

**DENTAL
BENEFIT GUIDE 2019**
Fort Bend County

Use your HumanaDental benefits

The HumanaDental CS Series dental plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Know what your plan covers

Attached is a summary of HumanaDental CS Series plan benefits which are described in detail in your certificate. You can find your certificate at **Humana.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental DHMO plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service. Copayments are applicable at either a participating general dentist or a participating specialty dentist.

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental DHMO plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.



Questions?

Check out **Humana.com**

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

HumanaDental DHMO 600 CS Plan

The HumanaDental DHMO plans focus on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. CS plans copayments are applicable at either a participating general dentist or a participating specialist.

A primary care dentist (PCD) may decide that you need to see a participating specialist. No referral is necessary to see a participating specialist.

Specialists services: Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. Visit **Humana.com** to find a participating specialist.

Summary of services

Appointments Member pays

D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	no charge
D9430 Office visit (normal hours)	\$ 5.00
D9440 Office visit (after regularly scheduled hours)	\$ 35.00

Diagnostic Member pays

D0120 Periodic oral examination	no charge
D0140 Limited/comprehensive/detailed and extensive oral eval.	no charge
D0150 Limited/comprehensive/detailed and extensive oral eval.	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval.	no charge
D0180 Comprehensive periodontal evaluation.	no charge
D0210 X-ray intraoral—complete series including bitewings	no charge
D0220 X-ray intraoral—periapical, first radiographic image	no charge
D0230 X-ray intraoral—periapical, each additional radiographic image	no charge
D0240 Intraoral - occlusal film	no charge
D0250 Extraoral - first film	no charge
D0260 Extraoral - each additional film.	no charge
D0270 X-ray bitewing—single radiographic image	no charge
D0272 X-ray bitewings—two radiographic images	no charge
D0274 Bitewings—four radiographic images	no charge
D0330 Panoramic radiographic image	no charge
D0415 Bacteriologic studies for determination of path agents	no charge
D0425 Caries susceptibility test	no charge
D0460 Pulp vitality tests	no charge
D0470 Diagnostic casts	no charge

Preventive Member pays

D1110 Prophylaxis—adult, routine (once every 6 months)	no charge
D1120 Prophylaxis—child, routine (once every 6 months)	no charge
D1201 Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	no charge
D1203 Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	no charge
D1330 Oral hygiene instruction	no charge

D1351 Sealant-per tooth	\$ 8.00
D1510 Space maintainer—fixed, unilateral	\$ 50.00+lab ^Δ
D1515 Space maintainer—fixed, bilateral	\$ 60.00+lab ^Δ
D1520 Space maintainer—removable, unilateral	\$ 60.00+lab ^Δ
D1525 Space maintainer—removable, bilateral	\$ 75.00+lab ^Δ
D1550 Re-cement or re-bond space maintainer	\$ 15.00

Restorative Member pays

D2140 Amalgam—one surface, primary or permanent	\$ 10.00
D2150 Amalgam—two surfaces, primary or permanent	\$ 15.00
D2160 Amalgam—three surfaces, primary or permanent	\$ 20.00
D2161 Amalgam—four or more surfaces, primary or permanent	\$ 25.00
D2940 Sedative filling	\$ 5.00

Resin restorative Member pays

D2330 Resin based composite—one surface, anterior	\$ 20.00
D2331 Resin based composite—two surfaces, anterior.	\$ 30.00
D2332 Resin based composite—three surfaces, anterior.	\$ 40.00
D2335 Resin-based composite -four or more surfaces or involving incisal angle (anterior)	\$ 45.00
D2391 Resin based composite—one surface, posterior.	\$ 40.00
D2392 Resin based composite—two surfaces, posterior.	\$ 55.00
D2393 Resin based composite—three surfaces, posterior.	\$ 70.00
D2394 Resin based composite—four or more surfaces, posterior.	\$ 70.00
D2510 Inlay—metallic, one surface	\$ 85.00
D2520 Inlay—metallic, two surfaces	\$ 95.00
D2530 Inlay—metallic, three or more surfaces	\$ 105.00
D2610 Inlay—porcelain/ceramic, one surface	\$190.00+lab ^Δ
D2620 Inlay—porcelain/ceramic, two surfaces	\$190.00+lab ^Δ
D2630 Inlay—porcelain/ceramic, three or more surfaces	\$190.00+lab ^Δ

Crown and bridge Member pays

D2740 Crown—porcelain/ceramic	\$230.00+lab ^Δ
D2750* Crown—porcelain fused to high noble metal	\$ 230.00

D2751	Crown—porcelain fused to predominantly base metal	\$ 230.00
D2752*	Crown—porcelain fused to noble metal	\$ 230.00
D2790*	Crown—full cast high noble metal	\$ 230.00
D2791	Crown—full cast predominantly base metal	\$ 230.00
D2792*	Crown—full cast noble metal	\$ 230.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 15.00
D2920	Re-cement or re-bond crown	\$ 15.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 55.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 35.00
D2950	Core buildup, including any pins	\$ 50.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 15.00
D2952	Cast post and core in addition to crown	\$ 75.00+lab ^Δ
D2953	Each additional cast post—same tooth	\$ 75.00+lab ^Δ
D2954	Prefabricated post and core in addition to crown	\$ 75.00
D2960	Labial veneer (resin laminate)—chairside	\$ 200.00
D2962	Labial veneer (porcelain laminate)—laboratory	\$315.00+lab ^Δ
D9972	External bleaching—per arch	\$ 145.00

Prosthodontics (fixed) Member pays

D6210*	Pontic—cast high noble metal	\$ 230.00
D6211	Pontic—cast predominantly base metal	\$ 230.00
D6212*	Pontic—cast noble metal	\$ 230.00
D6240*	Pontic—porcelain fused to high noble metal	\$ 230.00
D6241	Pontic—porcelain fused to predominantly base metal	\$ 230.00
D6242*	Pontic—porcelain fused to noble metal	\$ 230.00
D6750*	Retainer crown—porcelain fused to high noble metal	\$ 230.00
D6751	Retainer crown—porcelain fused to predominantly base metal	\$ 230.00
D6752*	Retainer crown—porcelain fused to noble metal	\$ 230.00
D6930	Re-cement or re-bond fixed partial denture	\$ 15.00
D6940	Stress breaker	\$125.00+lab ^Δ
D6950	Precision attachment	\$150.00+lab ^Δ

Endodontics Member pays

D3110	Pulp cap—direct (excluding final restoration)	no charge
D3120	Pulp cap—indirect (excluding final restoration)	no charge
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 20.00
D3221	Pulpal debridement, primary and permanent teeth	\$ 50.00
D3310	Root canal therapy—anterior (excluding final restoration)	\$ 100.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$ 145.00
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$ 175.00
D3351	Apexification/recalcification—initial visit	\$ 30.00
D3352	Apexification/recalcification—interim med. replacement	\$ 30.00
D3353	Apexification/recalcification—final visit	\$ 30.00
D3410	Apicoectomy/periradicular surgery—anterior	\$ 125.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$ 170.00

D3425	Apicoectomy/periradicular surgery—molar (first root)	\$ 180.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 125.00
D3430	Retrograde—filling per root	\$ 40.00
D3450	Root amputation—per root	\$ 70.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$ 75.00
D3950	Canal preparation & fitting of performed dowel or post	no charge

Periodontics (gum treatment) Member pays

D4210	Gingivectomy/gingivoplasty, 4 or more per quadrant	\$ 120.00
D4211	Gingivectomy/gingivoplasty, 1 to 3 teeth per quadrant	\$ 30.00
D4260	Osseous surgery, 4 or more per quadrant	\$ 300.00
D4261	Osseous surgery, 1 to 3 teeth per quadrant	\$ 300.00
D4320	Provisional splinting—intracoronal	\$ 60.00
D4321	Provisional splinting—extracoronal	\$ 50.00
D4341	Periodontal scaling and root planing, per quadrant	\$ 40.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant	\$ 40.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 30.00
D4910	Periodontal maintenance	\$ 30.00

Prosthodontics Member pays

D5110	Complete denture—maxillary	\$290.00+lab ^Δ
D5120	Complete denture—mandibular	\$290.00+lab ^Δ
D5130	Immediate denture—maxillary	\$325.00+lab ^Δ
D5140	Immediate denture—mandibular	\$325.00+lab ^Δ
D5211 ^Δ	Maxillary partial denture—resin base	\$290.00+lab ^Δ
D5212 ^Δ	Mandibular partial denture—resin base	\$290.00+lab ^Δ
D5213 ^Δ	Maxillary partial denture—cast metal framework, resin denture bases	\$325.00+lab ^Δ
D5214 ^Δ	Mandibular partial denture—cast metal framework, resin denture bases	\$325.00+lab ^Δ
D5410	Adjust complete denture—maxillary	\$ 10.00
D5411	Adjust complete denture—mandibular	\$ 10.00
D5421	Adjust partial denture—maxillary	\$ 10.00
D5422	Adjust partial denture—mandibular	\$ 10.00

Repairs to prosthetics Member pays

D5510	Repair broken complete denture base	\$ 30.00+lab ^Δ
D5610	Repair resin denture base	\$ 30.00+lab ^Δ
D5620	Repair cast framework	\$ 30.00+lab ^Δ
D5630	Repair or replace broken clasp—per tooth	\$ 30.00+lab ^Δ
D5640	Replace broken teeth—per tooth	\$ 30.00+lab ^Δ
D5650	Add tooth to existing partial denture	\$ 30.00+lab ^Δ
D5660	Add clasp to existing partial denture	\$ 30.00+lab ^Δ
D5710	Rebase complete maxillary denture	\$ 90.00+lab ^Δ
D5711	Rebase complete mandibular denture	\$ 90.00+lab ^Δ
D5720	Rebase maxillary partial denture	\$ 90.00+lab ^Δ
D5721	Rebase mandibular denture	\$ 90.00+lab ^Δ
D5730	Reline complete maxillary denture (chairside)	\$ 60.00
D5731	Reline complete mandibular denture (chairside)	\$ 60.00
D5740	Reline maxillary partial denture (chairside)	\$ 60.00
D5741	Reline mandibular partial denture (chairside)	\$ 60.00
D5750	Reline complete maxillary denture (laboratory)	\$ 80.00+lab ^Δ
D5751	Reline complete mandibular denture (laboratory)	\$ 80.00+lab ^Δ

D5760	Reline maxillary partial denture (laboratory)	.\$ 75.00+lab ^Δ
D5761	Reline mandibular partial denture (laboratory)	.....\$ 75.00+lab ^Δ
D5850	Tissue conditioning—maxillary	.....\$ 25.00
D5851	Tissue conditioning—mandibular	.....\$ 25.00

Extractions/oral and maxillofacial surgery Member pays

D7111	Extraction, coronal remnants - primary tooth	\$ 10.00
D7140	Extraction, erupted tooth or exposed tooth	...\$ 10.00
D7210	Surgical removal of erupted tooth	.....\$ 30.00
D7220	Removal of impacted tooth—soft tissue	.....\$ 40.00
D7230	Removal of impacted tooth—partially bony	...\$ 60.00
D7240	Removal of impacted tooth—completely bony	.....\$ 70.00
D7241	Removal of impacted tooth—completely bony, with unusual surgical complications	.....\$ 80.00
D7250	Surgical removal of residual tooth roots	.....\$ 30.00
D7281	Surgical exposure of impacted or unerupted tooth	.....\$ 50.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant	.....\$ 50.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	.....\$ 60.00
D7510	Incision and drainage of abscess—extraoral	...\$ 25.00
D7910	Suture of recent small wound—up to 5cm	...no charge
D7960	Frenulectomy—separate procedure	.....\$ 40.00
D7970	Excision of hyperplastic tissue—per arch	.....\$ 45.00

Adjunctive general services Member pays

D9110	Palliative (emergency) treatment of dental pain - minor procedure	.....\$ 20.00
D9210	Local anesthesia—not in conjunction with operative or surgical procedures	.....no charge
D9215	Local anesthesia	.....no charge
D9230	Analgesia (nitrous oxide)	.....\$ 25.00
D9450	Case presentation, detailed and extensive treatment planning	.....no charge
D9941	Fabrication of athletic mouth guard	.....\$ 100.00
D9951	Occlusal adjustment—limited	.....\$ 35.00
D9952	Occlusal adjustment—complete	.....\$ 175.00

Orthodontics

Member pays

NOTE: You may receive a 25 percent discount by visiting certain in-network orthodontists. Visit **Humana.com** to find a participating orthodontist who provides a discount on non-covered orthodontic services.

D8070	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	Consultation .....no charge Evaluation\$ 35.00 Records/treatment planning\$ 250.00 Orthodontic treatment .....\$1,800.00
D8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	Consultation .....no charge Evaluation\$ 35.00 Records/treatment planning\$ 250.00 Orthodontic treatment .....\$1,800.00
D8090	Comprehensive orthodontic treatment of the adult dentition; Adult 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases	Consultation .....no charge Evaluation\$ 35.00 Records/treatment planning\$ 250.00 Orthodontic treatment .....\$2,100.00
D8680	Retention	.....\$ 450.00

* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

^Δ Patient responsible for lab fees.

[^] Including any conventional clasps, rests, and teeth.

Note:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply. Visit **Humana.com** to find a participating dentists.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.
- If you break your appointment with your dentist without 24-hour advance notice, you will be subject to your dentist's broken appointment fee.
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.

Offered by DentiCare, Inc. (d/b/a CompBenefits)



Healthy smiles lead to healthy lives

Good oral health is essential for well-being

A healthy smile starts with good oral hygiene. Brushing, flossing and seeing the dentist regularly help teeth and gums look and feel better. But that's just the start.

The mouth can be a window to the body. Medical researchers discover more connections between good oral health and good general health every year. Poor oral health has been linked to a variety of general health problems, such as heart disease and strokes.

More than **47 percent** of Americans suffer from periodontal disease¹

Dental insurance makes good oral health easy and affordable

As a health and wellness company, we recognize the strong connection between good overall health and good oral health. That's why **Humana dental plans** make dental care more accessible and affordable for you.

Choose your dentist from our nationwide network of more than 252,000 dentist locations. Plus, you'll enjoy our network discount, which can help you save on preventive and treatment services.

Get preventive care to keep little problems from becoming big issues. Humana dental benefits include 100 percent coverage for two routine cleanings each year plus other preventive care including exams, X-rays, space maintainers for children and oral cancer screenings with no deductible. You even have the benefit of four periodontal cleanings each year. Check with your employer for coverage details.*



Oral infections are linked to: **16 percent** increase in heart disease and **9 percent** increase in diabetes³

Humana dental plan advantages:

- **Online access to MyHumana**, your personal, secure online account on **Humana.com**, where you can review dental plan benefits, manage claims and get information and education.
- **Free, personalized report.** Go to **MyHumana.com** to access My Dental IQ for a quick online quiz that gives you an assessment of your dental health plus important tips to stay healthy.
- **Easy-to-understand explanation of benefits** after every claim. Humana's SmartEOBSM shows who was paid and includes personal messaging on how you can improve your oral health.
- **On-the-go mobile access to your Humana dental benefits.** Our plans are mobile-friendly to make it easy for you to view your digital ID cards, find dentists or manage claims through your smartphone.

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*Not available with Preventive Plus

¹ CDC, Prevalence of Periodontitis in Adults in the United States: 2009 and 2010, 09/12

² www.nytimes.com/health/guides/disease/periodontitis/risk-factors.html

Dental insurance facts

How to choose a plan that meets your needs

Enrolling in the dental benefits plan offered by your employer can be a wise decision

For less than the cost of a cup of coffee a day, you can get both preventive and treatment services when and where you need it. With an affordable premium and a network discount on services, you won't need to delay dental care for you or your family.

These are the types of dental benefit plans that may be available as part of your employee benefits package:

- An **HMO** (health maintenance organization) plan is a copay-based, network-only offering that requires selection of a primary care dentist. Each family member on the plan can choose his or her own dentist. Because each service has a copay, members have clear upfront costs. There are no yearly maximums, no deductibles and no waiting periods.
- A **PPO** (preferred provider organization) plan offers low deductible options for preventive, basic and major services. In-network dentists provide dental services at a reduced rate. Members have higher out-of-pocket costs for services received from out-of-network dentists.
- A **traditional preferred** plan offers low deductible options for preventive, basic and major services, and the flexibility to see any dentist. With this plan, members receive the same level of coinsurance with all dentists. However, when members choose dentists in the Humana Dental PPO network, they can benefit from our negotiated rates for services received from in-network dentists.
- A **Preventive Plus** plan covers commonly used basic and major services, including exams, X-rays, cleanings and fillings. Plus, discounts may be available on additional services like crowns, inlays, oral surgery and orthodontia. Contact your provider to determine if any discounts are available on non-covered services.


Ask your employer about your Humana dental plan options today.

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How an affordable premium can save you money

As an example, if your plan premiums cost \$360,* dental insurance can save you money on both preventive and emergency care.



You may save as much as \$277 with dental insurance*

Here's an example:

Preventive service	Average cost per visit	# of visits recommended each year	Annual cost
Preventive exam	\$50.00	2	\$100.00
Periodontic cleaning	\$150.00	4	\$600.00
Bitewing X-ray	\$60.00	1	\$ 60.00
Out-of-pocket costs without dental insurance			\$760.00
Out-of-pocket costs with dental insurance¹			\$122.80
Your annual premium with dental insurance			\$360.00
Your savings with dental insurance			\$277.20

*Data rounded based on 50th percentile of Fairview Health data as of January 2014 for metropolitan Houston, Texas. Example is for illustration purposes only, and individual results may vary.

The cost of repairing cracked or broken teeth or replacing missing teeth can add up quickly:

- The average cost of an **all-porcelain crown** is about \$1,430 per tooth²
- The average cost of a **single tooth implant** with an all-porcelain crown is about \$4,250²

Having dental insurance can help get the care you need when you need it, by reducing your out-of-pocket costs.

Humana dental plans are one more way we're closing the gap between you and care

¹ Assumes routine exam and bitewing X-rays are covered at 100 percent. Periodontic cleanings incur a \$50 deductible and plan pays 80 percent of network fees with 31 percent off usual charges. Network fees vary by geography and provider; members may experience negotiated fees greater than or less than 31 percent.

² www.dentalimplantcostguide.com/dental-crowns/

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, 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).

How to view a copy of your dental identification (ID) card

You will have access to view and print your dental ID cards via the website or mobile app within 10 working days of enrollment.

Here's how

- Go to **Humana.com** and sign in/register for MyHumana (Have your Humana member ID or Social Security number available)
- Click “Access Your ID Card” under “Tools & forms” in the lower right of your MyHumana home page or in the page’s footer under “Tools & resources”
- A new window will appear with links to the ID card or proof of coverage
- Print if desired

The screenshot shows the MyHumana website interface. At the top, there is a search bar and navigation tabs for Coverage & Spending, Claims, and Health & Wellness. Below this is a 'What's New?' section with a search bar and a 'Contact Us' link. The main content area is titled 'Your active coverage' and includes a 'Dental' card showing '1 claim in the past 90 days'. To the right, there are sections for 'Resources for families' and 'Tools & forms'. The 'Tools & forms' section has three links: 'Access your ID Card', 'Care plans & assessments', and 'Update other dental insurance'. The 'Access your ID Card' link is circled in red. Below this is a 'Find a doctor' section with a search bar and a 'Go' button. At the bottom, there is a navigation menu with various categories, and the 'Access your ID Card' link is highlighted with a yellow box and a black arrow pointing to it.



Call Customer Care at **1-800-233-4013** for assistance or more information.



Humana.com

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY: 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-320-1235 (TTY: 711)**.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-320-1235 (TTY: 711)** 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-320-1235 (TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-320-1235 (телетайп: 711)**.

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS : 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-320-1235 (TTY: 711)**.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-320-1235 (TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.

日本語 (Japanese): 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-877-320-1235 (TTY: 711)** まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-877-320-1235 (TTY: 711)** تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee .(áká'ánída'áwo'déé', t'áá jiiik'eh, éi ná hóló, koji' hódíłnih **1-877-320-1235 (TTY: 711)**

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-320-1235 (رقم هاتف الصم والبكم: 711)**.

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DISCRIMINATION IS AGAINST THE LAW

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries provide:

- 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.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation. If you need these services, call 1-800-457-4708, or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call 1-800-457-4708 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 the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

MULTI-LANGUAGE INTERPRETER SERVICES

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-320-1235 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-320-1235 (TTY: 711) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-320-1235 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-320-1235 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-320-1235 (TTY: 711).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-320-1235 (ATS: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-320-1235 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-320-1235 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-320-1235 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-320-1235 (TTY: 711).

日本語 (Japanese): 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-320-1235(TTY: 711) まで、お電話にてご連絡ください。

یسراف (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-320-1235 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíílnih 1-877-320-1235 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-320-1235 (رقم هاتف الصم والبكم: 711).

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