

**Fully Insured**  
**Effective date: 01/01/2015**

## Dental plan highlights and rates

**Proposed plan 1: VOL TRADITIONAL PREF 100/80/50PERI/ENDO/BASIC 1.5KORTH MAF 09**

### Voluntary Dual Choice

#### Plan highlights

Preventive services coinsurance %	100	Endodontics/Periodontics	Basic
Basic services coinsurance %	80	Composite fillings for molars	Not Selected
Major services coinsurance %	50	Implants	Major
Individual Deductible	\$50.00	Orthodontia	Child
Family Deductible	\$150.00	Orthodontia coinsurance %	50
Waive deductible on preventive	Yes	Orthodontia lifetime maximum	\$1500.00
Annual maximum	\$2000.00	Complex surgical extractions	Basic

	EE	FAM
Estimated counts	70	97
Proposed rates	\$34.58	\$97.12
Estimated monthly premium	\$2,420.60	\$9,420.64
Estimated annual premium	\$29,047.20	\$113,047.69

**MAF (U&C):** If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee. To ensure you do not receive additional charges, visit a participating PPO network dentist.

Limitations, exclusions, waiting periods, and frequency or age limitations may apply. Do not cancel current group coverage until you receive written approval from Humana. Please verify the rates and selected plan(s) before implementation to ensure a smooth transition.

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### Proposed plan 2: VOL PREVENTIVE PLUS 100/80/00 MAF 09

#### Voluntary Dual Choice

##### Plan highlights

Preventive services coinsurance %	100	Waive deductible on preventive	Yes
Basic services coinsurance %	80	Annual maximum	\$1000.00
Individual Deductible	\$50.00	Orthodontia	Discount
Family Deductible	\$150.00		

	EE	FAM
Estimated counts	0	0
Proposed rates	\$15.76	\$45.66
Estimated monthly premium	\$0.00	\$0.00
Estimated annual premium	\$0.00	\$0.00

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