SUMMARY OF BENEFITS FOR
TENNESSEE

Share 80 Plus Rx and Copay

- Balance of cost and coverage
- Prescription benefit included
- 80% coverage for most medical services
- Office visit copayments

HumanaOne autograph™

SERIES OF PERSONAL HEALTH PLANS

Humana one® the plans you shape.

TN-46169-HH 4/07

You're the *one* whose life defines your choices.

Humana*One*® Autograph™ Series of Personal Health Plans are just for you.

With today's variety of lifestyles among families and individuals, "one size fits all" health insurance plans usually don't. That's why the Humana*One* **Autograph** series of personal health plans stands apart — they are plans you can shape to your needs and the needs of your family.

Thanks to its selection of cost sharing features, plan deductibles and optional benefits, the Humana*One* **Autograph** series of personal health plans can be as unique to you as your signature.

You can choose just the level of protection you want, at a cost that fits your budget.

Each Humana*One* **Autograph** plan offers remarkably flexible coverage that can easily keep pace with your current or changing needs.

Who's this Humana*One* Autograph Plan for?

People who seek the right combination of features and benefits that fits their lifestyle.

People who like to take charge of their own well-being.

People who may make multiple physician visits for illness or injury.

Plan Snapshot*

of the **Autograph** series

	In-Network Coinsurance		In-Network Plan Deductible		HSA Qualified	Separate Prescription Deductible (copays apply)	Office Visit Copayment	Lifetime Maximum (per individual)
	Health Plan Pays (copays may apply)	You Pay	Single	Family				
Autograph Total Plus Rx/HSA	100%	0%	$1,500, $2,500, $3,500 or $5,000	$3,000, $5,000, $7,000 or $10,000	✔	Rx applies to medical deductible	N/A	$5 million
Autograph Total/HSA	100%	0%	$2,000, $3,000, $4,000 or $5,200	$4,000, $6,000, $8,000 or $10,400	✔	N/A	N/A	$2 million
Autograph Share 80/HSA	80%	20%	$2,000 or $3,000	$4,000 or $6,000	✔	N/A	N/A	$2 million
Autograph Share 80 Plus Rx and Copay	**80%**	**20%**	**$5,000 or $6,000**	**$10,000 or $12,000**	**N/A**	**$1,000** (per individual)	**6 visits per year**	**$5 million**
Autograph Share 70 Plus Rx	70%	30%	$2,500 or $5,000	$5,000 or $10,000	N/A	$1,000 (per individual)	N/A	$2 million

* For a list of plan benefits, covered services and out-of-network coverage see page 10.

Shape Your Plan With These Optional Benefits:

$500 Deductible Prescription Benefit	**Supplemental Accident Benefit**
Dental Insurance	**Term Life Insurance**
$8 Million Lifetime Maximum	**Maternity Benefit**

You'll have the right balance of cost and coverage.

Humana*One*® Autograph™ Share 80 Plus Rx and Copay offers the coverage you expect along with customizable features including:

- **A Choice of Deductibles.** This **Autograph** plan offers a choice of annual deductibles. Choose the level that best suits the needs of you and/or your family:

Individual Deductible	Family Deductible*
$5,000	$10,000
$6,000	$12,000
(in-network)	(in-network)

- **80% Coverage for Most In-Network Medical Services.** Once you meet your annual deductible, this **Autograph** plan shares the cost of medical care with you. You'll pay just 20 percent of the cost of covered in-network medical care.
- **Maximum Out-of-Pocket Limit.** Once you've paid a total of $2,000/individual or $4,000/family (not including individual or family deductible), this plan will pay 100 percent of most covered, in-network medical costs for the remainder of the calendar year.
- **Office Visit Copayment.** Up to six in-network office visits per year per member for illness or injury are paid at 100 percent after a copayment. This does not apply to preventive care services or out-of-network providers.
- **Prescription Drug Coverage.** This **Autograph** plan includes a prescription drug benefit with copayments as low as $15 for common prescriptions. Certain drug levels require meeting a separate prescription deductible.
- **$5 million in Lifetime Coverage.** This **Autograph** plan provides coverage that may protect you and your family from the expense of a major medical event.
- **The Care You Need.** This **Autograph** plan pays benefits for hospital inpatient and outpatient services, emergency room care and even preventive care.
- **A Network You Can Rely On.** Humana*One* has an extensive network of health care providers — the same doctors, hospitals and pharmacies you now use are likely among them. You'll receive the most savings from Humana*One* when visiting a provider in-network, but you're still covered if you choose to visit an out-of-network provider.
- **Protection When You Travel.** Because of our extensive network, you'll more than likely be able to access in-network services across the continental United States.
- **Your Benefits Are Portable.** If you move to another state, your plan benefits go with you — while your rate may change based on your new ZIP code, you won't have to reapply for coverage and risk being denied.†
- **Rate Guarantee.** Your rate is also guaranteed not to increase for the initial 12 months, as long as you stay within the same plan and reside in the same area.

Shape your Humana*One*® Autograph™ plan even more with these additional benefit options:

- **Lower Your Prescription Benefit.** Your pharmacy benefits will begin sooner when you choose a $500 deductible pharmacy option.‡
- **Keep Your Smile Looking Healthy.** Dental insurance benefits are available, including teeth whitening services and orthodontia.*‡
- **Increase Your Lifetime Maximum.** Increase your coverage to $8 million to get the added protection you need.
- **Get Extra Security For Your Loved Ones.** You can apply for term life insurance for coverage amounts from $25,000 to beyond $1 million*‡. (If you purchase health insurance from Humana*One* you will automatically be approved for up to $150,000 in life insurance.)
- **Add a Maternity Benefit.***‡ Coverage is available for pregnancy and routine newborn well-baby services.

* Two family members must meet their individual deductibles.

† Except for certain events as listed in the policy.

‡ Copays apply.

*‡ Can vary by state. Waiting periods, limitations and exclusions and apply.

Customer care that provides real answers and real solutions.

Personalized Service with the Attention You Need.

You'll enjoy prompt, considerate treatment every time you need answers on claims, benefits, or payments. Our dedicated customer care consultants are committed to providing the right information every time you call.

Claims Payments are Fast and Accurate.

Humana*One* has an exceptional track record for claims payments, with an accuracy rate of 99.6 percent. We pay 95 percent of all claims within 30 days, and almost all of those claims are processed within two weeks.*

* Based on the Humana Claims Operations Study in May, 2006.

† From time to time, Humana health plans may arrange for third party service providers to provide discounted goods and services to those persons who become our insureds. While Humana health plans have arranged these third party provider discounts, the third party providers are liable to the insured for the provision of such goods and/or services. Humana health plans are not responsible for the provision of the same. Further, Humana health plans are not liable to the insureds for the negligent provision of such goods and/or services by third party providers. Humana health plans or an affiliate of Humana health plans may receive revenue from third party providers as a result of our insureds using such discounted goods or services. All discounts subject to change. These added value features are not insurance. For accurate discount rates and a list of retailers and providers, visit *My*Humana.

"*My*Humana is very easy to use. I can review my claim status at any time."

Terri Goodness , Antioch, IL

*My*Humana Helps You Manage Your Health Plan Online and Control Your Costs.

You'll have 24-hour access to advanced online tools and resources that may help you save money. You'll also have a password-protected personal web page at humana.com that makes your plan details available and makes your plan management easy and convenient.

At your *My*Humana page you can:

- Search for in-network physicians, hospitals and pharmacies for more affordable health care.
- View all of your medical and prescription claims, review your plan benefits, and check your inpatient and outpatient authorizations.
- Track your medical expenses and deductible balance.
- Compare hospital, doctor and prescription drug costs.

By the way, if you're without online access, our customer care consultants will be glad to serve you.

Easy-To-Understand Materials Explain Your Benefits.

When your application is approved and you become a Humana*One* **Autograph** health plan member you'll receive a welcome packet within 5-8 business days via the United States Postal Service. Your welcome packet will include a Health Plan Guide, ID cards, your insurance policy, payment information, and your member ID number — everything you need to get started with the Humana*One* **Autograph** plan.

Get Extra Savings in Addition to Your Plan Through Special Discount Programs.†

Humana*One* **Autograph** plan members may save hundreds of dollars each year through discount programs offered by participating retailers and providers. Here are just some examples:

- **Eye Care and Vision Services –** Save Up To 45% on eye wear, examinations, and laser procedures.
- **Pharmacy Purchases –** Save Up To 25% on over-the-counter medications plus prescriptions not covered by your pharmacy benefit.
- **Health and Wellness Services –** Save Up To 30% on acupuncture and massage therapy services.

"Humana*One* offers me — and my family — security, peace of mind and confidence."

Nancy Scranton*, Tampa, FL Member of LPGA

Your questions answered about Humana*One*® Autograph™.

Q. How are the Humana*One* Autograph series of plans customized to my financial situation?

A. These plans have a wide range of choices in deductibles, cost-sharing options and prescription drug benefits so they can fit both your needs and your budget.

Q. Will Humana*One* Autograph plans pay benefits if I need medical care in another city?

A. Yes — you're covered no matter where you go in the continental United States You may also save money by choosing doctors, hospitals and pharmacies from our extensive network of health care providers.

Q. Can I see the same physicians who already treat me?

A. You have the freedom to see the provider of your choice. You will receive the most savings from your plan when visiting a provider in-network, but you're still covered if you choose to visit an out-of-network provider.

Q. Can I change to a different Humana*One* personal health plan at a later date?

A. Yes, you can — although it may require underwriting approval depending on which changes you make.

Q. What happens after I'm approved for Humana*One* Autograph personal health plan coverage?

A. You'll receive a Health Plan Guide containing the information you need to start using your Humana*One* **Autograph** plan with confidence. In addition, you can call our customer care consultants or go online at any time.

* Nancy Scranton is a Humana*One* member. Humana has paid Nancy Scranton for the use of her testimonial.

Humana*One* TENNESSEE

AUTOGRAPH Share 80 Plus Rx and Copay	Plan pays for services at ***PARTICIPATING*** providers		Plan pays for services at ***NONPARTICIPATING*** providers	
Annual Deductible (1), (2)	**Single Deductible**	**Family Deductible** (3)	**Single Deductible**	**Family Deductible** (3)
• Annual amount *(does not apply to maximum out-of-pocket expense)*	$ 5,000 6,000	$ 10,000 12,000	$10,000 12,000	$ 20,000 24,000
• Deductible Carryover	Covered expenses incurred in the last three months of the calendar year and applied to the deductible will be credited to the next calendar year deductible.			
Maximum Out-of-Pocket Expense Limit (1), (2)				
• Individual	$2,000		$8,000	
• Family	$4,000		$16,000	
Lifetime Maximum Benefit	$5,000,000 per covered person			
Preventive Care				
• Routine annual physical exam (4), (5) • Routine immunizations *(to age 18)* (4), (5) • Routine Pap smears (4), (5), (6)	**80%**		Not Covered	
• Routine mammograms and PSA (6)	**80%**		**60%** after deductible	
• Chlamydia screening *(to age 29)*	**80%** after deductible		**60%** after deductible	
• Routine lab, pathology and X-ray (4), (5)	**80%** after deductible		Not Covered	
Physician Services				
Office visits: (2), (14), (15)				
• Primary Care *(limited to 6 combined (Primary Care and Specialty Care) visits/ calendar year) (includes allergy injections)*	$35 copayment for 6 visits, then **80%** after deductible		**60%** after deductible	
• Specialty Care *(limited to 6 combined (Primary Care and Specialty Care) visits/ calendar year) (includes allergy injections)*	$50 copayment for 6 visits, then **80%** after deductible		**60%** after deductible	
• Diagnostic lab and X-ray (12), (15)	First $200 at **100%** then **80%** after deductible		**60%** after deductible	
• Allergy testing and serum • Inpatient services • Outpatient services *(includes surgery)* (7)	**80%** after deductible		**60%** after deductible	
Hospital Services				
• Inpatient care • Outpatient surgery – facility (7) • Outpatient nonsurgical	**80%** after deductible		**60%** after deductible	
• Emergency room *(including physician visits)*	**80%** after $75 copayment per visit and deductible *(copayment waived if admitted)*		**60%** after $75 copayment per visit and deductible *(copayment waived if admitted)*	
Prescription Drugs (8)				
• Prescription drug deductible *(Covered prescription drugs are assigned to one of four different levels with corresponding copayment amounts.)* (2)	$1,000 prescription drug deductible per individual		$1,000 prescription drug deductible per individual	
• Benefit for each prescription or refill *(up to 30-day supply)*	**100%** after:		**70%** after:	
– Level One - lowest copayment for lowest cost generic and brand-name drugs	$15 copayment is not subject to prescription drug deductible		$15 copayment is not subject to prescription drug deductible	
– Level Two - higher copayment for higher cost generic and brand-name drugs	$35 copayment after prescription drug deductible		$35 copayment after prescription drug deductible	

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

AUTOGRAPH Share 80 Plus Rx and Copay	Plan pays for services at ***PARTICIPATING*** providers	Plan pays for services at ***NONPARTICIPATING*** providers
Prescription Drugs (8) *(continued)*		
– Level Three - higher copayment than Level Two for higher cost, mostly brand-name drugs that may have generic or therapeutic equivalents in Levels One or Two	$55 copayment after prescription drug deductible	$55 copayment after prescription drug deductible
– Level Four - highest copayment for high-technology drugs *(certain brand-name drugs, biotechnology drugs and self-administered injectable medications)*	**25%** copayment after prescription deductible up to $2,500 maximum out-of-pocket per calendar year	**25%** copayment after prescription deductible up to $2,500 maximum out-of-pocket per calendar year
• Mail order *(90-day supply)*	**100%** after three times the retail copayment	**70%** after three times the retail copayment
Other Medical Services		
• Skilled nursing facility *(up to 30 days per calendar year)* (9) • Home health care *(up to 60 visits per calendar year)* (9) • Durable medical equipment (9) • Hospice (9), (10) • Complications of pregnancy and sick baby services	**80%** after deductible	**60%** after deductible
• Transplant services *(organ)* (9)	**80%** after deductible *(when services are performed at a National Transplant Network provider)*	**60%** after deductible *(limited to $35,000 per covered transplant)*
Mental Health *(includes mental disorders, alcohol and chemical dependence)* (4)		
• Inpatient and Outpatient care *(Combined $2,500 per calendar year maximum. Outpatient care not to exceed $500 of the $2,500 calendar year maximum.)*	**50%** after deductible	**50%** after deductible
Optional Benefits (11)		
• Prescription drug, $500 deductible	Under this option, $500 deductible is required to be met before plan benefits are payable.	
• Lifetime maximum benefit	$8,000,000 per covered person	
• $500 Supplemental Accident Benefit *(Treatment must be provided within 90 days of the injury.)*	First $500 per accident at **100%**, then base plan benefits apply	
• $1,000 Supplemental Accident Benefit *(Treatment must be provided within 90 days of the injury.)*	First $1,000 per accident at **100%**, then base plan benefits apply	
• Maternity including routine newborn care (2), (4)	**60%** after $1,000 maternity deductible	**40%** after $2,000 maternity deductible

Optional Dental benefits *(with teeth whitening)* (13)

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

Preventive services plan pays **100%** no deductible
- Oral examinations
- Routine cleanings
- X-rays
- Sealants
- Topical fluoride treatment

Basic services plan pays **50%** after deductible
- Emergency exams and palliative care for pain relief
- Thumb sucking and harmful habit appliances
- Space maintainers
- Amalgam, composite fillings
- Oral surgery
- Extractions (routine)
- Non-cast stainless steel crowns
- Partial or complete denture repairs/adjustments

Teeth whitening services plan pays **50%** after deductible
- $200 lifetime maximum

Major services plan pays **50%** after deductible
- Endodontics (root canals)
- Periodontics
- Crowns
- Inlays and onlays
- Partial or complete dentures
- Denture relines/rebases
- Removable or fixed bridgework

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

Annual Deductible
- **$50** individual
- **$150** family

Annual maximum benefit
- **$1,000**

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

(1) When you obtain care from nonparticipating providers:
  – 50 percent of your payment toward the deductible is credited to the deductible for participating providers.
  – 50 percent of your out-of-pocket costs are credited to the out-of-pocket maximum for participating providers.
  Once you meet your deductible and out-of-pocket expense limits, the plan pays 100 percent for covered services.

(2) Copayments do not apply to the deductible or out-of-pocket maximum. The medical out-of-pocket maximum does not apply to prescription drugs, mental health services or maternity, if the optional maternity benefit is selected.

(3) Two family members must meet their deductible.

(4) Benefit payable after 90-day waiting period for preventive care and 12 month waiting period for mental health and maternity.

(5) $300 of covered expenses per person per calendar year, subject to applicable coinsurance.

(6) Age and/or frequency limits apply.

(7) Outpatient benefits payable after 90-day waiting period for nonemergency removal of tonsils and/or adenoids, and 180-day waiting period for nonemergency surgical treatment for bunions, varicose veins, hemorrhoids or hernia (does not include strangulated or incarcerated hernia).

(8) If a nonparticipating pharmacy is used you must pay 100 percent of the actual charges and file a claim with Humana for reimbursement.

(9) Prior authorization required in order to be eligible for these benefits.

(10) Counseling for the hospice patient and immediate family is limited to 15 visits per family per lifetime. Medical Social Services limited to $100 per family per lifetime.

(11) These benefits are optional and can be added to your plan for an additional cost. Optional benefits may not be available in all areas.

(12) This benefit does not cover MRI, CAT, EEG, EKG, ECG, cardiac catheterization or pulmonary function studies.

(13) This is not a complete disclosure of plan qualifications and limitations. Waiting periods apply: six months on basic services and teeth whitening, 12 months on major services. Please review the specific Dental Limitations & Exclusions before applying for coverage.

(14) Primary care physicians include family practitioner, general practitioner, gynecologist, pediatrician or internist; specialist contains any other participating physician. Please contact Customer Service for details.

(15) Does not apply to preventive/routine care.

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

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

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

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

Medical Limitations and Exclusions

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

PRE-EXISTING CONDITIONS

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

OTHER EXPENSES NOT COVERED

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

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

Dental Limitations and Exclusions

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

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

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

Notes

Humana*One*® – Personal Health Plans From Humana Insurance Company.

Humana Insurance Company is a subsidiary of Humana Inc., which is headquartered in Louisville, Kentucky. Humana is one of the nation's largest publicly traded health benefit companies. Humana delivers health insurance coverage to employer groups, government-sponsored plans and individuals. Humana's experience, nationwide presence and ability to secure cost-savings discounts are shared with Humana*One* members.

Eligibility

The issue ages for Humana*One*® **Autograph**™ personal health plans are two months to 63-½ years. For most states, the maximum age for a dependent child is 25 years if the child is a full-time student and 19 years if the child is not a full-time student (varies by state).

Your application is subject to approval. In general, you may be eligible if:

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

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

Policy Number:
TN-70129 8/2002, et al
TN-70141-HD

TN-46169-HH

HUMANA®
Guidance when you need it most

Insured by Humana Insurance Company or HumanaDental Insurance Company
Waiting periods, limitations and exclusions apply.