



Georgia

HumanaOne

Optional benefits

Make your HumanaOne plan fit your needs even better. Purchasing extra benefits is an easy and affordable way to get the coverage you need. Plus, in most cases, there's no separate application or underwriting.

Add extra benefits to your medical plan



Dental

Protect your healthy smile with affordable, easy-to-use optional dental benefits from one of the nation's largest dental insurers. For a low monthly premium, you can use more than 130,000 network providers. And if you're approved for a medical plan, you're approved for dental benefits – just choose the type of coverage that meets your needs:

- Traditional Plus** includes coverage for preventive, basic, and major services. You can go to network or non-network dentists, but you'll pay less when you choose dentists in the network.
- Preventive Plus** covers the most common preventive and basic services. Discounts are available for major services and basic services the plan doesn't cover.



Term life

HumanaOne makes it easy to get peace of mind and help plan for a secure future for your family. You can apply for a medical plan and term life insurance at the same time. If you are approved for your medical plan, you will also be eligible for up to \$150,000 in term life coverage. Term life insurance gives protection for a certain time, during which premiums stay the same.



Supplemental accident

If you're approved for a medical plan, you can choose our supplemental accident benefit. This benefit pays a set amount per covered person for treatment of an accident, excluding prescription drugs, even before you've met your medical plan deductible. Treatment must take place within 90 days of the accident.

[Look inside for more details >>](#)

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Dental Traditional Plus

Calendar-year deductible

Individual

Family

✔ **Important to know:**

- Deductible does not apply to discount services
- Deductible does not apply to preventive services

\$50

\$150

Annual maximum

\$1,000

✔ **Important to know:**

- Annual maximums do not apply to discount services

In-network

Out-of-network

Preventive services

100% no deductible

100% no deductible

- Routine oral examinations (limit 2 per year)
- Cleanings (limit 2 per year)
- Topical fluoride treatment (limit 2 per year, age 14 and under)
- Sealants (limit 1 per tooth per lifetime, age 14 and under)
- Bitewing X-rays (limit 1 set per year)
- Panoramic X-ray (limit 1 per 5 years)

Basic services

50% after deductible

50% after deductible

- Emergency care for pain relief
- Fillings (amalgam, composite for anterior teeth, limit 1 per tooth surface per 24 months)
- Space maintainers (initial appliance only, age 14 and under)
- Appliances for children (initial appliance only, age 14 and under)
- Nonsurgical extractions
- Oral surgery
- Denture repair and adjustments
- Recementation of inlays, onlays, and crowns

✔ **Important to know:**

- Six month waiting period applies

Major services

50% after deductible

50% after deductible

- Endodontics (root canals, limit 1 per tooth, per 2 years)
- Denture relines and rebases (limit 1 per 3 years)
- Dentures (limit 1 per 5 years)
- Crowns (limit 1 per tooth, per 5 years)
- Inlays and onlays (limit 1 per tooth, per 5 years)
- Bridgework (limit 1 per 5 years)

✔ **Important to know:**

- Twelve month waiting period applies

Orthodontia

Members can receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.

No discount

Teeth whitening

50% after deductible

50% after deductible

✔ **Important to know:**

- Six month waiting period applies
- \$200 lifetime maximum



Term life

Coverage amounts

Amounts start at \$25,000 and can go up to a maximum of \$150,000

Term levels

- Ages 18-65 for a 10-year level premium term
- Ages 18-60 for a 15-year level premium term
- Ages 18-55 for a 20-year level premium term

Rate guarantee

Rates are guaranteed for the full term of the policy

Renewals

HumanaOne Term Life Insurance is guaranteed renewable to age 95. Premiums after the initial level premium period will increase annually, but are also guaranteed.



Dental Preventive Plus

This plan requires a one-time, non-refundable enrollment fee. The effective date will be the first of the month following the issuance of your medical policy and may differ from your medical effective date.

| Calendar-year deductible | Individual | Family |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <p>Important to know:</p> <ul style="list-style-type: none"> > Deductible does not apply to discount services > Deductible does not apply to in-network preventive services | \$50 | \$150 |
| <p>Annual maximum</p> <p>Important to know:</p> <ul style="list-style-type: none"> > Annual maximum does not apply to discount services | \$1,000 | |
| | In-network | Out-of-network |
| <p>Preventive services</p> <ul style="list-style-type: none"> • Routine oral examinations (limit 2 per year) • Periodontal examinations (limit 2 per year) • Cleanings (limit 2 per year) • Topical fluoride treatment (limit 1 per year, age 14 and under) • Sealants (limit 1 per tooth per lifetime, age 14 and under) • Bitewing X-rays (limit 1 set per year, excludes full mouth and panoramic) | 100% no deductible (based on negotiated fee amount) | 100% of in network fee schedule (after deductible) (based on reimbursement limit) |
| <p>Basic services</p> <ul style="list-style-type: none"> • Emergency care for pain relief • Fillings (amalgam, composite for anterior teeth, limit 2 per year) • Space maintainers (initial appliance only, age 14 and under) • Nonsurgical extractions • Oral surgery • Prefabricated stainless steel crowns <p>Important to know:</p> <ul style="list-style-type: none"> > Six month waiting period applies | 60% after deductible (based on negotiated fee amount) | 60% of in network fee schedule (after deductible) (based on reimbursement limit) |
| <p>Discount services</p> <ul style="list-style-type: none"> • Appliances for children • Denture repair and adjustments • Dentures, denture relines and rebases • Endodontics (root canals) • Periodontics (gum therapy) • Crowns, inlays and onlays • Bridgework | Members can receive an average discount of 28 percent if they visit an in-network dentist | No discount |
| <p>Orthodontia</p> | Members can receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount | No discount |



Supplemental accident

With this extra benefit, the plan pays a set amount per covered person for treatment of an accident, excluding prescription drugs, even before you've met the plan deductible. Treatment must take place within 90 days of the accident.

- \$1,000:** Plan pays first \$1,000 per accident at 100%, then your plan benefits apply
- \$2,500:** Plan pays first \$2,500 per accident at 100%, then your plan benefits apply

To be covered, expenses must be medically necessary and listed as covered in your Certificate/policy. This is a document which outlines the benefits, provisions, and limitations of your plan. Please refer to a Certificate/policy for the actual terms and conditions of your plan.

This is an outline of the limitations and exclusions for the HumanaOne plans outlined in this document. It is designed for convenient reference. Consult the Certificate/policy for a complete list of limitations and exclusions. Unless stated otherwise, no benefits are payable for expenses arising from:

Dental limitations and exclusions

Unless stated otherwise, no benefits are payable for expenses arising from:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - A. That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. 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 U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - A. War or any act of war, whether declared or not;
 - B. Any act of international armed conflict; or
 - C. Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic dentistry unless it is necessary as a result of an accidental injury sustained while you are covered under the policy. We consider the following cosmetic dentistry procedures:
 - A. Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
 - B. Any service to correct congenital malformation;
 - C. Any service performed primarily to improve appearance; or
 - D. Characterizations and personalization of prosthetic devices.
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.
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;
 - 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 anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in your plan benefits.
14. Any service shown as "Not Covered" in the Schedule.
15. Any service that we determine:
 - A. Is not a dental necessity;
 - B. Does not offer a favorable prognosis;
 - C. Does not have uniform professional endorsement; or
 - D. Is deemed to be experimental or investigational in nature.
16. Orthodontic services.
17. Any expense incurred before your effective date or after the date your coverage under the policy terminates.
18. Services provided by someone who ordinarily lives in your home or who is a family member.
19. Charges exceeding the reimbursement limit for the service.
20. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, 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.
22. Repair and replacement of orthodontic appliances.
23. Elective removal of non-pathologic impacted teeth.

Life exclusions

This policy will not cover any loss resulting from:

1. Suicide, whether sane or insane, within the first two years of the issue date under this policy (benefits will be limited to the premium paid for the Term Life Insurance benefit).

Insured by Humana Insurance Company or HumanaDental Insurance Company
Applications are subject to approval. Waiting periods, limitations and exclusions apply.

Supplemental Accident and Deductible Carryover Credit are components of your health plan. In some states, membership in the Peoples' Benefit Alliance (PBA) is required to apply for our health plan, dental plan, or both. There's a monthly fee for this membership. The PBA is a not-for-profit membership organization that provides health, travel, consumer, and business-related discounts to its members. See your state-specific benefit summary to find out if PBA membership is required in your state.

This document contains a general summary of covered benefits, exclusions and limitations. Please refer to the Certificate/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 Certificate will govern.

Your premium won't go up during the first year the Certificate/policy is in force, as long as you stay in the same area and keep the same benefits. After the first year, we have the right to raise premiums on your renewal date, or more frequently if you move out of the service area or change benefits.

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Certificate/policy numbers: GN-71055-01 4/2010, et al., GN-71037-01 4/2010, et al., GA-70141-HD et al., GN-70136 et al., HUMD-IP.001 GA

