



Your Humana benefits guide:

2027 Dental plans

State of Florida

Humana





Welcome to Humana

At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to support your overall well-being, your care is always at the core of what we do.





Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being and Humana's dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you're signing up for a healthier you.

Why sign up for dental benefits?



Preventive dental care, such as checkups and cleanings, help stop issues before they start, saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**



For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**



Plus, **caring for you is at the heart of everything we do,** so we make it easy for you to get the help you need — when you need it. Our service teams are always ready to help and answer your questions. For questions during Open Enrollment call the Enrollment Hotline at **866-879-3630 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

You have many dental plan benefit choices

Humana is pleased to offer you a variety of dental plan options. The PPO options offer a network of dentists where you can get our best pricing for dental services when you visit in-network dentists. While some of the benefits for all the plan options are similar, others are distinct to each plan. Be sure to review the features in this book to make the right choice for your dental health and budget.

Choice of plans

- **Prepaid plan** – a managed care plan (You must designate a Primary Care Dentist (PCD) for this plan before you receive dental services. If you receive dental services and you haven't designated a PCD, you won't have coverage.)
- **Schedule B indemnity plan** – a reimbursement plan (For this plan, you pay your dentist when you receive services and submit a claim form for reimbursement.)
- **Three PPO plans** – traditional plans with in-network dental rates

Your cost in monthly premium

People First Benefit plan code	4044	4084	4094	4092	4090
Dental plan name	Prepaid	Schedule B indemnity	Preventive PPO	Standard PPO	Indemnity with PPO
Employee only	\$12.64	\$14.74	\$21.54	\$32.16	\$48.04
Employee + spouse	\$21.20	\$21.96	\$39.88	\$59.54	\$88.88
Employee + child(ren)	\$23.00	\$23.30	\$44.56	\$66.52	\$99.32
Employee + family	\$32.98	\$37.10	\$64.68	\$96.58	\$144.20

If you have questions, visit our website at your.humana.com/sofdental or call the Enrollment Hotline **866-879-3630 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.



How do the dental plans work?

How do the plans work?

PPO dental plans are built with whole-person health in mind. These are more traditional dental insurance plans and feature key benefits for both healthy smiles and bodies along with convenient ways to get care. To get the most out of your plan, visit one of our in-network PPO dentists. This will ensure you get our best pricing for dental care services.

Prepaid covers preventive care and other dental procedures as listed when you're treated by your selected primary care dentist (PCD). **For this plan you need to designate a PCD before getting dental services to have coverage.** If your PCD decides you need more specialized treatment, you'll be referred to a participating specialist. With the Prepaid plan, the participating specialist's fees may be discounted at 25%. General dentistry and specialty services are available only in areas where Humana has a participating general dentist and/or specialist.

Schedule B indemnity covers preventive care and other dental procedures as listed when you're treated by any dentist you choose. **You pay your dentist for services when you get them and then file a claim for reimbursement.** You'll be responsible for expenses not reimbursed by the plan, and there are benefit maximums.

Do I have to file a claim form?

PPO: No, all claims will be coordinated by your dentist. You're only responsible for the deductible and coinsurance listed on the benefits schedule.

Prepaid: No, all treatment will be coordinated by your primary care dentist. You're only responsible for the copayment listed on the benefits schedule.

Schedule B indemnity: Yes, you must submit a claim form to be reimbursed for your dental expenses. Claim forms can be found on your.humana.com/sofdental in the "Certificates and forms you may need" tab.

Submit claim forms to: Humana P.O. Box 14284, Lexington, KY 40512-4284

Predetermination: If covered dental expenses for a procedure are expected to be more than \$200, it's recommended that you send a dental treatment plan before beginning treatment. You and/or your dentist will be notified of the benefits payable based on the dental treatment plan.

Does everyone in my family need to use the same dentist?

No, each family member can have a different dentist. For instance, a spouse might choose to visit a dentist close to a workplace, a dependent college student living away from home might pick a dentist near school and parents might choose to send their children to pediatric dentists (specialist) who are more comfortable treating young children.

What should I do if I have a question or concern?

Visit our website at:

your.humana.com/sofdental or contact Humana by calling the Enrollment Hotline at **866-879-3630 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.



Humana Dental Preventive PPO

People First Plan Code #4094
State of Florida

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible	In-network and out-of-network deductibles Deductible applies to all services excluding preventive.			
	Employee only	Employee + spouse	Employee + child(ren)	Employee + spouse + child(ren)
	\$50	\$100	\$100	\$150
Calendar-year annual maximum	\$1,000		\$1,000	
Preventive services • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15)	100% no deductible		80% no deductible	
Basic services • Periodontal cleanings (2 per year) • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, anterior teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) • Denture repair • Denture relines/rebases (1 every 3 years, following 6 months of denture use)	80% after deductible		50% after deductible	

Humana Dental Preventive PPO

People First Plan Code #4094
State of Florida

	If you use an in-network dentist	If you use an out-of-network dentist
Major services • Harmful habit appliances for children (1 per lifetime, through age 14) • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture adjustments (following 6 months of denture use) • Implants	Not Covered	Not Covered
Orthodontia services	Not Covered	Not Covered
Monthly plan premiums	Employee: \$21.54 Employee + spouse: \$39.88 Employee + children: \$44.56 Family: \$64.68	

	Preventive	Basic	Major	Orthodontia
Waiting periods Enrollment type: Initial enrollment, open enrollment and timely add-on	No	No	N/A	N/A

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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 out-of-network fee schedule of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.



Questions?

Simply call **866-879-3630 (TTY: 711)** to speak with a friendly, knowledgeable Customer Care specialist, or visit your.humana.com/sofdental.

Humana Dental Standard PPO

People First Plan Code #4092
State of Florida

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible	In-network and out-of-network deductibles Deductible applies to all services excluding preventive and orthodontia. Orthodontia has a separate lifetime deductible per person. Please refer to the “Orthodontia services” section for more information.			
	Employee only	Employee + spouse	Employee + child(ren)	Employee + spouse + child(ren)
	\$50	\$100	\$100	\$150
Calendar-year annual maximum	\$1,500		\$1,500	
Preventive services • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15)	100% no deductible		80% no deductible	
Basic services • Periodontal cleanings (2 per year) • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, anterior teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) • Denture repair • Denture relines/rebases (1 every 3 years, following 6 months of denture use)	80% after deductible		50% after deductible	

Humana Dental Standard PPO

People First Plan Code #4092
State of Florida

	If you use an in-network dentist	If you use an out-of-network dentist
Major services • Harmful habit appliances for children (1 per lifetime, through age 14) • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture adjustments (following 6 months of denture use) • Implants (1 per tooth every 5 years)	50% after deductible	30% after deductible
Orthodontia services	Adult/child orthodontia. Plan pays 50% for a participating provider and 30% for a non-participating provider (\$50 lifetime deductible per person receiving orthodontia services) up to a lifetime orthodontia maximum of \$2,000 when the Member receives services from a participating provider and \$1,500 when the Member receives services from a non-participating provider.	
Monthly plan premiums	Employee: \$32.16 Employee + spouse: \$59.54 Employee + children: \$66.52 Family: \$96.58	

	Preventive	Basic	Major	Orthodontia
Waiting periods Enrollment type: Initial enrollment, open enrollment and timely add-on	No	No	No	Yes

* There is a one year waiting period for Type IV services. Creditable coverage will apply toward the waiting period.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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 out of network fee schedule of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.



Questions?

Simply call **866-879-3630 (TTY: 711)** to speak with a friendly, knowledgeable Customer Care specialist, or visit your.humana.com/sofdental.

Humana Dental Indemnity with PPO

People First Plan Code #4090
State of Florida

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible	In-network and out-of-network deductibles Deductible applies to all services excluding preventive and orthodontia.			
	Employee only	Employee + spouse	Employee + child(ren)	Employee + spouse + child(ren)
	\$50	\$100	\$100	\$150
Calendar-year annual maximum	\$2,000		\$2,000	
Preventive services • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15)	100% no deductible		100% no deductible	
Basic services • Periodontal cleanings (2 per year) • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, anterior teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) • Denture repair • Denture relines/rebases (1 every 3 years, following 6 months of denture use)	80% after deductible		80% after deductible	

Humana Dental Indemnity with PPO

People First Plan Code #4090
State of Florida

	If you use an in-network dentist	If you use an out-of-network dentist
Major services • Harmful habit appliances for children (1 per lifetime, through age 14) • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture adjustments (following 6 months of denture use) • Implants (1 per tooth every 5 years)	50% after deductible	50% after deductible
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$2,500 lifetime orthodontia maximum.	
Monthly plan premiums	Employee: \$48.04 Employee + spouse: \$88.88 Employee + children: \$99.32 Family: \$144.20	

	Preventive	Basic	Major	Orthodontia
Waiting periods Enrollment type: Initial enrollment, open enrollment and timely add-on	No	No	No	No

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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 out-of-network fee schedule of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.



Questions?

Simply call **866-879-3630 (TTY: 711)** to speak with a friendly, knowledgeable Customer Care specialist, or visit your.humana.com/sofdental.

HD205 Prepaid dental plan



For a complete summary of benefits scan code, or go to humana.info/HD205

The benefits and services highlighted below provide an overview of the dental plan you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network. You'll need to designate a Primary Care Dentist (PCD) for this plan before you see your dentist. Call Humana at the number on the back of your ID card to let them know who your PCD is. **If you don't have a designated PCD, dental services will not be covered.**

HD205 Prepaid Plan People First Plan Code #4044

With this plan, you pay a set amount, or copay, for each service when you see a participating primary care dentist. There are no yearly maximums, no deductibles and no waiting periods.

Below is a sampling of the most frequently used dental services for this plan.

	Description	What you pay
Preventive services	Oral exam	\$0
	X-ray (complete series)	\$0
	Prophylaxis (periodontal) cleaning (adult / child)	\$0
	Topical application of fluoride (child <16)	\$0
	Sealant (per tooth)	\$10
Basic services	Amalgam filling (one surface)	\$5
	Resin-based composite filling (one surface, anterior)	\$30
	Resin-based composite filling (one surface, posterior)	\$45
Major services	Crown	\$270
	Endodontic therapy, molar tooth	\$250
	Periodontal maintenance	\$45
	Extractions	\$0
Orthodontia	Adults and children	Not covered
Monthly plan premiums	Employee: \$12.64 Employee + spouse: \$21.20 Employee + children: \$23.00 Family: \$32.98	

Benefits shown are for in-network services. This is an example and costs may vary. If you enroll in this plan, you can view your Summary of Benefits and Coverage for details.

Schedule B dental plan



For a complete summary of benefits scan code, or go to humana.info/SBIndemnity

The benefits and services highlighted below provide an overview of the dental plan you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network. With this plan, you **will pay your dentist for services when get them and file a claim form for reimbursement** for covered service.

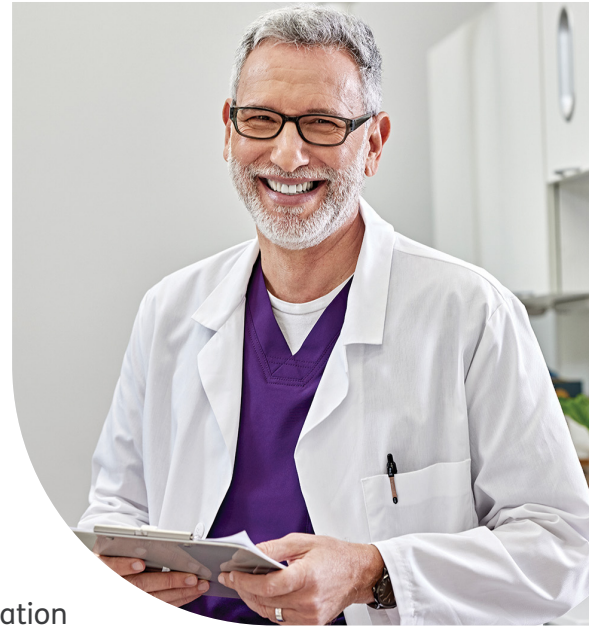
Schedule B Indemnity Plan People First Plan Code #4084

This plan covers preventive care and other dental procedures when you're treated by any dentist you choose. You'll be responsible for expenses not reimbursed by the plan, and there are benefit maximums.

Below is a sampling of the most frequently used dental services for this plan.

	Description	What you pay
Preventive services	Oral exam	\$23
	X-ray (complete series)	\$61
	Prophylaxis (periodontal) cleaning (adult / child)	\$38/\$36
	Topical application of fluoride (child <16)	\$31
	Sealant (per tooth)	\$13
Basic services	Amalgam filling (one surface)	\$19
	Resin-based composite filling (one surface, anterior)	\$24
	Resin-based composite filling (one surface, posterior)	\$19
Major services	Crown	\$82 - \$288
	Endodontic therapy, molar tooth	\$389
	Periodontal maintenance	\$32
	Extractions	\$23
Orthodontia	Adults and children	Not covered
Monthly plan premiums	Employee: \$14.74	
	Employee + spouse: \$21.96	
	Employee + children: \$23.30	
	Family: \$37.10	

Benefits shown are for in-network services. This is an example and costs may vary. If you enroll in this plan, you can view your Summary of Benefits and Coverage for details.



How to find a dentist in the network

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, select the plan below and enter the information requested, or go to your.humana.com/sofdental to review all plans:

Prepaid (4044)

<https://www.mycompbenefits.com/pts/do/show/providerSearchCriteria?app=PTS&plan1=HD205&plan2=002>
For this plan you must select a Primary Care Dentist (PCD) before you get dental services. Call Humana at the number found on the back of your ID card before you see your dentist and tell them who your PCD is. If you do not have a PCD designated before you see your dentist, your dental service will not be covered.

Preventive PPO (4094)

<https://www.mycompbenefits.com/pts/do/show/providerSearchCriteria?app=PTS&plan1=SOFPP1&plan2=1>

Standard PPO (4092)

<https://www.mycompbenefits.com/pts/do/show/providerSearchCriteria?app=PTS&plan1=SOFPP2&plan2=1>

Indemnity with PPO (4090)

<https://www.mycompbenefits.com/pts/do/show/providerSearchCriteria?app=PTS&plan1=SOFINP&plan2=1>

Schedule B indemnity (4084)

You can see any dentist. For this plan, you will pay your dental provider for dental services when you get them. You will then need to submit a dental claim form to be reimbursed for services that are covered.



What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.





Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy:

Personalized dental products

- 20% off Truthbrush at-home oral care Smart Teeth brushing trackers. Go to <https://bit.ly/humana20> and click on "Continue to destination"
- Up to 70% off teeth whitening with ProSmileUSA.com. Go to <https://www.prosmileusa.com/> to order your kit.
- Discounts on conventional and electric toothbrushes, toothpaste, dental floss and mouthwash, Go to <https://oralb.com/en-us/poh/>

Vision care discounts

- \$1000 off Lasik (\$500 per eye) with LasikPlus. Go to <https://www.lifestylelasik.com/> to find a provider and learn more.
- Save on eye exams, glasses and contact lenses with EyeMed.
 - Call **866-995-9316**.
 - When prompted, say the word "**discount.**"
 - When prompted, **press 2** to indicate you're not using a mobile phone (even if you are).
 - Tell the representative that you are looking for a provider associated with **Humana Discount Select** and Discount Plan Code: **9242587**
 - Confirm the provider's discount-plan participation by contacting them directly

Hearing aid options

- Save 50-65% on hearing aids with Audicus. Call **855-971-0451** for more information.
- Save 30- 60% off hearing aids with TruHearing. Call **888-403-3937** to schedule an appointment

Additional discounts

- Save up to 30% on chiropractic and massage therapy, acupuncture, weight management and more with WholeHealth Pro.
- Go to <http://humana.wholehealthmd.com> to learn more.



Manage your Humana plan online

Humana | MyCompBenefits: Your dental plan at your fingertips

Once you become a Humana dental plan member, you can register for Humana | MyCompBenefits. To register go to **your.humana.com/sofdental** and select the "**Register now**" link where it says "**Register at MyCompBenefits to order ID cards, update information, view eligibility and benefits. Register now**"

You'll get quick and secure access to your dental plan information anytime, anywhere:

- Find a provider
- Order ID cards
- Check your claims status
- Review deductibles and coverage details

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members or residents: You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Հանգստագրեք վերը նշված հեռախոսահամարով անվճար լեզվական օգնության ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.



your.humana.com/sofdental

Enrollment Hotline: **866-879-3630**

877-320-1235 (TTY: 711)



Humana group dental plans are insured or administered by Humana Insurance Company, or CompBenefits Company.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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