DENTAL PLAN COMPARISON

FY2013 (July 1, 2012 – June 30, 2013)

BENEFIT	DCP High Option	DCP Basic Option	Humana Advantage	Humana Elite Choice
Provider Network	Dental Care Plus	Dental Care Plus	Humana-CompBenefits	N/A
	Network	Network	Network	N/A
Annual Deductible (Ded) Single: Family:	$50 $150	$50 $150	N/A	$50 $150
Plan Annual Maximum Per Covered Member:	$1,500	$750	N/A	$1,000
Balanced Billing	No	No	No	Yes
WHAT YOU PAY … Flat $ Copay *or* Deductible + Co-Insurance %				
Preventive Care	$0	$0	See Copay Schedule	$0
Basic Services	Ded + 20%	Ded + 50%	See Copay Schedule	Ded + 20%
Major Services	Ded + 40%	Ded + 50%	See Copay Schedule	NOT COVERED
Orthodontia	Ded + 40% Up to lifetime maximum benefit of $1,500 per dependent child	Ded + 50% Up to lifetime maximum benefit of $750 per dependent child	See Copay Schedule	NOT COVERED

The Dental Care Plus Out-of-Area Traditional plan with no network restriction is available to those that qualify. To qualify, there must be less than two Dental Care Plus general dentists within 15 miles of your home. Benefits and premiums are at same level and cost as the Dental Care Plus High Option plan. The plan is subject to Balanced Billing. Contact HR4U for additional information.

DEFINITIONS

Balanced Billing: If you are subject to balanced billing you will be 100% responsible for any charges considered above reasonable and customary charge for the service performed.
Basic Benefits: Generally includes services such as fillings (amalgams) and simple extractions. Root canals covered as basic under Dental Care Plus plans.
Co-Insurance: The portion of charges that you will pay once you have met the deductible.
Copay: A flat dollar amount that you pay for a service without needing to first meet a deductible.
Deductible: An amount of money that the member must pay out of pocket before the plan begins paying for a service.
Major Services: Generally includes restorative services such as crowns, bridges, dentures. Root canals covered as major under Humana Advantage plan. Humana Elite Choice plan does not cover major services.
Plan Annual Maximum: The maximum dollar amount in benefits that the plan will pay out per covered member per plan year; includes preventive, basic, and major services (if covered).
Preventive Care: Generally includes two oral exams, two cleanings, and two bitewing x-rays per 12 month period.
Reasonable and Customary: The reasonable and customary charge for a service is based upon the usual fee charged for the service by most dentists in a geographic area.

This document is intended to provide an overview of common services only. Please refer to the applicable Summary Plan Description on CenterLink for more detailed coverage information.