

# Regulatory & technical information guide

- HumanaDental
- Humana Life



# Table of Contents

Questions .....	3
<b>PPO and Traditional Preferred plans</b>	
<b>Late Applicant</b> .....	3
• Florida .....	3
• Ohio .....	3
<b>Definitions</b> .....	3
<b>State Specific Definitions:</b>	
• Alaska .....	3
• Colorado .....	3
• Georgia .....	3
• Iowa .....	3
• Kansas .....	4
• Maryland .....	4
• Missouri .....	4
• Texas (Traditional Plus) .....	4
• Texas (Plus) .....	4
• Wisconsin .....	4
<b>Limitations and Exclusions</b> .....	5
<b>Excess Coverage</b> .....	6
<b>State Specific Limitations and Exclusions:</b>	
• Arkansas .....	6
• California .....	6
• Colorado .....	7
• Florida .....	7
• Georgia .....	7
• Illinois .....	7
• Indiana .....	7
• Iowa .....	7
• Kansas .....	7
• Kentucky .....	7
• Louisiana .....	7
• Maryland .....	8
• Minnesota .....	8
• Missouri .....	9
• North Carolina .....	9
• North Dakota .....	9
• Ohio .....	9
• Oklahoma .....	9
• Pennsylvania .....	9
• South Carolina .....	9
• South Dakota .....	9
• Texas (Traditional Plus) .....	9
• Texas (Plus) .....	10
• Utah .....	10
• Virginia .....	10
• Wisconsin .....	10
<b>Limitations for Orthodontic Services</b> .....	10
<b>Quality Assurance Plan</b>	
• Mississippi .....	11
• Wisconsin .....	11

## Preventive and Preventive Plus plans

<b>Late Applicant</b> .....	12
• Florida .....	12
• Ohio .....	12
<b>Definitions</b> .....	12
<b>State Specific Definitions:</b>	
• Alaska .....	12
• Georgia .....	12
• Kansas .....	12
• Iowa .....	12
• Maryland .....	13
• Missouri .....	13
• Wisconsin .....	13
<b>Limitations and Exclusions</b> .....	13
<b>Excess Coverage</b> .....	14
<b>State Specific Limitations and Exclusions:</b>	
• Arkansas .....	14
• California .....	14
• Florida .....	14
• Georgia .....	14
• Illinois .....	15
• Indiana .....	15
• Iowa .....	15
• Kansas .....	15
• Kentucky .....	15
• Missouri .....	15
• North Carolina .....	15
• Ohio .....	16
• Pennsylvania (PPO Preventive+) .....	16
• South Carolina .....	16
• Texas .....	16
• Utah .....	16
• Virginia .....	16
• Wisconsin .....	16
<b>Quality Assurance Plan</b>	
• Mississippi .....	16
• Wisconsin .....	16

# Table of Contents

## Humana Life plans

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<b>Voluntary term life plan limitations and exclusions . . . . .</b>	<b>17</b>
--	-----------

### **Voluntary term life plan**

#### **state specific limitations and exclusions**

• Illinois . . . . .	17
• Kentucky . . . . .	17
• Louisiana . . . . .	17
• Massachusetts . . . . .	17
• Minnesota . . . . .	17
• Nebraska . . . . .	17
• Ohio . . . . .	17
• Oklahoma . . . . .	17
• Tennessee . . . . .	18

### **Accidental death or bodily injury benefit**

<b>limitations and exclusions . . . . .</b>	<b>18</b>
---	-----------

### **Accidental death or bodily injury benefit**

#### **state specific limitations and exclusions**

• Illinois . . . . .	18
• Kentucky . . . . .	18
• Louisiana . . . . .	18
• Maryland . . . . .	18
• Minnesota . . . . .	18
• Missouri . . . . .	18
• Oklahoma . . . . .	19
• Tennessee . . . . .	19

### **Plan provisions**

• Waiver of premiums . . . . .	19
• Living benefit (accelerated death benefit) . . . . .	19
• Texas accelerated benefit disclosure . . . . .	19
• Portability . . . . .	19
• Accidental death or bodily injury benefit . . . . .	20
• Accidental death or bodily injury schedule . . . . .	20
• Accidental death or bodily injury seat belt benefit, airbag or helmet benefit . . . . .	20
• Conversion . . . . .	20
• Age reduction schedule . . . . .	20

# Questions

We are known for our personal, easy-to-use service. Anytime there is a question about any portion of your plan, simply call or logon to [humanadental.com](http://humanadental.com). It's that easy!

For general questions about the plan call:

- 1-800-233-4013
- 8 a.m.-6 p.m. Monday - Friday
- A toll-free Telecommunication Device for the Deaf (TDD) line is available at 1-800-325-2025.

# Late applicant

Late Applicant means an employee and/or an employee's eligible dependent who enrolls or is enrolled for dental coverage more than 31 days after his/her eligibility date. Late Applicants are subject to a 12-month waiting period for all services except preventive services.

## Florida

With the exception of newborns and adopted children, late applicant means an employee and/or an employee's eligible dependent who enrolls or is enrolled for dental coverage more than 31 days after his/her eligibility date. Late applicants are subject to a 12-month waiting period for all services except preventive services.

## Ohio

Late applicant means an employee and/or an employee's eligible dependent who enrolls or is enrolled for dental coverage more than 31 days after his/her eligibility date, or 60 days after the eligibility date for an adopted child. Late applicants are subject to a 12-month waiting period for all services except preventive services.

# Definitions

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable by a prudent person;
4. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed.

# State specific definitions

## Alaska

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee charged by the provider;
2. the fee most often charged by the provider;
3. the fee most often charged in the geographical area where the service was performed as determined by comparing charges for similar services to a national data base.

## Colorado

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee charged by the provider; or
2. the fee most often charged in the geographical area where the service was performed as determined by comparing charges for similar services to a national data base.

## Georgia

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable by a prudent person;
4. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
5. for contracted providers, the fee or discount that we have negotiated with that provider.

## Iowa

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable;
4. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed.

## PPO and Traditional Preferred plans

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### Kansas

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable by a prudent person;
4. the fee determined by comparing charges for similar services to a national data base, which is updated at least every six months, and adjusted to the geographical area where the services or procedures were performed.

### Louisiana

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee charged by the provider for that service;
4. the fee which is recognized as reasonable by a prudent person;
5. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
6. for contracted providers, the fee or discount that we have negotiated with that provider.

### Maryland

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
4. for contracted providers, the lesser of the fee or discount that we have negotiated with that provider, or the actual charged amount.

### Missouri

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed.

### Texas (Traditional Plus)

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable by a prudent person;
4. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
5. For contracted providers, the fee or discount that we have negotiated with that provider.

### Texas (Plus)

Maximum Allowable Fee means the predetermined charge level agreed to by contracting dentists.

### Wisconsin

1. Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:
  - a. the fee most often charged in the geographical area where the service was performed;
  - b. the fee most often charged by the provider;
  - c. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed.
2. Emergency Treatment (Palliative)—Emergency Treatment (Palliative) means the necessary procedures for the initial palliative treatment of pain and/or injury. Services include emergency palliative procedures for treatment to the teeth and supporting structures.
3. Emergency—Emergency means a sudden, serious dental condition caused by an accident or dental disease which, if not treated immediately, would result in serious harm to the dental health of the member. Emergency care is limited to Palliative treatment only.
4. Non-Participating Provider—Non-Participating Provider means any provider who is not contracted with us to provide dental services to members.

# Limitations and exclusions

This policy does NOT provide benefits and covered expenses do NOT include charges for:

1. any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which:
  - a. benefits are provided or payable under any Workers' Compensation or Occupational Disease Act or Law; or
  - b. coverage was available under any Workers' Compensation or Occupational Disease Act or Law regardless of whether such coverage was actually applied for;
2. services and supplies;
  - a. for which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
  - b. furnished by or payable under any plan or law through any Government or any political subdivision (this does not include Medicare or Medicaid); or
  - c. furnished by any hospital or institution owned or operated by the United States Government or any of its agencies for any service-connected sickness or bodily injury.
3. any loss caused or contributed to by:
  - a. war or any act of war, whether declared or not; or
  - b. any act of international armed conflict, or any conflict involving armed forces of any international authority;
4. completion of forms or failure to keep an appointment with the dentist;
5. replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis, or appliance;
6. any service that we consider cosmetic dentistry, unless such service is necessary as a result of an accidental bodily injury sustained while you are covered under this policy. The following are considered cosmetic dentistry:
  - a. facings on crowns or pontics posterior to the second bicuspid;
  - b. any service to correct congenital malformations;
  - c. characterizations and personalization of prosthetic devices; or
  - d. any service performed primarily to improve appearance.
7. preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take home items, or dietary planning;
8. caries susceptibility testing, lab tests, anaerobic cultures, sensitivity testing;
9. any service related to:
  - a. altering vertical dimension;
  - b. restoration or maintenance of occlusion;
  - c. splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
  - d. replacing tooth structures lost as a result of abrasion, attrition, or erosion;
  - e. bite registration or bite analysis;
10. charges for:
  - a. implants of any type including any crowns or prosthetic device attached to it;
  - b. precision or semi-precision attachments;
  - c. overdentures and any endodontic treatment associated with it;
  - d. other customized attachments;
11. infection control. Infection control includes but is not limited to sterilization techniques;
12. fees for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be performed by a licensed dental hygienist. The treatment must be rendered under the direct supervision and guidance of the dentist in accordance with generally accepted dental standards;
13. any hospital, surgical, or treatment facility or for services of an anesthesiologist or anesthetist;
14. general anesthesia unless administered by a dentist in conjunction with covered oral surgical procedures. Patient management or apprehension does not constitute medical necessity;
15. prescription drugs or pre-medications whether dispensed or prescribed;
16. major services on other than permanent teeth;
17. major services prior to a period of 12 continuous months of coverage if indicated on your Schedule of Benefits;
18. any service which as determined by us;
  - a. is NOT dentally necessary;
  - b. does not offer a favorable prognosis;
  - c. does not have uniform professional endorsement; or
  - d. is deemed to be experimental in nature;
19. services that are generally considered to be medical services, except those specifically listed in the Covered Expenses;
20. composite restorations on molar and bicuspid teeth. Alternate services will be applied allowing benefits for amalgam restorations;
21. services for orthognathic surgery;

## PPO and Traditional Preferred plans

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22. surgical or non-surgical 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; treatment of the facial muscles, used in expression and mastication functions, for symptoms including, but not limited to, headaches;
23. orthodontic services unless specified on your schedule of benefits;
24. any expense incurred prior to your effective date or after the date your coverage under this policy terminates, except for any extension of benefits;
25. any service not specifically listed as a covered expense;
26. services provided by a person who ordinarily resides in your home or who is a family member;
27. charges in excess of the customary, usual and reasonable charge or the maximum allowable fee charge for the service or supply;
28. treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane;
29. local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, as a separate service. These services will be considered an integral part of the entire dental service;
30. replacement of any bridges, partials, dentures, inlays, onlays, crowns or other laboratory fabricated restorations inserted within five years of the date of the last placement. Replacement which is essential due to the extraction of functioning teeth, excluding third molars or teeth not fully in occlusion with an opposing tooth or prosthesis, or accidental injury is an exception to this exclusion;
31. the initial placement of dentures, partials, or bridges if it includes the replacement of teeth missing prior to your effective date of coverage under this policy. (This exclusion shall not apply if the prosthesis replaces a functioning tooth (excluding third molars or teeth not fully in occlusion with an opposing tooth or prosthesis) which was extracted while you are covered under this policy);
32. repair and replacement of orthodontic appliances.

## Excess Coverage

No benefits are payable for any accidental bodily injury for which there is other insurance providing payments or expense coverage, regardless of whether such other coverage is described as primary, excess or contingent.

If your claim against the other insurer is denied or partially paid, we will process your claim according to the terms and conditions of this policy. If payment is made by us on your behalf, 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 calendar year deductibles.

## State specific limitations and exclusions

The following amendments are made to the Dental Limitations and Exclusions.

### Arkansas

Excess coverage provision does not apply.

### California

This policy does not provide benefits and covered expenses do not include charges for:

1. any service for cosmetic dentistry, unless such service is necessary as a result of an accidental bodily injury sustained while you are covered under this policy. The following are considered cosmetic dentistry:
  - a. facings on crowns or pontics posterior to the second bicuspid;
  - b. any service to correct congenital malformations;
  - c. characterizations and personalization of prosthetic devices; or
  - d. any service performed primarily to improve appearance.
2. any service which:
  - a. is NOT Dentally Necessary;
  - b. does not offer a favorable prognosis;
  - c. does not have uniform professional endorsement; or
  - e. is deemed to be experimental in nature;

## PPO and Traditional Preferred plans

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### Colorado

This policy does not provide benefits and covered expenses do not include charges for fees for treatment by other than a dentist, except when lawfully rendered by a licensed dental hygienist. Services performed by a dental hygienist must be rendered under the direct supervision and guidance of the dentist, except as specifically allowed by the Colorado Professions and Occupations code permitting dental hygienists to practice unsupervised dental hygiene.

### Florida

This policy does not provide benefits and covered expenses do not include charges for:

1. any expense arising from or sustained in 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.
2. any service that we consider cosmetic dentistry, unless such service is necessary as a result of an accidental bodily injury sustained while you are covered under this policy. The following are considered cosmetic dentistry:
  - a. facings on crowns or pontics posterior to the second bicuspid;
  - b. any service to correct congenital malformations, unless the service for treatment of a covered newborn as allowed under the Newborn Benefit section of Covered Expenses;
  - c. characterizations and personalization of prosthetic devices; or
  - d. any service performed primarily to improve appearance.

### Georgia

1. This policy does not provide benefits for and covered expenses do not include charges for surgical or non-surgical 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; treatment of the facial muscles, used in expression and mastication functions, for symptoms including but not limited to, headaches, except as provided in the certificate.
2. Excess coverage provision does not apply.

### Illinois

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. any service which as determined by us;
    - is not dentally necessary;
    - does not offer a favorable prognosis;
    - does not have uniform professional endorsement; or
    - is deemed to be experimental, investigational or for research purposes.
  - b. sickness or bodily injury for which there is medical payment or expense coverage provided or payable under any automobile, homeowners, premises, or any other similar coverage. Payments made by any other coverage will be credited toward any applicable calendar year deductible and coinsurance for the year the sickness or bodily injury was initially sustained.
2. Excess coverage provision does not apply.

### Indiana

Excess coverage provision does not apply.

### Iowa

Excess coverage provision does not apply.

### Kansas

Excess coverage provision does not apply.

### Kentucky

This policy does not provide benefits and covered expenses do not include charges for 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 Workers' Compensation or Occupational Disease Act or Law.

### Louisiana

This policy does not provide benefits and covered expenses do not include charges for;

1. services and supplies:
  - a. for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
  - b. furnished by or payable under any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - c. furnished by any hospital or institution owned or operated by the United States Government or any of its agencies or any service-connected sickness or bodily injury.

## PPO and Traditional Preferred plans

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2. fees for treatment by other than a dentist, or other qualified practitioner practicing within the scope of their license. Scaling or cleaning of teeth and topical application of fluoride may be performed by a licensed dental hygienist under the direct supervision and guidance of the dentist in accordance with generally accepted dental standards.
3. Excess coverage:

When there is other insurance providing payments or expense coverage, regardless of whether such other coverage is described as primary, excess or contingent, for any accidental bodily injury, no benefits will be payable under this policy, until after you are made whole.

No benefits are payable for any accidental bodily injury for which there is other insurance providing payments or expense coverage, regardless of whether such other coverage is described as primary, excess or contingent.

If your claim against the other insurer is denied or partially paid, we will then process your claim according to the terms and conditions of this policy. If payment is made by us on your behalf, 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 calendar year deductibles.

### Maryland

1. This policy does not provide benefits and covered expenses do not include charges for;
  - a. fees for treatment by other than a dentist or other licensed health care provider acting within the lawful scope of their license. Scaling or cleaning of teeth and topical application of fluoride performed by a licensed dental hygienist must be rendered under the direct supervision and guidance of the dentist in accordance with generally accepted dental standards;
  - b. services and supplies which were provided as a result of a Prohibited Referral. For this provision, a Prohibited Referral is any referral prohibited by Ins s. 1-302 or as amended, of the Health Occupation Article.
2. Excess coverage provision does not apply.

### Minnesota

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. services and supplies;
    - for which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law; or
    - furnished by any hospital or institution owned or operated by the United States Government or any of its agencies for any service-connected sickness or bodily injury.
  - b. any service that we consider cosmetic dentistry, unless such service is necessary as a result of an accidental bodily injury sustained while you are covered under this policy. The following are considered cosmetic dentistry:
    - facings on crowns or pontics posterior to the second bicuspid;
    - any service to correct congenital malformations, unless you are a covered dependent child;
    - characterizations and personalization of prosthetic devices; or
    - any services performed primarily to improve appearance.
2. The following dental limitation and exclusion is removed: This policy does not provide benefits and covered expenses do not include charges for surgical or non-surgical 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; treatment of the facial muscles, used in expression and mastication functions, for symptoms including, but not limited to, headaches.
3. Excess coverage provision does not apply.

## PPO and Traditional Preferred plans

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### Missouri

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. services and supplies;
    - for which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
    - 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 while you are confined in a hospital or institution owned or operated by the United States Government or any of its agencies for any service-connected sickness or bodily injury unless the insured is legally required to pay in the absence of insurance.
  - b. treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane.
2. Excess coverage provision does not apply.

### North Carolina

1. The policy does not provide benefits and covered expenses do not include charges for any service that we consider cosmetic dentistry, unless such service is necessary as a result of an accidental bodily injury sustained while you are covered under this policy. The following are considered cosmetic dentistry;
  - a. facings on crowns or pontics posterior to the second bicuspid;
  - b. any service to correct congenital malformations, unless you are a covered dependent child who has been covered under this policy since birth or since placement in the adoptive or foster home;
  - c. characterizations and personalization of prosthetic devices; or
  - d. any service performed primarily to improve appearance;
2. Excess coverage provision does not apply.

### North Dakota

This policy does not provide benefits and covered expenses do not include charges for any service which as determined by us:

1. is not dentally necessary;
2. does not have uniform professional endorsement; or
3. is deemed to be experimental in nature.

### Ohio

Excess coverage provision does not apply.

### Oklahoma

This policy does not provide benefits and covered expenses do not include charges for any loss caused or contributed to by:

1. war or any act of war, whether declared or not; or
2. any conflict involving armed forces of any authority.

### Pennsylvania

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which coverage was available under any Workers' Compensation or Occupational Disease Act or Law;
  - b. orthodontic services, regardless of why services are recommended or treatment is provided, unless specified on your Schedule of Benefits.
2. Excess coverage provision does not apply.

### South Carolina

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. 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 Workers' Compensation or Occupational Disease Act or Law;
  - b. services and supplies:
    - for which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
    - 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 hospital or institution owned or operated by the United States Government or any of its agencies, unless you are legally obligated to pay;
2. Excess coverage provision does not apply.

### South Dakota

This policy does not provide benefits and covered expenses do not include charges for any expense for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law.

### Texas (Traditional Plus)

Excess coverage provision does not apply.

## PPO and Traditional Preferred plans

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### Texas (Plus)

1. This policy does not provide benefits and covered expenses do not include charges in excess of the Maximum Allowable Fee charge for the service or supply.
2. Excess coverage provision does not apply.

### Utah

Excess coverage provision does not apply.

### Virginia

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. any service that we consider cosmetic dentistry, unless such service is necessary as a result of an accidental bodily injury sustained while you are covered under this policy. The following are considered cosmetic dentistry:
    - facings on crowns or pontics posterior to the second bicuspid;
    - characterizations and personalization of prosthetic devices; or
    - any service performed primarily to improve appearance.
2. Excess coverage provision does not apply.

### Wisconsin

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. any service that we consider cosmetic dentistry, unless such service is necessary as a result of an accidental bodily injury sustained while you are covered under this policy. The following are considered cosmetic dentistry:
    - facings on crowns or pontics posterior to the second bicuspid;
    - any service to correct congenital malformations, unless the Dependent child has been covered under this policy since birth;
    - characterizations and personalization of prosthetic devices; or
    - any service performed primarily to improve appearance.
  - b. any service which as determined by us:
    - is not dentally necessary;
    - does not offer a favorable prognosis;
    - does not have uniform professional endorsement; or
    - is deemed to be experimental, investigational or for research purposes.

2. Excess coverage:

No benefits will be payable under this policy on account of any injury or sickness caused by you, your dependent or any other party, for which there is other insurance providing medical or dental pay coverage or medical or dental expense coverage available to you or your coverage as described as being primary, excess or contingent.

We will, nevertheless, process your claim according to the provisions of the policy and secure reimbursement from the medical or dental payments or medical or dental expense insurer.

You hereby assign to us any right you have against the other insurer under the medical or dental pay or medical or dental expense coverage for reimbursement of dental expenses we have paid on your behalf.

## Limitations for orthodontic services

This policy does NOT provide benefits and covered expense does NOT include charges for orthodontic services prior to the effective date of your coverage under this policy, unless it was or would have been covered under the prior plan had the prior plan remained in force.

Prior plan means the employer's previous group dental plan which was in effect the day before the effective date of your employer's participation under this policy.

If you were covered under your employer's prior orthodontic plan and your coverage terminated on the day immediately before your effective date under this policy, benefits are payable up to the lesser of:

1. the benefits that would have been payable for orthodontic services under the prior orthodontic plan, reduced by any amount actually paid by the prior plan; or
2. the benefits payable for orthodontic services under this policy.

You must remain eligible under this policy during the remaining portion of the orthodontic treatment.

# Quality assurance plan

### **Mississippi and Wisconsin**

The purpose of the Quality Improvement Program is to evaluate, monitor and seek to improve the quality of life of HumanaDental's members by promoting quality, affordable dental care and services.

Through its dental plans, HumanaDental offers a wide range of coverage for preventive, basic and major treatment procedures. Services provided through HumanaDental's managed care plans are subject to quality improvement activities. These activities include the evaluation of the delivery system (provider network), the outcomes of the dental care delivery, and the effectiveness of administrative services provided by HumanaDental.

You are entitled to the coverage for which you are eligible as described in the Certificate. Various provisions of the Certificate contain your rights and responsibilities. You are accountable for understanding and following these rights and responsibilities. If you have questions or concerns regarding benefits, procedures, payment practices, eligibility, limitations and exclusions or the grievance procedure, you may contact us at 1-800-233-4013.

## Preventive and Preventive Plus plans

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### Late applicant

Late Applicant means an employee and/or an employee's eligible dependent who enrolls or is enrolled for dental coverage more than 31 days after his/her eligibility date. Late Applicants are subject to a 12-month waiting period for all services except preventive services.

#### Florida

With the exception of newborns and adopted children, late applicant means an employee and/or an employee's eligible dependent who enrolls or is enrolled for dental coverage more than 31 days after his/her eligibility date. Late applicants are subject to a 12-month waiting period for all services except preventive services.

#### Ohio

Late applicant means an employee and/or an employee's eligible dependent who enrolls or is enrolled for dental coverage more than 31 days after his/her eligibility date, or 60 days after the eligibility date for an adopted child. Late applicants are subject to a 12-month waiting period for all services except preventive services.

### Definitions

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable by a prudent person;
4. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
5. for contracted providers, the fee or discount that we have negotiated with that provider.

### State specific definitions

#### Alaska

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee charged by the provider;
2. the fee most often charged by the provider;
3. the fee most often charged in the geographical area where the service was performed as determined by comparing charges for similar services to a national data base.

#### Georgia

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable by a prudent person;
4. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
5. for contracted providers, the fee or discount that we have negotiated with that provider.

#### Kansas

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable by a prudent person;
4. the fee determined by comparing charges for similar services to a national data base, which is updated at least every six months, and adjusted to the geographical area where the services or procedures were performed; or
5. for contracted providers, the fee or discount that we have negotiated with that provider.

#### Iowa

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee which is recognized as reasonable;
4. the fee determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures were performed;
5. for contracted providers, the fee or discount that we have negotiated with that provider.

## Preventive and Preventive Plus plans

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### Maryland

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
4. for contracted providers, the lesser of the fee or discount that we have negotiated with that provider, or the actual charged amount.

### Missouri

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
4. for contracted providers, the fee or discount that we have negotiated with that provider.

### Wisconsin

Customary, Usual and Reasonable/Maximum Allowable Fee means the lesser of:

1. the fee most often charged in the geographical area where the service was performed;
2. the fee most often charged by the provider;
3. the fee determined by comparing charges for similar services to a national data base adjusted to the geographical area where the services or procedures were performed; or
4. for contracted providers, the fee or discount that we have negotiated with that provider.

## Limitations and exclusions

This policy does NOT provide benefits and covered expenses do NOT include charges for:

1. any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which:
  - a. benefits are provided or payable under any Workers' Compensation or Occupational Disease Act or Law; or
  - b. coverage was available under any Workers' Compensation or Occupational Disease Act or Law regardless of whether such coverage was actually applied for;
2. services and supplies;
  - a. for which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
  - b. furnished by or payable under any plan or law through any Government or any political subdivision (this does not include Medicare or Medicaid); or
  - c. furnished by any hospital or institution owned or operated by the United States Government or any of its agencies for any service-connected sickness or bodily injury.
3. any loss caused or contributed to by:
  - a. war or any act of war, whether declared or not; or
  - b. any act of international armed conflict, or any conflict involving armed forces of any international authority;
4. treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane;
5. any service to correct congenital malformations;
6. any service not specifically listed as a Covered Service on the Schedule of Benefits;
7. any service which as determined by us is NOT dentally necessary;
8. services provided by a person who ordinarily resides in your home or who is a family member;
9. charges in excess of the customary, usual and reasonable charge or the maximum allowable fee charge for the service or supply;
10. any expense incurred prior to your effective date or after the date your coverage under this policy terminates;
11. any service that we consider cosmetic dentistry;
12. completion of forms or failure to keep an appointment with the dentist;

## Preventive and Preventive Plus plans

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13. preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take home items, or dietary planning;
14. caries susceptibility testing, lab tests, anaerobic cultures, sensitivity testing;
15. infection control. Infection control includes, but is not limited to, sterilization techniques;
16. fees for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be performed by a licensed dental hygienist. The treatment must be rendered under the direct supervision and guidance of the dentist in accordance with generally accepted dental standards;
17. local anesthetics, bases, pulp caps, temporary dental services, treatment plans, occlusal adjustments, nitrous oxide, or irrigation as a separate service. These services will be considered an integral part of the entire dental service;
18. composite restorations on molar and bicuspid teeth. Alternate services will be applied allowing benefits for amalgam restorations;
19. surgical extractions and oral surgery including pre and post operative care. Partially impacted and fully impacted wisdom teeth are not covered.
20. general anesthesia.

## Excess coverage

No benefits are payable for any accidental bodily injury for which there is other insurance providing payments or expense coverage, regardless of whether such other coverage is described as primary, excess or contingent.

If your claim against the other insurer is denied or partially paid, we will process your claim according to the terms and conditions of this policy. If payment is made by us on your behalf, 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 calendar year deductibles.

## State specific limitations and exclusions

The following amendments are made to the Dental Limitations and Exclusions.

### Arkansas

Excess coverage provision does not apply.

### California

This policy does not provide benefits and covered expenses do not include charges for:

1. Any service which is NOT dentally necessary;
2. Any service for cosmetic dentistry.

### Colorado

This policy does not provide benefits and covered expenses do not include charges for fees for treatment by other than a dentist, except when lawfully rendered by a licensed dental hygienist. Services performed by a dental hygienist must be rendered under the direct supervision and guidance of the dentist except as specifically allowed by the Colorado Professions and Occupations code permitting dental hygienists to practice unsupervised dental hygiene.

### Florida

This policy does not provide benefits and covered expenses do not include charges for:

1. any expense arising from or sustained in 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.
2. any service to correct congenital malformations, unless the service for treatment of a covered newborn as allowed under the Newborn Benefit section of Covered Expenses.
3. any service that we consider cosmetic dentistry, unless the service for treatment of a covered newborn as allowed under the Newborn Benefit section of Covered Expenses.

### Georgia

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. any service not specifically listed as a covered expense.
  - b. any service which as determined by us;
    - is not dentally necessary;
    - does not offer a favorable prognosis;
    - does not have uniform professional endorsement; or
    - is deemed to be experimental in nature.
  - c. any expense incurred prior to your effective date or after the date your coverage under this policy terminates, except for any extension of benefits.
  - d. local anesthetics, bases, pulp caps, temporary dental services, treatment plans, occlusal adjustments, nitrous oxide, study models, diagnostic casts, or irrigation as a separate service. These services will be considered an integral part of the entire dental service.
  - e. general anesthesia unless administered by a dentist in conjunction with covered surgical procedures for the treatment of jaw joint problems as provided in this certificate. Patient management or apprehension does not constitute medical necessity.

## Preventive and Preventive Plus plans

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- f. services that are generally considered to be medical services, except those specifically listed in the covered expenses.
2. Excess coverage provision does not apply.

### Illinois

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. any loss caused by:
    - 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;
  - b. sickness or bodily injury for which there is medical payment or expense coverage provided or payable under any automobile, homeowners, premises, or any other similar coverage. Payments made by any other coverage will be credited toward any applicable calendar year deductible and coinsurance for the year the sickness or bodily injury was initially sustained.
2. Excess coverage provision does not apply.

### Indiana

Excess coverage provision does not apply.

### Iowa

This policy does not provide benefits and covered expenses do not include charges for any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain which:

1. benefits are provided or payable under any Workers' Compensation or Occupational Disease Act or Law; or
2. coverage was available under any Workers' Compensation or Occupational Disease Act or Law and you fail to apply for such coverage.

### Kansas

Excess coverage provision does not apply.

### Kentucky

This policy does not provide benefits and covered expenses do not include charges for 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 Workers' Compensation or Occupational Disease Act or Law.

### Maryland

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. any expense incurred prior to your effective date or after the date your coverage under this policy terminates, subject to the Extension of Benefits provision.
  - b. fees for treatment of a by other than a dentist or other licensed health care provider acting within the lawful scope of their license. Scaling or cleaning of teeth and topical application of fluoride performed by a licensed dental hygienist must be rendered under the direct supervision and guidance of the dentist in accordance with generally accepted dental standards.
  - c. services and supplies which were provided as a result of a Prohibited Referral. For this provision, a Prohibited Referral is any referral prohibited by s 1-302 or as amended, of the Health Occupations Article.
2. Excess coverage provision does not apply.

### Missouri

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. services and supplies;
    - for which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
    - 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 while you are confined in a hospital or institution owned or operated by the United States Government or any of its agencies for any service-connected sickness or bodily injury unless the insured is legally required to pay in the absence of insurance.
  - b. treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane.
2. Excess coverage provision does not apply.

### North Carolina

1. This policy does not provide benefits and covered expenses do not include charges for any service to correct congenital malformations, unless you are a covered dependent child who has been covered under this policy since birth or since placement in the adoptive or foster home.
2. Excess coverage does not apply.

## Preventive and Preventive Plus plans

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### Ohio

Excess coverage provision does not apply.

### Oklahoma

This policy does not provide benefits and covered expenses do not include charges for any loss caused or contributed to by war or act of war, declared or undeclared, while serving in the military service or any auxiliary unit attached hereto.  
Pennsylvania (PPO Preventive Plus)

1. This policy does not provide benefits and covered expenses do not include charges for:
  - a. any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which coverage was available under any Workers' Compensation or Occupational Disease Act or Law;
  - b. orthodontic services, regardless of why services are recommended or treatment is provided.
2. Excess coverage provision does not apply.

### South Carolina

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 Workers' Compensation or Occupational Disease Act or Law;
2. Services and supplies,
  - a. for which no charge is made, or for which you would not be required to pay if you did not have this insurance, unless charges are received from and reimbursable to the United States Government or any of its agencies as required by law;
  - b. furnished by or payable under any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - c. furnished by any hospital or institution owned or operated by the United States Government or any of its agencies, unless you are legally obligated to pay.

### Texas

Excess coverage provision does not apply.

### Utah

Excess coverage provision does not apply.

### Virginia

1. Limitation and exclusion #5 does not apply.
2. Excess coverage provision does not apply.

### Wisconsin

1. This policy does not provide benefits and covered expenses do not include charges for any service to correct congenital malformations unless the dependent child has been covered under this policy since birth.
2. Excess coverage:

No benefits will be payable under this policy on account of any injury or sickness caused by you, your dependent or any other party, for which there is other insurance providing medical or dental pay coverage or medical or dental expense coverage available to you or your coverage as described as being primary, excess or contingent.

We will, nevertheless, process your claim according to the provisions of the policy and secure reimbursement from the medical or dental payments or medical or dental expense insurer.

You hereby assign to us any right you have against the other insurer under the medical or dental pay or medical or dental expense coverage for reimbursement of dental expenses we have paid on your behalf.

## Quality assurance plan

### Mississippi and Wisconsin

The purpose of the Quality Improvement Program is to evaluate, monitor and seek to improve the quality of life of HumanaDental's members by promoting quality, affordable dental care and services.

Through its dental plans, HumanaDental offers a wide range of coverage for preventive, basic and major treatment procedures. Services provided through HumanaDental's managed care plans are subject to quality improvement activities. These activities include the evaluation of the delivery system (provider network), the outcomes of the dental care delivery, and the effectiveness of administrative services provided by HumanaDental.

You are entitled to the coverage for which you are eligible as described in the Certificate. Various provisions of the Certificate contain your rights and responsibilities. You are accountable for understanding and following these rights and responsibilities. If you have questions or concerns regarding benefits, procedures, payment practices, eligibility, limitations and exclusions or the grievance procedure, you may contact us at 1-800-233-4013.

## Voluntary term life plan

### Limitations and exclusions\*

Voluntary Life insurance benefits will be limited to the premium paid in the event of death caused by self-induced sickness, suicide, or intentional self-inflicted bodily injury, whether sane or insane, within the first year of the insured's effective date under this certificate.

Voluntary Term Life benefits do not cover loss resulting from:

1. Self-induced sickness, attempted suicide or intentional self-inflicted bodily injury, whether sane or insane within the first year of your effective date. Benefits are limited to the premium paid for the employee voluntary term life insurance.<sup>1</sup>
2. The voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken or inhaled as prescribed or administered by a qualified practitioner within the first year of your effective date. Benefits will be limited to the premium paid for this employee voluntary term life insurance.<sup>2</sup>
3. Travel or flight in a device of any type for aerial navigation, except as a fare-paying passenger of licensed passenger airline.
4. Commission, or attempt to commit a civil or criminal battery or felony.<sup>3</sup>
5. Service in any armed forces, except if you are in temporary active duty as a reservist for military training that lasts 30 days or less.
6. Bodily injury or sickness contributed to or caused by;
  - a. war or any act of war, whether declared or not; or<sup>4</sup>
  - b. any act of armed conflict, or any conflict involving armed forces of any authority.<sup>5</sup>
7. Participation in a riot, rebellion, or insurrection. Participation means taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without the authority of law.<sup>5</sup>

\* Not applicable in the following states—Kansas and Utah.

1 Not applicable in Missouri and Ohio.

2 Not applicable in Missouri, Nebraska, Ohio, South Dakota and Tennessee.

3 Not applicable in Missouri, Nebraska and Ohio.

4 Not applicable in Nebraska and Tennessee.

5 Not applicable in Missouri, Nebraska, Ohio and Tennessee.

### State specific limitations and exclusions

#### Illinois

Bodily injury or sickness caused by;

- a. war or any act of war, whether declared or not; or
- b. any act of armed conflict, or any conflict involving armed forces of any authority.

#### Kentucky

The voluntary taking of any sedative, narcotic or hallucinogenic, alcohol, poison or inhalation of any gas unless taken or inhaled as prescribed or administered by a qualified practitioner within the first year of your effective date. Benefits will be limited to the premium paid for this employee voluntary term life insurance.

#### Louisiana

The voluntary taking of any sedative, narcotic or hallucinogenic, alcohol, poison or inhalation of any gas unless taken or inhaled as prescribed or administered by a qualified practitioner within the first year of your effective date. Benefits will be limited to the premium paid for this employee voluntary term life insurance.

#### Massachusetts

Voluntary Term Life benefits do not cover loss resulting from active service in any armed forces, except if you are in temporary active duty as a reservist for military training that lasts 30 days or less.

#### Minnesota

Voluntary Term Life benefits do not cover loss resulting from commission, or attempt to commit a felony.

#### Nebraska

Voluntary Term Life benefits do not cover loss resulting from self-induced sickness, attempted suicide or intentional self-inflicted bodily injury, whether sane or insane within the first two years of your effective date. Benefits are limited to the premium paid for the employee voluntary term life insurance.

#### Ohio

Voluntary Term Life benefits do not cover loss resulting from attempted suicide, whether sane or insane within the first year of your effective date. Benefits are limited to the premium paid for the employee voluntary term life insurance.

#### Oklahoma

Voluntary Term Life benefits do not cover loss resulting from bodily injury or sickness contributed to or caused by any war or act of war declared, while serving in the military forces or auxillary unit attached there to.

## Tennessee

Voluntary Term Life benefits do not cover loss resulting from:

1. attempted suicide committed while sane or insane within the first year of your effective date. Benefits will be limited to the premium paid for this voluntary term life insurance.
2. Death as a result of service in any armed forces, in time of war, except if you are in temporary active duty as a reservist for military training that last 30 days or less.

# Accidental death or bodily injury benefit

## Limitations and exclusions

Accidental Death or Bodily Injury insurance does not cover loss resulting from:

1. Self-induced sickness, attempted suicide, or intentionally self-inflicted bodily injury whether sane or insane.
2. The voluntary taking of any sedative, drug, alcohol, poison or inhalation of any gas unless taken or inhaled as prescribed or administered by a qualified practitioner.
3. Being intoxicated or under the influence of any narcotic or hallucinogenic, unless administered on the advice of a qualified practitioner.<sup>1</sup>
4. The travel or flight in a device of any type for aerial navigation, except as a fare-paying passenger of licensed passenger airline.
5. Commission, or attempt to commit a civil or criminal battery or felony.
6. Driving while legally intoxicated or under the influence of illegal substance. Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level met or exceeds the legal presumption of intoxication under the law of the state where the accident took place.<sup>2</sup>
7. The service in any armed forces, except if you are in temporary active duty as a reservist for military training that lasts 30 days or less.
8. Bodily injury or sickness contributed to or caused by;
  - a. war or any act of war, whether declared or not; or
  - b. any act of armed conflict, or any conflict involving armed forces of any authority.<sup>3</sup>
9. Participation in a riot, rebellion, or insurrection. Participation means taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without the authority of law.

<sup>1</sup> Not applicable in South Dakota.

<sup>2</sup> Not applicable in South Dakota.

<sup>3</sup> Not applicable in Nebraska.

10. Bodily or mental infirmity or its related surgical or medical treatment or any infection unless the direct result of a bodily injury or unless resulting from accidental ingestion of a contaminated substance.
11. Participation in hazardous sports, including but not limited to: bungee jumping, motorized vehicle racing, rock climbing, rodeo events, scuba diving, skydiving, parachuting, hang gliding or ballooning.

## State specific limitations and exclusions

### Illinois

Accidental Death or Bodily Injury insurance does not cover loss resulting from bodily injury or sickness caused by war or any act of war, whether declared or not; or any act of armed conflict, or any conflict involving armed forces of any authority.

### Kentucky

Accidental Death or Bodily Injury insurance does not cover loss resulting from the voluntary taking of any sedative, narcotic or hallucinogenic, alcohol, poison or inhalation of any gas unless taken or inhaled as prescribed or administered by a qualified practitioner.

### Louisiana

Accidental Death or Bodily Injury insurance does not cover loss resulting from the voluntary taking of any sedative, narcotic or hallucinogenic, alcohol, poison or inhalation of any gas unless taken or inhaled as prescribed or administered by a qualified practitioner.

### Maryland

Accidental Death or Bodily Injury insurance does not cover loss resulting from participation in the following hazardous sports: bungee jumping, motorized vehicle racing, rock climbing, rodeo events, scuba diving, skydiving, parachuting, hang gliding or ballooning.

### Minnesota

Accidental Death or Bodily Injury insurance does not cover loss resulting from commission or attempt to commit a felony.

### Missouri

Accidental Death or Bodily Injury insurance does not cover loss resulting from self-induced sickness, attempted suicide, or intentionally self-inflicted bodily injury while sane.

# Humana Basic and Voluntary Term Life

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## Oklahoma

Accidental Death or Bodily Injury insurance does not cover loss resulting from bodily injury or sickness contributed to or caused by any war or act of war declared, while serving in the military forces or auxillary unit attached there to.

## Tennessee

Accidental Death or Bodily Injury insurance does not cover loss resulting from attempted suicide, intentionally self-inflicted bodily injury or self-induced sickness whether sane or insane.

# Plan provisions

## Waiver of Premiums

Waiver of Premium is automatically included with employee coverage. Humana will continue life insurance coverage and waive premium payments for employees who remain totally disabled up to age 65.

To receive Waiver of Premium, employees must become totally disabled prior to age 60 and remain totally disabled throughout the 180 consecutive elimination period.

Total disability or totally disabled means,

1. for the employee that during the disability he or she is at all times prevented by bodily injury of sickness from performing each and every material and substantial duty of his or her occupation as it is generally performed in the economy.
3. A Totally Disabled person may not engage in ANY job or occupation for wage or profit.
4. Benefit is available to only the employee.

## Living benefit (accelerated death benefit)\*

If an employee is diagnosed with a terminal illness, expected to result in death within 24 months, he or she can receive a portion of the insurance benefit prior to death (subject to state regulations).

The living benefit is subject to:

1. Minimum of \$5,000 benefit.
2. Maximum of \$100,000 or 50-percent of the insured employee's life insurance coverage—whichever is less.
3. Employee coverage for a minimum of six months. In Oklahoma and Michigan, the employer coverage is a minimum of 30 days for sickness and there is no time period requirement for bodily injury.
4. Beneficiary approval.

## Texas accelerated benefit disclosure

Accelerated Benefit qualifying conditions include: long-term care illness, specified disease, or terminal illness. Specified disease means a sickness or bodily injury that is likely to cause permanent disability or premature death. Long Term Care Illness means the employee is unable to perform at least two activities of daily living; or has an impairment of cognitive ability. Qualified treatment facilities of Long Term Illness includes, but is not limited to, a convalescent nursing home, residential care or intermediate nursing facility, which is operated pursuant to state and federal law.

The death benefit in force under the policy will be reduced if accelerated benefits are paid. The Accelerated Benefits offered may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary

long-term care expenses, such as nursing home care. If the Accelerated Benefit qualifies for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to Accelerated Benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive Accelerated Benefits excludable from income under federal law.

Receipt of Accelerated Benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplemental Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

## Portability (applicable to Voluntary Life only)

If an employee leaves employment, they can continue coverage by paying premiums annually, directly to Humana. Coverages that can be ported are employee life and dependent life subject to plan provisions. Dependent Life can only be ported if employee life is ported. The Portability Privilege is limited to active eligible employees who have not yet attained the age of 70. Only coverage in force or a lesser amount can be ported at time of termination. There is no waiver of premium in the ported contract.

Not applicable in Minnesota, Missouri, or Oklahoma.

## Accidental death or bodily injury benefit

If an accidental injury directly results in one of the following losses within 180 days (may vary by state) of the date of injury, employees receive the following benefits (see schedule below):

## Accidental death or bodily injury schedule

The total benefit for all losses resulting from the same accident may not exceed the principal sum.

<b>Loss</b>	<b>Benefit amount equal to</b>
1. One hand	1/2 the principal sum
2. One foot	1/2 the principal sum
3. Thumb and index finger on same hand	1/4 the principal sum
3. Irrecoverable loss of sight in one eye	1/2 the principal sum
4. Paraplegia	1/2 the principal sum
5. Hemiplegia	1/2 the principal sum
6. Any combination of two or more of the losses above	The full principal sum
7. Loss of life	The full principal sum
8. Quadriplegia	The full principal sum

Note: (Accidental Death or Bodily Injury) The total benefit for all losses resulting from the same accident will be limited to the one type of loss which provides the greatest benefit.

Note: Accidental Death or Bodily Injury benefits reduce according to the Age Reduction Schedule (see chart).

## Accidental death or bodily injury seat belt benefit, airbag or helmet benefit

The seat belt, airbag, helmet benefit is payable if you die as a direct result of bodily injury sustained in an automobile or motorcycle accident as a passenger or driver.

In the event of an automobile accident the benefit is payable if:

1. A copy of the police report is submitted with the claim;
2. You were seated in a seat equipped with a properly functioning air bag;
3. You were wearing a properly fastened seat belt in the correct position; and
4. The correct position of the seat belt was certified by the investigating officer or indicated in the police report.

We will increase your accidental death benefit by 10%, up to \$10,000, but not less than \$1,000 for using your seat belt. Additionally, we will increase your accidental death benefit by 5%, up to \$5,000, but no less than \$500 for the properly functioning airbag.

In the event of a motorcycle accident the benefit is payable if:

1. A copy of the police report is submitted with the claim;
2. You were wearing a properly fitted and fastened motorcycle helmet; and
3. The use of properly fitted and fastened motorcycle helmet was certified by the investigating officer or indicated in the police report.

We will increase your accidental death benefit by 10%, up to \$10,000, but not less than \$1,000 for wearing a properly fitted and fastened motorcycle helmet.

If we are unable to determine whether you had been wearing a properly fastened seat belt, seated in a seat equipped with a functioning airbag, or wearing a properly fitted and fastened motorcycle helmet. We will pay a benefit of \$1,000 to your beneficiary.



**HUMANA  
DENTAL**

**Dental products:**

Insured by HumanaDental Insurance Company  
In Kentucky, insured by The Dental Concern, Inc.

**HUMANA<sup>®</sup>**  
*Guidance* when you need it most

**Life products:**

Insured by Humana Insurance Company, Humana  
Health Insurance Company of Florida, Inc. or  
Humana Insurance Company of Kentucky  
For Arizona residents: Insured by Humana  
Insurance Company