

Good health starts with a healthy mouth. Regular cleanings can reduce the likelihood of developing gum disease which has been linked to other serious conditions such as heart disease, diabetes, and stroke. Our Traditional Plus dental plan focuses on prevention, early diagnosis, and treatment—helping you stay healthy and fit. Because Humana has one of the largest PPO dental networks, with over 125,000 participating dentists, you're sure to find a dentist you know and trust who practices near your home or work.

Traditional Plus plan features:

- › Preventive services covered at 100%
- › Basic services are covered at 50% (after your deductible)
- › Major services are covered at 50% (after your deductible)
- › Coverage at the same rate when using network or non-network providers
- › Savings up to 30% by choosing network dentists
- › Coverage for teeth whitening (not available FL)

Calendar-year deductible		Individual \$50	Family \$150
Annual maximum		\$1,000	
		Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers
Preventive services	<ul style="list-style-type: none"> • oral examinations • cleanings • topical fluoride treatment (through age 14, one per calendar year) • sealants (through age 14) • bitewing x-rays • panoramic x-rays 	100% no deductible	100% no deductible
Basic services	<ul style="list-style-type: none"> • emergency care for pain relief • nonsurgical extractions • fillings (amalgam, composite for anterior teeth) • space maintainers • oral surgery • prefabricated stainless steel crowns • appliances for children (through age 14) • denture repair and adjustments 	50% after deductible	50% after deductible
Major services	<ul style="list-style-type: none"> • denture relines and rebases • dentures • endodontics (root canals) • periodontics (gum therapy) • crowns • inlays and onlays • bridgework 	50% after deductible	50% after deductible
Orthodontia	<ul style="list-style-type: none"> • Members can receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount. 		
Teeth whitening	<ul style="list-style-type: none"> • \$200 lifetime maximum 	50% after deductible	50% after deductible

This is not a complete disclosure of plan qualifications and limitations. Waiting periods and frequency/age limits may apply. Please review the specific dental limitations and exclusions on the back before applying for coverage. Your billing and effective date for this plan will be the same as your medical plan and your dental premium will be collected along with your medical premium.

Dental Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Dental Traditional Plus dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

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

1. The course of any occupation or employment for compensation, profit or gain, for which benefits are provided or payable under any Workers' Compensation or Occupational Disease Act or Law; or where such coverage was available, regardless of whether the coverage was actually applied for.
2. Services and supplies for which no charge is made, or for which the covered person would not be required to pay in the absence of insurance.
3. Services furnished by or payable under any plan or law through any Government or any political subdivision.
4. Services furnished by any hospital or institution owned or operated by the United States Government, unless legally required to pay.
5. War or any act of war, whether declared or not; or any act of international armed conflict or any conflict involving armed forces of any international authority.
6. Completion of forms or failure to keep an appointment with a dentist.
7. Cosmetic dentistry, except as stated in the policy.
8. Any service related to altering vertical dimension; restoration or maintenance of occlusion; splinting teeth; replacing tooth structures lost as a result of abrasion, attrition or erosion; or bite registration or bite analysis.
9. Bone grafts, regeneration, augmentation or preservative procedures in edentulous sites.
10. Implants, including any crowns or prosthetic device attached to it; precision or semi-precision attachments; overdentures and any endodontic treatment associated with it; or other customized attachments.
11. Infection control.
12. Fees for treatment by other than a dentist, except as stated in the policy.
13. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
14. Prescription drugs or pre-medications, whether dispensed or prescribed.
15. Any service not listed as a covered expense.
16. Any service not considered a dental necessity, does not offer a favorable prognosis, does not have uniform professional endorsement, or is experimental or investigational in nature.
17. Expenses incurred prior to the effective date or after the date coverage is terminated, except for any extension of benefits.
18. Services provided by a person who ordinarily resides in the covered person's home or who is a family member.
19. Charges in excess of the reimbursement limit for the service or supply.
20. Treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with impression or placement of a restoration, charged as a separate service.
22. Repair and replacement of orthodontic appliances.



Insured by Humana Insurance Company or HumanaDental Insurance Company or The Dental Concern, Inc.

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

The HumanaOne brand of individual products are insured by subsidiaries of Humana, Inc.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.

Dental care is an important part of maintaining good overall health. Our Preventive Plus plan encourages preventive treatment, which helps keep your mouth healthy while minimizing your costs. And, because Humana has one of the largest PPO dental networks, with over 125,000 participating dentists, you're sure to find a dentist you know and trust who practices near your home or work.

Preventive Plus plan features:

- › Preventive services covered at 100%
- › Many commonly used basic services are covered at 50% (after your deductible)
- › Substantial discounts on other basic and major services when using network providers
- › Savings up to 30% by choosing network dentist

Important to note: 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.

Calendar-year deductible (deductible does not apply to discount services)		Individual \$50	Family \$150
Annual maximum (annual maximums does not apply to discount services)		\$1,000	
		Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers
Preventive services	<ul style="list-style-type: none"> • oral examinations • cleanings • topical fluoride treatment (through age 14, one per calendar year) • sealants (through age 14) • bitewing x-rays 	100% no deductible	70% of in network fee schedule* (after deductible)
Basic services	<ul style="list-style-type: none"> • emergency care for pain relief • nonsurgical extractions • fillings (amalgam, composite for anterior teeth) • space maintainers • oral surgery • prefabricated stainless steel crowns 	50% after deductible	30% of in network fee schedule* (after deductible)
Discount services	<ul style="list-style-type: none"> • appliances for children (through age 14) • denture repair and adjustments • denture relines and rebases • dentures • endodontics (root canals) • periodontics (gum therapy) • crowns • inlays and onlays • bridgework • implants 	These services are not covered under this plan, however, you can receive discounts on these services if you see our network dentists. Out-of-pocket expenses do not apply to deductible and annual maximum.	No discount
Orthodontia	<ul style="list-style-type: none"> • Members can receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount. 		

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*** Understanding the network fee schedule charge:** If you visit a non-network dentist, the coinsurance will be applied to a pre-determined average for the cost of services within your area; not necessarily what your dentist charges. That means, your dentist can bill you for additional charges above the amount covered by your plan. To ensure you don't receive additional charges, visit a Network provider.

Dental Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Dental Preventive Plus dental plan. It is designed for convenient reference. Consult the policy for a complete list of 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.



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