

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)	\$1,000			
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	80% after deductible		80% 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 (routine extractions) 				
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	NA		NA	
More Value				
Basic services				
<ul style="list-style-type: none"> • Stainless steel crowns • Harmful habit appliances for children 	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.			
Major services				
<ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridges • Dentures • Denture relines/rebases • Denture repair and adjustments • Implants • Periodontics (gums) • Endodontics (root canals) 				
Orthodontia services				
<ul style="list-style-type: none"> • Adult and child orthodontia 				

Humana Dental Preventive Plus

***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	Not available	Not available
Late applicant ¹	No	12 months	Not available	Not available

¹ Late applicants not allowed with open enrollment option.