



Understanding your dental plan options

You have two Humana dental plan options to choose from. While there are similarities between the plans, there are some key differences.

We want to help make it easy to prioritize your dental care as an important part of your overall health. Understanding the differences in your plan options will help you choose the plan that's right for you.

PPO plan	DHMO plan
Members have the freedom to choose any dentist – with access to a nationwide network of dentists for best pricing.	Members must select a primary care dentist (PCD) participating in a smaller, local Prepaid/DHMO network.
No referrals needed.	Referrals to specialists may be required.
Members may pay a percentage (coinsurance) of the amount billed for dental services.	Members simply pay a copay amount for each dental service.
Limited maximum to what plan pays annually.	No calendar year maximum.
Premiums are generally higher than DHMO plans	Premiums are generally lower than PPO plans

Example of how PPO and DHMO dental plans pay claims:

On a recent trip to the dentist, you found out you'll need a filling. This is an example of how the claim will be administered based on the plan you choose:

Coverage	No coverage or out-of-network DHMO provider with DHMO plan	In-network PPO Provider with PPO plan	Out-of-network PPO Provider with PPO plan	DHMO provider with DHMO plan
Dentist charge for: Filling (amalgam, 1 surface)	\$200	\$200	\$200	\$200
Negotiated cost	N/A	\$150	N/A	N/A
Allowable amount	N/A	\$150	\$150	N/A
Coinsurance	N/A	80%	80%	N/A
What plan pays	N/A	\$120	\$120	N/A
Your portion of the allowable amount you pay	\$200	\$30	\$30	\$5
Your additional cost for the difference between allowable & Dentist's charge	N/A	N/A	\$50	N/A
Your Total Cost (your out-of-pocket expense)	\$200	\$30	\$80	\$5



This is an example only for illustrative purposes. Actual savings will depend on benefits, as well as services provided.

