

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** 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

70% 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

30% 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

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.

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. 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.
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 by Humana Insurance Company

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



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 yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin 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).