

Dental plan

The benefits and services highlighted below provide an overview of the dental plan you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network.

PPO – Low Plan

See an in-network dentist for the lowest cost of care. You'll pay more for services if you see a dentist not in the network.

Deductible

The amount you pay before your dental plan starts paying for covered expenses (excluding preventive services):

Individual: \$0
Family: \$0

Annual maximum

Total amount the plan pays in a plan year:

\$1,000

Preventive services

Visit any in-network dentist at no additional cost to you for preventive care services including:

- 3 routine cleanings per year
- Routine X-rays
- Oral cancer screening (ages 40+)

Basic services

Basic services include services like fillings, simple extractions, emergency care for pain relief and oral surgery 2 periodontal maintenance cleanings per year, if needed

Plan pays 50% of covered services

Major services

Major services include crowns, bridges and dentures

Plan pays 50% of covered services

Preventive Services does not apply against annual maximum

Benefits shown are for in-network services. If you enroll in this plan, you can view your Summary of Benefits and Coverage for details.

Orthodontia:

child orthodontia with lifetime maximum of \$800 (includes Invisalign)

Other benefits:

- Root canals and periodontic services covered as a Basic service
- Placement of implants (crowns, bridges and dentures) covered as a Major service

***Out of network: 75% / 50% / 50%**

*Out-of-network dentists may bill members for charges above the amount covered by the dental plan.

Predetermination of benefits: For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment.

Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.

Dental plan

The benefits and services highlighted below provide an overview of the dental plan you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network.

PPO – High Plan

See an in-network dentist for the lowest cost of care. You'll pay more for services if you see a dentist not in the network.

Deductible

The amount you pay before your dental plan starts paying for covered expenses (excluding preventive services):

Individual: \$0
Family: \$0

Annual maximum

Total amount the plan pays in a plan year:

\$1,500

Preventive services

Visit any in-network dentist at no additional cost to you for preventive care services including:

- 3 routine cleanings per year
- Routine X-rays
- Oral cancer screening (ages 40+)

Basic services

Basic services include services like fillings, simple extractions, emergency care for pain relief and oral surgery 2 periodontal maintenance cleanings per year, if needed

Plan pays 80% of covered services

Major services

Major services include crowns, bridges and dentures

Plan pays 50% of covered services

Preventive Services does not apply against annual maximum

Benefits shown are for in-network services. If you enroll in this plan, you can view your Summary of Benefits and Coverage for details.

Orthodontia:

child orthodontia with lifetime maximum of \$1,000 (includes Invisalign)

Other benefits:

- Root canals and periodontic services covered as a Basic service
- Placement of implants (crowns, bridges and dentures) covered as a Major service

***Out of network: 100% / 50% / 50%**

*Out-of-network dentists may bill members for charges above the amount covered by the dental plan.

Predetermination of benefits: For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment.

Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.



Dental plan

The benefits and services highlighted below provide an overview of the dental plan you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network.

PPO – Enhanced Plan

See an in-network dentist for the lowest cost of care. You'll pay more for services if you see a dentist not in the network.

Deductible

The amount you pay before your dental plan starts paying for covered expenses (excluding preventive services):

Individual: \$0
Family: \$0

Annual maximum

Total amount the plan pays in a plan year:

\$2,500

Preventive services

Visit any in-network dentist at no additional cost to you for preventive care services including:

- 3 routine cleanings per year
- Routine X-rays
- Oral cancer screening (ages 40+)

Basic services

Basic services include services like fillings, simple extractions, emergency care for pain relief and oral surgery 2 periodontal maintenance cleanings per year, if needed

Plan pays 90% of covered services

Major services

Major services include crowns, bridges and dentures

Plan pays 80% of covered services

Preventive Services does not apply against annual maximum

Benefits shown are for in-network services. If you enroll in this plan, you can view your Summary of Benefits and Coverage for details.

Orthodontia:

Not included

Other benefits:

- Root canals and periodontic services covered as a Basic service
- Placement of implants (crowns, bridges and dentures) covered as a Major service

***Out of network: 100% / 80% / 50%**

*Out-of-network dentists may bill members for charges above the amount covered by the dental plan.

Predetermination of benefits: For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment.

Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.



Vision plan

The benefits and services highlighted below provide an overview of the vision plan you can sign up for. The table shows how services will be paid when you visit an eye care professional in the Humana network.

Humana Vision PLUS 130 plan

Annual eye exam:

You pay \$0 (\$0 when you visit a PLUS provider)

Diabetic eye exam:

- Specialized care and testing for members with diabetes
- Two times per year
- Included at no additional cost

Contact lenses:

- Conventional lens* allowance: \$130
- Disposable lens allowance: \$130
- Medically necessary lenses: † You pay \$0

Frames:

\$130 allowance ‡

Additional \$50 allowance when you see a PLUS provider

Standard plastic lenses:

You pay \$0 for these lens options:

Single vision, bifocal, trifocal and lenticular

Pay \$0 for standard polycarbonate lenses for children <19

Other benefits:

- Exam every 12 months, Lenses or contact lenses every 12 months
- Frame replacement every 12 months instead of 24 months
- Up to \$39 for retinal imaging with an in-network provider

* Up to a 15% discount on remaining balance after conventional lens allowance when using an in-network provider.

† Pre-authorization required. Call customer care on the back of your ID card to begin authorization.

‡ May receive up to a 20% discount on remaining balance after frame allowance when using an in-network provider.

Note: Plan covers contact lenses or lenses for frames, but not both.

