

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/humanaone-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.
2. This plan does not meet minimal essential coverage requirements for pediatric dental services as part of the Essential Health Benefits in accordance with the Affordable Care Act (ACA) provisions. This coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your insurance carrier, agent, or the Federally Facilitated Exchange if you wish to purchase pediatric dental coverage or a stand-alone dental services product.
3. Membership in the People's Benefit Alliance (PBA) may also be required, at an additional monthly cost. The PBA is a not-for-profit membership organization that provides health, travel, consumer, and business-related discounts to its members.

## 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. 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 anesthesiologist.
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, investigational or for research purposes.
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 or administered by Humana Insurance Company

Policy number: WI-71025, et al

