

Children's dental & vision benefits

Illinois

Included with Humana medical plans for groups with 1-50 total employees

Children's dental benefits

If you use IN-NETWORK dental providers

If you use OUT-OF-NETWORK dental providers

- **Diagnostic and preventive services**

- Routine oral exams, cleanings (limit two each per year)
- Bitewing X-rays (limit one set per year, excludes full mouth and panoramic with a limit of one per three years)
- Topical fluoride treatment (limit two per year)
- Sealants (limit one per tooth per lifetime)

For Humana Coinsurance, Copay, and HDHP* medical plans:
50% after medical deductible

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50% after medical deductible
(No out-of-network benefits available on HMO plans)

- **Minor restorative services**

- Fillings (amalgam, composite for anterior, limit one per tooth surface per year)
- Prefabricated crowns (limit one per five years, primary teeth)

For Humana Simplicity medical plans:
50% (no deductible)

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50% after medical deductible
(No out-of-network benefits available on HMO plans)

For Humana Indemnity medical plans: 50% after medical deductible

- **Major restorative services and oral surgery**

- Inlays, onlays, and crowns (one per tooth per five years)
- Extractions and root removal (limit one per tooth per lifetime)
- Periodontal (gums) and oral surgery
- Root canals (limit one per tooth per lifetime)

- **Orthodontia**

- Orthodontic treatment as a result of congenital or developmental malformation (limit once per lifetime)

Important to know:

- Good health starts with a healthy mouth! Choose one of the more than 170,000 dentist locations in the Humana dental PPO network to maximize your benefit. You can find dentists in your area by visiting Humana.com.
- Benefit frequencies based on a calendar year. Frequencies may be dependent upon provider.
- Children, up to age 19, are covered under this plan

* Certain HDHP plans will have 100% coverage when the medical plan maximum out-of-pocket and deductible is the same. Please consult your Humana sales representative for additional information.



Children's vision benefits

- **Exam with dilation** as necessary (limit once per year)
- **Frames** (limit once per year)
 - Choose from a selection of covered frames
- **Eyeglass lenses** (limit once per year)
 - Single
 - Bifocal
 - Trifocal
 - Lens options: standard polycarbonate and/or standard scratch coating
- **Contact lenses** (limit once per year)
 - Choose from a selection of covered contact lenses
 - Medically necessary contacts (limit one pair)
- **Low vision**
 - Supplemental testing (limit once every two years)
 - Vision aids (limit once every three years); excludes video magnification aids (once every five years)

Important to know:

- If you prefer contact lenses, this plan provides for a contact lens benefit in lieu of frames and lenses. Contact lens benefit is one-time use per benefit frequency. Daily disposable lenses offered with a 3-month supply; non-daily lenses offered with a 6 month supply.
- If you buy a frame or contacts outside the selection offered, this plan provides for a benefit up to the amount that would have been paid had you chosen from the selection. Additional discounts may be available with network providers.
- Benefit frequencies based on date of service.
- Children, up to age 19, are covered under this plan.

If you use IN-NETWORK vision providers

For Humana Coinsurance, Copay, and HDHP* medical plans:
50% after medical deductible

For Humana Simplicity medical plans:
50% (no deductible)

For Humana Indemnity medical plans: 50% after medical deductible

If you use OUT-OF-NETWORK vision providers

For Humana Coinsurance, Copay, and HDHP* medical plans:
50% after medical deductible
(No out-of-network benefits available on HMO plans)

For Humana Simplicity medical plans:
50% after medical deductible
(No out-of-network benefits available on HMO plans)

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Provider disclaimer:

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company

Additional coverage information:

This is not a complete disclosure of plan qualifications and limitations. Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at www.disclosure.humana.com or through your sales representative. Premiums and benefits vary based on the plan selected.

