Mississippi

HumanaOne

Enhanced HSA 100% plan

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 Humana*One* 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	
Choose your medical deductible – The amount of covered expenses you'll pay out of your pocket before your plan begins to pay its share	Individual:	Family:	Individual:	Family:
	$ 1,500	$ 3,000	$ 3,000	$ 6,000
	$ 2,500	$ 5,000	$ 5,000	$ 10,000
	$ 3,500	$ 7,000	$ 7,000	$ 14,000
	$ 5,000	$ 10,000	$ 10,000	$ 20,000
	$ 5,950	$ 11,900	$ 11,900	$ 23,800
Coinsurance – The percentage of covered healthcare costs you have to pay while covered under this plan	Plan pays 100% of covered expenses after you pay your deductible		You pay 30% of covered expenses after you pay your deductible	
Your out-of-pocket coinsurance maximum – The amount you're required to pay toward the covered cost of your healthcare; premium and deductibles don't apply	Individual: $ 0	Family: $ 0	Individual: $ 7,500	Family: $ 15,000
	Each covered persons coinsurance applies to meet this maximum			
Lifetime maximum – The total amount your plan will pay for covered expenses in your lifetime	Unlimited			

Important to know:
- Deductibles start over each new calendar year
- Benefits will be paid once the family deductible is met, regardless of the number of members on the plan
- This plan may include a separate deductible for certain conditions; see the deductible information on page 4 for details
- The medical deductible is separate from other deductibles; expenses applied to the medical deductible won't apply to mental health or condition-specific deductibles

HUMANA One

HumanaOne Enhanced HSA 100% plan

How your plan works

The details below give you a general idea of covered benefits for this plan. It doesn't explain everything. To be covered, expenses must be medically necessary and listed as covered in your policy. A policy is the document which outlines the benefits, provisions, and limitations of your plan. Please refer to a policy for the actual terms and conditions of your plan. This plan also has things that are not covered or limited. You should know about these. See page 4 for details.

	In-network	Out-of-network
Preventive care		
› Office visits, lab, X-ray, child immunizations (age 2 to 18), Pap smear, prostrate screening, and endoscopic services and mammogram	Your plan pays 100%	You pay 30% after you pay your deductible
› Child immunizations (birth to age 2)	Your plan pays 100%	Your plan pays 100%
Diagnostic office visits	Your plan pays 100% after you pay your deductible	You pay 30% after you pay your deductible
Diagnostic lab and X-rays – includes allergy testing	Your plan pays 100% after you pay your deductible	You pay 30% after you pay your deductible
Inpatient hospital and outpatient services Note: doctors and hospitals often send separate bills	Your plan pays 100% after you pay your deductible	You pay 30% after you pay your deductible
Emergency room	Your plan pays 100% after you pay your deductible	Your plan pays 100% after you pay your deductible
Ambulance	Your plan pays 100% after you pay your deductible	Your plan pays 100% after you pay your deductible
Transplants	Your plan pays 100% after you pay your deductible when you get services from a Humana Transplant Network provider	You pay 30% after you pay your deductible. Plan pays up to $35,000 per transplant
Mental health (mental illness and chemical dependency) – includes inpatient and outpatient services **Important to know:** › There is a 12-month waiting period before this plan pays benefits › 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 › Covered expenses for mental health don't apply to the out-of-network medical out-of-pocket maximum	You first pay your mental health deductible, which is the same amount as your in-network medical deductible Then, your plan pays 100%	You first pay your mental health deductible, which is the same amount as your out-of-network medical deductible Then, you pay 30%
Other medical services	Plan pays 100% after you pay your deductible	You pay 30% after you pay your deductible

These services are covered with the following combined in- and out-of-network limits:

- Skilled nursing facility – up to 30 days per calendar year
- Home health care – up to 60 visits per calendar year
- Hospice family counseling – up to 15 visits per family per lifetime
- Hospice medical social services – up to $100 per family per lifetime
- Physical, occupational, cognitive, speech, audiology, cardiac, and respiratory therapy – combined, up to 30 visits per calendar year
- Spinal manipulations, adjustments, and modalities – up to 10 visits per calendar year

Your prescription drug coverage

	In-network	Out-of-network
Prescription drugs **Important to know:** › 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 › Prescription drug deductible is integrated with your medical deductible and out-of-pocket coinsurance maximum › Find details about Humana's preferred mail-order service at **RightSourceRx.com**	Your plan pays 100% after you pay your deductible	You pay 30% after you pay your deductible

Make your Humana*One* 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.

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 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. Visit Humana*One*Network.com to find participating dentists who offer discounts on these services.

Vision

This extra benefit is an affordable way to get good vision, which is important to good health. You get a yearly vision exam with a small copay and funds toward buying eyeglass frames at a wholesale price – plus big discounts on lenses and Lasik when you use providers in the network.

Term life

Humana*One* 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:** 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

Insured by Humana Insurance Company, HumanaDental Insurance Company, or CompBenefits Insurance Company

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

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 your 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. Your 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 12-month 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 Humana*One* individual health plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Your 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
- Charges in excess of the maximum allowable fee
- Charges in excess of the lifetime maximum benefit or any other 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

Elective and cosmetic services

- Cosmetic services, or any related complication
- Elective medical or surgical procedures
- 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
- Vision examinations or testing, eyeglasses, or contact lenses

Pregnancy and sexuality services

- Pregnancy except for complications of pregnancy as defined in the policy. Complications of pregnancy does NOT mean: False labor, occasional spotting, rest prescribed during the period of pregnancy, morning sickness, conditions associated with the management of a difficult pregnancy, but which do not constitute a distinct complication of pregnancy, prolonged labor, cessation of labor, breech baby, fetal distress, edema, or complicated delivery.
- Lactation therapy
- Elective medical or surgical abortion except as stated in the policy
- Immunotherapy for recurrent abortion
- Home uterine activity monitoring
- Sterilization, including tubal ligation and vasectomy, and 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

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

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, unless prohibited by law
- Charges for which any other insurance providing medical payments exists

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

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
- Hyperhydrosis 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
- Alternative medicine including but not limited to holistic medicine, acupuncture, and naturopathy
- Services that are experimental, investigational, or for research purposes
- Sleep therapy
- Treatment of nicotine habit or addiction
- Any drug, medicine or device which is not FDA approved
- Contraceptives
- 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 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 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

Certain services and prescription drugs require preauthorization and notification/prior authorization before services are rendered. Please visit **Humana.com/members/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.

Your premium won't go up during the first year the policy is in force, as long as you stay in the same area and keep the same benefits. After the first year, we have the right to raise premiums on your renewal date, or more frequently if you move out of the service area or change benefits.

MS52444HO 1111
Policy number: GN-71037-01 4/2010, et al.

HUMANA. one

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℠ is here to help you do that. It's a groundbreaking program you can voluntarily use to really take charge of your health.

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™. 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.

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.

HUMANA Vitality℠

GNHH1SMHH 1/12

Dental Traditional Plus

Calendar-year deductible **Important to know:** › Deductible does not apply to discount services › Deductible does not apply to preventive services	**Individual** $50	**Family** $150
Annual maximum **Important to know:** › Annual maximums do not apply to discount services	$1,000	

	In-network	Out-of-network
Preventive services • 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)	100% no deductible	100% no deductible
Basic services • 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	50% after deductible	50% after deductible
Major services • 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	50% after deductible	50% after deductible
Orthodontia	Members may receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount[1]	No discount
Teeth whitening **Important to know:** › Six month waiting period applies › $200 lifetime maximum	50% after deductible	50% after deductible

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	Humana*One* 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.

	Individual	Family
Calendar-year deductible **Important to know:** › Deductible does not apply to discount services › Deductible does not apply to in-network preventive services	$50	$150
Annual maximum **Important to know:** › Annual maximum does not apply to discount services	$1,000	

	In-network	Out-of-network
Preventive services • 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 • Emergency care for pain relief • Fillings (amalgam, composite for anterior teeth, limit 2 per year) • Space maintainers (initial appliance only, age 14 and under) • Nonsurgical extractions • Oral surgery • Prefabricated stainless steel crowns **Important to know:** › Six month waiting period applies	50% after deductible	30% of in network fee schedule (after deductible)
Discount services • Appliances for children • Denture repair and adjustments • Dentures, denture relines and rebases • Endodontics (root canals) • Periodontics (gum therapy) • Crowns, inlays and onlays • Bridgework	Members may receive an average discount of 28 percent if they visit an in-network dentist[1]	No discount
Orthodontia	Members may receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount[1]	No discount

[1] Due to legislation enacted in your state, your provider is not required to offer non-covered in-network services at a discounted rate. Humana encourages all providers to extend the discount, but can not legally require. Dentists in the HumanaDental PPO network provide a discount for services not covered by the plan, with an average savings of 28% on out-of-pocket costs. Some services will have lower than average discounts. Check with in-network providers for specific discounts.

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

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.)**

Vision Direct

HumanaOne Vision Direct plans provide coverage that helps make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 24,000 participating optometrist and ophthalmologists. This is not a complete disclosure of plan qualifications and limitations. Please review the specific Vision Limitations & Exclusions before applying for coverage.

	Plan pays for services from **Network** providers
Exam with dilation as necessary Eye examination may include: • Personal and family medical and ocular history • Visual acuity (unaided or acuity with present correction) • External, papillary and internal exams (direct or indirect ophthalmoscopy recording cup disc ratio, blood vessel status and any abnormalities) • Visual field testing (confrontation) • Biomicroscopy (i.e., cover test) • Tonometry • Reflection (with recorded visual acuity) • Extra ocular muscle balance assessment • Diagnosis and treatment plan	$10 copay
Frames Choose from a wide range of frames the plan covers in full, or select any frame and pay only twice the difference in cost from what the plan covers **Important to know:** › Frame allowance is based on a wholesale price of $40, which typically equals a retail price of $120. This may vary by provider.	$40 wholesale frame allowance after $15 copay
Lenses	20% retail discount
Professional contact lens services • Evaluation and fitting fee	15% retail discount
Frequency based on date of service	
• Examination	Once every 12 months
• Frames	Once every 12 months

Additional plan discounts
- Members receive a 20 percent retail discount on a second pair of eyeglasses for 12 months after the exam from the network provider who sold the initial eyeglasses.
- Members receive substantial reductions on Lasik vision correction when procedures are done by network providers.

Lasik and PRK procedures
Members receive substantial reductions when procedures are done by participating in-network providers. Members can expect to pay no more than $1,800 per eye for conventional Lasik procedures and $2,300 per eye for custom Lasik or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

• Conventional Lasik	$895 per eye
• Custom Lasik	$1,295 per eye
• Custom Lasik with IntraLase	$1,895 per eye

How does the wholesale frame allowance work?
Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. You never pay full retail.

Wholesale price	–	Wholesale allowance	=	Difference x 2	+	Frame copay	Member pays	Retail savings*
$40	–	$40	=	$0 x 2 = $0	+	$15	$15	$80-120
$70	–	$40	=	$30 x 2 = $60	+	$15	$75	$80-155

* Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

This is an outline of the limitations and exclusions for the Humana*One* 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.
   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.

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.

Vision limitations

In no event will coverage exceed the lesser of:

3. The actual cost of covered services or materials; or
4. The limits of the Policy, shown in the Schedule of Benefits.

Materials covered by the Policy that are lost or broken will only be replaced at normal intervals as provided for in the Schedule of Benefits.

Vision exclusions

We will not cover:

5. Orthopic or vision training and any associated supplemental testing.
6. Two pair of glasses, in lieu of bifocals, trifocals or progressives.
7. Medical or surgical treatment of the eyes.
8. Any services and/or materials required by an Employer as a condition of employment.
9. Any injury or illness covered under any Workers' Compensation or similar law.
10. Sub-normal vision aids, aniseikonic lenses or prescription or non-prescription lenses.
11. Charges incurred after:
    (a) the Policy ends; or
    (b) the Insured's coverage under the Policy ends, except as stated in the Policy.
12. Experimental or non-conventional treatment or device.
13. Contact lenses.
14. Hi Index, aspheric and non-aspheric styles.
15. Oversized 61 and above lens or lenses.
16. Cosmetic items, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits.

Insured by Humana Insurance Company, HumanaDental Insurance Company, or CompBenefits 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. 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.

Your premium won't go up during the first year the Certificate/policy is in force, as long as you stay in the same area and keep the same benefits. After the first year, we have the right to raise premiums on your renewal date, or more frequently if you move out of the service area or change benefits.

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Certificate/policy numbers: GN-71055-01 4/2010, et al., GN-71037-01 4/2010, et al., GN-70141-HD et al., GN-70136 et al., HUMD-IP.001, HUMD-ASSOC-POLICY.001

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