### Calendar-year deductible
(excludes orthodontia services)

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-NETWORK dentist</td>
<td>$50</td>
<td>$150</td>
</tr>
<tr>
<td>OUT-OF-NETWORK dentist</td>
<td>$50</td>
<td>$150</td>
</tr>
</tbody>
</table>

Deductible applies to all services excluding preventive services.

### Calendar-year annual maximum
(excludes orthodontia services)

- $1,500 + extended annual maximum (see section below)

### Preventive services

- Routine oral examinations (3 per year)
- Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)
- Routine cleanings (3 per year)
- Periodontal cleanings (4 per year)
- Fluoride treatment (1 per year, through age 16)
- Sealants (permanent molars, through age 16)
- Space maintainers (primary teeth, through age 15)
- Oral Cancer Screening (1 per year, ages 40 and older)

**100% no deductible**

### Basic services

- Emergency care for pain relief
- Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)
- Oral surgery (tooth extractions including impacted teeth)
- Stainless steel crowns
- Harmful habit appliances for children (1 per lifetime, through age 14)

**80% after deductible**

### Major services

- Crowns (1 per tooth every 5 years)
- Inlays/onlays (1 per tooth every 5 years)
- Bridges (1 per tooth every 5 years)
- Dentures (1 per tooth ever 5 years)
- Denture relines/rebases (1 every 3 years, following 6 months of denture use)
- Denture repair and adjustments (following 6 months of denture use)
- Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.)
- Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)
- Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)

**50% after deductible**

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**If you use an IN-NETWORK dentist**

- 100% no deductible
- 80% after deductible
- 50% after deductible

**If you use an OUT-OF-NETWORK dentist**

- 100% no deductible
- 80% after deductible
- 50% after deductible
Humana Dental Traditional Plus

If you use an IN-NETWORK dentist
If you use an OUT-OF-NETWORK dentist

**Extended Annual Max**
Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

**Orthodontia services**
Adult/Child orthodontia - Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

**Waiting periods**

**Employer-sponsored funding: 5+ enrolled employees**

<table>
<thead>
<tr>
<th>Enrollment type</th>
<th>Preventive</th>
<th>Basic</th>
<th>Major</th>
<th>Orthodontia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial enrollment, open enrollment and timely add-on</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Late applicant ¹, ²</td>
<td>No</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months (24 months for 5-9 enrolled employees)</td>
</tr>
</tbody>
</table>

¹ Late applicants not allowed with open enrollment option.
² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

**Monthly rates* (12 deductions per year)**

<table>
<thead>
<tr>
<th>Enrollment type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee:</td>
<td>$22.64</td>
</tr>
<tr>
<td>Employee + spouse:</td>
<td>$45.24</td>
</tr>
<tr>
<td>Employee + child(ren):</td>
<td>$63.66</td>
</tr>
<tr>
<td>Family:</td>
<td>$87.92</td>
</tr>
</tbody>
</table>

* This is not a substitute for a quote. Rates must be approved by Humana Dental underwriting.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.
Humana Dental Traditional Plus

Feel good about choosing a Humana Dental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth:

• Use a soft-bristled toothbrush
• Choose toothpaste with fluoride
• Brush for at least two minutes twice a day
• Floss daily
• Watch for signs of periodontal disease such as red, swollen, or tender gums
• Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* Humana Dental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your Humana Dental benefits

Find a dentist

With Humana Dental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Traditional Preferred Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at Humana.com or call 1-800-233-4013.

See your dentist

Your Humana Dental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at Humana.com.

Learn what your plan paid

After Humana Dental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-233-4013.


This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.
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.
- 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 resewwa 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): Wódhí béésh bee hani’í bee wolta’íí bích’íí hádííínhí éí bee t’áá jiik’eh saad bee áká’ánida’áwo’déé niká’adoowóól.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك.
GCHJV5REN 0220