

### 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. The plan also provides 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/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	Individual	Family
This is the amount you will pay out-of-pocket for basic services in a calendar year (excludes discount services)	\$50	\$150
Annual maximum	\$1,000 per individual on the plan	
This is the maximum amount that the plan will pay in a calendar year (excludes discount services)		
Coinsurance options	In-network coverage	Out-of-network coverage
<b>Preventive services</b> (no waiting period) <ul style="list-style-type: none"> <li>• Routine oral examinations (limit two per year)</li> <li>• Periodontal examinations (limit two per year)</li> <li>• Bitewing X-rays (limit one set per year, excludes full mouth and panoramic)</li> <li>• Cleanings (limit two per year)</li> <li>• Topical fluoride treatment (limit one per year, age 14 and under)</li> <li>• Sealants (limit of one per tooth per lifetime, age 14 and under)</li> </ul>	100% no deductible	70% after deductible
<b>Basic services</b> (six-month waiting period applies) <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Extractions and root removal</li> <li>• Fillings (limit two per year, composite covered on front teeth only<sup>1</sup>)</li> <li>• Space maintainers (age 14 and under, initial placement only)</li> <li>• Oral surgery</li> <li>• Prefabricated stainless steel crowns</li> </ul>	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

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This is an outline of the limitations and exclusions for the plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions:

1. Treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), and state or Federal workers' compensation or occupational disease act or law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made;
2. Any loss caused or contributed by:
  - war or act of war, (whether declared or not); participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto;
  - suicide, attempted suicide or intentionally self-inflicted injury; and
  - aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline;
3. Cosmetic dentistry, except that cosmetic dentistry shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. However, if the policy provides hospital, surgical or medical expense coverage, including a policy issued by a health maintenance organization, then coverage and determinations with respect to cosmetic surgery must be provided pursuant to Part 56 of this Title (Regulation 183);
4. Any service that:
  - A. Is not a dental necessity;
  - B. Does not offer a favorable prognosis; or
  - C. Does not have uniform professional endorsement;
5. Service while you are outside the United States, its possessions or the countries of Canada and Mexico;
6. Any expense incurred to which a contributing cause was your commission of or attempt to commit a felony or to which a contributing cause was your being engaged in an illegal occupation; or
7. Any expenses incurred in consequence of your being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Insured by HumanaDental 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: HUMD-IP.002-NY PRV 6/10

