

HumanaOne®

Optional benefits

Add extra benefits to your medical plan



Dental

Protect your healthy smile with affordable, easy-to-use optional dental benefits from one of the nation's largest dental insurers. For a low monthly premium, you can use more than 170,000 network providers. And if you're approved for a medical plan, you're approved for dental benefits – just choose the type of coverage that meets your needs:

- ☐ **Traditional Plus** includes coverage for preventive, basic, and major services. You can go to network or non-network dentists, but you'll pay less when you choose dentists in the network.
- ☐ **Loyalty Plus** is designed for people who want coverage for routine cleanings, exams and other services – along with the flexibility to choose the dentist they prefer. This plan also offers loyal members increasing benefits from plan years one to three.
- ☐ **Preventive Plus** covers the most common preventive and basic services. Discounts may be available for major services and basic services the plan doesn't cover. Visit **HumanaOneNetwork.com** to find participating dentists who offer discounts on these services.

Make your HumanaOne plan fit your needs even better. Purchasing extra benefits is an easy and affordable way to get the coverage you need. Plus, in most cases, there's no separate application or underwriting.



Term life

Humana makes it easy to get peace of mind and help plan for a secure future for your family. You can apply for a medical plan and term life insurance at the same time. If you are approved for your medical plan, you will also be eligible for up to \$150,000 in term life coverage. Term life insurance gives protection for a certain time, during which premiums stay the same.



Supplemental accident

If you're approved for a medical plan, you can choose our supplemental accident benefit. This benefit pays a set amount per covered person for treatment of an accident, excluding prescription drugs, even before you've met your medical plan deductible. Treatment must take place within 90 days of the accident.



Deductible credit you can use next year

If you have covered medical expenses that apply to your deductible between Oct. 1 and Dec. 31, you can apply the expenses to your medical deductible for the next year. This makes it easier to meet your deductible the following year. Deductible carryover credit is available when you're approved for a medical plan and applies to the medical, mental health, and deductibles for certain illnesses. It does not apply to the prescription drug deductible.

Humana®

[Look inside for more details >>](#)

HumanaOne Optional Benefits

Dental Traditional Plus

Calendar-year deductible	Individual:	Family:
Important to know: <ul style="list-style-type: none"> Deductible does not apply to discount services Deductible does not apply to preventive services 	\$50	\$150
Annual maximum	\$1,000	
Important to know: <ul style="list-style-type: none"> Annual maximums do not apply to discount services 		
	In-network	Out-of-network
Preventive services	100% no deductible	100% no deductible
<ul style="list-style-type: none"> Routine oral examinations (limit 2 per year) Cleanings (limit 2 per year) Topical fluoride treatment (limit 2 per year, age 14 and under) Sealants (limit 1 per tooth per lifetime, age 14 and under) Bitewing X-rays (limit 1 set per year) Panoramic X-ray (limit 1 per 5 years) 		
Basic services	50% after deductible	50% after deductible
<ul style="list-style-type: none"> Emergency care for pain relief Fillings (amalgam, composite for anterior teeth, limit 1 per tooth surface per 24 months) Space maintainers (initial appliance only, age 14 and under) Appliances for children (initial appliance only, age 14 and under) Nonsurgical extractions Oral surgery Denture repair and adjustments Recementation of inlays, onlays, and crowns 		
Important to know: <ul style="list-style-type: none"> Six month waiting period applies 		
Major services	50% after deductible	50% after deductible
<ul style="list-style-type: none"> Endodontics (root canals, limit 1 per tooth, per 2 years) Denture relines and rebases (limit 1 per 3 years) Dentures (limit 1 per 5 years) Crowns (limit 1 per tooth, per 5 years) Inlays and onlays (limit 1 per tooth, per 5 years) Bridgework (limit 1 per 5 years) 		
Important to know: <ul style="list-style-type: none"> Twelve month waiting period applies 		
Orthodontia	Members may receive up to a 20 percent discount if they visit an in-network orthodontist and ask for the discount	No discount
Teeth whitening		
Important to know: <ul style="list-style-type: none"> Six month waiting period applies \$200 lifetime maximum 		

HumanaOne Optional Benefits

Loyalty Plus

One-time deductible	Individual	Individual + One	Family
	\$150	\$300	\$450
	First year	Second year	Subsequent years
Plan year annual maximum <ul style="list-style-type: none"> Annual maximum is the most the plan will pay toward services in a plan year. 	\$1,000 per individual on the plan	\$1,250 per individual on the plan	\$1,500 per individual on the plan
Preventive services <ul style="list-style-type: none"> Routine oral examinations (limit two per year) Periodontal examinations (limit two per year) Cleanings (limit two per year) Topical fluoride treatment (limit two per year, age 14 and under) Sealants (limit one per tooth per lifetime, age 14 and under) 	Plan pays 100%	Plan pays 100%	Plan pays 100%
Diagnostic & basic services <ul style="list-style-type: none"> Emergency care for pain relief (limit two per year) Fillings (limit two per year, composite covered on front teeth only¹) Extractions and root removal (limit two per year) Miscellaneous x-rays (limit one per year) Bitewing x-rays (limit one set per year) Full mouth or panoramic x-rays (limit one per five years) 	Plan pays 40% after deductible	Plan pays 55% after deductible	Plan pays 70% after deductible
Major services <ul style="list-style-type: none"> Root canals (limit one per tooth per two years, permanent teeth only) Periodontal cleanings (limit two per year) Complete dentures (limit one per five years) Partial dentures (limit one per five years) Denture repair and adjustments (limit one per year) Crowns (limit one per tooth per five years) Onlays (limit one per tooth per five years) Space maintainers (initial appliance only, not covered for permanent teeth, age 14 and under) Surgical extractions Oral surgery 	Plan pays 20% after deductible	Plan pays 30% after deductible	Plan pays 50% after deductible
Orthodontia <ul style="list-style-type: none"> Adult and child orthodontia 	Member can receive up to a 20 percent discount if they visit an orthodontist from the HumanaOne Dental Loyalty Plus Network and ask for the discount.		

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.

- 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.

HumanaOne Optional Benefits

Dental Preventive Plus

This plan requires a one-time, non-refundable enrollment fee. The effective date will be the first of the month following the issuance of your medical policy and may differ from your medical effective date. This plan also requires monthly membership in an association.

Calendar-year deductible Important to know: <ul style="list-style-type: none">Deductible does not apply to discount servicesDeductible does not apply to in-network preventive services	Individual: \$50	Family: \$150
Annual maximum Important to know: <ul style="list-style-type: none">Annual maximum does not apply to discount services	\$1,000	
	In-network	Out-of-network
Preventive services <ul style="list-style-type: none">Routine oral examinations (limit 2 per year)Periodontal examinations (limit 2 per year)Cleanings (limit 2 per year)Topical fluoride treatment (limit 1 per year, age 14 and under)Sealants (limit 1 per tooth per lifetime, age 14 and under)Bitewing X-rays (limit 1 set per year, excludes full mouth and panoramic)	100% no deductible	70% of in-network fee schedule (after deductible)
Basic services <ul style="list-style-type: none">Emergency care for pain relief¹Fillings (amalgam, composite for anterior teeth, limit 2 per year)Space maintainers (initial appliance only, age 14 and under)Nonsurgical extractionsOral surgeryPrefabricated stainless steel crowns Important to know: <ul style="list-style-type: none">Six month waiting period applies	50% after deductible	30% of in-network fee schedule (after deductible)
Discount services <ul style="list-style-type: none">Appliances for childrenDenture repair and adjustmentsDentures, denture relines and rebasesEndodontics (root canals)Periodontics (gum therapy)Crowns, inlays and onlaysBridgework	Members may receive an average discount of 28 percent if they visit an in-network dentist and ask for the discount	No discount
Orthodontia	Members may receive up to a 20 percent discount if they visit an in-network orthodontist and ask for the discount	No discount

1. Emergency care covered at 50% both in-network and out-of-network in state of Illinois (IL).

Term life

Coverage amounts	Amounts start at \$25,000 and can go up to a maximum of \$150,000
Term levels	<ul style="list-style-type: none">Ages 18-65 for a 10-year level premium termAges 18-60 for a 15-year level premium termAges 18-55 for a 20-year level premium term
Rate guarantee	Rates are guaranteed for the full term of the policy
Renewals	HumanaOne Term Life Insurance is guaranteed renewable to age 95. Premiums after the initial level premium period will increase annually, but are also guaranteed.

HumanaOne Optional Benefits

Supplemental accident

With this extra benefit, the plan pays a set amount per covered person for treatment of an accident, excluding prescription drugs, even before you've met the plan deductible. Treatment must take place within 90 days of the accident.

- ☐ **\$1,000:** Plan pays first \$1,000 per accident at 100%, then your plan benefits apply
- ☐ **\$2,500:** Plan pays first \$2,500 per accident at 100%, then your plan benefits apply
- ☐ **\$5,000:** Plan pays first \$5,000 per accident at 100%, then your plan benefits apply
- ☐ **\$10,000:** Plan pays first \$10,000 per accident at 100%, then your plan benefits apply.

To be covered, expenses must be medically necessary and listed as covered in your certificate/policy. This is a document which outlines the benefits, provisions, and limitations of your plan. Please refer to a certificate/policy for the actual terms and conditions of your plan.

Deductible credit you can use next year

If you have covered medical expenses that apply to your deductible between Oct. 1 and Dec. 31, you can apply the expenses to your medical deductible for the next year. This makes it easier to meet your deductible the following year. Deductible carryover credit applies to the medical, mental health, and deductibles for certain illnesses, but does not apply to the prescription drug deductible. **(Not available on HSA plans.)**

This is an outline of the limitations and exclusions for the HumanaOne plans outlined in this document. It is designed for convenient reference. Consult the certificate/policy for a complete list of limitations and exclusions. Unless stated otherwise, no benefits are payable for expenses arising from:

Dental limitations and exclusions

Unless stated otherwise, no benefits are payable for expenses arising from:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - A. That are free or that you would not be required to pay for if you 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 for any service connected with sickness or bodily injury.
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. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic dentistry unless it is necessary as a result of an accidental injury sustained while you are covered under the policy. We consider the following cosmetic dentistry procedures:
 - A. Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
 - B. Any service to correct congenital malformation;
 - C. Any service performed primarily to improve appearance; or
 - D. Characterizations and personalization of prosthetic devices.
7. Charges for:
 - A. Any type of implant and all related services, including crowns or the prosthetic device attached to it.
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 periodontally weakened teeth;
 - D. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction;
 - 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 plan benefits.
14. Any service shown as "Not Covered" in the Schedule.
15. Any service that we determine:
 - A. Is not a dental necessity;
 - B. Does not offer a favorable prognosis;
 - C. Does not have uniform professional endorsement; or
 - D. Is deemed to be experimental or investigational in nature.
16. Orthodontic services.
17. Any expense incurred before your effective date or after the date your coverage under the policy terminates.
18. Services provided by someone who ordinarily lives in your home or who is a family member.
19. Charges exceeding the reimbursement limit for the service.

20. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
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 and 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 expression and chewing functions, for symptoms including, but not limited to, headaches.
24. Elective removal of non-pathologic impacted teeth. Certain services and prescription drugs require preauthorization and notification authorization before services are rendered. Please visit Humana.com/tools for a detailed list.

Life exclusions

This policy will not cover any loss resulting from:

1. Suicide, whether sane or insane, within the first two years of the issue date under this policy (benefits will be limited to the premium paid for the Term Life Insurance benefit); or
2. The commission of an illegal act by you or the insured.

Insured by Humana Insurance Company or HumanaDental Insurance Company

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

Supplemental Accident and Deductible Carryover Credit are components of your health plan and may not be available in all states. In some states, membership in the Peoples' Benefit Alliance (PBA) is required to apply for our health plan, dental plan, or both. There's a monthly fee for this membership. The PBA is a not-for-profit membership organization that provides health, travel, consumer, and business-related discounts to its members. See your state-specific benefit summary to find out if PBA membership is required in your state.

This document contains a general summary of covered benefits, exclusions and limitations. Please refer to the certificate/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 certificate will govern.

Certificate/policy numbers: GN-71055-01 4/2010, et al., GN-71037-01 4/2010, et al., AL-70141-HD et. al., AZ-70155-01 4/2010, IL-70141-HD et.al., IL-70136 et. al., MI-70155-01 4/2010, UT-71037-01 4/2010, GN-70141-HD et al., GN-70136 et al., HUMD-ASSOC-POLICY.001

