

# HumanaOne<sup>®</sup>

## Dental Loyalty Plus<sup>SM</sup>

Good health starts with a healthy mouth. Regular dental exams and cleanings can lower the risk of gum disease, which is linked to heart disease, diabetes, stroke, and other serious conditions. The HumanaOne Dental Loyalty Plus plan offers loyal members increasing benefits from plan years one to three. These increasing benefits include paying less out-of-pocket for services like fillings, root canals, crowns, and other services; an increase in plan year annual maximums; a one-time deductible for as long as you're on the plan; and no copayments or waiting periods. Most preventive services are covered at 100 percent. Also, the plan pays the same percentage no matter which dentist you visit. You can save even more by choosing one of the more than 200,000 dentist locations in the HumanaOne Dental Loyalty Plus network. You can visit [HumanaDental.com](http://HumanaDental.com) to find a participating specialist.

### Loyalty Plus plan features:

- **Loyalty benefits** - There is confidence in knowing your dental plan...and your dental plan knowing you. Now, the longer you are a member, the greater your benefits, such as:
  - Increased coverage for procedures such as fillings, root canals, and crowns
  - Increased maximum amounts that the plan will pay annually
  - One-time deductible for as long as you stay on the plan
- **Choice** - Freedom to visit the dentist you like most
- **Access to benefits** - With no waiting periods, you can get the dental work you need upon your effective date and your plan benefits will help cover the cost.
- **Helps maintain good oral health** - Most preventive services are covered at 100 percent

### One-time deductible

<b>Individual</b>	\$150
<b>Individual + One</b>	\$300
<b>Family</b>	\$450

### Plan year annual maximum

(Annual maximum is the most the plan will pay toward services in a plan year.)

<b>First year</b>	\$1,000 per individual on the plan
<b>Second year</b>	\$1,250 per individual on the plan
<b>Subsequent years</b>	\$1,500 per individual on the plan

### Coinsurance

	<b>First year</b>	<b>Second year</b>	<b>Subsequent years</b>
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (limit two per year)</li> <li>• Periodontal examinations (limit two per year)</li> <li>• Cleanings (limit two per year)</li> <li>• Topical fluoride treatment (limit two per year, age 14 and under)</li> <li>• Sealants (limit one per tooth per lifetime, age 14 and under)</li> </ul>	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Diagnostic &amp; basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief (limit two per year)</li> <li>• Fillings (limit two per year, composite covered on front teeth only<sup>1</sup>)</li> <li>• Extractions and root removal (limit two per year)</li> <li>• Miscellaneous x-rays (limit one per year)</li> <li>• Bitewing x-rays (limit one set per year)</li> <li>• Full mouth or panoramic x-rays (limit one per five years)</li> </ul>	Plan pays 40% after deductible	Plan pays 55% after deductible	Plan pays 70% after deductible

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## Coinsurance

	First year	Second year	Subsequent years
<b>Major services</b> <ul style="list-style-type: none"> <li>• Root canals (limit one per tooth per two years, permanent teeth only)</li> <li>• Periodontal cleanings (limit two per year)</li> <li>• Complete dentures (limit one per five years)</li> <li>• Partial dentures (limit one per five years)</li> <li>• Denture repair and adjustments (limit one per year)</li> <li>• Crowns (limit one per tooth per five years)</li> <li>• Onlays (limit one per tooth per five years)</li> <li>• Space maintainers (initial appliance only, not covered for permanent teeth, age 14 and under)</li> <li>• Surgical extractions</li> <li>• Oral surgery</li> </ul>	Plan pays 20% after deductible	Plan pays 30% after deductible	Plan pays 50% after deductible
<b>Orthodontia services</b> <ul style="list-style-type: none"> <li>• Adult and child orthodontia</li> </ul>	Member may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.		

Out-of-network dentists can bill you for charges above the amount covered by your HumanaOne Dental plan. To ensure you do not receive additional charges, visit a dentist in the HumanaOne Dental Loyalty Plus network. Limitations and exclusions may apply; please see your policy for coverage details.

1. Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.

## Dental limitations and exclusions

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

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; or
  - 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,
11. 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.
12. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
13. Prescription drugs or pre-medications, whether dispensed or prescribed.
14. Any service not specifically listed in your plan benefits.
15. Any service shown as "Not Covered" in the Schedule.
16. 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.
17. Orthodontic services.
18. Any expense incurred before your effective date or after the date your coverage under the policy terminates.
19. Services provided by someone who ordinarily lives in your home or who is a family member.
20. Charges exceeding the reimbursement limit for the service.
21. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
22. 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.
23. Repair and replacement of orthodontic appliances.
24. 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.
25. Elective removal of non-pathologic impacted teeth.

Insured or administered by HumanaDental Insurance Company and/or Humana Insurance Company

Policy number: HUMD-ASSOC-POLICY .001

