

Quick Guide – Dental Access (CompBenefits/Humana)

Of all the dental plans that Emory offers, the Dental Access plan offered through CompBenefits/Humana offers the smallest network of dentists to choose from.

With no deductible, moderate in-network co-pays, and moderate (scheduled) reimbursements of out-of-network services, this plan has the lowest employee contribution. If you use in-network dentists, there is **no charge** for Initial Exam, X-rays, and Sealant per tooth and Semi Annual cleanings. There is a small co-payment you pay for preventive services for In-Network providers and a schedule of fees when you are in Out-Of-Network. Basic Services and Major Restorative are on a Schedule of Fees for In-Network services.

You'll receive benefits based on the CompBenefits fee schedule. Your dentist charges specific co-payments for covered procedures. When seeking out-of-network coverage, you pay for the treatment rendered, and submit a claim for reimbursement. A fixed dollar amount is reimbursed on each procedure as outlined in the schedule of dental benefits.

There is no calendar year deductible for in network or out of network, and there is an annual benefit maximum of \$1,000 per person per calendar year.

Be sure to check with your dentist of choice before enrolling to ensure he/she is participating in this plan and is accepting new patients.

The tables below provide a brief outline of the Dental Access plan reflecting a participant's responsibility. For more specific information about coverage or cost of a particular service, please contact CompBenefits directly or review the SPD for the plan.

	Dental Access (CompBenefits)	
	In-Network	Out-of-Network
Preventive Services (routine cleanings, x-rays, sealant, etc.)	\$10 co-payment	Schedule of Fees
Basic Services (fillings, root canal, etc.)	Schedule of Fees	Schedule of Fees
Major Restorative (crown, bridges, etc.)	Schedule of Fees	Schedule of Fees
Calendar Year Deductible ¹	None	None
Annual Maximum	\$1,000/person per year	\$1,000/person per year
Orthodontia (to age 19)	\$2,585 co-payment limited to one treatment/lifetime	\$365 reimbursement
Orthodontia (age 19+)	\$2,785 co-payment	\$165 reimbursement

	Dental Access (CompBenefits)	
	Monthly	Bi-Weekly
Your Contributions		
Single	\$12.00	\$6.00
2-Person	\$25.00	\$12.50
Family	\$40.00	\$20.00

¹ Waived for Preventive Care