

Kansas

		Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers								
Deductible options¹ • per calendar year • copayments do not apply	• individual	\$5,000 or \$6,000	\$10,000 or \$12,000								
	• family (two family members must each meet their individual deductible)	\$10,000 or \$12,000	\$20,000 or \$24,000								
Deductible carryover	Covered expenses incurred in the last three months of the calendar year and applied to the deductible will be credited to the next calendar year deductible.										
Office visit copayment		\$35 primary care/\$50 specialist limited to 6 combined primary and specialty care visits	Not applicable								
Coinsurance out-of-pocket limit¹ • per calendar year • deductibles and copayments do not apply	• individual	\$2,000	\$8,000								
	• family	\$4,000	\$16,000								
Preventive care	<ul style="list-style-type: none"> preventive office visits child immunizations (72 months to age 18) Pap smear and mammogram prostate screening digital rectal exams preventive lab and X-ray 	100%	70% after deductible								
	• child immunizations (birth to 72 months)	100%	100%								
Physician services	• office visits (including allergy injections)	100% after office visit copayment up to 6 combined primary care and specialty care visits, then 80% after deductible	60% after deductible								
	<ul style="list-style-type: none"> diagnostic lab and X-ray² allergy testing 	First \$200 per calendar year 100% then 80% after deductible	60% after deductible								
	<ul style="list-style-type: none"> allergy serum inpatient and outpatient services surgery 	80% after deductible	60% after deductible								
Facility services	<ul style="list-style-type: none"> inpatient and outpatient services outpatient surgery 	80% after deductible	60% after deductible								
	• emergency services (copayment waived if admitted)	80% after \$75 copayment per visit and deductible	80% after \$75 copayment per visit and deductible								
Rx4 prescription drug³ • medical out-of-pocket maximum does not apply	<ul style="list-style-type: none"> deductible per individual copay for each prescription or refill (up to 90-day supply; with applicable copay for each 30 day supply) 	Separate \$1,000 deductible*									
		<table border="1"> <thead> <tr> <th>Level 1</th> <th>Level 2</th> <th>Level 3</th> <th>Level 4</th> </tr> </thead> <tbody> <tr> <td>\$15*</td> <td>\$35</td> <td>\$55</td> <td>25%</td> </tr> </tbody> </table>		Level 1	Level 2	Level 3	Level 4	\$15*	\$35	\$55	25%
	Level 1	Level 2	Level 3	Level 4							
	\$15*	\$35	\$55	25%							
• copayment maximum (applies to Level 4 drugs only)	\$2,500 per individual per calendar year										
• benefit per prescription or refill	100% after prescription copayment	70% after prescription copayment									
• mail order (up to 90-day supply)	100% after three times retail copay	70% after three times retail copay									
Other medical services • prior authorization required in order to be eligible for these benefits	<ul style="list-style-type: none"> skilled nursing facility (up to 30 days per calendar year) hospice⁴ home health care (up to 60 visits per calendar year) durable medical equipment pregnancy complications and sick baby services 	80% after deductible	60% after deductible								
	• transplant services	80% after deductible when services are received from a Humana Transplant Network provider	60% after deductible covered expenses are limited to a maximum allowance of \$35,000 per transplant								
Lifetime maximum benefit		Unlimited									

Kansas Autograph: Share 80 Plus Rx

<p>Mental health (mental illness, chemical, alcohol dependency and detoxification)</p> <ul style="list-style-type: none"> inpatient mental disorders has a maximum of 45 days per calendar year inpatient chemical, alcohol dependence & detoxification has a maximum of 30 days per calendar year outpatient services: no limit covered expenses for mental health apply to the medical out-of-pocket 	<ul style="list-style-type: none"> inpatient and outpatient services 	<p>Same as any other illness</p>	<p>Same as any other illness</p>
<p>Optional benefits</p> <ul style="list-style-type: none"> these are available to add for an additional cost medical out-of-pocket maximum does not apply to drug coverage 		<ul style="list-style-type: none"> prescription drug deductible supplemental accident benefit (\$500 or \$1,000) (treatment must be provided within 90 days of the injury) 	<p>With this option \$500 deductible is required before Rx benefits are payable</p> <p>First \$500 per accident at 100%, then base plan benefits apply or First \$1,000 per accident at 100%, then base plan benefits apply</p>

To be covered, expenses must be medically necessary and specified as covered. Please see your policy for more information on medical necessity and other specific plan benefits.

- When you obtain care from non-network providers:
 - 50 percent of your payment toward the deductible is credited to the deductible for network providers
 - 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for network providers

Once you meet your deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- MRI, CAT, EEG, EKG, ECG, cardiac catheterization or pulmonary function studies are subject to applicable coinsurance after deductible.
- If a non-network pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement. The covered person will also be responsible for 30% of the actual charge made by the dispensing pharmacy, after the applicable copayment.
- Counseling for the hospice patient and immediate family is limited to 15 visits per family per lifetime. Medical Social Services limited to \$100 per family per lifetime.

Payments

Network providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to non-network providers are based on maximum allowable fees, as defined in your policy.

Non-network providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

Network primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Medical limitations and exclusions

This is an outline of the limitations and exclusions for the HumanaOne individual health plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Your policy is guaranteed renewable as long as premiums are paid. Other termination provisions apply as listed in the policy.

Eligibility

The issue ages for HumanaOne individual health plans are two months to 64.5 years. A dependent child must be less than 26 years of age to apply.

Pre-existing conditions

A pre-existing condition is a sickness or injury which was diagnosed or treated, or which produced signs or symptoms that would cause an ordinarily prudent person to seek treatment, during the five-year period before the covered person's effective date of coverage. Benefits for pre-existing conditions are not payable until the covered person's coverage has been in force for 12 consecutive months with us. We will waive the pre-existing conditions limitation for those conditions disclosed on the application provided benefits relating to those conditions are not excluded. Conditions specifically excluded by rider are never covered. The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

Other expenses not covered

Unless stated otherwise no benefits are payable for expenses arising from:

1. Services not medically necessary or which are experimental, investigational or for research purposes.
2. Services not authorized or prescribed by a healthcare practitioner or for which no charge is made.
3. Services while confined in a hospital or other facility owned (except medicaid) or operated by the United States government, provided by a person who ordinarily resides in the covered person's home or who is a family member, or that are performed in association with a service that is not covered under the policy.
4. Charges in excess of the maximum allowable fee or which exceed any policy benefit maximum.
5. Expenses incurred before the effective date or after the date coverage terminated.
6. Cosmetic procedures and any related complications except as stated in the policy.
7. Custodial or maintenance care.
8. Infertility services.
9. Pregnancy and well-baby expenses.
10. Elective medical or surgical procedures; sterilization, including tubal ligation and vasectomy; reversal of sterilization; abortion; gender change or sexual dysfunction.
11. Vision therapy; all types of refractive keratoplasties or any other procedures, treatments or devices for refractive correction; eyeglasses; contact lenses; hearing aids; dental exams.
12. Routine physical hearing and eye examinations for occupation, employment, school, travel, purchase of insurance or premarital tests.
13. Services received in an emergency room unless required because of emergency care.
14. Dental services (except for dental injury), appliances or supplies.
15. War or any act of war, whether declared or not; commission or attempt to commit a civil or criminal battery or felony.
16. Standby physician or assistant surgeon, unless medically necessary; private duty nursing; communication or travel time; lodging or transportation, except as stated in the policy.
17. Any treatment for the purpose of reducing obesity, or any use of obesity reduction procedures to treat sickness or injury caused by, complicated by, or exacerbated by obesity, including but not limited to surgical procedures.
18. Nicotine habit or addiction; educational or vocation therapy, services and schools; light treatment for Seasonal Affective Disorder (S.A.D.); alternative medicine; marital counseling; genetic testing, counseling or services; sleep therapy or services rendered in a premenstrual syndrome clinic or holistic medicine clinic.
19. Foot care services.
20. Charges for nonmedical purposes or used for environmental control or enhancement (whether or not prescribed by a healthcare practitioner).
21. Health clubs or health spas, aerobic and strength conditioning, work hardening programs and related material and products for these programs; personal computers and related or similar equipment; communication devices other than due to surgical removal of the larynx or permanent lack of function of the larynx.
22. Hair prosthesis, hair transplants or implants and wigs.
23. Temporomandibular joint disorder, craniomaxillary disorder, craniomandibular disorders and any treatment for jaw, joint or head and neck neuromuscular disorder.
24. Services for a work related injury or illness if the covered person is covered or is required to be covered by workers' compensation. If the covered person enters into a settlement giving up the right to recover future medical benefits under workers' compensation, no benefits will be paid for such injury or illness that would have been payable in the absence of that settlement.
25. Attempted suicide or intentionally self-inflicted injury, whether sane or insane.
26. Charges for accidental bodily injury arising out of a motor vehicle accident to the extent such benefits are payable under automobile or any other medical payments insurance.
27. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes.
28. Charges incurred for a hospital stay beginning on a Friday or Saturday unless due to emergency care or surgery is performed on the day admitted.
29. Any drug, medicine or device which is not FDA approved.
30. Contraceptives other than oral, including implant systems and devices regardless of the purpose for which prescribed.
31. Medications, drugs or hormones to stimulate growth.
32. Legend drugs not recommended or deemed necessary by a healthcare practitioner or drugs prescribed for a noncovered injury or sickness.
33. Drugs prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature; experimental or investigational use drugs.
34. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
35. Drugs used in treatment of nail fungus.
36. Prescription refills exceeding the numbers specified by the healthcare practitioner or dispensed more than one year from the date of the original order.
37. Vitamins, dietary products and any other nonprescription supplements.
38. Inpatient services when in an observation status or when the stay is due to behavioral, social maladjustment, lack of discipline or other antisocial actions not a result of a mental disorder.



Insured by Humana Insurance Company
Applications are subject to approval. Waiting periods, limitations and exclusions apply.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.



What if we made getting healthy fun and rewarding?

We just did.

You want to be healthier. You want to live longer. And you want better quality out of that life. HumanaVitalitySM is here to help you do that. It's a groundbreaking program you can voluntarily use to really take charge of your health.

As a Humana *One* member, you'll have access to this new, exciting program. When you register, you begin changing your life, working with HumanaVitality to understand your health today and find out what your risks are for tomorrow — all in a safe, secure, and confidential manner. You get advice on what to eat and what kind of exercise makes sense for you. And the best part is, you are rewarded not only in health and happiness, but in perks you choose.

With HumanaVitality, once you know where you stand, you set goals. We help you form good habits, like picking up fruits and vegetables at the market instead of chips. Or taking a walk instead of sitting on your couch.

Healthy choices are recorded and earn you Vitality PointsTM. And those points earn you rewards, like name-brand products, travel, and resort stays. It's just that simple. No matter what stage of life or health you're in, HumanaVitality is for you.

HumanaVitality: A fun, rewarding wellness program that puts YOU front and center.

Getting started is easy.

You can start exploring all the benefits of HumanaVitality by logging in to your secure member page at **Humana.com**.

If you are not registered, go to **Humana.com**, choose "Register" in the log-in box, and follow the instructions.

HUMANA VitalitySM

Program details are subject to change.

Insured by Humana Insurance Company, Humana Health Plan, Inc., Humana Health Insurance Company of Florida, Inc., or Humana Health Benefit Plan of Louisiana, Inc. or offered by Humana Employers Health Plan of Georgia, Inc.

For Arizona residents: Insured by Humana Insurance Company. For Texas residents: Insured by Humana Insurance Company.

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Dental care is an important part of maintaining good overall health. Our Preventive Plus plan encourages preventive treatment, which helps keep your mouth healthy while minimizing your costs. And, because Humana has one of the largest PPO dental networks, with over 130,000 participating dentists, you're sure to find a dentist you know and trust who practices near your home or work.

Preventive Plus plan features:

- › Preventive services covered at 100%
- › Many commonly used basic services are covered at 50% (after your deductible)
- › Substantial discounts on other basic and major services when using network providers
- › Savings up to 30% by choosing network dentist

Important to note:

This plan requires a one-time, non-refundable enrollment fee. The effective date will be the first of the month following the issuance of your medical policy and may differ from your medical effective date. This plan also requires monthly membership in an association. See below for details.

Calendar-year deductible (deductible does not apply to discount services or in-network preventive services)		Individual \$50	Family \$150
Annual maximum (annual maximum does not apply to discount services)		\$1,000	
		Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers
Preventive services	<ul style="list-style-type: none"> • Routine oral examinations (limit 2 per year) • Periodontal examinations (limit 2 per year) • Cleanings (limit 2 per year) • Topical fluoride treatment (limit 1 per year, age 14 and under) • Sealants (limit 1 per tooth per lifetime, age 14 and under) • Bitewing X-rays (limit 1 set per year, excludes full mouth and panoramic) 	100% no deductible	70% of in network fee schedule (after deductible) ¹
Basic services • six month waiting period applies	<ul style="list-style-type: none"> • Emergency care for pain relief • Fillings (amalgam, composite for anterior teeth, limit 2 per year) • Space maintainers (initial appliance only, age 14 and under) • Nonsurgical extractions • Oral surgery • Prefabricated stainless steel crowns 	50% after deductible	30% of in network fee schedule (after deductible)
Discount services	<ul style="list-style-type: none"> • Appliances for children • Denture repair and adjustments • Dentures, denture relines and rebases • Endodontics (root canals) • Periodontics (gum therapy) • Crowns, inlays and onlays • Bridgework 	Members may receive an average discount of 28 percent if they visit an in-network dentist ²	No discount
Orthodontia		Members may receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount ²	No discount

This is not a complete disclosure of plan qualifications and limitations. Waiting periods and frequency/age limits may apply. Please review the specific dental limitations and exclusions on the back before applying for coverage.

¹ Deductible is waived for out-of-network preventive services in the state of Kansas.

² Due to legislation enacted in your state, your provider is not required to offer non-covered in-network services at a discounted rate. Humana encourages all providers to extend the discount, but can not legally require. Dentists in the HumanaDental PPO network provide a discount for services not covered by the plan, with an average savings of 28% on out-of-pocket costs. Some services will have lower than average discounts. Check with in-network providers for specific discounts.

Important information about Association plans: The Association, Peoples' Benefit Alliance, is a membership organization that provides educational information and discounts on goods and services to its members. Membership in the Peoples' Benefit Alliance is required, at an additional cost, in order to be eligible to apply for a Dental Preventive Plus plan.

Dental Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Dental Preventive Plus dental plan. It is designed for convenient reference. Consult the certificate for a complete list of limitations and exclusions.

Unless stated otherwise, no benefits are payable for expenses arising from:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - A. That are free or that you would not be required to pay for if you 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 for any service connected with sickness or bodily injury.
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. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic dentistry unless it is necessary as a result of an accidental injury sustained while you are covered under the policy. We consider the following cosmetic dentistry procedures:
 - A. Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
 - B. Any service to correct congenital malformation;
 - C. Any service performed primarily to improve appearance; or
 - D. Characterizations and personalization of prosthetic devices.
7. Charges for:
 - A. Any type of implant and all related services, including vertical dimension 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.
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;
 - 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.
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 plan benefits.
14. Any service shown as "Not Covered" in the Schedule.
15. Any service that we determine:
 - A. Is not a dental necessity;
 - B. Does not offer a favorable prognosis;
 - C. Does not have uniform professional endorsement; or
 - D. Is deemed to be experimental or investigational in nature.
16. Orthodontic services.
17. Any expense incurred before your effective date or after the date your coverage under the policy terminates.
18. Services provided by someone who ordinarily lives in your home or who is a family member.
19. Charges exceeding the reimbursement limit for the service.
20. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
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 and 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 expression and chewing functions, for symptoms including, but not limited to, headaches.
24. Elective removal of non-pathologic impacted teeth.



Insured by Humana Insurance Company or HumanaDental Insurance Company
Applications are subject to approval. Waiting periods, limitations and exclusions apply.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.

Individual Dental Insurance

You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 110,000 dentist locations in the PPO network. You can find a dentist by visiting Humana.com. This is not a complete disclosure of plan qualifications and limitations. Please review the specific Dental Limitations & Exclusions before applying for coverage.

		Plan pays for services from NETWORK providers	Plan pays for services from NON-NETWORK providers
Preventive services	<ul style="list-style-type: none"> oral examinations routine cleanings x-rays sealants topical fluoride treatment 	100% no deductible	100% no deductible
Basic services	<ul style="list-style-type: none"> emergency care for pain relief thumb sucking and harmful habit appliances space maintainers amalgam, composite fillings (front/anterior teeth only) oral surgery routine extractions non-cast stainless steel crowns partial or complete denture repairs/adjustments 	50% after deductible	50% after deductible
<ul style="list-style-type: none"> six month waiting period applies 			
Major services	<ul style="list-style-type: none"> endodontics (root canals) periodontics crowns inlays and onlays partial or complete dentures denture relines/rebases removable or fixed bridgework 	50% after deductible	50% after deductible
<ul style="list-style-type: none"> twelve month waiting period applies 			
Teeth whitening	<ul style="list-style-type: none"> \$200 lifetime maximum 	50% after deductible	50% after deductible
<ul style="list-style-type: none"> six month waiting period applies 			
Orthodontia	<ul style="list-style-type: none"> Members may be able to receive up to 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount. 		
Annual deductible		\$50 individual / \$150 family	
Annual maximum		\$1,000	

Individual Term Life Insurance

With HumanaOne term life, you can buy a higher amount of insurance protection at a lower cost. You own the policy and maintain control, providing more flexibility for your family.

Coverage amounts	<ul style="list-style-type: none"> Amounts start at \$25,000 and can go beyond \$1 million
Term levels	<ul style="list-style-type: none"> Ages 18-65 for a 10-year level premium term Ages 18-60 for a 15-year level premium term Ages 18-55 for a 20-year level premium term
Optional riders*	<ul style="list-style-type: none"> Children's Term Insurance – Provides a \$5,000 death benefit for each child who is age 30 days to 19 years. If the member is approved, eligible children are added automatically. Accidental Death Benefit – Provides accidental death coverage that is equal to the value of the policy with a face amount of \$250,000 or less. This rider is available through issue age 55 and expires at age 65. Waiver of premium – Provides for premium payment should the primary insured become totally disabled prior to age 60.
Rate guarantee	<ul style="list-style-type: none"> Rates are guaranteed for the full term of the policy
Renewals	<ul style="list-style-type: none"> HumanaOne Term Life Insurance is guaranteed renewable to age 95. Premiums after the initial level premium period will increase annually, but are also guaranteed.

Dental Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Individual Dental Plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

Unless stated otherwise, no benefits are payable for expenses arising from:

1. The course of any occupation or employment for compensation, profit or gain, for which benefits are provided or payable under any Workers' Compensation or Occupational Disease Act or Law; or where such coverage was available, regardless of whether the coverage was actually applied for.
2. Services and supplies for which no charge is made, or for which the covered person would not be required to pay in the absence of insurance.
3. Services furnished by or payable under any plan or law through any Government or any political subdivision.
4. Services furnished by any hospital or institution owned or operated by the United States Government, unless legally required to pay.
5. War or any act of war, whether declared or not; or any act of international armed conflict or any conflict involving armed forces of any international authority.
6. Completion of forms or failure to keep an appointment with a dentist.
7. Cosmetic dentistry, except as stated in the policy.
8. Any service related to altering vertical dimension; restoration or maintenance of occlusion; splinting teeth; replacing tooth structures lost as a result of abrasion, attrition or erosion; or bite registration or bite analysis.
9. Bone grafts, regeneration, augmentation or preservative procedures in edentulous sites.
10. Implants, including any crowns or prosthetic device attached to it; precision or semi-precision attachments; overdentures and any endodontic treatment associated with it; or other customized attachments.
11. Infection control.
12. Fees for treatment by other than a dentist, except as stated in the policy.
13. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
14. Prescription drugs or pre-medications, whether dispensed or prescribed.
15. Any service not listed as a covered expense.
16. Any service not considered a dental necessity, does not offer a favorable prognosis, does not have uniform professional endorsement, or is experimental or investigational in nature.
17. Expenses incurred prior to the effective date or after the date coverage is terminated, except for any extension of benefits.
18. Services provided by a person who ordinarily resides in the covered person's home or who is a family member.
19. Charges in excess of the reimbursement limit for the service or supply.
20. Treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with impression or placement of a restoration, charged as a separate service.
22. Repair and replacement of orthodontic appliances.



Insured by Humana Insurance Company or HumanaDental Insurance Company or The Dental Concern, Inc.

Applications are subject to approval. Waiting periods, limitations and exclusions apply.

The HumanaOne brand of individual products are insured by subsidiaries of Humana, Inc.

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