Humana Dental plans

Florida

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	• 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

Florida

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	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Preventive services	100%	100%	100%	100%	100%	80%
Basic services	100%	80%	90%	80%	80%	50%
Major services	60%	50%	60%	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	• 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

Florida

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	• 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

Florida

PREPAID

On prepaid 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: HD plans do not include coverage for services performed by a specialist. HD plan members may be eligible to receive up toa 25 percent discount by visiting a participating specialist. HS plan copayments are applicable at either a participating PCD or a participating specialist. Should HS plan members need a specialist (i.e. endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

ADA Code	Service Description	HD190/HS190	HS195	HD405/HS405	HD410/HS410	HD415/HS415
Preventive services						
D0120	Periodic oral evaluation—established patient	$0	$0	$0	$0	$0
D0210	Intraoral – complete series including bitewings	$0	$0	$0	$0	$0
D1110	Prophylaxis – adult, routine	$0	$0	$0	$0	$0
D1120	Prophylaxis – child, routine	$0	$0	$0	$0	$0
D1206	Topical application of fluoride varnish (for child <16)	$0	$0	$0	$0	$0
D1351	Sealant – per tooth	$0	$0	$10	$15	$20
Basic services						
D2140	Amalgam – one surface, primary or permanent	$0	$0	$5	$20	$30
D2330	Resin-based composite – one surface, anterior	$0	$0	$30	$35	$45
D2391	Resin-based composite – one surface, posterior	$30	$30	$45	$55	$70
Major services						
D2750	Crown – porcelain fused to high noble metal	$180	$245	$270	$350	$410
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$190	$210	$250	$310	$390
D4910	Periodontal maintenance	$30	$40	$45	$55	$70
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$15	$5	$0	$40	$55
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	$30	$30	$40	$55	$60
Orthodontia						
D8070 / D8080	Children up to 19 years of age, up to 24 months of routine orthodontic treatment	$1,650	$1,850	$1,900	$1,900	$1,900

Humana Dental plans

Florida

PREPAID OPEN ACCESS

On prepaid 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: Member costs listed are for services provided by either a participating general dentist, or a participating specialist. The prepaid Open Access plan does not require members to select a specific Primary Care Dentist (PCD). Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

ADA Code	Service Description	Open Access
Preventive services		
D0120	Periodic oral evaluation—established patient	$0
D0210	Intraoral – complete series including bitewings	$10
D1110	Prophylaxis – adult, routine	$0
D1120	Prophylaxis – child, routine	$0
D1206	Topical application of fluoride varnish (for child <16)	$0
D1351	Sealant – per tooth	$0
Basic services		
D2140	Amalgam – one surface, primary or permanent	$0
D2330	Resin-based composite – one surface, anterior	$0
D2391	Resin-based composite – one surface, posterior	$30
Major services		
D2750	Crown – porcelain fused to high noble metal	$180
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$190
D4910	Periodontal maintenance	$30
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$15
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	$30
Orthodontia		
D8070 / D8080	Children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases	$1,650

Humana Dental plans

Florida

ELIGIBILITY

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

Funding Options[1]
Employer sponsored *(50% participation required)*
Voluntary
Administrative Services Only (ASO)[2] *(Limited to 100+ size groups)*

Enrollment Options[3]	
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 PERIODS[4]

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

1) Multiple product options may be offered for groups of 10 or more.
2) Administrative Services Only (ASO) not an available funding option for prepaid plans.
3) If you don't choose an option, open enrollment will apply.
4) 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.
5) Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia (24 months for 2-9 enrolled employees).
6) Preventive Plus plans do not cover major and orthodontia services.

Humana Vision plans

Florida

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

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 copay 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

Florida

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	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 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 copay 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

Florida

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		
	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				Not Covered		
Out-of-network provider	Up to $30	Not Covered	Not Covered				Not Covered		

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) Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
3) 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

Florida

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
Members may receive a 20% discount on items not covered by the plan at network providers	• Members may 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	• 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, or Offered by CompBenefits 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.

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Policy numbers: FL-70090-HC L 1/14 et. al., FL-70090-HC SB 1/14 et. al., FL-70148-01 LG 9/15 et. al., FL-70148-01 SG 9/15 et. al., FL DHMO Contract.001 et. al.