

NC Dept of Health and Human Services

| | | |
|---|---|-----------------|
| Calendar-year deductible (excludes orthodontia services) | Individual \$50 | Family \$150 |
| Annual maximum | \$1,500 (Up to \$500 per year for orthodontia is included in the annual maximum) After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year. (Implants and orthodontia excluded.) | |
| Preventive services <ul style="list-style-type: none"> › Oral examinations › X-rays › Cleanings › Topical fluoride treatment (through age 14, one per calendar year) › Sealants (through age 14) › Space maintainers (through age 14) › Emergency care for pain relief | 100% no deductible | |
| Basic services <ul style="list-style-type: none"> › Basic oral surgery services-basic extractions of erupted tooth or root › Fillings (amalgams, composite for anterior teeth) › Appliances for children (through age 14) › Prefabricated stainless steel crowns › Complex surgical extractions-surgical removal of erupted tooth, impacted tooth, and tooth roots | 80% after deductible | |
| Major services <ul style="list-style-type: none"> › Crowns › Inlays › Onlays › Bridgework › Dentures › Denture relines and rebases › Denture repair and adjustments › Periodontics › Endodontics (root canals) | 50% after deductible | |
| Orthodontia | Child only orthodontia with \$1500 lifetime maximum; \$750 orthodontia paid per calendar year, subject to annual maximum | |

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

Frequency/age limits may apply.

☐ Monthly rates*

| | |
|-------------------------------|----------|
| Employee: | \$37.09 |
| Employee + Spouse: | \$74.21 |
| Employee + Child(ren): | \$81.65 |
| Family: | \$118.74 |

*This is not a substitute for a quote. Rates must be approved by Humana Specialty Benefits underwriting.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.*

Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- › Use a soft-bristled toothbrush
- › Choose toothpaste with fluoride
- › Brush for at least two minutes twice a day
- › Floss daily
- › Watch for signs of periodontal disease such as red, swollen, or tender gums
- › Visit a dentist regularly for exams and cleanings

.....
Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success? HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit HumanaDental.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. You save an average of 28 percent when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to HumanaDental.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at HumanaDental.com.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at HumanaDental.com or by calling 1-800-233-4013.

HUMANA
Specialty Benefits

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy number: CO-70090-HD 3/08, FL-70090-HD 3/08, GN-70090-HD 3/08, IL-70090-HD 5/06, IN-70090-HD 3/08, KS-70090-HD 3/08, KY-70090-HD 3/08, LA-70090-HD 3/08, MI-70090-HD 3/08, MN-70090-HD 3/08, MO-70090-HD 3/08, NC-70090-HD 3/08, NM-70090-HD 3/08, OH-70090-HD 3/08, OK-70090-HD 3/08, OR-70090-HD 3/08, RI-70090-HD 3/08, TN-70090-HD 3/08, VA-70090-HD 3/08

Plan summary created on: 24/08/2010 11:50:39



Receive an EyeMed vision discount

As a participating dentist, you receive the EyeMed Vision Discount program at no cost to you. EyeMed offers access to 35,000 national providers at 20,000 locations including optometrists, ophthalmologists, opticians, and optical retailers such as LensCrafters®, Pearle Vision®, Sears Optical, Target Optical, and JCPenney Optical.

To find an EyeMed provider

- Click on “EyeMed Vision Care” under the “Provider Search” area in the member section of Humana.com, or call EyeMed’s toll-free locator service at 1-866-995-9316
- To find a LASIK or PRK vision-correction provider, call 1-877-5LASER6

To obtain your discount from an EyeMed provider, simply present the discount card below.

See the other side of this flyer for a list of vision care services.

EyeMed
Vision Care
Discount

Humana®

For a location
nearest you call
1-866-995-9316.

This vision discount
program is not part
of your insurance.

Humana®

Vision discount program

(retail prices may vary by location)

Exams

| | You pay |
|-----------------------------|----------|
| Routine exam | \$5 off |
| Contact lens exam | \$10 off |

Standard plastic lenses

| | You pay |
|-------------------------|---------|
| Single vision | \$50 |
| Bifocal | \$70 |
| Trifocal | \$105 |

Frames

Discount available – 40 percent off retail prices – on all frames except when prohibited by the manufacturer.

Lens options

| | You pay |
|---|--------------|
| UV coating | \$15 |
| Tint (solid and gradient) | \$15 |
| Standard scratch-resistant | \$15 |
| Standard polycarbonate | \$40 |
| Standard progressive* (add-on to bifocal) | \$65 |
| Standard anti-reflective coating | \$45 |
| Other add-ons and services | 20% discount |

* The cost for Premium Progressive lenses equals the Basic Progressive lens retail price plus a 20 percent discount on the balance over this price.

Contact lenses

Conventional lenses are 15 percent off retail price. Discount applied to materials only (excludes disposable).

Laser vision correction*

LASIK or PRK from U.S. Laser Network is 15 percent off retail price or 5 percent off promotional price.

* Because 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. For a location near you and the discount authorization, please call 1-877-5LASER6.

Service

Frequency

| | |
|--------------------------|-----------|
| Examination | unlimited |
| Frames | unlimited |
| Lenses | unlimited |
| Contact lenses | unlimited |

Limitations/ Exclusions:

- 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

Plan code: 9242595

This is not insurance. These discount programs are not part of your 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.

Member will 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. Retail prices may vary by location.

For Texas members: to file a complaint, please call the Texas Department of Licensing and Regulation toll-free (in-Texas) at 800-803-9202 or Relay Texas-TDD at 800-735-2989.

Last name:

First name:

True and complete acknowledgement

I understand, agree, and represent:

- I have read the Large Group Employee and Individual Application and Enrollment Form or it has been read to me and answers provided are true and complete to the best of my knowledge and belief.
- Neither my employer / group nor the agent can waive any question, determine coverage or insurability, alter any contract or waive any of Humana’s other rights and requirements.
- If the Large Group Employee and Individual Application and Enrollment Form for coverage is accepted, coverage will be effective on the date specified by Humana on the policy or certificate of insurance.
- If I have a new dependent as a result of a qualifying event, I may in the future be able to enroll myself or my dependents provided I request enrollment within 31 days after the qualifying event.
- If I or my dependents become eligible for premium or rate subsidies under Medicaid or the Children’s Health Insurance Program (CHIP), I may in the future be able to enroll myself or my dependents provided I request enrollment within 60 days after the qualifying event. I understand eligibility for enrollment does not apply to a High Deductible Health Plan (HDHP).
- In the event that I should decide to apply for coverage hereafter, that subsequent Large Group Employee and Individual Application and Enrollment Form shall be subject to the applicable terms and conditions of the master group contract(s), policy provisions or certificate provisions which may require additional limitations and waiting periods.
- Based on the coverage I have elected, I may be required to furnish evidence of health status satisfactory to Humana.
- If I am declining coverage for myself or my dependents (including my spouse) because of other coverage, I may in the future be able to enroll myself or my dependents provided that I request enrollment within 31 days after my other coverage ends.
- If I am declining coverage for myself or my dependents (including my spouse) because of coverage under Medicaid or CHIP, I may in the future be able to enroll myself or my dependents provided that I request enrollment within 60 days after my coverage under these programs ends. I understand eligibility for enrollment does not apply to an HDHP.

- Humana reserves the right to delay medical coverage and/or deny life or dental coverage with any future application for coverage.
- If any deductions are required for this coverage, I authorize those deductions from my earnings. If selecting the Health Savings Account (HSA), I authorize Humana or its banking partners to provide my account number to my employer / group for the purposes of depositing any contributions.
- If I am applying for coverage for my dependents (including my spouse) I attest by my signature below, I have gathered the necessary health information from my dependents in order to fully and truthfully complete the Large Group Employee and Individual Application and Enrollment Form.
- If I have selected workplace voluntary benefits, and if coverage is not issued as initially applied for, I hereby authorize Humana to decrease or increase the premium or rate amount stated on the Large Group Employee and Individual Application and Enrollment Form to cover the benefit actually issued.
- An act of fraud or an intentional misrepresentation of a material fact may void or terminate an individual’s or group’s coverage as specified under the terms of the Policy or Certificate. Providing incomplete, inaccurate, or untimely information may void, reduce, or increase past premium, or terminate an individual’s coverage or the group’s coverage.
- Rates or premium quoted and the effective date requested are not guaranteed. The final rate or premium and effective date will be determined upon underwriting review and approval of the Large Group Employee and Individual Application and Enrollment Form by Humana.
- Any person who knowingly presents false information in an application for insurance or viatical settlement contract or a viatical settlement purchase agreement may be guilty of a felony and may be subject to fines and confinement in prison.

If you decide not to sign this agreement, we will decline to enroll you in an insurance product or to give you insurance benefits.

Authorization

My dependents and I understand and agree:

- The information obtained by use of this authorization may be used by Humana to make claims determinations, determine eligibility for coverage, eligibility for benefits under an existing policy and plan administration.
- Any information obtained will not be released by Humana to any person or organization except to reinsuring companies, the Medical Information Bureau, Inc. or other persons or organizations performing health care operations or business or legal services in connection with this Large Group Employee and Individual Application and Enrollment Form, claim or as may be otherwise lawfully required, or as I (we) may further authorize.

non-medical information and to share any and all such information with Humana, its reinsurer or its legal representatives, and its affiliates. Once personal and health (including medical, dental and pharmacy) information is disclosed pursuant to this authorization, the recipient may redisclose it and the information may not be protected by federal and state privacy requirements.

This authorization shall be valid for two years from the date I sign the application and I have the right to revoke this authorization at any time by writing to Humana’s Privacy Office.

I have also been advised that myself or a person authorized to act on my behalf may request a copy of the authorization form.

Authorization for Release of Medical Records

If my dependents or I have selected life or disability, I authorize any third party to have information regarding myself. This includes any medical or

The Large Group Employee and Individual Application and Enrollment Form, together with any supplemental forms, will make up part of any contract and be the basis for any policy or certificate.

Signature - Please sign below if enrolling or waiving any group coverage

Employee / Individual or legal representative signature

Date / /

Name and relationship of legal representative _____
(if a covered dependent)