Dental plans are only available to groups headquartered in California. Available for groups in all industries except 8021 (Dental Services).

<sup>2</sup> Humana CA Liberty Dental HMO enrollees must live in California.

<sup>3</sup> Employer groups may offer any/all plans.

The summary above is meant to be a brief description of plan benefits and rates only. This is not a policy. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.