HumanaOne Dental Preventive Plus



Kansas

Preventive Plus helps you meet your everyday dental needs. The plan covers services most often used, with the freedom to select any dentist.

	In-network coverage	Out-of-network coverage
Preventive services (no waiting period) Rostine and examinations (limit 2 per year) Periodontal examinations (limit 2 per year) X-rays (limit 1 set per year, excludes full roouth and Rendrams) Cleamings (limit 2 per year) Ropical fluoride treatment (limit 1 per year, age 14 and under) Sectionts (limit of 1 per tooth per lifetime, age 14 and under)	100% no deductible	70% of in-network fee schedule no deductible
Basic services (us month waiting period applied) Emergency care for pain relief Estractions and root removal Hisings (first 2 per year, composite covered on front teeth only 1) Space maintainers (age 1/4 and under, initial placement only) Onal surgery Prefabricated stainless steel crowns	50% after deductible	30% of in-network fee schedule after deductible
Discount services two westing period) Periodontics (nost canals) Crowns Proplants Proplants Bridgework Dentures Dentures referes and retaines Denture repair and adjustments Inlays and ordays Appliances for children	You may receive an average discount of 28 percent by seeing in-network dentists. 7	Nort available
Orthodontia services Adult and child orthodontia		
Calendar-year deductible	\$50 per individual on the plan, up to a maximum of \$150.	
Annual maximum	\$1,000 per individual on the plan	

Out-of-network dentists can bill you for charges above the amount covered by your HumanaOne Dental plan.

To ensure you do not receive additional charges, visit a dentist in the HumanuDental IPIO network.

Waiting periods and other limitations may apply, please see your policy certificate for coverage details.

- Composite (white) fillings are only covered on anterior ifronto teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where
 the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.
- 2. Due to legislation eracted in your state, your provider is not required to offer non-covered in-network services at a discount of state. Humana encourages all providers to extend the discount, but can not legally require. Dentots in the Humana-Dental PPO network provide a discount for services not covered by the plan, with an average savings of 28% on out-of-pecket costs. Some services will have lower than average discounts. Check with in-network providers for specific discounts.

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Jack W. Plunbett

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resources Chapters provide complementary teaching tools and case studies to highlight real world examples that students and professionals may encounter in practice Cases investigate topics such as preventive health healthcare leadership quality measurement disruptive physicians patient flow operating procedures and metrics and lessons from COVID 19 among many more Key Features Describes the core areas of health management through the lens of leading an ambulatory network or managing an ambulatory practice strategy and leadership organizational structure quality safety and experience operations financial management and human resources Provides expert strategies and best practices for managing a diverse array of ambulatory care settings including outpatient clinics physician practices community health centers medical homes and more Highlights real world case studies that students and health professionals may encounter in practice Purchase includes digital access for use on most mobile devices or computers as well as full suite of instructor resources with Instructor's Manual PowerPoint slides and test bank The Employers' Health Costs Management Guide ,1986 Scripts/Medco Merger United States. Congress. Senate. Committee on the Judiciary. Subcommittee on Antitrust, Competition Policy, and Consumer Rights, 2012 Review ,1986 Between You and Your Doctor United States. Congress. House. Committee on Oversight and Government Reform. Subcommittee on Domestic Policy, 2011 Health Care Industry Almanac 2006 Jack W. Plunbett, 2005-11 Plunketts Health Care Industry Almanac is the only complete reference to the American Health Care Industry and its leading corporations Whatever your purpose for researching the health care field youll find this massive reference book to be a valuable guide No other source provides this books easy to understand comparisons of national health expenditures emerging technologies patient populations hospitals clinics corporations research Medicare Medicaid managed care and many other areas of vital importance Included in the market research sections are dozens of statistical tables covering every aspect of the industry from Medicare expenditures to hospital utilization from insured and uninsured populations to revenues to health care expenditures as a percent of GDP A special area covers vital statistics and health status of the U S population The corporate analysis section features in depth profiles of the 500 major for profit firms which we call The Health Care 500 within the many industry sectors that make up the health care system from the leading companies in pharmaceuticals to the major managed care companies Details for each corporation include executives by title phone fax website address growth plans divisions subsidiaries brand names competitive advantage and financial results Purchasers of either the book or PDF version can receive a free copy of the company profiles database on CD ROM enabling key word search and export of key information addresses phone numbers and executive names with titles for every company profiled Active Projects Report ,2004 **Health Care Reform Issues** United States. Congress. House. Committee on the Judiciary,1996 Handling the Medical Claim Catherine Cochran, 2017-07-27 When a doctor sees a patient how does the doctor s office get paid If a claim for a service or procedure provided is denied how does the doctor's office get the patient's insurance company to pay Handling the Medical Claim An 8

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