

You have two dental options from which to choose. There are no waiting periods on either plan. You may enter or exit the dental plan during your annual enrollment time OR if you have a qualifying event (example: marriage, divorce, loss of (or being offered) other coverage,

Option 1 Traditional 100/50/30 with Ortho.			Option 2 Traditional 100/80/50 with extended max and Ortho.		
	In Network	Out of Network		In Network	Out of Network
Preventive Services	100%	100%*	Preventive Services	100%	100%*
Basic Services	50%	50%*	Basic Services	80%	80%*
Major Services	30%	30%*	Major Services	50%	50%*
Orthodontic Services	50%	50%*	Orthodontic Services	50%	50%*
Individual Deductible	\$50	\$50	Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150	Family Deductible	\$150	\$150
Annual Maximum	\$1,000	\$1,000	Annual Maximum	\$1,250 **EXTENDED	\$1,250
Lifetime Ortho. Maximum	\$,1000	\$1,000	Lifetime Ortho. Maximum	\$1,000	\$1,000

*Maximum Allowable Fee (Usual & Customary) if a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule. If a member sees an out of network dentist, the co-insurance level will apply and Humana will reimburse at the Maximum Allowable Fee (Usual & Customary). To avoid being balance billed we encourage you to use a participating dentist. Dentists may be found at www.humanadental.com under "Find a Dentist."

** **EXTENDED ANNUAL MAXIMUM** – Receive 30% co-insurance on preventive, basic and major services for the rest of the year after annual maximum is reached. (Orthodontia is excluded from this benefit).

Annual maximums and deductibles are calculated on a calendar year. Each January 1st, a new deductible must be met and you will receive a refreshed annual maximum.

Oral health impacts your overall health. To take the free dental health assessment, please log on to www.mydentalIQ.com. This helpful tool evaluates family history, general health, daily routine and eating habits to deliver a personalized score of your dental health. You may print a copy of the results and take it with you on your next dental visit.

Option 1 Trad. 100/50/30	Monthly Premium	Paycheck Deduction	Option 2 Trad. 100/80/50 Extended Max.	Monthly Premium	Paycheck Deduction
Employee	\$19.70	\$9.85	Employee	\$29.70	\$14.85
Emp. + Spouse	\$41.20	\$20.60	Emp. + Spouse	\$78.20	\$39.10
Emp. + Child (ren)	\$50.84	\$25.42	Emp. + Child(ren)	\$81.70	\$40.85
Family	\$71.98	\$35.99	Family	\$119.32	\$59.66

Using your dental benefits: You will receive a dental ID card at your home address. Your ID card will arrive in a plain white envelope and will NOT have the Humana logo on it. Humana mails ID cards this way to protect your private health information. Please be watching your mail for a plain white envelope.

Once you receive your dental ID card, showing your member ID number, you may register at www.humanadental.com to view your benefits, find a participating dentist, check the status of a claim, view deductible information and view benefits paid on your behalf. You may also call us at 1-800-233-4013.

This is not a complete dentist directory. It is a list based on your search criteria.

Bastrop

Griffin, Natalile V DDS

715 Old Austin Hwy
Ste 400
Bastrop, TX 78602
(512) 308-0270

Truong, Henry DMD

1113 Main St
Bastrop, TX 78602
(512) 332-2353

Elgin

Herring, Carl F DDS

306 N Hwy 95
Elgin, TX 78621
(512) 285-3322

Herring, Scott B DDS

306 N Hwy 95
Elgin, TX 78621
(512) 281-3321

**Robertson, Randy
M DDS**

1309 N Ave C
Elgin, TX 78621
(512) 281-4260

Smithville

**Carney, Theodore
E DDS**

300 Olive St
Smithville, TX 78957
(512) 237-4420

McBee, J D DDS

601 NE 9th St
Smithville, TX 78957
(512) 237-2448

Bastrop

Alford, Jeffrey A DDS

301 Hwy 71 W
Ste 204
Bastrop, TX 78602
(512) 452-3223

Widner, J Steven DDS

301 Hwy 71 W
Ste 204
Bastrop, TX 78602
(512) 452-3223

Option 1: Traditional Plus 100-50-30 with Adult and Child Orthodontia

Calendar year deductible	<ul style="list-style-type: none"> Applied to basic and major services Waived on preventive services 	<p>\$50 individual \$150 family</p>
Annual maximum	<ul style="list-style-type: none"> Applied to preventive, basic, and major services 	\$1,000
Preventive services	<ul style="list-style-type: none"> Oral examinations (2 times in 12 months) Full mouth X-rays (once every 5 years) Bitewing X-rays (1 set per calendar year) Periapicals and other X-rays Cleanings (2 times in 12 months) Topical fluoride treatments (through age 14) Sealants (through age 14) 	100 percent no deductible
Basic services	<ul style="list-style-type: none"> Space maintainers (through age 14) Emergency care for pain relief Non-surgical extractions Fillings (amalgams, composite for anterior teeth) Appliances for children (through age 14) Prefabricated stainless steel crowns 	50 percent after deductible
Major services	<ul style="list-style-type: none"> Crowns Inlays or onlays Bridgework Dentures (complete and partial) Denture relines and rebases Denture repair and adjustments Oral surgery Endodontics (root canal) Periodontics (gum therapy) 	30 percent after deductible
Orthodontia	<ul style="list-style-type: none"> Covers adult / child orthodontia 	50 percent up to \$1,000 lifetime maximum no deductible

MAF (U&C): If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee. To ensure you do not receive additional charges, visit a participating PPO network dentist.

Dental products insured by HumanaDental Insurance Company, or The Dental Concern, Inc.

Option 2: Traditional Plus 100-80-50 with Extended Max and Adult and Child Orthodontia

Calendar year deductible	<ul style="list-style-type: none"> Applied to basic and major services Waived on preventive services 	\$50 individual \$150 family
Annual maximum	<ul style="list-style-type: none"> Applied to preventive, basic, and major services 	\$1,250
Extended annual max	<ul style="list-style-type: none"> Receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year after annual maximum is reached. (Implants and orthodontia excluded.) 	
Preventive services	<ul style="list-style-type: none"> Oral examinations (2 times in 12 months) Full mouth X-rays (once every 5 years) Bitewing X-rays (1 set per calendar year) Periapicals and other X-rays Cleanings (2 times in 12 months) Topical fluoride treatments (through age 14) Sealants (through age 14) 	100 percent no deductible
Basic services	<ul style="list-style-type: none"> Space maintainers (through age 14) Emergency care for pain relief Non-surgical extractions Fillings (amalgams, composite for anterior teeth) Appliances for children (through age 14) Prefabricated stainless steel crowns 	80 percent after deductible
Major services	<ul style="list-style-type: none"> Crowns Inlays or onlays Bridgework Dentures (complete and partial) Denture relines and rebases Denture repair and adjustments Oral surgery Endodontics (root canal) Periodontics (gum therapy) 	50 percent after deductible
Orthodontia	<ul style="list-style-type: none"> Covers adult / child orthodontia 	50 percent up to \$1,000 lifetime maximum no deductible

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