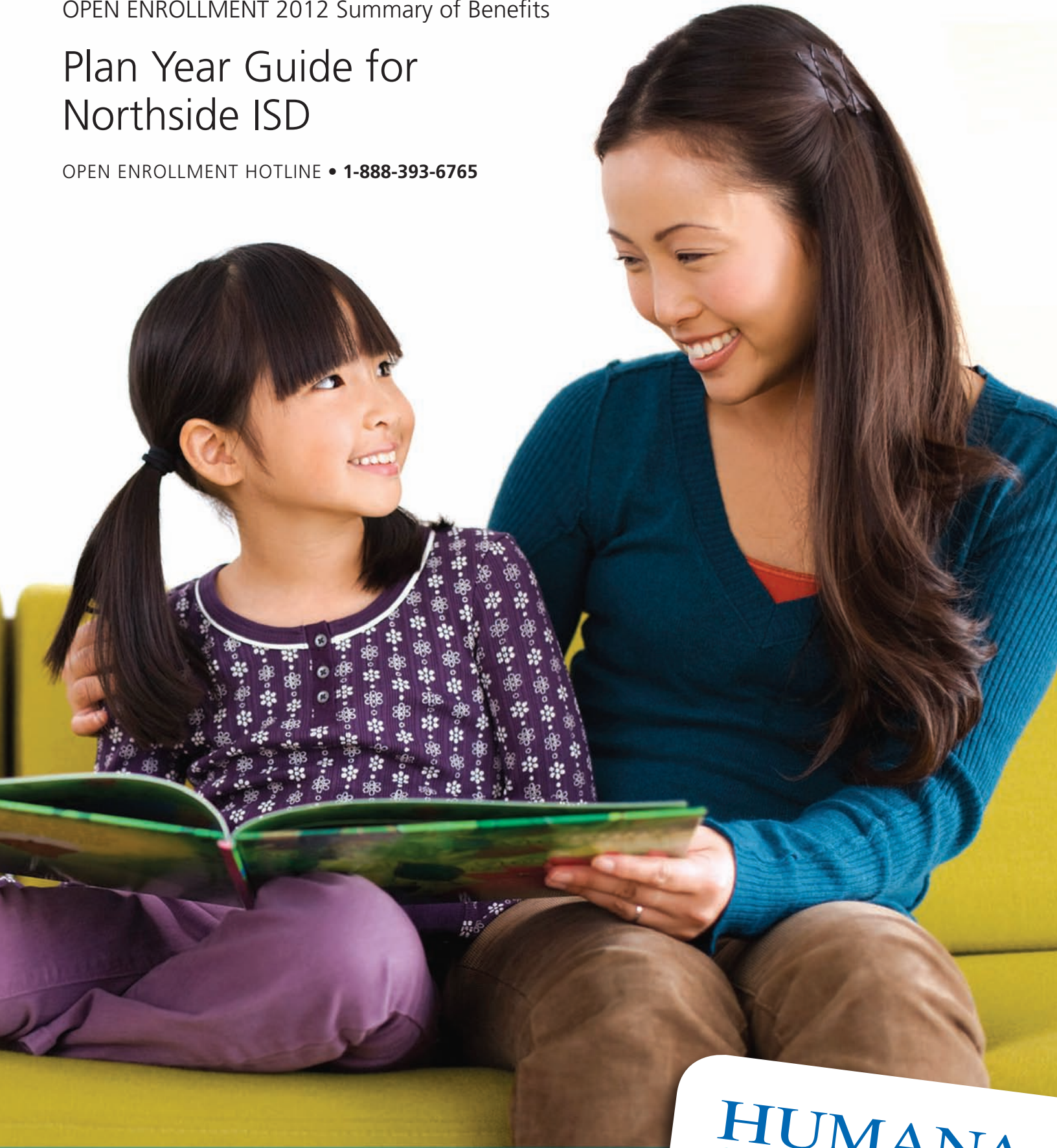


OPEN ENROLLMENT 2012 Summary of Benefits

# Plan Year Guide for Northside ISD

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*Guidance* when you need it most

# Highlights of your 2012 Benefits



**Due to Heath Care Reform, all plans offer 100 percent coverage for preventive care exams.** You have no copayment, deductible or coinsurance for office visits and related covered X-ray/lab services as long as it is billed as preventive care.



New this year will be the following changes:

- The PPO 500 will now be a PPO 750. See plan details on pages 16-23
- The CF 2000 will now be a CF 2500. See plan details on pages 16-23
- Primary and Specialty office visit copays will increase \$5 on both the PPO 750 and CF 2500 plans.
- Emergency room copayments will increase \$50 for both the PPO 750 and CF 2500 plans.
- The outpatient surgery copay will increase \$100 on both the PPO 750 and CF 2500 plans.
- The copays on the RX3 Plus program will increase by \$5 and will now be \$15/\$35/\$55/25% + specialty.
- Lifetime maximum is unlimited on all plans.

See plan details on pages 25 and 26



**Humana ChoiceCare Network (CHC).** Employees currently enrolled in a CHC plan may continue their election. However, **no new enrollments into the network will be accepted.**



**Humana Preferred Network (HPN).** To avoid additional cost, please check to make sure your provider is in-network. For instructions on how to determine if your provider is in-network, please see page 9.



**HPN plans do not require prior authorization for high-tech medical procedures** (i.e. PET scans, CT scans and MRIs ordered by a doctor participation in the Humana Preferred Network (HPN).



Dependents are covered to age 26. Please refer to your plan certificate for the definition of a covered dependent.

## Enrollment Hotline

Call us toll-free for answers to questions about your Humana health plan and benefits, and to find out about additional resources available to Humana members.

Call **1-888-393-6765** 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday.

You can also reach us by e-mail. Send your question(s) to: [oe@humana.com](mailto:oe@humana.com)

# SmartSuite<sup>®</sup> options Effective date January 1, 2012



Here's a quick look at the main **copayments** for each plan.

Plan	Copayment
<b>PPO 750</b> <ul style="list-style-type: none"> <li>• CHC and HPN plans offer 100% coverage for preventive care exams</li> <li>• Primary care* and specialist office visit</li> <li>• Inpatient hospital (<i>per day for first five days per admission</i>)</li> <li>• Pharmacy for Rx Levels One, Two, Three, and Specialty</li> </ul>	\$35/\$50 \$250 \$15/\$35/\$55/ <b>25%</b> (with \$75 per script cap and \$2,500 annual maximum)
<b>CoverageFirst \$2,500</b> <ul style="list-style-type: none"> <li>• CHC and HPN plans offer 100% coverage for preventive care exams</li> <li>• Primary care* and specialist office visit</li> <li>• Inpatient hospital (<i>per day for first five days per admission</i>)</li> <li>• Pharmacy for Rx Levels One, Two, Three, and Specialty</li> </ul>	\$30/\$45 \$100 \$15/\$35/\$55/ <b>25%</b> (with \$75 per script cap and \$2,500 annual maximum)
<b>HDHP \$3,000 and \$4,000</b> <ul style="list-style-type: none"> <li>• 100% coverage for preventive care exams</li> <li>• Primary care* and specialist office visit</li> <li>• Inpatient hospital</li> <li>• Retail pharmacy</li> </ul>	Deductible and coinsurance Deductible and coinsurance Deductible and coinsurance

\*Primary care physician is generally defined as a family practitioner, general practitioner, pediatrician, or internal medicine practitioner-internist. **Obstetricians and gynecologists are covered as specialists on all plans.**

## HDHP

With a HDHP (High Deductible Health Plan), there are no copayments. It is a high deductible, Health Savings Account-eligible PPO that offers a simple approach to health care coverage.

Preventive care exams are provided at no cost with a HDHP. For medical services, equipment and prescriptions other than preventive exams, you pay all cost up to the deductible level. If you select either the HDHP 3000 or the HDHP 4000 as an **individual**, you must **satisfy only the individual deductible** before the applicable coinsurance applies. If you select **any other tier of coverage (i.e. Employee + Spouse, Employee + Children or Family) the entire family deductible must be satisfied by one family member or a combination of family members** before the coinsurance applies. Higher deductibles apply to out-of-network charges.

A HDHP has features that make it compatible with a Health Savings Account (HSA). According to the Internal Revenue Service (IRS) an HSA - compatible plan must have:

- An annual deductible at or above the IRS minimum
- An annual out-of-pocket maximum at or below the IRS maximum.

The deductible and out-of-pocket maximum amounts can change every year, and they'll vary depending on whether you have single or family coverage. For a more detailed description, see the benefit summary on pages 16 – 23.



## Health Savings Account (HSA)

A Health Savings Account (HSA) provides an individual the option to contribute to an account which will be used to pay IRS-qualified medical expenses. Contributions may be made through pre-tax payroll deductions or after-tax deposits. The HSA participant owns the funds and reimbursements are made even when contributions are no longer being made. The HSA participant is personally responsible for assuring the expenses are IRS-qualified and the maintenance of receipts as required by state and federal tax authorities. The HSA funds are allowed to earn interest, and grow tax-free. Once the account is opened there is no plan year end. The account stays open until the participant closes the account.

The IRS requirements to participate in an HSA require the participant to be:

- Covered by a qualified High Deductible Health Plan (HDHP) that includes integrated medical and Rx.
- Not covered by another plan not qualified as a HDHP. (This includes a comprehensive Flexible Spending Account (FSA) or Personal Care Account (PCA) held by the participant and/or spouse.)
- Not enrolled in Medicare.
- Not claimed as a dependent. (A spouse is not a dependent for tax purposes.)

You can use your HSA to pay for qualified medical expenses like:

- Doctors' office visits
- Prescribed health care products
- Dental care, orthodontia, eyeglasses, contact lenses, laser eye surgery, and cosmetic surgery
- Copayments, coinsurance and deductibles

Northside ISD offers employees a HSA through Bank of America<sup>1</sup>. The account is funded by pre-tax deductions from the employee's pay. As custodian for the account, Bank of America offers an HSA with features that include:

- An HSA Visa Debit Card which allows easy payment at the point of service.
- On line reimbursement of claims if Debit Card is not used.
- On line account access to view and manage account activity at any time.
- Monthly statements showing transactions and balance
- Interest earned on balances

Your HSA can also be as an investment tool. Once your balance reaches \$1,000 you may choose to invest any portion above this amount in select mutual funds.<sup>2</sup>

- Unused funds roll over year after year.
- If you change jobs, your account goes with you.
- After age 65, or if you become disabled,<sup>3</sup> you can use the funds for whatever you choose, penalty-free.<sup>4</sup>
- You can view balances and recent activity online.

**Bank of America charges a monthly maintenance fee (currently \$3.75 per month) that is automatically deducted from the account holder's HSA account. Fees are set by Bank of America and are always subject to change. For questions or concerns regarding your account please call (866) 567-3876.**

1 Bank of America makes available The HSA for Life that is intended to qualify as a Health Savings Account as set forth in the Internal Revenue Code, Section 223. However, you are solely responsible for ensuring that you satisfy the Health Savings Account eligibility requirements set forth in Section 223. If you establish a Health Savings Account and you are not otherwise eligible, you will be subject to adverse tax consequences. We recommend that you contact qualified tax or legal counsel before establishing a Health Savings Account. These conditions are subject to change. For more information, go to [www.treas.gov/offices/public-affairs/hsa](http://www.treas.gov/offices/public-affairs/hsa).

2 Investments in mutual funds are not FDIC insured, are not Bank issued or guaranteed, and may lose value.

3 The definition of "disability" as defined in the Internal Revenue Code, Section 223.

4 In these circumstances, withdrawals are not subject to the 20% excise tax. However, withdrawals (excluding those to pay for qualified health care expenses) may be included in your gross income and subject to income tax.

# CoverageFirst<sup>SM</sup>

## How it *works*

### What is CoverageFirst?

With CoverageFirst, you can see any provider without a referral – but your costs are usually lower when you use in-network providers. What makes CoverageFirst unique is the \$500-per-covered member “benefit allowance” that covers many services from in-network providers before you start paying toward your deductible.

#### Here's how it works:

1. The plan pays the first \$500 of eligible expenses from in-network providers. You just pay a copayment.
2. If you use the entire \$500, you pay most additional expenses until you meet the annual deductible. The plan has a separate \$500 allowance and a separate deductible for each family member; each person's costs also apply to a deductible for the entire family.

### Why you might want CoverageFirst

CoverageFirst offers lower premiums and a “safety net” in case of a major illness or injury.

- **You could have very low out-of-pocket costs.** Many health plan members spend less than \$500 a year on medical care.\* If you're in that group, the CoverageFirst allowance might cover all of your costs except your copayments.
- **Preventive care coverage.** Even if your \$500 is gone, CoverageFirst covers your preventive care office visits. However, you would be responsible for special procedures billed separately, such as lab work.

- **The out-of-pocket maximum provides peace of mind.** If you have a serious illness or injury, your costs for covered services at in-network providers are capped.

### Using your allowance

The entire \$500 is available on the first day of the plan year. You can use the allowance for:

- Doctor's office visits
- Routine outpatient laboratory tests and X-rays
- Hospital services, including semiprivate room and board, emergency room services, and outpatient surgery
- Other services such as home healthcare, physical therapy, and hospice care

Prescription medications and mental health services do not apply towards the allowance. Also, the allowance doesn't cover copayments or any services from out-of-network providers. Check the Summary Plan Description for details about plan benefits, limitations, and exclusions.

# CoverageFirst<sup>SM</sup>

## How it *works*

### Example 1 – Lynn (single coverage)

Lynn chooses a CoverageFirst plan with:

- \$500 allowance
- \$2,500 deductible
- 80 percent coinsurance (in-network)

Lynn goes to her primary care physician and finds out she needs some blood work.

- Doctor's office visit ..... \$50  
(Lynn pays a \$30 copayment)
- Outpatient lab ..... \$400  
(no copayment)

#### How Lynn uses CoverageFirst

Total cost of medical services ..... \$450  
Lynn's copayments ..... \$30  
CoverageFirst pays the remaining costs ..... \$420

#### Summary

Lynn's medical expenses for the calendar year didn't exceed her \$500 CoverageFirst allowance. The only medical expenses she paid were copayments totaling \$30.

### Example 2 – Greg (family coverage)

Greg chooses a CoverageFirst plan.

Each covered member has:

- \$500 allowance
- \$2,500 deductible
- 80 percent coinsurance (in-network)
- \$3,000 out-of-pocket maximum (does NOT include the deductible)

Greg is injured in a fall. He goes to the emergency room and spends two days in the hospital. Later, he has a follow-up visit with a specialist.

- Hospital care..... \$10,000  
(Greg pays \$200 in copayments)
- One specialist visit..... \$150  
(Greg pays \$45 copayment)

#### How Greg uses CoverageFirst

Total cost of medical services..... \$10,150  
Deduct Greg's total copayments ..... (- \$245)  
Remaining cost of medical services ..... \$9,905  
CoverageFirst pays \$500 of remaining cost.... \$9,405  
Greg is now responsible for his deductible ..(-\$2,500)  
Remaining cost of medical services ..... \$6,905  
Greg's plan pays 80 percent of remaining cost, leaving  
Greg to pay 20 percent..... \$6,905 x 20% = \$1,381

#### Summary

Greg's out-of-pocket maximum is \$3,000. He has met \$1,381 (his deductible did not apply to the out-of-pocket maximum). Greg must pay \$1,619 more in medical costs until he reaches his out-of-pocket maximum. Then his plan will start paying 100 percent of the remaining medical costs for the rest of his plan year.

\* These examples may not apply to all lines of business (PPO, POS, HMO)

# Pharmacy



You can save money on most Level One, Two, or Three prescriptions by using your *RightSource* prescription home-delivery service.

You pay two times your monthly copayment for a 90-day supply of medication. Visit [Humana.com](http://Humana.com) for *RightSource*<sup>SM</sup> mail-order forms.

## How Rx3-Plus Specialty Works

Covered prescription drugs are assigned to one of four different levels with corresponding copayment amounts. The levels are organized as follows:

- **Level One:** lowest copayment for low cost generic drugs. Examples include furosemide, lisinopril, and sertraline.
- **Level Two:** higher copayment for lower cost brand-name drugs. Examples include Singulair and Lipitor.
- **Level Three:** higher copayment than Level Two for higher cost, brand-name drugs that may have generic or brand-name alternatives on Levels One or Two. Examples include Valtrex, Prevacid, and Zocor.
- **Specialty:** 25% of retail cost for Specialty prescription drugs with a \$75 per script cap, and \$2,500 annual maximum per member for high-technology drugs (certain brand-name drugs, biotechnology drugs and self-administered injectable medications). Examples include Enbrel, Humira, and Gleevec.
- If you request a brand-name drug when a generic equivalent is available, you pay the applicable generic copayment, plus the cost difference between the brand-name and generic drugs.

*The levels of the drugs shown in the examples above are subject to change. Any coverage limitations and exclusions are detailed in a group's plan documents.*

## A valuable resource: Humana.com

When you're enrolled in a Humana plan you can visit our Website, [Humana.com](http://Humana.com), to learn more about drug costs, most commonly prescribed drugs, alternatives, and how to use your benefits most effectively. You can always find a current Drug List on our site, as well as the following features:

- **Drug Coverage Search.** Find out if a medication is covered and the out-of-pocket costs and possible alternatives.
- **Prescription Benefits.** View the specific benefits and out-of-pocket costs under your plan.
- **Drug Information.** Get in-depth information on medications, alternatives, and interactions.
- **Resources and Programs.** Locate a pharmacy, download forms and drug lists, or find out more about medication assistance programs.
- **RxCalculator.** Track claims and costs throughout the plan year.

## Filling your prescriptions

You can fill your prescriptions in one of two ways – at a local pharmacy or through a home-delivery service.

### 1. Local pharmacy

- Use an in-network pharmacy – you'll save money, and you won't need to file any claims
- Use an out-of-network pharmacy – you'll pay more for your medications, and you may have to file your own claims

### 2. Home-delivery service *RightSource* Home Delivery

You may use Humana's prescription home-delivery service, *RightSource*<sup>SM</sup> at a two time copayment for level 1, 2 and 3 drugs. With *RightSource*, you get prescriptions delivered right to you. You can find out more about *RightSource* at [Humana.com](http://Humana.com). Just click on the "*RightSource* Mail Order" link to get all the details. Or call the toll-free information line at **1-800-379-0092**. Customer Care representatives are available Monday through Friday, 8 a.m. – 11 p.m., and Saturday, 8 a.m. – 6:30 p.m., Eastern time.

### 3. Retail pharmacy

For a three time copayment on Level 1, 2 and 3, you can obtain your long-term prescriptions at participating "90-day at retail program" pharmacies. Examples of participating pharmacies include CVS, HEB, Sam's Club, Target, Walgreens, Wal-Mart, and Costco.

## Make the smart choice – *RightSourceRx*, Humana’s prescription home-delivery service

*RightSourceRx* is more than just a mail-order pharmacy. *RightSourceRx* is the smart choice for convenience, cost savings, service, and accuracy.

Prescription service is the most often used – and the fastest growing – of all healthcare benefits. Humana members should make *RightSourceRx* their first choice for maintenance medications. Here’s why:

### Convenient home delivery by mail

*RightSourceRx* makes prescription delivery easy. Humana members can get up to a three-month supply and make just four orders per year instead of making 12 trips to a retail pharmacy. It is easy to get started since *RightSourceRx* accepts orders directly from healthcare providers, via an electronic prescribing system, phone, or fax. Members can use the Website or the automated phone service to order refills quickly.

### Cost savings

*RightSourceRx* delivers directly to members by mail, and standard shipping is free. Depending on the pharmacy plan design, many members can get up to a three-month supply of medication at a lower price than at a local retail pharmacy. *RightSourceRx* also offers several payment choices, including the HumanaAccess<sup>SM</sup> Visa<sup>®</sup> Debit Card, other credit cards, personal checks, or money orders.

### Integrated Service

As part of a diversified portfolio of health insurance products and related services, *RightSourceRx* is focused on the individual needs of Humana members. Humana members can speak directly with a pharmacist or technician to answer questions. As a courtesy, *RightSourceRx* will let members know the status of orders and send refill reminders via phone or e-mail.

### Accuracy and safety

Two *RightSourceRx* pharmacists review each new prescription for accuracy and possible drug-to-drug interactions. We also use foil-sealed containers for added safety.

### *RightSourceRx* Specialty

Serves members using injectable medications for complex disease conditions. Their pharmacists and nurses will work closely with your doctor, help you stay on track with your treatment, and offer suggestions to help manage medication side effects. You’ll be contacted by a Specialty Care Coordinator about a week before its time to refill your specialty medicine. For *RightSourceRx* specialty questions call 1-800-486-2668.

“ The savings are great, courtesy a plus, speed of delivery couldn’t be faster.”  
– *RightSourceRx* Customer, Kansas





**It's Easy to Get Started with *RightSourceRx*:**

**For new prescription orders:**

If a physician has electronic prescribing capabilities, they can transmit their patient's prescription directly to *RightSourceRx*. Physicians can also call in the member's prescription to 1-800-379-0092 or fax it to *RightSourceRx* at 1-800-379-7617. Physician Fax forms are available online at **RightSourceRx.com**. Please note that patients cannot fax their own prescriptions to *RightSourceRx*. Only physicians can fax prescriptions.

Humana members can mail a completed Registration & Prescription form and new prescriptions to *RightSourceRx* at P.O. Box 141237, Cincinnati, Ohio, 45250-9853. Registration forms are available online at **RightSourceRx.com**.

**For refills, members have three ways to order:**

- **Online** – by logging into *MyHumana*, the Humana member's secure Website on **Humana.com**
- **By Phone** – members can call our toll-free automated system anytime at 1-800-379-0092 (TTY: 1-877-833-4486). Or, the automated refill reminder call allows members to order a refill as soon as the medication is available for refill.
- **By Mail** – members can complete and mail the order form sent with their last *RightSourceRx* order.

Find out more online at **RightSourceRx.com**

# Humana Preferred Network (HPN)

## Humana Preferred Network (HPN)

### Protecting your health and your health care dollars

All HPN plan participants receive the highest level of coverage by using participating network providers. Remember, you can still see out-of-network providers with any of these PPO plans, **but your out-of-pocket costs – like deductibles and coinsurance – will be higher.**



### Understanding the Humana Preferred Network

The network for these PPO plans is called a preferred network, and it's a subset of the larger Humana/ChoiceCare network for your area. Think of it this way:

The healthcare providers considered "in-network" for your PPO plan come from this preferred segment – a special group of doctors selected for their efficiency and effectiveness in providing medical care while looking out for your healthcare costs. Using doctors in the preferred network is like getting the best of both worlds. You get the cost advantages of staying "in-network," and you get "efficient" and "effective" doctors whose treatment choices can also save you money.

### Doctors in the Humana Preferred Network

Remember, doctors are selected for the preferred network based on efficiency – those who are more efficient than their peers are included in the network.

What does an efficient doctor do that's different from other doctors? When it's appropriate for the patient's situation, the doctor might prescribe generic drugs more often ... or perhaps be more likely to recommend outpatient treatment instead of more expensive inpatient hospital care. When you're paying part of the bill or all of the bill, these little decisions can add up to big savings for you!

## Humana/ChoiceCare Network (CHC)

### No new enrollments will be accepted into the ChoiceCare (CHC) Network for 2012.

Only those individuals currently in the network at time of annual enrollment will have the option to continue in this offering. The ChoiceCare network continues to have a higher premium than the Humana Preferred Network (HPN). The full amount of the additional premium for the CHC network is the employee's responsibility.

Before you decide, you'll want to determine your need for the ChoiceCare Network. The additional premium for the ChoiceCare Network will be an "up-front" cost that you have to pay regardless of how often you use a ChoiceCare provider. **You still have access to ChoiceCare providers as part of your out-of-network benefits on the HPN options. You may find it more cost-effective to use the out-of-network benefit when necessary than to pay the added premium for the ChoiceCare "buy-up."** Just think about your health needs or how much you're comfortable paying in premium dollars.

# Humana Network Providers

This year we will not be providing network directories in the packets. The most accurate information on which providers participate in the two networks can be found at **Humana.com**.

**The following steps should be taken to look up a provider:**

- Go to **Humana.com**
- Click on "Find a Doctor"
- Click on "physician/specialist" listed under "Provider Search" on the far right of the screen
- Click on "Search by coverage and network", choose "Employer Group Plan (non-Medicare)" and type your "zip code" in the box below and click "Go"
- For HPN doctors: at the "select your network" drop down menu, click on "Humana Preferred PPO", click "Go"  
**OR**
- For ChoiceCare: at the "select your network" drop down menu, click on "Humana/ChoiceCare Network PPO " - (BE CAREFUL - do NOT click on "Humana/ChoiceCare Network + PPO"), click "Go"
- Click on the box to "Agree" to Humana's usage terms and then click "Go"

# Consumer Tools

## **Consumer tools make it easy to use your plan**

We've created a number of tools to help you make informed choices about doctors, hospitals, and pharmacies and get the most from your benefits. You can find Humana's fast, friendly online provider tools at **Humana.com**. Look on the home page for the section titled "Find a Doctor," and use the tools to find in-network providers in your area.

## **Using our online tools**

Besides your regular plan coverage, Humana gives you extra features and services on MyHumana, to help you take charge of your health and spend your healthcare dollars wisely. Here's an overview of each of these features so you'll know exactly where to go when you need answers – anywhere, anytime!

### **MyHumana: personal information**

- **MyCommunications** – Send secure messages to Humana and get answers to your questions. Sign up for our e-communications or ask to receive your Explanation of Benefits (EOB) online.
- **MyBenefits** – Get detailed information about plans and benefits or order a new ID card.
- **MyClaims** – Review the status of your claims.
- **MyFinancial Tools** – Manage and estimate your health care expenses and calculate prescription costs.
- **MyHealth Record** – Keep track of your providers and medical conditions, past medical procedures, current medications, and drug allergies.

### **MyHumana: general resources**

- **Provider Tools** – Locate in-network doctors, hospitals, urgent care centers, and other providers near you.
- **Pharmacy Tools** – Find out how to save money on prescriptions, and get the latest information on medications and drug interactions. You can also use this section to find out whether a drug is covered by your plan and how much it will cost you. Just go to "Drug Coverage Search" from the Pharmacy Tools drop-down menu. Then, enter the name of the drug. The tool shows you whether the drug is covered and about how much you can expect to pay for the medication.
- **Health Resources** – Research the symptoms and treatments for numerous medical issues. You can also get in-depth health information in the Health Centers and Condition Centers sections.
- **Savings Center** – Save money on health and wellness programs and medical services, including fitness, health accessories, skin and beauty care, dental care, weight management, exercise programs, and more.

**Refer to pages 28-31 for more details.**

# Which plan is right for you?

We all like to have choices, whether we're shopping for a car or health coverage. And that's why Humana's SmartSuite is so likeable: It offers you a choice of several health plans with different levels of costs and benefits.

**By offering these plan choices, SmartSuite is different from "one-size-fits-all" plans, so you may need to think about health coverage differently from the way you have in the past.** Before choosing and enrolling in a plan, consider what you want and need. Step back and look at how you and your family use health care and how much you pay for it. For example:

- How often do you see a doctor?
- Does anyone in your family need ongoing medical care?
- How much do you pay for a doctor visit?
- How many prescription drugs do you and your family take?
- How much do you pay when you have a prescription filled?
- Are you covered under your spouse's health plan?
- Are you paying for coverage you don't need or use?
- Do you need more coverage than you have?
- How much do you currently pay toward your health insurance premiums?

Your answers can help you decide the type of coverage that's right for you. To get a more complete picture of how you use health services, fill out the **Health Expense Diary** on pages 14 and 15 and refer to it when choosing your benefits for the coming year.



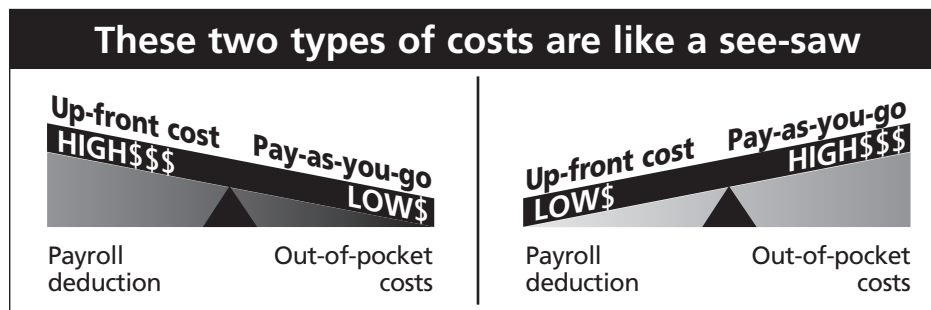
# Weigh your options

When choosing a health benefits plan, the most important question is: Will it provide the right amount of coverage for you and your family? After deciding how much coverage you need, consider the costs – and when you pay them.

There are two ways you contribute to the cost of a health plan:

**1. Up-front costs.** This is the part of the health insurance premium you pay. If you're an employee, up-front costs are deducted from your paycheck. If you're retired or on a non-employee plan like COBRA, you write a check for the premium. Either way, you pay premium costs regularly, like any bill, no matter how often – or how seldom – you need health care.

**2. Pay-as-you-go costs.** These are the out-of-pocket dollars you pay when you see a doctor, go to a hospital or outpatient clinic, or have a prescription filled. Pay-as-you-go costs include copayments, deductibles, and coinsurance.



If you need medical care often, you might want to pay more up-front and less “as you go.” Budgeting is easier because your premium costs are always the same, and you won't have huge expenses for any major, unexpected medical treatment.

If you see a doctor or need prescriptions only two or three times a year, it might make more sense to pay less up-front and more “as you go.” This way, you can save on premiums and avoid paying for more coverage than you might use.

# Who may be enrolled?

In addition to enrolling themselves in a health plan, employees may also enroll qualified dependents which includes:

- Legally recognized spouse;
- Unmarried child whose age is less than age 26 if the child is a natural born child, step-child, legally adopted child, or grandchild, if the grandchild is dependent on the employee for Federal Income Tax purposes at the time of application;
- \* Unmarried child of any age who is medically certified as disabled. Medically certified as disabled means being incapable of self-sustaining employment by reason of mental or physical handicap and being chiefly dependent upon the employee for support and maintenance; or
- Unmarried child whose age is less than age 26 and for whom the employee has received a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) to provide coverage.

# Your Health Expense Diary

Do you remember how many visits you made to a doctor during the last 12 months? How many prescriptions you had filled? How much you and your family paid for medical, dental, and vision care? When in doubt, write it out! Fill out this Health Expense Diary – and you'll have all the information in one place for easy reference.

But before taking pen in hand, gather up your medical expense records: your calendar, cancelled checks, receipts, and Explanation of Benefits summaries from your health plan. Transfer information from these documents into the appropriate sections of your Health Expense Diary. It's said, "Knowledge is power." Put yourself in a powerful position to make an informed health benefits decision.

Just fill out the blanks below and then add the totals for sections 2 and 3 together to get a snapshot of your health expenses for the past 12 months.

## 1. Over the past 12 months, how often did you and your family use the following services?

SERVICE	HOW MANY TIMES
Doctor visit	_____
Visits to an emergency room or urgent care center	_____
Hospital admission	_____
Lab tests	_____
Outpatient surgery	_____
<b>TOTAL</b>	_____

## 2. Medical services: How much did you and your family pay (copayments, deductibles, and coinsurance) for the following services?

TYPE OF PAYMENTS	AMOUNT YOU PAID
Copayments	
– Doctor visits	\$ _____
– Emergency or urgent care visits	\$ _____
– Hospital admissions	\$ _____
– Lab tests	\$ _____
– Outpatient surgery	\$ _____
Annual deductible (if applicable)	\$ _____
Coinsurance (if applicable)	\$ _____
<b>TOTAL</b>	\$ _____

# Your Health Expense Diary (cont.)

**Other health services:** How much did you and your family pay (copayments, deductibles, or coinsurance) for the following services?

TYPE OF SERVICE	AMOUNT YOU PAID
Vision care (eye exams, glasses, contacts)	\$ _____
Hearing (exams, hearing aids)	\$ _____
Dental (exams, X-rays, treatments)	\$ _____
Mental health counseling	\$ _____
Chiropractor (X-rays, treatments)	\$ _____
Alternative medicine (non-traditional forms of treatment, such as massage therapy or acupuncture)	\$ _____
Other	\$ _____
<b>TOTAL</b>	\$ _____

**Prescription drugs:** How much did you and your family pay for prescription medications? (List all drugs and the total amount of copayments for each.)

NAME OF DRUG	AMOUNT YOU PAID
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

### 3. How much did you and your family pay for the following items or services?

ITEM OR SERVICE	AMOUNT YOU PAID
Health club dues	\$ _____
Vitamins or supplements	\$ _____
Over-the-counter drugs	\$ _____
Medical equipment for home use	\$ _____
Stop-smoking aids	\$ _____
Dieting/nutrition advice	\$ _____
Other expenses	\$ _____
<b>TOTAL</b>	\$ _____
<b>GRAND TOTAL (#2 and #3)</b>	\$ _____

This is the amount you and your family paid last year for medical and health care, prescription drugs, and services related to your overall health and lifestyle.

Have this information close by as you consider this year's benefit choices. Knowing what medical services you used and what you spent last year will help you make an informed decision.

Texas (This is a partial list of benefits)	HDHP 80/50 \$4,000 - Group #662956		HDHP 3000 - Group #66256	
	PARTICIPATING providers	NONPARTICIPATING providers	PARTICIPATING providers	NONPARTICIPATING providers
<b>Up-Front Benefit Allowance</b> • Annual member benefit (1)	N/A	N/A	N/A	N/A
<b>Annual Deductible</b> • Individual • Family	\$4,000 \$8,000	\$8,000 \$16,000	\$3,000 \$6,000	\$6,000 \$12,000
<b>Preventive Care</b> • Routine immunizations ( <i>birth through age six</i> ) • Routine immunizations ( <i>six to age 18</i> ) ( <i>Gardasil, HPV vaccine, females ages 9-26</i> ) • Routine lab and X-ray • Routine mammogram • Routine Pap smears • Annual routine adult physical examinations ( <i>16 years and above</i> ) • Routine child physical examinations ( <i>up to age 16</i> ) • Routine prostate cancer detection exam including a specific antigen (PSA) test *	<b>100%</b> <b>100%</b> <b>100%</b> <b>100%</b>	<b>100%</b> Deductible then <b>50%</b> Deductible then <b>50%</b> Deductible then <b>50%</b>	<b>100%</b> <b>100%</b> <b>100%</b> <b>100%</b>	<b>100%</b> Deductible then <b>70%</b> Deductible then <b>70%</b> Deductible then <b>70%</b>

\* An annual prostate cancer detection exam, including a prostate specific antigen (PSA) test for a male covered person 40 years of age or older.

(1) Applies to medical services received from participating providers only. Does not apply to preventive services, member copayments, mental health services or Rx benefits. Allowance does apply to chemical and alcohol dependency and serious mental illness services.

PARTICIPATING providers	NONPARTICIPATING providers	PARTICIPATING providers	NONPARTICIPATING providers
\$500 per calendar year per member	N/A	N/A	N/A
\$2,500 \$7,500	\$5,000 \$15,000	\$750 \$2,250	\$1,500 \$4,500
<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>100%</b>	Deductible then <b>70%</b>	<b>100%</b>	Deductible then <b>70%</b>
<b>100%</b>	Deductible then <b>70%</b>	<b>100%</b>	Deductible then <b>70%</b>
<b>100%</b>	Deductible then <b>70%</b>	<b>100%</b>	Deductible then <b>70%</b>
<b>100%</b>	Deductible then <b>70%</b>	<b>100%</b>	Deductible then <b>70%</b>



Texas (This is a partial list of benefits)	HDHP 80/50 \$4,000 - Group #662956		HDHP 3000 - Group #66256	
	PARTICIPATING providers	NONPARTICIPATING providers	PARTICIPATING providers	NONPARTICIPATING providers
<b>Physician Services</b> <ul style="list-style-type: none"> <li>Office visits</li> <li>Prenatal care <i>(office visit copayment applies to first visit only)</i></li> <li>Allergy tests</li> <li>Diagnostic tests, lab and X-rays <i>(performed in the physician's office)</i></li> <li>Allergy injections</li> <li>Allergy serum</li> <li>Physician visits to emergency room</li> <li>Inpatient services</li> </ul>	Deductible then <b>80%</b>  Deductible then <b>80%</b>  Deductible then <b>80%</b>  Deductible then <b>80%</b>  Deductible then <b>80%</b>  Deductible then <b>80%</b>	Deductible then <b>50%</b>  Deductible then <b>50%</b>  Deductible then <b>50%</b>  Deductible then <b>50%</b>  Participating deductible then <b>80%</b>  Deductible then <b>50%</b>	Deductible then <b>100%</b>  Deductible then <b>100%</b>  Deductible then <b>100%</b>  Deductible then <b>100%</b>  Deductible then <b>100%</b>  Deductible then <b>100%</b>	Deductible then <b>70%</b>  Deductible then <b>70%</b>  Deductible then <b>70%</b>  Deductible then <b>70%</b>  Participating deductible then <b>100%</b>  Deductible then <b>70%</b>
<b>Hospital Services</b> <ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient surgical care</li> <li>Outpatient nonsurgical care <i>(including diagnostic lab and X-ray)</i></li> <li>Emergency care</li> </ul>	Deductible then <b>80%</b>  Deductible then <b>80%</b>  Deductible then <b>80%</b>  Deductible then <b>80%</b>	Deductible then <b>50%</b>  Deductible then <b>50%</b>  Deductible then <b>50%</b>  Participating deductible then <b>80%</b>	Deductible then <b>100%</b>  Deductible then <b>100%</b>  Deductible then <b>100%</b>  Deductible then <b>100%</b>	Deductible then <b>70%</b>  Deductible then <b>70%</b>  Deductible then <b>70%</b>  Participating deductible then <b>100%</b>
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>Retail - \$15/\$35/\$55/25%**</li> <li>Mail Order</li> </ul>	Deductible then <b>80%</b>	Deductible then <b>50%</b>	Deductible then <b>100%</b>	Deductible then <b>70%</b>

\*\*25% applies to specialty drugs and has a \$75 per script cap and a \$2,500 annual maximum on the CF2500 and PPO750 plans. All medications on the HDHP \$4,000 and HDHP \$3,000 are subject to deductible and applicable coinsurance.

PARTICIPATING providers	NONPARTICIPATING providers	PARTICIPATING providers	NONPARTICIPATING providers
<p><b>100%</b> after \$30 primary care physician or \$45 specialist copayment per visit (<i>excludes diagnostic lab and X-ray, outpatient surgery</i>)</p> <p>Deductible then <b>80%</b></p> <p><b>100%</b> after \$5 copayment per visit</p> <p>Deductible then <b>80%</b></p> <p>Deductible then <b>80%</b></p> <p>Deductible then <b>80%</b></p>	<p>Deductible then <b>70%</b></p> <p>Deductible then <b>60%</b></p> <p>Deductible then <b>70%</b></p> <p>Deductible then <b>60%</b></p> <p>Participating deductible then <b>80%</b></p> <p>Deductible then <b>60%</b></p>	<p><b>100%</b> after \$35 primary care physician or \$50 specialist copayment per visit (<i>excludes outpatient surgery</i>)</p> <p><b>100%</b> after \$35 primary care physician or \$50 specialist copayment per visit</p> <p><b>100%</b> after \$5 copayment per visit</p> <p>Deductible then <b>80%</b></p> <p>Deductible then <b>80%</b></p> <p>Deductible then <b>80%</b></p>	<p>Deductible then <b>70%</b></p> <p>Deductible then <b>70%</b></p> <p>Deductible then <b>70%</b></p> <p>Deductible then <b>50%</b></p> <p>Participating deductible then <b>80%</b></p> <p>Deductible then <b>50%</b></p>
<p><b>100%</b> after \$100 copayment per day for first five days per admission, and after deductible</p> <p><b>100%</b> after \$150 copayment per visit, and after deductible</p> <p>Deductible then <b>80%</b></p> <p><b>100%</b> after \$200 copayment per visit after deductible (<i>copayment is waived if admitted</i>)</p>	<p>Deductible then <b>70%</b></p> <p>Deductible then <b>70%</b></p> <p>Deductible then <b>60%</b></p> <p>Deductible then <b>70%</b></p>	<p><b>100%</b> after \$250 copayment per day for first five days per admission, and after deductible</p> <p><b>100%</b> after \$200 copayment per visit, and after deductible</p> <p>Deductible then <b>80%</b></p> <p><b>100%</b> after \$250 copayment per visit after deductible (<i>copayment is waived if admitted</i>)</p>	<p>Deductible then <b>70%</b></p> <p>Deductible then <b>70%</b></p> <p>Deductible then <b>50%</b></p> <p>Deductible then <b>70%</b></p>
<p>15/\$35/\$55/25%** Two times copayment Level 1, 2 and 3</p>	<p>Applicable copayment plus <b>30%</b></p>	<p>15/\$35/\$55/25%** Two times copayment Level 1, 2 and 3</p>	<p>Applicable copayment plus <b>30%</b></p>

Texas  (This is a partial list of benefits)	HDHP 80/50 \$4,000 - Group #662956		HDHP 3000 - Group #66256	
	PARTICIPATING providers	NONPARTICIPATING providers	PARTICIPATING providers	NONPARTICIPATING providers
<b>Other Medical Services</b> <ul style="list-style-type: none"> <li>• Skilled nursing facility</li> <li>• Home health care</li> <li>• Ambulance</li> <li>• Hospice services</li> <li>• Durable medical equipment</li> <li>• Physical, hearing and speech therapy</li>   <li>• Diabetes services <ul style="list-style-type: none"> <li>– Diabetes self-management training</li> <li>– Diabetes equipment</li> <li>– Diabetes supplies (30-day supply per copayment)</li> </ul> </li> <li>• Transplant services</li> <li>• Free-standing Lab or Imaging facility</li> <li>• Urgent care</li> <li>• Chiropractic exams/adjustments/manipulations (up to 20 visits per calendar year)</li> </ul>	Deductible then <b>80%</b>	Deductible then <b>50%</b>	Deductible then <b>100%</b>	Deductible then <b>70%</b>
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Inpatient</li>   <li>• Outpatient</li> </ul>	Deductible then <b>80%</b>	Deductible then <b>50%</b>	Deductible then <b>100%</b>	Deductible then <b>70%</b>

PARTICIPATING providers	NONPARTICIPATING providers	PARTICIPATING providers	NONPARTICIPATING providers
<p>Deductible then <b>80%</b></p> <p>Deductible then <b>80%</b></p> <p>Deductible then <b>80%</b></p> <p>Subject to applicable prescription drug copayment</p> <p>Deductible then <b>100%</b></p> <p>Deductible then <b>80%</b></p> <p><b>100%</b> after \$45 copayment</p> <p><b>100%</b> after \$25 maximum per visit</p>	<p>Deductible then <b>60%</b></p> <p>Deductible then <b>60%</b></p> <p>Deductible then <b>60%</b></p> <p>Subject to applicable prescription drug copayment</p> <p>Deductible then <b>70%</b></p> <p>Deductible then <b>60%</b></p> <p>Deductible then <b>70%</b></p> <p><b>100%</b> after \$25 maximum per visit</p>	<p>Deductible then <b>80%</b></p> <p>Deductible then <b>80%</b></p> <p>Deductible then <b>80%</b></p> <p>Subject to applicable prescription drug copayment</p> <p>Deductible then <b>100%</b></p> <p>Deductible then <b>80%</b></p> <p><b>100%</b> after \$50 copayment</p> <p><b>100%</b> after \$25 maximum per visit</p>	<p>Deductible then <b>50%</b></p> <p>Deductible then <b>50%</b></p> <p>Deductible then <b>50%</b></p> <p>Subject to applicable prescription drug copayment</p> <p>Deductible then <b>70%</b></p> <p>Deductible then <b>50%</b></p> <p>Deductible then <b>70%</b></p> <p><b>100%</b> after \$25 maximum per visit</p>
<p><b>100%</b> after \$100 copayment per day for first five days per admission</p> <p><b>100%</b> after \$25 copayment per visit</p>	<p>Deductible then <b>70%</b></p> <p><b>70%</b></p>	<p><b>100%</b> after \$250 copayment per day for first five days per admission</p> <p><b>100%</b> after \$45 copayment per visit</p>	<p>Deductible then <b>70%</b></p> <p><b>70%</b></p>

Texas (This is a partial list of benefits)	HDHP 80/50 \$4,000 - Group #662956		HDHP 3000 - Group #66256	
	PARTICIPATING providers	NONPARTICIPATING providers	PARTICIPATING providers	NONPARTICIPATING providers
<b>Serious Mental Illness</b> (2) <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
<b>Chemical Dependency Services</b> (3) <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
<b>Maximum Out-of-Pocket Expense Limit</b> <i>(per calendar year)</i> <i>(excludes deductibles and copayments)</i> (4) <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$5,000 \$10,000	\$10,000 \$20,000	\$3,000 \$6,000	\$10,000 \$20,000
<b>Lifetime Maximum Benefit</b>	Unlimited		Unlimited	

(2) Serious mental illness means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM) III-R. Schizophrenia, Paranoid and other psychotic disorders, Bipolar disorders (hypomanic, manic, depressive and mixed), Major depressive disorders (single episodes or recurrent), Schizo-affective disorders (bipolar or depressive); Pervasive development disorders, Obsessive-compulsive disorders; and Depression in childhood and adolescence.

(3) Series of treatments means a planned, structured, and organized program to promote chemical free status which may include different facilities or modalities and is complete when the covered person is discharged on medical advice from inpatient detoxification, inpatient rehabilitation/treatment, partial hospitalization, an intensive outpatient program or a series of these levels of treatments without lapse in treatment.

(4) Maximum out-of-pockets on the HDHP \$4,000 and the HDHP \$3,000 include deductibles.



**CoverageFirst 2500 - Group #662956**

**PPO 750 80/50 - Group #662956**

<b>PARTICIPATING</b> providers	<b>NONPARTICIPATING</b> providers	<b>PARTICIPATING</b> providers	<b>NONPARTICIPATING</b> providers
Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness	Covered the same as any other illness
\$3,000 \$9,000	\$6,000 \$18,000	\$3,000 \$9,000	\$6,000 \$18,000
Unlimited		Unlimited	

# PPO and HDHP Limitations and Exclusions

The plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy; genetic information in the absence of a diagnosis of the condition related to the information; or to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage". Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to Humana Enrollment at 2432 Fortune Dr, Lexington, KY 40509 or 1-800-872-7207.

**Unless specifically stated otherwise, no benefits will be provided for or on account of the following items:**

1. Treatments, services, supplies or surgeries that are not medically necessary, except for the specified routine preventive services as outlined in the "Schedule of Benefits" and described in the "Covered Expenses" section of the certificate.
2. A sickness or bodily injury arising out of, or in the course of, any employment for wage, gain or profit.
3. A sickness or bodily injury, which is covered under any Workers' Compensation or similar law. This limitation also applies to a covered person who is not covered by Workers' Compensation and lawfully chose not to be.
4. Any drug, biological product, device, medical treatment, or procedure which is experimental, or investigational or for research purposes.
5. Treatment of nicotine habit or addiction, including, but not limited to, nicotine patches, hypnosis, smoking cessation classes or tapes.
6. Prescription drugs, including vitamins, and self-administered injectable drugs, unless administered to you:
  - a. While an inpatient in a hospital, or skilled nursing facility, or health care treatment facility, or psychiatric day treatment facility, or crisis stabilization unit, or residential treatment center for children or adolescents, or chemical dependency treatment center;
  - b. By a health care practitioner during an office visit; or
  - c. By a home health care agency as part of a covered home health care plan when approved by us.
7. In-vitro fertilization; any medical or surgical treatment of infertility; infertility evaluations; infertility services; sex change services; or reversal of elective sterilization.
8. Cosmetic surgery and cosmetic services or devices, unless for reconstructive surgery:
  - a. Resulting from a bodily injury, infection or other disease of the involved part, when functional impairment is present; or
  - b. Resulting from congenital disease or anomaly of a covered dependent child, which resulted in a functional impairment; or
  - c. Resulting from craniofacial abnormalities of a covered dependent child to improve the function of or attempt to create a normal appearance. A functional impairment is defined as a direct measurable reduction of physical performance of an organ or body part. Expense incurred for reconstructive surgery performed due to the presence of a psychological condition are not covered, unless the condition(s) described above are also met.
9. Dental services, appliances or supplies for treatment of the teeth, gums, jaws or alveolar processes, including but not limited to, any oral surgery or periodontic surgery and preoperative and postoperative care, implants and related procedures, orthodontic procedures, and any dental services related to a bodily injury or sickness unless otherwise stated in the certificate.
10. Custodial care and maintenance care.
11. Any treatment, including but not limited to surgical procedures:
  - a. For obesity, which includes morbid obesity.
  - b. For obesity, which includes morbid obesity, for the purpose of treating a sickness or bodily injury caused by, complicated by, or exacerbated by the obesity.
12. Alternative medicine.
13. Chiropractic services or spinal manipulations. (Unless specifically listed on this benefit summary)
14. Vision examinations or testing for the purposes of prescribing corrective lenses; orthoptic training (eye exercises); radial keratotomy, refractive keratoplasty or any other surgery or procedure to correct myopia, hyperopia or stigmatic error; or, the purchase or fitting of eyeglasses or contact lenses (except as the result of an accident or following cataract surgery as stated in the certificate).
15. Expenses for treatment of complications of non-covered procedures or services.

These limitations and exclusions apply even if a health care practitioner has performed or prescribed a medically appropriate procedure, treatment or supply. This does not prevent your health care practitioner from providing or performing the procedure, treatment or supply; however, the procedure, treatment or supply will not be a covered expense.

## How the Rx3 structure works

Covered prescription drugs are assigned to one of four different levels with corresponding copayment amounts. The levels are organized as follows:

- **Level One:** lowest copayment for low cost generic drugs.
- **Level Two:** higher copayment for lower cost brand-name drugs.
- **Level Three:** higher copayment than Level Two for higher cost, brand-name drugs that may have generic or brand-name alternatives on Levels One or Two.
- **Specialty:** high-technology drugs (certain brand-name drugs, biotechnology drugs and self-administered injectable medications). 25% of retail cost with a \$75 per script cap and a \$2,500 annual maximum per member.
- If you request a brand-name drug when a generic equivalent is available, you pay the applicable generic copayment, plus the cost difference between the brand-name and generic drugs. If your doctor indicates that a generic drug cannot be substituted by writing “Dispense as Written” on your prescription, you can only receive that specific drug, even if a generic equivalent is available. As a result, you will be charged the applicable brand-name copayment. In this case, you will not be responsible for the cost difference between the brand and generic. If you discover at the pharmacy that your doctor gave you a “Dispense as Written” prescription, you can ask the pharmacist to contact your doctor for approval of a generic equivalent.

Prescription drug products, or classes of certain prescription drug products, are generally reviewed on an ongoing basis by a Humana Pharmacy and Therapeutics committee, which is composed of physicians and pharmacists. Drugs are reviewed for safety, effectiveness and cost-effectiveness prior to assignment or a change in assignment to one of the levels. Coverage of a prescription drug or placement of the drug within a level are subject to change throughout the year. If drugs are moved to categories with higher member cost, advance notice is provided based on past usage. Always discuss prescription drugs with your doctor to determine appropriateness or clinical effectiveness.

Some drugs in all levels may be subject to dispensing limitations, based on age, gender, duration or quantity. Additionally, some drugs may need prior authorization in order to be covered. In these cases, your physician should contact Humana Clinical Pharmacy Review at 1-800-555-CLIN (2546).

Members can visit Humana’s Website, **Humana.com**, to obtain information about their prescription drug and corresponding benefits and for possible lower cost alternatives, or they can call Humana’s Customer Service with questions or to request a partial Humana Rx3 Drug List by mail.

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## Coverage at participating pharmacies

When you present your membership card at a participating pharmacy, you are required to make a copayment for each prescription based on the current assigned level of the drug.

Drugs assigned to:	Copayment per prescription or refill
<b>Level One:</b>	<b>\$15</b>
<b>Level Two:</b>	<b>\$35</b>
<b>Level Three:</b>	<b>\$55</b>
<b>Specialty:</b>	<b>25%*</b> of the total required payment to the dispensing pharmacy per prescription or refill with a \$75 maximum copayment per 30 days.

- \* The total maximum out-of-pocket cost for specialty drugs is limited to \$2,500 per calendar year, per member.
- If the dispensing pharmacy’s charge is less than the corresponding copayment, you will only be responsible for the lower amount.
- Your copayments for covered prescription drugs are made on a per prescription or refill basis and will not change if Humana receives any retrospective volume discounts or prescription drug rebates.

There are no claim forms to file if you use a participating pharmacy and present your membership card with each prescription.

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## Nonparticipating pharmacy coverage\*

You may also purchase prescribed medications from a nonparticipating pharmacy. You will be required to pay for your prescriptions according to the following rule.

- You pay 100 percent of the dispensing pharmacy’s charges.
  - You file a claim form with Humana (address is on the back of ID card).
  - Claim is paid at 70 percent of the dispensing pharmacy’s charges, after they are first reduced by the applicable copayment.
- Your copayments for covered prescription drugs are made on a per prescription or refill basis and will not change if Humana receives any retrospective volume discounts or prescription drug rebates.

\* In Georgia, the nonparticipating benefits are paid the same as the participating benefits, per state regulation.

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**Coverage specifics**

Your coverage includes the following:

- A 30-day supply or the amount prescribed, whichever is less, for each prescription or refill.
- Contraceptives.
- For Arizona, coverage also includes FDA approved contraceptive devices.
- Certain self-administered injectable drugs and related supplies approved by Humana.
- Certain drugs, medicines or medications that, under federal or state law, may be dispensed only by prescription from a physician.

Some drugs may be subject to prior authorization requirements for coverage under the plan. Additionally, some drugs may have dispensing limitations, which limit coverage based on duration, age, gender or dosage criteria. To determine whether a drug prescribed for you may be affected by these coverage limitations, please contact Customer Service or visit our Website.

For a complete listing of participating pharmacies, please refer to your participating provider directory, or visit our Website at **Humana.com**

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**Mail-order and 90-day Retail**

For your convenience, you can receive a maximum 90-day supply per prescription or refill (maximum 30-day supply for self-administered injectable or specialty drugs) for certain maintenance drugs. In these cases, multiple copayments will usually apply. (See page four under filling your prescriptions) Some retail pharmacies may not dispense on a 90-day basis. Members can call Customer Service or visit our Website for more information, including mail-order forms.

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**Definition of terms**

- Brand-name medication (drug): a medication that is manufactured and distributed by only one pharmaceutical manufacturer or as defined by the national pricing standard used by Humana.
  - Copayment: the amount to be paid by the member toward the cost of each separate prescription or refill of a covered drug when dispensed by a pharmacy.
  - Generic medication (drug): a medication that is manufactured, distributed, and available from several pharmaceutical manufacturers and identified by the chemical name or as defined by the national pricing standard used by Humana.
  - Participating pharmacy: a pharmacy that has signed a direct agreement with us or has been designated by us to provide covered pharmacy services, covered specialty pharmacy services; or covered mail order pharmacy services, as defined by us, to covered persons, including covered prescriptions or refills delivered through the mail.
  - Nonparticipating pharmacy: a pharmacy that has not been designated by us to provide services to covered persons.
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Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. Limitations and exclusions to coverage apply even if a health care practitioner has performed or prescribed a medically appropriate procedure, treatment or supply. This does not prevent your health care practitioner from providing or performing any procedure, treatment or supply. This guide is available at [Humana.com/members/enrollment-center/pre-enrollment-disclosures](http://Humana.com/members/enrollment-center/pre-enrollment-disclosures) or through your sales representative.

# Where to get information

## **Member Services**

8 a.m. to 6 p.m., Monday - Friday

**Customer Service for PPO, HDHP and CoverageFirst: 1-866-427-7478**

## **Home-Delivery Pharmacy Service**

8 a.m. to 11 p.m., Monday – Friday, Eastern

8 a.m. to 6:30 p.m., Saturday, Eastern

**RightSource: 1-800-379-0092**

## **Behavioral and Mental Health**

7 a.m. to 6:30 p.m., Monday – Thursday

7 a.m. to 6 p.m., Friday

**Lifesynch: 1-800-760-3263**

**Once you've received your Humana ID card, you can also register for immediate access to MyHumana where you can:**

- View and print your Humana claims
- View and print your plan certificate and a summary of your plan benefits
- Visit Condition Centers to explore symptoms, treatments, and tests, track your condition, and print reports to discuss with your doctor
- Take a health assessment and print the results to share with your doctor
- Create your own health record, including family history, immunizations, allergies, and medications
- Order replacement ID cards
- Save money on medications, supplements, and other health and wellness products with the Savings Center
- Use MyFinancial Tools to track your spending and estimate costs for a procedure or prescription

For more information, visit **Humana.com**. Follow the instructions to register for *MyHumana*.

# MyHumana

Register now at **Humana.com**

## Find your personalized health and benefits information in one place – *MyHumana*.

As a Humana member, you have a password-protected, personal page on **Humana.com** called *MyHumana*. With *MyHumana*, you can get answers to questions about your health plan at your convenience, 24 hours a day. And you can find health information, from common drug interactions to heart-healthy recipes, with just a few mouse clicks. You can even give other adults on the same policy permission to access your page ... or other family members can give you permission to access their page. This is a great tool for families with one spouse primarily responsible for healthcare decision-making and , or for families that share the responsibility.

## Some of the things you can do on *MyHumana*:

- Look up participating doctors, hospitals, pharmacies, and other medical facilities
- Review your health plan benefits
- See if a claim's been paid and how much of the cost you're responsible for, if any
- Use financial tools to see how much you're spending on health care and how much a certain procedure or drug will cost
- Use health resources to find out about medications, medical procedures, tests, treatments, and conditions
- Get discounts on over-the-counter medicines, complementary and alternative medicine, and other health and wellness products

## Registering is easy

- Have your Humana member card ready
- Go to **Humana.com**
- Log in or register on left side of home page
- Fill in the member ID number from your card, your birth date, your ZIP Code, and your e-mail address – and if you want to, tell us how you found out about *MyHumana*
- Click on "Next" – at the bottom on the right
- Create a User ID and password and click "Next" again to finish

Now, how easy was that? You're all set – jump in and start exploring right now!

You don't have to wait for health and benefits guidance – you can get it right away with *MyHumana*.



# ER or urgent care center?

how to *know* where to go



**Emergency rooms are for the treatment of serious or life-threatening conditions. For non-emergency conditions it's better to go to your doctor or to an urgent care center.**

When you can't see your doctor right away, an urgent care center is a good medical and financial alternative to an emergency room.

***Here's why:***

- Your wait will probably be shorter.
- Urgent care centers are often open evenings and weekends.
- You don't need an appointment.
- An urgent care center may be closer to your home or work place.
- Your cost is usually lower than it would be at an emergency room. In fact, if you go to an emergency room for non-emergency care, you might have to pay the entire bill yourself.

The choice is yours. But remember: For treatment of a minor illness or injury, an urgent care center can save you time and money.

To find an urgent care center near you, log on to **Humana.com** and select Urgent Care Center from the Find menu.



# HumanaHealth<sup>®</sup> Resources

At Humana, we believe that smart consumers need to know more to get more. So, we're here to be your partner no matter where you are in your health journey. Whether you're healthy and just want to stay that way, looking to improve your current health status, or suffering from an illness or injury, Humana's Health Resources can help you get the information you need to use your health benefits with confidence.

## Resources for everyone

### **MyHumana on Humana.com**

Check out *MyHumana*, your password-protected personal page on **Humana.com**, for resources and information to help you improve your overall health. You'll also find shop-and-compare tools to help you choose hospitals and doctors, as well as health encyclopedias and practical information about health conditions, prescription drugs, and other health issues. The site also has video and audio health libraries, discounts, and coupons for health-related programs. You can also take a health assessment, a first step towards improving your health.

### **Wellness**

Humana's Wellness Program provides education, support, and tools to help members live healthier lives.

#### **Health Assessment**

This confidential, personalized quiz will help you discover your overall health status, recommend possible areas for improvement, and suggest positive changes to help you stay on the path to good health. Find the Humana Health Assessment on *MyHumana* in the Health Resources menu.

#### **Preventive Reminders**

You may receive messages by phone, mail, or e-mail on topics such as mammograms, immunizations, and more.

#### **Health Coaching**

Certified health coaches are available to speak with you on a wide variety of topics – such as weight management or smoking cessation – to provide motivation, help you develop a plan for change, and support your efforts to live a healthier life. For more details, see the wellness section under *MyHumana* in the Health Resources menu..

### **RightSource<sup>SM</sup>**

*RightSource* – a prescription home delivery service – gives members convenience, savings, guidance, and excellent Customer Service. *RightSource* is a fast and easy alternative to retail pharmacies. Depending on your location and benefits, you may be able to use *RightSource*. Find out more at **Humana.com/RightSource** or call 1-800-379-0092.

### **e-PlanProfessor<sup>SM</sup>**

Humana's monthly e-mail newsletter, *e-PlanProfessor*, provides easy-to-read articles about health, wellness, and getting the most from your healthcare coverage.

### **Employee Assistance Program (EAP)**

When personal matters make you feel overwhelmed, you can turn to specialists to help with finding childcare or elder care, getting a legal consultation or financial advice, help with depression, and much more. For more information call 1-866-440-6556.



## Resources to address specific health situations

### **HumanaFirst®**

HumanaFirst Nurse Advice Line (**1-800-622-9529**) is your toll-free, 24-hour health information, guidance, and support line. Get information about your medical condition and find out how Humana's clinical programs can help. Or talk with a nurse about an immediate health concern.

### **HumanaBeginnings®**

Registered nurses offer education and support to mothers throughout pregnancy and the baby's first months.

**To enroll, call 1-888-847-9960** or visit *MyHumana* on **Humana.com**.

### **Case Management**

Nurses provide assistance for those facing a crisis or major medical procedure – includes support for parents during neonatal intensive care.

### **Transplant Management**

This specialized team helps transplant recipients coordinate benefits, facilitate services, and follow their treatment plans.

### **Maximize Your Benefit**

The *Maximize Your Benefit* program offers guidance in helping you control the rising costs of prescription drugs with information about generics, lower cost alternatives and prescription home delivery service.

## Resources to address chronic illness and longer-term health

### **Personal Nurse®**

Registered nurses assist those who are following treatment plans or who need continued guidance in reaching their longer-term health goals.

### **Disease Management**

Disease management programs help improve a member's experience with a chronic condition – including asthma, cancer, congestive heart failure, coronary artery disease, diabetes, chronic kidney disease, end-stage renal disease, cystic fibrosis, multiple sclerosis, Parkinson's disease, and 10 other conditions.

## How can you get the most from Health Resources?

- **Keep your contact information current.** Contact your company's human resources department when your address or telephone number changes. Having accurate contact information helps us reach you at the right time to address your needs.
- **Take the Health Assessment.** This quick, confidential questionnaire on *MyHumana* immediately provides you with steps you can take to gain more control of your health.
- **Call us.** If you'd like health-related support but don't know which program or service is right for you, call HumanaFirst at **1-800-622-9529** for guidance to the program or service designed for your individual situation.

# Savings Center:

## One more reason to **choose** Humana

As a Humana member, you get savings on products and services that may make it easier to stay healthy. Through the Savings Center, you can take advantage of the following discounts as often as you like:

### Vision discount programs

EyeMed, 1-866-392-6056, (routine exams, frames, lenses, contacts, and laser correction)

TruVision, 1-877-580-2020, (laser correction)

Follow these steps to receive your EyeMed discount:

- Visit Physician Finder *Plus* tool on **Humana.com** and select EyeMed Vision.
- Tell the EyeMed provider you are a Humana member with EyeMed Vision benefits.
- Print a generic discount ID card found at the bottom of this page, or present your Humana medical/dental ID card.
- There are no claims to file. The discount will be applied directly to your purchase.

For discount members, your personal information will not be in the EyeMed system.

### EyeMed Discount Schedule

Vision Care Services	Your Cost	Vision Care Services	Your Cost
<b>Routine exam</b>	\$5 discount	<b>Conventional Contact Lenses:</b>	<b>15% off retail price</b>
<b>Contact lens exam</b>	<b>\$10 discount</b>	<i>(Discount applied to materials only)</i>	
<b>Standard Plastic Lenses (per pair):</b>		<b>Laser Vision Correction:</b>	
Single Vision	\$50	Lasik or PRK	<b>15% off retail price</b>
Bifocal	\$70	from U.S. Laser Network	or <b>5% off promotional price</b>
Trifocal	\$105		
<b>•Note: A \$100 deposit per eye is due upon scheduling your treatment date. This deposit will be credited towards the ending balance of services rendered. For a more in-depth explanation on how to utilize your benefits please consult <a href="http://eyemedvisioncare.com">eyemedvisioncare.com</a>.</b>			
<i>Member cost is \$15 higher in AK, CA, HI, OR, WA</i>			
<b>Lens Options:</b>		<b>Frequency:</b>	
UV Coating	\$15	Examination	Unlimited
Tint (Solid and Gradient)	\$15	Frame	Unlimited
Standard Scratch-Resistance	\$15	Lenses	Unlimited
Standard Polycarbonate	\$40	Contact Lenses	Unlimited
Standard Progressive* (Add-on to Bifocal)	\$65		
Standard Anti-Reflective Coating	\$45		
Other Add-Ons and Services	<b>20% discount</b>		
<b>Frames:</b>	<b>35% off retail price</b>		

*\*The cost for Premium Progressive lenses equals the Standard Progressive lens retail price plus a 20 percent discount on the balance over this price.*

Cut out this card and keep it in your wallet for handy reference.



## HUMANA<sup>®</sup>

### Vision *Discount* Card

SUBSCRIBER NAME: \_\_\_\_\_

SUBSCRIBER ID: \_\_\_\_\_

VISION: EyeMed

ANSI/BIN# 610649

**For more information, call EyeMed:  
1-866-392-6056**

This discount program is **not** part of your insurance. Discounts are only available at participating providers.

**HUMANA<sup>®</sup>**  
*Guidance when you need it most*

Member receives a 20 percent discount on remaining balance at participating providers beyond plan coverage, which may not be combined with any other discounts or promotional offers. Discount does not apply to provider professional services or disposable contact lenses. Retail prices may vary by location.

**EyeMed plan limitations/exclusions:**

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment
- 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
- Plan nonprescription lenses and nonprescription sunglasses (except for 20 percent discount)
- Services or materials provided by any other group benefit providing for vision care
- Discount on all frames available except when prohibited by the manufacturer.

**TruVision Discount Program**

TruVision offers traditional and custom LASIK procedures to correct vision problems such as nearsightedness, farsightedness, and astigmatism. Through agreements at more than 200 laser centers across the United States, TruVision can offer the laser procedure for less than \$1,000 per eye. The services included in their price are:

- A telephone screening
- A comprehensive eye exam
- The LASIK procedure on an FDA-approved excimer laser
- Postoperative care
- A retreatment warranty

To schedule a preoperative exam, determine price, find a laser location in your area, or receive additional information, please call **1-877-580-2020** to speak with a Customer Service representative.

**Complementary and Alternative Medicine (CAM) discount program**

CAM discount services are provided by The American WholeHealth (AWH) network, which includes more than 25,000 practitioners.

You do not need a referral to visit a participating massage therapist, acupuncturist, or chiropractor, since the CAM program is not part of your health coverage. However, certain CAM services are covered by some Humana health plans, so be sure to use your insured benefits whenever possible. You may visit AWH network providers as often as you like, although we encourage you to let your primary care physician know about any CAM treatment you are considering.

To access CAM services, first select a provider through the health and wellness link of the Savings Center section of MyHumana on **Humana.com** or call the Customer Service number printed on your Humana member ID card. Then, at the time of service, simply present the Humana discount card shown on the front of the page to receive the specified discount. It's that easy!

**Stretch your health care dollars**

Humana's Savings Center programs offer you simple ways to stretch your health care dollars and save on products and services that may help you stay healthy.



# HumanaDental

Northside Independent School District



**HUMANA**<sup>®</sup>  
*Specialty Benefits*



## *Real people, real benefits*

9 out of 10 members would recommend a HumanaDental plan to a friend.\*

\* HumanaDental member satisfaction survey, 2008

### **Thank you for considering a HumanaDental plan.**

We're committed to providing you with the benefits to promote good dental health – which has an impact on your overall health – and save on your out-of-pocket costs.

HumanaDental offers you multiple plans. You can choose the plan that's right for you – either the HumanaDental DHMO plan or one of four Traditional Plus plans. You also can expect great service. We have more than 30 years of dental benefits experience, plus 1,000 associates who are experts in servicing dental benefits in addition to an on-site Customer Service Representative.

Again, thank you for considering a HumanaDental plan. We look forward to serving you.

# Protect your health and your pocketbook



## Oral health impacts your overall health

Dental care is an important part of maintaining good overall health. In fact, research shows that periodontal (gum) disease can cause or aggravate other health problems such as heart disease, stroke, diabetes, and premature births. Our dental plans encourage preventive treatment, enabling you to achieve oral health while minimizing your costs.

## Choose the plan that's right for you

	<b>HumanaDental Traditional Plus plans</b>	<b>HumanaDental DHMO with ortho</b>
Must I visit a participating dentist?	No	Yes
Do I save money if I visit a participating dentist?	Yes	Yes. Benefits will not be paid if you do not use a participating dentist.
Do I pay coinsurance?	Yes	None – only a copayment is required
Are major services covered? (crowns, bridgework, dentures, etc.)	Yes	Yes

## Visit dentists you know and trust

It's easy to find a provider near your home or office who will deliver the quality service you expect.

Finding a dentist is easy:

- › Look on **HumanaDental.com** and find your plan
- › Call 1-866-427-7478, Monday through Friday, 7 a.m. to 6 p.m. CST (TDD: 1-800-325-2025)

## Get the answers you need

Our convenient web tools at **HumanaDental.com** help you to manage your plan and find the information you need. You can:

- › Compare plans
- › View a certificate of coverage

You can talk with a knowledgeable Customer Care specialist Monday through Friday, 7 a.m. to 6 p.m. CST at 1-866-427-7478, or contact HR at (210) 397-8789, Monday through Friday, 8 a.m. to 5 p.m., appointments preferred.



## Manage your plan at **HumanaDental.com**

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **HumanaDental.com**.

**You will be able to:**

- › Find Dentists
- › Check the status of claims
- › Verify plan benefits
- › Order replacement ID cards



Oral health impacts overall health. You can complete **My Dental IQ** and take steps now to invest in your health. Following a few simple steps could help lower your total health care costs over time.

**www.MyDentalIQ.com**



# Traditional Plus

	<b>Option 1: Low Option</b>	<b>Option 2: High Option</b>	<b>Option 3: Premium Plan</b>	<b>Option 4: Platinum Plan</b>
<b>Deductible</b>	See any dentist		See any dentist	
	Individual \$50	Family \$150	Individual \$50	Family \$150
<b>Annual maximum</b>	\$1,250		\$2,250	
	<b>Coinsurance</b>	<b>Coinsurance</b>	<b>Coinsurance</b>	<b>Coinsurance</b>
	See any dentist		See any dentist	
<b>Preventive services</b> › Oral examinations (2 per calendar year) › X-rays › Cleanings (2 per calendar year) › Topical fluoride treatment › Sealants (through age 17)	100% no deductible	100% no deductible	100% no deductible	100% no deductible
<b>Basic services</b> › Space maintainers (through age 14) › Emergency care for pain relief › Non-surgical extractions › Fillings (amalgams, composite for anterior teeth) › Appliances for children (through age 14) › Prefabricated stainless steel crowns	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Major services</b> › Crowns › Inlays and onlays › Bridgework › Dentures › Denture relines and rebases › Denture repair and adjustments › Oral surgery › Periodontics (gum therapy) › Endodontics (root canals) › Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Orthodontia</b>	Adult/child orthodontia – Plan pays 50 percent (no deductible) of the covered adult/child orthodontia services up to \$1,000	Adult/child orthodontia – Plan pays 50 percent (no deductible) of the covered adult/child orthodontia services up to \$1,500	Adult/child orthodontia – Plan pays 50 percent (no deductible) of the covered adult/child orthodontia services up to \$1,500	Adult/child orthodontia – Plan pays 50 percent (no deductible) of the covered adult/child orthodontia services up to \$1,500

## Additional plan features

### › Out-of-network reimbursement

- ❑ **Based on maximum allowable fee (MAF):** If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule.

### › Waiting periods

- There is a 12-month waiting period on major services, unless you were previously covered on NISD’s dental plan for the last continuous twelve months or if you can provide proof of 12 months of continuous coverage. If you were covered on NISD’s dental plan for less than 12 months, your waiting period will be prorated.
- There is a 12-month waiting period on implant procedures, unless you were previously covered on Northside Independent School District’s dental plan for the last continuous 12 months. If you were covered on Northside Independent School District’s dental plan for less than 12 months, your waiting period will be prorated.

## Traditional Plus – Frequently Asked Questions

- › **How does this plan work?**

NISD has chosen plans with calendar year maximums, yearly deductibles, and coinsurance for each type of procedure covered. Each time you receive treatment, either you or most likely your dentist will file a claim with HumanaDental.
- › **Do I have to choose a dentist when I enroll?**

There is no requirement to pre-select a dentist. With this plan you may receive treatment from any licensed dentist, but by visiting a participating dentist you can save money. All contracted HumanaDental providers in your area are listed alphabetically by city. Or you can access the most up-to-date information from our website [www.HumanaDental.com](http://www.HumanaDental.com).
- › **What if I have other dental coverage in addition to my HumanaDental plan?**

We coordinate our benefits with those you may be entitled to from other policies. Your combined benefits may pay up to, but no more than, the total covered expense.
- › **How do I file a claim?**

In most instances your dental office staff will ask you to sign an assignment form, that allows them to file the claim for you. Both you and your dentist will receive an Explanation of Benefits detailing how the claim was paid.

If your dentist prefers that you file the claim, log in to MyHumana at Humana.com. Select Frequently asked Questions and under "Let us help you;" select the Claims & Benefits tab. Under Claims & Benefits, click on the dental insurance claim form link which you will find under #2.

Mail the completed form to:  
Humana Speciality Benefits  
P.O. Box 14611  
Lexington, KY 40512-461

# HumanaDental

Northside Independent School District

› NSDHMO Plan with Orthodontia



**HUMANA**<sup>®</sup>  
*Specialty Benefits*



# Get the most out of your dental plan



The Northside DHMO plan focuses 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.

## › Personal customer service

HumanaDental is here for you. Please call 1-866-427-7478 with questions. HumanaDental representatives are available from 8 a.m. to 6 p.m. Monday through Friday. And at the touch of a few buttons, the automated information line can help you with basic questions anytime.

## › Nationwide network of dentists

Choose a primary care dentist from our list of dentists in your area.

**Even though we update this directory daily, we encourage you to confirm your dentist's participation with HumanaDental. Call us at 1-866-427-7478.**

## › Find a dentist

For the most up-to-date list of HumanaDental participating dentists, simply use the:

- **Internet.** Log on to our Web site at **[www.humanadental.com](http://www.humanadental.com)** and click on find a dentist to search for a dentist in your area.
- **Phone.** Call HumanaDental at 1-866-427-7478, and ask our customer service representatives for a dentist in your area.
- For a listing of local providers, please see pages 49-54.

This plan has copayments for listed procedures that are applicable only at participating general dentists or specialists. Member costs listed are for services provided by your chosen participating primary care dentist (PCD). As your dental professional, your PCD may decide that you need to see a contracted specialty dentist. No referral is necessary to see an in-network specialty dentist. No benefits will be paid if an out of network dentist provides service.

## DHMO – Frequently Asked Questions

› **Who provides the dental care services for this plan?**

HumanaDental contracts with private dentists who meet the high quality standards we set to ensure you receive the best dental care available.

› **Can I change dentists?**

You may choose a new dentist by calling our Customer Service department. In most cases your transfer will become effective on the first of the month following your request.

› **Does everyone in my family have to go to the same dentist?**

Humana's Dental HMO plan allows you and your dependents the opportunity to select different dentists.

› **What if I need to see a specialty care provider?**

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 Specialty Dentist. Copayment amounts are applicable when treatment is performed by a Participating Specialty Dentist. Benefits for procedures not listed on the schedule, that are performed by a Participating Specialty Dentist, are available at the Participating Specialist's usual and customary fee less 25%.

› **What if I have an emergency and I am not near a participating dentist?**

If you are away from home and experience a dental emergency, simply give us a call at Humana Specialty Benefits 1-866-427-7478, and we will give you the name of a dentist near you who will provide treatment. If it is after business hours and you cannot reach our Customer Service Center, you may see any dentist for relief of pain and you will be reimbursed for the treatment.

› **Will I get an ID card?**

Your Humana Specialty Benefits ID card will be sent. It will usually arrive within a few weeks of the date you complete your on-line enrollment.

› **Who can I call if I have other questions?**

Your Human Resources Department can help you with questions specific to your organization's requirements. If you have questions about dental plan, you can contact our Customer Service Center at 1-866-427-7478.



# 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) . . . . .	\$ 45.00

## Diagnostic member pays

D0120	Periodic oral examination . . . . .	no charge
D0140	Limited oral evaluation . . . . .	no charge
D0145	Oral evaluation for patient under 3 years with counseling to primary caregiver . . . . .	no charge
D0150	Comprehensive oral evaluation . . . . .	no charge
D0160	Detailed and extensive oral evaluation . . . . .	no charge
D0170	Re-evaluation for a patient-limited problem focused (Established patient not post-operative visit) . . . . .	no charge
D0210	X-ray intraoral—complete series including bitewings . . . . .	no charge
D0220	X-ray intraoral—periapical, first film . . . . .	no charge
D0230	X-ray intraoral—periapical, each additional film . . . . .	no charge
D0240	Intraoral-occlusal film . . . . .	no charge
D0270	X-ray bitewing—single film . . . . .	no charge
D0272	X-ray bitewings—two films . . . . .	no charge
D0273	X-ray Bitewings – three films . . . . .	no charge
D0274	Bitewings—four films . . . . .	no charge
D0277	Vertical Bitewings – seven to eight films . . . . .	no charge
D0330	Panoramic film . . . . .	no charge
D0350	Oral facial photographic images . . . . .	no charge
D0460	Pulp vitality tests . . . . .	no charge
D0470	Diagnostic casts . . . . .	no charge
D0472	Accession of tissue gross examination preparation and transmission of written report . . . . .	no charge
D0473	Accession of tissue gross and microscopic examination preparation and transmission of written report . . . . .	no charge
D0474	Accession of tissue gross and microscopic examination including assessment of surgical margins for presence of disease preparation and transmission of written report . . . . .	no charge
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report . . . . .	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
D1110	Prophylaxis—adult, (additional) . . . . .	\$ 50.00
D1120	Prophylaxis—child, (additional) . . . . .	\$ 35.00
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) . . . . .	no charge
D1206	Topical fluoride varnish (up to 16 years of age) . . . . .	no charge
D1330	Oral hygiene instruction . . . . .	no charge
D1351	Sealant-per tooth . . . . .	\$ 10.00
D1510	Space maintainer—fixed, unilateral . . . . .	\$ 85.00
D1515	Space maintainer—fixed, bilateral . . . . .	\$ 85.00
D1555	Removal of fixed space maintainer . . . . .	\$ 20.00

## Restorative member pays

D2140	Amalgam—one surface, primary or permanent . . . . .	no charge
D2150	Amalgam—two surfaces, primary or permanent . . . . .	no charge
D2160	Amalgam—three surfaces, primary or permanent . . . . .	no charge
D2161	Amalgam—four or more surfaces, primary or permanent . . . . .	no charge
D2940	Sedative filling . . . . .	no charge

## Resin restorative member pays

D2330	Resin based composite—one surface, anterior . . . . .	no charge
D2331	Resin based composite—two surfaces, anterior . . . . .	no charge
D2332	Resin based composite—three surfaces, anterior . . . . .	no charge

D2335	Resin based composite - four or more surfaces or involving incisal angle (anterior) . . . . .	\$ 75.00
D2390	Resin based composite crown, anterior . . . . .	\$120.00
D2391	Resin based composite—one surface, posterior . . . . .	\$ 30.00
D2392	Resin based composite—two surfaces, posterior . . . . .	\$ 40.00
D2393	Resin based composite—three surfaces, posterior . . . . .	\$ 55.00
D2394	Resin based composite—four or more surfaces, posterior . . . . .	\$ 75.00
D2510	Inlay—metallic, one surface . . . . .	\$335.00
D2520	Inlay—metallic, two surfaces . . . . .	\$335.00
D2530	Inlay—metallic, three or more surfaces . . . . .	\$335.00
D2542	Onlay-metallic-two surface . . . . .	\$335.00
D2543	Onlay-metallic-three surface . . . . .	\$335.00
D2544	Onlay-metallic-four or more surfaces . . . . .	\$335.00

## Crown and bridge member pays

D2740	Crown—porcelain/ceramic substrate . . . . .	\$390.00
D2750*	Crown—porcelain fused to high noble metal . . . . .	\$380.00
D2751	Crown—porcelain fused to predominantly base metal . . . . .	\$310.00
D2752*	Crown—porcelain fused to noble metal . . . . .	\$370.00
D2780*	Crown-3/4 cast high noble metal . . . . .	\$380.00
D2781	Crown-3/4 cast predominantly base metal . . . . .	\$310.00
D2782*	Crown-3/4 cast noble metal . . . . .	\$370.00
D2790*	Crown—full cast high noble metal . . . . .	\$380.00
D2791	Crown—full cast predominantly base metal . . . . .	\$310.00
D2792*	Crown—full cast noble metal . . . . .	\$370.00
D2794*	Crown – titanium . . . . .	\$380.00
D2910	Recement inlay . . . . .	\$ 20.00
D2915	Recement cast or prefabricated post and core . . . . .	\$ 20.00
D2920	Recement crown . . . . .	\$ 20.00
D2930	Prefabricated stainless steel crown—primary tooth . . . . .	\$ 75.00
D2931	Prefabricated stainless steel crown – permanent tooth . . . . .	\$ 75.00
D2932	Prefabricated resin crown . . . . .	\$120.00
D2933	Prefabricated stainless steel crown with resin window . . . . .	\$150.00
D2940	Sedative filling . . . . .	no charge
D2950	Core buildup, including any pins . . . . .	\$120.00
D2951	Pin retention—per tooth, in addition to restoration . . . . .	\$ 10.00
D2952	Cast post and core in addition to crown . . . . .	\$150.00
D2954	Prefabricated post and core in addition to crown . . . . .	\$120.00
D2960	Labial veneer (resin laminate) chairside . . . . .	\$ 65.00
D2970	Temporary crown (fractured tooth) . . . . .	no charge

## Endodontics member pays

D3110	Pulp Cap direct (excluding final restoration) . . . . .	no charge
D3120	Pulp Cap indirect excluding final restoration . . . . .	no charge
D3220	Therapeutic pulpotomy . . . . .	no charge
D3221	Pulpal debridement, primary and permanent teeth . . . . .	\$ 50.00
D3310	Root canal therapy—anterior (excluding final restoration) . . . . .	\$ 95.00
D3320	Root canal therapy—bicuspid (excluding final restoration) . . . . .	\$165.00
D3330	Root canal therapy—molar (excluding final restoration) . . . . .	\$235.00
D3331	Treatment of root canal obstruction / non surgical access . . . . .	\$ 50.00
D3332	Incomplete endodontic therapy inoperable unrestorable or fractured tooth . . . . .	\$ 50.00
D3333	Internal root repair of perforation defects . . . . .	\$ 50.00
D3346	Retreatment of previous root canal therapy-anterior . . . . .	\$105.00
D3347	Retreatment of previous root canal therapy-bicuspid . . . . .	\$195.00
D3348	Retreatment of previous root canal therapy-molar . . . . .	\$280.00
D3410	Apicoectomy/periradicular surgery—anterior . . . . .	\$130.00
D3421	Apicoectomy/periradicular surgery-bicuspid . . . . .	\$130.00
D3425	Apicoectomy/periradicular surgery-molar . . . . .	\$130.00
D3426	Apicoectomy/periradicular surgery (each additional root) . . . . .	\$ 70.00
D3430	Retrograde filling -per root . . . . .	\$ 30.00

**Periodontics (gum treatment) member pays**

D4210	Gingivectomy/gingivoplasty per quadrant	\$105.00
D4211	Gingivectomy/gingivoplasty per tooth	\$ 45.00
D4240	Gingival flap procedure including root planing one to three contiguous four or more bounded teeth spaces per quadrant	\$125.00
D4241	Gingival flap procedure including root planing one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 65.00
D4245	Apically positioned flap	\$125.00
D4249	Clinical crown lengthening -hard tissue	\$105.00
D4260	Osseous surgery	\$305.00
D4261	Osseous surgery	\$185.00
D4263	Bone replacement graft-each first site in quadrant	\$225.00
D4264	Bone replacement graft-each additional site in quadrant	\$175.00
D4266	Guided tissues regeneration-nonresorbable barrier, per site	\$295.00
D4267	Guided tissues regeneration-nonresorbable barrier, per site	\$335.00
D4270	Pedicle soft tissue graft procedure	\$175.00
D4271	Free soft tissue graft procedure	\$175.00
D4341	Periodontal scaling and root planing, per quadrant	\$ 45.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant	\$ 25.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 45.00
D4381	Localized delivery of chemotherapeutic agents (per tooth)	\$ 60.00
D4910	Periodontal maintenance	\$ 35.00

**Prosthodontics member pays**

D5110	Complete denture—maxillary	\$440.00
D5120	Complete denture—mandibular	\$440.00
D5130	Immediate denture—maxillary	\$440.00
D5140	Immediate denture—mandibular	\$440.00
D5211^	Maxillary partial denture—resin base	\$430.00
D5212^	Mandibular partial denture—resin base	\$430.00
D5213^	Maxillary partial denture—cast metal framework, resin denture bases	\$440.00
D5214^	Mandibular partial denture—cast metal framework, resin denture bases	\$440.00
D5410	Adjust complete denture—maxillary	\$ 15.00
D5411	Adjust complete denture—mandibular	\$ 15.00
D5421	Adjust partial denture—maxillary	\$ 15.00
D5422	Adjust partial denture—mandibular	\$ 15.00

**Repairs to prosthetics member pays**

D5510	Repair broken complete denture base	\$ 65.00
D5520	Replace missing or broken teeth—complete denture (each tooth)	\$ 65.00
D5610	Repair resin denture base	\$ 65.00
D5630	Repair or replace broken clasp	\$ 75.00
D5640	Replace broken teeth—per tooth	\$ 65.00
D5650	Add tooth to existing partial denture	\$ 65.00
D5660	Add clasp to existing partial denture	\$ 75.00
D5710	Rebase complete maxillary denture	\$150.00
D5711	Rebase complete mandibular denture	\$150.00
D5720	Rebase maxillary partial denture	\$150.00
D5721	Rebase mandibular partial denture	\$150.00
D5730	Reline complete maxillary denture (chairside)	\$100.00
D5731	Reline complete mandibular denture (chairside)	\$100.00
D5740	Reline maxillary partial denture (chairside)	\$100.00
D5741	Reline mandibular partial denture (chairside)	\$100.00
D5750	Reline complete maxillary denture (laboratory)	\$150.00
D5751	Reline complete mandibular denture (laboratory)	\$150.00
D5760	Reline maxillary partial denture (laboratory)	\$150.00
D5761	Reline mandibular partial denture (laboratory)	\$150.00
D5810	Interim complete denture maxillary	\$205.00
D5811	Interim Complete denture mandibular	\$205.00
D5820	Interim partial denture maxillary	\$165.00
D5821	Interim partial denture mandibular	\$165.00

**Prosthodontics (fixed) member pays**

D6210*	Pontic—cast high noble metal	\$380.00
D6211	Pontic—cast predominantly base metal	\$310.00
D6212*	Pontic—cast noble metal	\$370.00
D6214*	Pontic-titanium	\$380.00
D6240*	Pontic—porcelain fused to high noble metal	\$380.00
D6241	Pontic—porcelain fused to predominantly base metal	\$310.00
D6242*	Pontic—porcelain fused to noble metal	\$370.00
D6245	Pontic porcelain/ceramic	\$390.00
D6740	Crown porcelain/ceramic	\$390.00
D6750*	Crown porcelain fused to high noble metal	\$380.00
D6751	Crown porcelain fused to predominantly base metal	\$310.00
D6752*	Crown porcelain fused to noble metal	\$370.00
D6780*	Crown 3/4 cast noble metal	\$380.00
D6781	Crown 3/4 predominantly base metal	\$310.00
D6782*	Crown 3/4 cast noble metal	\$370.00
D6790*	Crown—full cast high noble metal	\$380.00
D6791	Crown—full cast predominantly base metal	\$310.00
D6792*	Crown—full cast noble metal	\$370.00
D6794*	Crown – titanium	\$380.00
D6930	Recement fixed partial denture (per unit)	\$ 20.00

**Extractions/oral and maxillofacial surgery member pays**

D7140	Extraction, erupted tooth or exposed tooth	no charge
D7210	Surgical removal of erupted tooth	\$ 35.00
D7220	Removal of impacted tooth—soft tissue	\$ 25.00
D7230	Removal of impacted tooth—partially bony	\$ 60.00
D7240	Removal of impacted tooth—completely bony	\$ 75.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$ 75.00
D7250	Surgical removal of residual tooth roots	\$ 35.00
D7260	Oroantral fistula closure	\$ 85.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	no charge
D7280	Surgical access of an unerupted tooth	no charge
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	no charge
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$ 55.00
D7286	Biopsy of oral tissue-soft	\$ 45.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$ 40.00
D7311	Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 13.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 55.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 18.00
D7450	Removal of benign odontogenic cyst or tumor (lesion diameter up to 1.25 cm)	no charge
D7451	Removal of benign odontogenic cyst or tumor (lesion diameter greater than 1.25 cm)	no charge
D7471	Removal of lateral exostosis	no charge
D7510	Incision and drainage of abscess—intraoral	no charge
D7511	Incision and drainage of abscess	no charge
D7960	Frenulectomy	no charge
D7963	Frenuloplasty	no charge

**Orthodontics member pays**

D8050	Interceptive orthodontic treatment of the primary dentition	\$1400.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1900.00
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 Orthodontic treatment	\$1,400.00



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 Orthodontic treatment . . . . .	\$1,400.00
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 Orthodontic treatment . . . . .	\$1,900.00
D8210	Removable appliance therapy. . . . .	\$275.00
D8220	Fixed appliance therapy . . . . .	\$300.00
D8660	Pre ortho treatment visit. . . . .	\$ 40.00
D8680	Retention . . . . .	\$300.00
D8693	Rebonding or recementing . . . . .	no charge
D8999	Ortho treatment plan and records . . . . .	\$150.00

**Adjunctive general services**

D9110	Palliative treatment . . . . .	no charge
D9120	Fixed partial denture sectioning. . . . .	no charge
D9215	Local anesthesia . . . . .	no charge
D9220	Deep sedation first 30 minutes. . . . .	\$115.00
D9221	Deep sedation additional 15 minutes. . . . .	\$ 60.00
D9241	Intravenous conscious sedation first 30 minutes. . . . .	\$115.00
D9242	Intravenous conscious sedation additional 15 min . . . . .	\$ 60.00
D9491	Office visit – per visit (including all fees for sterilization and/or infection control) . . . . .	\$ 5.00
D9940	Occlusal guard . . . . .	\$110.00
D9942	Repair/reline occlusal guard . . . . .	\$ 50.00
D9951	Occlusal adjustment—limited . . . . .	\$ 25.00
D9952	Occlusal adjustment—complete . . . . .	\$ 70.00

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

**Note**

1. Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
2. Unlisted procedures are at the dentist's usual fee less 25%.
3. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50.00 Per unit.
4. If you break your appointment with your dentist without 24-hour advance notice, you will be subject to your dentist's broken appointment fee.

**Limitations and Exclusions**

1. No service of any dentist other than a Participating General Dentist or Participating Specialty Dentist will be covered by Company, except emergency care as provided in the Member Handbook and Evidence of Coverage.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
  - 1) Cost of hospitalization and pharmaceuticals, drugs or medications.
  - 2) Services which in the opinion of the Participating General Dentist or Participating Specialty Dentist are not Necessary Treatment to establish and/or maintain the Member's oral health.
    - a. Any service or procedure which the Participating General Dentist or Participating Specialty Dentist is unable to perform because of the general health or physical limitations of the Member.
    - b. Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialty Dentist or which in the opinion of the Participating General Dentist or Participating Specialty Dentist would endanger the health of the Member.
    - c. Any dental treatment started prior to the Member's effective date for eligibility of benefits.
    - d. Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws other than dental treatment that is in progress at the time of enrollment. Any in progress treatment must be delivered by Our Participating General Dentists or Participating Specialty Dentists.
    - e. Treatment for cysts, neoplasms and malignancies.
    - f. General anesthesia.

## Dental Terminology Definitions

These definitions are designed to give you a "layman's understanding" of some dental terminology in order for you to better understand your plan; they are not full descriptions Please consult your policy to see benefit specific information

- › **Amalgam:** A silver filling.
- › **Anterior:** Teeth that are in the front of the mouth
- › **Bicuspid:** Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.
- › **Bridge:** A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).
- › **Crown:** A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain, or porcelain and metal.
- › **Endodontics:** Procedures that treat the nerve or the pulp of the tooth due to injury or infection.
- › **Oral surgery:** Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.
- › **Orthodontics:** Braces or other procedures to straighten the teeth.
- › **Periodontics:** Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).
- › **Posterior:** Teeth that set toward the back of the mouth, including molars and bicuspid (premolars).
- › **Primary teeth:** The first set of teeth ("baby" teeth).
- › **Prophylaxis:** Scaling and polishing of teeth by removal of the plaque above the gum line.
- › **Prosthodontics:** The restoration of natural and/or the replacement of missing teeth with artificial substitutes.
- › **Quadrant:** One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).
- › **Resin-based composite:** Tooth-colored (white) fillings.

# Prepaid/DHMO dental directory – Northside ISD

## Texas Bexar County

### Dentistry

#### San Antonio

**Abate, Curtis G DDS**

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Facility Number: 582548  
Dentist Id: 189648563202

**Green Jr, Henry T DDS**  
430 W Loop 1604 N  
Ste 109  
San Antonio, TX 78251  
(210) 647-7447  
Facility Number: 190974  
Dentist Id: 189648563202

**Green Jr, Henry T DDS**  
4400 Fredericksburg Rd  
Ste 103  
San Antonio, TX 78201  
(210) 734-9551  
Facility Number: 995991  
Dentist Id: 189648563202

**Green Jr, Henry T DDS**  
5841 NW Loop 410  
Ste 110  
San Antonio, TX 78238  
(210) 521-4600  
Facility Number: 192920  
Dentist Id: 189648563202

**Green Jr, Henry T DDS**  
7860 Culebra Rd  
San Antonio, TX 78251  
(210) 647-3151  
Facility Number: 582049  
Dentist Id: 189648563202

**Green Jr, Henry T DDS**  
8502 Village Dr  
San Antonio, TX 78217  
(210) 653-7474  
Facility Number: 995990  
Dentist Id: 189648563202

**Harmison, E D DDS**  
8237 Fredericksburg Rd  
San Antonio, TX 78229  
(210) 696-3231  
Facility Number: 185597  
Dentist Id: 129777541864

**Higgins, Nick M DDS**  
1202 SW Military Dr  
San Antonio, TX 78221  
(210) 928-7751  
Facility Number: 581984  
Dentist Id: 189648563202

**Higgins, Nick M DDS**  
2027 Culebra Rd  
San Antonio, TX 78201  
(210) 736-4639  
Facility Number: 995016  
Dentist Id: 189648563202

**Higgins, Nick M DDS**  
3800 S New Braunfels Ave  
Ste 100  
San Antonio, TX 78223  
(210) 533-9900  
Facility Number: 190586  
Dentist Id: 189648563202

**Higgins, Nick M DDS**  
4315 Fredericksburg Rd  
San Antonio, TX 78201  
(210) 736-4692  
Facility Number: 995018  
Dentist Id: 189648563202

**Higgins, Nick M DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Hines Caesar, Vilma E DDS**  
3800 S New Braunfels Ave  
Ste 100  
San Antonio, TX 78223  
(210) 533-9900  
Facility Number: 190586  
Dentist Id: 189648563202

**Hines Caesar, Vilma E DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Institute Of Esthetic Dentistry  
LLP**  
4455 Medical Dr  
Ste 3  
San Antonio, TX 78229  
(210) 692-0153  
Facility Number: 581935  
Dentist Id: 149877534286

**Jabbour, Ghias K DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Jacobs, Jeffery J DDS**  
11398 Bandera Rd  
Ste 106  
San Antonio, TX 78250  
(210) 543-8900  
Facility Number: 191895  
Dentist Id: 189648563202

**Jacobs, Jeffery J DDS**  
2027 Culebra Rd  
San Antonio, TX 78201  
(210) 736-4639  
Facility Number: 995016  
Dentist Id: 189648563202

**Jacobs, Jeffery J DDS**  
4158 Swans Lndg  
San Antonio, TX 78217  
(210) 590-4867  
Facility Number: 581651  
Dentist Id: 189648563202

**Jacobs, Jeffery J DDS**  
4400 Fredericksburg Rd  
Ste 103  
San Antonio, TX 78201  
(210) 734-9551  
Facility Number: 995991  
Dentist Id: 189648563202

**Jacobs, Jeffery J DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Jacobs, Jeffery J DDS**  
7860 Culebra Rd  
San Antonio, TX 78251  
(210) 647-3151  
Facility Number: 582049  
Dentist Id: 189648563202

**James, Aaron K DDS**  
4135 E Southcross Blvd  
San Antonio, TX 78222  
(210) 681-5555  
Facility Number: 581975  
Dentist Id: 164908154522

**James, Aaron K DDS**  
6336 Bandera Rd  
San Antonio, TX 78238  
(210) 681-5555  
Facility Number: 001460  
Dentist Id: 164908154522

**James, Aaron K DDS**  
6527 W Military Dr  
San Antonio, TX 78227  
(210) 681-5555  
Facility Number: 001464  
Dentist Id: 164908154522

**Jones, Kristin N DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Lambert, Joel R DMD**  
2846 Thousand Oaks Dr  
San Antonio, TX 78232  
(210) 490-1131  
Facility Number: 582548  
Dentist Id: 189648563202

**Lambert, Joel R DMD**  
4158 Swans Lndg  
San Antonio, TX 78217  
(210) 590-4867  
Facility Number: 581651  
Dentist Id: 189648563202

**Lambert, Joel R DMD**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Lee Dental Centers**  
12175 Nacogdoches Rd  
San Antonio, TX 78217  
(210) 681-5555  
Facility Number: 001461  
Dentist Id: 164908154522

**Lee Dental Centers**  
4135 E Southcross Blvd  
San Antonio, TX 78222  
(210) 681-5555  
Facility Number: 581975  
Dentist Id: 164908154522

**Lee Dental Centers**  
6336 Bandera Rd  
San Antonio, TX 78238  
(210) 681-5555  
Facility Number: 001460  
Dentist Id: 164908154522

**Lee Dental Centers**  
6527 W Military Dr  
San Antonio, TX 78227  
(210) 681-5555  
Facility Number: 001464  
Dentist Id: 164908154522

**Lee Dental Centers**  
8340 Pat Booker Rd  
San Antonio, TX 78233  
(210) 681-5555  
Facility Number: 581974  
Dentist Id: 164908154522

**Lee, Robert T DDS**  
12175 Nacogdoches Rd  
San Antonio, TX 78217  
(210) 681-5555  
Facility Number: 001461  
Dentist Id: 164908154522

**Lee, Robert T DDS**  
4135 E Southcross Blvd  
San Antonio, TX 78222  
(210) 681-5555  
Facility Number: 581975  
Dentist Id: 164908154522

**Lee, Robert T DDS**  
6336 Bandera Rd  
San Antonio, TX 78238  
(210) 681-5555  
Facility Number: 001460  
Dentist Id: 164908154522

**Lee, Robert T DDS**  
6527 W Military Dr  
San Antonio, TX 78227  
(210) 681-5555  
Facility Number: 001464  
Dentist Id: 164908154522

**Lee, Robert T DDS**  
8340 Pat Booker Rd  
San Antonio, TX 78233  
(210) 681-5555  
Facility Number: 581974  
Dentist Id: 164908154522

**Mitchell, Anthony J**  
2810 Nacogdoches Rd  
San Antonio, TX 78217  
(210) 828-9644  
Facility Number: 581636  
Dentist Id: 111607523502

**Monarch Dental**  
11398 Bandera Rd  
Ste 106  
San Antonio, TX 78250  
(210) 543-8900  
Facility Number: 191895  
Dentist Id: 189648563202

**Monarch Dental**  
1218 SW Military Dr  
San Antonio, TX 78221  
(210) 927-1000  
Facility Number: 582413  
Dentist Id: 189648563202

**Monarch Dental**  
18850 Stone Oak Pkwy  
San Antonio, TX 78258  
(210) 499-0303  
Facility Number: 582050  
Dentist Id: 189648563202

**Monarch Dental**  
21025 US Highway 281 N  
Ste 1308  
San Antonio, TX 78258  
(210) 928-2814  
Facility Number: 192974  
Dentist Id: 189648563202

**Monarch Dental**  
2846 Thousand Oaks Dr  
San Antonio, TX 78232  
(210) 490-1131  
Facility Number: 582548  
Dentist Id: 189648563202

**Monarch Dental**  
430 W Loop 1604 N  
Ste 109  
San Antonio, TX 78251  
(210) 647-7447  
Facility Number: 190974  
Dentist Id: 189648563202

**Monarch Dental**  
4400 Fredericksburg Rd  
Ste 103  
San Antonio, TX 78201  
(210) 734-9551  
Facility Number: 995991  
Dentist Id: 189648563202

**Monarch Dental**  
5841 NW Loop 410  
Ste 110  
San Antonio, TX 78238  
(210) 521-4600  
Facility Number: 192920  
Dentist Id: 189648563202

**Monarch Dental**  
6531 Fm 78  
Ste 105  
San Antonio, TX 78244  
(210) 661-3585  
Facility Number: 190000  
Dentist Id: 189648563202

**Monarch Dental**  
7860 Culebra Rd  
San Antonio, TX 78251  
(210) 647-3151  
Facility Number: 582049  
Dentist Id: 189648563202

**Monarch Dental**  
8502 Village Dr  
San Antonio, TX 78217  
(210) 653-7474  
Facility Number: 995990  
Dentist Id: 189648563202

**Morales, Felipe DDS**  
23611 Ih 10 W  
Ste 105  
San Antonio, TX 78257  
(210) 698-6602  
Facility Number: 189873  
Dentist Id: 181039065104

**Nesting, H M DMD**  
4963 De Zavala Rd  
San Antonio, TX 78249  
(210) 699-9761  
Facility Number: 582953  
Dentist Id: 158845104116

**Nidea, Robert A DDS**  
2027 Culebra Rd  
San Antonio, TX 78201  
(210) 736-4639  
Facility Number: 995016  
Dentist Id: 189648563202

**Nidea, Robert A DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Pannebaker, William D DDS**  
4315 Fredericksburg Rd  
San Antonio, TX 78201  
(210) 736-4692  
Facility Number: 995018  
Dentist Id: 189648563202

**Pannebaker, William D DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Park, Jacob G DDS**  
7434 Louis Pasteur Dr  
Ste 303  
San Antonio, TX 78229  
(210) 615-7224  
Facility Number: 583147  
Dentist Id: 137240021132

**Parker, William C DDS**  
17700 US 281 N  
Ste 320  
San Antonio, TX 78232  
(210) 495-6255  
Facility Number: 001600  
Dentist Id: 189648563202

**Parker, William C DDS**  
2027 Culebra Rd  
San Antonio, TX 78201  
(210) 736-4639  
Facility Number: 995016  
Dentist Id: 189648563202

**Parker, William C DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202



**Powell, Danielle L DDS**  
12175 Nacogdoches Rd  
San Antonio, TX 78217  
(210) 681-5555  
Facility Number: 001461  
Dentist Id: 164908154522

**Powell, Danielle L DDS**  
4135 E Southcross Blvd  
San Antonio, TX 78222  
(210) 681-5555  
Facility Number: 581975  
Dentist Id: 164908154522

**Powell, Danielle L DDS**  
6336 Bandera Rd  
San Antonio, TX 78238  
(210) 681-5555  
Facility Number: 001460  
Dentist Id: 164908154522

**Powell, Danielle L DDS**  
6527 W Military Dr  
San Antonio, TX 78227  
(210) 681-5555  
Facility Number: 001464  
Dentist Id: 164908154522

**Powell, Danielle L DDS**  
8340 Pat Booker Rd  
San Antonio, TX 78233  
(210) 681-5555  
Facility Number: 581974  
Dentist Id: 164908154522

**Rowe, Adrian K DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Sanchez, Steven M DDS**  
1730 SW Military Dr  
Ste 102  
San Antonio, TX 78221  
(210) 922-0600  
Facility Number: 190871  
Dentist Id: 137435111191

**Sarkis, Antoine W DDS**  
2846 Thousand Oaks Dr  
San Antonio, TX 78232  
(210) 490-1131  
Facility Number: 582548  
Dentist Id: 189648563202

**Sarkis, Antoine W DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Sheridan Jr, Paul H DDS**  
12175 Nacogdoches Rd  
San Antonio, TX 78217  
(210) 681-5555  
Facility Number: 001461  
Dentist Id: 164908154522

**Steven M Sanchez DDS PA**  
1730 SW Military Dr  
Ste 102  
San Antonio, TX 78221  
(210) 922-0600  
Facility Number: 190871  
Dentist Id: 137435111191

**Tarboush, Khaled DDS**  
2027 Culebra Rd  
San Antonio, TX 78201  
(210) 736-4639  
Facility Number: 995016  
Dentist Id: 189648563202

**Tarboush, Khaled DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Taverna, Richard D DDS**  
21025 US Highway 281 N  
Ste 1308  
San Antonio, TX 78258  
(210) 928-2814  
Facility Number: 192974  
Dentist Id: 189648563202

**Thompson, Charles E DDS**  
1202 SW Military Dr  
San Antonio, TX 78221  
(210) 928-7751  
Facility Number: 581984  
Dentist Id: 189648563202

**Thompson, Charles E DDS**  
17700 US 281 N  
Ste 320  
San Antonio, TX 78232  
(210) 495-6255  
Facility Number: 001600  
Dentist Id: 189648563202

**Thompson, Charles E DDS**  
2027 Culebra Rd  
San Antonio, TX 78201  
(210) 736-4639  
Facility Number: 995016  
Dentist Id: 189648563202

**Thompson, Charles E DDS**  
3800 S New Braunfels Ave  
Ste 100  
San Antonio, TX 78223  
(210) 533-9900  
Facility Number: 190586  
Dentist Id: 189648563202

**Thompson, Charles E DDS**  
4158 Swans Lndg  
San Antonio, TX 78217  
(210) 590-4867  
Facility Number: 581651  
Dentist Id: 189648563202

**Thompson, Charles E DDS**  
4315 Fredericksburg Rd  
San Antonio, TX 78201  
(210) 736-4692  
Facility Number: 995018  
Dentist Id: 189648563202

**Thompson, Charles E DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Tice, Diane E DDS**  
4158 Swans Lndg  
San Antonio, TX 78217  
(210) 590-4867  
Facility Number: 581651  
Dentist Id: 189648563202

**Tice, Diane E DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833  
Dentist Id: 189648563202

**Todays Dentistry Today at Leo**  
23611 W Ih 10  
Ste 105  
San Antonio, TX 78257  
(210) 698-6602  
Facility Number: 189873  
Dentist Id: 181039065104

**Torres, Kathleen A DDS**  
12175 Nacogdoches Rd  
San Antonio, TX 78217  
(210) 681-5555  
Facility Number: 001461  
Dentist Id: 164908154522

**Torres, Kathleen A DDS**  
4135 E Southcross Blvd  
San Antonio, TX 78222  
(210) 681-5555  
Facility Number: 581975  
Dentist Id: 164908154522

**Torres, Kathleen A DDS**  
6336 Bandera Rd  
San Antonio, TX 78238  
(210) 681-5555  
Facility Number: 001460  
Dentist Id: 164908154522

**Torres, Kathleen A DDS**  
6527 W Military Dr  
San Antonio, TX 78227  
(210) 681-5555  
Facility Number: 001464  
Dentist Id: 164908154522

**Torres, Kathleen A DDS**  
8340 Pat Booker Rd  
San Antonio, TX 78233  
(210) 681-5555  
Facility Number: 581974  
Dentist Id: 164908154522

**Turner, Taheia K DDS**  
11398 Bandera Rd  
Ste 106  
San Antonio, TX 78250  
(210) 543-8900  
Facility Number: 191895  
Dentist Id: 189648563202

**Yun, Sue DDS**  
4135 E Southcross Blvd  
San Antonio, TX 78222  
(210) 681-5555  
Facility Number: 581975  
Dentist Id: 164908154522

**Yun, Sue DDS**  
6336 Bandera Rd  
San Antonio, TX 78238  
(210) 681-5555  
Facility Number: 001460  
Dentist Id: 164908154522

**Yun, Sue DDS**  
6527 W Military Dr  
San Antonio, TX 78227  
(210) 681-5555  
Facility Number: 001464  
Dentist Id: 164908154522

**Yun, Sue DDS**  
8340 Pat Booker Rd  
San Antonio, TX 78233  
(210) 681-5555  
Facility Number: 581974  
Dentist Id: 164908154522

## **Dentistry - Oral & Maxillofacial** *San Antonio*

**Casillas, Michael A DDS**  
1227 SW Military Dr  
San Antonio, TX 78221  
(210) 798-2666  
Facility Number: 190848

**Casillas, Michael A DDS**  
3329 Wurzbach Rd  
San Antonio, TX 78238  
(210) 684-4324  
Facility Number: 602586

**Casillas, Michael A DDS**  
6501 Blanco Rd  
San Antonio, TX 78216  
(210) 341-7264  
Facility Number: 602320

**Hernandez Arthur J DDS**  
1202 W Bitters Rd  
Bldg 5  
San Antonio, TX 78216  
(210) 408-7182  
Facility Number: 602787

**Long, Larry K DDS**  
17700 US 281 N  
Ste 320  
San Antonio, TX 78232  
(210) 495-6255  
Facility Number: 001600

**Long, Larry K DDS**  
4400 Fredericksburg Rd  
Ste 103  
San Antonio, TX 78201  
(210) 734-9551  
Facility Number: 995991

**Long, Larry K DDS**  
6531 Fm 78  
Ste 105  
San Antonio, TX 78244  
(210) 661-3585  
Facility Number: 190000

**Long, Larry K DDS**  
7860 Culebra Rd  
San Antonio, TX 78251  
(210) 647-3151  
Facility Number: 582049

**Parker III, Lavan R DDS**  
1227 SW Military Dr  
San Antonio, TX 78221  
(210) 798-2666  
Facility Number: 190848

**Parker III, Lavan R DDS**  
3329 Wurzbach Rd  
San Antonio, TX 78238  
(210) 684-4324  
Facility Number: 602586

**Parker III, Lavan R DDS**  
6501 Blanco Rd  
San Antonio, TX 78216  
(210) 341-7264  
Facility Number: 602320

**Pool, Jack W DDS**  
1227 SW Military Dr  
San Antonio, TX 78221  
(210) 798-2666  
Facility Number: 190848

**Pool, Jack W DDS**  
3329 Wurzbach Rd  
San Antonio, TX 78238  
(210) 684-4324  
Facility Number: 602586

**Pool, Jack W DDS**  
6501 Blanco Rd  
San Antonio, TX 78216  
(210) 341-7264  
Facility Number: 602320

**Randolph, Gregory D DDS**  
7300 Blanco Rd  
Ste 100  
San Antonio, TX 78216  
(210) 344-9898  
Facility Number: 602319

**Robertson, Odes B DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833

**Thornton, William E DDS**  
1227 SW Military Dr  
San Antonio, TX 78221  
(210) 798-2666  
Facility Number: 190848

**Thornton, William E DDS**  
3329 Wurzbach Rd  
San Antonio, TX 78238  
(210) 684-4324  
Facility Number: 602586

**Thornton, William E DDS**  
6501 Blanco Rd  
San Antonio, TX 78216  
(210) 341-7264  
Facility Number: 602320

### **Dentistry - Orthodontics** *Helotes*

**Medina, Jesus DMD**  
11868 Bandera Rd  
Helotes, TX 78023  
(210) 695-1738  
Facility Number: 184991

### *San Antonio*

**Askins, Jeffrey D DDS**  
9530 Potranco Rd  
San Antonio, TX 78251  
(210) 670-9000  
Facility Number: 189872

**Chary Reddy, Saritha DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833

**Dongieux, Joseph DDS**  
3800 S New Braunfels Ave  
Ste 100  
San Antonio, TX 78223  
(210) 533-9900  
Facility Number: 190586

**Dongieux, Joseph DDS**  
4315 Fredericksburg Rd  
San Antonio, TX 78201  
(210) 736-4692  
Facility Number: 995018

**Dongieux, Joseph DDS**  
5841 NW Loop 410  
Ste 110  
San Antonio, TX 78238  
(210) 521-4600  
Facility Number: 192920

**Froemming, Gerald L DDS**  
14723 San Pedro Ave  
San Antonio, TX 78232  
(210) 494-7535  
Facility Number: 603370

**Froemming, Gerald L DDS**  
6436 Bandera Rd  
San Antonio, TX 78238  
(210) 681-8340  
Facility Number: 602488

**Fulk, Lori DMD**  
2027 Culebra Rd  
San Antonio, TX 78201  
(210) 736-4639  
Facility Number: 995016

**Fulk, Lori DMD**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833

**Gonzalez Jr, Roy R DDS**  
1100 NW Loop 410  
Ste 560  
San Antonio, TX 78213  
(210) 344-9295  
Facility Number: 602318

**Gonzalez Sr, Roy R DDS**  
1100 NW Loop 410  
Ste 560  
San Antonio, TX 78213  
(210) 344-9295  
Facility Number: 602318

**Hembree, Megan DDS**  
3800 S New Braunfels Ave  
Ste 100  
San Antonio, TX 78223  
(210) 533-9900  
Facility Number: 190586

**Jackson, Amy B DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833

**King, Timothy M DDS**  
17700 US 281 N  
Ste 320  
San Antonio, TX 78232  
(210) 495-6255  
Facility Number: 001600

**King, Timothy M DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833

**Kuhlman, Timothy DDS**  
6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833

**Malone, Diana T DDS**  
1401 SW Loop 410  
Ste 139A  
San Antonio, TX 78227  
(210) 670-9000  
Facility Number: 996953

**Malone, Diana T DDS**  
3543 Roosevelt Ave  
San Antonio, TX 78214  
(210) 922-3232  
Facility Number: 196093

**Malone, Diana T DDS**  
4422 Dezavala Rd  
San Antonio, TX 78249  
(210) 696-3001  
Facility Number: 322335

**Malone, Diana T DDS**  
6735 Fm 78  
Ste 106  
San Antonio, TX 78244  
(210) 667-2929  
Facility Number: 190857

**Malone, Diana T DDS**  
9530 Potranco Rd  
San Antonio, TX 78251  
(210) 670-9000  
Facility Number: 189872

**Malone, Diana T DDS**  
9820 Braun Rd Ste 101  
San Antonio, TX 78249  
(210) 509-4040  
Facility Number: 192902

**Malone, Scott DMD**  
3543 Roosevelt Ave  
San Antonio, TX 78214  
(210) 922-3232  
Facility Number: 196093

**Malone, Scott DMD**  
4422 Dezavala Rd  
San Antonio, TX 78249  
(210) 696-3001  
Facility Number: 322335

**Malone, Scott DMD**  
9530 Potranco Rd  
San Antonio, TX 78251  
(210) 670-9000  
Facility Number: 189872

**Malone, Scott DMD**  
9820 Braun Rd Ste 101  
San Antonio, TX 78249  
(210) 509-4040  
Facility Number: 192902

**Migliore, Patrick DDS**  
1202 E Sonterra Blvd  
Ste 702  
San Antonio, TX 78258  
(210) 340-0995  
Facility Number: 602316

**Orsingher, Kerry A DMD**

6735 Fm 78  
Ste 106  
San Antonio, TX 78244  
(210) 667-2929  
Facility Number: 190857

**Dentistry - Periodontics  
San Antonio**

*San Antonio*

**Almasri, Amjad DDS**

12175 Nacogdoches Rd  
San Antonio, TX 78217  
(210) 681-5555  
Facility Number: 001461

**Almasri, Amjad DDS**

4135 E Southcross Blvd  
San Antonio, TX 78222  
(210) 681-5555  
Facility Number: 581975

**Almasri, Amjad DDS**

6336 Bandera Rd  
San Antonio, TX 78238  
(210) 681-5555  
Facility Number: 190966

**Almasri, Amjad DDS**

6527 W Military Dr  
San Antonio, TX 78227  
(210) 681-5555  
Facility Number: 001464

**Almasri, Amjad DDS**

8340 Pat Booker Rd  
San Antonio, TX 78233  
(210) 681-5555  
Facility Number: 581974

**Beck, Brian W DDS**

15321 San Pedro  
Ste 103  
San Antonio, TX 78232  
(210) 654-7878  
Facility Number: 602571

**Beck, Brian W DDS**

6502 Bandera Rd  
Ste 102  
San Antonio, TX 78238  
(210) 680-0706  
Facility Number: 602330

**Craemer, John M DMD**

6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833

**Diaz, Ricardo DDS**

4871 Fredericksburg Rd  
San Antonio, TX 78229  
(210) 349-5553  
Facility Number: 602788

**Diaz, Ricardo DDS**

600 Division Ave  
San Antonio, TX 78214  
(210) 924-1184  
Facility Number: 603445

**Seshul, Brett A DDS**

6909 N Loop 1604 E  
Ste 1010  
San Antonio, TX 78247  
(210) 653-4867  
Facility Number: 581833



**Transition of Care Form  
For  
Orthodontic Treatment**

**Purpose:** *To determine remaining orthodontic benefits available for patients in active orthodontic treatment.*

\* Active Orthodontic treatment must have been started while covered under a previous insurance carrier with your current employer. \**Humana Specialty Benefits does not guarantee transition of care benefits; all requests are handled on a case-by-case basis.*

**Procedure:**

If you or your family member have ***not already*** been “banded” for orthodontic treatment, you will need to verify that your orthodontist is listed on the Humana Specialty Benefits Directory.

If you or your family members have ***already*** been banded under the coverage from your previous DHMO/PPO Company, you will probably have no difficulty continuing this coverage as planned. In most situations, you have entered into a monthly payment plan that will supercede any new coverage, which is now being provided.

A copy of the prior carrier explanation of benefits / benefit payments must be included when you submit the Transition of Care form to Humana Specialty Benefits.

In the event you or your orthodontic provider has questions about continuing orthodontic care for you or your family members, please contact Humana Specialty Benefits Customer Care at **1-800-342-5209** for assistance. We will make every effort to make this transition as seamless as possible and will work with your existing orthodontist to either continue the care in progress, or transition the care to a Humana Specialty Benefits contracted provider. **In lieu of standard dental claim form, please submit the following form to your Orthodontist to alert Humana Specialty Benefits to your situation. Upon full completion of the form by the Subscriber and Orthodontist, please submit the form to the address below and allow 30 days for processing:**

Humana Specialty Benefits  
200 West Jackson Blvd., 9<sup>th</sup> Floor  
Chicago, Illinois 60606  
Attn: Prescreening Department

**Subscriber Section:**

Name of Employee: \_\_\_\_\_ Subscriber I.D. \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_ Employer: \_\_\_\_\_  
Name of dependent in treatment: \_\_\_\_\_  
Relationship to Employee: \_\_\_\_\_

**Orthodontist Section:**

Current Orthodontist’s Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Orthodontist Address: \_\_\_\_\_

Orthodontist Signature: \_\_\_\_\_ Orthodontist TIN: \_\_\_\_\_

Date treatment started: \_\_\_\_\_ Target Completion Date: \_\_\_\_\_

Total Treatment cost: \$ \_\_\_\_\_ Contracted Rate from Previous Carrier: \$ \_\_\_\_\_

Previous Carrier Supplement: \$ \_\_\_\_\_ Member Co-Payments: \$ \_\_\_\_\_

Total Payments from Previous Carrier: \$ \_\_\_\_\_ Paid Member Co-Payments: \$ \_\_\_\_\_

***(To avoid delays in processing, please submit copies of the EOB’s/ Benefit Payments from Previous Carrier)***

Current Balance Owed: \$ \_\_\_\_\_

Please note: Future reimbursements will be made on a quarterly basis.



# HumanaVision

Northside Independent School District



HUMANA®



## *Real people, real benefits*

9 out of 10 customer service calls are resolved to the members satisfaction on the first call.\*

\* HumanaVision member satisfaction survey, 2008

### **Thank you for considering a HumanaVision plan.**

We're committed to providing you with the benefits to promote good vision health – which has an impact on your overall health – and save on your out-of-pocket costs.

With HumanaVision you can expect great service. We have more than 30 years of vision benefits experience, plus 300 associates who are experts in servicing vision benefits.

Again, thank you for considering a HumanaVision plan. We look forward to serving you.

## Clearly simple: HumanaVision

### Focus on healthy eyesight with HumanaVision VCP

Periodic eye examinations are an important part of routine preventive healthcare. Because many eye and vision conditions have no obvious symptoms, you may be unaware of problems. Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss.<sup>1</sup>

### Vision health impacts overall health

Eye examinations not only help your vision, your doctor can catch major health issues, too. Many diseases can be diagnosed by looking into your eyes including diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.<sup>2</sup>

### With HumanaVision VCP, you get:

- › A plan that is easy to use and understand
- › Access to one of the largest networks in the United States, with more than 24,000 provider locations including independent optometrists and ophthalmologists
- › Wholesale pricing on frames, avoiding high retail markups
- › Access to **HumanaVisionCare.com**, where you can view benefits, check eligibility, and use other automated services
- › Provider locator services through **HumanaVisionCare.com**, Customer Care, or our automated information line
- › Discounts on Lasik and PRK procedures
- › Genuine customer service – You can contact Customer Care at 1-866-427-7478, Monday through Friday, 7 a.m. to 6 p.m. CST (TDD: 1-800-325-2025)

**Preserve and protect your eyesight with a HumanaVision plan.**



<sup>1</sup> American Optometric Association  
<sup>2</sup> Thompson Media Inc.

## See the difference a bigger, better HumanaVision network can make for you.

**HumanaVision VCP** has a newly expanded network. Choose from more than 35,000 participating optometrist, ophthalmologist, and national retail locations, including LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney.



### **HumanaVision offers:**

- **Cost-Savings** — Your benefits for eyewear apply at even more HumanaVision provider locations. And you'll pay the same cost for frames no matter where you go.
- **Choice** — You now have access to exclusive lines of designer frames, such as Dolce & Gabbana<sup>®</sup>, Oakley<sup>®</sup>, Prada<sup>®</sup>, Ralph Lauren<sup>®</sup>, and Ray-Ban<sup>®</sup>.
- **Convenience** — Take care of eye exams and frames all in one visit. Many locations offer night and weekend appointments to fit your schedule.

To learn more about vision services or to access the most up-to-date list of providers, visit:

**[HumanaVisionCare.com](http://HumanaVisionCare.com)**

**HUMANA<sup>®</sup>**



LENSCRAFTERS<sup>®</sup>

PEARLE VISION

Sears  
Optical

OPTICAL



Finding a provider is easy.

Call Customer Care at 1-866-537-0229  
or go to [HumanaVisionCare.com](http://HumanaVisionCare.com).



To offer the widest choice, HumanaVision also includes independent optometrists and ophthalmologists located throughout the country. For a complete listing of providers near you, visit [humanavisioncare.com](http://humanavisioncare.com).



Looking for a great pair of glasses to fit your unique personality and lifestyle? LensCrafters is the right place for you. You can choose from a wide selection of fashion frames including the latest designers like Prada®, Versace®, Burberry®, and Dolce & Gabbana®. Add the latest lens technology for that great pair of glasses. More than 850 locations nationwide. Visit [lenscrafters.com](http://lenscrafters.com) for the latest styles and trends and your nearest location.



Pearle Vision continues the legacy of personalized eye care that Dr. Stanley Pearle started over 45 years ago. Combine that with a great selection of frames and lens options and over 750 convenient locations to make Pearle Vision a great place for your family's eye care. Go to [pearlevision.com](http://pearlevision.com) to learn more.



Sears Optical has been helping families see better and look great at the right price for over 45 years. Everything you love and trust about Sears is what you'll find at Sears Optical — professional service, stylish selection of frames and the latest contact lens advancements, quality, and great value for the entire family. Satisfaction guaranteed or your money back. More than 850 Sears Optical locations are conveniently located nationwide. Visit [searsoptical.com](http://searsoptical.com) for one near you.



Your eyes. Your style. Target Optical provides fashion for less than you've come to expect from Target, with the care of a professional independent doctor of optometry. You can choose from a huge selection of frames and sunglasses, including brands like Mossimo®, Vogue®, and Versus®. The latest contact lens technology is also available at affordable prices. Visit [target.com](http://target.com) for more information.



JCPenney Optical is a full-service optical center conveniently located in more than 350 JCPenney department stores. Choose from hundreds of frames that will inspire and reflect your lifestyle, including exclusive designer brands such as Bisou Bisou®, a.n.a.®, Liz & Co.®, and Arizona®. JCPenney Optical also offers eye exams, contact lenses, and non-prescription sunwear to meet all of your eyewear needs.



# Vision Care Plan

	See a participating provider	See a nonparticipating provider
<b>Exam with dilation</b> as necessary	100% after \$10 copay	\$45 allowance
<b>Lenses</b>		
• Single	100% after \$10 copay	\$50 allowance
• Bifocal	100% after \$10 copay	\$60 allowance
• Trifocal	100% after \$10 copay	\$80 allowance
Standard UV protection and polycarbonate lenses covered after materials copay		
<b>Frames</b>	\$45 wholesale frame allowance	\$85 retail allowance
<b>Contact lenses</b>		
• Elective (conventional and disposable) <sup>1</sup>	\$120 contact lens allowance	\$80 contact lens allowance
• Medically necessary	100%	\$250 allowance
<b>Frequency<sup>2</sup></b>		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 12 months	Once every 12 months

## Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.

<sup>1</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on professional services. The discount for professional services is available for 12 months after the covered eye exam.

<sup>2</sup> Frequency based on date of service

## Affordable frames

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, employees pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$90-\$135	\$45	\$45	\$0	\$90-\$135
\$150-\$225	\$75	\$45	\$60 (\$75-\$45=\$30x2=\$60)	\$90-\$165

\* Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

## Lasik and PRK procedures

Employees receive substantial reductions when procedures are done by network providers.

Northside employees can use Lasik provider network doctors at a cost of no more than \$1,800 per eye for Conventional Lasik procedures and \$2,300 per eye for custom Lasik. Or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

- › Conventional Lasik – \$895 per eye
- › Custom Lasik – \$1,295 per eye
- › Custom Lasik with IntraLase – \$1,895 per eye

Policy number: GN-70148-01, CA-70148-01, MO-70148-01, NV-70148-01, OH-70148-01, OK-70148-01, VA-70148-01, or WI-70148-01

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/broker. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the coverage level selected.

Did you know routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, brain tumors, osteoporosis and rheumatoid arthritis?<sup>5</sup>

## Save on your frames and lenses

### You'll never pay full price again for eyeglasses

HumanaVision VCP encourages prevention, early diagnosis, and treatment - helping you achieve good vision and a healthy lifestyle. Benefits include:

- › Wholesale frame allowance - never pay full retail
- › Fixed copayments for lens options regardless of provider retail charges
- › Comprehensive eye examination covered in full after member copayment
- › Unlimited frame selection
- › Frame benefits are identical at all VCP provider locations regardless of provider's retail charges

### Pay the same cost for frames at any VCP provider location

You have access to one of the largest vision networks in the United States. Choosing a VCP network provider could save you up to 77 percent on a comprehensive eye exam and eyeglasses.

	Average retail cost <sup>1</sup>	VCP	Savings with VCP provider
Exam	\$90	\$10 copay	\$80
Frames	\$135 <sup>2</sup>	\$45 wholesale allowance	\$90
Single-vision lenses <sup>3</sup>	\$70 <sup>4</sup>	\$10 copay	\$60
<b>Total savings for single-vision eyeglasses (with eye exam)</b>			<b>\$230</b>

<sup>1</sup> Average retail costs may vary.  
<sup>2</sup> Based on a multiple of three times the wholesale cost.  
<sup>3</sup> Standard uncoated plastic.  
<sup>4</sup> Average retail cost for single-vision eyeglasses does not include additional cost for lens options such as UV coating and anti-reflective coating.  
<sup>5</sup> Thompson Media Inc.

Examples are for illustration only. Actual savings may vary.

## Humana Insurance Company Vision Providers For The State of Texas Bexar County

The providers listed in this brochure were participating with the plan at the time of printing. Please check with the doctor of your choice or call our Member Services department at 1-800-749-5855 when making your appointment to make certain he or she is currently a member doctor. You may also visit our website at [www.humanavisioncare.com](http://www.humanavisioncare.com) for a nationwide listing of providers.

You must receive services from one of our participating providers in order to receive full benefits (as outlined in your vision care booklet). If you receive service from a provider who does not participate in the plan, you will receive reimbursement according to the non-panel reimbursement schedule established by your group.

David B Abrams, MD  
800 McCullough Ave  
San Antonio, TX 78215-1625  
(210) 226-6169

Gilberto Aguirre, MD  
315 N San Saba Ste 970  
San Antonio, TX 78207-3100  
(210) 225-6705

Joselyn Alumkal, OD  
4437A De Zavala Rd  
San Antonio, TX 78249-2040  
(210) 492-7483

Farshid Amir, OD  
9577 Huebner Rd  
San Antonio, TX 78240-1687  
(210) 641-4999

Farshid Amir, OD  
3331 Wurzbach Rd  
San Antonio, TX 78238-4042  
(210) 647-3333

Marlan G Anderson, OD  
10650 Culebra Rd Ste 132  
San Antonio, TX 78251-4950  
(210) 523-2020

Marlan G Anderson, OD  
5230 De Zavala Rd Ste 216  
San Antonio, TX 78249-1731  
(210) 699-4644

Marlan G Anderson, OD  
10722 Potranco Rd Ste 107  
San Antonio, TX 78251-3315  
(210) 680-2020

Eugene Alvarado, OD  
700 S Zarzamora St Ste 110  
San Antonio, TX 78207-5247  
(210) 431-0808

Brenda O Alvarado, OD  
700 S Zarzamora St Ste 110  
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Richard A Bell, OD  
10650 Culebra Rd Ste 132  
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5230 De Zavala Rd Ste 216  
San Antonio, TX 78249-1731  
(210) 699-4644

Richard A Bell, OD  
10722 Potranco Rd Ste 107  
San Antonio, TX 78251-3315  
(210) 680-2020

Gary A Borawski, OD  
1100 N Main Ave  
San Antonio, TX 78212-4701  
(210) 222-2154

Sheldon P Braverman, MD  
1100 N Main Ave  
San Antonio, TX 78212-4701  
(210) 222-2154

Jason D Burns, MD  
9157 Huebner Rd  
San Antonio, TX 78240-1502  
(210) 697-2020

Teresa S Camp, OD  
4400 Fredericksburg Rd Ste 107  
San Antonio, TX 78201-1969  
(210) 737-1926

Mark G Carolan, OD  
5430 Fredericksburg Rd Ste 100  
San Antonio, TX 78229-3539  
(210) 340-1212

Cassandra Cavazos, OD  
8910 Bandera Rd Ste 107  
San Antonio, TX 78250-3227  
(210) 682-4300

Jeffrey Cohen, MD  
9157 Huebner Rd  
San Antonio, TX 78240-1502  
(210) 697-2020

Jeffrey Cohen, MD  
315 N San Saba Ste 970  
San Antonio, TX 78207-3100  
(210) 697-2020

Mark D Cooney, OD  
8055 West Ave Ste 109  
San Antonio, TX 78213-1842  
(210) 340-1919

Andrew J Cottingham, Jr, MD  
2424 Babcock Rd Ste 101  
San Antonio, TX 78229-6031  
(210) 692-1388

Mark K Davis, OD  
6450 NW Loop 410 Ste 115  
San Antonio, TX 78238-4210  
(210) 521-2085

Jorge Delachapa, OD  
9157 Huebner Rd  
San Antonio, TX 78240-1502  
(210) 697-2020

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San Antonio, TX 78207-3100  
(210) 697-2020

Richard L Delay, OD  
2929 Mossrock Ste 104  
San Antonio, TX 78230-5141  
(210) 377-0350

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11600 Bandera Rd Ste 106  
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(210) 680-4107

Timothy M Dunham, MD  
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215 N San Saba Ste 210  
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San Antonio, TX 78207-3100  
(210) 697-2020

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San Antonio, TX 78238-4042  
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6755 Bandera Rd  
San Antonio, TX 78238-1438  
(210) 684-5212

Jose P Lujan, OD  
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San Antonio, TX 78201-1969  
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Timothy J Luke, OD  
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(210) 492-7483

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2161 NW Military Hwy Ste 101  
San Antonio, TX 78213-1844  
(210) 828-3937

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San Antonio, TX 78229-6031  
(210) 692-1388

Sandra Mauro, OD  
215 N San Saba Ste 210  
San Antonio, TX 78207-3120  
(210) 222-0807

Arthur A Medina, Jr, OD  
2903 N Saint Marys St  
San Antonio, TX 78212-3532  
(210) 225-4141

Amanda Mendiola, OD  
11631 Bandera Rd Ste 102  
San Antonio, TX 78250-6835  
(210) 509-9998

Ervin Mendlovitz, OD  
3209 Wurzbach Rd  
San Antonio, TX 78238-4002  
(210) 520-6548

Charles F Miller, MD  
8222 Marbach Rd  
San Antonio, TX 78227-1618  
(210) 675-2301

Ann Marie Mora, OD  
9157 Huebner Rd  
San Antonio, TX 78240-1502  
(210) 697-2020

Noemi Moreno, OD  
1009 NW Loop 410  
San Antonio, TX 78213-2221  
(210) 366-1021

Noemi Moreno, OD  
2903 N Saint Marys St  
San Antonio, TX 78212-3532  
(210) 225-4141

Charlinda A Nance, OD  
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San Antonio, TX 78251-4950  
(210) 523-2020

Hector L Nevarez, MD  
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San Antonio, TX 78205-1116  
(210) 224-6633

Ronald L Opland, OD  
4930 Evers Rd  
San Antonio, TX 78228-2118  
(210) 431-0366

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9157 Huebner Rd  
San Antonio, TX 78240-1502  
(210) 697-2020

Michael Orozco, OD  
315 N San Saba Ste 970  
San Antonio, TX 78207-3100  
(210) 697-2020

Richard R Ortiz, OD  
9823 W Ih 10  
San Antonio, TX 78230-2243  
(210) 696-6500

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San Antonio, TX 78230-1211  
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Kenneth R Pierson, OD  
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(210) 680-2020

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(210) 340-3535

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(210) 431-0366

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San Antonio, TX 78251-3574  
(210) 647-4733

Joseph R Rogalinski, OD  
9822 Potranco Rd Ste 111  
San Antonio, TX 78251-9608  
(210) 681-4733

Sabrina Rubio, OD  
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San Antonio, TX 78250-6835  
(210) 509-9998

Andres R Salazar, OD  
8089 Callaghan Rd  
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Deborah A Sheppard, OD  
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(210) 344-1400

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San Antonio, TX 78230-5141  
(210) 377-0350

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San Antonio, TX 78215-1625  
(210) 226-6169

Lenscrafters  
North Star Mall  
7400 San Pedroste 486  
San Antonio, TX 78216  
(210) 340-5251

Lenscrafters  
Huebner Oaks Commons  
11745 LH 10 West Ste 770  
San Antonio, TX 78230  
(210) 696-4010

Lenscrafters  
La Cantera  
15900 La Cantera Pkwy Ste 6697  
San Antonio, TX 78256  
(210) 877-2446

Lenscrafters  
Ingram Park Mall  
6301 NW Loop 410 Ste 21A  
San Antonio, TX 78238  
(210) 680-6075

Lenscrafters  
South Park Mall  
2310 SW Military Dr  
San Antonio, TX 78224  
(210) 927-9685

Lenscrafters  
Rolling Oaks Mall  
6909 N Loop 1604 Eastste 1170  
San Antonio, TX 78247  
(210) 599-7645

Lenscrafters  
Rolling Oaks Mall  
6909 N Loop 1604 Eastste 1170  
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(210) 599-7645

Lenscrafters  
17700 US Hwy 281 North  
San Antonio, TX 78232  
(210) 402-3277

JCPenney Optical  
7400 San Pedro Ave  
San Antonio, TX 78216  
(210) 348-0694

JCPenney Optical  
6301 NW Loop 410  
San Antonio, TX 78238  
(210) 647-3447

JCPenney Optical  
2418 SW Military Dr  
San Antonio, TX 78224  
(210) 923-5461

JCPenney Optical  
6909 N Loop 1604 East  
San Antonio, TX 78247  
(210) 650-5760

Pearle Vision  
Park North Shopping  
510 NW Loop 410Ste 105  
San Antonio, TX 78216  
(210) 340-2993

Pearle Vision  
Ingram Park Mall  
6301 NW Loop 410 Ste N1-3  
San Antonio, TX 78238  
(210) 520-6353

Pearle Vision  
8235 Agora Pkwy Ste 123  
Schertz, TX 78154  
(210) 659-9189

Sears Optical  
Central Park Mall  
201 Central Park  
San Antonio, TX 78216  
(210) 377-4368

Sears Optical  
Ingram Park Mall  
6301 NW Loop 410  
San Antonio, TX 78238  
(210) 523-4068

Sears Optical  
South Park Mall  
2310 SW Military Dr  
San Antonio, TX 78224  
(210) 932-5068

Sears Optical  
Rolling Oaks Mall  
6909 N Loop 1604 East  
San Antonio, TX 78247  
(210) 651-8168

Sears Optical  
Rolling Oaks Mall  
6909 N Loop 1604 East  
San Antonio, TX 78247  
(210) 651-8168

Target Optical  
4522 Fredericksburg Rd  
San Antonio, TX 78201  
(210) 280-0003

Target Optical  
11311 Bandera Rd  
San Antonio, TX 78250  
(210) 543-7275

Target Optical  
5355 W Loop 1604 N  
San Antonio, TX 78253  
(210) 647-0116

Target Optical  
Stone Oak  
22831 US Hwy 281 North  
San Antonio, TX 78258  
(210) 481-2863









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