

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 Loyalty Plus 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, basic and major services like routine cleanings and exams, fillings, dentures and extractions. 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](https://www.humana.com/Find-Care) to find a participating dentist.

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

How your plan works

- **Loyalty benefits** - There is confidence in knowing your dental plan. The longer you are a member, the greater your benefits, such as:
 - Increased coverage for procedures such as fillings, root canals, and crowns.
 - Increased maximum amounts that the plan will pay annually.
 - One-time deductible for as long as you stay on the plan.
- **Choice** - The plan pays the same percentage no matter which dentist you visit. Save even more by choosing a dentist location in the Humana dental network. Visit [Humana.com/Find-Care](https://www.humana.com/Find-Care) to find a participating dentist.
- **Access to benefits** - With no waiting periods, you can get the dental work you need upon your effective date and your plan benefits will help cover the cost.
- **Helps maintain good oral health** - Most preventive services are covered at 100 percent.

One-time deductible

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

Individual	\$150
Individual + One	\$300
Family	\$450

Annual maximum

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

First year	\$1,000 per individual on the plan
Second year	\$1,250 per individual on the plan
Subsequent years	\$1,500 per individual on the plan

Dental care services[†]

Preventive services (no waiting period)

- Routine oral examinations (limit two every plan year)
- Periodontal examinations (limit two every plan year)
- Cleanings (limit two every plan year)
- Topical fluoride treatment (limit two every plan year, age 14 and younger)
- Sealants (limit one per tooth per lifetime, age 14 and younger)

First year

100%
no deductible

Second year

100%
no deductible

Subsequent years

100%
no deductible

Dental care services[†] (continued)

First year

Second year

Subsequent years

Basic services (no waiting period)

- Simple extractions and root removal (limit two every plan year)
- Fillings (limit two every plan year, composite covered on front teeth only²)
- Miscellaneous X-rays (limit one every plan year)
- Bitewing X-rays (limit one set of two or four every plan year)
- Full mouth or panoramic X-rays (limit one every five years)
- Palliative treatment of dental pain – per visit (limit two every plan year)

40% after deductible

55% after deductible

70% after deductible

Major services (no waiting period)

- Root canals (limit one per tooth every two years, permanent teeth only)
- Periodontal cleanings (limit two every plan year)
- Complete dentures (limit one every five years)
- Removable partial dentures (limit one every five years)
- Denture repair and adjustments (limit one every plan year)
- Crowns (limit one per tooth every five years)
- Onlays (limit one per tooth every five years)
- Space maintainers (age 14 and younger, initial placement only, not covered on permanent teeth)
- Surgical extractions
- Oral surgery

Note: Replacement of congenitally missing teeth or teeth extracted prior to coverage under the policy are not covered.

20% after deductible

30% after deductible

50% after deductible

Orthodontia services

- Adult and child orthodontia

Member may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.

* 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 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. Payment may include an administration fee. A one-time, non-refundable enrollment fee may apply (the fee is non-refundable as allowed by state requirements). Applicable fees are disclosed at time of enrollment.

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.

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. 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. 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 unless benefits payable under workers’ compensation are excluded from coverage. We will not exclude coverage for any covered service if an award of the Workers’ Compensation Commission denies compensation benefits relating to such covered service and no request for review of such award is made within the time prescribed by § 65.2-705, or an award of the Workers’ Compensation Commission, after review by the full Commission according to § 65.2-705, denies compensation benefits relating to such covered service. If these conditions are met, we will immediately provide coverage for the covered service to the extent otherwise covered under this policy.
2. Services:
 - a. Performed by a member of the covered person's immediate family and services for which no charge is normally made in the absence of insurance; or
 - b. Treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law.
3. Any loss caused or contributed by:
 - a. War or any act of war, whether declared or not;
 - b. Taking part in a riot;
 - c. Commission of or an attempt to commit a felony; or
 - d. Any conflict involving armed forces of any authority.
4. Services 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.
5. 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; or
 - g. Separate charges for materials or use of equipment, such as lasers.
6. 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 periodontally weakened teeth;
 - d. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
 - e. Bite registration or bite analysis.
7. Infection control, including but not limited to sterilization techniques.
8. 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.
9. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
10. Prescription drugs or pre-medications, whether dispensed or prescribed.
11. Services not specifically listed in the “Schedule of Policy Benefits” section.

Limitations and exclusions (continued)

12. Services shown as “Not Covered” in the “Schedule of Policy Benefits” section.
13. Services that:
 - 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.
14. Orthodontic services.
15. Any expense incurred before the covered person’s effective date or after the date the covered person’s coverage under this policy terminates.
16. Charges exceeding the reimbursement limit for the service.
17. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans 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.
18. Repair or replacement of orthodontic appliances.
19. 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.
20. Elective removal of non-pathologic impacted teeth.
21. Service for orthognathic surgery.
22. Services generally considered medical or covered by a medical plan.
23. Services for destruction of lesions by any method.
24. Services for tooth transplantation.
25. Services for removal of a foreign body from the oral tissue or bone.
26. Services for reconstruction of surgical, traumatic or congenital defects of the facial bones unless dental related.
27. Any separate fees for pre and post-operative care.
28. Replacement of restorations (fillings) placed less than two years ago.
29. We will not cover the replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.

Insured by Humana Insurance Company.

Policy number: VA-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.