

Benefit Comparison and Rates for 2-500 Employees

BENEFIT SUMMARY VOLUNTARY HUMANA DENTAL PLANS							
	PPO PREVENTATIVE PLUS 14 100 / 80 / 50 \$1,000		PPO TRADITIONAL PREFERRED 14 100 / 80 / 50 \$1,500		PPO 14 100 / 100 / 60 UNLIMITED		DHMO LS200
Network	IN	OUT	IN	OUT	IN	OUT	HMO
Deductible							
Individual	\$50	\$50	\$50	\$50	\$50	\$50	None
Family	\$150	\$150	\$150	\$150	\$150	\$150	None
Waived for Preventative	Yes	Yes	Yes	Yes	Yes	Yes	Not applicable
Eligibility							
Group Size Dental Services	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled	2-500 enrolled
Group Size Orthodontics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	2-500 enrolled
Waiting Periods							
Major	Not applicable	Not applicable	12 months	12 months	12 months	12 months	None
Waived for Major (if there was prior group coverage)	Not applicable	Not applicable	Yes ²	Yes ²	Yes ²	Yes ²	Not applicable
Orthodontics	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	None
Dental Services							
Preventative Care	100% (Deductible waived)	100% (Deductible waived)*	100% (Deductible waived)	100% (Deductible waived)	100% (Deductible waived)	100% (Deductible waived)	\$0-\$45 copay/procedure
Basic Services	80% after deductible	80% after deductible*	80% after deductible*	80% after deductible*	100% after deductible*	80% after deductible*	\$0-\$425 copay/procedure
Major Services	Not covered ³	Not covered ³	50% after deductible	50% after deductible*	60% after deductible	50% after deductible*	\$0-\$2,000 copay/procedure
Periodontal Surgery	Not covered	Not covered	Basic	Basic	Basic	Basic	See copay schedule
Endodontic Surgery	Not covered	Not covered	Basic	Basic	Basic	Basic	See copay schedule
Orthodontics							
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		Not covered
Takeover	Not applicable		Not applicable		Not applicable		Not applicable
Benefit Maximums							
Annual Benefit Maximum	\$1,500 ¹		\$1,500 ¹		Unlimited		Unlimited
Lifetime Orthodontics	Not covered		Not covered		Not covered		Not covered
Voluntary Dental Rates³							
\$15 monthly administrative fee applies to all groups	Employee Only		Employee + Spouse		Employee + Children		Family
PPO Preventive Plus 14 \$1,000	\$33.60		\$73.41		\$69.53		\$116.96
PPO Traditional Preferred 14 - \$1,500	\$65.57		\$146.60		\$101.87		\$184.12
PPO 14 Unlimited	\$73.07		\$168.12		\$114.19		\$208.53
DHMO LS200 (CA Employees Only)	\$16.93		\$36.75		\$31.18		\$51.61

¹ The out-of-network claim is based on the in-network fee schedule (INFS). The member is responsible for the amount charged above the INFS amount.
² 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.
³ The waiting period for Major Services is 12 months for new group business and for new hires to existing groups. The 12 month Major Services waiting period can be waived for new group enrollment only (proof of 12 months of continuous prior dental coverage is required).
⁴ Humana Dental plans are only available to groups headquartered in CA. Available for groups in all industries except 8021 (Dental Services). FL residents are excluded.

Certain industries are ineligible to purchase these plans: Associations and Trusts* (except #866) 8600-8699; Beauty & Barber Shops 7231-7241; Dentist offices, Dentist labs and Medical labs 8021, 8071, 8072; Employment Agencies 7361-7363; International Affairs 9721; Misc. Business Services 7389; Misc. Services not elsewhere classified 8999; Partnerships No SIC; Private Households 8811; Religious Organizations (except Churches 8661) No SIC; Seasonal Employees (Christmas/Part-time help) No SIC; and Seasonal Employees (Agriculture) 0761-0783.
 *Management and the administrative staff of associations and trusts are eligible.

The summary above is meant to be a brief description of plan benefits and rates 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 an offer of coverage.