

## Individual Dental Insurance

### › Dental coverage (Traditional 100/50/50)

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 115,000 dentist locations in the PPO network. You can find a dentist by visiting [Humana.com](http://Humana.com).

		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	

This is not a complete disclosure of plan qualifications and limitations. Please review the specific Dental Limitations & Exclusions 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.

# HumanaOne Dental and Life

## Individual Dental Insurance

### › Dental C550 DHMO plan

With the C550 DHMO plan, you choose a participating primary care dentist. There are no yearly maximums, no deductibles to meet and no waiting periods. Copayments for listed procedures are applicable only at a participating primary care dentist.

Member costs listed here are for services provided by your chosen participating primary care dentist only. Your primary care dentist may decide that you need to see a contracted specialty dentist. No referral is necessary to see a participating specialty dentist.

**Specialty services:** Should you need specialty care, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may choose any participating specialty dentist. For this plan and benefits for procedures not listed on the schedule, members will receive a 25 percent discount by visiting a participating specialty dentist.

## Summary of services

### Appointments member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) . . . . .	\$ 30.00
D9430	Office visit (normal hours) . . . . .	\$ 10.00
D9440	Office visit (after regularly scheduled hours) . . . . .	\$ 35.00
D9999	Emergency visit during regularly scheduled hours, by report . . . . .	20.00
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 . . . . .	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0180	Comprehensive periodontal evaluation. . . . .	\$ 25.00
D0210	X-ray intraoral—complete series including bitewings . . . . .	no charge
D0220	X-ray intraoral—periapical, first film . . . . .	no charge
D0230	X-ray intraoral—periapical, each additional film . . . . .	no charge
D0270	X-ray bitewing—single film . . . . .	no charge
D0272	X-ray bitewings—two films . . . . .	no charge
D0274	Bitewings—four films . . . . .	no charge
D0330	Panoramic film . . . . .	no charge
D0460	Pulp vitality tests . . . . .	no charge
D0470	Diagnostic casts . . . . .	no charge

### Preventive member pays

D1110	Prophylaxis—adult, routine (once every 6 months) . . . . .	no charge
D1120	Prophylaxis—child, routine (once every 6 months) . . . . .	no charge
D1110	Prophylaxis—adult/child, (additional) . . . . .	\$ 35.00
D1120	Prophylaxis—adult/child, (additional) . . . . .	\$ 35.00
D1201	Topical application of fluoride (including prophylaxis)—child (up to 16 years of age) . . . . .	no charge
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) . . . . .	no charge
D1330	Oral hygiene instruction . . . . .	no charge
D1351	Sealant-per tooth . . . . .	\$ 20.00
D1510	Space maintainer—fixed, unilateral . . . . .	\$65.00+lab
D1515	Space maintainer—fixed, bilateral . . . . .	\$65.00+lab
D1520	Space maintainer—removable, unilateral . . . . .	\$105.00+lab
D1525	Space maintainer—removable, bilateral . . . . .	\$105.00+lab
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. . . . .	\$ 50.00
D2940	Sedative filling . . . . .	\$ 30.00
D2999	Sedative base (under fillings), by report . . . . .	no charge

### Resin restorative member pays

D2330	Resin based composite—one surface, anterior . . . . .	\$ 50.00
D2331	Resin based composite—two surfaces, anterior . . . . .	\$ 55.00
D2332	Resin based composite—three surfaces, anterior . . . . .	\$ 65.00
D2391	Resin based composite—one surface, posterior . . . . .	\$ 90.00
D2392	Resin based composite—two surfaces, posterior . . . . .	\$110.00
D2393	Resin based composite—three surfaces, posterior . . . . .	\$130.00
D2394	Resin based composite—four or more surfaces, posterior . . . . .	\$150.00
D2510	Inlay—metallic, one surface . . . . .	\$155.00
D2520	Inlay—metallic, two surfaces . . . . .	\$165.00
D2530	Inlay—metallic, three or more surfaces . . . . .	\$190.00

### Crown and bridge member pays

D2740	Crown—porcelain/ceramic substrate . . . . .	\$370.00+lab
D2750*	Crown—porcelain fused to high noble metal . . . . .	\$370.00
D2751	Crown—porcelain fused to predominantly base metal . . . . .	\$370.00
D2752*	Crown—porcelain fused to noble metal . . . . .	\$370.00
D2790*	Crown—full cast high noble metal . . . . .	\$370.00
D2791	Crown—full cast predominantly base metal . . . . .	\$370.00
D2792*	Crown—full cast noble metal . . . . .	\$370.00
D2910	Recement inlay . . . . .	\$ 30.00
D2920	Recement crown . . . . .	\$ 30.00
D2930	Prefabricated stainless steel crown—primary tooth . . . . .	\$120.00
D2950	Core buildup, including any pins . . . . .	\$ 60.00
D2951	Pin retention—per tooth, in addition to restoration . . . . .	\$ 30.00
D2952	Cast post and core in addition to crown . . . . .	\$120.00+lab
D2953	Each additional cast post—same tooth . . . . .	\$120.00+lab
D2954	Prefabricated post and core in addition to crown . . . . .	\$120.00
D2962	Labial veneer (porcelain laminate)—laboratory . . . . .	\$370.00+lab

### Endodontics member pays

D3220	Therapeutic pulpotomy . . . . .	\$ 50.00
D3221	Pulpal debridement, primary and permanent teeth . . . . .	\$130.00
D3310	Root canal therapy—anterior (excluding final restoration) . . . . .	\$250.00
D3320	Root canal therapy—bicuspid (excluding final restoration) . . . . .	\$350.00
D3330	Root canal therapy—molar (excluding final restoration) . . . . .	\$450.00
D3410	Apicoectomy/periradicular surgery—anterior . . . . .	\$200.00

### Periodontics (gum treatment) member pays

D4210	Gingivectomy/gingivoplasty per quadrant . . . . .	\$200.00
D4211	Gingivectomy/gingivoplasty per tooth . . . . .	\$ 55.00
D4341	Periodontal scaling and root planing, per quadrant . . . . .	\$ 65.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant . . . . .	\$ 65.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis . . . . .	\$ 60.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) . . . . .	\$ 60.00
D4910	Periodontal maintenance . . . . .	\$ 65.00

## HumanaOne Dental and Life

Prosthodontics	member pays
D5110 Complete denture—maxillary	\$375.00+lab
D5120 Complete denture—mandibular	\$375.00+lab
D5130 Immediate denture—maxillary	\$375.00+lab
D5140 Immediate denture—mandibular	\$375.00+lab
D5211 <sup>^</sup> Maxillary partial denture—resin base	\$375.00+lab
D5212 <sup>^</sup> Mandibular partial denture—resin base	\$375.00+lab
D5213 <sup>^</sup> Maxillary partial denture—cast metal framework, resin denture bases	\$375.00+lab
D5214 <sup>^</sup> Mandibular partial denture—cast metal framework, resin denture bases	\$375.00+lab
D5410 Adjust complete denture—maxillary	\$ 30.00
D5411 Adjust complete denture—mandibular	\$ 30.00
D5421 Adjust partial denture—maxillary	\$ 30.00
D5422 Adjust partial denture—mandibular	\$ 30.00

Repairs to prosthetics	member pays
D5510 Repair broken complete denture base	\$30.00+lab
D5520 Replace missing or broken teeth—complete denture (each tooth)	\$30.00+lab
D5610 Repair resin denture base	\$30.00+lab
D5630 Repair or replace broken clasp	\$30.00+lab
D5640 Replace broken teeth—per tooth	\$30.00+lab
D5650 Add tooth to existing partial denture	\$45.00+lab
D5730 Reline complete maxillary denture (chairside)	\$ 65.00
D5731 Reline complete mandibular denture (chairside)	\$ 65.00
D5740 Reline maxillary partial denture (chairside)	\$ 65.00
D5741 Reline mandibular partial denture (chairside)	\$ 65.00
D5750 Reline complete maxillary denture (laboratory)	\$50.00+lab
D5751 Reline complete mandibular denture (laboratory)	\$50.00+lab
D5760 Reline maxillary partial denture (laboratory)	\$50.00+lab
D5761 Reline mandibular partial denture (laboratory)	\$50.00+lab
D5850 Tissue conditioning—maxillary	\$ 45.00
D5851 Tissue conditioning—mandibular	\$ 45.00

Prosthodontics (fixed)	member pays
D6210* Pontic—cast high noble metal	\$370.00
D6211 Pontic—cast predominantly base metal	\$370.00
D6212* Pontic—cast noble metal	\$370.00
D6240* Pontic—porcelain fused to high noble metal	\$370.00
D6241 Pontic—porcelain fused to predominantly base metal	\$370.00
D6242* Pontic—porcelain fused to noble metal	\$370.00
D6750* Crown—porcelain fused to high noble metal	\$370.00
D6751 Crown—porcelain fused to predominantly base metal	\$370.00
D6752* Crown—porcelain fused to noble metal	\$370.00
D6790* Crown—full cast high noble metal	\$370.00
D6791 Crown—full cast predominantly base metal	\$370.00
D6792* Crown—full cast noble metal	\$370.00
D6930 Recement fixed partial denture (per unit)	\$ 25.00

Extractions/oral and maxillofacial surgery	member pays
D7111 Coronal remnants, deciduous tooth	\$ 35.00
D7140 Extraction, erupted tooth or exposed tooth	\$ 35.00
D7210 Surgical removal of erupted tooth	\$ 55.00
D7220 Removal of impacted tooth—soft tissue	\$100.00
D7230 Removal of impacted tooth—partially bony	\$125.00
D7240 Removal of impacted tooth—completely bony	\$150.00
D7250 Surgical removal of residual tooth roots	\$ 65.00
D7310 Alveoloplasty in conjunction with extractions—per quadrant	\$ 65.00
D7320 Alveoloplasty not in conjunction with extractions—per quadrant	\$100.00
D7510 Incision and drainage of abscess—intraoral	\$ 40.00

Adjunctive general services	member pays
D9215 Local anesthesia	no charge
D9230 Analgesia (nitrous oxide, per 15 minutes)	\$ 30.00
D9450 Case presentation, detailed and extensive treatment planning	no charge
D9951 Occlusal adjustment—limited	\$ 40.00
D9952 Occlusal adjustment—complete	\$225.00

\* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

### 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 dentists usual fee less 25%.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.
- Your billing and effective date for the DHMO plan will be determined once your medical plan is issued. The effective date can be between 15 and 45 days after the medical plan is issued.
- The initial payment will be taken at the time the dental policy is issued; subsequent payments will be billed on the 15th of each month. All billing and payments will be separate from your medical plan and will occur through CompBenefits, a Humana company.

## 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>

## Individual Dental Limitations and Exclusions

### › Dental coverage (Traditional 100/50/50)

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 anesthesiologist.
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.

### › Dental C550 DHMO plan

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.

1. No service of any dentist other than a participating general dentist or participating specialist will be covered by company, except out-of-area emergency care as provided in Section VII, Paragraph C of the Certificate.
2. Whenever any contributions or copayments are delinquent. Member will not be entitled to receive benefits, transfer dental facilities, or enjoy any of the other privileges of a member in good standing.
3. Company does not provide coverage for the following services:
  - a. Cost of hospitalization and pharmaceuticals, drugs or medications.
  - b. Services which in the opinion of the participating general dentist or participating specialist are not necessary treatment to establish and/or maintain the member's oral health.
  - c. Any service that is not consistent with the normal and/or usual services provided by the participating general dentist or participating specialist or which in the opinion of the participating general dentist or participating specialist would endanger the health of the member.
  - d. Any service or procedure which the participating general dentist or participating specialist is unable to perform because of the general health or physical limitation of the member.
  - e. Any dental treatment started prior to the member's effective date for eligibility of benefits.
  - f. Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
  - g. Treatment for cysts, neoplasms, and malignancies.
  - h. General anesthesia.



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