

About your plan

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 Preventive Plus plan is designed for people who believe in the importance of regular dental exams and cleanings. With no office visit copayments, the plan offers affordable coverage for preventive and basic services like routine cleanings and exams, fillings, and extractions. You may receive discounts on major services like root canals, crowns, and other services when you choose one of the more than 200,000 dentist locations in the HumanaOne Dental Preventive Plus network. You can visit [HumanaDental.com](https://www.humana.com/humana-dental) to find a participating specialist.

Who can enroll for this plan – Anyone can enroll for this plan.

Date the plan starts – Your start date will be the first of the month following the day you enrolled.

How your plan works

Calendar year deductible

This is the amount you will pay out-of-pocket for basic services in a calendar year (excludes discount services)

Individual

\$50

Family

\$150

Annual maximum

This is the maximum amount that the plan will pay in a calendar year (excludes discount services)

\$1,000 per individual on the plan

Coinsurance options

In-network coverage

Out-of-network coverage

Preventive services (no waiting period)

- Routine oral examinations (limit two per year)
- Bitewing X-rays (limit one set per year, excludes full mouth and panoramic)
- Cleanings (limit two per year)
- Topical fluoride treatment (limit one per year, age 14 and under)
- Sealants (limit of one per tooth per lifetime, age 14 and under)

100% no deductible

100% after deductible

Basic services (six-month waiting period applies)

- Emergency care for pain relief
- Extractions and root removal
- Fillings (limit two per year, composite covered on front teeth only¹)
- Space maintainers (age 14 and under, initial placement only)
- Oral surgery
- Prefabricated stainless steel crowns

50% after deductible

50% after deductible

HumanaOne Dental Preventive Plus

Discount services (no waiting periods)

Major services

- Crowns
- Bridgework
- Dentures including repair and adjustments
- Periodontics such as periodontic cleanings and gum therapies
- Endodontics (root canals)

Orthodontia services

- Adult and child orthodontia

You 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-pocket expenses do not apply to deductible and annual maximum. Members are responsible for 100% of the discounted service.

| Examples: | Average cost for service: | Your average discounted cost: | Your average savings: |
|---------------------------------------|---------------------------|-------------------------------|-----------------------|
| Porcelain crowns fused to noble metal | \$877 | \$667 | \$210 |
| Root canal (molar) | \$923 | \$765 | \$158 |
| Periodontal cleanings | \$110 | \$86 | \$24 |
| Dentures | \$1,190 | \$808 | \$382 |
| Partial dentures | \$1,215 | \$902 | \$313 |

Examples only. These are the average costs the patient will pay per procedure with an in-network provider and are based on averages across Atlanta, Chicago, Dallas, Phoenix, and Pittsburgh. Actual costs and savings may vary by provider, geographic area, and service received. Keep in mind there are limitations and exclusions to the discount available under this policy. For example, general anesthesia, implants, and/or cosmetic dentistry are not discounted services. Please refer to your policy for more information on the limitations and exclusions that may apply.

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 Preventive Plus Network. Waiting periods and other limitations 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.
2. Network providers are not required to offer non-covered services at a discounted rate. HumanaOne Dental encourages all providers to extend discounts, but can not legally require. Examples of services listed may have lower than average discounts. Check with in-network provider for details.

Important to know:

This plan requires a one-time, non-refundable application fee and a one-year contract.

Dental limitations and exclusions

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. Services or supplies provided in connection with a work-related sickness or dental injury when a covered person qualifies for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services for which no charge is made or covered person would not be required to pay in the absence of this insurance.
3. Charges for completion of claim forms or missed appointments.
4. Services furnished by or payable under any plan or law through a government or any political subdivision, unless prohibited by law.
5. Any loss as a result of war or armed conflict.
6. Cosmetic dentistry except for dental injury.
7. Charges for implants and all related services, including any attached crowns or prosthetic device.
8. Charges related to altering vertical dimension of teeth; restoration or maintenance of occlusion; splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth; replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or bite registration or analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Services performed by other than a dentist except as stated in the policy.
11. Hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications.
13. Services that are not a dental necessity; do not offer a favorable prognosis; do not have uniform professional endorsement; or are experimental or investigational.
14. Services incurred before the effective date or after the termination date.
15. Services provided by a family member or a person who resides with the covered person.
16. Charges in excess of the reimbursement limit.
17. Intentionally self-inflicted injury or bodily illness.
18. 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.
19. Repair and replacement of orthodontic appliances.
20. Orthodontic services unless otherwise stated in this policy.
21. Treatment of TMJ, CMJ, or any jaw joint problem except as stated in the policy.
22. Elective removal of non-pathologic impacted teeth, tooth transplantation, removal of a foreign body from the oral tissue or bone, destruction of lesions by any method.
23. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items or dietary planning.
24. Caries susceptibility testing, lab tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
25. Services generally considered medical or covered by a medical plan.
26. Any service for reconstruction of surgical, traumatic or congenital defects of the facial bones.
27. Any separate fee for pre and post operative care.
28. Replacement of restorations (fillings) placed less than two years ago.

Insured by Humana Health Benefit Plan of Louisiana, Inc.

Applications are subject to approval. Waiting periods, limitations and exclusions apply.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.

Policy number: GN-71025, et al

