



# Humana Individual Dental plans

When visiting an in-network provider, members receive the following benefits:

	PPO			DHMO
	Complete (NEW) (off exchange)	Loyalty Plus (off exchange)	Preventive Plus (off exchange)	Dental Value HI215 (off exchange)
<b>Deductible</b> (ded)	\$50 (individual) \$150 (family)	One-time deductible: \$150 (individual) \$300 (individual +1) \$450 (family)	\$50 (individual) \$150 (family)	No deductible
<b>Maximum out-of-pocket</b>	No maximum out-of-pocket	No maximum out-of-pocket	No maximum out-of-pocket	No maximum out-of-pocket
<b>Annual maximum</b> (Maximum amount the plan will pay during the calendar year <sup>1</sup> )	\$1,250 (1st year) \$1,500 (subsequent years)	\$1,000 (1st year) \$1,250 (2nd year) \$1,500 (subsequent years)	\$1,000	No annual maximum
<b>Preventive services</b> (includes services, such as oral exams, cleanings and x-rays <sup>2</sup> )	100% no ded	100% no deductible	100% no deductible	\$10 – \$15 copay
<b>Basic services</b> (includes services, such as fillings)	80% after ded (6-month waiting period) <sup>3</sup>	40% after ded (1st year) 55% after ded (2nd year) 70% after ded (subsequent years)	50% after deductible (6-month waiting period)	Benefit available. Refer to the plan summary linked below for details.
<b>Major services</b> (includes services, such as crowns, root canals, dentures, etc.)	50% after ded (12-month waiting period) <sup>3</sup>	20% after ded (1st year) 30% after ded (2nd year) 50% after ded (subsequent years)	Discounts may be available	Benefit available. Refer to the plan summary linked below for details.
<b>Orthodontia</b>	Not covered	Discounts may be available	Discounts may be available	Discounts may be available
<b>Click here to view plan details and rates sheets &gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>	→ <a href="#">Benefit summary</a> → <a href="#">Rate sheet</a>	• <a href="#">Benefit summary</a> <a href="#">Rates (Feb - July / Aug - Jan)</a>	→ <a href="#">Benefit summary</a> <a href="#">Rates (Feb - July / Aug - Jan)</a>	→ <a href="#">Benefit summary</a> → <a href="#">Rate sheet</a>

1 LOYALTYPLUS: Maximum amount the plan will pay during the plan year.

2 May vary by plan; see benefit summary for more specific coverage details.

3 Policy-holders who provide proof of 12 months prior coverage are exempt from this waiting period. Prior coverage is

defined as an insurance plan that offered coverage and benefits. Discount plans are not considered prior coverage.

For additional information or to learn about out-of-network benefits, view the benefit summary linked above or contact your Humana sales representative.

Additional dental plan options ➔

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# Humana Individual Dental plans

When visiting an in-network provider, members receive the following benefits:

	PPO		Dental Discount <sup>1</sup>
	Smart Choice (on exchange)		Dental Savings Plus (off exchange)
	Adult	Pediatric	
<b>Deductible</b> (ded)	\$50 (per adult)	\$55 (per child)	No deductible
<b>Maximum out-of-pocket</b>	No maximum out-of-pocket	\$350 (1 child) \$700 (2 or more children)	No maximum out-of-pocket
<b>Annual maximum</b> (Maximum amount the plan will pay during the calendar year <sup>2</sup> )	\$1,000 (per adult)	No annual maximum	No annual maximum
<b>Preventive services</b> (includes services, such as oral exams, cleanings and x-rays <sup>3</sup> )	100% no ded	100% afterded	Discounts for dental services at 20-40%
<b>Basic services</b> (includes services, such as fillings)	60% afterded (6-month waiting period)	50% afterded (No waiting period)	Discounted fees with in-network provider
<b>Major services</b> (includes services, such as crowns, root canals, dentures, etc.)	Not covered	50% afterded	Discounted fees with in-network provider
<b>Orthodontia</b>	Not covered	50% afterded	Up to a 20% discount
	→ <a href="#">Benefit summary</a> → <a href="#">Rate sheet</a>		→ <a href="#">Benefit summary</a> → <a href="#">Rate sheet</a>

1 THIS DENTAL DISCOUNT PLAN IS NOT INSURANCE. Services outlined above are not insurance and are subject to geographical availability and may be discontinued at anytime.

2 LOYALTY PLUS: Maximum amount the plan will pay during the plan year.

3 May vary by plan; see benefit summary for more specific coverage details.

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# Humana Individual Vision plan

When visiting an in-network provider, members receive the following benefits:

Humana Vision	
<b>Exam with dilation</b> (as necessary)	\$15 copay
<b>Contact lens exam options<sup>1</sup></b>	
• Standard contact lens fit and follow-up	\$40 copay
• Premium contact lens fit and follow-up	10% off retail
<b>Frames</b>	\$150 allowance, 20% after balance over \$150
<b>Standard plastic lenses</b>	\$25 copay
<b>Lens options</b>	
• UV coating	\$15 copay
• Tint (solid and gradient)	\$15 copay
• Standard scratch-resistance	\$15 copay
• Standard polycarbonate <sup>2</sup>	\$40 copay
• Standard anti-reflective coating	\$45 copay
• Standard progressive (add-on to bifocal)	\$65 copay
• Other add-ons and services	20% off retail price
<b>Contact lenses</b>	
• Conventional	\$150 allowance, 15% after balance over \$150
• Disposable	\$150 allowance
• Medically necessary (1 pair)	100%
<b>Frequency</b> (based on date of service)	
• Exam	Once every 12 months
• Lenses or contact lenses	Once every 12 months
• Frames	Once every 12 months
	→ <b>Benefit summary</b>
	→ <a href="#">Rate sheet</a>
<ol style="list-style-type: none"> <li>1. <b>Standard contact lens fitting:</b> spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.). <b>Premium contact lens fitting:</b> all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.)</li> <li>2. Standard polycarbonate available at no charge to dependents to 19 years old. All other members pay a fixed charge of \$40.</li> </ol>	

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