



Humana Individual Dental plans

ARIZONA

| | PPO | | | | Dental Discount ¹ |
|---|---|--|---|---|--|
| | Complete Dental (off exchange) | Loyalty Plus (off exchange) | Bright Plus (off exchange) | Preventive Value (off exchange) | Dental Savings Plus (off exchange) |
| When visiting an in-network provider, members receive the following benefits: | | | | | |
| Deductible (ded) | Annual ded: \$50 (individual) \$150 (family) | One-time ded: \$150 (individual) \$300 (individual +1) \$450 (family) | Annual ded: \$50 (individual) \$150 (family) | One-time ded: \$50 (individual) \$100 (individual +1) \$150 (family) | No ded |
| Annual maximum (Maximum amount the plan will pay during the calendar year ²) | \$1,250 (1st year) \$1,500 (subsequent years) | \$1,000 (1st year) \$1,250 (2nd year) \$1,500 (subsequent years) | \$1,250 | No annual maximum | No annual maximum |
| Preventive services (includes services, such as oral exams, cleanings and x-rays ³) | 100% no ded | 100% no ded | 100% no ded | 100% after lifetime ded | Discounts for dental services at 20-40% |
| Basic services (includes services, such as fillings) | 80% after ded (6-month waiting period) ⁴ | 40% after ded (1st year) 55% after ded (2nd year) 70% after ded (subsequent years) | 60% after ded (90 day waiting period) Includes a Teeth Whitening Allowance | 50% after lifetime ded | Discounted fees with in-network provider |
| Major services (includes services, such as crowns, root canals, dentures, etc.) | 50% after ded (12-month waiting period) ⁴ | 20% after ded (1st year) 30% after ded (2nd year) 50% after ded (subsequent years) | Not covered | Not covered | Discounted fees with in-network provider |
| Enrollment Fee | No | No | No | No | Yes |
| | → Benefit summary | → Benefit summary | → Benefit summary | → Benefit summary | → Benefit summary |

- 1 DISCOUNT ONLY – NOT INSURANCE. Discounts are only available at participating providers. The range of discounts will vary based upon participating provider chosen to provide services. Retail prices may vary by location. Humana does not make payment for these services. The member is obligated to pay for all services received and will receive a discount from the participating provider. A list of participating providers is available upon request.
- 2 LOYALTY PLUS: Maximum amount the plan will pay during the plan year.
- 3 May vary by plan; see benefit summary for more specific coverage details.
- 4 Policy-holders who provide proof of 12 months prior coverage may be exempt from this waiting period. Prior coverage is defined as an insurance plan that offered coverage and benefits. Discount plans are not considered prior coverage.

For additional information, such as benefit frequency, limitations, and exclusions, or to learn about out-of-network benefits, view the benefit summary linked above or contact your Humana sales representative.

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[Additional dental plan options](#) →

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When visiting an in-network provider, members receive the following benefits:

| | PPO | | | |
|---|--|--------------------------------------|---|--------------------------------------|
| | Smart Choice – High (on exchange, 2023) | | Smart Choice – Low (on exchange, 2023) | |
| | Adult | Pediatric | Adult | Pediatric |
| Deductible (ded) | \$50 (per adult) | \$50 (per child) | \$50 (per adult) | \$50 (per child) |
| Annual maximum (Maximum amount the plan will pay during the calendar year) | \$1,000 (per adult) | No annual maximum | \$1,000 (per adult) | No annual maximum |
| Preventive services (includes services, such as oral exams, cleanings and x-rays ¹) | 100% no ded | 100% no ded | 100% no ded | 100% after ded |
| Basic services (includes services, such as fillings) | 70% after ded (6-month waiting period) | 80% after ded (no waiting period) | 60% after ded (6-month waiting period) | 50% after ded (no waiting period) |
| Major services (includes services, such as crowns, root canals, dentures, etc.) | 40% after ded (12-month waiting period) | 50% after ded (no waiting period) | Not covered | 50% after ded |
| Enrollment Fee | No | No | No | No |
| | → Benefit summary | | → Benefit summary | |

1 May vary by plan; see benefit summary for details

For additional information, such as benefit frequency, limitations, and exclusions, or to learn about out-of-network benefits, view the benefit summary linked above or contact your Humana sales representative.

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Individual Humana Extend plans

ARIZONA

When visiting an in-network provider, members receive the following benefits:

| | PPO | | |
|--|---|--|---|
| | Humana Extend 1250 | Humana Extend 2500 | Humana Extend 5000 |
| | Dental | Dental | Dental |
| Annual deductible (ded) | \$75 per person | \$75 per person <i>(Waived for preventive services)</i> | \$75 per person <i>(Waived for preventive services)</i> |
| Annual maximum (Maximum amount the plan will pay during the calendar year) | \$1,250 per person | \$2,500 per person | \$5,000 per person |
| Preventive services (includes services, such as oral exams, cleanings and x-rays) | 100% after ded | 100% no ded | 100% no ded |
| Basic services (includes services, such as fillings) | 60% after ded <i>(6-month waiting period)</i> <i>Includes \$100 Teeth Whitening Allowance (per calendar year, does not apply to ded or annual max)</i> | 80% after ded <i>(90 day waiting period)</i> <i>Includes \$100 Teeth Whitening Allowance (per calendar year, does not apply to ded or annual max)</i> | 80% after ded <i>(90 day waiting period)</i> ¹ <i>Includes \$200 Teeth Whitening Allowance (per calendar year, does not apply to ded or annual max)</i> |
| Major services (includes services, such as crowns, root canals, dentures, etc.) | 30% after ded <i>(12-month waiting period)</i> | 50% after ded <i>(12-month waiting period)</i> | 50% after ded <i>(1st year) (6-month waiting period)</i> ¹ 60% after ded <i>(subsequent years)</i> |
| Implants | Not covered | 50% after ded <i>(12-month waiting period)</i> \$1,000 annual maximum \$2,000 lifetime maximum | 50% after ded <i>(1st year) (6-month waiting period)</i> 60% after ded <i>(subsequent years)</i> \$2,000 annual maximum \$4,000 lifetime maximum |
| | Vision | Vision | Vision |
| Vision exam with dilation | \$0 copay | \$10 copay | \$0 copay |
| Frames | Not covered | \$100 allowance then member pays 80% | \$150 allowance then member pays 80% |
| Lenses - single vision | Not covered | \$25 copay, additional lens options available | \$25 copay, additional lens options available |
| Contact lens fit and follow-up (standard) | Not covered | \$40 | \$40 |
| Contact lens | Not covered | \$100 allowance then member pays 85% | \$150 allowance then member pays 85% |
| | Hearing | Hearing | Hearing |
| Hearing exams | \$0 copay One routine hearing exam per year | \$0 copay One routine hearing exam per year | \$0 copay One routine hearing exam per year |
| Hearing aids | Discounts may be available | Discounts may be available | Discounts may be available |
| Enrollment Fee | No | No | No |
| | → Benefit summary | → Benefit summary | → Benefit summary |

¹ Policy-holders who provide proof of 12 months prior coverage may be exempt from this waiting period (with the exception of implants). Prior coverage is defined as an insurance plan that offered coverage and benefits. Discount plans are not considered prior coverage.

For additional information, such as benefit frequency, limitations, and exclusions, or to learn about out-of-network benefits, view the benefit summary linked above or contact your Humana sales representative.

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Humana Individual Vision plan

ARIZONA

When visiting an in-network provider, members receive the following benefits:

| | Humana Vision PLUS |
|--|---|
| Exam with dilation (as necessary) | \$10 copay <i>or \$0 copay when visiting a PLUS provider</i> |
| Contact lens exam options¹ <ul style="list-style-type: none"> Standard contact lens fit and follow-up Premium contact lens fit and follow-up | \$0 10% off retail |
| Frames | \$200 allowance, 20% after balance over \$200 <i>or \$250 allowance, 20% after balance over \$250 when visiting a PLUS provider</i> |
| Standard plastic lenses | \$10 copay |
| Lens options <ul style="list-style-type: none"> UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate² Standard anti-reflective coating Standard progressive (add-on to bifocal) Other add-ons and services | \$0 copay \$0 copay \$0 copay \$20 copay \$25 copay \$65 copay 20% off retail price |
| Contact lenses <ul style="list-style-type: none"> Conventional Disposable Medically necessary (1 pair) | \$200 allowance, 15% after balance over \$200 \$200 allowance \$0 copay |
| Frequency (based on date of service) <ul style="list-style-type: none"> Exam Lenses or contact lenses Frames | Once every 12 months Once every 12 months Once every 12 months |
| Enrollment Fee | No |
| | → Benefit summary |

- Standard contact lens fitting:** spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.). **Premium contact lens fitting:** all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.)
- Standard polycarbonate available at no charge to dependents to 19 years old. All other members pay a fixed charge of \$20.

For additional information, such as benefit frequency, limitations, and exclusions, or to learn about out-of-network benefits, view the benefit summary linked above or contact your Humana sales representative.

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