

Illinois

Chicagoland Racemeet Operators

Coinsurance	See a participating dentist			See a nonparticipating dentist		
	Preventive	Basic	Major	Preventive	Basic	Major
<input type="checkbox"/>	100%	90%	50%	80%	80%	50%
Summary of services	Preventive Oral examinations X-rays Cleanings Topical fluoride treatment Sealants	Basic Space maintainers Emergency care for pain relief Oral surgery Fillings Routine extractions Denture repair and adjustments Appliances for children Prefabricated stainless steel crowns	Major Crowns Inlays and onlays Bridgework Dentures Denture relines and rebases	Periodontics Endodontics (root canals)		
Calendar-year deductible (excludes orthodontia services)	See a participating dentist			See a nonparticipating dentist		
	Individual	Family		Individual	Family	
<input type="checkbox"/>	\$50	\$150		\$50	\$150	
	There is no deductible on in-network preventive services. Deductible applied on out-of-network preventive services.					
Annual maximum (excludes orthodontia services)	<input type="checkbox"/> \$1,500					
Orthodontia	<input type="checkbox"/> Child orthodontia—covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum					

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.

Waiting periods and frequency/age limits may apply.