

Preventive Plus helps you meet your everyday dental needs. The plan covers services most often used, with the freedom to select any dentist.

	In-network coverage	Out-of-network coverage
<b>Preventive services</b> (no waiting period) <ul style="list-style-type: none"> <li>› Routine oral examinations (limit 2 per year)</li> <li>› Periodontal examinations (limit 2 per year)</li> <li>› X-rays (limit 1 set per year, excludes full mouth and Panoramic)</li> <li>› Cleanings (limit 2 per year)</li> <li>› Topical fluoride treatment (limit 1 per year, age 14 and under)</li> <li>› Sealants (limit of 1 per tooth per lifetime, age 14 and under)</li> </ul>	<b>100%</b> no deductible	<b>70%</b> of in-network fee schedule after deductible
<b>Basic services</b> (six month waiting period applies) <ul style="list-style-type: none"> <li>› Emergency care for pain relief <sup>1</sup></li> <li>› Extractions and root removal</li> <li>› Fillings (limit 2 per year, composite covered on front teeth only <sup>2</sup>)</li> <li>› Space maintainers (age 14 and under, initial placement only)</li> <li>› Oral surgery</li> <li>› Prefabricated stainless steel crowns</li> </ul>	<b>50%</b> after deductible	<b>30%</b> of in-network fee schedule after deductible
<b>Discount services</b> (no waiting periods) <ul style="list-style-type: none"> <li>› Periodontics</li> <li>› Endodontics (root canals)</li> <li>› Crowns</li> <li>› Implants</li> <li>› Bridgework</li> <li>› Dentures</li> <li>› Denture relines and rebases</li> <li>› Denture repair and adjustments</li> <li>› Inlays and onlays</li> <li>› Appliances for children</li> </ul>	Receive an average discount of <b>28 percent</b> by seeing in-network dentists. <sup>3</sup>	Not available
<b>Orthodontia services</b> <ul style="list-style-type: none"> <li>› Adult and child orthodontia</li> </ul>		
<b>Calendar-year deductible</b> (excludes discount services)	\$50 per individual on the plan, up to a maximum of \$150.	
<b>Annual maximum</b> (excludes discount services)	\$1,000 per individual on the plan	

Out-of-network dentists can bill you for charges above the amount covered by your HumanaOne Dental plan. To ensure you do not receive additional charges, visit a dentist in the HumanaDental PPO network.

Waiting periods and other limitations may apply, please see your policy certificate for coverage details.

1. Emergency care covered at 50% both in-network and out-of-network in state of Illinois (IL).
2. 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) filling and the member is responsible for any cost over the covered amount.
3. Dentists in the HumanaDental PPO network provide a discount for services not covered by the plan, with an average savings of 28% on out-of-pocket costs. Some services will have lower than average discounts. Check with in-network providers for specific discounts.