

summer 2004

A quarterly brush up on your HumanaDental benefits

BRUSH  
UP



## Don't hide your smile!

### **Bridging the gap—dental bridges go beyond aesthetics.**

If you've recently lost a tooth there is no need to hide your smile in embarrassment. Instead, ask your dentist about filling the gap with a bridge.

Replacing missing teeth with a bridge not only restores your smile, but also your dental health.

A bridge:

- restores your ability to properly chew and speak.
- maintains the shape of your face.
- distributes the forces in your bite properly by replacing missing teeth.
- prevents remaining teeth from drifting out of position.

A fixed, or permanent bridge, consists of two crowns built for the teeth on either side of the gap that act as anchors. They keep the artificial teeth in place. A less expensive alternative is to install a removable bridge, or partial denture. A partial denture attaches to your natural teeth with metal clasps, and can be removed for cleaning.

Dental bridges can last five to seven years and with good oral hygiene, it's not unusual for a bridge to last more than 10 years.



**HUMANA  
DENTAL**

www.humanadental.com  
1-800-233-4013

# Reading your explanation of benefits

Administered By  
**HUMANADENTAL INSURANCE CO.**  
 www.humanadental.com  
 Toll Free: 800-233-4013  
 PO BOX 14611  
 Lexington, KY 40512-4611

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EXPLANATION OF BENEFITS -- THIS IS NOT A BILL

If you have questions regarding this benefit explanation call 1-800-233-4013, or visit humanadental.com for information on your benefits, eligibility, claims or participating dentists.

JANE SMITH  
 1234 ELM ST  
 ANYTOWN, USA

PATIENT NAME: JANE SMITH  
 ACCT NUMBER: 0123456789  
 PATIENT ID:  
 PATIENT DOB:  
 INSURED NAME: JANE SMITH  
 INSURED ID: 012345678  
 GROUP NUMBER: ZZ01234  
 GROUP NAME: JANES FLORAL

PROVIDER NAME: BOB JONES DDS

TOTAL CHARGED: 88.00  
 PAID BY OTHER PLAN: -  
 PAID BY YOUR PLAN: 88.00  
 YOUR PORTION: =

DOCUMENT NUMBER: X32643344

SERV. CODE	TOOTH NBR	SERVICE DESCRIPTION	SERVICE DATE	AMOUNT CHARGED	AMOUNT ALLOWED	AMOUNT DISCOUNTED	% CO-INS	AMOUNT PAID
01110		CLEANING/ADULT PERIODIC EXAM	11/24/2003	58.00	47.00	11.00	100	47.00
00120			11/24/2003	30.00	21.00	9.00	100	21.00
		TOTALS		88.00	68.00	20.00		68.00

Check Issued To: FAMILY DENTAL GROUP

Check Amount: 68.00

ACCUMULATIONS TOWARD POLICY MAXIMUMS:  
 Individual Deductible Amount: 25.00 Met To Date:  
 Annual Maximum Amount: 1500.00 Met To Date: 68.00  
 Ortho Maximum Amount: 1500.00 Met To Date:

After you receive dental services, HumanaDental will send you an explanation of benefits. Take a look at the one you received with this newsletter. If you have questions, the descriptions below may help you.

**Amount charged**—the amount your dentist charges for the service.

**Amount allowed**—the amount allowed by your plan for the service.

**Amount discounted**—the amount the dentist has agreed to discount the charge because the dentist participates in HumanaDental's network.

**Amount paid**—the amount HumanaDental paid your dentist for the service.

**Your portion**—the amount you owe your dentist. In this example, you owe nothing.



## Bottled vs. Tap

If bottled water is your main source of drinking water, you could be missing out on the decay-preventive benefits of fluoride, according to the American Dental Association. Fluoride is a naturally occurring mineral that helps prevent tooth decay, and the majority of bottled waters do not contain optimal levels of fluoride, or none at all. If you prefer drinking bottled water, consider using tap water for mixing juices and powdered drinks, and preparing meals.