

Good health starts with a healthy mouth. Regular dental exams and cleanings can lower the risk of gum disease, which is linked to heart disease, diabetes, stroke, and other serious conditions. The HumanaOne Dental Loyalty Plus plan offers loyal members increasing benefits from plan years one to three. These increasing benefits include paying less out-of-pocket for services like fillings, root canals, crowns, and other services; an increase in plan year annual maximums; a one-time deductible for as long as you're on the plan; and no copayments or waiting periods. Most preventive services are covered at 100 percent. Also, the plan pays the same percentage no matter which dentist you visit. You can save even more by choosing one of the more than 200,000 dentist locations in the HumanaOne Dental Loyalty Plus network. You can visit [HumanaDental.com](https://www.humana.com/dental) to find a participating specialist.

### Loyalty Plus plan features:

- **Loyalty benefits** - There is confidence in knowing your dental plan...and your dental plan knowing you. Now, the longer you are a member, the greater your benefits, such as:
  - Increased coverage for procedures such as fillings, root canals, and crowns
  - Increased maximum amounts that the plan will pay annually
  - One-time deductible for as long as you stay on the plan
- **Choice** - Freedom to visit the dentist you like most
- **Access to benefits** - With no waiting periods, you can get the dental work you need upon your effective date and your plan benefits will help cover the cost.
- **Helps maintain good oral health** - Most preventive services are covered at 100 percent

### One-time deductible

<b>Individual</b>	\$150
<b>Individual + One</b>	\$300
<b>Family</b>	\$450

### Plan year annual maximum

(Annual maximum is the most the plan will pay toward services in a plan year.)

<b>First year</b>	\$1,000 per individual on the plan
<b>Second year</b>	\$1,250 per individual on the plan
<b>Subsequent years</b>	\$1,500 per individual on the plan

### Coinsurance

	<b>First year</b>	<b>Second year</b>	<b>Subsequent years</b>
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (limit two per year)</li> <li>• Periodontal examinations (limit two per year)</li> <li>• Cleanings (limit two per year)</li> <li>• Topical fluoride treatment (limit two per year, age 14 and under)</li> <li>• Sealants (limit one per tooth per lifetime, age 14 and under)</li> </ul>	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Diagnostic &amp; basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief (limit two per year)</li> <li>• Fillings (limit two per year, composite covered on front teeth only<sup>1</sup>)</li> <li>• Extractions and root removal (limit two per year)</li> <li>• Miscellaneous x-rays (limit one per year)</li> <li>• Bitewing x-rays (limit one set per year)</li> <li>• Full mouth or panoramic x-rays (limit one per five years)</li> </ul>	Plan pays 40% after deductible	Plan pays 55% after deductible	Plan pays 70% after deductible

# HumanaOne Dental Loyalty Plus<sup>SM</sup>

Coinsurance	First year	Second year	Subsequent years
<b>Major services</b> <ul style="list-style-type: none"><li>• Root canals (limit one per tooth per two years, permanent teeth only)</li><li>• Periodontal cleanings (limit two per year)</li><li>• Complete dentures (limit one per five years)</li><li>• Partial dentures (limit one per five years)</li><li>• Denture repair and adjustments (limit one per year)</li><li>• Crowns (limit one per tooth per five years)</li><li>• Onlays (limit one per tooth per five years)</li><li>• Space maintainers (initial appliance only, not covered for permanent teeth, age 14 and under)</li><li>• Surgical extractions</li><li>• Oral surgery</li></ul>	Plan pays 20% after deductible	Plan pays 30% after deductible	Plan pays 50% after deductible
<b>Orthodontia services</b> <ul style="list-style-type: none"><li>• Adult and child orthodontia</li></ul>	Member may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.		

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 HumanaOne Dental Loyalty Plus network. Limitations and exclusions may apply; please see your policy for coverage details.

1. Composite (white) fillings are only covered on anterior (front) 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.

## Dental limitations and exclusions

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This is an outline of the limitations and exclusions for this Humana individual dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

1. Any expenses incurred while a covered person qualifies for any worker's compensation or occupational disease act or law, whether or not the covered person applied for coverage.
2. Services:
  - A. That are free or that a covered person would not be required to pay for if they did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - B. Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - C. Furnished by any U.S. government-owned or operated hospital/institution/agency.
3. Any loss caused or contributed by:
  - A. War or any act of war, whether declared or not;
  - B. Any act of international armed conflict; or
  - C. Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Failure to keep an appointment with the provider.
6. Any service we consider cosmetic dentistry unless it is required as a result of an accidental injury sustained while the covered person is covered under this policy.
7. Charges for:
  - A. Any type of implant and all related services, including crowns or the prosthetic device attached to it;
  - B. Precision or semi-precision attachments;
  - C. Overdentures and any endodontic treatment associated with overdentures;
  - D. Other customized attachments;
  - E. 3D imaging;
  - F. Temporary and interim dental services;
  - G. Separate charges for materials or use of equipment, such as lasers; or
  - H. Separate charges for treatment rendered in a clinic, dental or medical facility owned, operated, sponsored, or maintained by either (1) the employer or any covered person; or (2) by an employee of any covered person.
8. Any service related to:
  - A. Altering vertical dimension of teeth;
  - B. Restoration or maintenance of occlusion
  - C. Splinting teeth, including multiple abutments, or any service to stabilize periodontically weakened teeth;
  - D. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
  - E. Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in "Your Policy Benefits" section.
14. Any service shown as "Not Covered" in the "Schedule".
15. Services that we determine:
  - A. Are not eligible for benefits based upon clinical review;
  - B. Do not offer a favorable prognosis;
  - C. Do not have uniform professional acceptance; or
  - D. Are deemed to be experimental or investigational in nature.
16. Orthodontic services.
17. Any expense incurred before the covered person's effective date or after the date the covered person's coverage under this policy terminates.
18. Services provided by someone who ordinarily lives in the covered person's home or is a family member.
19. Charges exceeding the reimbursement limit for the service.
20. Treatment resulting from any intentionally self-inflicted bodily injury.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
22. Repair or replacement of orthodontic appliances.
23. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull or treatment of the facial muscles used in expressions and chewing functions, for symptoms included, but not limited to headaches.
24. Elective removal of non-pathologic impacted teeth.
25. Service for orthognathic surgery.
26. Services generally considered medical or covered by a medical plan.
27. Any services for destruction of lesions by any method.
28. Any services for tooth transplantation
29. Any services for removal of a foreign body from the oral tissue or bone.

## Dental limitations and exclusions

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- 30. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones.
- 31. Any separate fees for pre and post operative care.
- 32. Replacement of restorations (fillings) placed less than two years ago.

Insured or administered by Humana Insurance Company  
Policy number: GN-71025, et al



# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY：711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyang ID card (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY：711)。

**فارسی (Farsi):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.  
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dólzín bikáá'ígíí bee hólne' (TTY: 711).

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).