Your Humana benefits guide:

2026 Dental plans

Northern Kentucky University

Humana | NKU Northern Kentucky University

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.

Dental plans

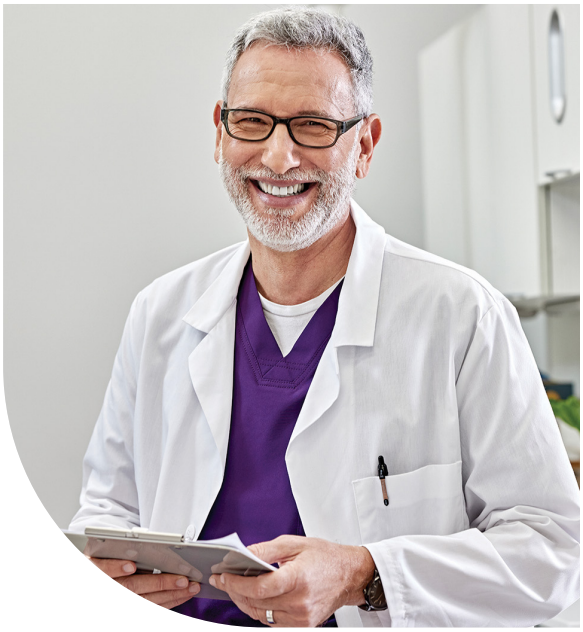
The benefits and services highlighted below provide an overview of dental plans you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network. For a full summary of benefits see pages 10 - 12.

	Preventive plan	Basic plan	Buy-up plan
	Flexible plan with ability to see any dentist. You'll get the most out of your plan and pay less for services when you see an in-network dentist. For a full summary of benefits see pages 10-12.		
Deductible	The amount you pay before your dental plan starts paying for covered expenses (excluding preventive services):		
	Individual: $50 Family: $150	Individual: $50 Family: $150	Individual $50 Family $150
Annual maximum	Total amount the plan pays in a plan year:		
	$1,000	$1,500	$2,000
Preventive services	Preventive services include services like routine cleanings, x-rays, topical fluoride and sealants (through age 18) and periodontal maintenances (up to 4 cleanings per year)		
	100% no deductible	100% no deductible	100% no deductible
Basic services	Basic services include services like fillings, simple extractions, and root canals		
	Not covered	Plan pays 80% of covered services	Plan pays 80% of covered services
Major services	Major services include crowns, bridges and dentures (excludes placement)		
	Not covered	Plan pays 50% of covered services after deductible	Plan pays 50% of covered services after deductible
Orthodontia	Not included	Not included	Child orthodontia with lifetime maximum of $2,000

Predetermination of benefits:

For dental care that may cost you over $300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment.

Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.



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, follow these steps:

Step 1: Scan the QR code or go to **humana.com/findadentist** and select the "Dentist" tab.

Step 2: Enter your search information based on plan

For the **Basic, Buy-up and Preventive Plans**

- Enter your **ZIP code**
- In the popup window, choose **"PPO"** for "Coverage Type"
- Select the network:
  - For the **Basic** and **Buy-up** plans, select: **PPO/Traditional Preferred**
  - For the **Preventive** Plan, select the **Preventive Plus**
- Click the **"Select"** button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**

Virtual dental care 24/7

When it's urgent, you can see a dentist virtually

Humana members have access to **$0 teledentistry**, also known as virtual dental care, as part of your Humana dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet.

If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room. **Teledentistry dentists can:**

- **Write prescriptions when needed** (Please note, your dental plan does not cover the cost of medications.)
- **Perform a visual exam** for things like mouth, tooth or jaw pain
- **Provide instructions** on caring for mouth, tooth or jaw pain
- **Help you determine if you need urgent/emergency care** or home care until you can see their dentist
- **Help you find a dentist** if you don't have one or if requested

Starting a virtual dental visit:

Once your dental plan coverage begins, you can sign up for a virtual visit account so you're ready when you need to see a dentist virtually:

1. Go to **dental.com/Humana** from your computer, tablet or mobile device and click on the **"See a dentist now"** button
2. Entering your dental insurance information:
   - Select "Group" for "Product Type"
   - "Subscriber ID" is your "Member ID" listed on your dental ID card

Note: Teledentistry not available in all states.

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** for things like teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on Lasik, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more

Once your Humana plan coverage begins, **access your exclusive discounts** by signing in to **MyHumana.com**.

Look for "Special Discounts" in the "Coverage" section of MyHumana.

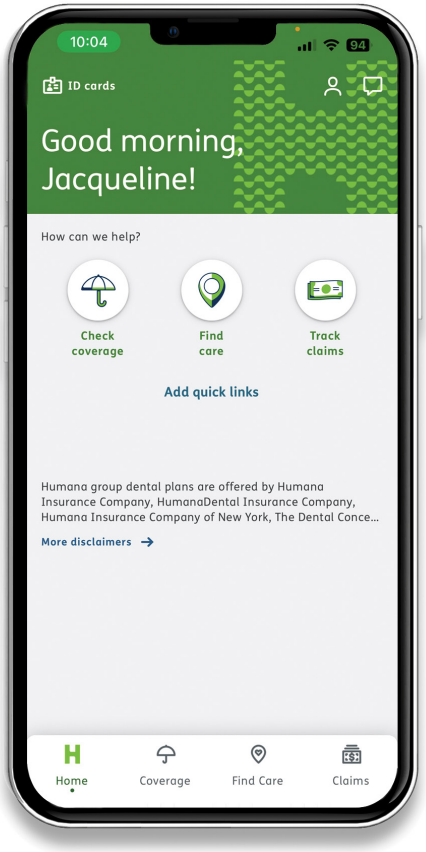
Manage your Humana plan online

MyHumana on the go

Once you become a Humana plan member, you get the most of your plan with a MyHumana account, and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the app to:

- **Explore coverage and benefit details** the moment you need them
- **Get your member ID cards** and add them to your phone's wallet
- **Find care close to you** and get directions on your phone's map app
- **Review claims status**
- **Access your exclusive member discounts**



Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account **or download and register on the MyHumana app** for iOS and Android.

Download on the App Store

GET IT ON Google Play

Learn more at humana.com/member/manage-your-account

Humana Dental
Basic plan

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	$1,500		$1,000	
Preventive services • Oral examinations • Cleanings • X-rays • Topical fluoride treatment (through age 18) • Sealants (through age 18) • Emergency exams • Space maintainers (through age 18) • Periodontal evaluations • Periodontal maintenance (up to 4 cleanings per year)	100% no deductible		100% no deductible	
Basic services • Extractions • Amalgam, composite fillings • Palliative care for pain relief • Thumb sucking and harmful habit appliances(through age 18) • Prefabricated stainless steel crowns • Endodontics (root canals) anterior and bicuspids	80% after deductible		60% after deductible	
Major services • Crowns • Inlays and onlays • Bridges • Implants • Partial or complete dentures • Denture relines and rebases • Oral surgery	50% after deductible		40% after deductible	
Orthodontia services	Not covered			

For dental care that may cost you over $300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits covered the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment.

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.

Humana Dental

Buy-up plan

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	$2,000		$2,000	
Preventive services • Oral examinations • Cleanings • X-rays • Topical fluoride treatment (through age 18) • Sealants (through age 18) • Emergency exams • Space maintainers (through age 18) • Periodontal evaluations • Periodontal maintenance (up to 4 cleanings per year)	100% no deductible		100% no deductible	
Basic services • Extractions • Amalgam, composite fillings • Palliative care for pain relief • Thumb sucking and harmful habit appliances(through age 18) • Prefabricated stainless steel crowns • Endodontics (root canals) anterior and bicuspids	80% after deductible		80% after deductible	
Major services • Crowns • Inlays and onlays • Bridges • Implants • Partial or complete dentures • Denture relines and rebases • Oral surgery	50% after deductible		50% after deductible	
Orthodontia services	Child orthodontia with a lifetime maximum of $2,000			

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Humana Dental

Preventive plan

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	$1,000			
Preventive services • Oral examinations • Cleanings • X-rays • Topical fluoride treatment (through age 18) • Sealants (through age 18) • Emergency exams • Palliative care for pain relief • Periodontal evaluations • Periodontal maintenance (up to 2 cleanings per year) • Amalgam, composite fillings	80% no deductible		80% no deductible	
Basic services • Extractions • Thumb sucking and harmful habit appliances(through age 18) • Prefabricated stainless steel crowns • Endodontics (root canals) anterior and bicuspids	Not covered		Not covered	
Major services • Crowns • Inlays and onlays • Bridges • Implants • Partial or complete dentures • Denture relines and rebases • Oral surgery	Not covered		Not covered	
Orthodontia services	Not included			

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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): Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

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

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

These notices are available at **www.humana.com/legal/non-discrimination-disclosure** and **www.humana.com/legal/multi-language-support**.

Offered by The Dental Concern, Inc.

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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