

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](https://www.humana.com/dental) 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	Individual	\$150		
	Individual + One	\$300		
	Family	\$450		
Plan year annual maximum (Annual maximum is the most the plan will pay toward services in a plan year.)	First year	\$1,000 per individual on the plan		
	Second year	\$1,250 per individual on the plan		
	Subsequent years	\$1,500 per individual on the plan		
Coinsurance	First year	Second year	Subsequent years	
Preventive services	Plan pays 100%	Plan pays 100%	Plan pays 100%	
<ul style="list-style-type: none"> • Routine oral examinations (limit two per year) • Periodontal examinations (limit two per year) • Cleanings (limit two per year) • Topical fluoride treatment (limit two per year, age 14 and under) • Sealants (limit one per tooth per lifetime, age 14 and under) 				
Diagnostic & basic services	Plan pays 40% after deductible	Plan pays 55% after deductible	Plan pays 70% after deductible	
<ul style="list-style-type: none"> • Emergency care for pain relief (limit two per year) • Fillings (limit two per year, composite covered on front teeth only¹) • Extractions and root removal (limit two per year) • Miscellaneous x-rays (limit one per year) • Bitewing x-rays (limit one set per year) • Full mouth or panoramic x-rays (limit one per five years) 				

HumanaOne Dental Loyalty PlusSM

Coinsurance

Major services

- Root canals (limit one per tooth per two years, permanent teeth only)
- Periodontal cleanings (limit two per year)
- Complete dentures (limit one per five years)
- Partial dentures (limit one per five years)
- Denture repair and adjustments (limit one per year)
- Crowns (limit one per tooth per five years)
- Onlays (limit one per tooth per five years)
- Space maintainers (initial appliance only, not covered for permanent teeth, age 14 and under)
- Surgical extractions
- Oral surgery

First year

Plan pays 20% after deductible

Second year

Plan pays 30% after deductible

Subsequent years

Plan pays 50% after deductible

Orthodontia services

- Adult and child orthodontia

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.

Questions?

Call 1-866-672-9165 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

Dental limitations and exclusions

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 a covered person qualifies for any worker's compensation or occupational disease act or law, whether or not the covered person applied for coverage.
2. Services:
 - A. That are free or that a covered person would not be required to pay for if they 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.
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. Failure to keep an appointment with the provider.
6. Any service we consider cosmetic dentistry unless it is required as a result of an accidental injury sustained while the covered person is covered under this policy.
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;
 - E. 3D imaging;
 - F. Temporary and interim dental services;
 - G. Separate charges for materials or use of equipment, such as lasers; or
 - H. Separate charges for treatment rendered in a clinic, dental or medical facility owned, operated, sponsored, or maintained by either (1) the employer or any covered person; or (2) by an employee of any covered person.
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 periodontically 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 or similar 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 Policy Benefits" section.
14. Any service shown as "Not Covered" in the "Schedule".
15. Services that we determine:
 - A. Are not eligible for benefits based upon clinical review;
 - B. Do not offer a favorable prognosis;
 - C. Do not have uniform professional acceptance; or
 - D. Are deemed to be experimental or investigational in nature.
16. Orthodontic services.
17. Any expense incurred before the covered person's effective date or after the date the covered person's coverage under this policy terminates.
18. Services provided by someone who ordinarily lives in the covered person's home or is a family member.
19. Charges exceeding the reimbursement limit for the service.
20. Treatment resulting from any intentionally self-inflicted bodily injury.
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 or 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 expressions and chewing functions, for symptoms, including headaches.
24. Elective removal of non-pathologic impacted teeth.
25. Service for orthognathic surgery.
26. Services generally considered medical or covered by a medical plan.
27. Any services for destruction of lesions by any method.
28. Any services for tooth transplantation
29. Any services for removal of a foreign body from the oral tissue or bone.
30. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones.
31. Any separate fees for pre and post operative care.
32. Replacement of restorations (fillings) placed less than two years ago.

Insured or administered by The Dental Concern, Inc.
Policy number: GN-71025, et al

Humana[®]

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'éh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك