

# HumanaOne®

Plans insured by Humana Insurance Company  
Enhanced Copay 80% plan

Texas

Preferred Provider  
Benefit Plans

## About your plan

**Who can apply for this plan** – People between the ages of two weeks and sixty four and a half years of age can apply for HumanaOne health plans. A dependent child must be less than 26 years of age to apply.

**Date the plan starts** – If you've had major medical coverage in the last 63 days, your start date can be as early as the day you apply. If you haven't had coverage in the last 63 days, you'll have two start dates:

1. Subject to approval, your plan starts on the day you request, with coverage for preventive care and injuries caused by an accident
2. Unless Humana agrees to an earlier date, your start date for sickness begins on the 15th day after the approved effective date of your plan.

	In-network		Out-of-network	
	Individual:	Family:	Individual:	Family:
<b>Choose your medical deductible</b> – The amount of covered expenses you'll pay out of your pocket before your plan begins to pay				
<b>Important to know:</b> <ul style="list-style-type: none"><li>› Deductibles start over each new calendar year</li><li>› Once three family members meet their individual deductibles, the family deductible will be met for all other family members</li><li>› For families with two people, only two individual deductibles need to be met</li><li>› This plan may include a separate deductible for certain conditions; see the deductible information on page 5 for details</li><li>› The medical deductible is separate from other deductibles; expenses applied to the medical deductible won't apply to mental health, prescription drugs, or condition-specific deductibles</li></ul>	\$1,000	\$3,000	\$2,000	\$6,000
	\$1,500	\$4,500	\$3,000	\$9,000
	\$2,000	\$6,000	\$4,000	\$12,000
	\$2,500	\$7,500	\$5,000	\$15,000
	\$3,500	\$10,500	\$7,000	\$21,000
	\$5,000	\$15,000	\$10,000	\$30,000
<b>Coinsurance</b> – The percentage of covered healthcare costs you have to pay while covered under this plan	You pay 20% of covered expenses after you pay your deductible		You pay 40% of covered expenses after you pay your deductible	
<b>Your out-of-pocket coinsurance maximum</b> – The amount you're required to pay toward the covered cost of your healthcare; premium, deductibles, access fees and copays don't apply	\$2,500	\$5,000	\$10,000	\$20,000
	Each covered persons coinsurance applies to meet this maximum			
<b>Lifetime maximum</b> – The total amount your plan will pay for covered expenses in your lifetime	Unlimited			



# HumanaOne Enhanced Copay 80% plan

## How your plan works

The details below give you a general idea of covered benefits for this plan and don't explain everything. To be covered, expenses must be medically necessary and listed as covered in the plan policy. The plan policy is a document which outlines the benefits, provisions, and limitations of the plan. Please refer to a policy for this plan for the actual terms and conditions of the plan. This plan also has limitations and services that are not covered. You should know about these. See page 5 for details.

	In-network	Out-of-network
<b>Preventive care</b> <ul style="list-style-type: none"><li>› Office visits, lab, X-ray, child immunizations (age 6 to 18), flu and pneumonia (age 6 and older), Pap smear, mammogram, prostate screening, and endoscopic services</li><li>› Child immunizations including flu/pneumonia (birth to age 6)</li></ul>	Your plan pays 100%	You pay 30% after you pay your deductible
<b>Diagnostic office visits</b> <b>! Important to know:</b> <ul style="list-style-type: none"><li>› Copays don't count toward your deductible or out-of-pocket coinsurance maximum</li></ul>	Your plan pays 100% after you pay a copay per visit: <ul style="list-style-type: none"><li>• \$35 for a primary care physician</li><li>• \$60 for a specialist</li><li>• \$60 for an urgent care visit</li></ul>	You pay 30% after you pay your deductible
<b>Diagnostic lab and X-rays</b> - includes allergy testing	Your plan pays \$500 per calendar year at 100% per person. Then you pay 20% after you pay your deductible (MRI, CAT, EEG, EKG, ECG, MRA, PET, SPECT, cardiac catheterization, endoscopic services, and pulmonary function studies are not included in the first \$500 of coverage. You pay 20% after you pay your deductible.)	You pay 30% after you pay your deductible
<b>Inpatient hospital and outpatient services</b>	You pay 20% after you pay your deductible	You pay 40% after you pay your deductible
<b>Emergency room</b> <b>! Important to know:</b> <ul style="list-style-type: none"><li>› If you're admitted, you don't pay the access fee</li></ul>	You pay a \$100 access fee per visit; then you pay 20% after you pay your deductible	You pay a \$100 access fee per visit; then you pay 20% after you pay your deductible
<b>Ambulance</b>	You pay 20% after you pay your deductible	You pay 20% after you pay your deductible
<b>Transplants</b>	You pay 20% after you pay your deductible when you receive services from a Humana Transplant Network provider	You pay 40% after you pay your deductible. Plan pays up to \$35,000 per transplant

# HumanaOne Enhanced Copay 80% plan

## How your plan works

	In-network	Out-of-network
<b>Mental health (mental illness other than demonstrable organic disease and chemical dependency)</b> - includes inpatient and outpatient services <b>! Important to know:</b> <ul style="list-style-type: none"><li>› There is a 30-day waiting period before this plan pays benefits</li><li>› The mental health deductible is separate from other deductibles; expenses applied to the mental health deductible won't apply to the other deductibles for your plan such as medical, prescription drugs, or certain illnesses</li><li>› Covered expenses for mental health don't apply to the medical out-of-pocket maximum</li><li>› Outpatient services for mental illness other than demonstrable organic disease pay the same as any other illness and are subject to 20 visits per calendar year. Services don't apply to the mental health waiting period</li></ul>	You first pay your mental health deductible, which is the same amount as your in-network medical deductible Then, you pay 50%	You first pay your mental health deductible, which is the same amount as your out-of-network medical deductible Then, you pay 50%
<b>Mental health with demonstrable organic disease</b> - includes inpatient and outpatient services <b>! Important to know:</b> <ul style="list-style-type: none"><li>› There is no waiting period</li><li>› Services don't apply to the mental health deductible</li></ul>	Same as any other illness	Same as any other illness
<b>Other medical services</b>	You pay 20% after you pay your deductible <b>These services are covered with the following combined in- and out-of-network limits:</b> <ul style="list-style-type: none"><li>• Skilled nursing facility – up to 30 days per calendar year</li><li>• Home health care – up to 60 visits per calendar year</li><li>• Hospice family counseling – up to 15 visits per family per lifetime</li><li>• Hospice medical social services – up to \$100 per family per lifetime</li><li>• Physical, occupational, cognitive, speech, audiology, cardiac, and respiratory therapy – combined, up to 30 visits per calendar year</li><li>• Spinal manipulations, adjustments, and modalities – up to 10 visits per calendar year</li></ul>	You pay 40% after you pay your deductible

# HumanaOne Enhanced Copay 80% plan

## How your plan works

	In-network	Out-of-network	
Prescription drugs	<div><div><div>!</div><div>Important to know:</div></div><div><div>&gt; You pay the copay for each prescription or refill for each supply of medicine for 30 days</div><div>&gt; If you use an out-of-network pharmacy, you'll need to pay the full cost up front and then ask Humana to pay you back by submitting a claim</div><div>&gt; The prescription drug deductible is separate from other deductibles; expenses applied to the prescription drug deductible won't apply to the other deductibles for your plan such as medical, mental health, or certain illnesses</div><div>&gt; Prescription drug deductibles and copays do not apply to the medical out-of-pocket maximum</div><div>&gt; Find details about Humana's preferred mail-order service at <a href="#">RightSourceRx.com</a></div></div></div>	<div><div><div>1. Your covered drug expenses are first applied to your drug deductible (unless a level 1 drug – with these drugs you only have to pay your copay, no deductible)</div><div><div>• \$500 deductible (included in plan)</div><div>• \$150 deductible (this lower deductible is available for an extra cost)</div></div></div><div><div>2. Once you've met your deductible, then you pay a copay:</div><div><div>• \$15 / level 1: low-cost generic and brand-name drugs (These drugs are covered before meeting your deductible)</div><div>• \$35 / level 2: higher cost generic and brand-name drugs</div><div>• \$60 / level 3: high-cost, mostly brand-name drugs</div><div>• 35% / level 4: some drugs you inject and other high-cost drugs (\$5,000 out-of-pocket maximum per person per calendar year on level 4 drugs)</div></div></div><div><div>3. Then, your plan pays</div><div>any remaining costs for in-network drugs</div></div></div>	<div><div>Then, you pay 30% of out-of-network drug costs</div></div>

## Add extra benefits to your medical plan

The following benefits are available to you at an extra cost.



### 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.
- ☐ **Preventive Plus** covers the most common preventive and basic services. You may receive a discount on basic and major services the plan does not cover. Visit **HumanaOneNetwork.com** to find participating dentists who offer discounts on these services.
- ☐ **Prepaid HI215** includes coverage for preventive, basic, and major services. There are no yearly maximums, deductibles, or waiting periods.



### Term Life

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



### 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: Your plan pays first \$1,000 per accident at 100%, then plan benefits apply
- ☐ \$2,500: Your plan pays first \$2,500 per accident at 100%, then plan benefits apply
- ☐ \$5,000: Your plan pays first \$5,000 per accident at 100%, then plan benefits apply
- ☐ \$10,000: Your plan pays first \$10,000 per accident at 100%, then plan benefits apply



### 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 covered expenses to your 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.

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

## Condition-specific deductibles (deductibles for certain illnesses)

This plan may include condition-specific deductibles, or CSDs, of \$2,500, \$5,000, or \$7,500 in-network (\$5,000, \$10,000, or \$15,000 out-of-network). CSDs allow you to get coverage for services that wouldn't be covered otherwise or would have a waiting period. The CSD applies to certain conditions listed in the policy. If you have any of these conditions before your coverage starts, you'll have coverage for these services – you just need to meet the separate deductible first. After you meet the CSD, your plan will pay for covered expenses related to the condition at 100% for the rest of the calendar year. Prescriptions used to treat the condition don't apply to the CSD.

## Network agreements

Network providers agree to accept an agreed-upon amount as payment in full. Network providers aren't the agents, employees, or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana doesn't provide medical services. Humana doesn't endorse or control your healthcare providers' clinical judgment or treatment recommendations. The policy explains your share of the cost for network and out-of-network providers. It may include a deductible, a set amount (copayment or access fee), and a percent of the cost (coinsurance).

### When you go to a network provider:

- The amount you pay is based on the agreed-upon amount.
- The provider can't "balance bill" you for charges greater than that amount.

### When you go to an out-of-network provider:

- The amount you pay is based on Humana's maximum allowable fee.
- The provider can "balance bill" you for charges greater than the maximum allowable fee. These charges don't apply to your out-of-pocket limit or deductible.

## Pre-existing conditions

A pre-existing condition is a sickness or bodily injury for which, during the five-year period immediately prior to the covered person's effective date of coverage: 1) the covered person sought, received or was recommended medical advice, consultation, diagnosis, care or treatment; 2) prescription drugs were prescribed; 3) signs or symptoms were exhibited; or 4) diagnosis was possible. Benefits for pre-existing conditions or any complication of a pre-existing condition are not payable until the covered person's coverage has been in force for 12 consecutive months with us. We will waive the pre-existing conditions limitation for those conditions disclosed on the application provided benefits relating to those conditions are not excluded. Conditions specifically excluded by rider are never covered. The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

## Limitations and exclusions (things that are not covered)

This is an outline of the limitations and exclusions for the HumanaOne individual health plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. The policy is guaranteed renewable as long as premiums are paid. Other termination provisions apply as listed in the policy. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

### Service and billing exclusions

- Services incurred before the effective date, after the termination date, or when premium is past due, subject to the grace period provision in the "Premium Payment" section
- Charges in excess of the maximum allowable fee
- Charges in excess of any benefit maximum
- Services not authorized, furnished, or prescribed by a healthcare provider
- Services for which no charge is made
- Services provided by a family member or person who resides with the covered person
- Services rendered by a standby physician, surgical assistant, assistant surgeon, physician assistant, nurse or certified operating room technician unless medically necessary
- Services not medically necessary, except for routine preventive services as stated in the policy

### Experimental, investigational, or research services

- Services that are experimental, investigational, or for research purposes, except as expressly provided in the policy

### Elective and cosmetic services

- Cosmetic services, or any related complication, except as stated in the policy"
- Elective medical or surgical procedures except elective tubal ligation and vasectomy
- Hair prosthesis, hair transplants, or hair implants
- Prophylactic services

### Immunizations

- Immunizations except as stated in the policy

### Dental, foot care, hearing, and vision services

- Dental services (except for dental injury), appliances, or supplies
- Foot care services
- Hearing care that is routine except as stated in the policy
- Vision examinations, except as stated in the policy, vision testing, eyeglasses or contact lenses

### Pregnancy and sexuality services

- Pregnancy except for complications of pregnancy as defined in the policy.
- Elective medical or surgical abortion except as stated in the policy
- Immunotherapy for recurrent abortion
- Home uterine activity monitoring
- Reversal of sterilization
- Infertility services
- Sex change services and sexual dysfunction
- Services rendered in a premenstrual syndrome clinic

### Obesity-related services

- Any treatment for obesity
- Surgical procedures for the removal of excess skin and/or fat due to weight loss

### Illness/injury circumstances

- Services or supplies provided in connection with a sickness or bodily injury arising out of, or sustained in the course of, any

occupation, employment or activity for compensation, profit or gain, whether or not benefits are available under Workers' Compensation except as stated in the policy

- Sickness or bodily injury as a result of war, armed conflict, participation in a riot, influence of an illegal substance, being intoxicated, or engaging in an illegal occupation

### Care in certain settings

- Private duty nursing
- Custodial or maintenance care
- Care furnished while confined in a hospital or institution owned or operated by the United States government or any of its agencies for any service-connected sickness or bodily injury

### Certain hospital services

- Services received in an emergency room unless required because of emergency care
- Charges for a hospital stay that begins on a Friday or Saturday unless due to emergency care or surgery is performed on the day admitted
- Hospital inpatient services when the covered person is in observation status or when the stay is due to behavioral, social maladjustment, lack of discipline or other antisocial actions which are not the result of mental health

### Certain mental health services

- Court-ordered mental health services
- Services and supplies that are rendered in connection with mental illnesses not classified in the International Classification of Diseases of the U.S. Department of Health and Human Services
- Services and supplies that are extended beyond the period necessary for evaluation and diagnosis of learning and behavioral disabilities or for mental retardation
- Marriage counseling

### Other payment available

- Services furnished by or payable under any plan or law through a government or any political subdivision, except Medicaid, unless prohibited by law which the covered person is not legally obligated to pay

### Services not considered medical

- Charges for non-medical items that are used for environmental control or enhancement whether or not prescribed by a healthcare practitioner

### Alternative medicine

- Services rendered in a holistic medicine clinic
- Charges for alternative medicine including acupuncture and naturopathic medicine, except as expressly provided in the policy

### Other

- Any expense incurred for services received outside of the United States while residing outside of the United States for more than six consecutive months in a year except as required by law for emergency care services
- Biliary lithotripsy

- Chemonucleolysis
- Charges for growth hormones
- Cranial banding, unless otherwise determined by us
- Educational or vocational training or therapy, services, and schools
- Expense for employment, school, sports or camp physical examinations or for the purpose of obtaining insurance, premarital tests/examinations
- Genetic testing, counseling, or services
- Hyperhidrosis surgery
- Immunotherapy for food allergy
- Light treatment for Seasonal Affective Disorder (S.A.D.)
- Living expenses, travel, transportation, except as expressly provided in the policy
- Prolotherapy
- Sensory integration therapy
- Services for care or treatment of non-covered procedures, or any related complication, except as expressly provided in the policy
- Sleep therapy
- Treatment for TMJ, CMJ, or any jaw joint problem
- Treatment of nicotine habit or addiction
- Any drug, medicine or device which is not FDA approved
- Contraceptives when prescribed for purposes other than to prevent pregnancy
- Medications, drugs or hormones to stimulate growth
- Legend drugs not recommended or deemed necessary by a healthcare practitioner or drugs prescribed for a non-covered bodily injury or sickness
- Drugs prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature; experimental or investigational use drugs
- Over the counter drugs (except drugs on the Women's Healthcare Drug List with a prescription and insulin) or drugs available in prescription strength without a prescription
- Drugs used in treatment of nail fungus
- Prescription refills exceeding the number specified by the healthcare practitioner or dispensed more than one year from the date of the original order
- Vitamins, dietary products, and any other nonprescription supplements, except as expressly provided in the policy
- Over the counter medical items or supplies that are available without a prescription except for preventive services
- Brand name medication unless an equivalent generic medication is not available for drugs on the Women's Healthcare Drug List

Certain services and prescription drugs require preauthorization and notification/prior authorization before services are rendered. Please visit [Humana.com/tools](https://www.humana.com/tools) for a detailed list.

This document contains a general summary of covered 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.





# What if we made getting healthy fun and rewarding?

We just did.

You want to be healthier. You want to live longer. And you want better quality out of that life. HumanaVitality<sup>SM</sup> is here to help you do that. It's a groundbreaking program you can voluntarily use to really take charge of your health.

## Getting started is easy.

You can start exploring all the benefits of HumanaVitality by logging in to your secure member page at **Humana.com**.

If you are not registered, go to **Humana.com**, choose "Register" in the log-in box, and follow the instructions.

As a Humana*One* member, you'll have access to this new, exciting program. When you register, you begin changing your life, working with HumanaVitality to understand your health today and find out what your risks are for tomorrow — all in a safe, secure, and confidential manner. You get advice on what to eat and what kind of exercise makes sense for you. And the best part is, you are rewarded not only in health and happiness, but in perks you choose.

With HumanaVitality, once you know where you stand, you set goals. We help you form good habits, like picking up fruits and vegetables at the market instead of chips. Or taking a walk instead of sitting on your couch.

Healthy choices are recorded and earn you Vitality Points<sup>TM</sup>. And those points earn you rewards, like name-brand products, travel, and resort stays. It's just that simple. No matter what stage of life or health you're in, HumanaVitality is for you.

HumanaVitality: A fun, rewarding wellness program that puts YOU front and center.

**HUMANA** Vitality<sup>SM</sup>

Program details are subject to change.

Insured by Humana Insurance Company, Humana Health Plan, Inc., Humana Health Insurance Company of Florida, Inc., or Humana Health Benefit Plan of Louisiana, Inc. or offered by Humana Employers Health Plan of Georgia, Inc.

For Arizona residents: Insured by Humana Insurance Company. For Texas residents: Insured by Humana Insurance Company.

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Texas

**HumanaOne**

Plans insured by Humana Insurance Company, HumanaDental Insurance Company, or DentiCare, Inc. (d/b/a CompBenefits)

## Optional benefits

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.

## 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 130,000 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.
- ☐ **Preventive Plus** covers the most common preventive and basic services. Discounts are available for major services and basic services the plan doesn't cover.
- ☐ **Prepaid H1215** includes coverage for preventive, basic, and major services. There are no yearly maximums, deductibles, or waiting periods.



### Term life

HumanaOne makes it easy to 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

**(Not available on HSA plans)**

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.

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

**HUMANA.**



## Dental Traditional Plus

### Calendar-year deductible

**Individual**  
\$50

**Family**  
\$150

#### Important to know:

- > Deductible does not apply to discount services
- > Deductible does not apply to preventive services

### Annual maximum

\$1,000

#### Important to know:

- > Annual maximums do not apply to discount services

#### In-network

#### Out-of-network

### Preventive services

100% no deductible

100% no deductible

- 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

- 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:

- > Six month waiting period applies

### Major services

50% after deductible

50% after deductible

- 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:

- > Twelve month waiting period applies

### Orthodontia

Members can receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.

No discount

### Teeth whitening

50% after deductible

50% after deductible

#### Important to know:

- > Six month waiting period applies
- > \$200 lifetime maximum



## Term life

### Coverage amounts

Amounts start at \$25,000 and can go up to a maximum of \$150,000

### Term levels

- Ages 18-65 for a 10-year level premium term
- Ages 18-60 for a 15-year level premium term
- Ages 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.



## 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

**Individual**  
\$50

**Family**  
\$150



#### Important to know:

- > Deductible does not apply to discount services
- > Deductible does not apply to in-network preventive services

### Annual maximum

\$1,000



#### Important to know:

- > Annual maximum does not apply to discount services

	In-network	Out-of-network
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (limit 2 per year)</li> <li>• Periodontal examinations (limit 2 per year)</li> <li>• Cleanings (limit 2 per year)</li> <li>• Topical fluoride treatment (limit 1 per year, age 14 and under)</li> <li>• Sealants (limit 1 per tooth per lifetime, age 14 and under)</li> <li>• Bitewing X-rays (limit 1 set per year, excludes full mouth and panoramic)</li> </ul>	100% no deductible	100% of in network fee schedule (after deductible)
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Fillings (amalgam, composite for anterior teeth, limit 2 per year)</li> <li>• Space maintainers (initial appliance only, age 14 and under)</li> <li>• Nonsurgical extractions</li> <li>• Oral surgery</li> <li>• Prefabricated stainless steel crowns</li> </ul> <div> <b>Important to know:</b> <ul style="list-style-type: none"> <li>&gt; Six month waiting period applies</li> </ul> </div>	50% after deductible	50% of in network fee schedule (after deductible)
<b>Discount services</b> <ul style="list-style-type: none"> <li>• Appliances for children</li> <li>• Denture repair and adjustments</li> <li>• Dentures, denture relines and rebases</li> <li>• Endodontics (root canals)</li> <li>• Periodontics (gum therapy)</li> <li>• Crowns, inlays and onlays</li> <li>• Bridgework</li> </ul>	Members can receive an average discount of 28 percent if they visit an in-network dentist	No discount
<b>Orthodontia</b>	Members can receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount	No discount



## 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.)**



## Dental Prepaid HI215 plan

The HumanaOne Prepaid plan focuses on maintaining oral health, prevention and cost-containment. You may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods.

Your costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. Unlisted procedures receive a 25% discount off the PCD's usual fees.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by a PCD, or you can self-refer to any participating specialist. Procedures performed by a participating specialist receive a 25% discount off the specialist's usual fees.

### Summary of services

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

#### Appointments member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) . . . . .	\$ 45.00
D9430	Office visit (normal hours) . . . . .	\$ 15.00
D9440	Office visit (after regularly scheduled hours) . . . . .	\$ 55.00
D9999	Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies . . . . .	\$ 10.00

#### Diagnostic member pays

D0120	Periodic oral examination (two per calendar year) . . .	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver . . . . .	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (two per calendar year) . . . . .	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0170	Re-evaluation—problem focused (not post-operative visit) . . . . .	no charge
D0180	Comprehensive periodontal evaluation (two per calendar year) . . . . .	\$ 35.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years) . . . . .	no charge
D0220	X-ray intraoral—periapical, first film . . . . .	no charge
D0230	X-ray intraoral—periapical, each additional film . . .	no charge
D0240	X-rays intraoral—occlusal film . . . . .	no charge
D0250	Extraoral—first film . . . . .	no charge
D0260	Extraoral—each additional film . . . . .	no charge
D0270	X-ray bitewing—single film (two per calendar year) .	no charge
D0272	X-ray bitewings—two films (two per calendar year) .	no charge
D0273	X-ray bitewings—three films (two per calendar year)	no charge
D0274	Bitewings—four films (two per calendar year) . . . .	no charge
D0277	X-ray bitewings, vertical—seven to eight films (two per calendar year) . . . . .	no charge
D0330	Panoramic film (once per three calendar years) . . . .	no charge
D0350	Oral/facial photography images . . . . .	no charge
D0415	Collect microorganisms culture & sensitivity . . . . .	no charge
D0425	Caries susceptibility tests . . . . .	no charge
D0431	Oral cancer screening using a special light source . . .	\$ 70.00
D0460	Pulp vitality tests (not covered if a root canal is performed) . . . . .	no charge
D0470	Diagnostic casts . . . . .	no charge
D0472	Pathology report—gross examination of lesion . . . .	no charge
D0473	Pathology report—microscopic examination of lesion . . . . .	no charge
D0474	Pathology report—microscopic examination of lesion and area . . . . .	no charge

#### Preventive member pays

D1110	Prophylaxis—adult, routine (two per calendar year, by primary care dentist) . . . . .	no charge
D1120	Prophylaxis—child, routine (two per calendar year) .	no charge
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (two per calendar year) . . . . .	no charge
D1204	Topical application of fluoride—adult (two per calendar year, by primary care dentist) . . . . .	no charge
D1206	Topical fluoride varnish (for child <16) (two per calendar year) . . . . .	no charge
D1310	Nutrition counseling for the control or avoidance of dental disease . . . . .	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease . . . . .	no charge
D1330	Oral hygiene instruction . . . . .	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16) \$	20.00
D1510*	Space maintainer—fixed, unilateral (through age 14) \$	95.00
D1515*	Space maintainer—fixed, bilateral (through age 14) \$	135.00
D1520*	Space maintainer—removable, unilateral (through age 14) . . . . .	\$105.00
D1525*	Space maintainer—removable, bilateral (through age 14) . . . . .	\$115.00
D1550	Recementation of space maintainer . . . . .	\$ 20.00

#### Restorative member pays

D2140	Amalgam—one surface, primary or permanent . . . .	\$ 30.00
D2150	Amalgam—two surfaces, primary or permanent . . .	\$ 35.00
D2160	Amalgam—three surfaces, primary or permanent . .	\$ 40.00
D2161	Amalgam—four or more surfaces, primary or permanent . . . . .	\$ 45.00
D2940	Sedative filling . . . . .	\$ 25.00

#### Resin restorative

(inlays and onlays limited to one per tooth every five years) member pays

D2330	Resin based composite—one surface, anterior . . . .	\$ 45.00
D2331	Resin based composite—two surfaces, anterior . . .	\$ 60.00
D2332	Resin based composite—three surfaces, anterior . .	\$ 75.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior) . . . . .	\$ 95.00
D2390	Resin based composite crown, anterior . . . . .	\$ 90.00
D2391	Resin based composite—one surface, posterior . . .	\$ 70.00
D2392	Resin based composite—two surfaces, posterior . .	\$ 90.00
D2393	Resin based composite—three surfaces, posterior . .	\$110.00
D2394	Resin based composite—four or more surfaces, posterior . . . . .	\$130.00
D2510*	Inlay—metallic, one surface . . . . .	\$345.00
D2520*	Inlay—metallic, two surfaces . . . . .	\$355.00
D2530*	Inlay—metallic, three or more surfaces . . . . .	\$365.00
D2542*	Onlay—metallic, two surfaces . . . . .	\$370.00
D2543*	Onlay—metallic, three surfaces . . . . .	\$380.00
D2544*	Onlay—metallic, four or more surfaces . . . . .	\$390.00
D2610*	Inlay—porcelain/ceramic, one surface . . . . .	\$370.00

**Resin restorative (continued)**

(inlays and onlays limited to one per tooth every five years)

**member pays**

D2620* Inlay—porcelain/ceramic, two surfaces . . . . .	\$380.00
D2630* Inlay—porcelain/ceramic, three or more surfaces . . .	\$390.00
D2642* Onlay—porcelain/ceramic, two surfaces . . . . .	\$395.00
D2643* Onlay—porcelain/ceramic, three surfaces . . . . .	\$405.00
D2644* Onlay—porcelain/ceramic, four or more surfaces . . .	\$415.00
D2650* Inlay—resin based composite, one surface . . . . .	\$345.00
D2651* Inlay—resin based composite, two surfaces . . . . .	\$355.00
D2652* Inlay—resin based composite, three or more surfaces . .	\$365.00
D2662* Onlay—resin based composite, two surfaces . . . . .	\$370.00
D2663* Onlay—resin based composite, three surfaces . . . . .	\$380.00
D2664* Onlay—resin based composite, four or more surfaces . .	\$410.00

**Crown and bridge**

(limited to one per tooth every five years)

**member pays**

D2710* Crown—resin based composite, indirect . . . . .	\$410.00
D2712* Crown—3/4 resin based composite, indirect . . . . .	\$410.00
D2720* Crown—resin with high noble metal . . . . .	\$410.00
D2721 Crown—resin with predominantly base metal . . . . .	\$410.00
D2722* Crown—resin with noble metal . . . . .	\$410.00
D2740* Crown—porcelain/ceramic substrate . . . . .	\$410.00
D2750* Crown—porcelain fused to high noble metal . . . . .	\$410.00
D2751 Crown—porcelain fused to predominantly base metal \$410.00	
D2752* Crown—porcelain fused to noble metal . . . . .	\$410.00
D2780* Crown—3/4 cast high noble metal . . . . .	\$410.00
D2781 Crown—3/4 cast predominantly base metal . . . . .	\$410.00
D2782* Crown—3/4 cast noble metal . . . . .	\$410.00
D2783* Crown—3/4 porcelain/ceramic . . . . .	\$410.00
D2790* Crown—full cast high noble metal . . . . .	\$410.00
D2791 Crown—full cast predominantly base metal . . . . .	\$410.00
D2792* Crown—full cast noble metal . . . . .	\$410.00
D2794* Crown—titanium . . . . .	\$410.00
D2799 Provisional crown . . . . .	no charge
D2910 Recement inlay, onlay or veneer . . . . .	\$ 25.00
D2915 Recement cast or prefabricated post and core . . . . .	no charge
D2920 Recement crown . . . . .	\$ 25.00
D2930 Prefabricated stainless steel crown—primary tooth . .	\$110.00
D2931 Prefabricated stainless steel crown—permanent tooth . . . . .	\$ 35.00
D2932 Prefabricated resin crown . . . . .	\$110.00
D2933 Prefabricated stainless steel crown with resin window	\$110.00
D2934 Prefabricated esthetic coated stainless steel crown—primary tooth . . . . .	\$110.00
D2950 Core buildup, including any pins . . . . .	\$ 80.00
D2951 Pin retention—per tooth, in addition to restoration . \$	25.00
D2952* Cast post and core in addition to crown . . . . .	\$175.00
D2953* Each additional cast post—same tooth . . . . .	\$140.00
D2954 Prefabricated post and core in addition to crown . .	\$120.00
D2955 Post removal . . . . .	\$ 20.00
D2957 Each additional prefabricated post—same tooth, base metal post . . . . .	\$ 45.00
D2960 Labial veneer (resin laminate)—chairside . . . . .	\$290.00
D2961* Labial veneer (resin laminate)—laboratory . . . . .	\$425.00
D2962* Labial veneer (porcelain laminate)—laboratory . . . .	\$475.00
D2971 Additional procedure—new crown existing partial denture . . . . .	\$ 70.00
D2980 Crown repair . . . . .	\$ 25.00
D6940 Stress breaker . . . . .	\$170.00
D6950 Precision attachment . . . . .	\$220.00
D6970* Cast post and core, in addition to fixed partial denture retainer . . . . .	\$120.00
D6972 Prefabricated post and core in addition to fixed partial denture retainer, base metal post . . . . .	\$120.00

**Crown and bridge (continued)**

(limited to one per tooth every five years)

**member pays**

D6976* Each additional cast post—same tooth . . . . .	\$100.00
D6977 Each additional prefabricated post—same tooth . . .	\$100.00

**Prosthodontics (fixed)** (replacement limited to every five years, adjustments once per year)**member pays**

D6210* Pontic—cast high noble metal . . . . .	\$410.00
D6211 Pontic—cast predominantly base metal . . . . .	\$410.00
D6212* Pontic—cast noble metal . . . . .	\$410.00
D6240* Pontic—porcelain fused to high noble metal . . . . .	\$410.00
D6241 Pontic—porcelain fused to predominantly base metal	\$410.00
D6242* Pontic—porcelain fused to noble metal . . . . .	\$410.00
D6750* Crown—porcelain fused to high noble metal . . . . .	\$410.00
D6751 Crown—porcelain fused to predominantly base metal . . . . .	\$410.00
D6752* Crown—porcelain fused to noble metal . . . . .	\$410.00
D6790* Crown—full cast high noble metal . . . . .	\$410.00
D6791 Crown—full cast predominantly base metal . . . . .	\$410.00
D6792* Crown—full cast noble metal . . . . .	\$410.00
D6794* Crown—titanium . . . . .	\$410.00
D6930 Recement fixed partial denture (per unit) . . . . .	\$ 45.00
D6973 Core buildup for retainer, including any pins . . . . .	\$ 70.00

**Prosthodontics** (replacement limited to every five years) **member pays**

D5110* Complete denture—maxillary . . . . .	\$550.00
D5120* Complete denture—mandibular . . . . .	\$550.00
D5130* Immediate denture—maxillary . . . . .	\$550.00
D5140* Immediate denture—mandibular . . . . .	\$550.00
D5211* Maxillary partial denture—resin base . . . . .	\$495.00
D5212* Mandibular partial denture—resin base . . . . .	\$495.00
D5213* Maxillary partial denture—cast metal framework, resin denture bases . . . . .	\$525.00
D5214* Mandibular partial denture—cast metal framework, resin denture bases . . . . .	\$525.00
D5225* Maxillary partial denture—flexible (including clasps, rests and teeth) . . . . .	\$525.00
D5226* Mandibular partial denture—flexible (including clasps, rests and teeth) . . . . .	\$525.00
D5281* Removable partial denture—one piece cast metal . .	\$445.00
D5410 Adjust complete denture—maxillary . . . . .	\$ 25.00
D5411 Adjust complete denture—mandibular . . . . .	\$ 25.00
D5421 Adjust partial denture—maxillary . . . . .	\$ 25.00
D5422 Adjust partial denture—mandibular . . . . .	\$ 25.00
D5660* Add clasp to existing partial denture . . . . .	\$110.00

**Endodontics**

(each procedure limited to once per tooth per life)

**member pays**

D3110 Pulp cap—direct (excluding final restoration) . . . . .	\$ 25.00
D3120 Pulp cap—indirect (excluding final restoration) . . . .	\$ 20.00
D3220 Therapeutic pulpotomy . . . . .	\$ 65.00
D3221 Pulpal debridement, primary and permanent teeth . .	\$135.00
D3230 Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) . . . . .	\$ 65.00
D3240 Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) . . . . .	\$100.00
D3310 Root canal therapy—anterior (excluding final restoration) . . . . .	\$175.00
D3320 Root canal therapy—bicuspid (excluding final restoration) . . . . .	\$270.00
D3330 Root canal therapy—molar (excluding final restoration) . . . . .	\$390.00
D3331 Treatment of root canal obstruction—non-surgical access . . . . .	\$110.00



**Endodontics (continued)**

(each procedure limited to once per tooth per life)

**member pays**

D3332	Incomplete endodontic therapy—inoperable or fractured tooth	\$110.00
D3333	Internal root repair of perforation defects	\$120.00
D3351	Apexification/recalcification—initial visit	\$140.00
D3352	Apexification/recalcification—interim	\$100.00
D3353	Apexification/recalcification—final visit	\$140.00
D3410	Apicoectomy/periradicular surgery—anterior	\$210.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$220.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$220.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 90.00
D3430	Retrograde filling—per root	\$ 55.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$130.00
D3910	Surgical procedure to isolate tooth with rubber dam	\$ 50.00
D3920	Hemisection not included in root canal therapy	\$120.00
D3950	Root canal prepare and fit preformed dowel/post	\$ 25.00

**Periodontics (gum treatment)****member pays**

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant	\$195.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant	\$100.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$220.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$150.00
D4245	Apically positioned flap	\$225.00
D4249	Clinical crown lengthening—hard tissue	\$220.00
D4260	Osseous surgery—four or more teeth or bounded spaces, per quadrant	\$425.00
D4261	Osseous surgery—one to three teeth, per quadrant	\$400.00
D4263	Bone replacement graft—first site in quadrant	\$290.00
D4264	Bone replacement graft—each additional site in quadrant bone	\$200.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$135.00
D4266	Guided tissue regeneration—resorbable barrier, per site	\$360.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	\$425.00
D4270	Pedicle soft tissue graft procedure	\$335.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$340.00
D4273	Subepithelial connective tissue graft, tooth	\$425.00
D4274	Distal or proximal wedge procedure	\$120.00
D4275	Soft tissue allograft	\$460.00
D4320	Provisional splinting—intracoronary	\$135.00
D4321	Provisional splinting—extracoronary	\$115.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 85.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 70.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years)	\$ 80.00

**Periodontics (gum treatment) (continued) member pays**

D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	\$ 70.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 70.00

**Extractions/oral and maxillofacial surgery member pays**

D7111	Coronal remnants, deciduous tooth	no charge
D7140	Extraction, erupted tooth or exposed tooth	\$ 55.00
D7210	Surgical removal of erupted tooth	\$ 60.00
D7220	Removal of impacted tooth—soft tissue	\$ 75.00
D7230	Removal of impacted tooth—partially bony	\$ 95.00
D7240	Removal of impacted tooth—completely bony	\$135.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	\$175.00
D7250	Surgical removal of residual tooth roots	\$ 50.00
D7260	Oroantral fistula closure	\$450.00
D7261	Primary closure of a sinus perforation	\$275.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth	\$ 95.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$160.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$120.00
D7285	Biopsy of oral tissue—hard (bone, tooth)	\$450.00
D7286	Biopsy of oral tissue—soft (all others)	\$155.00
D7287	Exfoliative cytological sample collection	\$ 70.00
D7288	Brush biopsy—transepithelial sample collection	\$ 75.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant	\$ 50.00
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 25.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	\$ 90.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 65.00
D7450	Removal of benign odontogenic cyst or tumor—up to 1.25 cm	\$210.00
D7451	Removal of benign odontogenic cyst or tumor—greater than 1.25 cm	\$285.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$130.00
D7472	Removal of torus palatinus	\$ 80.00
D7473	Removal of torus mandibularis	\$ 80.00
D7485	Surgical reduction of osseous tuberosity	\$ 75.00
D7510	Incision and drainage of abscess—intraoral soft tissue	\$ 45.00
D7970	Excision hyperplastic tissue—per arch	\$100.00
D7971	Excision of pericoronal gingival	\$ 65.00

**Repairs to prosthetics****member pays**

D5510*	Repair broken complete denture base	\$ 65.00
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$ 65.00
D5610*	Repair resin denture base	\$ 65.00
D5620*	Repair cast framework	\$ 65.00
D5630*	Repair or replace broken clasp	\$ 65.00
D5640*	Replace broken teeth—per tooth	\$ 65.00
D5650*	Add tooth to existing partial denture	\$ 60.00
D5670*	Replace all teeth and acrylic framework—maxillary	\$255.00

**Repairs to prosthetics (continued)****member pays**

D5671* Replace all teeth and acrylic framework—mandibular . . . . .	\$350.00
D5710* Rebase complete maxillary denture . . . . .	\$230.00
D5711* Rebase complete mandibular denture. . . . .	\$230.00
D5720* Rebase maxillary partial denture . . . . .	\$230.00
D5721* Rebase mandibular partial denture. . . . .	\$230.00
D5730 Reline complete maxillary denture (chairside) . . . . .	\$110.00
D5731 Reline complete mandibular denture (chairside) . . . . .	\$110.00
D5740 Reline maxillary partial denture (chairside) . . . . .	\$110.00
D5741 Reline mandibular partial denture (chairside) . . . . .	\$110.00
D5750* Reline complete maxillary denture (laboratory) . . . . .	\$180.00
D5751* Reline complete mandibular denture (laboratory) . . . . .	\$180.00
D5760* Reline maxillary partial denture (laboratory) . . . . .	\$180.00
D5761* Reline mandibular partial denture (laboratory) . . . . .	\$180.00
D5810* Interim complete denture (maxillary) . . . . .	\$300.00
D5811* Interim complete denture (mandibular). . . . .	\$300.00
D5820* Interim partial denture (maxillary). . . . .	\$210.00
D5821* Interim partial denture (mandibular). . . . .	\$210.00
D5850 Tissue conditioning, maxillary. . . . .	\$ 45.00
D5851 Tissue conditioning, mandibular. . . . .	\$ 45.00
D6214* Pontic titanium . . . . .	\$410.00
D6245* Pontic—porcelain/ceramic . . . . .	\$410.00
D6250* Pontic—resin with high noble metal . . . . .	\$410.00
D6251 Pontic—resin with predominantly base metal . . . . .	\$410.00
D6252* Pontic—resin with noble metal . . . . .	\$410.00
D6253* Provisional pontic . . . . .	no charge
D6545* Retainer—cast metal, resin bonded fixed prosthesis . . . . .	\$300.00
D6548* Retainer—porcelain/ceramic, resin bonded fixed prosthesis . . . . .	\$300.00
D6600* Inlay—porcelain/ceramic, two surfaces . . . . .	\$410.00
D6601* Inlay—porcelain/ceramic, three or more surfaces . . . . .	\$410.00
D6602* Inlay—cast high noble metal, two surfaces . . . . .	\$410.00
D6603* Inlay—cast high noble metal, three or more surfaces . . . . .	\$410.00
D6604 Inlay—cast predominantly base metal, two surfaces . . . . .	\$410.00
D6605 Inlay—cast predominantly base metal, three or more surfaces . . . . .	\$410.00
D6606* Inlay—cast noble metal, two surfaces . . . . .	\$410.00
D6607* Inlay—cast noble metal, three or more surfaces . . . . .	\$410.00
D6608* Onlay—porcelain/ceramic, two surfaces. . . . .	\$410.00
D6609* Onlay—porcelain/ceramic, three or more surfaces . . . . .	\$410.00
D6610* Onlay—cast high noble metal, two surfaces. . . . .	\$410.00
D6611* Onlay—cast high noble metal, three or more surfaces. . . . .	\$410.00
D6612 Onlay—cast predominantly base metal, two surfaces . . . . .	\$410.00
D6613 Onlay—cast predominantly base metal, three or more surfaces . . . . .	\$410.00
D6614* Onlay—cast noble metal, two surfaces . . . . .	\$410.00
D6615* Onlay—cast noble metal, three or more surfaces . . . . .	\$410.00
D6624* Inlay titanium . . . . .	\$410.00
D6634* Onlay titanium . . . . .	\$410.00
D6710* Crown—indirect resin based composition . . . . .	\$410.00
D6720* Crown—resin with high noble metal . . . . .	\$410.00

**Repairs to prosthetics (continued)****member pays**

D6721 Crown—resin with predominantly base metal . . . . .	\$410.00
D6722* Crown—resin with noble metal . . . . .	\$410.00
D6740* Crown—porcelain/ceramic. . . . .	\$410.00
D6780* Crown—3/4 cast high noble metal . . . . .	\$410.00
D6781 Crown—3/4 cast predominantly base metal. . . . .	\$410.00
D6782* Crown—3/4 cast noble metal . . . . .	\$410.00
D6783* Crown—3/4 porcelain/ceramic, denture. . . . .	\$410.00

**Adjunctive general services****member pays**

D9110 Palliative (emergency) treatment of dental pain—minor procedure . . . . .	\$ 20.00
D9215 Local anesthesia . . . . .	no charge
D9220 General anesthesia—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$205.00
D9221 General anesthesia—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$ 95.00
D9230 Analgesia (nitrous oxide), per 15 minutes. . . . .	\$ 45.00
D9241 I.V. conscious sedation—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$205.00
D9242 I.V. conscious sedation—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$ 90.00
D9450 Case presentation, detailed and extensive treatment planning . . . . .	no charge
D9951 Occlusal adjustment—limited . . . . .	\$ 45.00
D9952 Occlusal adjustment—complete. . . . .	\$205.00

**Bleaching****member pays**

D9972 External bleaching—per arch. . . . .	\$210.00
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**Orthodontics****member pays**

NOTE: Members can receive a 25 percent savings by visiting an in-network orthodontist.

**NOTE:**

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are at the participating dentist's usual fee less 25%
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.

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:

### **Traditional Plus and Preventive Plus 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.
  - B. Precision or semi-precision attachments.
  - C. Overdentures and any endodontic treatment associated with overdentures.
  - D. Other customized attachments.
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.



## Prepaid HI215 Dental limitations and exclusions

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. Company does not provide coverage for:

- A. Services of any dentist other than a Participating General Dentist, except for emergency care as described in the evidence of coverage;
- B. Procedures not specifically listed as a covered benefit in the Evidence of Coverage;
- C. Benefits (except for palliative (emergency) treatment) or transfer Dental Facilities, when Contributions or Copayments are delinquent;
- D. Dental treatment started prior to effective date for eligibility of benefits;
- E. Services which in the opinion of the Participating General Dentist or Plan that are not dentally necessary to establish and/or maintain oral health;
- F. Services that are not appropriate or customarily performed for the given condition, do not have uniform professional endorsement, do not have a favorable prognosis, or are experimental or investigational;
- G. Services that are not consistent with the normal and/or usual services provided by the Participating General Dentist or which in the opinion of the Participating General Dentist or Participating Specialty Dentist would endanger health;
- H. Services or procedures which the Participating General Dentist or Participating Specialty Dentist is unable to perform because of the general health or physical limitations of the patient;
- I. Procedures, appliances or restorations to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ); or replacement of lost, missing or stolen appliances;
- J. Services performed primarily for cosmetic purposes;
- K. Services provided by a Participating Pediatric Dentist to children over the age of seven;
- L. Removal of asymptomatic third molars unless pathology (disease) exists;
- M. Services for treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain;
- N. Crowns, inlays, onlays, or veneers for the purpose of altering vertical dimension of teeth; restoring/ maintaining occlusion; splinting teeth, or replacing tooth structure lost as a result of wear.

## 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).

Insured or offered by Humana Insurance Company, HumanaDental Insurance Company, or DentiCare, Inc. (d/b/a CompBenefits)

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

Supplemental Accident and Deductible Carryover Credit are components of your health plan. 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/policy will govern.

The Humana logo, consisting of the word "HUMANA" in a bold, blue, sans-serif font.