



Humana®

Preventive Plus Package for Veterans

Maryland

Dental coverage and special discounts on:

- Prescriptions
- Vision and hearing care
- Clinic care, and more

Preventive Plus dental plan

Calendar year deductible (excludes discount services)	\$50 for individual	\$150 for family
Annual maximum (excludes discount services)	\$1,000 per individual on the plan	
Coinsurance	In-network coverage	Out-of-network coverage ¹
Preventive services (no waiting period) <ul style="list-style-type: none"> • Routine oral examinations (limit two per year) • Periodontal examinations (limit two per year) • Bitewing X-rays (limit one set per year, excludes full mouth and panoramic) • Cleanings (limit two per year) • Topical fluoride treatment (limit one per year, age 14 and under) • Sealants (limit of one per tooth per lifetime, age 14 and under) 	Plan pays 100% no deductible	Plan pays 80% after deductible
Basic services (six-month waiting period applies) <ul style="list-style-type: none"> • Emergency care for pain relief • Extractions and root removal • Fillings (limit two per year, composite covered on front teeth only ²) • Space maintainers (age 14 and under, initial placement only) • Oral surgery • Prefabricated stainless steel crowns 	Plan pays 50% after deductible	Plan pays 40% after deductible

Discount services (no waiting periods)

Major services

- Crowns
- Bridgework
- Dentures, including repair and adjustments
- Periodontics such as periodontic cleanings and gum therapies
- Endodontics (root canals)

Orthodontia services

- Adult and child orthodontia

You may receive a discount on these services if you see participating dentists.³ These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum. Members are responsible for 100% of the discounted service.

Here's how you'll save on non-covered major services:	Average cost for service:	Your average discounted cost:	Your average savings:
Porcelain crowns fused to noble metal	\$877	\$667	\$210
Root canal (molar)	\$923	\$765	\$158
Periodontal cleanings	\$110	\$86	\$24
Dentures	\$1,190	\$808	\$382
Partial dentures	\$1,215	\$902	\$313

Examples only. These are the average costs the patient will pay per procedure with an in-network provider and are based on averages across Atlanta, Chicago, Dallas, Phoenix, and Pittsburgh. Actual costs and savings may vary by provider, geographic area, and service received. Keep in mind there are limitations and exclusions to the discount available under this policy. For example, general anesthesia, implants, and/or cosmetic dentistry are not discounted services. Please refer to your policy for more information on the limitations and exclusions that may apply.

¹ 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 Preventive Plus Network. Waiting periods and other limitations may apply. Please see your policy for coverage details.

² 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.

³ Due to legislation enacted in your state, your provider is not required to offer non-covered in-network services at a discounted rate. HumanaOne Dental encourages all providers to extend the discount, but can not legally require. Dentists in the HumanaOne Dental Preventive Plus network provide a discount for many services not covered by the plan. Examples of services listed may have lower than average discounts. Check with in-network provider for details.

Discounts

We've worked with national retailers to create this package with affordable benefits and services exclusively for you and your loved ones. Please understand, discount services are not part of the Humana Preventive Plus dental plan, are not insurance, and are subject to geographical availability. They may be discontinued at any time.

Prescriptions

Get discounts on brand and generic prescriptions. Plus, you can use the program as many times as you need and for everyone in your household. It's easy to use with no claim forms or paperwork to complete.

Benefits:

- You'll save an average of 32% (with potential savings up to 50% on select prescriptions*).
- All prescription drugs are eligible for savings. (Walmart excludes \$4.00 30-day and \$10.00 90-day prescriptions).

DISCOUNT ONLY – NOT INSURANCE

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of provider and services rendered. This program does not make payments directly to providers. Members are required to pay for all healthcare services. You may cancel your registration at any time or file a complaint by contacting Customer Care. This program is administered by Medical Security CardCompany, LLC (MSC) of Tucson, AZ.

*Based on the program administrator's 2011 national savings data.

Important to know:

- Use the card for any prescriptions your health coverage doesn't cover.
- If you don't have health coverage, use the card for any prescriptions your family pays for out of your pocket.
- Enrolled in Medicare Part D? Use for prescriptions excluded by your Medicare Part D plan.
- Humana is pleased to have Walmart as a preferred pharmacy partner that has committed to special discounts for Humana veterans.
- Access 62,000 pharmacies located throughout the United States including national retailers, and many independently owned pharmacies. Go to [Humana.com/findaprovider](https://www.humana.com/findaprovider) to find a provider near you.

Vision care

We're working with EyeMed Vision Care to offer savings on vision care services such as exams, frames, and lenses.

Benefits:

- You may save 40% off retail price of frames with additional discounts on lens options.
- You may save 15% off the retail price of conventional contact lenses; discount applied to materials only (excludes disposable).
- You may save 15% off retail prices or 5% off promotional price for LASIK or PRK services at the US Laser Network.

THIS IS NOT INSURANCE.

These discount programs are not part of your dental insurance product. Discounts are only available at participating providers. Service providers are solely responsible for the provision of products and services. Humana and its affiliates are not liable for product defects, provider negligence, or other errors in the delivery of discount products or services. Retail prices may vary by location. For Texas members: To file a complaint, call the Texas Department of Licensing and Regulation toll free (in Texas) at 800-803-9202 or Relay Texas-TDD at 800-735-2989.

Members may receive a 20% discount on items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses.

Limitations and exclusions for EyeMed:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Services provided as a result of any worker's compensation law
- Discount is not available on frames when the manufacturer prohibits a discount

Important to know:

- Use as often as needed – there's unlimited use for obtaining exams, frames, lenses, and contact lenses.
- Access 35,000 national providers at 20,000 locations including optometrists, ophthalmologists, opticians, and optical retailers such as LensCrafters®, Pearle Vision®, Sears Optical®, Target Optical®, and JCPenney Optical®. To find a provider near you, go to [Humana.com/findaprovider](https://www.humana.com/findaprovider).

Hearing care

The HearUSA Healthy Hearing Program provides a lifetime of quality hearing care starting with a complimentary hearing exam.

Benefits:

Here's how you'll save:

- 23% - 44% average savings off retail prices for device levels ranging from basic to premium.*
- Three-year loss/damage warranty and supply of batteries
- Free in-office repairs for the life of the aid.
- Routine follow-up visits at no charge.

Important to know:

- Choice of four major manufacturers
- Financing available: no interest for 12 or 18 months.
- 30-day money-back guarantee.
- To ensure receipt of your discount, you must **call 1-855-448-6838** to find a provider near you and get a referral. A referral is required to get the discount.

* Savings vary based on device selected. Final savings will be determined at time of purchase.

Clinic care

When you need care for non-life-threatening conditions, you can visit a Concentra Urgent or Immediate Care Center or a participating The Clinic at Walmart location across the United States to save time and money.

Benefits:

Concentra Urgent or Immediate Care Centers

- **Save \$20 off** every urgent care visit
- **Save \$5 off** each physical therapy visit
- **\$35 off** health risk screening
- **\$5 off** flu shots

Discount is valid off current posted self-pay prices in the Concentra center. Posted pricing may vary by location and is subject to change without notice.

The Clinic at Walmart*

- Save on every visit for preventive and routine health services for common ailments as well as screening exams and cholesterol screenings.

Important to know:

- No appointment is necessary
- No limits on the number of discounts that you can receive annually.
- To find a participating clinic near you login to **Humana.com/foryou**.

* Participating locations and discounts are limited and vary by state. Services vary by clinic. Each clinic located in a Walmart store is owned and operated by an independent company that is unaffiliated with Walmart. Walmart does not employ any healthcare professionals or exercise any control over the provision of healthcare services at these clinic locations.

Alternative medicine

Get special discounts on popular complementary and alternative medicine (CAM) services through Healthways WholeHealth Networks, Inc.

Benefits:

- **You save up to 30%** on chiropractic, acupuncture, and massage therapy services.

This program is not considered insurance. You are responsible for paying the Healthways WholeHealth providers at the reduced rate for services you receive from them through this program. Humana does not credential providers who participate in the discount program. This program is subject to change at any time and not available where prohibited by law.

Important to know:

- Select a chiropractor, acupuncturist, or massage therapist from a list of participating Healthways WholeHealth Network providers at **Humana.com/findaprovider**.
- You can visit providers as often as you like. Services provided by Healthways WholeHealth Networks also may be covered by your health insurance. We strongly encourage you to use your health insurance benefits whenever possible.

How your plan works

For your Preventive Plus dental and many of the discounts, all you need to do is show your Humana Preventive Plus Package member ID card before you receive the services. With some discounts, you need to enter a special code. Your member guide will provide additional details once you select this plan.

Dental limitations and exclusions

This is an outline of the limitations and exclusions for the Humana Preventive Plus dental plan for veterans. 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.

Questions?

Current members: Call **1-855-448-6838** from 8 a.m. – 6 p.m. local time, Monday – Friday or go to **Humana.com/foryou**.

Interested non-members: Call **1-855-652-3086** from 8 a.m. – 6 p.m. local time, Monday – Friday or go to **Humana.com/dental**.

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 this policy terminates, except as provided in the Extension of Benefits provision.
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 intentional self-destruction and/or self-inflicted injury, by an insane person.
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.
25. Services that the appropriate regulatory board determines were provided as a result of a referral prohibited by 1-302 of the Health Occupations Article.

Discount services available with this dental plan are not benefits under the Humana Preventive Plus dental plan, are not insurance, are subject to geographical availability, and may be discontinued at any time. The plan provides discounts for services rendered by program providers. The plan does not make payments directly to the providers of discount services. The member is obligated to pay for all discount services. Discount services are not intended as inducements to purchase the dental insurance.

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



Lifelong well-being for veterans and their families

Humana®

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY：711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyang ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY：711)。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłt'ígo Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).