

Abilene ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist*	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
Preventive services	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
<ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 				
Basic services	50% after deductible		50% after deductible	
<ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) 				
Major services	50% after deductible		50% after deductible	
<ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 				

Humana Dental Traditional Plus Low

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Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

***Out of Network dentists** can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. 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 usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ^{1,2}	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.

² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.