



**You could save nearly 50% on monthly health plan premiums\***

HumanaOne HSA-Qualified

# High Deductible Health Plans



## **100/70 Plan**

You pay nothing for medical care  
after your deductible

## **80/60 Plan**

You pay only 20% for medical care  
after your deductible

# one

HumanaOne HSA-Qualified

# High Deductible Health Plans



You're healthy and smart about where your money goes. You rarely use medical services. When you do, you can afford to pay for basic care. Why spend thousands in health insurance when you only need coverage in case of serious illness or injury? Save on health insurance with a HumanaOne HSA-Qualified High Deductible Health Plan.

## You Could Save Nearly 50% on Monthly Health Plan Premiums\*

Maybe you currently have a health plan with a low annual deductible – the amount you pay before your health insurance coverage begins. With a high deductible health plan, you may substantially lower your monthly premiums.

### Other Health Plan

*Pay 20% after annual deductible*

Annual deductible	\$500.00
Monthly premium	\$323.86
Annual cost of insurance	\$3,890.00

### HumanaOne High Deductible Health Plan

*Pay 20% after annual deductible*

Annual deductible	\$2,600.00
Monthly premium	\$154.16
Annual cost of insurance	\$1,849.92

### Savings

<b>Monthly savings</b>	<b>\$170.00</b>
<b>Annual savings</b>	<b>\$2,040.08</b>

\*Rates quoted are based on in-network coverage for plans in Milwaukee, Wisconsin, 53226. All rates quoted are for a 40-year old female, non-tobacco user with a March 1, 2006 effective date and are examples only. Actual rates vary by zip, age, gender, number of members, health conditions and other variables. All cited plans, quoted rates and examples are subject to terms and limitations of the policy.

### 100/70 Plan

#### 100% coverage for medical services

Suppose you become seriously ill or injured and require expensive and extensive medical treatments. How will you afford the cost of medical care? With HumanaOne, you only pay up to your annual deductible for in-network covered care. After that, HumanaOne pays 100 percent of the covered cost of medical care for in-network care. Now that's peace of mind.

### 80/60 Plan

#### 80% coverage for medical services

HumanaOne also offers a high deductible health plan that pays 80 percent of the covered cost of in-network medical care once you reach your annual deductible. You only pay 20 percent for the cost of in-network care. Select this plan for a lower monthly premium.

## Combine Your Plan With a Health Savings Account (HSA) and Save Money Tax-Free

You can combine the affordability and simplicity of the high deductible health plan with the tax advantages and financial control of an HSA. Pay for out-of-pocket qualified medical expenses incurred under your high deductible health plan, including expenses that apply toward your deductible using an HSA. You can use an HSA to save up to the amount of your health plan's annual in-network deductible.

Contributions to an HSA are tax deductible in most states, similar to an Individual Retirement Account (IRA). Deduct your contributions from your federal income tax return. Any earnings

on the balance in your account accumulate tax-deferred. Withdrawals on savings, including earned interest, are tax-free if used for qualified medical expenses. Plus, your savings carry over every year and any interest incurred continues to accumulate tax-deferred.

### Qualified Medical Expenses

Use your HSA to pay for covered medical expenses, including those that apply toward your health plan's annual deductible. You can also use your HSA to pay for qualified medical expenses that your health plan doesn't cover, such as:

- Diabetic supplies
- Hearing aids
- Orthodontia, dental cleanings and fillings
- Physical therapy, chiropractic expenses
- Eye exams, eyeglasses, contact lenses
- Laser eye surgery
- Over-the-counter medicines, prescription drugs
- Speech therapy

*For a complete list of qualified medical services, consult IRS publication 502: "Medical and Dental Expenses" on the Internal Revenue Service Website at [www.irs.gov](http://www.irs.gov). Individuals are responsible for compliance of HSA spending regulations.*

## "Big company" Benefits in an Individual Health Plan

You are independent and mindful of where your money goes. You fund 100 percent of your health plan premiums without an employer to subsidize your insurance cost. You deserve a health plan that provides many of the same benefits provided by big companies.

From the self-employed individual to the small business employee, HumanaOne offers a variety of plan types to fit your needs. With HumanaOne, you get \$5 million worth of lifetime coverage, preventive care, prescription drug benefits, dental benefits, emergency room care and more.

- **Prescription Drug Benefit**
- **Preventative Care** – Including routine immunizations (birth to age 18), pap smears and PSA, mammograms, an annual physical exam, and a gynecological exam at 100 percent.
- **Dental Benefit** – Insurance benefits for keeping your smile healthy and looking bright.
- **Term Life Insurance** – Extra financial security in times of need.

### Greater Savings for Self-Employed Individuals

If you are self-employed, you may be eligible to deduct your health plan premiums from your federal income tax return. This means you can save even more of your hard-earned money.

#### HumanaOne HSA-Qualified High Deductible Health Plan

##### 100/70 Plan

Annual deductible	\$2,600.00
Monthly premium	\$154.16
Annual cost of insurance	<b>\$1,849.92</b>

##### Savings and Qualified Medical Expenses

Maximum allowable contribution to an HSA	<b>\$2,600.00</b>
Tax-free withdrawal for qualified medical expenses	
Root canal	\$1,000.00
Contact lenses	\$500.00

##### Tax Deductions

Maximum allowable HSA contribution	\$2,600.00
Annual health plan premium (self-employed)	\$1,849.92

**Total deductions** **\$4,449.92**

x 28% tax bracket **\$1,246.00** of real tax savings



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HumanaOne HSA-Qualified

# High Deductible Health Plans

HumanaOne offers financially-minded consumers peace of mind, greater savings and customer care.

## Peace of Mind

With HumanaOne, you could have the peace of mind that comes from knowing you are protected from financial ruin that could accompany a major medical event.

- **Ample Coverage** – \$5 million dollars in lifetime benefits.
- **Regulated Rates** – Rates are regulated by the state where policyholders reside.
- **Rate Guarantee** – Premium rates are guaranteed for the initial 12 months as long as you stay with the same plan and reside in the same area.
- **Portable Plan Benefits** – HumanaOne provides insurance coverage if you move to another state. Your rate may change based on your zip code, but you won't need to reapply for benefits and risk being denied.

## Greater Savings

HumanaOne helps you save money on health care. We offer competitive rates for the benefits you receive. You save money when you use doctors in our network, and we offer ways to manage your health care dollars more wisely.

### Negotiated Rates for Medical Care

HumanaOne offers you savings over the price typically charged for covered services by doctors and hospitals. This helps you limit out-of-pocket costs, regardless of your benefits. For example, the HumanaOne discounted rate for an overnight stay in some hospitals could save you hundreds of dollars.

#### OVERNIGHT HOSPITAL STAY EXAMPLE

In-network medical provider's charges	<b>\$1,500.00</b>
Discounted rate ( <i>your savings</i> )	<b>\$800.00</b>
Balance you pay ( <i>unless you've reached your annual deductible</i> )	<b>\$700.00</b>

## Your Personal Web Page

Get the most out of your plan with *MyHumana* — a personal, password-protected Web page available any time, any where. *MyHumana* offers powerful tools designed to help you manage your medical costs and understand your plan more effectively. Some consumers could save thousands of dollars by making more informed choices. Use *MyHumana* to:

- Review your plan benefits and check claims status.
- Track your deductible balance or out-of-pocket medical expenses.
- Reduce your prescription drug costs by researching alternatives.
- Search for a primary care physician or specialist in our network.
- Research a medical condition.

For example, you could save hundreds of dollars annually by researching online for a HumanaOne in-network provider who offers discounted rates to HumanaOne members.

## Customer Care

HumanaOne's commitment to customer care makes it easy for you to choose and use our health insurance with confidence.

- **Convenient Application Process** – You can apply for a health insurance plan and complementary products such as life and dental insurance through one convenient application.
- **Customer Service** – HumanaOne features outstanding customer service designed to deliver timely and accurate claims payments. You can also check on the status of your claims at *MyHumana* and pay premiums online at your convenience.
- **Health Plan Guidance** – You will receive a health plan guide within days of your approval. This easy to follow guide helps you understand your health plan and use your benefits to the fullest.



## More Ways to Save

Save money through discounts on products and services you use frequently.\*

- **Prescription drugs** – Save 13% off the average wholesale price on prescription items not covered by your pharmacy benefit.
- **Vision Care** – Laser eye procedures for less than \$1,000 per eye, 45% off designer eyewear, and 20% off eye care checkups.
- **Alternative and Complementary Medicine** – You could save up to 30% on chiropractic, acupuncture, and massage therapy services.

### VISION CARE EXAMPLE

	Retail Cost	HumanaOne Discount	Savings
Eye Exam	\$90.00	\$72.00	\$18.00
Eyeglasses	\$250.00	\$137.50	\$112.50
<b>Total Vision Care Savings</b>			<b>\$130.50</b>

\*Not available in all states. Quoted discounts are as 2/6/2006 and are subject to change.

## HumanaOne's Medical Provider Networks

HumanaOne individual health plans provide access to networks of doctors, pharmacies and hospitals nationwide through the Humana/ChoiceCare PPO Network. So, no matter where you live, work or travel throughout the continental United States, you are covered. Additionally, HumanaOne individual health plans give you the freedom to see the doctor of your choice. You receive the most from your plan when visiting a doctor, hospital or pharmacist in the network, but you're still covered if you choose an out-of-network provider.

## Are you Eligible?

You must be approved through medical underwriting when applying for HumanaOne's individual health insurance. In general, you may be eligible if:

- You are healthy;
- Your height and weight is proportional for someone of your age and gender;
- You are not pregnant or expecting a child (including fathers); and
- If older than age 55, you have had a physical exam within the past two years.

## FLORIDA Plan 49, Option 200

		Plan pays for services from <i>PARTICIPATING</i> providers		Plan pays for services from <i>NONPARTICIPATING</i> providers	
<b>Annual Deductible</b> (1), (2)	<ul style="list-style-type: none"> <li>Annual amount</li> </ul>	<b>Single Deductible</b>	<b>Family Deductible (3)</b>	<b>Single Deductible</b>	<b>Family Deductible (3)</b>
		\$1,500	\$3,000	\$3,000	\$6,000
		\$2,000	\$4,000	\$4,000	\$8,000
		\$2,600	\$5,150	\$5,200	\$10,300
<b>Maximum Out-of-Pocket Expense Limit</b> (1), (2), (3)	<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$0		\$6,000	\$12,000
<b>Lifetime Maximum Benefit</b>		\$5,000,000 per covered person			
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Routine annual physical exam (4), (5)</li> <li>Routine immunizations (age 16 to age 18) (4), (5)</li> <li>Routine Pap smears and PSA (4), (5), (6)</li> <li>Routine Mammograms (6)</li> <li>Routine lab, pathology and X-ray (4), (5)</li> <li>Child health supervision services (includes immunizations; birth to age 16; maximum of 18 visits per covered child)</li> </ul>	<b>100%</b>		<b>50%</b> after deductible	
		<b>100%</b>		<b>100%</b>	
		<b>100%</b> after deductible		<b>50%</b> after deductible	
		<b>100%</b>		<b>70%</b>	
<b>Physician Services</b>	<ul style="list-style-type: none"> <li>Office visits (includes diagnostic lab and X-ray)</li> <li>Allergy testing, injections and serum</li> <li>Inpatient services</li> <li>Outpatient services (includes surgery) (7)</li> </ul>	<b>100%</b> after deductible		<b>70%</b> after deductible	
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient surgery – facility (7)</li> <li>Outpatient nonsurgical</li> <li>Emergency room (including physician visits)</li> </ul>	<b>100%</b> after deductible		<b>70%</b> after deductible	
<b>Prescription Drugs (8)</b>	<ul style="list-style-type: none"> <li>Benefit for each prescription or refill (up to 30-day supply)</li> <li>Mail order (90-day supply)</li> </ul>	<b>100%</b> after deductible		<b>70%</b> after deductible	
<b>Other Medical Services</b>	<ul style="list-style-type: none"> <li>Skilled nursing facility (up to 30 days per calendar year) (9)</li> <li>Home health care (up to 60 visits per calendar year) (9)</li> <li>Durable medical equipment (9)</li> <li>Hospice (9), (10)</li> <li>Complications of pregnancy and sick baby services</li> <li>Transplant services (organ) (9)</li> </ul>	<b>100%</b> after deductible		<b>70%</b> after deductible	
		<b>100%</b> after deductible (when services are performed at a National Transplant Network provider)		<b>70%</b> after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)	
<b>Mental Health</b> (includes mental disorders, alcohol and chemical dependence, waiting period applies) (4)	<ul style="list-style-type: none"> <li>Outpatient mental health maximum reduces inpatient mental health maximum</li> <li>Inpatient (up to \$2,500 maximum per calendar year)</li> <li>Outpatient therapy (up to \$500 maximum per calendar year)</li> </ul>	<b>50%</b> after deductible		<b>50%</b> after deductible	

**This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.**

## FLORIDA Plan 49, Option 200

### Optional Dental Benefits (11)

You can choose any dentist, but you can save up to 30 percent on out-of-pocket costs when you visit one of the more than 75,000 dentist locations in the PPO network. You can find a dentist by visiting [www.humana.com](http://www.humana.com).

**Preventive services** plan pays **100%** no deductible

- Oral examinations
- Routine cleanings
- X-rays
- Sealants
- Topical fluoride treatment

**Basic services** plan pays **50%** after deductible

- Emergency exams and palliative care for pain relief
- Thumb sucking and harmful habit appliances
- Space maintainers
- Amalgam, composite fillings
- Oral surgery
- Extractions (routine)
- Non-cast stainless steel crowns
- Partial or complete denture repairs/adjustments

**Major services** plan pays **50%** after deductible

- Endodontics (root canals)
- Periodontics
- Crowns
- Inlays and onlays
- Partial or complete dentures
- Denture relines/rebases
- Removable or fixed bridgework

#### Orthodontia discount

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

#### Annual deductible

- **\$50** individual
- **\$150** family

#### Annual maximum benefit

- **\$1,000**

### To be covered, expenses must be medically necessary and specified as covered. Please see your policy for more information on medical necessity and other specific plan benefits.

- (1) When you obtain care from nonparticipating providers:
  - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.

Once you meet your single or family (if applicable) deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- (2) Must meet deductible in addition to the out-of-pocket maximum. The medical out-of-pocket maximum does not apply to

- (3) transplant services or mental health services from nonparticipating providers.
- (4) For other than single coverage, the family deductible applies. The single deductible applies to single coverage policies only.
- (5) Benefit payable after 90-day waiting period for preventive care and 12-month waiting period for mental health.
- (6) \$300 of covered expenses per person per calendar year, subject to applicable coinsurance.
- (7) Age and/or frequency limits apply.
- (8) Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not include strangulated or incarcerated hernia).

- (9) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- (10) Prior authorization required in order to be eligible for these benefits.
- (11) Counseling for hospice patient and immediate family is limited to 15 visits per family per lifetime, Medical Social Services limited to \$100 per family per lifetime.
- (12) This is not a complete disclosure of plan qualifications and limitations. Waiting periods apply: six months on basic services, 12 months on major services. Please review the specific Dental Limitations and Exclusions before applying for coverage.

For information on plans available to HIPAA eligible individuals, please call (800) 833-6916.

**Payments** - Participating providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to nonparticipating providers are based on maximum allowable fees, as defined in your Certificate of Insurance.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee.

You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

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## FLORIDA Plan 49, Option 201

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<b>Annual Deductible</b> (1), (2)	<ul style="list-style-type: none"> <li>Annual amount</li> </ul>	<b>Single Deductible</b>	<b>Family Deductible (3)</b>	<b>Single Deductible</b>	<b>Family Deductible (3)</b>
		\$1,500	\$3,000	\$3,000	\$6,000
		\$2,000	\$4,000	\$4,000	\$8,000
		\$2,600	\$5,150	\$5,200	\$10,300
<b>Maximum Out-of-Pocket Expense Limit</b> (1), (2), (3)	<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$2,000		\$8,000	\$16,000
<b>Lifetime Maximum Benefit</b>		\$5,000,000 per covered person			
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Routine annual physical exam (4), (5)</li> <li>Routine immunizations (age 16 to age 18) (4), (5)</li> <li>Routine Pap smears and PSA (4), (5), (6)</li> <li>Routine Mammograms (6)</li> <li>Routine lab, pathology and X-ray (4), (5)</li> <li>Child health supervision services (includes immunizations; birth to age 16; maximum of 18 visits per covered child)</li> </ul>	<b>80%</b>		<b>50%</b> after deductible	
		<b>100%</b>		<b>100%</b>	
		<b>80%</b> after deductible		<b>50%</b> after deductible	
		<b>80%</b>		<b>60%</b>	
<b>Physician Services</b>	<ul style="list-style-type: none"> <li>Office visits (includes diagnostic lab and X-ray)</li> <li>Allergy testing, injections and serum</li> <li>Inpatient services</li> <li>Outpatient services (includes surgery) (7)</li> </ul>	<b>80%</b> after deductible		<b>60%</b> after deductible	
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		<b>80%</b> after deductible (when services are performed at a National Transplant Network provider)		<b>60%</b> after deductible (subject to separate out-of-pocket maximum of \$35,000 per calendar year)	
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**Major services** plan pays **50%** after deductible

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- Periodontics
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#### Annual maximum benefit

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- (1) When you obtain care from nonparticipating providers:
  - 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
 Once you meet your single or family (if applicable) deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.
- (2) Must meet deductible in addition to the out-of-pocket maximum. The medical out-of-pocket maximum does not apply to

- transplant services or mental health services from nonparticipating providers.
- (3) For other than single coverage, the family deductible applies. The single deductible applies to single coverage policies only.
- (4) Benefit payable after 90-day waiting period for preventive care and 12-month waiting period for mental health.
- (5) \$300 of covered expenses per person per calendar year, subject to applicable coinsurance.
- (6) Age and/or frequency limits apply.
- (7) Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not include strangulated or incarcerated hernia).

- (8) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.
- (9) Prior authorization required in order to be eligible for these benefits.
- (10) Counseling for hospice patient and immediate family is limited to 15 visits per family per lifetime, Medical Social Services limited to \$100 per family per lifetime.
- (11) This is not a complete disclosure of plan qualifications and limitations. Waiting periods apply: six months on basic services, 12 months on major services. Please review the specific Dental Limitations and Exclusions before applying for coverage.

For information on plans available to HIPAA eligible individuals, please call (800) 833-6916.

**Payments** - Participating providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to nonparticipating providers are based on maximum allowable fees, as defined in your Certificate of Insurance.

Nonparticipating providers may balance bill you for charges in excess of the maximum allowable fee.

You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

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# Medical Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Individual Health Plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

## PRE-EXISTING CONDITIONS

A pre-existing condition is a sickness or injury which was diagnosed or treated, or which produced signs or symptoms that would cause an ordinary prudent person to seek medical advice, care or treatment, during the 24-month period before the covered person's effective date of coverage. Routine follow-up care to determine the reoccurrence of breast cancer does not constitute medical advice, care or treatment. Benefits for pre-existing conditions are not payable until the covered person's coverage has been in force for 12 consecutive months with us. We will waive the pre-existing conditions limitation for those conditions disclosed on the application provided benefits relating to those conditions are not excluded. Conditions specifically excluded by rider are never covered.

## OTHER EXPENSES NOT COVERED

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

1. Services not medically necessary or which are experimental, investigational or for research purposes.
2. Services not authorized or prescribed by a health care practitioner or for which no charge is made.
3. Services while confined in a hospital or other facility owned or operated by the United States government, provided by a person who ordinarily resides in the covered person's home or who is a family member, or that are performed in association with a service that is not covered under the policy.
4. Charges in excess of the maximum allowable fee or which exceed any policy benefit maximum.
5. Expenses incurred before the effective date or after the date coverage terminated.
6. Cosmetic procedures and any related complications except as stated in the policy.
7. Custodial or maintenance care.
8. Any drug, medicine, or device which is not FDA approved.
9. Contraceptives other than oral, including implant systems and devices regardless of the purpose for which prescribed.
10. Medications, drugs or hormones to stimulate growth.
11. Legend drugs not recommended or deemed necessary by a health care practitioner or drugs prescribed for a noncovered injury or sickness.
12. Drugs prescribed for intended use other than for indications approved by the FDA or recognized off-label indications through peer-reviewed medical literature, experimental or investigational use drugs.
13. Over the counter drugs (except insulin) or drugs available in prescription strength without a prescription.
14. Drugs used in treatment of nail fungus.
15. Prescription refills exceeding the number specified by the health care practitioner or dispensed more than one year from the date of the original order.
16. Vitamins, dietary products and any other nonprescription supplements.
17. Infertility services.
18. Pregnancy and well-baby expenses.
19. Elective medical or surgical procedures; sterilization, including tubal ligation and vasectomy; reversal of sterilization; abortion; gender change or sexual dysfunction.
20. Vision therapy; all types of refractive keratoplasties or any other procedures, treatments or devices for refractive correction; eyeglasses; contact lenses; hearing aids; dental exams.
21. Hearing and eye exams; routine physical examinations for occupation, employment, school, travel, purchase of insurance or premarital tests.
22. Services received in an emergency room unless required because of emergency care.
23. Dental services (except for dental injury), appliances or supplies, unless you purchase the dental option.
24. War or any act of war, whether declared or not; commission or attempt to commit a civil or criminal battery or felony.
25. Standby physician or assistant surgeon, unless medically necessary; private duty nursing; communication or travel time; lodging or transportation, except as stated in the policy.
26. Any treatment for the purpose of reducing obesity, or any use of obesity reduction procedures to treat sickness or bodily injury caused by, complicated by, or exacerbated by obesity, including but not limited to surgical procedures.
27. Nicotine habit or addiction; educational or vocation therapy, services and schools; light treatment for Seasonal Affective Disorder (S.A.D.); alternative medicine; marital counseling; genetic testing, counseling or services; sleep therapy or services rendered in a premenstrual syndrome clinic or holistic medicine clinic.
28. Foot care services.
29. Charges for nonmedical purposes or used for environmental control or enhancement (whether or not prescribed by a health care practitioner).
30. Health clubs or health spas, aerobic and strength conditioning, work hardening programs and related material and products for these programs; personal computers and related or similar equipment; communication devices other than due to surgical removal of the larynx or permanent lack of function of the larynx.
31. Hair prosthesis, hair transplants or implants and wigs.
32. Temporomandibular joint disorder, craniomaxillary disorder, craniomandibular disorders, and any treatment for jaw, joint or head and neck neuromuscular disorder unless diagnostic and/or surgical procedures are medically necessary to treat conditions caused by congenital or developmental deformity, disease or injury.
33. Services or supplies received in connection with a sickness or bodily injury arising out of, or sustained in the course of, any occupation, employment or activity for compensation, profit or gain, for which benefits are paid under Workers' Compensation. This exclusion does not apply to services or supplies received by a covered person qualifying as a sole proprietor, officer or partner under the laws of that state, and such benefits are not paid under any Workers' Compensation plan, provided he or she will not receive benefits under a Workers' Compensation plan.
34. Inpatient services when in an observation status or when the stay is due to behavioral, social maladjustment, lack of discipline or other antisocial actions not a result of a mental disorder.
35. Attempted suicide or intentionally self-inflicted injury, whether sane or insane.
36. Charges covered by other medical payments insurance.
37. Organ transplants not approved based on established criteria or investigational, experimental or for research purposes, except as stated in the policy.
38. Charges incurred for a hospital stay beginning on a Friday or Saturday unless due to emergency care or surgery is performed on the day admitted.

# Dental Limitations and Exclusions

This is an outline of the limitations and exclusions for the Humana*One* Individual Dental Plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

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

1. The course of any occupation or employment for compensation, profit or gain, for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law; or where such coverage was available, but the covered person has lawfully chosen not to receive benefits, regardless of whether such coverage was actually applied for.
2. Services and supplies for which no charge is made, or for which the covered person would not be required to pay in the absence of insurance.
3. Services furnished by or payable under any plan or law through any Government or any political subdivision.
4. Services furnished by any hospital or institution owned or operated by the United States Government.
5. War or any act of war, whether declared or not; or any act of international armed conflict or any conflict involving armed forces of any international authority.
6. Completion of forms or failure to keep an appointment with a dentist.
7. Cosmetic dentistry, except as stated in the policy.
8. Any service related to altering vertical dimension; restoration or maintenance of occlusion; splinting teeth; replacing tooth structures lost as a result of abrasion, attrition or erosion; or bite registration or bite analysis.
9. Bone grafts, regeneration, augmentation or preservative procedures in edentulous sites.
10. Implants, including any crowns or prosthetic device attached to it; precision or semi-precision attachments; overdentures and any endodontic treatment associated with it; or other customized attachments.
11. Infection control.
12. Fees for treatment by other than a dentist, except as stated in the policy.
13. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
14. Prescription drugs or pre-medications, whether dispensed or prescribed.
15. Any service not listed as a covered expense.
16. Any service not considered a dental necessity, does not offer a favorable prognosis, does not have uniform professional endorsement, or is experimental or investigational in nature.
17. Expenses incurred prior to the effective date or after the date coverage is terminated, except for any extension of benefits.
18. Services provided by a person who ordinarily resides in the covered person's home or who is a family member.
19. Charges in excess of the reimbursement limit for the service or supply.
20. Treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with impression or placement of a restoration, charged as a separate service.
22. Repair and replacement of orthodontic appliances.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply.  
In the event there are discrepancies with the information give in this document, terms and conditions of the policy will govern.



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