

### LSU Baton Rouge and LSU Health Sciences Center Shreveport

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
<b>Calendar-year deductible</b>	\$50	\$150	\$50	\$150
Deductible applies to all services except preventive services.				
<b>Calendar-year annual maximum</b>	\$1,000 After you reach the annual maximum amount, you will receive a benefit of 30 percent coinsurance on preventive, basic, and major services for the rest of the year.			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>Routine oral examinations (2 per year)</li> <li>Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>Routine cleanings (2 per year)</li> <li>Fluoride treatment (1 per year, through age 14)</li> <li>Sealants (permanent molars, through age 14)</li> <li>Space maintainers (primary teeth, through age 14)</li> <li>Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible		100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>Emergency care for pain relief</li> <li>Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>Oral surgery (tooth extractions including impacted teeth)</li> <li>Stainless steel crowns</li> <li>Harmful habit appliances for children (1 per lifetime, through age 14)</li> </ul>	80% after deductible		80% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>Crowns (1 per tooth every 5 years)</li> <li>Inlays/onlays (1 per tooth every 5 years)</li> <li>Bridges (1 per tooth every 5 years)</li> <li>Dentures (1 per tooth every 5 years)</li> <li>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>Denture repair and adjustments (following 6 months of denture use)</li> <li>Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered)</li> <li>Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	50% after deductible		50% after deductible	
<b>Orthodontia services</b>	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.			

## Humana Dental

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental 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 usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

### Waiting periods

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available

### Rates - valid 8/1/2020 to 7/31/2021

	Monthly	Annual
<b>Student Only</b>	\$33.10	\$397.20
<b>Student + One</b>	\$71.18	\$854.16
<b>Student + Family</b>	\$107.26	\$1,287.12

### Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to [Humana.com](http://Humana.com) or call 1-800-233-4013.

### To enroll for annual coverage effective 8/1/2020

Visit [www.gallagherstudent.com](http://www.gallagherstudent.com) between 7/1/2020 and 8/31/2020. Search for your school (LSU - Baton Rouge or LSU - HSC Shreveport). Click Dental / Vision Enroll on the Student Access menu on the left.

Students newly eligible for coverage starting in the Spring semester may enroll between 12/1/2020 and 1/31/2021 for a 1/1/2021 coverage effective date.

Please contact your local Member Advocate at 225-906-1280 with any questions concerning your new benefits.

### Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](http://Humana.com).

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.