

## Limitations and exclusions

This is an outline of the limitations and exclusions for this Humana individual dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. In addition to any limitations and exclusions listed in “Schedule of Policy Benefits” or “Definition” sections, this policy does not provide benefits for the following:

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 United States 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 United States 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 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
    - (i) the employer or any covered person; or
    - (ii) 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 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, 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.

### Limitations and exclusions (continued)

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 the “Schedule of Policy Benefits” section.
14. Any service shown as “Not Covered” in the “Schedule of Policy Benefits” section.
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 results 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, but not limited to 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 unless dental related.
31. Any separate fees for pre and post-operative care.
32. Replacement of restorations (fillings) placed less than two years ago.

Insured by Humana Insurance Company.

Policy number: AZ-71025

Applications are subject to approval. This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control. Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage. This is a solicitation of insurance. A licensed insurance agent/producer may contact you.