



Archdiocese of Louisville

Your 2025 plan
enrollment guide: Dental
& Vision



Humana®

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,500			
Preventive services				
<ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		100% no deductible	
Basic services				
<ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) 	50% after deductible		50% after deductible	
More Value				
Basic services	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.			
<ul style="list-style-type: none"> • Stainless steel crowns • Harmful habit appliances for children 				
Major services				
<ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridges • Dentures • Denture relines/rebases • Denture repair and adjustments • Implants • Periodontics (gums) • Endodontics (root canals) 				
Orthodontia services				
<ul style="list-style-type: none"> • Adult and child orthodontia 				

Humana Dental Preventive Plus

Roman Catholic Bishop of Louisville

KENTUCKY

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late applicant ¹	No	12 months	Not available	Not available

¹ Late applicants not allowed with open enrollment option.



Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](https://www.humana.com).

Feel good about choosing a Humana Dental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your Humana Dental Preventive Plus plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

*www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* Humana Dental helps you feel good about your dental health so you can smile confidently.

*American Academy of Cosmetic Dentistry

Use your Humana Dental benefits

Find a dentist

With Humana Dental's Preventive Plus plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Preventive Plus Network. To find a dentist in Humana Dental's Preventive Plus Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

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See your dentist

Your Humana Dental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After Humana Dental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, Humana Dental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$0	\$0	\$25	\$75
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> Routine oral examinations (3 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Routine cleanings (3 per year) Periodontal cleanings (4 per year) Fluoride treatment (1 per year, through age 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		80% no deductible	
Basic services <ul style="list-style-type: none"> Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Oral surgery (tooth extractions including impacted teeth) Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) 	50% no deductible		40% after deductible	
Major services <ul style="list-style-type: none"> Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 per tooth every 5 years) Dentures (1 per tooth every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% no deductible		40% after deductible	

If you use an
IN-NETWORK dentist

If you use an
OUT-OF-NETWORK dentist

Extended Annual Max

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

Orthodontia services

Child orthodontia - covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available
Late applicant ^{1,2}	No	12 months	12 months	Not available

¹ Late applicants not allowed with open enrollment option.

² Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



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Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your Humana Dental PPO plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

*www.perio.org

Go to MyDentalIQ.com

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Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

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Humana Dental Traditional Preferred

Roman Catholic Bishop of Louisville

KENTUCKY

If you use an
IN-NETWORK dentist

If you use an
OUT-OF-NETWORK dentist

Calendar-year deductible

(excludes orthodontia services)

Individual

\$50

Family

\$150

Individual

\$50

Family

\$150

Deductible applies to all services excluding preventive services.

Calendar-year annual maximum

(excludes orthodontia services)

\$1,500 + extended annual maximum (see section below)

Preventive services

- Routine oral examinations (3 per year)
- Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)
- Routine cleanings (3 per year)
- Periodontal cleanings (4 per year)
- Fluoride treatment (1 per year, through age 16)
- Sealants (permanent molars, through age 16)
- Space maintainers (primary teeth, through age 15)
- Oral Cancer Screening (1 per year, ages 40 and older)

100% no deductible

100% no deductible

Basic services

- Emergency care for pain relief
- Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)
- Oral surgery (tooth extractions including impacted teeth)
- Stainless steel crowns
- Harmful habit appliances for children (1 per lifetime, through age 14)

50% after deductible

50% after deductible

Major services

- Crowns (1 per tooth every 5 years)
- Inlays/onlays (1 per tooth every 5 years)
- Bridges (1 per tooth every 5 years)
- Dentures (1 per tooth every 5 years)
- Denture relines/rebases (1 every 3 years, following 6 months of denture use)
- Denture repair and adjustments (following 6 months of denture use)
- Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)
- Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)
- Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)

50% after deductible

50% after deductible

Extended Annual Max

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

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Roman Catholic Bishop of Louisville

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IN-NETWORK dentist

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Calendar-year deductible

(excludes orthodontia services)

Individual

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Orthodontia services

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Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	12 months ¹
Late applicant ^{2,3}	No	12 months	12 months	12 months

¹ Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.

² Late applicants not allowed with open enrollment option.

³ Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



Questions?

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Feel good about choosing a Humana Dental plan

Make regular dental visits a priority

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Go to MyDentalIQ.com

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Tips to ensure a healthy mouth:

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
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- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?*

* American Academy of Cosmetic Dentistry

Use your Humana Dental benefits

Find a dentist

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Plan summary created on: 8/29/23 14:52

KYHLJ4QEN 01/22

Policy Number: KY-70090-HC 1/14

1-800-233-4013 | Humana.com



MyHumana

Your dental plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana dental plan information. It's available anytime, anywhere.



Get quick access to your dental plan

View, print and email ID cards

ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail, follow the "Registering is easy" instructions below.

Check your claim status

Review deductibles, coverage levels and limits

A dashboard that puts all your information in one spot

Chat with a representative about any of your dental plan questions

Find a dentist near you

Registering is easy

1. Go to [Humana.com/Register](https://www.humana.com/register) and "Start activation now".
2. Confirm member information. Enter your member ID number (or Social Security number), date of birth, and ZIP code.
3. Create a username, password and security prompt and choose "Next" to finish.



Use MyHumana anywhere

Download the MyHumana mobile app from your app store. You can also sign up for text message alerts at [Humana.com](https://www.humana.com).*



Humana

* Message and data rates may apply.

Get access to virtual dental care 24/7 with Teledentix








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

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

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

How you can use teledentistry

Typically, when you have a teledentistry visit, you will speak with a dental provider through an online video chat or a phone call. You can get access to care from the comfort of your home for a variety of dental needs. Teledentix dentists can:

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

Tips to prepare for your Teledentix virtual dental visit

- 1** Register on the Teledentix app, or from your computer at Humana.teledentix.com/c/humanaondemand.
- 2** Fill out any required patient forms before your appointment.
- 3** Make a list of any symptoms, questions or concerns in advance, so you'll be ready to discuss them with your provider.
- 4** Share any prescriptions, over-the-counter medicines or supplements you're currently taking with your provider. If you have a preferred pharmacy, have the name and address handy in case your provider suggests prescription medication.

To learn more about teledentistry or your Humana Dental benefits, visit Humana.com.

Teledentistry is not available in all states. Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply. Teledentistry services are available on-demand or by appointment to members of all ages, including children and adolescents. Internet access is required for video teledentistry visits. Data fees may apply.

Available on PPO and Traditional Preferred plans only.

Dental PPO plans are not offered in all states.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

For California: Covered services provided via telehealth are also available on an in-person basis at an in-network or out-of-network provider of your choice, although selection of an out-of-network provider may result in a higher cost sharing obligation for you. In-network providers will not balance bill you for covered services you receive. Acceptance of covered services from a third party telehealth provider and submission of claims will serve as consent to the terms of service provided in this notice.

Humana.

GCCLKUVEN 0722



Take a Byte out of teeth-straightening costs

As a Humana dental plan member, you can get a confidence boost and major cost savings when you straighten your teeth with Byte® Clear Aligners¹ – the clear alternative to traditional braces.

What you'll love about Byte

On average, Byte clear aligners cost thousands less than traditional braces. And Humana members can save up to an additional \$450* with preferred rates.

Plus, your treatment plan is reviewed by dentists and orthodontists licensed across the U.S. all from the comfort of your home.

Get started on your journey to a new smile

Start by ordering an Impression Kit, which gets shipped straight to you. Follow the easy instructions and then just send back the kit for FREE!



Scan the QR code to get started or visit go.byte.com/smile-humana

Byte will then send you an interactive 3D model to preview your new smile. If you like what you see, our Byte Advisors will work with you to help you order your own custom aligner system. On average, your treatment is completed in five months. On top of receiving preferred rates, you may be eligible for coverage under your dental plan.

Humana | **byte**

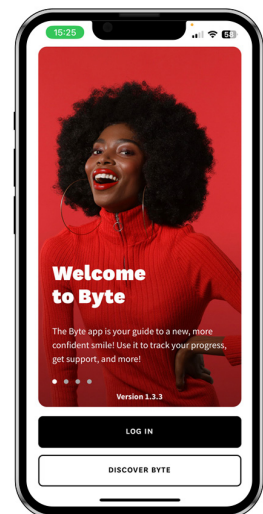
GCHLZUHEN 0623



Your new smile companion

Starting your aligner journey? Download the **My Byte app** for accurate, up-to-date info about your personalized treatment plan. You'll also find tools to help make sure your smile is a success:

- ✓ Get notified when it's time to switch your aligners
- ✓ Complete your monthly check-ins
- ✓ Support at your fingertips



Vision care services	If you use an In-Network PLUS Provider (Member cost)	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging ¹	\$0 Up to \$39	\$10 Up to \$39	Up to \$40 Not covered
Contact lens exam options² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$40 10% off retail	Up to \$40 10% off retail	Not covered Not covered
Frames³	\$180 allowance, 20% discount off balance over \$180	\$130 allowance 20% off balance over \$130	Up to \$98
Standard plastic lenses⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	\$15 \$15 \$15 \$15	Up to \$30 Up to \$50 Up to \$100 Up to \$100
Lens options⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$0 \$45 Premium anti-reflective coatings as follows: \$57 \$68 \$100 \$15 Premium progressives as follows: \$100 \$110 \$125 \$70 copay, 80% of charge less \$120 allowance \$75 20% off retail	\$15 \$15 \$15 \$40 \$0 \$45 Premium anti-reflective coatings as follows: \$57 \$68 \$100 \$15 Premium progressives as follows: \$100 \$110 \$125 \$70 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Up to \$20 Up to \$23 Premium anti-reflective coatings as follows: Up to \$23 Up to \$23 Up to \$23 Up to \$50 Premium progressives as follows: Up to \$50 Up to \$50 Up to \$50 Up to \$50 Not covered Not covered
Contact lenses⁵ • Conventional • Disposable • Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$98 allowance \$98 allowance \$300 allowance

Vision care services

	If you use an In-Network PLUS Provider (Member cost)	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency			
• Examination	Once every 12 months	Once every 12 months	Once every 12 months
• Lenses and contact lenses	Once every 12 months	Once every 12 months	Once every 12 months
• Frame	Once every 12 months	Once every 12 months	Once every 12 months
Diabetic Eye Care: care and testing for diabetic members			
• Examination - Up to (2) services per year	\$0	\$0	Up to \$77
• Retinal Imaging - Up to (2) services per year	\$0	\$0	Up to \$50
• Extended Ophthalmoscopy - Up to (2) services per year	\$0	\$0	Up to \$15
• Gonioscopy - Up to (2) services per year	\$0	\$0	Up to \$15
• Scanning Laser - Up to (2) services per year	\$0	\$0	Up to \$33

Optional benefits

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

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts available on frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

Additional plan discounts

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



Questions?

Check out **Humana.com**

Call 1-866-995-9316 seven days a week:
8 a.m. to 6 p.m. Eastern Time
Monday through Saturday, and
11 a.m. to 8 p.m. Sunday.



Limitations and Exclusions:

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

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

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York. In Arizona, group vision plans insured by Humana Insurance Company. In New Mexico, group vision plans insured by Humana Insurance Company.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

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

The Network Access Plan, which describes an access plan specific to your network, is available at www.humana.com or by calling our customer service department and requesting a copy.



Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

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

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resewva sèvis èd pou lang ki gratis.

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

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

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721



MyHumana

Your vision plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana vision plan information. It's available anytime, anywhere.



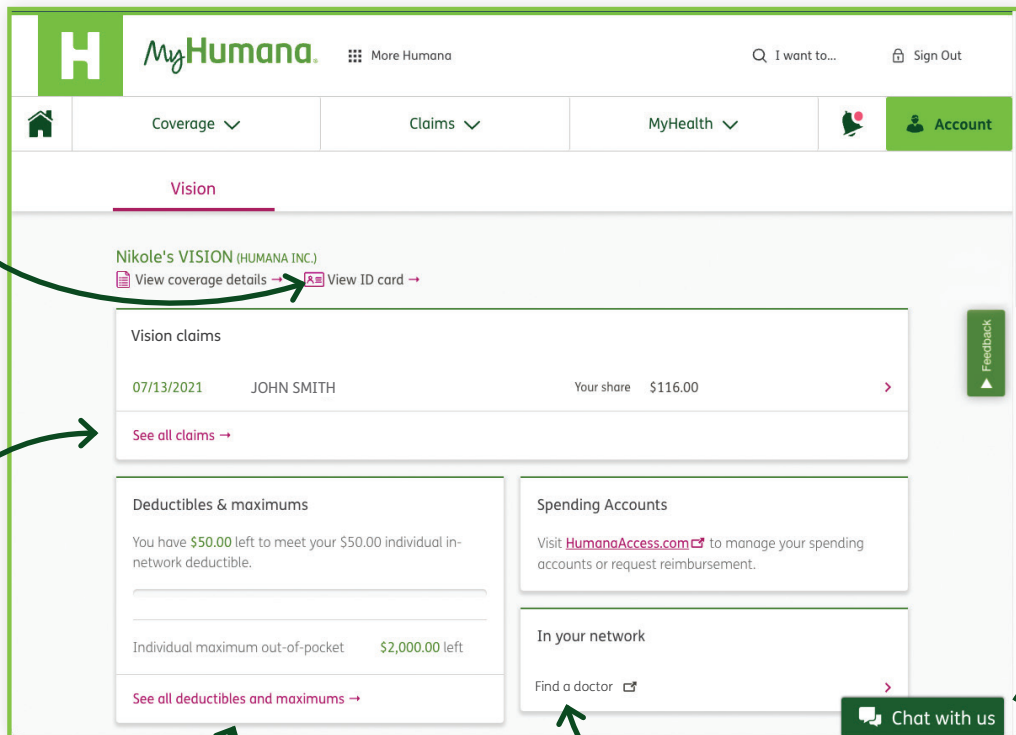
Get quick access to your vision plan

View, print and email ID cards
ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail, follow the "Registering is easy" instructions below.

Check your claim status

Review deductibles, coverage levels and limits

Find an eye doctor near you

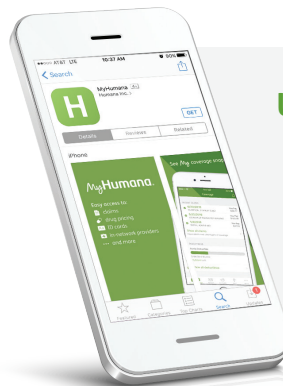


A dashboard that puts all your information in one spot

Chat with a representative about any of your vision plan questions

Registering is easy

1. Go to [Humana.com/Register](https://www.humana.com/register) and "Start activation now".
2. Confirm member information. Enter your member ID number (or Social Security number), date of birth, and ZIP code.
3. Create a username, password and security prompt and choose "Next" to finish.



Use MyHumana anywhere

Download the MyHumana mobile app from your app store. You can also sign up for text message alerts at [Humana.com](https://www.humana.com).*



Humana

* Message and data rates may apply.



Humana.com

Member/Patient Services: (877) 398-2980
HUMANA INSIGHT NETWORK

Humana Vision PLUS

123456
Susie Sample
Member ID: 123456789
Group #: 1038385
Effective: 08/01/2022



Humana.com

Member/Patient Services: (877) 398-2980
HUMANA INSIGHT NETWORK

Humana Vision PLUS

123456
Susie Sample
Member ID: 123456789
Group #: 1038385
Effective: 08/01/2022

NOTE: Cards are printed with the subscriber's name only. All eligible dependents can also use one of the attached cards. Need additional cards? Please visit the website on the front of your card to view or print a copy of your ID card. Please verify the provider accepts your plan when scheduling an appointment.

HUMANAPLUS360

HUMANAPLUS360

LOCATIONS NEAR YOU**

PLUS Provider

PLUS LOCATOR TEST - 1.1

MASON OH 45040
() -

PLUS Provider

LENSCRAFTERS RX ECOMM

4000 LUXOTTICA PL
MASON OH 45040
(513) 765-4000

NVI BAND 15

123 TEST RD
MASON OH 45040
(123) 456-7890

NVI BAND 48

456 TEST RD
MASON OH 45040
(123) 456-7890

PLUS Provider

LENSCRAFTERS CONTACTS ECOMM

4000 LUXOTTICA PL
MASON OH 45040
(513) 765-4000

RAYBAN.COM

4000 LUXOTTICA PL
MASON OH 45040
(513) 765-4000

PLUS Provider

LENSCRAFTERS

4000 LUXOTTICA PLACE
MASON OH 45040
(513) 765-4000

PEARLE VISION

7675 VOICE OF AMERICA CTR DR
WEST CHESTER OH 45069
(513) 779-5444

VISION BENEFITS AT PLUS PROVIDERS



\$150 Frame allowance



\$0 Exam copay

VISION CARE BENEFIT

Vision Care Services	In-Network Member Cost at PLUS Provider	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam Services			
Exam	\$0 copay	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Up to \$39	
Contact Lens Fit and Follow-Up			
Fit and Follow-up Standard	Up to \$40	Up to \$40	
Fit and Follow-up Prem	10% off retail price	10% off retail price	
Frame			
Frame	\$0 copay; 20% off balance over \$150 allowance	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
Lenses			
Single Vision	\$25 copay	\$25 copay	Up to \$25
Bifocal	\$25 copay	\$25 copay	Up to \$40
Trifocal	\$25 copay	\$25 copay	Up to \$60
Lenticular	\$25 copay	\$25 copay	Up to \$100
Progressive Standard	\$50 copay	\$50 copay	Up to \$40
Progressive Prem	\$110 - 185 copay	\$110 - 185 copay	Up to \$40
Lens Options			
Anti Reflective Coating Standard	\$45	\$45	
Anti Reflective Coating Prem Tier 1 - 2	\$57 - 68	\$57 - 68	
Anti Reflective Coating Prem Tier 3	\$85 copay	\$85 copay	Up to \$25
Photochromic Non-Glass	\$75	\$75	
Polycarbonate Standard age 19+	\$40	\$40	
Polycarbonate Standard under age 19	\$0 copay	\$0 copay	Up to \$25
Scratch Coating Standard Plastic	\$15	\$15	
Tint Solid and Gradient	\$15	\$15	
UV Treatment	\$15	\$15	
All Other Lens Options	20% off retail price	20% off retail price	
Contact Lenses			
Contacts Conventional	\$0 copay; 15% off balance over \$100 allowance	\$0 copay; 15% off balance over \$100 allowance	Up to \$80
Contacts Disposable	\$0 copay; 100% of balance over \$100 allowance	\$0 copay; 100% of balance over \$100 allowance	Up to \$80
Contacts Medically Necessary Lasik or PRK From U.S. Laser Network	\$0 copay 15% off retail or 5% off promo price; call 1-844-608-2020	\$0 copay	Up to \$200

VISION CARE FREQUENCY

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 24 months from the date of service	Once every 24 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

** YOUR VISION PLAN INCLUDES COVERAGE WITH NO COPAY FOR SERVICES RELATED TO DIABETES. TO DETERMINE IF YOU QUALIFY, SPEAK WITH YOUR DOCTOR. VIEW YOUR VISION COVERAGE DETAILS AT HUMANA.COM OR CALL (877) 398-2980.

** Locations subject to change. For the most current provider listing, log on to Humana.com or call (877) 398-2980

** When making your appointment, please confirm all discounts and services are offered.

** Participating Doctors of Optometry located at or next to LensCrafters, Pearle Vision, and Target Optical are independent of, and not employed by, optical dispensary.

Notice of Privacy Practice: Your Notice of Privacy Practice can be obtained at any time by calling the phone number listed on your ID card or by visiting Humana.com.

The Diabetic Benefit covers diabetic eyecare evaluation services only. The following services and benefits are excluded: Costs associated with securing frames, lenses, or any other materials Orthoptics or vision training and any associated supplemental testing Surgical procedures, including laser or any other form of refractive surgery, and any pre or post-operative services Pathological treatment of any type for any condition Any eye examination required by an employer as a condition of employment Insulin or any medication or supplies of any type Services and/or materials not included in this Rider. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.



Susie Sample
4000 Luxottica Pl
Mason OH 45040

LANGUAGE ASSISTANCE

English Language assistance: 888-249-5194	Spanish Asistencia de idiomas: 888-249-5194	Chinese 語言協助: 888-249-5194
Korean 언어 지원: 888-249-5194	Japanese 言語サポート: 888-249-5194	French Aide linguistique: 888-249-5194

Member/Patient Services

Present this card to the Humana provider of your choice. To find a provider, visit your member website or call the number on the front of the card.

Doctors/Providers Only

Visit eyemed.com to receive plan information or call 1-877-398-2682.

Insured or offered by Humana Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, Inc., The Dental Concern, Inc, and administered by First American Administrators.



Please detach carefully at perforation and keep card in your wallet.

Member/Patient Services

Present this card to the Humana provider of your choice. To find a provider, visit your member website or call the number on the front of the card.

Doctors/Providers Only

Visit eyemed.com to receive plan information or call 1-877-398-2682.

Insured or offered by Humana Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, Inc., The Dental Concern, Inc, and administered by First American Administrators.




Please detach carefully at perforation and keep card in your wallet.

What do my vision benefits cover?

Among other things, you save with a copay (a fixed amount you pay at the time of your exam) and your allowance (how much you get to spend toward frames). Flip this page for details.

How do I save money with my vision benefits?

Choose in-network eye doctors and providers to help save on exams, frames and more. How can I save even more? Certain in-network providers offer another level of savings built right into your vision care—like an enhanced frame allowance. Flip this over for details on PLUS Providers .


You may also receive additional savings¹, such as:

- 40% off complete pair eyeglass purchases
- 15% off conventional contact lenses once the funded benefit has been used
- 15% off the retail price or 5% off any promotional price of LASIK or PRK laser vision correction procedures²

When can I use my vision benefits?

Look for the effective date on the front of your ID card. The “frequency” tells you how often your benefits can be used. That is listed on the back of this page.

Where can I use my vision benefits?

We've partnered with EyeMed to ensure you get lots of options, in-network or out. Turn the page for a list of nearby providers. And look for the  symbol—those are PLUS Providers and you'll automatically get additional savings there.

Where else can I find in-network eye doctors? Visit our Provider Locator at the website listed on the front of your ID card. Filter by what's important— hours, location, brands and more.

Contact Us

- Call the Customer Care Center seven days a week: 7:30 a.m. – 11 p.m. Eastern time Monday – Saturday, and 11 a.m. – 8 p.m. Sunday.
- Locate providers (including PLUS Providers), view benefits, check eligibility and use other automated services by visiting the member website listed on the front of your ID card.
- Visit the website on the front of your ID card for more information about non-covered services and business interests.

¹Discounts are not insurance. ²LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since LASIK or PRK Vision Correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call 1-844-608-2020 for the nearest facility and to receive authorization for the discount.



Humana Vision FAQs

What do my Humana Vision benefits cover?

If you're new and considering Humana Vision, you'll want to connect with your employer to learn about the benefit options available to you. Already a member? The easiest way to find your benefit information is to create a member account on **Humana.com** or download the MyHumana mobile app (available on the App Store or Google Play™).

I don't wear glasses and can see well. Do I still need an eye exam?

Getting an eye exam isn't just about needing glasses; it's also about your overall health. An eye exam can detect common eye health problems like glaucoma or cataracts. It can also help identify early signs of more serious diseases like high blood pressure, diabetes and high cholesterol.¹

Does Humana Vision offer any extra discounts?

Yes, at participating in-network providers members get 40% off an extra pair of eyeglasses or 20% off a partial pair (lenses or frames only).^{*} Members also get 20% off non-prescription sunglasses and accessories, as well as discounts on Lasik vision correction. Call 1-877-398-2980 to find a Lasik vision correction location near you. *The discounts offered through this discount program are not insurance or insured benefits. The program is subject to change or may be discontinued, without notice and at any time.*

Can I use my Humana Vision benefits online?

Yes, you can instantly apply your in-network benefits at checkout at these participating providers: [lenscrafters.com](https://www.lenscrafters.com), [targetoptical.com](https://www.targetoptical.com), [ray-ban.com](https://www.ray-ban.com), [glasses.com](https://www.glasses.com) and [contactsdirect.com](https://www.contactsdirect.com). You'll also enjoy free shipping, free returns and no paperwork.

Can I get the same kind of care with a retail provider as I can with an independent doctor?

One advantage of using Humana Vision is that we verify the credentials of every in-network eye doctor, so you can feel confident you're getting access to qualified eye doctors and the services most beneficial to you. Many optometrists share space with a retail optical store, but operate a separate practice. All must meet the same state licensing and credential requirements.

How do I use my benefits?

You can start by searching for an in-network eye doctor at **Humana.com**. Then schedule your visit and go in for vision care or eyewear. You don't need your ID card — just provide your name and birthday. When you stay in-network, we'll handle all the paperwork for you.

How do I find an eye doctor in my network?

Use the "find a doctor" feature on **Humana.com** and the MyHumana app. We have thousands of in-network eye doctors to choose from, and you can filter your search to find the right one near you.

Humana®

How do I get on-the-go access?

The MyHumana app makes it easy to schedule eye appointments in the palm of your hand. The app also lets you review your benefits, find special offers, check claims and show your ID card.

How do I submit a claim?

When you visit one of our in-network eye doctors, you won't have to submit any claims. We take care of all the paperwork for you. If you need an out-of-network claim form, you can find one on your Humana account.

How do I get an ID card replacement or extra cards?

If you lose your card or need extras for your family, log into **Humana.com** to print a replacement. You may also view and print your ID card from the MyHumana app.

How often should I get an eye exam?

Vision changes can happen slowly — you may not even notice it. We suggest making vision a part of your preventive care routine with annual eye exams, or more frequent exams if your eye doctor recommends it.

At what age should my child first visit the eye doctor?

The American Optometric Association recommends a first eye exam between 6 months and 1 year of age.² The doctor may check for nearsightedness, farsightedness, astigmatism, amblyopia (or “lazy eye”) and proper eye movement. The next exam should occur between the ages of 3 and 5, and then continue once per year after that.

My child gets a vision screening at school, so there's no need for an eye exam, right?

A vision screening does not take the place of a comprehensive eye exam. School screenings generally check for color blindness and your child's ability to see far away. A comprehensive exam will evaluate the entire structure of the eye.

*Discounts are for in-network providers only. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Additional limitations and exclusions may apply. Log into your member account for full details.

¹“5 Health Problems Eye Exams Can Detect,” YourSightMatters.com, March, 2016.

²“Comprehensive pediatric eye and vision examination”; (2017 guideline brief); American Optometric Association; <https://www.aoa.org/Documents/AOA%20Executive%20>

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

Humana group vision plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dental Concern, Inc. In Arizona, group vision plans insured by Humana Insurance Company. In New Mexico, group vision plans insured by Humana Insurance Company.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]

PEARLE
EST. 1961
VISION[®]

OPTICAL[®]

Vision discounts to help members see a complete picture

Humana knows that good vision health is important to overall health. That's why we're committed to making sure that members get the most value from their vision benefits.

Humana is making it easier to control out-of-pocket costs with discounts and rebates. We're looking out for our members with everything you'd expect from a vision plan, plus more. That's what we call human care.



Vision plan members can learn about and access all the discounts available to you, go to **Humana.com** and sign in. Select Vision, then select Humana vision, then select Special offers.



A vast network

Our network consists of private practitioners including ophthalmologists and optometrists, LensCrafters, Target Optical and Pearle Vision; as well as online, in-network options, such as www.lenscrafters.com, www.glasses.com, www.contactsdirect.com and www.ray-ban.com.



Special offers

Examples of currently available special offers* are listed below. New and updated offers are added quarterly and annually.

- **LASIK** – \$800 off LASIK, with the Wavelight Laser, at LasikPlus Vision Centers.
- **Target Optical** – Additional \$25 off when using vision insurance at Target Optical.
- **Pearle Vision** – \$25 toward your purchase of a complete pair of glasses or Rx sunglasses. Can be combined with vision benefits or select offers.

Humana®

GCHL5RCEN 0822



- **Sunglass Hut** – \$20 off any purchase or \$50 off purchase of \$200 or more from Sunglass Hut.
- **www.Glasses.com** – Get \$50 off any non-prescription pair of designer sunglasses above \$200, or \$20 off any other non-prescription pair of sunglasses below \$200.
- **www.ContactsDirect.com** – Get 10% off your contact lens purchase, plus free shipping at ContactsDirect.com.
- **Special pricing, lens cleaners, Croakies retainers, child and adult cases** – Special member pricing on lens cleaners, Croakies retainers, child and adult cases.
- **Prescription glasses** – 40% off second pair of prescription glasses from participating in-network providers.*
- **Sunglasses** – 20% off non-Rx sunglasses from participating in-network providers.*
- **Frames, lenses or lens options** – 20% off after coverage has reached its maximum for frames, lenses, or lens options at participating in-network providers.*

*For vision plans with qualified materials benefits only. Not applicable for exam-only vision plans.

The discounts offered through this Discount Program are not insurance or insured benefits. The program is subject to change or may be discontinued, without notice and at any time. Discounts are not available to members with policies issued in Illinois, Missouri, New Mexico and Texas.

This is a sample of offers that are available online. Offers represented here may not be combined. To obtain offer codes, view offer terms and conditions, and search other current and available offers, visit the website listed on your ID card.



Quick-start member guide

Getting started is as easy as 1-2-3

- 1 Register for MyHumana**
Start by creating an account at [MyHumana.com](https://www.mychumana.com) or downloading the MyHumana Mobile app onto your smartphone. It's all your plan information in one place.
- 2 Get your Humana member ID card**
You can view, print or email your Humana member ID card at MyHumana. It's available within 10 working days of enrollment.
- 3 Find your eye care professional**
At MyHumana, you can see if your care provider is in your plan's network. Or if you need an eye care professional, you can easily find one.

Humana[®]

What else comes with my plan?

Your Humana vision plan includes:



Vision

- **Pay no more than \$10 for preventive eye exams**
- **Diabetic eye exam, care and testing** helps manage diabetes and helps lower overall diabetes care cost (available in most plans).
- **Get access to special discount programs**—including designer sunglasses, LASIK, acupuncture and more.
- **Choose from more than 109,000 access points** including independent optometrists, ophthalmologists, and national retail eye exam locations including Lens Crafters, Target Optical and Pearle Vision.



Thanks for choosing Humana. All that's left to do is register, and you'll be on your way! Visit **MyHumana.com** today to get started.

QR Code for www.Humana.com



Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

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

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

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

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

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowó.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0220