inshore

Humana VOLUNTARY Benefit and Rate Sheet

Humana

Available in CA[1, 2]
Group Size: 2+

VOLUNTARY HUMANA DENTAL PLANS							
Plan Name	**HMO LS200 742397-03LD3V0002**	**PPO Preventive Plus 14 742397-03CA3V0614**		**PPO Traditional Preferred 14 742397-03CA3V0586**		**PPO 14 742397-03CA3V0619**	
Network	HMO	PPO IN NETWORK	OUT OF NETWORK	PPO IN NETWORK	OUT OF NETWORK	PPO IN NETWORK	OUT OF NETWORK
Deductible							
Individual	N/A	$50	$50	$50	$50	$50	$50
Family	N/A	$150	$150	$150	$150	$150	$150
Waived for Preventive	NA	Yes	Yes	Yes	Yes	Yes	Yes
Annual Max Benefit	Unlimited	$1000	$1000	$1500[3]	$1500[3]	Unlimited	Unlimited
Orthodontic Lifetime Max	1 treatment per member	N/A	N/A	N/A	N/A	N/A	N/A
Dental Benefit							
Preventive Services	$0 - $45	100%	100%	100%	100%	100%	100%
Cleaning Allowances	Once every 6 months	2 per year	2 per year	2 per year	2 per year	2 per year	2 per year
Basic Services	$0 - $425	80%	80%	80%	80%	100%	80%
Endodontic	$0 - $175	N/A	N/A	80%	80%	100%	80%
Periodontal	$30 - $425	N/A	N/A	80%	80%	100%	80%
Oral Surgery	$0 - $152	80%	80%	80%	80%	100%	80%
Major Services	$0 - $2000	N/A	N/A	50%	50%	60%	50%
Prosthodontics	$0 - $180	N/A	N/A	50%	50%	60%	50%
Implants	See copay schedule	No[4]		No[4]		Subject to clinical review	
Missing Tooth Clause	See copay schedule	Yes[5]		Yes[5]		Yes[5]	
Major Service Waiting Period	N/A	N/A		12 months		12 months	
Reimbursement Schedule	HMO Copay Schedule	Negotiated Fee[6]		Negotiated Fee[6]		Negotiated Fee[6]	
Orthodontic Benefit							
Orthodontics	Child copay = $1300 - $1550 Adult copay = $1300 - $1695	Members may receive a discount on non-covered services of up to 20%.[7]		Members may receive a discount on non-covered services of up to 20%.[7]		Members may receive a discount on non-covered services of up to 20%.[7]	
Orthodontics Available To	Adult or Child	N/A		N/A		N/A	
Orthodontic Waiting Period	N/A	N/A		N/A		N/A	
Rates for 2024 Effective Dates - $15 administration fee applies to each monthly invoice.							
Member Only	$17.35	$34.91		$68.13		$75.92	
Member + Spouse/DP	$37.67	$76.27		$152.32		$174.68	
Member + 1 Child	$31.96	$72.24		$105.84		$118.64	
Member + Children	$31.96	$72.24		$105.84		$118.64	
Member + Family	$52.90	$121.53		$191.30		$216.66	
Rate Guarantee	1 year	1 year		1 year		1 year	

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

1 Humana HMO plan is available to groups of 2 or more enrolled employees. Group must be headquartered in CA Employees and their enrolled dependents must also reside in CA. Voluntary plans assume employer is paying 0%-100% of the member's premium.

2 Humana PPO plans are available to groups of 2 or more enrolled employees. Group must be headquartered in any state except CA. Employees and their enrolled dependents can reside in any state.

3 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.)

4 & 5 Not covered.

6 Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge (MAC) of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

7 Members may contact their participating provider to determine if any discounts are available on non-covered services.

Inshore Benefits is a product portfolio of North Ranch Benefits Trust | Website: InshoreBenefits.com
Inshore Benefits is marketed by Warner Pacific Insurance Services, Inc. | Phone: (800) 801-2300 | Fax: (800) 609-0111 | Email: quoting@warnerpacific.com
Inshore Benefits is administrated by Pathian Administrators | Phone: (800) 786-6525 | Fax: (818) 960-0141 | Email: inshore@pathianadministrators.com

CA License No. 0764260 | CO License No. 351162 | FL License No. L003488 | MN License No. 20195635 | OK License No. 0100151962 | TX License No. 1641424