



Humana Dental plans

California

TRADITIONAL PREFERRED

This plan offers low deductible options for preventive, basic, and major services along with the flexibility to see any dentist. With this plan, members receive the same level of coinsurance with all dentists. However, when members choose dentists in the Humana Dental PPO network, they can benefit from our negotiated rates for services received from in-network dentists.

| Deductible ¹ | Option 1 | Option 2 | Option 3 | Option 4 | | |
|---|--|----------|----------|----------|----------|----------|
| Individual | \$0 | \$25 | \$50 | \$100 | | |
| Family | \$0 | \$75 | \$150 | \$300 | | |
| Coinsurance | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 | Option 6 |
| Preventive services | 100% | 100% | 100% | 100% | 100% | 100% |
| Basic services | 100% | 100% | 100% | 90% | 80% | 50% |
| Major services | 80% | 60% | 50% | 60% | 50% | 50% |
| Plan maximums | | | | | | |
| Annual maximum | \$500 / \$750 / \$1,000 / \$1,200 / \$1,250 / \$1,500 / \$1,750 / \$2,000 / \$2,500 / \$3,000 / \$3,500 / \$5,000 / Unlimited | | | | | |
| Annual maximum options | <ul style="list-style-type: none"> Extended annual maximum: Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded). Standard annual maximum | | | | | |
| Buy-up options (2+ group sizes) | | | | | | |
| Waive preventive from annual maximum | Waives preventive services from accumulating to the annual maximum | | | | | |
| Periodontics in Basic services | Moves periodontic services to the Basic services coinsurance amount | | | | | |
| Endodontics in Basic services | Moves endodontic services to the Basic services coinsurance amount | | | | | |
| Composite fillings for molars | Covers composite fillings on molar teeth at the Basic services coinsurance amount | | | | | |
| Orthodontia ² | Choose Child or Adult/Child coverage Pays 50% (no deductible) for orthodontia services up to a lifetime maximum of (choose one): \$1,000 / \$1,500 / \$2,000 / \$2,500 | | | | | |
| Buy-up options (5+ group sizes) | | | | | | |
| Implant placement and services ³ | Covers implant placement and implant crowns, bridges, and dentures at the Major services coinsurance amount | | | | | |

1) Deductible does not apply to preventive services.

2) If you don't choose orthodontia, members may get a discount on non-covered services up to 20 percent if available through their dentist.

3) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures.



Humana Dental plans

California

PPO

This plan offers low deductible options for preventive, basic, and major services. In-network dentists provide dental services at a reduced rate. Members have higher out-of-pocket costs for services received from out-of-network dentists.

| Deductible ¹ | Option 1 | | Option 2 | | Option 3 | | Option 4 | | Option 5 | |
|---|--|----------------|------------|----------------|------------|----------------|------------|----------------|------------|----------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Individual | \$0 | \$50 | \$25 | \$50 | \$50 | \$50 | \$50 | \$100 | \$100 | \$100 |
| Family | \$0 | \$150 | \$75 | \$150 | \$150 | \$150 | \$150 | \$300 | \$300 | \$300 |
| Coinsurance | Option 1 | | Option 2 | | Option 3 | | Option 4 | | | |
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | | |
| Preventive services | 100% | 100% | 100% | 100% | 100% | 80% | 100% | 80% | | |
| Basic services | 100% | 80% | 90% | 80% | 90% | 80% | 80% | 50% | | |
| Major services | 60% | 50% | 60% | 50% | 50% | 50% | 50% | 50% | | |
| Plan maximums | | | | | | | | | | |
| Annual maximum | \$500 / \$750 / \$1,000 / \$1,200 / \$1,250 / \$1,500 / \$1,750 / \$2,000 / \$2,500 / \$3,000 / \$3,500 / \$5,000 / Unlimited | | | | | | | | | |
| Annual maximum options | <ul style="list-style-type: none"> Extended annual maximum: Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded). Standard annual maximum | | | | | | | | | |
| Buy-up options (2+ group sizes) | | | | | | | | | | |
| Waive preventive from annual maximum | Waives preventive services from accumulating to the annual maximum | | | | | | | | | |
| Periodontics in Basic services | Moves periodontic services to the Basic services coinsurance amount | | | | | | | | | |
| Endodontics in Basic services | Moves endodontic services to the Basic services coinsurance amount | | | | | | | | | |
| Composite fillings for molars | Covers composite fillings on molar teeth at the Basic services coinsurance amount | | | | | | | | | |
| Orthodontia ² | Choose Child or Adult/Child coverage Pays 50% (no deductible) for orthodontia services up to a lifetime maximum of (choose one): \$1,000 / \$1,500 / \$2,000 / \$2,500 | | | | | | | | | |
| Buy-up options (5+ group sizes) | | | | | | | | | | |
| Implant placement and services ³ | Covers implant placement and implant crowns, bridges, and dentures at the Major services coinsurance amount | | | | | | | | | |

1) Deductible does not apply to preventive services.

2) If you don't choose orthodontia, members may get a discount on non-covered services up to 20 percent if available through their dentist.

3) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures.



Humana Dental plans

California

PREVENTIVE PLUS

This plan covers commonly used preventive and basic services, including exams, X-rays, cleanings and fillings. Plus, discounts may be available on additional services like crowns, inlays, oral surgery, and orthodontia.

| Deductible ¹ | Option 1 | Option 2 |
|-------------------------|-------------|-------------|
| Individual | \$0 | \$50 |
| Family | \$0 | \$150 |
| Coinsurance | Option 1 | Option 2 |
| Preventive services | 100% | 100% |
| Basic services | 80% | 50% |
| Major services | Not covered | Not covered |

Discount Services (services not covered under the plan, but may be available at a discount through their dentist)

- Additional basic services (crowns, harmful habit appliances for children, oral surgery)
- Major services
- Orthodontia services

Plan maximums

| | |
|------------------------|--|
| Annual maximum | \$500 / \$750 / \$1,000 |
| Annual maximum options | <ul style="list-style-type: none"> • Standard annual maximum (extended annual maximum not available on Preventive Plus plans) |

Buy-up options (2+ group sizes)

| | |
|--------------------------------------|---|
| Waive preventive from annual maximum | Waives preventive services from accumulating to the annual maximum |
| Composite fillings for molars | Covers composite fillings on molar teeth at the Basic services coinsurance amount |

1) Deductible does not apply to preventive services.



Humana Dental plans

California

LIBERTY DHMO PLAN

On Liberty DHMO dental plans, there are no yearly maximums, no deductibles to meet, and no waiting periods. Below is a sampling of the most frequently used dental service codes for these plans. For a complete listing of covered services and copays, please see individual plan summaries for each plan option.

Specialists services: Members must select a contracted dental office to utilize covered benefits. The assigned office will initiate a specialty referral process with Liberty Dental Plan if the services are dentally necessary and outside the scope of general dentistry.

| ADA Code | Service Description | LS100 | LS200 | LS300 |
|----------------------------|--|---------|---------|---------|
| Preventive services | | | | |
| D0120 | Periodic oral evaluation—established patient | \$0 | \$0 | \$0 |
| D0210 | Intraoral – complete series including bitewings | \$10 | \$0 | \$0 |
| D1110 | Prophylaxis – adult, routine | \$0 | \$0 | \$8 |
| D1120 | Prophylaxis – child, routine | \$0 | \$0 | \$7 |
| D1206 | Topical application of fluoride varnish (for child <16) | \$0 | \$0 | \$9 |
| D1351 | Sealant – per tooth | \$5 | \$10 | \$15 |
| Basic services | | | | |
| D2140 | Amalgam – one surface, primary or permanent | \$0 | \$5 | \$12 |
| D2330 | Resin-based composite – one surface, anterior | \$0 | \$10 | \$16 |
| D2391 | Resin-based composite – one surface, posterior | \$45 | \$55 | \$65 |
| Major services | | | | |
| D2750 | Crown – porcelain fused to high noble metal | \$70 | \$115 | \$185 |
| D3330 | Endodontic therapy, molar tooth (excluding final restorations) | \$100 | \$115 | \$220 |
| D4910 | Periodontal maintenance | \$35 | \$40 | \$45 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$0 | \$8 | \$15 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth | \$15 | \$20 | \$35 |
| Orthodontia | | | | |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$1,550 | \$1,550 | \$1,550 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$1,550 | \$1,550 | \$1,550 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$1,695 | \$1,695 | \$1,695 |



Humana Dental plans

California

ELIGIBILITY

Traditional Preferred, PPO, Preventive Plus, and DHMO (2+ eligible employees)

Funding Options¹

Employer sponsored (50% participation required)

Voluntary

Administrative Services Only (ASO)² (Limited to 100+ size groups)

Enrollment Options³

| | |
|------------------------|---|
| Open enrollment | Employees without a qualifying event can only join during the annual open enrollment period (waiting periods may apply) |
| Late applicants | Employees can join at any time during the plan year with or without a qualifying event. (waiting periods may apply) |

WAITING PERIODS⁴

Traditional Preferred, PPO, and Preventive Plus (2+ eligible employees)

- Most services in your plan are reimbursed as of the effective date.
- No waiting periods for preventive services.
- No waiting periods for endodontics or periodontics except for late applicants.
- In some circumstances, benefits are available after 12 or 24 months of continual enrollment:

| Enrollment Type ⁵ | Group Size | Preventive | Basic | Major ⁶ | Orthodontia ⁶ |
|--|---------------------------------|------------|-------|--------------------|---|
| Initial enrollment, open enrollment, and timely add-on | Employer sponsored 2-4 enrolled | No | No | 12 months | 24 months |
| | Employer sponsored 5+ enrolled | No | No | No | No |
| | Voluntary 2-9 enrolled | No | No | 12 months | 24 months |
| | Voluntary 10+ enrolled | No | No | No | 12 months (no waits for group size 51+, enrolled) |

- Multiple product options may be offered for groups of 10 or more.
- Administrative Services Only (ASO) not an available funding option for DHMO plans.
- If you don't choose an option, open enrollment will apply.
- The waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the Humana dental plan. Members must have prior orthodontia coverage to reduce or waive the waiting period under orthodontia.
- Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia (24 months for 2-9 enrolled employees). No waits apply to late applicants for group size 51+ enrolled.
- Preventive Plus plans do not cover major and orthodontia services.



Humana Vision plans

California

VISION

Vision plans offer a comprehensive eye exam every year for a low cost. Members receive benefits for glasses or contact lenses without ever paying full retail prices at in-network locations.

| | Exams | Frames ¹ | Standard Plastic Lenses ² | | | | Contact Lenses ³ | | |
|-------------------------|----------------------------|---------------------|--------------------------------------|-------------|-------------|-------------|-----------------------------|-------------------------------------|---------------------|
| | Routine exam with dilation | Frame allowance | Single | Bifocal | Trifocal | Lenticular | Disposable allowance | Conventional allowance ⁴ | Medically necessary |
| Vision 100 | | | | | | | | | |
| In-network provider | \$10 | \$100 | \$25 | \$25 | \$25 | \$25 | \$100 | \$100 | \$0 |
| Out-of-network provider | Up to \$30 | \$50 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$80 | \$80 | Up to \$200 |
| Vision 130 | | | | | | | | | |
| In-network provider | \$10 | \$130 | \$15 / \$25 | \$15 / \$25 | \$15 / \$25 | \$15 / \$25 | \$130 | \$130 | \$0 |
| Out-of-network provider | Up to \$30 | \$65 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$104 | \$104 | Up to \$200 |
| Vision 150 | | | | | | | | | |
| In-network provider | \$10 | \$150 | \$10 / \$25 | \$10 / \$25 | \$10 / \$25 | \$10 / \$25 | \$150 | \$150 | \$0 |
| Out-of-network provider | Up to \$30 | \$80 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$128 | \$128 | Up to \$210 |
| Vision 160 | | | | | | | | | |
| In-network provider | \$10 | \$160 | \$10 | \$10 | \$10 | \$10 | \$160 | \$160 | \$0 |
| Out-of-network provider | Up to \$30 | \$80 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$128 | \$128 | Up to \$210 |
| Vision 200 | | | | | | | | | |
| In-network provider | \$0 | \$200 | \$0 / \$20 | \$0 / \$20 | \$0 / \$20 | \$0 / \$20 | \$200 | \$200 | \$0 |
| Out-of-network provider | Up to \$30 | \$100 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$160 | \$160 | Up to \$210 |

- Members may receive up to a 20 percent discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available.
- Any standard plastic lenses benefit containing two values separated by a (/) represents two copy options available on the plan.
- Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
- Members may receive up to a 15 percent discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available.



Humana Vision plans

California

VISION PLUS

These plans offer a comprehensive eye exam every year for a low cost. Members receive benefits for glasses or contact lenses without ever paying full retail prices at in-network locations. This is a tiered network product, where members have access to enhanced benefits at designated PLUS providers, a subset of the Insight network.

| | Exams Routine exam with dilation | Frames ¹ Frame allowance | Standard Plastic Lenses ² | | | | Contact Lenses ³ | | |
|---------------------------------|--|---|--------------------------------------|-------------|-------------|-------------|-----------------------------|--|------------------------|
| | | | Single | Bifocal | Trifocal | Lenticular | Disposable allowance | Conventional allowance ⁴ | Medically necessary |
| Vision 100 | | | | | | | | | |
| In-network PLUS provider | \$0 | \$150 | \$25 | \$25 | \$25 | \$25 | \$100 | \$100 | \$0 |
| In-network provider | \$10 | \$100 | \$25 | \$25 | \$25 | \$25 | \$100 | \$100 | \$0 |
| Out-of-network provider | Up to \$30 | \$50 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$80 | \$80 | Up to \$200 |
| Vision 130 | | | | | | | | | |
| In-network PLUS provider | \$0 | \$180 | \$15 / \$25 | \$15 / \$25 | \$15 / \$25 | \$15 / \$25 | \$130 | \$130 | \$0 |
| In-network provider | \$10 | \$130 | \$15 / \$25 | \$15 / \$25 | \$15 / \$25 | \$15 / \$25 | \$130 | \$130 | \$0 |
| Out-of-network provider | Up to \$30 | \$65 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$104 | \$104 | Up to \$200 |
| Vision 150 | | | | | | | | | |
| In-network PLUS provider | \$0 | \$200 | \$10 / \$25 | \$10 / \$25 | \$10 / \$25 | \$10 / \$25 | \$150 | \$150 | \$0 |
| In-network provider | \$10 | \$150 | \$10 / \$25 | \$10 / \$25 | \$10 / \$25 | \$10 / \$25 | \$150 | \$150 | \$0 |
| Out-of-network provider | Up to \$30 | \$80 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$128 | \$128 | Up to \$210 |
| Vision 160 | | | | | | | | | |
| In-network PLUS provider | \$0 | \$210 | \$10 | \$10 | \$10 | \$10 | \$160 | \$160 | \$0 |
| In-network provider | \$10 | \$160 | \$10 | \$10 | \$10 | \$10 | \$160 | \$160 | \$0 |
| Out-of-network provider | Up to \$30 | \$80 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$128 | \$128 | Up to \$210 |
| Vision 200 | | | | | | | | | |
| In-network PLUS provider | \$0 | \$250 | \$0 / \$20 | \$0 / \$20 | \$0 / \$20 | \$0 / \$20 | \$200 | \$200 | \$0 |
| In-network provider | \$0 | \$200 | \$0 / \$20 | \$0 / \$20 | \$0 / \$20 | \$0 / \$20 | \$200 | \$200 | \$0 |
| Out-of-network provider | Up to \$30 | \$100 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$160 | \$160 | Up to \$210 |

- 1) Members may receive up to a 20 percent discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available.
- 2) Any standard plastic lenses benefit containing two values separated by a (/) represents two copy options available on the plan.
- 3) Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
- 4) Members may receive up to a 15 percent discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available.



Humana Vision plans

California

MATERIALS ONLY

Materials Only plans are limited to coverage for frames, lenses and contact lenses; ideal for clients who have an eye exam included in their medical benefits.

| | Exams | Frames ¹ | Standard Plastic Lenses | | | | Contact Lenses ² | | |
|-------------------------|----------------------------|---------------------|-------------------------|------------|------------|-------------|-----------------------------|-------------------------------------|---------------------|
| | Routine exam with dilation | Frame allowance | Single | Bifocal | Trifocal | Lenticular | Disposable allowance | Conventional allowance ³ | Medically necessary |
| Vision 130 | | | | | | | | | |
| In-network provider | Not covered | \$130 | \$15 | \$15 | \$15 | \$15 | \$130 | \$130 | \$0 |
| Out-of-network provider | Not covered | \$65 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$104 | \$104 | Up to \$200 |
| Vision 160 | | | | | | | | | |
| In-network provider | Not covered | \$160 | \$10 | \$10 | \$10 | \$10 | \$160 | \$160 | \$0 |
| Out-of-network provider | Not covered | \$80 | Up to \$25 | Up to \$40 | Up to \$60 | Up to \$100 | \$128 | \$128 | Up to \$210 |

EXAM PLUS

The Exam Plus plan offers an annual comprehensive eye examination for a \$10 cost, as well as discounts on frames and other services when using in-network providers.

| | Exams | Frames | Standard Plastic Lenses | | | | Contact Lenses ³ | | |
|-------------------------|----------------------------|-----------------|-------------------------|---------|----------|------------|-----------------------------|------------------------|---------------------|
| | Routine exam with dilation | Frame allowance | Single | Bifocal | Trifocal | Lenticular | Disposable allowance | Conventional allowance | Medically necessary |
| Vision 130 | | | | | | | | | |
| In-network provider | \$10 | Not Covered | | | | | | | Not Covered |
| Out-of-network provider | Up to \$30 | Not Covered | | | | | | | Not Covered |

- Members may receive up to a 20 percent discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available.
- Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
- Members may receive up to a 15 percent discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available.



Humana Vision plans

California

ADDITIONAL PLAN DETAILS

| Benefit frequencies | |
|---|---|
| Exam ¹ | Once every 12 months |
| Lenses or contact lenses ² | Once every 12 months |
| Frames ² | Once every 24 months |
| Optional Benefits ³ | |
| 12-month frame benefit | Benefit replaces the 24-month frequency of the base plan |
| Retinal imaging ⁴ | \$0 in-network and up to \$20 for out-of-network benefits (does not cross apply) |
| Lasik / PRK | \$250 per eye (in- or out-of-network); 12-month waiting period applies |
| Eyeglass and contact lens benefit | Allows fulfillment of frame plus spectacle lenses in addition to the contact lens benefit of the base plan (not available for groups < 100) |
| Polycarbonate for children <19 ⁵ | Provides for standard polycarbonate lens with \$0 copay |

VISION PLAN DISCOUNTS

| Discount Type | Details |
|---|--|
| Discounts on items not covered by the plan at network providers | <ul style="list-style-type: none"> Members may receive 40% off a second pair of prescription eyeglasses and 20% off non-prescription sunglasses. Members may receive 20% off other items not covered by the plan. Members should contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members may receive 20% off the retail price. |
| Lasik & PRK | <ul style="list-style-type: none"> Members may also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. |

1) Not covered on Materials Only 130 and 160 plans.

2) Not covered on Exam Plus plan.

3) Optional Benefits not available on Exam Plus plan.

4) Not available on Materials Only 130 and 160 plans.

5) Not applicable to Vision PLUS plans. Polycarbonate for children <19 is included in the base benefits.

LIMITATIONS & EXCLUSIONS

Our benefit plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <https://www.Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.

Dental plans insured or administered by Humana Insurance Company. Dental Prepaid plans offered by LIBERTY Dental Plan of California, and administered by HumanaDental Insurance Company.

Vision plans insured by Humana Insurance Company.

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This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.



Policy numbers: CA-70090-HC 1/14 et. al., CA-70148-01 9/15 et. al.