

About your plan

Good oral health means more than an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist are integral to overall health.¹

The Bright Plus for Veterans dental plan is designed for people who are looking to maintain their oral health through regular dental exams and cleanings. The plan offers coverage for preventive and basic services like routine cleanings and exams, fillings, extractions, a \$100 teeth whitening allowance and special discounts. Members can maximize benefits by choosing one of the more than 143,000 dentists and specialists* in our nationwide network. Visit Humana.com/FindCare to find a participating dentist.

Who can enroll in this plan – Those who are veterans and their immediate family to be covered.

How your plan works

Calendar year deductible

This is the dollar amount you pay for covered services each calendar year before the plan pays

Individual

\$50
(deductible waived for in-network preventive services)

Family

\$150
(deductible waived for in-network preventive services)

Annual maximum

This is the maximum amount that the plan will pay in a calendar year for covered services

\$1,250 per individual on the plan

Dental care services

In-network coverage

Out-of-network coverage†

Preventive services (no waiting period)

- Routine oral examinations (limit two every calendar year)
- Limited oral evaluation (limit two every calendar year)
- Comprehensive oral evaluation (limit two every calendar year)
- Bitewing X-rays (limit one set, up to four films, every calendar year)
- Panoramic film combined with full mouth (limit one every five years)
- Routine cleanings (limit two every calendar year)
- Topical fluoride treatment (limit one every calendar year, age 14 and younger)
- Sealants (limit of one per tooth per lifetime, age 14 and younger)

100% no deductible

70% after deductible

Dental care services (continued)

In-network coverage

Out-of-network coverage[†]

Basic services (90 day waiting period)

- Extractions and root removal
- Fillings (limit two every calendar year, composite covered on front teeth only²)
- Space maintainers (age 14 and younger, initial placement only, not covered on permanent teeth)
- Prefabricated stainless steel crowns
- Palliative treatment of dental pain – per visit

60% after deductible

50% after deductible

This policy has a \$100 teeth whitening allowance available once per calendar year. Benefits are available for expenses incurred for teeth whitening services and supplies when performed in the office by a dentist. An allowance is the maximum amount we will pay for a covered service. Deductible and waiting periods do not apply to the teeth whitening allowance.

* Based on Humana network data, last accessed November 2025.

† Out-of-network dental providers have not agreed to provide services at contracted fees. The out-of-network provider may bill the member for more than what the plan pays. Members are responsible for this difference between Humana’s reimbursement and the out-of-network provider’s charges. This is known as balance billing. Benefits received are subject to any benefit maximums, limitations and/or exclusions. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement.

Important to know: If further clarification regarding coverage and benefits is needed, please ask your dentist for a pretreatment estimate.

Footnotes

1. “Gum Diseases and Other Diseases,” American Academy of Periodontology, last accessed Oct. 6, 2025, <https://www.perio.org/for-patients/gum-disease-information/gum-disease-and-other-diseases/>

2. Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.

Discounts

We've worked with national retailers to create this package with benefits and services exclusively for you and your loved ones. Please understand discount services are not part of the Humana Bright Plus dental plan, are not insurance, and are subject to geographical availability. Discounts are subject to change and may be discontinued at any time.

Prescriptions

Get discounts on brand and generic prescriptions. Plus, you can use the program as many times as you need and for everyone in your household. It's easy to use with no claims forms or paperwork to complete.

Benefits:

- You'll save an average of 65% and in some cases, can be 80% or more[‡].
- All prescription drugs are eligible for savings (Walmart[®] excludes \$4.00 30-day and \$10.00 90-day prescriptions).

DISCOUNT ONLY – NOT INSURANCE

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

Important to know:

- Use your ID card for any prescriptions your health coverage doesn't cover.
- If you don't have health coverage, use the card for any prescriptions your family pays for out of your pocket.
- Humana is pleased to have Walmart as a preferred pharmacy that has committed to special discounts for Humana veterans.
- Access 65,000 pharmacies located throughout the United States including national retailers, and many independently owned pharmacies. Go to [WellRX.com](https://www.wellrx.com) to find a provider near you.

[‡] Average and up to savings percentages are based on all discounted prescriptions that were run through the WellRx program in 2022. Discount percentages represent savings provided off of pharmacies' retail prices for consumers who do not have a discount program and pay cash.

Vision care

We're working with EyeMed[®] Vision Care to offer savings on vision care services such as exams, frames and lenses.

Benefits:

- You may save 40% off retail price of frames with additional discounts on lens options.
- You may save 15% off the retail price of conventional contact lenses; discount applied to materials only (excludes disposable).
- You may save 15% off retail prices or 5% off promotional price for Lasik or photorefractive keratectomy (PRK) services at the US Laser Network.

DISCOUNT ONLY – NOT INSURANCE

Discounts are only available at participating providers. The range of discounts will vary based upon participating provider chosen to provide services. Retail prices may vary by location. Humana does not make payment for these services. You are obligated to pay for all services received and you will receive a discount from the participating provider. A list of participating providers is available upon request.

Member may receive a 20% discount on items not covered by the plan at in-network locations. Discount does not apply to provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers.

** Based on the EyeMed Insight network and analysis of competitors' largest networks via competitor data, 2023.

†† Based on Humana network data, last accessed October 2025.

Limitations and exclusions for EyeMed:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Services provided as a result of any worker's compensation law
- Discount is not available on frames when the manufacturer prohibits a discount
- Providers are not required to honor discounts on non-covered services

Hearing care

The TruHearing® Program provides a lifetime of quality hearing care starting with a complimentary hearing exam.

Benefits:

Here's how you'll save:

If you are experiencing symptoms of hearing loss, we encourage you to take action today. As a Humana member, you have access to the TruHearing discount program, which can save you up to 60% off the average retail price of hearing aids.

Important to know:

- Call TruHearing at **855-241-6293 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m., Mountain time
- Schedule a hearing exam
- Order your hearing aid
- Return for fitting and programming
- For more info, visit [Truhearing.com/humanaextend/](https://truhearing.com/humanaextend/)

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Discounts are only available at participating providers. The range of discounts will vary based upon participating provider chosen to provide services. Retail prices may vary by location. Humana does not make payment for these services. You are obligated to pay for all services received and you will receive a discount from the participating provider. A list of participating providers is available upon request.

Alternative medicine

Get special discounts on popular complementary and alternative medicine (CAM) services through Choices by WholeHealth Living®.

Benefits:

- Take advantage of reduced costs for chiropractic, acupuncture, and massage therapy services.

This program is not considered insurance. You are responsible for paying the Choices by WholeHealth Living providers at the reduced rate for services you receive from them through this program. Humana does not credential providers who participate in the discount program. This program is subject to change at any time and not available where prohibited by law.

Important to know:

- Select a chiropractor, acupuncturist, or massage therapist from a list of participating Choices by WholeHealth Living providers at **Humana.WholeHealthmd.com**.
- You can visit providers as often as you like. Services provided by Choices by WholeHealth Living also may be covered by your health insurance. We strongly encourage you to use your health insurance benefits whenever possible.

DISCOUNT ONLY – NOT INSURANCE

Discounts are only available at participating providers. The range of discounts will vary based upon participating provider chosen to provide services. Retail prices may vary by location. Humana does not make payment for these services. You are obligated to pay for all services received and you will receive a discount from the participating provider. A list of participating providers is available upon request.

Limitations and exclusions

This is an outline of the limitations and exclusions for this Humana individual dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

1. Cosmetic Services

We do not cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be necessary.

2. Experimental or Investigational Treatment

We do not cover any health care service, procedure, treatment, or device that is experimental or investigational. However, we will cover experimental or investigational treatments, including treatment for your rare disease or patient costs for your participation in a clinical trial, when our denial of services is overturned by an external appeal agent certified by the State. However, for clinical trials, we will not cover the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under this policy for non-investigational treatments. See the General Provisions, Appeal Rights section of this policy for a further explanation of your appeal rights.

3. Felony Participation

We do not cover any illness, treatment or medical condition due to your participation in a felony, riot or insurrection.

4. Government Facility

We do not cover care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

5. Medical Services

We do not cover medical services or dental services that are medical in nature, including any hospital charges or prescription drug charges.

6. Medically Necessary

In general, we will not cover any dental service, procedure, treatment, test or device that we determine is not medically necessary. If an external appeal agent certified by the State overturns our denial, however, we will cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device is otherwise covered under the terms of this policy.

7. Medicare or Other Governmental Program

We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

8. Military Service

We do not cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

9. Services Not Listed

We do not cover services that are not listed in this policy as being covered.

10. Services Provided by an Immediate Family Member

We do not cover services performed by a member of the covered person's immediate family.

11. Services Separately Billed by Hospital Employees

We do not cover services rendered and separately billed by employees of hospitals, laboratories or other institutions.

12. Services with No Charge

We do not cover services for which no charge is normally made.

13. Temporomandibular Joint Dysfunction (TMJ)

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 including, but not limited to headaches.

Limitations and exclusions (continued)

14. War

We do not cover an illness, treatment or medical condition due to war, declared or undeclared.

15. Workers' Compensation

We do not cover services if benefits for such services are provided under any state or federal workers' compensation, employers' liability or occupational disease law.

Insured by Humana Insurance Company of New York.

Policy number: NY-71145

Applications are subject to approval. 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. Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage.

Walmart, WellRX, TruHearing, EyeMed, and Choices by WholeHealth Living (the Vendors) are third-party vendors. Humana's contract with the Vendors does not eliminate a member of any obligations under the policy or change the terms of the policy. Participation in a Vendors' program is voluntary. All representations and warranties contained in this marketing material are made solely by the Vendors, not Humana. Humana and the Vendors, including each party's respective affiliates and subsidiaries, are independent, non-affiliated entities. Humana, its parent and affiliates are not liable to members for the negligent provision of services by the Vendors.

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Lifelong well-being for veterans and their families