Humana Dental
2014 Summary of Benefits and Coverage

Publix Personal Plans

A lifetime of healthy smiles starts with good dental care, and the Publix Group Dental Plan provides dental benefits at an affordable cost. This summary lists the most common covered services. The complete Schedule of Benefits, including the applicable limitations and exclusions for each plan, and a provider locator are available by visiting the Publix Personal Plans website from PASSport or www.publix.org > Health and Well-Being > Dental Plan and clicking the Dental Insurance option. You also may call Publix Personal Plans toll-free at 1-888-374-6377.
ID cards are issued to new enrollees in the dental plan.

	Plan 1 (DHMO)	Plan 2 (PPO)
CALENDAR YEAR DEDUCTIBLE (CYD)		**Applies to Type II & III Services**
Per Individual	None	$50
Per Family Aggregate	None	$150
CALENDAR YEAR MAXIMUM BENEFIT	No maximum	$1,500 per individual
PRE-EXISTING CONDITIONS EXCLUSION	No pre-existing conditions exclusion applies	Some pre-existing conditions are not covered
TYPE I – PREVENTIVE SERVICES	**Patient Pays:**	**Plan Pays:**
Office Visit	$5	100% - No CYD
Initial Exam	No charge	100% - No CYD
X-Rays (bitewings)	No charge	100% - No CYD
Semi-Annual Cleanings	No charge	100% - No CYD
Sealant – Per Tooth (children under 16 years old — molars without cavities only)	$15	100% - No CYD
TYPE II – BASIC SERVICES	**Patient Pays:**	**Plan Pays:**
One Surface White Filling	$40 Anterior/$70 Posterior	80%
Two Surface White Filling	$45 Anterior/$90 Posterior	80%
Single Tooth Extraction	$25	80%
TYPE III – MAJOR SERVICES	**Patient Pays:**	**Plan Pays:**
Porcelain to Metal Crown/Bridge (per unit)[1]	$310	50%
Periodontal Scaling (per quadrant)	$55	50%
Molar Root Canal Therapy	$300	50%
Surgical Removal of Erupted Tooth	$45	50%
TYPE IV – ORTHODONTIC SERVICES	**Patient Pays:**	**Plan Pays:**
Consultation	No charge	Not covered
Evaluation	$35	Not covered
Records/Treatment Planning for up to 24 Months Routine	$250	Not covered
Orthodontic Treatment (children up to 19 years old)	$1,500	Not covered
Orthodontic Treatment (adults)	$2,000	Not covered
Retainer (post-orthodontic treatment)	$450	Not covered

IMPORTANT PLAN INFORMATION

Plan 1 (DHMO)

- You must choose a network dentist in order to receive benefits.
- You receive a 25% reduction in usual & customary fees for specialists, including pediatric dentists, participating in the DHMO network.
- The copays for services performed by your participating general dentist are based on the Schedule of Benefits.
- See the Schedule of Benefits for comprehensive orthodontic treatment for children and adults.

[1] Does not include the additional cost of precious or semi-precious metal.

Plan 2 (PPO)

- You have the freedom to choose PPO network or non-PPO network dentists.
- PPO network dentists have agreed to reduce their usual & customary fees.
- Non-PPO network dentists have not agreed to reduce their usual & customary fees.
- When using a non-PPO network dentist, you are responsible for any extra amount charged by the dentist over the Humana negotiated maximum in addition to the applicable calendar year deductible and coinsurance.

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	Plan 3 (UCR) **Usual & Customary Reimbursement** Only available where Plans 1 & 2 are not offered
CALENDAR YEAR DEDUCTIBLE (CYD)	**Applies to Type II & III Services**
Per Individual	$50
Per Family Aggregate	$150
CALENDAR YEAR MAXIMUM BENEFIT	$1,500 per individual
PRE-EXISTING CONDITIONS EXCLUSION	Some pre-existing conditions are not covered
TYPE I – PREVENTIVE SERVICES	**Plan Pays:**
Office Visit	100% - No CYD
Initial Exam	100% - No CYD
X-Rays (bitewings)	100% - No CYD
Semi-Annual Cleanings	100% - No CYD
TYPE II – BASIC SERVICES	**Plan Pays:**
One Surface White Filling	80%
Two Surface White Filling	80%
Single Tooth Extraction	80%
Surgical Removal of Erupted Tooth	80%
Sealant – Per Tooth (children under 16 years old – molars without cavities only)	80%
TYPE III – MAJOR SERVICES	**Plan Pays:**
Crown (per unit)	50%
Bridge (per unit)	50%
Periodontal Scaling (per quadrant)	50%
Molar Root Canal Therapy	50%

IMPORTANT PLAN INFORMATION

- You have the freedom to choose PPO network or non-PPO network dentists.
- You may have a 12-month waiting period for Major Services. The waiting period may be waived if you have 12 months of previous dental coverage immediately prior to enrolling in Plan 3. To waive the waiting period, you must submit the appropriate form to Humana. The form can be obtained on the Personal Plans website.
- A claim form must be filed with Humana to receive reimbursement of services covered by the plan.
- The plan provides benefits for covered services based on the percentage of usual & customary fees.
- PPO network dentists have agreed to reduce their usual & customary fees.
- Non-PPO network dentists have not agreed to reduce their usual & customary fees.
- When using a non-PPO network dentist, you are responsible for any extra amount charged by the dentist over the Humana negotiated maximum in addition to the applicable calendar year deductible and coinsurance.

Here's Something to Smile About

Step 1 Review Your Benefits
Carefully review the dental benefits outlined on this Summary of Benefits and Coverage and select a plan.

Step 2 Select a Provider
You can easily locate network dentists by logging on to the Publix Personal Plans website from PASSport or www.publix.org > Health and Well-Being > Dental Plan. Click the Dental Insurance option and select the Dental Plan Provider Locator. You also can call the 24-hour, toll-free Interactive Voice Response (IVR) system at 1-888-374-6377 and follow the prompts to locate a network dentist in your neighborhood.

Enrolling in Plan 1? If so, you need to select a network dentist for you and each family member you're going to enroll. For Plans 2 and 3, you don't need to choose a network dentist at the time of enrollment. However, PPO network dentists have agreed to reduce their usual & customary fees for plan members.

Step 3 Enroll in the Plan
You can enroll online by visiting the Publix Personal Plans website from PASSport or www.publix.org > Health and Well-Being > Dental Plan and clicking the Dental Insurance option. You also may enroll over the telephone by calling 1-888-374-6377 toll-free and using the IVR system. If you're enrolling your spouse or dependents, you'll have to call during regular business hours (Monday – Friday 9 a.m. – 6 p.m. Eastern time) and follow the prompts to speak with a customer service representative. We strongly encourage you to use the Internet if at all possible.

When enrolling, you need to have your date of birth and your personnel number. You will have to enter the leading zeros of your personnel number in order to successfully log on to the website or IVR system. For example, if your personnel number is 00123456, you would enter "00123456" to log in. You can find your personnel number on the top right corner of your paycheck statement.

Step 4 Schedule Your Appointment
ID cards will be issued to access benefits under the dental plan. Once coverage is effective, simply call your chosen provider directly to schedule your appointment.

Coverage Tiers and Weekly Premiums

	Plan 1 (DHMO)	Plan 2 (PPO)	Plan 3 (UCR) Only available where Plans 1 & 2 are not offered
Associate only	$1.98	$4.88	$4.33
Associate + 1 dependent	$3.77	$8.54	$8.05
Associate + 2 or more dependents	$5.04	$11.71	$11.46

Pay period deductions for dental coverage are taken on a pretax basis. This means tax savings for you each pay period and a reduction in your taxable income for the year.

Cancelling Coverage

Once enrolled, dental coverage only can be cancelled during a subsequent annual open enrollment period or if you experience a qualifying IRS permitted election change. To cancel coverage, you must call Personal Plans toll-free at 1-888-374-6377 during regular business hours (Monday – Friday 9 a.m. – 6 p.m. Eastern time) either during an annual open enrollment period or within 30 days of an IRS permitted election change event. Emails through the Internet will not be accepted by Personal Plans as notification of cancellation of your coverage.