

## Individual Dental Insurance

You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 110,000 dentist locations in the PPO network. You can find a dentist by visiting [Humana.com](http://Humana.com). This is not a complete disclosure of plan qualifications and limitations. Please review the specific Dental Limitations & Exclusions before applying for coverage.

		Plan pays for services from <b>NETWORK</b> providers	Plan pays for services from <b>NON-NETWORK</b> providers
<b>Preventive services</b>	<ul style="list-style-type: none"> <li>oral examinations</li> <li>routine cleanings</li> <li>x-rays</li> <li>sealants</li> <li>topical fluoride treatment</li> </ul>	100% no deductible	100% no deductible
<b>Basic services</b>	<ul style="list-style-type: none"> <li>emergency care for pain relief</li> <li>thumb sucking and harmful habit appliances</li> <li>space maintainers</li> <li>amalgam, composite fillings (front/anterior teeth only)</li> <li>oral surgery</li> <li>routine extractions</li> <li>non-cast stainless steel crowns</li> <li>partial or complete denture repairs/adjustments</li> </ul>	50% after deductible	50% after deductible
<ul style="list-style-type: none"> <li>six month waiting period applies</li> </ul>			
<b>Major services</b>	<ul style="list-style-type: none"> <li>endodontics (root canals)</li> <li>periodontics</li> <li>crowns</li> <li>inlays and onlays</li> <li>partial or complete dentures</li> <li>denture relines/rebases</li> <li>removable or fixed bridgework</li> </ul>	50% after deductible	50% after deductible
<ul style="list-style-type: none"> <li>twelve month waiting period applies</li> </ul>			
<b>Teeth whitening</b>	<ul style="list-style-type: none"> <li>\$200 lifetime maximum</li> </ul>	50% after deductible	50% after deductible
<ul style="list-style-type: none"> <li>six month waiting period applies</li> </ul>			
<b>Orthodontia</b>	<ul style="list-style-type: none"> <li>Members can receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.</li> </ul>		
<b>Annual deductible</b>		\$50 individual / \$150 family	
<b>Annual maximum</b>		\$1,000	

## Individual Term Life Insurance

With HumanaOne term life, you can buy a higher amount of insurance protection at a lower cost. You own the policy and maintain control, providing more flexibility for your family.

<b>Coverage amounts</b>	<ul style="list-style-type: none"> <li>Amounts start at \$25,000 and can go beyond \$1 million</li> </ul>
<b>Term levels</b>	<ul style="list-style-type: none"> <li>Ages 18-65 for a 10-year level premium term</li> <li>Ages 18-60 for a 15-year level premium term</li> <li>Ages 18-55 for a 20-year level premium term</li> </ul>
<b>Optional riders*</b>	<ul style="list-style-type: none"> <li><b>Children's Term Insurance</b> – Provides a \$5,000 death benefit for each child who is age 30 days to 19 years. If the member is approved, eligible children are added automatically.</li> <li><b>Accidental Death Benefit</b> – Provides accidental death coverage that is equal to the value of the policy with a face amount of \$250,000 or less. This rider is available through issue age 55 and expires at age 65.</li> <li><b>Waiver of premium</b> – Provides for premium payment should the primary insured become totally disabled prior to age 60.</li> </ul>
<b>Rate guarantee</b>	<ul style="list-style-type: none"> <li>Rates are guaranteed for the full term of the policy</li> </ul>
<b>Renewals</b>	<ul style="list-style-type: none"> <li>HumanaOne Term Life Insurance is guaranteed renewable to age 95. Premiums after the initial level premium period will increase annually, but are also guaranteed.</li> </ul>

# Dental Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Individual 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.**