Humana Extend 1250

New York

About your plan

This individual Humana Extend 1250 dental and vision plan is designed for people who are looking to combine their coverages into a single plan while maximizing their benefits. This plan offers access to a nationwide network of providers who specialize in routine dental and vision services. Coverage includes preventive, basic, and major dental services, in addition to vision services.

Who can enroll in this plan – Anyone can enroll in this plan.

How your plan works

- Preventive, Basic, and Major dental coverage (waiting periods may apply).
- Preventive dental services are covered at 100% for both in and out of network after deductible. Coinsurance for basic and major dental services after deductible.
- Teeth whitening coverage.
- Vision coverage.

Dental coverage

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] Members can maximize benefits by choosing one of the more than 135,000 dentists and specialists* in our nationwide network. Visit **Humana.com/Find-Care** to find a participating dentist.

Calendar year deductible	Individual	Family
This is the dollar amount you pay for covered services each calendar year before the plan pays	$75 per person	$75 per person

Annual maximum	
This is the maximum amount that the plan will pay in a calendar year for covered services	$1,250 per person

Dental care services	In-network coverage	Out-of-network coverage†
Preventive services (no waiting period) • Routine periodic oral examinations (limit two every calendar year) • Limited oral examination (limit one every calendar year) • Comprehensive oral examination (limit one every three years) • Comprehensive periodontal evaluation (limit one every three years)	100% after deductible	100% after deductible

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Dental care services (continued)	In-network coverage	Out-of-network coverage†
Preventive services (continued) (no waiting period) • Bitewing X-rays (limit one set of two films every calendar year for ages 10 and younger, and limit one set of four films every calendar year for ages 11 and older) • Panoramic film (limit one every five years) • Cleanings – prophylaxis (limit two every calendar year) • Topical fluoride (limit two every calendar year) • Sealants (limit of once per tooth per lifetime, age 14 and younger for primary teeth only)	100% after deductible	100% after deductible
Basic services (6 month waiting period applies) • Simple extractions and root removal • Restorations – fillings (limit one per tooth per two years, composite covered on front teeth only[2]) • Space maintainers (age 14 and younger for primary teeth only) • Anesthesia • Palliative treatment of dental pain – per visit	60% after deductible	60% after deductible
Major services (12 month waiting period applies) • Endodontics – root canals (limit one per tooth per lifetime) • Complete dentures (limit one every five years) • Removable partial dentures (limit one every five years) • Denture repair and adjustments (if more than six months after initial placement) • Crowns, inlays and onlays (limit once per tooth every five years) • Surgical extractions • Periodontal maintenance (limit two every calendar year) – *no waiting period for this service* • Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (one every calendar year, reduces the limit for cleaning (prophylaxis) services) – *no waiting period for this service* • Periodontal scaling and root planing (limit one per quadrant every three years) – *no waiting period for this service* *Note: Replacement of congenitally missing teeth or teeth extracted prior to coverage under the policy are not covered.*	50% after deductible	50% after deductible
Teeth whitening (no waiting period) • External bleaching – per arch – performed in office	$100 allowance, does not apply to deductible or annual dental maximum	

* Based on Humana network data, last accessed October 2024.

† Out-of-network dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a dentist in our nationwide network. Waiting periods and other limitations may apply; please see your policy for coverage details.

Important to know: Dental and vision plans, excluding Dental Savings Plus, may have a minimum one-year initial contract period. 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. 11, 2024, 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.

Vision coverage

Having your eyes checked every year can help detect vision-related complications, including glaucoma, cataracts, and diabetic retinopathy-the leading cause of blindness among adults[3] and the most common eye complication in diabetic patients[4].

Members have access to one of the largest vision networks in the United States‡, with optometrists and ophthalmologists at more than 170,000 access points**, including both independent and national retail locations such as LensCrafters®, Pearle Vision®, and Target Optical®. Visit **Humana.com/Find-Care** to find a provider near you.

Vision care services	In-network	Out-of-network
Exam (one every 12 months from the last date of service) • Routine exam only	$0 copay	$0 copay

‡ Based on the EyeMed Insight network and analysis of competitors' largest networks via Network360 data, 2021.

** Based on Humana network data, last accessed November 2024.

Additional plan discounts:

You also have access to exclusive, members-only special offers and discounts on vision-related products and services. The offers and discounts are easily accessible from the plan's website and can be used above and beyond your vision benefit; they are not part of the insurance plan. New offers are added often, so have a look before scheduling your next eye exam.

Members may receive discounts on services and materials not covered by the plan from network providers. Members should contact their network provider to determine what discounts may be available.

Footnotes

3. "About Common Eye Disorders and Diseases," Centers for Disease Control and Prevention, last accessed Oct. 11, 2024, https://www.cdc.gov/vision-health/about-eye-disorders

4. "Diabetic Eye Disease Resources," National Eye Institute, last accessed Oct. 11, 2024, https://www.nei.nih.gov/learn-about-eye-health/outreach-resources/diabetic-eye-disease-resources

Limitations and exclusions

This is an outline of the limitations and exclusions for this Humana individual dental and vision plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. In addition to any limitations and exclusions listed in “Schedule of Policy Benefits” or “Definition” sections, this policy does not provide benefits for the following:

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 medically 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.

Limitations and exclusions (continued)

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. "Immediate family member" means a child, stepchild, spouse, parent, stepparent, sibling, stepsibling, parent-in-law, child-in-law, sibling-in-law, grandparent, grandparent's spouse, grandchild, or grandchild's spouse.

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. War

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

14. Worker's 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-72032

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.

EyeMed (the Vendor) is a third-party vendor. Humana's contract with the Vendor does not eliminate a member of any obligations under the policy or change the terms of the policy. Participation in a Vendor's program is voluntary. All representations and warranties contained in this marketing material are made solely by the Vendor, not Humana. Humana and the Vendor, 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 Vendor.

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