

# Complete Dental

## Individual Dental

Colorado

### About your plan

Good oral health means more than an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist are integral to overall health. <sup>1</sup>

The Humana Complete Dental plan is designed for people who are looking to maintain their oral health through regular dental exams and cleanings. The plan offers affordable coverage for preventive, basic and major services like routine cleanings and exams, fillings, dentures and extractions. You can lower your cost by choosing one of the more than 270,000 dentist locations in the Humana dental network. Visit [Humana.com](http://Humana.com) to find a participating dentist.

**Who can enroll in this plan** – Anyone can enroll in this plan.

### How your plan works

#### Calendar year deductible

This is the amount you will pay out-of-pocket for services in a calendar year

#### Individual

\$50 deductible waived for in-network preventive services)

#### Family

\$150 deductible waived for in-network preventive services)

#### Annual maximum

This is the maximum amount that the plan will pay in a calendar year

\$1,250 year one, \$1,500 year two and after, per individual on the plan

#### Coinsurance Options

##### In-network coverage

##### Out-of-network coverage

#### Preventive services (no waiting period)

- Routine oral examinations (limit two per calendar year)
- Limited oral evaluation (limit one per calendar year)
- Comprehensive oral evaluation (limit one per three calendar years)
- Bitewing X-rays (one set of films per calendar year for covered persons under age 10 and up to four films per calendar year for covered persons age 10 and older)
- Panoramic film combined with full mouth (limit one every five calendar years, age 12 and up)
- Cleanings (limit two per calendar year)
- Topical fluoride treatment (limit two per calendar year)
- Sealants (limit of one per tooth per lifetime, age 14 and under)

100% no deductible

100% after deductible

## Coinsurance Options (continued)

## In-network coverage

## Out-of-network coverage

**Basic services** (six-month waiting period applies - policyholders who provide proof of 12 months prior coverage are exempt from this waiting period.<sup>2</sup>)

- Emergency care for pain relief
- Simple extractions and root removal
- Fillings (limit one per tooth, per two calendar years, composite covered on front teeth only<sup>3</sup>)
- Space maintainers (age 14 and under, initial placement only)
- Prefabricated stainless steel crowns

80% after deductible

80% after deductible

**Major services** (twelve-month waiting period applies - policyholders who provide proof of 12 months prior coverage are exempt from this waiting period.<sup>2</sup>)

- Endodontics - Root canals (limit one per lifetime, per tooth)
- Complete dentures (limit one per five calendar years)
- Removable partial dentures (limit one per five calendar years)
- Denture repair and adjustments
- Crowns (limit one per tooth per five calendar years)
- Onlays and Inlays (limit one per tooth per five calendar years)
- Surgical extractions
- Periodontal maintenance (limit two per calendar year) - no waiting period for this service
- Periodontal scaling and root planing (limit one per quadrant every three calendar years) - no waiting period for this service

50% after deductible

50% after deductible

Out-of-network dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a dentist in the Humana Dental Network. Waiting periods and other limitations may apply; please see your policy for coverage details.

This plan does not meet minimal essential coverage requirements for pediatric dental services as part of the Essential Health Benefits in accordance with the Affordable Care Act (ACA) provisions. This coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-certified stand-alone dental plan that includes pediatric dental coverage.

## Notes

- If further clarification regarding coverage and benefits is needed please ask your dentist for a pretreatment estimate
- Missing tooth exclusion applies.
- **Important to know:** This plan may require a one-year contract.

## Footnotes

<sup>1</sup> American Dental Association, Health Policy Institute, Oral Health and Well-being in the United States.

<https://www.ada.org/en/science-research/health-policy-institute/oral-health-and-well-being?>

<sup>2</sup> Prior coverage is defined as an insurance plan that offered coverage and benefits. Discount dental plans are not considered prior coverage.

<sup>3</sup> Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) and the member is responsible for any cost over the covered amount.

## Dental limitations and exclusions

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This is an outline of the limitations and exclusions for this Humana individual dental plan. It is designed for convenient reference. Consult the plan certificate for a complete list of limitations and exclusions. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

1. Any expenses incurred while a covered person qualifies for any Worker's Compensation or occupational disease act or law, whether or not the covered person applied for coverage.
2. Services:
  - a. That are free or that a covered person would not be required to pay for if they did not have this insurance, unless charges are received from and reimbursable to the United States government or any of its agencies as required by law;
  - b. Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - c. Furnished by any United States government-owned or operated hospital/institution/agency.
3. Any loss caused or contributed by:
  - a. War or any act of war, whether declared or not;
  - b. Taking part in a riot;
  - c. Commission of or an attempt to commit a criminal act;
  - d. Engaging in an illegal profession or occupation;
  - e. Any act of armed conflict; or
  - f. Any conflict involving armed forces of any authority.
4. Any expense arising from the completion of forms.
5. Failure to keep an appointment with the provider.
6. Services we consider cosmetic dentistry unless it is required as a result of an accidental injury sustained while the covered person is covered under the policy.
7. Charges for:
  - a. Any type of implant and all related services, including crowns or the prosthetic device attached to it;
  - b. Precision or semi-precision attachments;
  - c. Overdentures and any endodontic treatment associated with overdentures;
  - d. Other customized attachments;
  - e. 3D imaging;
  - f. Temporary and interim dental services;
  - g. Separate charges for materials or use of equipment, such as lasers; or
  - h. Separate charges for treatment rendered in a clinic, dental or medical facility owned, operated, sponsored or maintained by either (i) the employer or any covered person; or (ii) by an employee of any covered person.
8. Any service related to:
  - a. Altering vertical dimension of teeth;
  - b. Restoration or maintenance of occlusion;
  - c. Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
  - d. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
  - e. Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Services not specifically listed in the "Schedule of Policy Benefits (Who Pays What)" section.
14. Services shown as "Not Covered" in the "Schedule of Policy Benefits (Who Pays What)" section.
15. Services that we determine:
  - a. Are not eligible for benefits based upon clinical review;
  - b. Do not offer a favorable prognosis;
  - c. Do not have uniform professional acceptance; or
  - d. Are deemed to be experimental or investigational in nature.

## Dental limitations and exclusions (continued)

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This is an outline of the limitations and exclusions for this Humana individual dental plan. It is designed for convenient reference. Consult the plan certificate for a complete list of limitations and exclusions. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

16. Orthodontic services
17. Any expense incurred before the covered person's effective date or after the date the covered person's coverage under this policy terminates.
18. Services provided by someone who ordinarily lives in the covered person's home or is a family member.
19. Charges exceeding the reimbursement limit for the service.
20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans or tissue reparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
21. Repair or replacement of orthodontic appliances.
22. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull or treatment of the facial muscles used in expressions and chewing functions, for symptoms including, but not limited to headaches.
23. Elective removal of non-pathologic impacted teeth.
24. Service for orthognathic surgery.
25. Services generally considered medical or covered by a medical plan.
26. Services for destruction of lesions by any method.
27. Services for tooth transplantation.
28. Services for removal of a foreign body from the oral tissue or bone.
29. Services for reconstruction of surgical, traumatic or congenital defects of the facial bones unless dental related.
30. Any separate fees for pre and post-operative care.
31. Replacement of restorations (fillings) placed less than two years ago
32. We will not cover the replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.

Insured by Humana Insurance Company.

Applications are subject to approval. Waiting periods may apply; limitations and exclusions apply.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern. For more information, go to **Humana.com** or contact your sales agent.

Policy number: CO-71145



## Important!

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resewva sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá' jiik'éh saad bee áká'ánída'áwo'déé' níká'adoowól.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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