

About your plan

Good health starts with a healthy mouth. Regular dental exams and cleanings can lower the risk of gum disease, which is linked to heart disease, diabetes, stroke and other serious conditions.¹

The Humana 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 affordable coverage for preventive and basic services like routine cleanings and exams, fillings, extractions, a \$100 teeth whitening allowance and special discounts. You can lower your cost by choosing one of the more than 325,000 dentist locations in the Humana Dental network. You can visit Humana.com to find a participating specialist.

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

How your plan works

Calendar year deductible	Individual	Family
This is the amount you will pay out-of-pocket for services in a calendar year (excludes discount services)	\$50 (deductible waived for in-network preventive services)	\$150 (deductible waived for in-network preventive services)
Annual Maximum	\$1,250	
This is the maximum amount that the plan will pay in a calendar year (excludes discount services)		
Coinsurance options	Contracted coverage	Non-contracted coverage
Preventive Services (no waiting period) <ul style="list-style-type: none"> Routine oral examinations (limit two per year) Limited oral evaluation (limit one per year) Comprehensive oral evaluation (limit one per three years) Bitewing X-rays (one set of films per year) Panoramic film combined with Full Mouth (limit one every five years) Cleanings (limit two per year) Topical fluoride treatment (limit one per year, age 14 and under) Sealants (limit of one per tooth per lifetime, age 14 and under) 	100% no deductible	100% no deductible



Coinsurance options (continued)	Contracted coverage	Non-contracted coverage
Basic services (90 day waiting period)		
<ul style="list-style-type: none"> Emergency care for pain relief Extractions and root removal Fillings (limit one per tooth, two per year, composite covered on front teeth only²) Space maintainers (age 14 & under, initial placement only) Prefabricated stainless steel crowns 	60% after deductible	60% 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.

Non-contracted 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 the Humana Dental Network. Waiting periods and other limitations may apply; please see your policy for coverage details.

In Texas, the plans provide benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist their out of pocket costs may be higher than that charged by contracted dentists. You may sometime see this referenced with the terms of in and out of network.

Footnotes

¹ “Gum Diseases and Other Diseases,” American Academy of Periodontology, last accessed March 15, 2022, <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.

Important to know:
This plan may require a one-year contract.



Discounts

We've worked with national retailers to create this package with affordable 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. They 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 32% (with potential savings up to 50% on select prescriptions*).
- 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 provider and services rendered. This program does not make payments directly to providers. Members are required to pay for all healthcare services. You may cancel your registration at any time or file a complaint by contacting Customer Care. This program is administered by Medical Security Card Company, LLC (MSC) of Tucson, AZ.

* Based on the program administrator's 2011 national savings data

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.
- Enrolled in Medicare Part D? Use for prescriptions excluded by your Medicare Part D plan
- Humana is pleased to have Walmart as a preferred pharmacy that has committed to special discounts for Humana veterans.
- Access 62,000 pharmacies located throughout the United States including national retailers, and many independently owned pharmacies. Go to WellRX.com to find a provider near you.

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 PRK services at the US Laser Network.

THIS IS NOT INSURANCE.

These discount programs are not part of your dental insurance product. Discounts are only available at participating providers. Service providers are solely responsible for the provision of products and services. Humana and its affiliates are not liable for product defects, provider negligence, or other errors in the delivery of discount products or services. Retail prices may vary by location. For Texas members: To file a complaint, call the Texas Department of Licensing and Regulation toll free (in Texas) at 800-803-9202 or Relay Texas-TDD at 800-735-3989.

Member may receive a 20% discount on items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses.

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

Important to know:

- Use as often as needed – there's unlimited use for obtaining exams, frames, lenses, and contact lenses.
- Access 35,000 national providers at 20,000 locations including optometrists, ophthalmologists, opticians, and optical retailers such as LensCrafters®, Pearle Vision®, and Target Optical®. To find a provider near you, go to Humana.com/findaprovider.

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 30-60% off the average retail price of the latest hearing aids.

Important to know:

- Call TruHearing at 866-795-5045. For TTY, dial 711, 7 a.m. – 7 p.m., Monday through Friday – Mountain Time
- Schedule a hearing exam
- Order your hearing aid
- Return for fitting and programming
- For more info, visit [TruHearing.com/Choice](https://www.humana.com/TruHearing/Choice)

Clinic Care

When you need care for non-life-threatening conditions, you can visit a participating The Clinic at Walmart* location across the United States to save time and money.

Benefits:

The Clinic at Walmart*

- Save on every visit for preventive and routine health services for common ailments as well as screening exams and cholesterol screenings.

Important to know:

- No appointment is necessary
- No limits on the number of discounts that you can receive annually
- To find a participating clinic near you login to www.walmart.com/cp/Care-Clinic

* Participating locations and discounts are limited and vary by state. Services vary by clinic. Each clinic located in a Walmart store is owned and operated by an independent company that is unaffiliated with Walmart. Walmart does not employ any healthcare professionals or exercise any control over the provision of healthcare services at these clinic locations.

Alternative Medicine

Get special discounts on popular complementary and alternative medicine (CAM) services through Healthways WholeHealth Networks, Inc.

Benefits:

- You save up to 30% on chiropractic, acupuncture, and massage therapy services

This program is not considered insurance. You are responsible for paying the Healthways WholeHealth 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 Healthways WholeHealth Network providers at [Humana.wholehealthmd.com](https://www.humana.com/wholehealthmd.com).
- You can visit providers as often as you like. Services provided by Healthways WholeHealth Networks also may be covered by your health insurance. We strongly encourage you to use your health insurance benefits whenever possible.

Dental 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. 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.
2. Services:
 - a. That are free or that a covered person would not be required to pay for if they did not have this insurance, unless charges are received from and reimbursable to the United States government or any of its agencies as required by law;
 - b. Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - c. Furnished by any United States government-owned or operated hospital/institution/agency.
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 criminal act;
 - d. Engaging in an illegal profession or occupation;
 - e. Any act of armed conflict; or
 - f. Any conflict involving armed forces of any authority.
4. Any expense arising from the completion of forms.
5. Failure to keep an appointment with the provider.
6. Services we consider cosmetic dentistry unless it is required as a result of an accidental injury sustained while the covered person is covered under the policy.
7. 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;
 - g. Separate charges for materials or use of equipment, such as lasers; or
 - h. Separate charges for treatment rendered in a clinic, dental or medical facility owned, operated, sponsored or maintained by either (i) the employer or any covered person; or (ii) by an employee of any covered person.
8. 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.
9. Infection control, including but not limited to sterilization techniques.
10. 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.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.

Dental limitations and exclusions (continued)

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:

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

Insured by Humana Insurance Company

Applications are subject to approval. Waiting periods may apply; limitations and exclusions apply.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern. For more information, go to **Humana.com** or contact your sales agent.

Policy number: TX-71145



Lifelong well-being for veterans and their families

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك