Your Humana benefits guide:

2026 Dental and vision plans
Archdiocese of Louisville

Humana

Welcome to Humana

At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to support your overall well-being, your care is always at the core of what we do.

Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being and Humana's dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you're signing up for a healthier you.

Why sign up for dental benefits?

Preventive dental care, such as checkups and cleanings, help stop issues before they start, saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**

For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**

Plus, **caring for you is at the heart of everything we do,** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.

2026 Dental Plan Options

Compare your dental plan options in this guide. The benefits and services highlighted will help you decide which plan is best for you. The tables show how services will be paid when you visit a dentist in the Humana network. This is an example and costs may vary.

	PPO/Traditional Preferred/Preventive Plus plan options		
	Flexible plans with lower deductibles and the ability to see any dentist. See an in-network dentist for the lowest cost of care. You'll pay more for services if you see a dentist not in the network and may get billed for charges above the amount covered by your dental plan. Additional benefit information is available on the summaries that follow.		
	PPO	**Traditional Preferred**	**Preventive Plus**
Deductible	The amount you pay before your dental plan starts paying for covered expenses (excluding preventive services):		
	Individual: $0 Family: $0	Individual: $50 Family: $150	Individual: $50 Family: $150
Calendar year maximum	Total amount the plan pays in a plan year:		
	$1,500	$1,500	$1,500
Preventive services	Visit any **in-network dentist** at no additional cost to you for preventive care services including:		
	• Three routine cleanings per year • Routine X-rays • Four periodontal maintenance cleanings per year, if needed • Oral cancer screening (ages 40+)		
Basic services	Basic services include fillings, emergency care for pain relief, simple extractions and oral surgery.		
	Plan pays 50% no deductible	Plan pays 50% after deductible	Plan pays 50% after deductible. Extractions and oral surgery are not covered.
Major services	Major services include crowns, bridges, implants and dentures (excludes placement). Also includes periodontic and endodontic (root canal) services.		
	Plan pays 50% no deductible	Plan pays 50% after deductible	Services are not covered Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available.
Orthodontia	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.	Services are not covered Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available.
Your monthly cost			
Employee:	$30.68	$41.16	$16.96
Employee + spouse:	$54.26	$81.78	$36.98
Employee + children:	$60.24	$83.40	$41.46
Family:	$103.22	$135.32	$64.56

Humana Dental PPO

Archdiocese of Louisville

KENTUCKY

Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist U&C 90	
Deductible (excludes orthodontia services)	Individual: $0	Family: $0	Individual: $25	Family: $75
	Deductible applies to all services excluding preventive services.			
Annual maximum (excludes orthodontia services)	$1,500 + extended annual maximum (see section below)			
Preventive services	100% no deductible		80% no deductible	
Routine oral examinations (3 per year)				
Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)				
Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+)				
Routine cleanings (3 per year)				
Periodontal cleanings (4 per year)				
Fluoride treatment (1 per year, through age 16)				
Sealants (permanent molars, through age 16)				
Space maintainers (primary teeth, through age 15)				
Oral Cancer Screening (1 per year, ages 40 and older)				
Basic services	50% no deductible		40% after deductible	
Emergency care for pain relief				
Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)				
Oral surgery (including extractions of impacted teeth)				
General anesthesia[1]				
Stainless steel crowns				
Harmful habit appliances for children (1 per lifetime, through age 14)				

[1] Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.

Humana Dental PPO
Archdiocese of Louisville

KENTUCKY

Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist U&C 90
Major services **Crowns** (1 per tooth every 5 years) **Inlays/onlays** (1 per tooth every 5 years) **Bridges** (1 every 5 years) **Dentures** (1 every 5 years) **Denture relines/rebases** (1 every 3 years, following 6 months of denture use) **Denture repair and adjustments** (following 6 months of denture use) **Implants** (crowns, bridges, and dentures each limited to 1 per tooth every five years) **Periodontics** (scaling/root planing and surgery 1 per quadrant every 3 years) **Endodontics** (root canals 1 per tooth per lifetime and 1 re-treatment)	50% no deductible	40% after deductible
Extended annual max Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.	

Predetermination of benefits: For dental care that may cost you over $300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment. **Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.**

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out-of-network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type[2]	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	No	No

[2] Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia.

Humana Dental PPO
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Questions?

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Sunday, 11 a.m. – 8 p.m., Eastern time.
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Register today!

Register or sign in to MyHumana at **Humana.com** to view your coverage details, ID cards, manage claims, find a dentist and more!

Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in **Your plan benefits section**, this policy does not provide benefits for the following:

1. Any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which benefits are provided or payable under any Worker's Compensation or Occupational Disease Act or Law.
2. Services:
   - 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;
   - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
   - 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:
   - War or any act of war, whether declared or not;
   - Any act of international armed conflict; or
   - 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 unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include:
   - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
   - Any service to correct congenital malformation;
   - Any service performed primarily to improve appearance;
   - Characterizations and personalization of prosthetic devices; or
   - Any procedure to change the spacing and/or shape of the teeth.
7. Charges for:
   - Any type of implant and all related services.
   - Precision or semi-precision attachments;
   - Overdentures and any endodontic treatment associated with overdentures;
   - Other customized attachments;
   - Any service for 3D imaging (cone beam images);
   - Temporary and interim dental services;
   - Additional charges related to material or equipment used in the delivery of dental care.
   - Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the employer policyholder;
   - The removal of any implants unless specified in the Summary of Your Benefits section of this certificate.
8. Any service related to:
   - Altering vertical dimension of teeth;
   - Restoration or maintenance of occlusion;
   - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
   - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
   - 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 that:
    - Is not eligible for benefits based upon clinical review;
    - Does not offer a favorable prognosis;
    - Does not have uniform professional acceptance; or
    - Is deemed to be experimental or investigational in nature.
15. Orthodontic services unless specified in your Summary of your benefits. Only the services specified in the orthodontic rider will be covered orthodontic benefits under this plan.
16. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
17. Services provided by someone who ordinarily lives in your home or who is a family member.
18. Charges exceeding the reimbursement limit for the service.
19. Treatment resulting from any intentionally self-inflicted injury or bodily illness.

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20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, 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.
21. Temporary dental services.
22. Repair and replacement of orthodontic appliances.
23. 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 expression and chewing functions, for symptoms including, but not limited to, headaches.
24. The oral surgery benefits under this plan does not include:
    a. Any services for orthognathic surgery;
    b. Any services for destruction of lesions by any method;
    c. Any services for tooth transplantation;
    d. Any services for removal of a foreign body from the oral tissue or bone;
    e. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
    f. Any separate fees for pre and post-operative care.
25. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.
26. General anesthesia or conscious sedation administered due to the following reasons are not covered:
    1. Pain control unless a documented allergy to local anesthetic is provided.
    2. Anxiety.
    3. Fear of pain.
    4. Pain management.
    5. Emotional inability to undergo surgery.
27. Preventive control programs including oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
28. Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.
29. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
30. Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
31. We do not cover services that generally are considered to be medical services except those specifically noted as covered in this certificate.

Excess coverage
We will not pay benefits for any accidental injury if other insurance will provide payments or expense coverage, regardless of whether the other coverage is described as primary, excess or contingent. If your claim against another insurer is denied or partially paid, we will process your claim according to the terms and conditions of this certificate. If we make a payment, you agree to assign to us any right you have against the other insurer for dental expenses we pay. Payments made by the other insurer will be credited toward any applicable coinsurance or deductibles for the year.

Missing tooth clause: See plan document for more details

Offered by The Dental Concern, Inc.

This is not a complete disclosure of plan qualifications and limitations. Your agents 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 upon the plan selected. Premiums will vary according to the selection made.

Humana Dental Traditional Preferred

Archdiocese of Louisville

KENTUCKY

Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist U&C 90	
Deductible (excludes orthodontia services)	Individual: $50	Family: $150	Individual: $50	Family: $150
	Deductible applies to all services excluding preventive services.			
Annual maximum (excludes orthodontia services)	$1,500 + extended annual maximum (see section below)			
Preventive services **Routine oral examinations** (3 per year) **Bitewing x-rays** (2 films under age 10, up to 4 films ages 10 and older) **Panoramic x-rays** (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) **Routine cleanings** (3 per year) **Periodontal cleanings** (4 per year) **Fluoride treatment** (1 per year, through age 16) **Sealants** (permanent molars, through age 16) **Space maintainers** (primary teeth, through age 15) **Oral Cancer Screening** (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
Basic services **Emergency care for pain relief** **Amalgam fillings** (1 per tooth every 2 years, composite for anterior/front teeth) **Oral surgery** (including extractions of impacted teeth) **General anesthesia**[1] **Stainless steel crowns** **Harmful habit appliances for children** (1 per lifetime, through age 14)	50% after deductible		50% after deductible	

[1] Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.

Humana Dental Traditional Preferred
Archdiocese of Louisville

KENTUCKY

Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist U&C 90
Major services **Crowns** (1 per tooth every 5 years) **Inlays/onlays** (1 per tooth every 5 years) **Bridges** (1 every 5 years) **Dentures** (1 every 5 years) **Denture relines/rebases** (1 every 3 years, following 6 months of denture use) **Denture repair and adjustments** (following 6 months of denture use) **Implants** (crowns, bridges, and dentures each limited to 1 per tooth every five years) **Periodontics** (scaling/root planing and surgery 1 per quadrant every 3 years) **Endodontics** (root canals 1 per tooth per lifetime and 1 re-treatment)	50% after deductible	50% after deductible
Extended annual max Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.	

Predetermination of benefits: For dental care that may cost you over $300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment. **Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.**

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out-of-network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type[2]	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	No	12 months[3]

[2] Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia.
[3] Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.

Questions?

Visit **Humana.com** or call **866-427-7478** Monday – Saturday, 8 a.m. – 11 p.m., and Sunday, 11 a.m. – 8 p.m., Eastern time. Find a dentist at **Humana.com/findadentist**.

Register today!

Register or sign in to MyHumana at **Humana.com** to view your coverage details, ID cards, manage claims, find a dentist and more!

Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in **Your plan benefits section**, this policy does not provide benefits for the following:

1. Any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which benefits are provided or payable under any Worker's Compensation or Occupational Disease Act or Law.
2. Services:
   - 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;
   - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
   - 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:
   - War or any act of war, whether declared or not;
   - Any act of international armed conflict; or
   - 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 unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include:
   - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
   - Any service to correct congenital malformation;
   - Any service performed primarily to improve appearance;
   - Characterizations and personalization of prosthetic devices; or
   - Any procedure to change the spacing and/or shape of the teeth.
7. Charges for:
   - Any type of implant and all related services.
   - Precision or semi-precision attachments;
   - Overdentures and any endodontic treatment associated with overdentures;
   - Other customized attachments;
   - Any service for 3D imaging (cone beam images);
   - Temporary and interim dental services;
   - Additional charges related to material or equipment used in the delivery of dental care.
   - Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the employer policyholder;
   - The removal of any implants unless specified in the Summary of Your Benefits section of this certificate.
8. Any service related to:
   - Altering vertical dimension of teeth;
   - Restoration or maintenance of occlusion;
   - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
   - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
   - 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 that:
    - Is not eligible for benefits based upon clinical review;
    - Does not offer a favorable prognosis;
    - Does not have uniform professional acceptance; or
    - Is deemed to be experimental or investigational in nature.
15. Orthodontic services unless specified in your Summary of your benefits. Only the services specified in the orthodontic rider will be covered orthodontic benefits under this plan.
16. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
17. Services provided by someone who ordinarily lives in your home or who is a family member.
18. Charges exceeding the reimbursement limit for the service.
19. Treatment resulting from any intentionally self-inflicted injury or bodily illness.

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20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, 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.
21. Temporary dental services.
22. Repair and replacement of orthodontic appliances.
23. 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 expression and chewing functions, for symptoms including, but not limited to, headaches.
24. The oral surgery benefits under this plan does not include:
    a. Any services for orthognathic surgery;
    b. Any services for destruction of lesions by any method;
    c. Any services for tooth transplantation;
    d. Any services for removal of a foreign body from the oral tissue or bone;
    e. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
    f. Any separate fees for pre and post-operative care.
25. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.
26. General anesthesia or conscious sedation administered due to the following reasons are not covered:
    1. Pain control unless a documented allergy to local anesthetic is provided.
    2. Anxiety.
    3. Fear of pain.
    4. Pain management.
    5. Emotional inability to undergo surgery.
27. Preventive control programs including oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
28. Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.
29. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
30. Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
31. We do not cover services that generally are considered to be medical services except those specifically noted as covered in this certificate.

Excess coverage
We will not pay benefits for any accidental injury if other insurance will provide payments or expense coverage, regardless of whether the other coverage is described as primary, excess or contingent. If your claim against another insurer is denied or partially paid, we will process your claim according to the terms and conditions of this certificate. If we make a payment, you agree to assign to us any right you have against the other insurer for dental expenses we pay. Payments made by the other insurer will be credited toward any applicable coinsurance or deductibles for the year.

Missing tooth clause: See plan document for more details

Offered by The Dental Concern, Inc.

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Humana Dental Preventive Plus

Archdiocese of Louisville

KENTUCKY

Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist U&C 90	
Deductible (excludes orthodontia services)	Individual: $50	Family: $150	Individual: $50	Family: $150
	Deductible applies to all services excluding preventive services.			
Annual maximum (excludes orthodontia services)	$1,500			
Preventive services	100% no deductible		100% no deductible	
Routine oral examinations (3 per year)				
Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)				
Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+)				
Routine cleanings (3 per year)				
Periodontal cleanings (4 per year)				
Fluoride treatment (1 per year, through age 16)				
Sealants (permanent molars, through age 16)				
Space maintainers (primary teeth, through age 15)				
Oral Cancer Screening (1 per year, ages 40 and older)				
Basic services	50% after deductible		50% after deductible	
Emergency care for pain relief				
Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)				
Basic services				
Stainless steel crowns				
Harmful habit appliances for children				
Major services	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.			
Crowns				
Inlays and onlays				
Bridges				
Dentures				
Denture relines and rebases				
Denture repair and adjustments				
Implants				
Periodontics (gums)				
Endodontics (root canals)				

Humana Dental Preventive Plus

Archdiocese of Louisville

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Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist U&C 90
Orthodontia services **Adult and child orthodontia**	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.	

Predetermination of benefits: For dental care that may cost you over $300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment. **Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.**

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out-of-network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type[1]	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	Not available	Not available

[1] Late applicant enrollment will have the following waiting periods: 12 months basic services.

Questions?

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Sunday, 11 a.m. – 8 p.m., Eastern time.
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2. Services:
   - 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;
   - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
   - 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:
   - War or any act of war, whether declared or not;
   - Any act of international armed conflict; or
   - Any conflict involving armed forces of any international authority.
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   - Any service to correct congenital malformation;
   - Any service performed primarily to improve appearance;
   - Characterizations and personalization of prosthetic devices; or
   - Any procedure to change the spacing and/or shape of the teeth.
7. Infection control, including 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 service not specifically listed in Your plan benefits.
10. Any service that:
    - Is not eligible for benefits based upon clinical review;
    - Does not offer a favorable prognosis;
    - Does not have uniform professional acceptance; or
    - Is deemed to be experimental or investigational in nature.
11. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
12. Services provided by someone who ordinarily lives in your home or who is a family member.
13. Charges exceeding the reimbursement limit for the service.
14. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
15. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, 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.
16. Preventive control programs including, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
17. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.

Excess coverage
We will not pay benefits for any accidental injury if other insurance will provide payments or expense coverage, regardless of whether the other coverage is described as primary, excess or contingent. If your claim against another insurer is denied or partially paid, we will process your claim according to the terms and conditions of this certificate. If we make a payment, you agree to assign to us any right you have against the other insurer for dental expenses we pay. Payments made by the other insurer will be credited toward any applicable coinsurance or deductibles for the year.

Missing tooth clause: See plan document for more details

Offered by The Dental Concern, Inc.

This is not a complete disclosure of plan qualifications and limitations. Your agents 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 upon the plan selected. Premiums will vary according to the selection made.

How to find a dentist in the network

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

Step 1: Scan the QR code or go to **humana.com/findadentist** and select the "Dentist" tab.

Step 2: Enter your search information based on plan

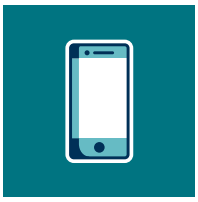
For the **[PPO, Traditional Preferred, Preventive Plus]** plan(s)

- Enter your **ZIP code**
- In the popup window, choose **"PPO"** for "Coverage Type"
- Select the network: **[PPO/Traditional Preferred]**
- Click the **"Select"** button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**



Virtual dental care 24/7

When it's urgent, you can see a dentist virtually

Humana members have access to **$0 teledentistry**, also known as virtual dental care, as part of your Humana dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet.

If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room. **Teledentistry dentists can:**

- **Write prescriptions when needed** (Please note, your dental plan does not cover the cost of medications.)
- **Perform a visual exam** for things like mouth, tooth or jaw pain
- **Provide instructions** on caring for mouth, tooth or jaw pain
- **Help you determine if you need urgent/emergency care** or home care until you can see the dentist
- **Help you find a dentist** if you don't have one or if requested

Starting a virtual dental visit:

Once your dental plan coverage begins, you can sign up for a virtual visit account so you're ready when you need to see a dentist virtually:

1. Go to **dental.com/Humana** from your computer, tablet or mobile device and click on the **"See a dentist now"** button
2. Entering your dental insurance information:
   - Select "Group" for "Product Type"
   - "Subscriber ID" is your "Member ID" listed on your dental ID card.

Note: Teledentistry not available in all states.

Vision plans are definitely worth a closer look

There's more to vision health than getting an annual eye exam. It not only makes sure you're seeing clearly, but also supports your eye and overall health. A yearly eye exam monitors your vision and eye health for things like glaucoma and cataracts, and signs of medical conditions, including diabetes and high blood pressure.

Why sign up for vision benefits?

Get an annual eye exam* for $0 when you see an in-network doctor. And, they may help detect or prevent other eye or health conditions.

Easily find an eye doctor near home, work or away with independent, retail and online options.

INDEPENDENT PROVIDER NETWORK + LensCrafters · Pearle Vision · Optical · Walmart · sam's club · Oakley · Ray-Ban · GLASSES.COM · contactsdirect

Save an average of 80% off retail prices for glasses and contacts with our fixed copays and allowances.

Caring for you is at the heart of everything we do so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.

Earn EyeRewards when you get an eye exam

Get a reward voucher to use at Sunglass Hut when you visit an in-network eye care professional for your annual eye exam.

The voucher will be available through your online Humana account at **MyHumana.com**.

* Eye exams not covered on Humana Vision Materials only plans.

Vision plan

The benefits and services highlighted below provide an overview of the vision plan you can sign up for. The table shows how services will be paid when you visit an eye care professional in the network.

	Humana Vision PLUS 130 plan
Annual eye exam	$10 when you see an in-network provider, $0 when you visit a PLUS provider
Diabetic eye exam	• Specialized care and testing for members with diabetes • Two times per year • Included at no additional cost
Contact lenses	• Conventional lens* allowance: $130, additional 15% off balance over $130 • Disposable lens allowance: $130 • Medically necessary lenses: † You pay $0
Frames	$130 allowance when you use an in-network provider ($180 allowance when you use a PLUS provider)‡ Additional 20% off balance allowance
Standard plastic lenses	You pay $15 or these lens options: Single vision, bifocal, trifocal and lenticular Pay $0 for standard polycarbonate lenses for children <19
Other benefits	• Frame replacement every 12 months instead of 24 months • Pay $0 for retinal imaging with an in-network provider • Get lenses for frames plus contact lenses in the same 12-month period
Plan premiums	Employee: $5.46 monthly rate Employee + spouse: $11.38 monthly rate Employee + child(ren): $12.30 monthly rate Family: $15.50 monthly rate

* Up to a 15% discount on remaining balance after conventional lens allowance when using an in-network provider.
† Pre-authorization required. Call Customer Care on the back of your ID card to begin authorization.
‡ May receive up to a 20% discount on remaining balance after frame allowance when using an in-network provider.
[Note: Plan covers contact lenses or lenses for frames, but not both.]

See the savings with Humana Vision plans:

	Retail	Humana Vision PLUS	
		In-network providers	PLUS providers
Eye exam	$119	$10	$0
Lenses	$153	$15	$15
Average retail frame cost	$208	$208	$208
Average frame allowance	none	– $130	– $180
Additional PLUS Provider frame allowance	none	n/a	– $50
Discount on balance over frame allowance	none	– 20%	– 20%
YOUR COST:	**$480**	**$77.40**	**$0**

On average, members save 88% when visiting a PLUS provider

Savings example only for illustrative purposes. Actual savings will depend on benefits and frame selection. Retail cost based on industry averages.

How to find a vision doctor in the network

Visiting a vision provider in the Humana network ensures you're getting the lowest cost when using your vision benefits. To find an in-network doctor, follow these steps:

Step 1:

Scan the QR code or go to **huma.na/visionplus** to search for eye doctors in the **Humana Vision PLUS** plan network.

Step 2:

Search for an eye doctor using your location to find a doctor in your area, or search by a doctor's name.

INDEPENDENT PROVIDER NETWORK + LensCrafters PEARLE VISION OPTICAL Walmart sam's club

In-network online providers

You may also consider one of our many in-network online options including **Oakley**, **Ray-Ban**, **Glasses.com**, **ContactsDirect.com**, **LensCrafters** and **Target Optical**.

OAKLEY Ray-Ban GLASSES.COM

contactsdirect LensCrafters OPTICAL

PLUS PROVIDER

My Eye Doctor PLUS
2800 Shepherdsville Rd.
Louisville, KY 40218

Target Optical
4174 Westport Rd
Louisville, KY 40207

Oakley
5000 Shelbyville Road
Suite 1010
Louisville, KY 40222

LensCrafters
7900 Shelbyville Rd
Louisville KY 40222

LensCrafters
7706 Bardstown Rd
Space 102
Louisville, KY 40291

Please note, for the most current list of PLUS Provders go to **huma.na/visionplus.**

Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy:

- **Personalized dental products** for things like teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on Lasik, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more

Once your Humana plan coverage begins, **access your exclusive discounts** by signing in to **MyHumana.com**.

Look for "Special Discounts" in the "Coverage" section of MyHumana.

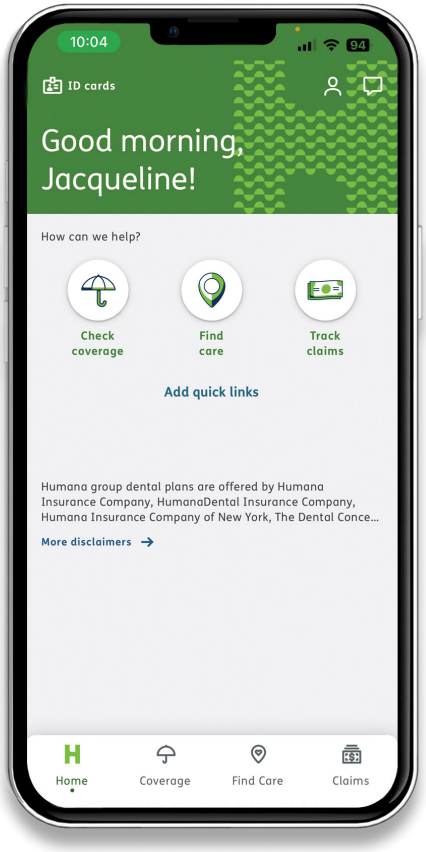
Manage your Humana plan online

MyHumana on the go

Once you become a Humana plan member, you get the most of your plan with a MyHumana account, and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the app to:

- **Explore coverage and benefit details** the moment you need them
- **Get your member ID cards** and add them to your phone's wallet
- **Find care close to you** and get directions on your phone's map app
- **Review claims status**
- **Access your exclusive member discounts**



Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account **or download and register on the MyHumana app** for iOS and Android.

Download on the App Store

GET IT ON Google Play

Learn more at humana.com/member/manage-your-account

Vision coverage when you travel out of the country

Get emergency eyewear and eye care when traveling abroad

If you lose or break your glasses while traveling or need eye care, Humana vision members can get emergency services with trusted providers in 20 countries and territories:

- **Emergency glasses delivered within 24 hours*** – get adjustable, temporary eyewear for $0
- **24/7 call support** and free translation help in 160 languages
- **Online directory of international providers** in 20 countries
- **International eye care guide** with Q&As to help you find vision care in 20 countries and territories around the world, with advice and guidelines tailored to each country
- **All part of your vision benefits** – only pay for the eye exam or eyewear materials you purchase
- **Easy online claims submission** – simply upload receipts and get reimbursed 100% of remaining eligible out-of-network benefits

When traveling, keep this number handy:

+1.513.765.2870

to order emergency glasses, find a provider, or request translation.

Tip for calling the US from another country: Dial the plus sign +, then 1, then area code, and the number.

Access international support through MyHumana

Once your vision plan coverage begins, you can access your international vision benefits after you activate your MyHumana.com account.

Simply sign in to MyHumana and look for the "International" tab on your vision benefits home page.

* Glasses are delivered to most locations within 24 hours, however, some areas of the world may take longer.

VISION

Exclusive discounts for Humana Vision plan members

Good vision health is important to overall health and that's why we're committed to providing access to value-added discounts that make it easier to care for your eyes—and help save you money.

With your Humana Vision plan, you already get 40% off a second pair of prescription glasses and 20% off non-prescription sunglasses when you use an in-network provider.

To access your discounts, go to Humana.com and sign in. Select Vision, then select Humana Vision, then select Special Offers.

Additionally, you can enjoy even more discounts from these retailers, including*:

- **LensCrafters:** Get a $50 bonus and 50% off additional pairs of glasses at LensCrafters® in addition to your vision insurance
- **Target:** Get up to $150 instant savings on an annual supply of contact lenses. You can also get $50 off multi-focal glasses lenses or $25 off single-vision glasses lenses with a complete pair purchase.
- **Pearle Vision:** Get $50 off a complete pair of glasses purchase (frames and lenses)
- **LasikPlus:** Save $1,000 on LASIK with the Wavelight Laser at LasikPlus®, TLC Laser Eye Center and the LASIK Vision Institute
- **Glasses.com:** Get $30 off on Blue Light lens treatment at Glasses.com
- **ContactsDirect:** Save 10% on contact lenses
- **Cooper Vision | MiSight®:** Save $200 on 1-day soft contact lenses designed for kids with nearsightedness. The discount is for MiSight brand only.
- **MyEyeDr®:** Save $50 off glasses or contacts or save 20% off your next order of contact lenses at shop.myeyedr.com
- **Hilco Vision:** Save on lens cleaners, Croakies retainers and glasses cases
- **Amplifon:** Up to 66% off hearing aids at thousands of locations nationwide

* Discounts and offers are not valid for policies issued in the State of Texas.

Humana Vision PLUS 130
Archdiocese of Louisville

KENTUCKY

Services	In-network PLUS provider (Member cost)	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Exam with dilation as necessary	$0	$10	Up to $40
Retinal imaging*[1]	Up to $39	Up to $39	Not covered
Contact lens exam[2]			
Standard contact lens fit and follow-up	Up to $40	Up to $40	Not covered
Premium contact lens fit and follow-up	10% off retail	10% off retail	Not covered
Frames[3]	$180 allowance, 20% off balance over $180	$130 allowance, 20% off balance over $130	Up to $98
Standard plastic lenses			
Single vision	$15	$15	Up to $30
Bifocal	$15	$15	Up to $50
Trifocal	$15	$15	Up to $100
Lenticular	$15	$15	Up to $100
Lens options[4]			
UV coating*	$15	$15	Not covered
Tint (solid and gradient)*	$15	$15	Not covered
Standard scratch-resistance*	$15	$15	Not covered
Standard polycarbonate - Adults*	$40	$40	Not covered
Standard polycarbonate - Children <19	$0	$0	Up to $20
Standard anti-reflective coating	$45	$45	Up to $23
Premium anti-reflective coating			
• Tier 1	$57	$57	Up to $23
• Tier 2	$68	$68	Up to $23
• Tier 3	$100	$100	Up to $23
Standard progressive (add-on to bifocal)	$15	$15	Up to $50
Premium progressive			
• Tier 1	$100	$100	Up to $50
• Tier 2	$110	$110	Up to $50
• Tier 3	$125	$125	Up to $50
• Tier 4	80% of charge less $120 allowance	80% of charge less $120 allowance	Up to $50
Photochromatic / Plastic transitions*	$75	$75	Not covered
Polarized*	20% off retail	20% off retail	Not covered

*This service is not a covered benefit under your insurance policy. However, this service may be available to members from participating providers at the discounted rate shown. Members should confirm pricing with their provider.

Humana Vision PLUS 130
Archdiocese of Louisville

KENTUCKY

Services	In-network PLUS provider (Member cost)	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Contact lenses (applies to materials only)			
Conventional	$130 allowance, 15% off balance over $130	$130 allowance, 15% off balance over $130	$98 allowance
Disposable	$130 allowance	$130 allowance	$98 allowance
Medically necessary	$0	$0	$300 allowance
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months	Once every 12 months
Diabetic eye care: Care and testing for diabetic members			
Examination • Up to (2) services per year	$0	$0	Up to $77
Retinal imaging • Up to (2) services per year	$0	$0	Up to $50
Extended Ophthalmoscopy • Up to (2) services per year	$0	$0	Up to $15
Gonioscopy • Up to (2) services per year	$0	$0	Up to $15
Scanning laser • Up to (2) services per year	$0	$0	Up to $33

[1]Member costs may exceed $39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
[2]Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
[3]Discounts may be available on all frames except when prohibited by the manufacturer.
[4]Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

Optional benefits

12-month frame benefit	Benefit replaces the 24-month frequency of the base plan.
Eyeglass and contact lens benefit	Allows fulfillment of frame plus spectacle lenses in addition to the contact lens benefit of the base plan.

Humana Vision PLUS 130
Archdiocese of Louisville

KENTUCKY

Additional plan discounts

- Members may receive a 20% discount on items not covered by the plan, at network providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name vision materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members may receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Questions?

Visit **Humana.com** or call **877-398-2980**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a vision provider at **Humana.com/find-care**

Register today!

Register or sign in to MyHumana at **Humana.com** to view your coverage details, ID cards, manage claims, find a vision provider and more!

Humana Vision PLUS 130
Archdiocese of Louisville

KENTUCKY

Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

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:
   - 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;
   - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
   - 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:
   - War or any act of war, whether declared or not;
   - Any act of international armed conflict; or
   - 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.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
   - Is not a visual necessity;
   - Does not offer a favorable prognosis;
   - Does not have uniform professional endorsement; or
   - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Offered by The Dental Concern, Inc.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance 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.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.

Humana

Policy Number: KY-70148-01 9/15 et.al.

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members or residents: You may also call the 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). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

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

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 **(Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

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

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

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

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

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

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

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

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