



An affordable dental plan that takes care of your smile and your budget

Why the Humana Dental Preventive Plus plan could be right for you

You'll get coverage for routine cleanings and exams right away with this affordable dental plan.

You'll have freedom to choose a dentist, with even more savings for visiting one of the dental locations in the network.

Preventive Plus is a great choice for these reasons:

- You are covered right away for preventive care like routine cleanings and X-rays
- No copays for office visits
- Low deductibles • Coverage for services like fillings and extractions after a six-month waiting period
- Easy to find a dentist at Humana.com/findadentist
- Variety of payment options to meet your needs

See how much you can save

| Service | Average cost | Cost with Preventive Plus |
|---------------------------|--------------|---------------------------|
| Routine exam and cleaning | \$149 | \$0 |
| X-rays | \$56 | \$0 |

Note: For demonstration purposes only. Cost may vary by location.

Plan includes an annual deductible of \$50 per person and \$150 per family.



DID YOU KNOW? Good oral health means more than just an attractive smile, it is important to brush and floss properly and see a dentist for regular checkups.

Enrolling is easy.

Contact your Humana licensed sales agent today

CANDACE JONES
(901) 218-0079
info@medicareoptionsandsolutions.org
http://www.medicareoptionsandsolutions.org





In addition to any limitations and exclusions listed in “Your Policy Benefits” section, 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 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.
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. 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 (1) the employer or any covered person; or (2) 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 periodontically 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.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in “Your Policy Benefits” section.
14. Any service shown as “Not Covered” in the “Schedule.”
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 resulting from any intentionally self-inflicted bodily injury.

continued -



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 included, 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.
31. Any separate fees for pre and post operative care.
32. Replacement of restorations (fillings) placed less than two years ago.

*Limitations and exclusions may apply.

Humana Inc. and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-833-6917 (TTY: 711)**.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-833-6917 (TTY: 711)**.

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-800-833-6917 (TTY: 711)**。

Humana[®]