

Michigan

# HumanaDental



**HUMANA**<sup>®</sup>  
*Specialty Benefits*





## Feel good about choosing a HumanaDental plan

9 out of 10 members would recommend a HumanaDental plan to a friend.\*

We're happy you are considering a HumanaDental plan. Offering a dental plan not only promotes good dental health, but may also reduce total healthcare costs over time. You can feel good knowing you're offering a highly appreciated employee benefit while helping your employees stay more healthy and fit. Feel even better knowing:

- › You won't break your budget – offer a HumanaDental plan at little or no cost to your business.
- › Your plan will run smoothly. In fact, we have more than 1,000 associates who are experts at servicing dental benefits.
- › Our PPO network is one of the largest with more than 120,000 dentist locations, and growing daily.
- › Your employees will benefit from national network discounts averaging 27 percent.
- › We keep our promises. Humana has never missed a dental service guarantee.

\* HumanaDental member satisfaction survey, 2008

# Good health starts with a healthy mouth



“Prevention and early treatment of dental disease can help people take better care of their overall health as well as improve their oral health.”

Geoffrey Morris, DDS  
National Dental Director,  
Humana Specialty Benefits

## Education and prevention are top priorities

Regular dental cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* HumanaDental plans focus on education, prevention, early diagnosis, and treatment.

Healthy employees are good for your business. They are typically more productive, miss less work, and have fewer healthcare costs. Here's what you can expect with your HumanaDental plan:

- › Two regular cleanings and exams, plus two periodontal cleanings and exams for members in a HumanaDental PPO or Traditional Preferred plan
- › Oral cancer screenings for members 40 years and older in a HumanaDental PPO, Traditional Preferred, or Preventive Plus plan
- › *BrushUp* newsletter provides members with tips on how to keep their mouths healthy, and educates them on the importance of regular dental visits

\* [www.perio.org](http://www.perio.org)



**MyDentalIQ.com**, an online dental health assessment delivers a personalized action plan and dental health tips

You're partnering with a company that has more than three decades experience servicing employers' dental insurance needs.



## Personalize your HumanaDental plan

You'll work with a team of dental experts to design a plan that best fits you and your employees' needs. Choose voluntary or employer-sponsored plans with various deductibles, copayments, and out-of-pocket options. Administrative service only (ASO) plans also are available. You also can:

- › Offer employees a choice of two dental plans (available for groups with 10 or more enrolled employees)
- › Work with us to nominate dentists for our network
- › Talk directly with a Customer Care specialist and/or manage your plan online at **HumanaDental.com**
- › Choose the enrollment option that works best for you: Web, list enrollment, or paper



Using **HumanaDental.com**, you can:

- › Enroll employees
- › Update employee information
- › Customize reports
- › Order replacement ID cards

Plus, members can find network dentists quickly and check the status of a claim.

# Traditional Preferred and PPO plans

|                                                                                                                                                                                                                                                          | Traditional Preferred                                                                                                                                                                                 |        |      | PPO                                                                                                                                           |                                  |                                  |                                  |                                  |                |            |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------|------------|----------------|
| <b>Deductible options</b>                                                                                                                                                                                                                                | See any dentist                                                                                                                                                                                       |        |      | See an in-network dentist                                                                                                                     |                                  |                                  | See an out-of-network dentist    |                                  |                |            |                |
|                                                                                                                                                                                                                                                          | Individual                                                                                                                                                                                            | Family |      | Individual                                                                                                                                    | Family                           | Individual                       | Family                           |                                  |                |            |                |
|                                                                                                                                                                                                                                                          | <input type="checkbox"/> \$0                                                                                                                                                                          | \$0    |      | <input type="checkbox"/> \$0                                                                                                                  | \$0                              | <input type="checkbox"/> \$25    | \$75                             |                                  |                |            |                |
|                                                                                                                                                                                                                                                          | <input type="checkbox"/> \$25                                                                                                                                                                         | \$75   |      | <input type="checkbox"/> \$25                                                                                                                 | \$75                             | <input type="checkbox"/> \$50    | \$150                            |                                  |                |            |                |
|                                                                                                                                                                                                                                                          | <input type="checkbox"/> \$50                                                                                                                                                                         | \$150  |      | <input type="checkbox"/> \$50                                                                                                                 | \$150                            | <input type="checkbox"/> \$100   | \$300                            |                                  |                |            |                |
| <b>* Waive deductible option *</b>                                                                                                                                                                                                                       | Deductible applies to all services with the option to waive on preventive.                                                                                                                            |        |      | Deductible applies to all services with the option to waive on out-of-network preventive. Deductible does not apply to in-network preventive. |                                  |                                  |                                  |                                  |                |            |                |
| <b>Annual maximum options</b>                                                                                                                                                                                                                            | <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$1,250<br><input type="checkbox"/> \$1,500<br><input type="checkbox"/> \$2,000<br><input type="checkbox"/> \$2,500                      |        |      | <input type="checkbox"/> \$1,000                                                                                                              | <input type="checkbox"/> \$1,250 | <input type="checkbox"/> \$1,500 | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$2,500 |                |            |                |
| <b>* Extended annual maximum option *</b>                                                                                                                                                                                                                | You have the option to receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year after you reach your annual maximum. (Implants and orthodontia excluded) |        |      |                                                                                                                                               |                                  |                                  |                                  |                                  |                |            |                |
|                                                                                                                                                                                                                                                          | Coinsurance options                                                                                                                                                                                   |        |      | Coinsurance options                                                                                                                           |                                  |                                  |                                  |                                  |                |            |                |
|                                                                                                                                                                                                                                                          | See any dentist                                                                                                                                                                                       |        |      | in network                                                                                                                                    | out of network                   | in network                       | out of network                   | in network                       | out of network | in network | out of network |
| <b>Preventive services</b><br>Oral examinations, X-rays, cleanings, topical fluoride treatment (through age 14, one per calendar year), sealants (through age 14)                                                                                        | 100%                                                                                                                                                                                                  | 100%   | 100% | 100%                                                                                                                                          | 100%                             | 100%                             | 100%                             | 80%                              | 100%           | 80%        |                |
| <b>Basic services</b><br>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%                                                                                                                                                                                                   | 50%    | 50%  | 100%                                                                                                                                          | 80%                              | 90%                              | 80%                              | 90%                              | 50%            | 80%        | 50%            |
| <b>Major services</b><br>Crowns, inlays and onlays, bridgework, dentures, denture relines and rebases, denture repair and adjustments, oral surgery, periodontics (gum therapy), endodontics (root canals)                                               | 50%                                                                                                                                                                                                   | 50%    | 30%  | 60%                                                                                                                                           | 50%                              | 60%                              | 50%                              | 60%                              | 30%            | 50%        | 50%            |

## Plan options

### Periodontics/Endodontics

Periodontics and endodontics available as a basic service for an additional cost.

### Composite fillings for molars

Composite fillings for molars can be added to basic services for groups with 10 or more enrolled employees for an additional cost.

### Implants

Implants can be added to major services for groups with 10 or more enrolled employees for an additional cost. \$1,500 maximum implant benefit, subject to the annual maximum.

### Orthodontia

If you do not choose orthodontia coverage, employees can still receive up to a 20 percent savings by visiting participating orthodontists and asking for the discount.

Child orthodontia – Available for groups with 10 or more enrolled employees. Plan pays 50 percent (no deductible) of the covered child orthodontia services up to:

\$1,000       \$1,500       \$2,000

Adult/child orthodontia – Available for groups with 25 or more enrolled employees. Plan pays 50 percent (no deductible) of the covered adult/child orthodontia services up to:

\$1,000       \$1,500       \$2,000



## Additional plan options

### > Out-of-network reimbursement options

- ❑ **Based on maximum allowable fee (MAF)** If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.
- ❑ **Based on in-network fee schedule (INFS)** If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule in your area.

If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule.

### > Funding options

- ❑ **Employer sponsored** Your business only needs to contribute 25 percent of the single rate.
- ❑ **Voluntary** Same group benefits to your employees at no cost to your business.
- ❑ **Dual choice** Combine any two employer-sponsored or any two voluntary plans. (Available for groups with 10 or more enrolled employees.)
- ❑ **Administrative services only (ASO)** Your business funds the plan. HumanaDental carefully manages your plan through our industry-leading claims system and nationwide PPO network.

### > Enrollment options for employees joining late

- ❑ **Open enrollment** Employees without a qualifying event can only join during the annual open enrollment period. Additional late applicant waiting periods do not apply (plan waiting periods may apply).
- ❑ **Late applicants** Employees can join at any time during the plan year without a qualifying event. Late applicant waiting periods apply.



### Genuine customer care

Call 1-800-233-4013, Monday through Friday, 8 a.m. to 6 p.m. (TDD: 1-800-325-2025)

# Preventive Plus plans

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               | Preventive Plus                                                            |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----|
| <b>Deductible</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | See any dentist                                                                                                                                                                               |                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Individual                                                                                                                                                                                    | Family                                                                     |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$50                                                                                                                                                                                          | \$150                                                                      |     |
| * Waive deductible option *                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                               | Deductible applies to all services with the option to waive on preventive. |     |
| <b>Annual maximum</b>                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,000                                                                                                                                                                                       |                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               | Coinsurance options                                                        |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               | See any dentist                                                            |     |
| <b>Preventive services</b><br>Oral examinations, X-rays, cleanings, topical fluoride treatment (through age 14, one per calendar year), sealants (through age 14)                                                                                                                                                                                                                                                                  | 100%                                                                                                                                                                                          | 100%                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Basic services</b><br>Emergency care for pain relief, nonsurgical extractions, fillings (amalgams, composite for anterior teeth)                                                           | 80%                                                                        | 50% |
| <b>Discount services</b><br><b>Basic services</b><br>Space maintainers (through age 14), appliances for children, prefabricated stainless steel crowns<br><b>Major services</b><br>Crowns, inlays and onlays, bridgework, dentures, denture relines and rebases, denture repair and adjustments, oral surgery, periodontics (gum therapy), endodontics (root canals)<br><b>Orthodontia services</b><br>Adult and child orthodontia | Receive a discount on these services if you see participating dentists. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum. |                                                                            |     |

## Additional plan options

### > Out-of-network reimbursement options

**Based on maximum allowable fee (MAF)**

If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

**Based on in-network fee schedule (INFS)**

If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule in your area.

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### > Enrollment options for employees joining late

**Open enrollment** Employees without a qualifying event can only join during the annual open enrollment period. Additional late applicant waiting periods do not apply (plan waiting periods may apply).

**Late applicants** Employees can join at any time during the plan year without a qualifying event. Late applicant waiting periods apply.



# HumanaDental plan guidelines

## Eligibility

› 2+ eligible employees

|                                                                                                                                                                                                                                                                 | Participation                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Employer pays 100 percent of premium                                                                                                                                                                                                                            | 100 percent                                                |
| Employer contributes at least 25 percent of premium – For groups with two or more eligible employees, HumanaDental will lower the participation requirement to 50 percent if 25 percent or more of the eligible employees waive due to other credible coverage. | 75 percent                                                 |
| Voluntary                                                                                                                                                                                                                                                       | Two enrolled employees or 25 percent, whichever is greater |

## Waiting periods

HumanaDental reimburses most services in your plan as of your effective date. There are no waiting periods for preventive services. There are no waiting periods for endodontics unless you are a late applicant. In some circumstances, benefits are available after 12 months. Please see the chart below.

| Enrollment type                                        | Group size                    | Preventive | Basic     | Major                  | Orthodontia                                                          |
|--------------------------------------------------------|-------------------------------|------------|-----------|------------------------|----------------------------------------------------------------------|
| Initial enrollment, open enrollment, and timely add-on | 2-9 enrolled employees        | No         | No        | 12 months <sup>1</sup> | Not available                                                        |
| Initial enrollment, open enrollment, and timely add-on | 10 or more enrolled employees | No         | No        | No                     | 12 months <sup>1</sup><br>(No waiting period for employer-sponsored) |
| Late applicant <sup>2</sup>                            | All group sizes <sup>3</sup>  | No         | 12 months | 12 months              | 12 months                                                            |

<sup>1</sup> The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan.

<sup>2</sup> Late applicants not allowed with open enrollment option.

<sup>3</sup> Orthodontia is not available for groups with 2-9 enrolled employees.

Policy number: MI-70090-HD 3/08  
Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent/broker. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the plan selection.



thank  
you

for considering  
HumanaDental.



**HUMANA**<sup>®</sup>  
*Specialty Benefits*

- Dental
- Vision
- Life
- Disability
- Workplace voluntary benefits