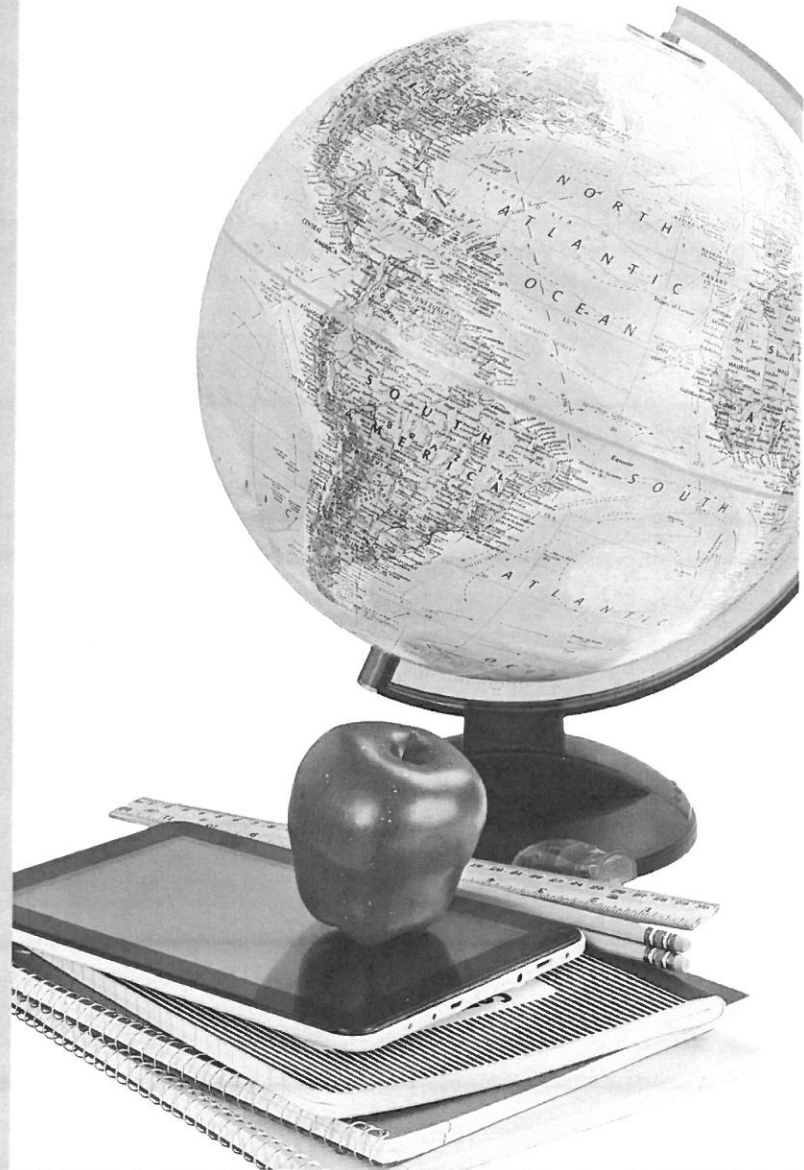


School Board of Levy County



- Medical
- Medical Gap
- Disability
- Term Life
- Dental
- Vision
- Accident
- Cancer
- FSAs



2017 Employee Benefit Guide

Plan Year: January 1, 2017 - December 31, 2017

IMPORTANT INFORMATION

The School Board of Levy County is pleased to offer our employees a wide variety of benefits to suit your needs. The information found within this book is designed to assist you in making important decisions regarding your benefits and provide you with important contact information.

Annual Enrollment

The **ANNUAL ENROLLMENT** will take place **October 24th – November 11th**. This is the time when employees can make changes to their current elections. All changes must be done through the online enrollment system. During this period representatives will be made available on campus to assist you with your enrollment. Specific dates that representatives will be on campus will be sent out through the District.

Benefits Effective Date

Benefits will become effective January 1st or upon approval of evidence of insurability if required.

Plan Year

The Plan Year for the School Board of Levy County's benefit program is 1/1/2017 - 12/31/2017.

New Hire Enrollment

New employees have 31 days from your date of employment to enroll in benefits. Benefits will then become effective the first of the month following your date of hire. Failure to complete your elections during this time period will result in the forfeiture of coverage.

Mid Year Changes

Once enrolled in the Cafeteria Plan, mid-year changes can only be made based on an approved IRS Qualifying Event. Employees have 31 days after a qualifying event to make changes based on that event. **It is the responsibility of the employee to notify the Personnel Department of such changes and to complete the proper paperwork.** Any changes to benefits must be consistent with the IRS approved qualifying event.

IRS Approved Qualifying Events

IRS approved Qualifying Events include, but are not limited to: Change in Marital Status, Birth or Adoption of a Child, Death of a Dependent, Change of Employee's or Spouse's Employment, Entitlement to Medicare or Medicaid, FMLA, Leave of Absence and COBRA Qualifying Events. Should you have any questions regarding your certain circumstances, Please contact the Personnel department for approval of any qualifying event.

CONTACT INFORMATION

www.mybenefitshub.com/schoolboardoflevycounty

School Board of Levy County 1 - 2

Coordinator of Benefits & Risk Management: Kalee Wade
Phone Number: 352..486.5231
Email Address: Kale.Wade@levy.k12.fl.us

Hospital Confinement 8 - 10

Provider Name: American Public Life
Provider Phone Number: 866.874.5725
Provider Web Address: www.AmPublic.com

Term Life Insurance 17 - 19

Provider Name: Assurant Employee Benefits
Provider Phone Number: 800.749.6458
Provider Web Address: www.AssurantEmployeeBenefits.com

Vision 37 - 46

Provider Name: Humana
Provider Phone Number: 866.537.0229
Provider Web Address: www.humanavision.com

Supplemental Accident 53 - 58

Provider Name: AFLAC
Provider Phone Number: 1.800.99.AFLAC
Provider Web Address: www.aflac.com

Medical Insurance 3 - 7

Provider Name: Blue Cross Blue Shield of Florida
Provider Phone Number: 800.FLA.BLUE (352.2583)
Provider Web Address: www.BCBSFL.com

Disability Income Protection 11 - 16

Provider Name: Aetna
Provider Phone Number: 888.266.2917
Provider Web Address: www.Aetna.com

Dental 20- 36

Provider Name: Humana
Provider Phone Number: 800.233.4013
Provider Web Address: www.humanadental.com

Supplemental Cancer 47 - 52

Provider Name: AFLAC
Provider Phone Number: 1.800.99.AFLAC
Provider Web Address: www.aflac.com

Flexible Spending Accounts 59 - 64

Provider Name: Lockard and Williams Ins. Services, P.A.
Provider Phone Number: 228.762.2500
Provider Web Address: www.lockardandwilliams.com

EMPLOYEE GUIDE TO ENROLL IN BENEFITS WITH THEbenefitsHUB

THEbenefitsHUB gives you access to your benefits 24 hours a day, 7 days a week from anywhere that you have Internet access.

This guide is meant to see you through the simple enrollment process page-by-page, taking you through your enrollment screens and providing information on how to efficiently complete your enrollment walkthrough.

Logging In

Employee Usage Agreement:



The Employee Usage Agreement is displayed when you login to the system as an employee. Read this section carefully as it contains disclaimer information and requires an "Electronic Signature". By clicking the **Continue** button, you are agreeing to the terms.

- **Change Password:** When logging in for the first time, you will be prompted to update your password following your company's password policy. Once your new password has been set, click the **Save & Continue** button.

Demographic Information



The **Employee Information Entry** process requires you to enter demographic information. You will need to review any pre-filled information for accuracy. Complete new or missing information and click on the **Save & Continue** button when you are ready to proceed to the next step.

*Please Note: All fields in **BOLD** are required.*

- **Personal Information:** Enter an email address if you have one. If you need to use the Forgot Password link on the Login page, the system will deliver your new login credentials to this email address.
- **Emergency Information:** Enter an emergency contact and the preferred contact method.
- **Dependent Information:** To add a dependent, click on the  icon. To edit an existing dependent, click on the  icon or the name of the dependent listed. Click on the **Save** button after successfully adding information for each dependent. *Please make sure to indicate if your child is a full-time student and/or claimed on your tax return as this could affect eligibility on some benefit plans.*
- To revisit any of the sections mentioned select the **Back** button to return to the previous section.

Benefits Enrollment

When you have completely entered all of your personal and dependent information, you will begin your online enrollment for any of the benefits in which you are eligible. Each benefit will appear on individual pages for your review. Choose your election and then click the **Sign & Continue** button to proceed to the next benefit.

- **View Benefit Descriptions:** To view, click on the **View Plan Outline of Benefit** link or the  icon next to the name of the plan you would like to review. This shows a plan summary and any available links or documentation related to this plan.
- **View Plan Cost:** Click on the checkbox next to each eligible family member or choose the coverage level you would like. The cost will automatically appear in the box to the right of the members' names. Additionally, the "Election Summary" box will be updated as coverage adjustments are made.
- **View Total Plan Cost:** While selecting plans, the cost will automatically adjust in the "Election Summary" box in response to your selections.
- **Forms:** *One or more of your Benefit Plans may require a paper form to be submitted with the Insurance Carrier.* If this is the case, THEbenefitsHUB will prompt you to print the necessary forms during your online enrollment session.
- **View Important Plan Information:** Your benefits administrator will spotlight the importance of specific features in a plan or add any disclaimers that may be necessary in the "Plan Information" section. You may expand/collapse this information by clicking anywhere on the section.
- **Product Summary Video:** Videos are placed throughout the benefit election process. You can access product videos that explain the purpose, function and importance by clicking on the  icon when available.

Beneficiary Information

Beneficiaries are required. You will need to choose a beneficiary *for each* applicable plan.

Consolidated Enrollment Form

Consolidated Enrollment Form:

This form signals the end of your enrollment walkthrough and will display information from each of the sections listed above, including personal and enrollment information. You may make changes to anything that is incorrect by clicking on the Benefit Plan name. Once you are finished with the enrollment process, you will be sent to the "Employee Menu" where you may make changes. (See *Employee Menu* section)

When you have completed your benefit selections, click the **Main Menu** button and you will be redirected to the Employee Menu screen.

Employee Menu

After you have completed your enrollment in the system, you will see the following Employee Menu icons:



Personal Information: You can access and edit information by selecting the menu items under Personal Information. This section will also allow you to change your Password.



Dependent Information: You can access and edit information for **Dependents** in this section. *Make sure the HR Department knows of any changes made as this may change eligibility status or give an opportunity to change enrollment in certain benefits!*



Benefit Plan Information: You can access and view benefits in this section. You will not be able to change benefit elections unless it is during your annual enrollment period. See a **quick overview** of all your elected information on the Consolidated Enrollment Form.

Navigation and Information Entry Tips...

Below are tips to help you familiarize yourself with the THEbenefitsHUB:

- **HELP?** If you need assistance during the enrollment process, select HELP located at the upper right corner of the screen.
- **BACK & FORTH:** Please do not use the web browser's "back" or "forward" arrows while in the system. Use the navigation buttons in the THEbenefitsHUB instead: **Back** **Sign & Continue**
- **REQUIRED INFORMATION:** As noted on each screen, the **BOLD** items are required to allow continuation to the next page. The more information entered, the better the system will work for you; but you may skip non-bolded items if they do not apply.
- **MOVING ON:** When each election page is complete, go to the bottom of the page and select the **Sign & Continue** button.
- **UNABLE TO FINISH?** If for any reason you are unable to complete the enrollment process you may LOGOUT and login at a later time. When you login again, you will walk through the same process. The information previously entered will be stored.
- **WHAT ARE THOSE SYMBOLS?** If you "toggle" the cursor/arrow on the icons, the definition of the icons will be revealed.
 = Edit = View
- **LINKS...** Any words, names or phrases with your company's primary color that becomes underlined when you click the highlighted link it will take you to designated section.
- **SCREEN NAVIGATOR:** This line is at the top of your screen. You may click on the links to quickly jump back to those previous screens.

Levy County School Board
Effective January 1, 2017

Plan Name 05360		BlueOptions® \$1,500 Deductible Plan
Plan Highlights		<p>In- Network Family Physician Office Visits, \$35 Co-pay for In-Network Urgent Care Centers, & No Deductible for generic drugs.</p> <p>Features \$25 Co-pay for</p>
Financial Features — Amount You Pay		
Calendar Year Deductible (CYD)		
Per Person/Family Aggregate		
In-Network		\$1500 / \$4,500
Out-of-Network		\$3,000 / \$9,000
Coinsurance (Coins) Percentage of covered services you pay		
In-Network		20%
Out-of-Network -Subject to balance billing		40%
Office Visits		
In-Network Family Physician*		\$25 Co-pay
In-Network Specialist		CYD + Coins
Out-of-Network Provider		CYD + Coins
Physician Administered Medication at Office In-Network		20% Coins up to \$200 mo.
Physician Administered Medication at Office Out-of-Network		CYD + 50% Coins
Note: Physician Administered Medication costs are in addition to other office service costs		
Out-of-Pocket Maximum		
Per Person/Family Aggregate		Includes CYD, Coins, Co-pays; Rx
In-Network		\$3,000/ \$ 6,000
Out-of-Network		\$5,000 / \$10,000
Lifetime Maximum		Unlimited
Pharmacy Services - Amount You Pay		
Retail (Day supply = 30 days)		
RX Deductible (Applies to Retail, Specialty Drugs & Mail Order)		\$200 Brand Only, then
Generic/Preferred Brand/Non-Preferred		20% / 40% / 50%
Self Administered (SA) **Specialty Drugs: (Exclusive In-Network Provider= CareMark)		
		Rx deductible, then 50% SA Specialty Drugs
Mail Order (Day supply = 90 days)		
Generic/Preferred Brand/Non-Preferred		Rx deductible, then
Note: Specialty Drugs not covered through Mail Order		\$20 / \$50 / \$80
Other Pharmacy Provisions		
Out of Network Pharmacy Benefit (including specialty drugs)		Rx deductible, then 50% of Allowance
Mandatory Generic Substitution: Brand chosen when a generic equivalent is available		Brand cost share plus difference between Brand & Generic cost
Drug Exclusion Provision***		

Levy County School Board
Effective January 1, 2017

Plan Name 05360		BlueOptions [®] \$1,500 Deductible Plan
Preventive Care - Amount You Pay		
Routine Adult Physical Exams and Immunizations (No Annual Maximum)		
In-Network Family Physician	You pay \$0	
In-Network Specialist	You pay \$0	
Out-of-Network Provider	You pay Coins (No CYD)	
Well Woman Exam (e.g., Annual Gynecological Exam)		
In-Network Family Physician	You pay \$0	
In-Network Specialist	You pay \$0	
Out-of-Network Provider	You pay Coins (No CYD)	
Mammograms (Member cost In-network and Out-of-Network) Coverage 100% of allowance In-network and Out-of-Network	You pay \$0	
Colonoscopy (Member cost In-network and Out-of-Network) When performed as routine screening only for age 50+. Coverage 100% of allowance In-network and Out-of-Network	You pay \$0	
A routine colonoscopy is performed and paid as routine when there are no signs or symptoms of abnormal colon health, no prior history of polyps, colon cancer, or other abnormal growths, there has been at least 10 years since your last routine colonoscopy.		
Well Child Care Services (No Annual Maximum)		
In-Network Family Physician	You pay \$0	
In-Network Specialist	You pay \$0	
Out-of-Network Provider	You pay Coins (No CYD)	
Other Office Services- Amount You Pay		
E-Online Visits		
In-Network Family Physician or Specialist		
Out-of-Network Provider	\$10 Co-pay CYD + Coins	
Advanced Imaging Services**** (MRI, MRA, PET, CT, Nuclear Medicine)		
In-Network Family Physician	CYD + Coins	
In-Network Specialist	CYD + Coins	
Out-of-Network Provider	CYD + Coins	
Maternity		
In-Network Specialist	CYD + Coins	
Out-of-Network Provider	CYD + Coins	
Allergy Injections		
In-Network Family Physician	\$10 Co-pay	
In-Network Specialist	CYD + Coins	
Out-of-Network Provider	CYD + Coins	

Levy County School Board
Effective January 1, 2017

Plan Name 05360		BlueOptions® \$1,500 Deductible Plan
Hospital/Surgical Services - Amount You Pay		
Ambulatory Surgical Center		
In-Network		CYD + Coins
Out-of-Network		CYD + Coins
Inpatient Hospital Facility Services		
In-Network (Option 1 Hospital)		Option 1 - CYD + Coins
In-Network (Option 2 Hospital)		Option 2 - CYD + Coins
Out-of-Network		CYD + Coins
Outpatient Hospital Facility Services		
In-Network (Option 1 Hospital)		CYD + Coins
In-Network (Option 2 Hospital)		CYD + Coins
Out-of-Network		CYD + Coins
Physical Therapy at Outpatient Hospital		
In-Network (Option 1 Hospital)		(per visit) Option 1 - \$45 Co-pay
In-Network (Option 2 Hospital)		Option 2 - \$60 Co-pay
Out-of-Network		CYD + Coins
Emergency Medical Care - Amount You Pay		
Urgent Care Centers		
In-Network		\$35 Co-pay
Out-of-Network		CYD + Coins
Emergency Room Facility Services		
In-Network		CYD + Coins
Out-of-Network		CYD + In-Network Coins
Ambulance		
Ground/Air & Water per day max		No Maximum
In-Network and Out-of-Network		In-Network CYD + Coins
Outpatient Diagnostic Services - Amount You Pay		
Independent Diagnostic Testing Facility (ITDF) (includes physician services)		
Advanced Imaging Services **** (MRI, MRA, PET, CT, Nuclear Medicine)		
In-Network		CYD + Coins
Out-of-Network Provider		CYD + Coins
Other IDTF Diagnostic Services		
In-Network		CYD + Coins
Out-of-Network Provider		CYD + Coins
Independent Clinical Lab		
In-Network (Quest Diagnostics)		\$0 cost to you
Out-of-Network		CYD + Coins
Other Services - Amount You Pay/Amount Plan Pays		

Levy County School Board
Effective January 1, 2017

Plan Name 05360	BlueOptions® \$1,500 Deductible Plan
Mental Health & Substance Abuse Services (Prior Authorization requirements apply) Inpatient and Outpatient Hospital Facility Services (per admit) In-Network (Option 1 Facility) In-Network (Option 2 Facility) Out-of-Network	CYD + Coins CYD + Coins CYD + Coins
Emergency Room Services In-Network Out-of-Network	CYD & In-Network Coins CYD & In-Network Coins
Outpatient Office Visit In-Network Family Physician In-Network Specialist Out-of-Network Provider	Coins CYD + Coins CYD + Coins
Provider Services at Hospital and ER (In-Network and Out of Network)	CYD + Coins
Provider Services locations other than office, hospital, and ER – Family Physician and Specialist In-Network Out-of-Network	CYD + Coins CYD + Coins
Home Health Care (Calendar Year Maximum) In-Network Out-of-Network	20 Visits per Calendar Year CYD + Coins CYD + Coins
Outpatient Therapy and Spinal Manipulations Refer to location of service for payment details	35 Visits per Calendar Year
Skilled Nursing Facility In-Network Out-of-Network	60 days per Calendar Year CYD + Coins CYD + Coins
Hospice In-Network Out-of-Network	No Maximum Benefit CYD + Coins CYD + Coins

*Family Physician = Family Practice, General Practice, Internal Medicine & Pediatrician. ** Specialty Drugs = We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drugs in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a CareMark. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications." Self-administered Drug (Specialty Drug) - An FDA-approved Prescription Drug that you may administer to yourself, as recommended by a Physician. ***Drug Exclusion Provision: Your pharmacy benefit does not cover select medications. Refer to BCBSTF Medication Guide for a listing of drugs not covered. **** Advanced Imaging Services require Prior Authorization.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail. The information contained in benefit overview includes benefit changes required as a result of the Patient Protection and Affordable Care Act (PPACA), otherwise known as Health Care Reform (HCR). Please note that plan benefits are subject to change and may be revised based on guidance and regulations issued by the Secretary of Health and Human Services (HHS) or other applicable federal agency.
10/15/15 TR, revised 10/15MH/SA Inpatient/Outpatient



HEALTH INSURANCE

	<u>Monthly Premium</u>	<u>Monthly Board Contribution</u>	<u>Employee Out of Pocket Per Pay Period</u>
EMPLOYEE	\$832.00	\$758.34	\$32.74
EMPLOYEE/SPOUSE	\$1,680.00	\$758.34	\$409.62
EMPLOYEE/CHILD	\$1,448.00	\$834.80	\$272.53
FAMILY	\$2,240.00	\$915.28	\$588.76

Decide Today ^{To}Protect Tomorrow[®]



**American Public Life
Insurance Company**

A member of the American Fidelity Group.

American Public Life Insurance Company
LIMITED BENEFIT HOSPITAL INDEMNITY PLAN

Policy Form No. HI-4005

Especially Designed for:

The School Board of Levy County

APL's HI-4005 Hospital Indemnity Plan is a great solution to help you protect you and your family from the high out-of-pocket expenses you can incur due to In-Patient treatment.

PLAN HIGHLIGHTS

- Pays regardless of all other plans (except Workers Compensation or other similar law).
- Covers Maternity as any other illness.
- Benefits are paid directly to the insured or assignable to a chosen hospital, treatment facility or physician.
- Guaranteed Issue (No Health Questions).
- Waiver of Pre-Existing Condition Limitations.

A medical reimbursement plan with benefits paid directly to the employee. These benefits are designed to help cover your Deductible, Co-Insurance and Out-of-Pocket expenses of the Health Insurance plan offered through the School Board of Levy County.

Annual First Occurrence Hospital Confinement Benefit.....\$1,500 per year

Pays a lump sum benefit of **\$1,500 per year** the first time each calendar year an insured is confined to a hospital as an in-patient. This confinement must be due to an injury or sickness and at the direction of a physician.

Daily Hospital Confinement Benefit.....\$30 per day

Pays a daily benefit of **\$30 per day**, due to a covered injury or sickness, for In-Patient hospital confinement at the direction of a physician. The plan will pay up to a maximum of 180 days per confinement, unless the confinement is due to a mental or emotional disorder. The Plan will then pay up to a maximum of 30days per confinement for mental or emotional disorders

Decide Today To Protect Tomorrow®

9 MONTH PREMIUMS

Semi-Monthly Premiums (Per Pay Period)	
Employee Only	\$12.96
Employee & Spouse	\$23.98
Employee & Child(ren)	\$18.72
Family	\$29.54

Coverage for you and your spouse and any Eligible Dependent under age 25.

LIMITATIONS AND EXCLUSIONS

ELIGIBILITY: You are eligible for insurance provided you qualify for coverage as defined in the master application and are Actively at Work on your effective date of coverage.

Actively At Work means the person is performing the normal duties of his/her principal occupation, at his/her usual place of business, on a full time basis (at least 18 hours per week). A person is deemed to be Actively at Work on each day of regular paid vacation during which he/she is not totally disabled, provided he/she was Actively At Work on the last preceding work day.

PERIOD OF CONFINEMENT: Period of Confinement means continuous confinement in a Hospital. Periods of confinement for the same or a related cause, which are separated by less than 90 days, will be considered the same period of confinement. Each Period of Confinement must begin while coverage is in force for the insured person confined.

APL DOES NOT COVER HOSPITAL CONFINEMENTS OR OTHER LOSSES IN THE POLICY OR RIDERS ATTACHED THERETO:

due to hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproduction organs or elective sterilization within six months after the insured person's effective date unless due to an emergency.

For an Injury or Sickness paid under Workers Compensation, an Employers Liability Law, benefits provided by the Federal Employee Liability Act or similar law.



Benefit Summary Highlights for
The School Board of Levy County

Underwritten by Aetna Life Insurance Company
Long Term Disability Insurance

Eligibility: *All active full time employees working 20 hours per week or more.*

Purpose: Long Term Disability insurance provides income replacement benefits for you and your family in the event you are unable to work due to an accident or sickness.

Maximizing Income Protection

Long Term Disability (LTD) Insurance can offer an affordable way for educators and administrators to protect their lifestyles—and the people who depend upon them.

Employees can choose from a selection of LTD features they feel best match their financial needs.

- Employees can choose their Monthly Benefit Amount in \$100 increments, from \$200 to \$7,500 (not to exceed 66 2/3% of monthly earnings).
- Employees can choose from among four accident/sickness Benefit Waiting Periods. *A benefit waiting period is the period of time in which an employee must be continuously disabled.*

Accident	Sickness
0 Days	7 Days
14 Days	14Days
30 Days	30 Days
90 Days	90 Days

Maximum Benefit Period:

Plan A: ADEA II for Disability due to Injury and sickness

Disabled less than age 60, benefits continue to end of the month age 65

<u>Age at Disability</u>	<u>Maximum Duration</u>
age 60 - 64,	60 months
age 65 - 68,	to age 70
age 69+	12 months

Plan B: 3 YR Reducing Benefit Duration for Disability due to Accident or Sickness:

If an employee becomes disabled before age 64, benefits may continue for 3 years. If they become disabled at age 64 or older, the benefit duration is determined by the age when the disability begins:

<u>Age at Disability</u>	<u>Maximum Duration</u>
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

Limitations & Exclusions:

Benefits for Mental/Nervous/Substance Abuse/Self Reported Illnesses are limited to 12 months.

Pre-Existing Exclusion:

There is a 3/12 pre-existing conditions clause. This is a look back period to see if you were treatment-free for a 3-month period prior to the effective date of your coverage. If you weren't treatment-free, the pre-existing condition is excluded from coverage if you're disabled within 12-months of first becoming insured.

Plan Features

Maximum Benefit— Employees can protect as much as \$7,500 of their income as long as the benefit is not greater than 66 2/3 of their salary.

Minimum Benefit— Greater of 10% of Gross Disability Benefit or \$100

Definition of Disability— 2 Year Own Occ with Residual. Covers Non-Occupational and Occupational disabilities – not in lieu of Workers Compensation. During the Elimination Period and the Own Occupation Period – any day that an individual is unable to perform the material duties of his/her own occupation; or while unable to perform the material duties of his/her own occupation, is performing at least one of the material duties of any occupation on a part-time or full-time basis and has lost at least 20% of their indexed pre-disability earnings due to a disable condition. After the Own Occupation Period – any day that an individual is unable to perform the material duties of any occupation for which he/she is or may become fitted, based on training, education or experience; or while unable to perform the material duties of any reasonable occupation, is performing at least one of the material duties of any occupation on a part-time or full-time basis and has lost at least 40% of his/her pre-indexed earnings due to a disabling condition.

1st Day Hospital Benefit—This feature waives the waiting period if an insured is hospitalized. This benefit is included in the 0/7, 14/14, and 30/30 waiting periods.

12 Month Return-to-Work Incentive—This benefit gives an employee the opportunity to return to work part time earning some income plus receive LTD benefits allowing them to receive up to 100% income replacement during the first 12 months.

Deductible Income—Your disability benefit will be reduced by deductible sources of income and any earnings you have while disabled. Your gross disability payment will be reduced immediately by such items as disability income or other amounts you receive or are entitled to receive from sabbatical or assault leave plans and the amount of earnings you receive from an extended sick leave plan as described in Louisiana Revised Statutes or any other act or law with similar intent. After you have received disability payments for 6 months, your disability payment will be reduced by such items as salary continuation or sick leave plans and amounts your or your family receive or are entitled to receive from Social Security.

Survivor Benefit—Pays a lump sum equal to 3 times the non-integrated LTD benefit. Must be disabled 180 days before benefit will be payable.

Rehabilitation Program —during the employee's active participation in an Aetna approved Rehabilitation Program, Aetna will pay an additional 10% of the monthly benefit after all applicable reductions for other income benefits but not more than \$500 per month. This incentive will be paid up to 6 consecutive months for each period of disability

Waiver of Premium—Payment of premium will be waived once a claimant has received benefits for 90 consecutive days.

Continuity of Coverage—Insured individuals do not lose coverage due to an employer's change in group insurance carriers.

Child/Dependent Care— after 6 months of benefit are paid, a benefit is available to reimburse an employee for dependent care expenses while participating in an approved rehabilitation program. An amount of \$350 per month per dependent to a maximum of \$1,000 is payable for up to 24 months.

EAP—Includes 3 face to face counseling sessions, referrals to community services, internet access, unlimited telephonic consultation for covered members and members of their immediate household.

Worksite Modification Benefit—This benefit allows Aetna to pay for expenses of worksite modifications that result in a disabled employee's return to work.

The information above highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. If you become insured, you will receive a Certificate of Coverage that will contain more detailed information about the controlling terms and provisions of coverage.

Levy County School Board			Plan A: Accident/Sickness Benefit Waiting Period			
			9thly Semi-Monthly Cost			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	0/7	14 /14	30/30	90/90
\$3,600	\$300	\$200.00	\$6.34	\$5.64	\$4.64	\$2.10
\$5,400	\$450	\$300.00	\$9.51	\$8.46	\$6.96	\$3.15
\$7,200	\$600	\$400.00	\$12.68	\$11.28	\$9.28	\$4.20
\$9,000	\$750	\$500.00	\$15.85	\$14.10	\$11.60	\$5.25
\$10,800	\$900	\$600.00	\$19.02	\$16.92	\$13.92	\$6.30
\$12,600	\$1,050	\$700.00	\$22.19	\$19.74	\$16.24	\$7.35
\$14,400	\$1,200	\$800.00	\$25.36	\$22.56	\$18.56	\$8.40
\$16,200	\$1,350	\$900.00	\$28.53	\$25.38	\$20.88	\$9.45
\$18,000	\$1,500	\$1,000.00	\$31.70	\$28.20	\$23.20	\$10.50
\$19,800	\$1,650	\$1,100.00	\$34.87	\$31.02	\$25.52	\$11.55
\$21,600	\$1,800	\$1,200.00	\$38.04	\$33.84	\$27.84	\$12.60
\$23,400	\$1,950	\$1,300.00	\$41.21	\$36.66	\$30.16	\$13.65
\$25,200	\$2,100	\$1,400.00	\$44.38	\$39.48	\$32.48	\$14.70
\$27,000	\$2,250	\$1,500.00	\$47.55	\$42.30	\$34.80	\$15.75
\$28,800	\$2,400	\$1,600.00	\$50.72	\$45.12	\$37.12	\$16.80
\$30,600	\$2,550	\$1,700.00	\$53.89	\$47.94	\$39.44	\$17.85
\$32,400	\$2,700	\$1,800.00	\$57.06	\$50.76	\$41.76	\$18.90
\$34,200	\$2,850	\$1,900.00	\$60.23	\$53.58	\$44.08	\$19.95
\$36,000	\$3,000	\$2,000.00	\$63.40	\$56.40	\$46.40	\$21.00
\$37,800	\$3,150	\$2,100.00	\$66.57	\$59.22	\$48.72	\$22.05
\$39,600	\$3,300	\$2,200.00	\$69.74	\$62.04	\$51.04	\$23.10
\$41,400	\$3,450	\$2,300.00	\$72.91	\$64.86	\$53.36	\$24.15
\$43,200	\$3,600	\$2,400.00	\$76.08	\$67.68	\$55.68	\$25.20
\$45,000	\$3,750	\$2,500.00	\$79.25	\$70.50	\$58.00	\$26.25
\$46,800	\$3,900	\$2,600.00	\$82.42	\$73.32	\$60.32	\$27.30
\$48,600	\$4,050	\$2,700.00	\$85.59	\$76.14	\$62.64	\$28.35
\$50,400	\$4,200	\$2,800.00	\$88.76	\$78.96	\$64.96	\$29.40
\$52,200	\$4,350	\$2,900.00	\$91.93	\$81.78	\$67.28	\$30.45
\$54,000	\$4,500	\$3,000.00	\$95.10	\$84.60	\$69.60	\$31.50
\$55,800	\$4,650	\$3,100.00	\$98.27	\$87.42	\$71.92	\$32.55
\$57,600	\$4,800	\$3,200.00	\$101.44	\$90.24	\$74.24	\$33.60
\$59,400	\$4,950	\$3,300.00	\$104.61	\$93.06	\$76.56	\$34.65
\$61,200	\$5,100	\$3,400.00	\$107.78	\$95.88	\$78.88	\$35.70
\$63,000	\$5,250	\$3,500.00	\$110.95	\$98.70	\$81.20	\$36.75
\$64,800	\$5,400	\$3,600.00	\$114.12	\$101.52	\$83.52	\$37.80
\$66,600	\$5,550	\$3,700.00	\$117.29	\$104.34	\$85.84	\$38.85
\$68,400	\$5,700	\$3,800.00	\$120.46	\$107.16	\$88.16	\$39.90
\$70,200	\$5,850	\$3,900.00	\$123.63	\$109.98	\$90.48	\$40.95
\$72,000	\$6,000	\$4,000.00	\$126.80	\$112.80	\$92.80	\$42.00
\$73,800	\$6,150	\$4,100.00	\$129.97	\$115.62	\$95.12	\$43.05

Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.

School Board of Levy County			Plan B: Accident/Sickness Benefit Waiting Period			
			9thly Semi-Monthly Cost			
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit	0/7	14 /14	30/30	90/90
\$3,600	\$300	\$200.00	\$5.40	\$4.82	\$3.96	\$1.58
\$5,400	\$450	\$300.00	\$8.10	\$7.23	\$5.94	\$2.37
\$7,200	\$600	\$400.00	\$10.80	\$9.64	\$7.92	\$3.16
\$9,000	\$750	\$500.00	\$13.50	\$12.05	\$9.90	\$3.95
\$10,800	\$900	\$600.00	\$16.20	\$14.46	\$11.88	\$4.74
\$12,600	\$1,050	\$700.00	\$18.90	\$16.87	\$13.86	\$5.53
\$14,400	\$1,200	\$800.00	\$21.60	\$19.28	\$15.84	\$6.32
\$16,200	\$1,350	\$900.00	\$24.30	\$21.69	\$17.82	\$7.11
\$18,000	\$1,500	\$1,000.00	\$27.00	\$24.10	\$19.80	\$7.90
\$19,800	\$1,650	\$1,100.00	\$29.70	\$26.51	\$21.78	\$8.69
\$21,600	\$1,800	\$1,200.00	\$32.40	\$28.92	\$23.76	\$9.48
\$23,400	\$1,950	\$1,300.00	\$35.10	\$31.33	\$25.74	\$10.27
\$25,200	\$2,100	\$1,400.00	\$37.80	\$33.74	\$27.72	\$11.06
\$27,000	\$2,250	\$1,500.00	\$40.50	\$36.15	\$29.70	\$11.85
\$28,800	\$2,400	\$1,600.00	\$43.20	\$38.56	\$31.68	\$12.64
\$30,600	\$2,550	\$1,700.00	\$45.90	\$40.97	\$33.66	\$13.43
\$32,400	\$2,700	\$1,800.00	\$48.60	\$43.38	\$35.64	\$14.22
\$34,200	\$2,850	\$1,900.00	\$51.30	\$45.79	\$37.62	\$15.01
\$36,000	\$3,000	\$2,000.00	\$54.00	\$48.20	\$39.60	\$15.80
\$37,800	\$3,150	\$2,100.00	\$56.70	\$50.61	\$41.58	\$16.59
\$39,600	\$3,300	\$2,200.00	\$59.40	\$53.02	\$43.56	\$17.38
\$41,400	\$3,450	\$2,300.00	\$62.10	\$55.43	\$45.54	\$18.17
\$43,200	\$3,600	\$2,400.00	\$64.80	\$57.84	\$47.52	\$18.96
\$45,000	\$3,750	\$2,500.00	\$67.50	\$60.25	\$49.50	\$19.75
\$46,800	\$3,900	\$2,600.00	\$70.20	\$62.66	\$51.48	\$20.54
\$48,600	\$4,050	\$2,700.00	\$72.90	\$65.07	\$53.46	\$21.33
\$50,400	\$4,200	\$2,800.00	\$75.60	\$67.48	\$55.44	\$22.12
\$52,200	\$4,350	\$2,900.00	\$78.30	\$69.89	\$57.42	\$22.91
\$54,000	\$4,500	\$3,000.00	\$81.00	\$72.30	\$59.40	\$23.70
\$55,800	\$4,650	\$3,100.00	\$83.70	\$74.71	\$61.38	\$24.49
\$57,600	\$4,800	\$3,200.00	\$86.40	\$77.12	\$63.36	\$25.28
\$59,400	\$4,950	\$3,300.00	\$89.10	\$79.53	\$65.34	\$26.07
\$61,200	\$5,100	\$3,400.00	\$91.80	\$81.94	\$67.32	\$26.86
\$63,000	\$5,250	\$3,500.00	\$94.50	\$84.35	\$69.30	\$27.65
\$64,800	\$5,400	\$3,600.00	\$97.20	\$86.76	\$71.28	\$28.44
\$66,600	\$5,550	\$3,700.00	\$99.90	\$89.17	\$73.26	\$29.23
\$68,400	\$5,700	\$3,800.00	\$102.60	\$91.58	\$75.24	\$30.02
\$70,200	\$5,850	\$3,900.00	\$105.30	\$93.99	\$77.22	\$30.81
\$72,000	\$6,000	\$4,000.00	\$108.00	\$96.40	\$79.20	\$31.60
\$73,800	\$6,150	\$4,100.00	\$110.70	\$98.81	\$81.18	\$32.39

Find your annual/monthly earnings above to determine your Maximum Monthly Benefit. If your annual/monthly earnings are not shown, use the next lower annual/monthly earnings and corresponding Maximum Benefit.



Voluntary Life

School Board of Levy County announces Life insurance protection for its employees

Effective Date: 01/01/2015

Voluntary Group Term Life and Accidental Death and Dismemberment (AD&D) coverage is available to you for purchase through payroll deduction. Voluntary Life insurance can be a way to protect your family in the event of your death, particularly if you have financial obligations such as a mortgage or children in college.

The plan your employer has selected includes the following features:

Eligibility

You are eligible to participate in the plan if you are a full-time employee of the policyholder or an associated company,

- who is at active work, and
- who is working in the United States of America, except any temporary or seasonal worker.
- Any other requirements set by your employer must also be met. "Full-time" means working at least 20 hours per week.
- Dependent Life insurance is available for eligible dependents, including your lawful spouse (if not disabled or hospital confined on the effective date) and unmarried children (if not hospital confined) from live birth to age 19, or to age 25 if a full-time student. The hospital confinement exception does not apply to a child born while dependent insurance is in effect.
- If you and your spouse work for the same employer and are both eligible for this insurance as employees, you cannot cover each other as dependents, and only one of you may insure any dependent children.

Voluntary Life Schedule Amounts

- Life insurance coverage is available in \$10,000 units from a minimum of \$20,000 to a maximum of \$500,000, not to exceed 5 times your basic annual earnings.
- At age 70, we will reduce by 33% the original Life insurance amount, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000; at age 75, reduce by 33% of the inforce amount, similarly rounded. The reduced amount will not be less than \$20,000.
- If you elect coverage for yourself, you can buy up to 50% of that amount for your spouse in \$5,000 units to a maximum of \$250,000. If you elect child coverage, your children are eligible to be covered for \$1,000, \$5,000 or \$10,000 each. The amount of insurance for an eligible dependent cannot be more than 50% of your Life insurance amount.

Accidental Death and Dismemberment Insurance (AD&D)

- The AD&D benefit, if elected, equals the employee or dependent Life amount, to a maximum of \$500,000. You must elect AD&D for yourself in order to elect AD&D for your dependents. AD&D provides 24-hour coverage and a benefit in the event of your loss of life, limb or eyesight as a direct result of an accident, provided the loss occurs within 365 days of the accident. The coverage includes:
 - A Higher Education Benefit that pays an additional \$3,000 per year for up to 4 consecutive years for eligible dependent students. (Applies to Employee AD&D Only.)



- An Automobile Accident Benefit that pays an additional 20% of the scheduled AD&D benefit, to a maximum of \$100,000, if the covered person dies from an automobile accident injury while wearing a seat belt, provided an AD&D benefit is payable. Limitations and exclusions may apply.
- **AD&D Exclusions** - We will not pay benefits if the loss results directly or indirectly from war; riot or insurrection; service in the armed forces; physical or mental disease; infection (except pyogenic infection that occurs from an accidental wound); assault or felony committed by the covered person; suicide or attempted suicide; intentionally self-inflicted injury; the use of any drug, unless it is used as prescribed by a doctor; or your intoxication, including but not limited to operating a motor vehicle while you are intoxicated.

Proof of good health requirements for employees hired before 01/01/2015

- Guarantee Issue amounts apply to timely applicants. The Guarantee Issue amount for an employee is **\$180,000**; a spouse is **\$50,000**; a child is **\$10,000**. You are considered a timely applicant if you apply for coverage within 31 days from the date that all eligibility requirements are met. If you were eligible for coverage under the prior plan and chose not to enroll for coverage, you are considered a late applicant under our plan.
- If you are insured under the prior plan on the day before our plan takes effect for an amount in excess of the Guarantee Issue amounts, your amount will be limited to the Guarantee Issue amounts until documentation of the prior coverage amount is received and approved by us.
- In addition, there is a Special One Time "Open" Enrollment Provision that applies only on our plan effective date. This provision allows any eligible employee (even those who did not participate in the prior plan) to elect amounts of coverage up to the guarantee issue amounts shown previously. Any increases over the amounts described above will be subject to proof of good health.

Additional Features

- If you become disabled, your premiums may be waived to the earliest of age 65, recovery or retirement if disabled prior to age 60. If you become disabled at age 60 through 64, the waiver of premium will be to the earliest of one year, age 65 or retirement. You may be considered disabled for Life insurance if you are considered disabled under our Long-Term Disability policy. Any time Life insurance is continued under the Waiver of Premium, AD&D insurance will also be continued (and the premium waived) for up to 1 year from the date of disability. Limitations and exclusions apply.
- An Accelerated Benefit pays up to 80% of the Life benefit to a maximum of \$250,000 in the event of a life threatening medical condition where there is a life expectancy of 12 months or less. An Accelerated Benefit may also be available for an insured spouse. Limitations and exclusions apply.
- Plan portability allows you to continue coverage for up to 3 years after terminating current employment. Limitations and exclusions apply.
- A Conversion Privilege allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy. AD&D coverage is not eligible for conversion. Limitations and exclusions apply.
- For insureds or dependents who commit suicide within the first year after the effective date of their coverage, the only benefit amount payable is a refund of the amount of the insured's contributions. This coverage has limitations and exclusions. Not all plan provisions or options are available in all states. In addition, some states require modifications to the benefits described here. For complete details, please contact your company's benefits representative or refer to your benefit booklet. This highlight sheet provides a brief description of coverage. In the event that a discrepancy exists, the policy provisions will prevail. We can cancel the policy after giving the policyholder 31 days written notice.



VOLUNTARY TERM LIFE WITH AD&D
9 MONTH - SEMI-MONTHLY - 18 PER PAY PERIOD DEDUCTIONS
EMPLOYEE & SPOUSE RATES

Age	\$ 10,000.00	\$ 20,000.00	\$ 30,000.00	\$ 40,000.00	\$ 50,000.00	\$ 60,000.00	\$ 70,000.00	\$ 80,000.00	\$ 90,000.00	\$ 100,000.00
< 20	\$ 0.47	\$ 0.93	\$ 1.40	\$ 1.87	\$ 2.33	\$ 2.80	\$ 3.27	\$ 3.73	\$ 4.20	\$ 4.67
20 - 24	\$ 0.47	\$ 0.93	\$ 1.40	\$ 1.87	\$ 2.33	\$ 2.80	\$ 3.27	\$ 3.73	\$ 4.20	\$ 4.67
25 - 29	\$ 0.47	\$ 0.93	\$ 1.40	\$ 1.87	\$ 2.33	\$ 2.80	\$ 3.27	\$ 3.73	\$ 4.20	\$ 4.67
30 - 34	\$ 0.60	\$ 1.20	\$ 1.80	\$ 2.40	\$ 3.00	\$ 3.60	\$ 4.20	\$ 4.80	\$ 5.40	\$ 6.00
35 - 39	\$ 0.67	\$ 1.33	\$ 2.00	\$ 2.67	\$ 3.33	\$ 4.00	\$ 4.67	\$ 5.33	\$ 6.00	\$ 6.67
40 - 44	\$ 0.87	\$ 1.73	\$ 2.60	\$ 3.47	\$ 4.33	\$ 5.20	\$ 6.07	\$ 6.93	\$ 7.80	\$ 8.67
45 - 49	\$ 1.27	\$ 2.53	\$ 3.80	\$ 5.07	\$ 6.33	\$ 7.60	\$ 8.87	\$ 10.13	\$ 11.40	\$ 12.67
50 - 54	\$ 2.07	\$ 4.13	\$ 6.20	\$ 8.27	\$ 10.33	\$ 12.40	\$ 14.47	\$ 16.53	\$ 18.60	\$ 20.67
55 - 59	\$ 3.33	\$ 6.67	\$ 10.00	\$ 13.33	\$ 16.67	\$ 20.00	\$ 23.33	\$ 26.67	\$ 30.00	\$ 33.33
60 - 64	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00
65 - 69	\$ 9.53	\$ 19.07	\$ 28.60	\$ 38.13	\$ 47.67	\$ 57.20	\$ 66.73	\$ 76.27	\$ 85.80	\$ 95.33
70 - 74	\$ 15.40	\$ 30.80	\$ 46.20	\$ 61.60	\$ 77.00	\$ 92.40	\$ 107.80	\$ 123.20	\$ 138.60	\$ 154.00
75 +	\$ 15.40	\$ 30.80	\$ 46.20	\$ 61.60	\$ 77.00	\$ 92.40	\$ 107.80	\$ 123.20	\$ 138.60	\$ 154.00

Age	\$ 110,000.00	\$ 120,000.00	\$ 130,000.00	\$ 140,000.00	\$ 150,000.00	\$ 160,000.00	\$ 170,000.00	\$ 180,000.00	\$ 190,000.00	\$ 200,000.00
< 20	\$ 5.13	\$ 5.60	\$ 6.07	\$ 6.53	\$ 7.00	\$ 7.47	\$ 7.93	\$ 8.40	\$ 8.87	\$ 9.33
20 - 24	\$ 5.13	\$ 5.60	\$ 6.07	\$ 6.53	\$ 7.00	\$ 7.47	\$ 7.93	\$ 8.40	\$ 8.87	\$ 9.33
25 - 29	\$ 5.13	\$ 5.60	\$ 6.07	\$ 6.53	\$ 7.00	\$ 7.47	\$ 7.93	\$ 8.40	\$ 8.87	\$ 9.33
30 - 34	\$ 6.60	\$ 7.20	\$ 7.80	\$ 8.40	\$ 9.00	\$ 9.60	\$ 10.20	\$ 10.80	\$ 11.40	\$ 12.00
35 - 39	\$ 7.33	\$ 8.00	\$ 8.67	\$ 9.33	\$ 10.00	\$ 10.67	\$ 11.33	\$ 12.00	\$ 12.67	\$ 13.33
40 - 44	\$ 9.53	\$ 10.40	\$ 11.27	\$ 12.13	\$ 13.00	\$ 13.87	\$ 14.73	\$ 15.60	\$ 16.47	\$ 17.33
45 - 49	\$ 13.93	\$ 15.20	\$ 16.47	\$ 17.73	\$ 19.00	\$ 20.27	\$ 21.53	\$ 22.80	\$ 24.07	\$ 25.33
50 - 54	\$ 22.73	\$ 24.80	\$ 26.87	\$ 28.93	\$ 31.00	\$ 33.07	\$ 35.13	\$ 37.20	\$ 39.27	\$ 41.33
55 - 59	\$ 36.67	\$ 40.00	\$ 43.33	\$ 46.67	\$ 50.00	\$ 53.33	\$ 56.67	\$ 60.00	\$ 63.33	\$ 66.67
60 - 64	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	\$ 90.00	\$ 95.00	\$ 100.00
65 - 69	\$ 104.87	\$ 114.40	\$ 123.93	\$ 133.47	\$ 143.00	\$ 152.53	\$ 162.07	\$ 171.60	\$ 181.13	\$ 190.67
70 - 74	\$ 169.40	\$ 184.80	\$ 200.20	\$ 215.60	\$ 231.00	\$ 246.40	\$ 261.80	\$ 277.20	\$ 292.60	\$ 308.00
75 +	\$ 169.40	\$ 184.80	\$ 200.20	\$ 215.60	\$ 231.00	\$ 246.40	\$ 261.80	\$ 277.20	\$ 292.60	\$ 308.00

CHILD(REN) LIFE RATES W/ AD&D - UP TO AGE 19 (TO 25 IF A FULL-TIME STUDENT)

Age	\$ 1,000.00	\$ 2,000.00	\$ 3,000.00	\$ 4,000.00	\$ 5,000.00	\$ 6,000.00	\$ 7,000.00	\$ 8,000.00	\$ 9,000.00	\$ 10,000.00
< 20	\$ 0.13	\$ 0.27	\$ 0.40	\$ 0.54	\$ 0.67	\$ 0.81	\$ 0.94	\$ 1.08	\$ 1.21	\$ 1.35

HumanaDental Prepaid HS210 Plan

Florida

Feel good about choosing a HumanaDental plan

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

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

Use your HumanaDental benefits

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 have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.¹ The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

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

Per Pay Period Rates (18)

Employee Only...	\$ 9.56
Employee + One...	18.14
Family...	24.70

Tips to ensure a healthy mouth

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

Questions?

Check out **HumanaDental.com**

Call 1-800-233-4013, Monday through Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

¹ Dr. Michael Roizen, RealAge.com

HumanaDental Prepaid HS210 Plan

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

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments Member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 25.00
D9430	Office visit (normal hours)	\$ 10.00
D9440	Office visit (after regularly scheduled hours)	\$ 45.00
D9987	Cancelled appointment	\$ 10.00
D9986	Missed Appointment	\$ 10.00

Diagnostic Member pays

D0120	Periodic oral examination (two per calendar year) ..	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver ...	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (two per calendar year)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0170	Re-evaluation—problem focused (not post-operative visit)	no charge
D0180	Comprehensive periodontal evaluation (two per calendar year)	\$ 25.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image	no charge
D0240	X-rays intraoral—occlusal radiographic image ..	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270	X-ray bitewing—single radiographic image (two per calendar year)	no charge
D0272	X-ray bitewings—two radiographic images (two per calendar year)	no charge
D0273	X-ray bitewings—three radiographic images (two per calendar year)	no charge
D0274	Bitewings—four radiographic images (two per calendar year)	no charge

D0277	X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)	no charge
D0330	Panoramic radiographic image (once per three calendar years)	no charge
D0350	Oral/facial photography images	no charge
D0415	Collect microorganisms culture & sensitivity	no charge
D0425	Caries susceptibility tests	no charge
D0431	Oral cancer screening using a special light source. \$	65.00
D0460	Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470	Diagnostic casts	no charge
D0472	Pathology report—gross examination of lesion. .	no charge
D0473	Pathology report—microscopic examination of lesion	no charge
D0474	Pathology report—microscopic examination of lesion and area	no charge

Preventive Member pays

D1110	Prophylaxis—adult, routine (two per calendar year, by primary care dentist). .	no charge
D1120	Prophylaxis—child, routine (two per calendar year)	no charge
D1206	Topical application of fluoride varnish (for child <16) (two per calendar year)	no charge
D1208	Topical application of fluoride excluding varnish—child (up to 16 years of age) (two per calendar year)	no charge
D1310	Nutrition counseling for the control or avoidance of dental disease	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16)	\$ 15.00
D1510*	Space maintainer—fixed, unilateral (through age 14)	\$ 75.00
D1515*	Space maintainer—fixed, bilateral (through age 14)	\$105.00
D1520*	Space maintainer—removable, unilateral (through age 14)	\$ 95.00
D1525*	Space maintainer—removable, bilateral	

(through age 14)	\$100.00
D1550 Re-cement or re-bond space maintainer	\$ 15.00

Restorative	Member pays
D2140 Amalgam—one surface, primary or permanent. .	\$ 20.00
D2150 Amalgam—two surfaces, primary or permanent. .	\$ 25.00
D2160 Amalgam—three surfaces, primary or permanent. .	\$ 30.00
D2161 Amalgam—four or more surfaces, primary or permanent.	\$ 35.00
D2940 Sedative filling	\$ 20.00

Resin restorative (inlays and onlays limited to one per tooth every five years)	Member pays
D2330 Resin based composite—one surface, anterior. .	\$ 35.00
D2331 Resin based composite—two surfaces, anterior. .	\$ 50.00
D2332 Resin based composite—three surfaces, anterior. .	\$ 65.00
D2335 Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 80.00
D2390 Resin based composite crown, anterior	\$ 80.00
D2391 Resin based composite—one surface, posterior. .	\$ 55.00
D2392 Resin based composite—two surfaces, posterior. .	\$ 70.00
D2393 Resin based composite—three surfaces, posterior. .	\$ 90.00
D2394 Resin based composite—four or more surfaces, posterior	\$100.00
D2510* Inlay—metallic, one surface	\$285.00
D2520* Inlay—metallic, two surfaces	\$295.00
D2530* Inlay—metallic, three or more surfaces.....	\$305.00
D2542* Onlay—metallic, two surfaces	\$310.00
D2543* Onlay—metallic, three surfaces	\$320.00
D2544* Onlay—metallic, four or more surfaces	\$330.00
D2610* Inlay—porcelain/ceramic, one surface.....	\$310.00
D2620* Inlay—porcelain/ceramic, two surfaces.....	\$320.00
D2630* Inlay—porcelain/ceramic, three or more surfaces .	\$330.00
D2642* Onlay—porcelain/ceramic, two surfaces	\$335.00
D2643* Onlay—porcelain/ceramic, three surfaces.....	\$345.00
D2644* Onlay—porcelain/ceramic, four or more surfaces.	\$355.00
D2650* Inlay—resin based composite, one surface	\$285.00
D2651* Inlay—resin based composite, two surfaces	\$295.00
D2652* Inlay—resin based composite, three or more surfaces	\$305.00
D2662* Onlay—resin based composite, two surfaces....	\$310.00
D2663* Onlay—resin based composite, three surfaces ..	\$320.00
D2664* Onlay—resin based composite, four or more surfaces	\$350.00

Crown and bridge (limited to one per tooth every five years)	Member pays
D2710* Crown—resin based composite, indirect	\$350.00
D2712* Crown—3/4 resin based composite, indirect	\$350.00
D2720* Crown—resin with high noble metal	\$350.00
D2721 Crown—resin with predominantly base metal....	\$350.00
D2722* Crown—resin with noble metal	\$350.00
D2740* Crown—porcelain/ceramic substrate	\$350.00
D2750* Crown—porcelain fused to high noble metal....	\$350.00
D2751 Crown—porcelain fused to predominantly base metal.....	\$350.00
D2752* Crown—porcelain fused to noble metal.....	\$350.00
D2780* Crown—3/4 cast high noble metal.....	\$350.00
D2781 Crown—3/4 cast predominantly base metal	\$350.00
D2782* Crown—3/4 cast noble metal.....	\$350.00
D2783* Crown—3/4 porcelain/ceramic	\$350.00
D2790* Crown—full cast high noble metal.....	\$350.00
D2791 Crown—full cast predominantly base metal	\$350.00

D2792* Crown—full cast noble metal.....	\$350.00
D2794* Crown—titanium	\$350.00
D2799 Provisional crown	no charge
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 20.00
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920 Re-cement or re-bond crown	\$ 20.00
D2929 Crown—prefabricated porcelain/ceramic crown - primary tooth	\$ 90.00
D2930 Prefabricated stainless steel crown—primary tooth.....	\$ 90.00
D2931 Prefabricated stainless steel crown—permanent tooth	\$ 30.00
D2932 Prefabricated resin crown.....	\$ 80.00
D2933 Prefabricated stainless steel crown with resin window	\$ 80.00
D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 80.00
D2950 Core buildup, including any pins	\$ 65.00
D2951 Pin retention—per tooth, in addition to restoration	\$ 20.00
D2952* Cast post and core in addition to crown	\$125.00
D2953* Each additional cast post—same tooth.....	\$120.00
D2954 Prefabricated post and core in addition to crown	\$105.00
D2955 Post removal.....	\$ 15.00
D2957 Each additional prefabricated post—same tooth, base metal post	\$ 40.00
D2960 Labial veneer (resin laminate)—chairside	\$260.00
D2961* Labial veneer (resin laminate)—laboratory.....	\$360.00
D2962* Labial veneer (porcelain laminate)—laboratory .	\$425.00
D2971 Additional procedure—new crown existing partial denture.....	\$ 60.00
D2980 Crown repair	\$ 15.00
D2981 Inlay repair	\$ 15.00
D2982 Onlay repair.....	\$ 15.00
D2983 Veneer repair	\$ 15.00
D6940 Stress breaker.....	\$160.00
D6950 Precision attachment	\$210.00

Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)	Member pays
D6210* Pontic—cast high noble metal.....	\$350.00
D6211 Pontic—cast predominantly base metal	\$350.00
D6212* Pontic—cast noble metal	\$350.00
D6240* Pontic—porcelain fused to high noble metal	\$350.00
D6241 Pontic—porcelain fused to predominantly base metal	\$350.00
D6242* Pontic—porcelain fused to noble metal.....	\$350.00
D6750* Retainer crown—porcelain fused to high noble metal.....	\$350.00
D6751 Retainer crown—porcelain fused to predominantly base metal	\$350.00
D6752* Retainer crown—porcelain fused to noble metal	\$350.00
D6790* Retainer crown—full cast high noble metal	\$350.00
D6791 Retainer crown—full cast predominantly base metal.....	\$350.00
D6792* Retainer crown—full cast noble metal	\$350.00
D6794* Retainer crown—titanium.....	\$350.00
D6930 Re-cement or re-bond fixed partial denture (per unit).....	\$ 30.00

Prosthodontics

(replacement limited to every five years)

Member pays

D5110*	Complete denture—maxillary	\$475.00
D5120*	Complete denture—mandibular	\$475.00
D5130*	Immediate denture—maxillary	\$475.00
D5140*	Immediate denture—mandibular	\$475.00
D5211*	Maxillary partial denture—resin base	\$450.00
D5212*	Mandibular partial denture—resin base	\$450.00
D5213*	Maxillary partial denture—cast metal framework, resin denture bases	\$475.00
D5214*	Mandibular partial denture—cast metal framework, resin denture bases	\$475.00
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$475.00
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$475.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$475.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$475.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	\$475.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	\$475.00
D5281*	Removable partial denture—one piece cast metal	\$395.00
D5410	Adjust complete denture—maxillary	\$ 20.00
D5411	Adjust complete denture—mandibular	\$ 20.00
D5421	Adjust partial denture—maxillary	\$ 20.00
D5422	Adjust partial denture—mandibular	\$ 20.00
D5660*	Add clasp to existing partial denture—per tooth	\$100.00

Endodontics

(each procedure limited to once per tooth per life)

Member pays

D3110	Pulp cap—direct (excluding final restoration)	\$ 20.00
D3120	Pulp cap—indirect (excluding final restoration)	\$ 15.00
D3220	Therapeutic pulpotomy	\$ 55.00
D3221	Pulpal debridement, primary and permanent teeth	\$120.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$ 55.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$ 75.00
D3310	Root canal therapy—anterior (excluding final restoration)	\$135.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$240.00
D3330	Root canal therapy—molar (excluding final restoration)	\$310.00
D3331	Treatment of root canal obstruction—non-surgical access	\$ 95.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	\$ 95.00
D3333	Internal root repair of perforation defects	\$100.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$110.00
D3352	Apexification/recalcification—interim	\$ 85.00

D3353	Apexification/recalcification—final visit	\$110.00
D3410	Apicoectomy/periradicular surgery—anterior	\$165.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$170.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$170.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 75.00
D3430	Retrograde filling—per root	\$ 45.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$110.00
D3910	Surgical procedure to isolate tooth with rubber dam	\$ 35.00
D3920	Hemisection not included in root canal therapy	\$105.00
D3950	Root canal prepare and fit preformed dowel/post	\$ 20.00

Periodontics (gum treatment)

Member pays

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant	\$135.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant	\$ 75.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$180.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$135.00
D4245	Apically positioned flap	\$200.00
D4249	Clinical crown lengthening—hard tissue	\$175.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$400.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$375.00
D4263	Bone replacement graft—first site in quadrant	\$240.00
D4264	Bone replacement graft—each additional site in quadrant bone	\$145.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$115.00
D4266	Guided tissue regeneration—resorbable barrier, per site	\$290.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	\$375.00
D4270	Pedicle soft tissue graft procedure	\$295.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$400.00
D4274	Distal or proximal wedge procedure	\$105.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$425.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$300.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$210.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$400.00

D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 425.00
D4320	Provisional splinting—intracoronal	\$ 120.00
D4321	Provisional splinting—extracoronal	\$ 100.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 70.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 60.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years)	\$ 65.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	\$ 65.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 55.00

Extractions/oral and maxillofacial surgery Member pays

D7111	Coronal remnants, deciduous tooth	no charge
D7140	Extraction, erupted tooth or exposed tooth	\$ 40.00
D7210	Surgical removal of erupted tooth	\$ 55.00
D7220	Removal of impacted tooth—soft tissue	\$ 60.00
D7230	Removal of impacted tooth—partially bony	\$ 85.00
D7240	Removal of impacted tooth—completely bony ..	\$ 105.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	\$ 140.00
D7250	Surgical removal of residual tooth roots	\$ 45.00
D7260	Oroantral fistula closure	\$ 400.00
D7261	Primary closure of a sinus perforation	\$ 250.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth	\$ 75.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$ 135.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$ 110.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) ..	\$ 400.00
D7286	Incisional biopsy of oral tissue-soft (all others) ..	\$ 130.00
D7287	Exfoliative cytological sample collection	\$ 60.00
D7288	Brush biopsy—transepithelial sample collection ..	\$ 65.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant	\$ 45.00
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant ..	\$ 20.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	\$ 85.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 45.00
D7450	Removal of benign odontogenic cyst or tumor—up to 1.25 cm	\$ 190.00
D7451	Removal of benign odontogenic cyst or tumor—greater than 1.25 cm	\$ 260.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 110.00

D7472	Removal of torus palatinus	\$ 75.00
D7473	Removal of torus mandibularis	\$ 75.00
D7485	Surgical reduction of osseous tuberosity	\$ 65.00
D7510	Incision and drainage of abscess—intraoral soft tissue	\$ 40.00
D7970	Excision hyperplastic tissue—per arch	\$ 90.00
D7971	Excision of pericoronal gingival	\$ 60.00

Repairs to prosthetics Member pays

D5510*	Repair broken complete denture base	\$ 45.00
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$ 45.00
D5610*	Repair resin denture base	\$ 45.00
D5620*	Repair cast framework	\$ 45.00
D5630*	Repair or replace broken clasp—per tooth	\$ 45.00
D5640*	Replace broken teeth—per tooth	\$ 45.00
D5650*	Add tooth to existing partial denture	\$ 45.00
D5670*	Replace all teeth and acrylic framework—maxillary	\$ 235.00
D5671*	Replace all teeth and acrylic framework—mandibular	\$ 290.00
D5710*	Rebase complete maxillary denture	\$ 210.00
D5711*	Rebase complete mandibular denture	\$ 210.00
D5720*	Rebase maxillary partial denture	\$ 210.00
D5721*	Rebase mandibular partial denture	\$ 210.00
D5730	Reline complete maxillary denture (chairside) ..	\$ 80.00
D5731	Reline complete mandibular denture (chairside) ..	\$ 80.00
D5740	Reline maxillary partial denture (chairside)	\$ 80.00
D5741	Reline mandibular partial denture (chairside) ..	\$ 80.00
D5750*	Reline complete maxillary denture (laboratory) ..	\$ 125.00
D5751*	Reline complete mandibular denture (laboratory) ..	\$ 125.00
D5760*	Reline maxillary partial denture (laboratory)	\$ 125.00
D5761*	Reline mandibular partial denture (laboratory) ..	\$ 125.00
D5810*	Interim complete denture (maxillary)	\$ 275.00
D5811*	Interim complete denture (mandibular)	\$ 275.00
D5820*	Interim partial denture (maxillary)	\$ 135.00
D5821*	Interim partial denture (mandibular)	\$ 135.00
D5850	Tissue conditioning, maxillary	\$ 40.00
D5851	Tissue conditioning, mandibular	\$ 40.00
D6214*	Pontic titanium	\$ 350.00
D6245*	Pontic—porcelain/ceramic	\$ 350.00
D6250*	Pontic—resin with high noble metal	\$ 350.00
D6251	Pontic—resin with predominantly base metal ..	\$ 350.00
D6252*	Pontic—resin with noble metal	\$ 350.00
D6253*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$ 275.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$ 275.00
D6549	Resin retainer – for resin bonded fixed prosthesis ..	\$ 275.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces ..	\$ 350.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$ 350.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$ 350.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$ 350.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces	\$ 350.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$ 350.00
D6606*	Retainer inlay—cast noble metal, two surfaces ..	\$ 350.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces	\$ 350.00

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$350.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$350.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$350.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$350.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$350.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$350.00
D6614*	Retainer onlay—cast noble metal, two surfaces	\$350.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$350.00
D6624*	Retainer inlay titanium	\$350.00
D6634*	Retainer onlay titanium	\$350.00
D6710*	Retainer crown—indirect resin based composition	\$350.00
D6720*	Retainer crown—resin with high noble metal	\$350.00
D6721	Retainer crown—resin with predominantly base metal	\$350.00
D6722*	Retainer crown—resin with noble metal	\$350.00
D6740*	Retainer crown—porcelain/ceramic	\$350.00
D6780*	Retainer crown—3/4 cast high noble metal	\$350.00
D6781	Retainer crown—3/4 cast predominantly base metal	\$350.00
D6782*	Retainer crown—3/4 cast noble metal	\$350.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$350.00

Adjunctive general service

Member pays

D9110	Palliative (emergency) treatment	\$ 20.00
D9215	Local anesthesia	no charge

D9223	Deep sedation/general anesthesia – each 15 minute increment	\$185.00
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 30.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$ 80.00
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 40.00
D9952	Occlusal adjustment—complete	\$185.00

Bleaching

Member pays

D9972	External bleaching in office—per arch	\$185.00
D9975	External bleaching at home—per arch	\$185.00

Orthodontics

Member pays

D8070 or D8080	—children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
	Consultation	no charge
	Evaluation	\$ 45.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$1,900.00
D8090	—adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
	Consultation	no charge
	Evaluation	\$ 45.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$1,900.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$ 455.00

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures).
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

Insured or administered by Humana Insurance Company and CompBenefits Company

Humana

Humana.com



CS250 Series Provider Directory - Florida

Alachua, Citrus, Dixie, Gilchrist, Lafayette, Lake, Levy and Sumter Counties

GENERAL DENTISTS

Please Note:

This directory of participating providers reflects the most accurate and up-to-date information available at the time of printing. This list of participating providers can and will change during the benefit year. Please call our Customer Care Department at 1-800-342-5209 for more information or for assistance in selecting a provider. You can also visit our website at www.compbenefits.com for a map to the provider nearest your home or office by clicking on the provider locator icon on our home page. Some General Dentists do not accept all plans, please confirm that your General Dentist accepts your plan before seeking treatment.

General Dentists

Alachua County
Gainesville

Abolverdi, DMD, Shaun G

Abolverdi, DMD, Shaun
6320 SW 13th St
32608 (352)373-3431
Lang:SP
Min Age: 0
NNP

Abraben, DDS, Reeve G

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Atwal, DDS, Manveen K

Angel Reyes & Associates
3731 NW 40th Ter Ste A
32606 (352)376-6366
Lang:SP
Min Age: 16
Facility #189082

Baluyot, DMD, Rondre F

The Oaks Family Dentistry
PLLC
6110 NW 1st Pl Ste A
32607 (352)331-1004
Min Age: 0
NNP

Banfield, DDS, Gary W

Haile Plantation Family
Dental
5347 SW 91st Ter Ste B
32608 (352)375-6116
Min Age: 5
NNP

Bhinder, DMD, Hina F

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Bhinder, DMD, Hina F

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Brodach, DMD, Gilbert M

Gainesville Dental Associates
908 NW 57th St
32605 (352)332-8199
Min Age: 0
Facility #191907

Brown, DDS, Chad R

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Brown, DDS, Chad R

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Cruz Davis, DMD, Yulien

Gainesville Dental Associates
908 NW 57th St
32605 (352)332-8199
Min Age: 0
Facility #191907

Diasti, DDS, Adam

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Garraway, DMD, Chinara A

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Garraway, DMD, Chinara A

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Hughes, DMD, Bertram J

Family & Cosmetic Dentistry
PA
316 SW 16th Ave
32601 (352)378-3323
Min Age: 3
Facility #3055

Klaib, DDS, Charbel

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Klaib, DDS, Charbel

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Kokkas, DDS, Athanasios

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Lampert, DMD, Scott

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Lampert, DMD, Scott

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Larrick, DDS, Bruce

Smiles on 13th St
821 NW 13th St Ste A
32601 (352)377-6453
Lang:SP FR
Min Age: 4
Facility #5012

May, DMD, Jeffrey D

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

May, DMD, Jeffrey D

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Mora Rosa, DDS, Pedro A

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Ramos-reyes, DMD, Ivette

Angel Reyes & Associates
3731 NW 40th Ter Ste A
32606 (352)376-6366
Lang:SP
Min Age: 16
Facility #189082

Roshkind, DMD, David M

Gainesville Dental Associates
908 NW 57th St
32605 (352)332-8199
Min Age: 0
Facility #191907

Son, DMD, Minsung

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Son, DMD, Minsung

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Taiwo, DMD, Adenike P

Coast Dental Newberry
Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0
Facility #188597

Taiwo, DMD, Adenike P

Coast Florida PA - Gainesville
5021 NW 34th Blvd Ste A
32605 (941)255-8500
Lang:SP
Min Age: 6
Facility #3883

Jonesville

Hunter, DMD, Damien J

Damien Hunter LLC
14029 W Newberry Rd Unit
60
32669 (352)872-5930
Min Age: 0
Facility #212356

Citrus County

Crystal River

Coast Dental PA-Crystal

River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #196034

Baker, DMD, Richard A

Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Birch, DMD, Denton R

Bright Now! Dental-Crystal
Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3
Facility #3210

Christensen, DDS, Andre F

Bright Now! Dental-Crystal
Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3
Facility #3210

Cooper, DMD, Richard C

Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Crim, DDS, Robert C

Bright Now! Dental-Crystal
Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3
Facility #3210

Diasti, DDS, Adam

Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Habibi, DMD, Maryam M

Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Kantor, DDS, Michael D

Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Klaib, DDS, Charbel

Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Lampert, DMD, Scott

Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

May, DMD, Jeffrey D

Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Moore, DMD, Julie A
Bright Now! Dental-Crystal
Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3
Facility #3210

Ohlsson, DDS, John A
Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Paternoster, DDS, Richard
Coast Dental PA-Crystal
River
9030 W Fort Island Trl Ste 6
34429 (352)795-7316
Min Age: 0
Facility #4161

Shuayb, DMD, Mujib
Bright Now! Dental-Crystal
Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3
Facility #3210

Singer, DDS, John R
Bright Now! Dental-Crystal
Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3
Facility #3210

Homosassa

Diasti, DDS, Adam
Coast Dental - Homosassa
8389 S Suncoast Blvd
34446 (352)382-0444
Lang: SP
Min Age: 6
NNP

Inverness

Dalleske, DDS, Ronald L
Coast Florida PA - Inverness
2689 E Gulf To Lake Hwy
34453 (352)637-1114
Lang: SP
Min Age: 6
Facility #4081

Diasti, DDS, Adam
Coast Florida PA - Inverness
2689 E Gulf To Lake Hwy
34453 (352)637-1114
Lang: SP
Min Age: 6
Facility #4081

Klaib, DDS, Charbel
Coast Florida PA - Inverness
2689 E Gulf To Lake Hwy
34453 (352)637-1114
Lang: SP
Min Age: 6
Facility #4081

Kokkas, DDS, Athanasios
Coast Florida PA - Inverness
2689 E Gulf To Lake Hwy
34453 (352)637-1114
Lang: SP
Min Age: 6
Facility #4081

Lampert, DMD, Scott
Coast Florida PA - Inverness
2689 E Gulf To Lake Hwy
34453 (352)637-1114
Lang: SP
Min Age: 6
Facility #4081

May, DMD, Jeffrey D
Coast Florida PA - Inverness
2689 E Gulf To Lake Hwy
34453 (352)637-1114
Lang: SP
Min Age: 6
Facility #4081

Lake County

Clermont

Greenberg Dental-Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #196267

Alvarez, DMD, Jorge L
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0
Facility #195492

Amaro, DDS, David
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Apana, DMD, Alesia M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Avila, DMD, Daira M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Barrett, DDS, Steven
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Bear, DMD, Dennis M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Beitscher, DDS, Stanley A
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Bifsha, DMD, Enea
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Cao, DMD, Trang M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Cardenas, DMD, Heydi P
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Carter, DDS, Ben F
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Cates, DDS, Barry W
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0
Facility #195492

Chasko, DMD, Joseph M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Colon Arvelo, DMD, Agdha M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Contestable, DMD, Clement J
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Correal, DMD, Juliana
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Cruz, DMD, Belisa
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Daccache, DMD, Danny K
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Doherty, DMD, Nicole
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Earnhardt, DMD, Charles
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Fidy, DMD, Ramez
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Gabel, DDS, James
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Greenberg, DDS, Andrew W
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Greenberg, DMD, Martin P
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Guarnieri, DMD, Sam
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Hammoudeh, DMD, Basil
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Henley, DMD, Christopher J
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Jain, DDS, Anju
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0
Facility #195492

Kamat, DMD, Amit S
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Katsur, DMD, Justin J
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Kaviani, DMD, Kia
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Koren, DMD, Daniel L
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Lazar, DMD, Adam M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Lee, DMD, Young S
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Logsdon, DDS, James B
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Lombana Cano, DMD, Edward H
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Lopez, DDS, Michael
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Mcintire, DMD, Amanda M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Mir, DMD, Hamza U
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Nguyen, DMD, Duy
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Nguyen, DMD, Dzung B
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Nguyen, DMD, Hoang N
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Nochimson, DMD, Elizabeth G
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Nunez, DDS, Erick J
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Ojeda, DMD, Juan M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Patel, DDS, Sushil
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Patel, DMD, Ripal A
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Peralta, DDS, Jose R
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0
Facility #195492

Rivera Castro, DMD, Angel M
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0
Facility #195492

Russow, DMD, Linda K
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Sachdev, DMD, Manu M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Serrano, DMD, Yahaira M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Sider, DMD, Brian A
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Sonbol, DDS, George A
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Tran, DMD, Faye
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Varela, DDS, Monica L
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Walker, DMD, Aaron S
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Ward, DDS, Michael A
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

White, DDS, Anthony L
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0
Facility #213362

Eustis

Brignol, DMD, Frantz
Central Florida Dental Spa
600 N Eustis St
32726 (352)357-1212
Min Age: 0
Facility #193818

Buechele, DMD, Michelle
Central Florida Dental Spa
600 N Eustis St
32726 (352)357-1212
Min Age: 0
Facility #193818

Leesburg

Greenberg Dental-Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #214061

Amaro, DDS, David
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Apana, DMD, Alesia M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Avila, DMD, Daira M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Barrett, DDS, Steven
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Bear, DMD, Dennis M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Beitscher, DDS, Stanley A
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Bifsha, DMD, Enea
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Brignol, DMD, Frantz
A Gentle Smile
8136 Centralia Ct Ste 103
34788 (352)365-0300
Min Age: 5
Facility #188555

Cao, DMD, Trang M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Cardenas, DMD, Heydi P
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Carter, DDS, Ben F
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Chasko, DMD, Joseph M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Colon Arvelo, DMD, Agdha M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Contestable, DMD, Clement J
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Correal, DMD, Juliana
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Cruz, DMD, Belisa
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Daccache, DMD, Danny K
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Doherty, DMD, Nicole
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Earnhardt, DMD, Charles
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Fidy, DMD, Ramez
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Gabel, DDS, James
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Greenberg, DDS, Andrew W
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Greenberg, DMD, Martin P
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Guarnieri, DMD, Sam
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Hammoudeh, DMD, Basil
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Henley, DMD, Christopher J
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Kamat, DMD, Amit S
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Katsur, DMD, Justin J
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Kaviani, DMD, Kia
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Koren, DMD, Daniel L
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Lazar, DMD, Adam M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Lee, DMD, Young S
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Logsdon, DDS, James B
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Lombana Cano, DMD, Edward H
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Lopez, DDS, Michael
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Mcintire, DMD, Amanda M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Mir, DMD, Hamza U
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Nguyen, DMD, Duy
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Nguyen, DMD, Dzung B
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Nguyen, DMD, Hoang N
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Nochimson, DMD, Elizabeth G
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Nunez, DDS, Erick J
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Ojeda, DMD, Juan M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Patel, DDS, Sushil
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Patel, DMD, Ripal A
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Russow, DMD, Linda K
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Sachdev, DMD, Manu M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Serrano, DMD, Yahaira M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Sider, DMD, Brian A
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Sonbol, DDS, George A
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Tran, DMD, Faye
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Varela, DDS, Monica L
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Walker, DMD, Aaron S
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Ward, DDS, Michael A
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

White, DDS, Anthony L
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0
Facility #213372

Mount Dora

Cava, DDS, Eugenio O
Advanced Dental Care of Mt
Dor
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5
Facility #189130

Costello, DDS, James P
Tri-Dental
18515 US Highway 441
32757 (352)383-5377
Min Age: 18
Facility #188402

Ganessingh, DMD, Varsha
Advanced Dental Care of Mt
Dor
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5
Facility #189130

Hughston, DDS, Hugh
Advanced Dental Care of Mt
Dor
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5
Facility #189130

Johary, DDS, Carlos F
Mount Dora Dental Care LLC
2390 W Old US Highway 441
32757 (352)383-3368
Lang: SP
Min Age: 3
Facility #3537

Klose, DMD, Hemita P
Advanced Dental Care of Mt
Dor
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5
Facility #189130

Martin, DDS, Brigitte
Advanced Dental Care of Mt
Dor
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5
Facility #189130

Montilla, DMD, Miguel A
Advanced Dental Care of Mt
Dor
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5
Facility #189130

Levy County

Chiefland

Khan, DDS, Abdul H
Chiefland Family Dentistry PA
21 S Main St
32626 (352)493-2287
Min Age: 0
Facility #214239

Williston

Burney, DDS, Danielle T
Christie Dental Williston
510 SW 5th Ter
32696 (352)528-6401
Min Age: 0
Facility #195482

Kang, DMD, James J
Christie Dental Williston
510 SW 5th Ter
32696 (352)528-6401
Min Age: 0
Facility #195482

Lauzan Guia, DMD, Marilian
Christie Dental Williston
510 SW 5th Ter
32696 (352)528-6401
Min Age: 0
Facility #195482

Marion County

Bellevue

Lauzan Guia, DMD, Marilian
Christie Dental - Bellevue
5927 SE Babb Rd
34420 (352)245-9184
Min Age: 0
Facility #195485

Ocala

Allin, DMD, Sajana
Advanced Dental Care of
Quail
4967 NW Blitchton Rd
34482 (352)369-8601
Min Age: 0
Facility #188509

Atanda, DMD, Olamide O
Bright Now! Dental - Ocala
2206 SE 17th St
34471 (352)840-0560
Min Age: 5
Facility #1511

Bhakta, DMD, Paayal
Advanced Dental Care of
Ocala
1500 SE 17th St
34471 (352)629-4666
Min Age: 0
Facility #192034

Bhinder, DMD, Hina F
Coast Dental Ocala South
1110 SE 18th PI Bldg 200
34471 (352)351-3891
Min Age: 0
Facility #191736

Bhinder, DMD, Hina F
Coast Florida PA - Ocala
North
1220 NE 36th Ave
34470 (352)732-4847
Lang: SP
Min Age: 9
Facility #3926

Birch, DMD, Denton R
Bright Now! Dental - Ocala
2206 SE 17th St
34471 (352)840-0560
Min Age: 5
Facility #1511

Borchers, DDS, John M
Ocala Ctr for Cosmetic Dnstry
3300 SW 34th Ave Ste 136
34474 (352)873-4844
Min Age: 5
Facility #184020

Bright, DDS, Charles J
Ocala Ctr for Cosmetic Dnstry
3300 SW 34th Ave Ste 136
34474 (352)873-4844
Min Age: 5
Facility #184020

Brown, DDS, Chad R
Coast Florida PA - Ocala
North
1220 NE 36th Ave
34470 (352)732-4847
Lang: SP
Min Age: 9
Facility #3926

Caceres, DMD, Cesar A
Advanced Dental Care of
Ocala
1500 SE 17th St
34471 (352)629-4666
Min Age: 0
Facility #192034

Carli, DDS, Kendall E
Ocala Ctr for Cosmetic Dnstry
3300 SW 34th Ave Ste 136
34474 (352)873-4844
Min Age: 5
Facility #184020

Crim, DDS, Robert C
Bright Now! Dental - Ocala
2206 SE 17th St
34471 (352)840-0560
Min Age: 5
Facility #1511

Delmond, DMD, Joseph A
Advanced Dental Care of
Ocala
1500 SE 17th St
34471 (352)629-4666
Min Age: 0
Facility #192034

Diasti, DDS, Adam
Coast Florida PA - Ocala
North
1220 NE 36th Ave
34470 (352)732-4847
Lang: SP
Min Age: 9
Facility #3926

Fallah, DMD, Ala A
Coast Florida PA - Ocala
North
1220 NE 36th Ave
34470 (352)732-4847
Lang: SP
Min Age: 9
Facility #3926

German, DMD, Igor
Dental Discovery PA
2669 E Silver Springs Blvd
34470 (352)369-1100
Min Age: 0
Facility #195489

German, DMD, Julia
Dental Discovery PA
2669 E Silver Springs Blvd
34470 (352)369-1100
Min Age: 0
Facility #195489

Kane, DDS, Donald L
Bright Now! Dental - Ocala
2206 SE 17th St
34471 (352)840-0560
Min Age: 5
Facility #1511

Klaib, DDS, Charbel
Coast Dental Ocala South
1110 SE 18th PI Bldg 200
34471 (352)351-3891
Min Age: 0
Facility #191736

Klaib, DDS, Charbel
Coast Florida PA - Ocala
North
1220 NE 36th Ave
34470 (352)732-4847
Lang: SP
Min Age: 9
Facility #3926

Lampert, DMD, Scott
Coast Dental Ocala South
1110 SE 18th PI Bldg 200
34471 (352)351-3891
Min Age: 0
Facility #191736

Lampert, DMD, Scott
Coast Florida PA - Ocala
North
1220 NE 36th Ave
34470 (352)732-4847
Lang: SP
Min Age: 9
Facility #3926

Larson, DDS, Jennifer
Park Dental of Ocala, PA
3101 SW 34th Ave Ste 600
34474 (352)861-2510
Min Age: 0
NNP

Lue Yen, DDS, Jason T
Advanced Dental Care of
Quail
4967 NW Blitchton Rd
34482 (352)369-8601
Min Age: 0
Facility #188509

May, DMD, Jeffrey D
Coast Dental Ocala South
1110 SE 18th PI Bldg 200
34471 (352)351-3891
Min Age: 0
Facility #191736

May, DMD, Jeffrey D
 Coast Florida PA - Ocala
 North
 1220 NE 36th Ave
 34470 (352)732-4847
 Lang:SP
 Min Age: 9
 Facility #3926

Montilla, DMD, Miguel A
 Advanced Dental Care of
 Ocala
 1500 SE 17th St
 34471 (352)629-4666
 Min Age: 0
 Facility #192034

Montilla, DMD, Miguel A
 Advanced Dental Care of
 Quail
 4967 NW Blitchton Rd
 34482 (352)369-8601
 Min Age: 0
 Facility #188509

Nguyen, DMD, Jennifer N
 Bright Now! Dental - Ocala
 2206 SE 17th St
 34471 (352)840-0560
 Min Age: 5
 Facility #1511

Park, DMD, John
 Advanced Dental Care of
 Ocala
 1500 SE 17th St
 34471 (352)629-4666
 Min Age: 0
 Facility #192034

Scalerio, DMD, John J
 Bright Now! Dental - Ocala
 2206 SE 17th St
 34471 (352)840-0560
 Min Age: 5
 Facility #1511

Singer, DDS, John R
 Bright Now! Dental - Ocala
 2206 SE 17th St
 34471 (352)840-0560
 Min Age: 5
 Facility #1511

Singh, DDS, Ajay R
 Coast Dental Ocala South
 1110 SE 18th Pl Bldg 200
 34471 (352)351-3891
 Min Age: 0
 Facility #191736

Son, DMD, Minsung
 Coast Florida PA - Ocala
 North
 1220 NE 36th Ave
 34470 (352)732-4847
 Lang:SP
 Min Age: 9
 Facility #3926

Taiwo, DMD, Adenike P
 Coast Florida PA - Ocala
 North
 1220 NE 36th Ave
 34470 (352)732-4847
 Lang:SP
 Min Age: 9
 Facility #3926

Thoreson, DDS, Karl J
 Ocala Ctr for Cosmetic Dnstry
 3300 SW 34th Ave Ste 136
 34474 (352)873-4844
 Min Age: 5
 Facility #184020

Van Ness, DDS, Walter R
 Ocala Ctr for Cosmetic Dnstry
 3300 SW 34th Ave Ste 136
 34474 (352)873-4844
 Min Age: 5
 Facility #184020

Xue, DDS, Jing
 Bright Now! Dental - Ocala
 2206 SE 17th St
 34471 (352)840-0560
 Min Age: 5
 Facility #1511

Young, DMD, Summer
 Advanced Dental Care of
 Quail
 4967 NW Blitchton Rd
 34482 (352)369-8601
 Min Age: 0
 Facility #188509

Zargari, DDS, John
 Coast Dental Ocala South
 1110 SE 18th Pl Bldg 200
 34471 (352)351-3891
 Min Age: 0
 Facility #191736

Greider, DMD, William A
 Villages Laser Dentistry
 17820 SE 109th Ave Ste 101
 34491 (352)307-1753
 Min Age: 0
 Facility #214123

GPORAL

Marion
 County

Ocala

Gluhareff, DDS, Alex M
 Advanced Dental Care of
 Ocala
 1500 SE 17th St
 34471 (352)629-4666
 Min Age: 0
 Facility #192034

Gluhareff, DDS, Alex Michael
 Advanced Dental Care of
 Ocala
 1500 SE 17th St
 34471 (352)629-4666
 Min Age: 0
 Facility #192034

Summerfield

SPECIALISTS

Please Note:

Prior to treatment, please confirm that the specialist from whom you are seeking treatment accepts your specific plan. Some specialists do not accept all plans.

Endodontists

Alachua County

Gainesville

Aurelio, DDS, James A
Coast Dental PA- Gainesville
5021 NW 34th Blvd Ste A
32605 (352)371-7766
Min Age: 0

Bernstein, DMD, Duane I
Duane I Bernstein DMD
5318 SW 91st Ter Ste C
32608 (352)374-2999
Min Age: 0

Dean, DMD, Glenn S
Endodontic Associates
340 NW 76th Dr
32607 (352)331-3113
Min Age: 0

Dean, DMD, Glenn S
Endodontic Associates
4650 NW 39th PI Ste I
32606 (352)373-1040
Min Age: 0

Goldfaden, DDS, Stephen L
Goldfaden, DDS, Stephen L
1905 NW 13th St
32609 (352)375-7776
Min Age: 0

Jurecko Gracy, DMD, Megan
Megan Jurecko Gracy DMD
1204 NW 69th Ter Ste C
32605 (352)332-3788
Min Age: 0

Jurecko, DDS, Kevin R
Megan Jurecko Gracy DMD
1204 NW 69th Ter Ste C
32605 (352)332-3788
Min Age: 0

Kerr, DMD, Carolyn S
Endodontic Associates
340 NW 76th Dr
32607 (352)331-3113
Min Age: 0

Kerr, DMD, Carolyn S
Endodontic Associates
4650 NW 39th PI Ste I
32606 (352)373-1040
Min Age: 0

Markham, DMD, Samuel D
Endodontic Associates
340 NW 76th Dr
32607 (352)331-3113
Min Age: 0

Markham, DMD, Samuel D
Endodontic Associates
4650 NW 39th PI Ste I
32606 (352)373-1040
Min Age: 0

Tyler, DMD, Kathy Z
Endodontic Associates
340 NW 76th Dr
32607 (352)331-3113
Min Age: 0

Tyler, DMD, Kathy Z
Endodontic Associates
4650 NW 39th PI Ste I
32606 (352)373-1040
Min Age: 0

Lake County

Clermont

Baker, DMD, James R
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Burch, DMD, David M
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0

Chen, DMD, Peter S
Advanced Endodontics
835 7th St Ste 5B
34711 (352)404-5550
Min Age: 0

Cherian, BDS MDS, Shiju
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Marcos Arenal, DDS MS, Joselui
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Sreekantaiah, DDS, Kiran M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Lady Lake

Narayana, DMD, Pushpak
Whitt Jr, DDS, John F.
121 Griffinview Dr
32159 (352)259-3636
Min Age: 0

Whitt, DDS, Dr John F
Whitt Jr, DDS, John F.
121 Griffinview Dr
32159 (352)259-3636
Min Age: 0

Williams, DDS, Nicholas J
Whitt Jr, DDS, John F.
121 Griffinview Dr
32159 (352)259-3636
Min Age: 0

Leesburg

Baker, DMD, James R
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Cherian, BDS MDS, Shiju
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Marcos Arenal, DDS MS, Joselui
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Sreekantaiah, DDS, Kiran M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Marion County

Ocala

Aurelio, DDS, James A
Coast Dental Ocala South
1110 SE 18th PI Bldg 200
34471 (352)351-3891
Min Age: 0

Goldfaden, DDS, Stephen L
Goldfaden, DDS, Stephen L
46 SE 16th Ave
34471 (352)629-5898
Min Age: 0

Oral Surgeons

Alachua County

Gainesville

Salomon, DMD, Dale E
Coast Dental Newberry Square
1010 NW 76th Blvd
32606 (352)332-4180
Min Age: 0

Slott, DDS, Marvin M
Slott, DDS, Marvin M
6801 NW 9th Blvd Ste 1
32605 (352)331-2016
Min Age: 0

Citrus County

Crystal River

Aves, DDS, Renato J
Bright Now! Dental-Crystal Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3

Lake County

Clermont

Achong, DMD, Ronald M
Oral Facial Surgical Arts PA
3180 Citrus Tower Blvd
34711 (352)243-5599
Min Age: 1

Azizi, DMD, Abdul M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Burchfield, DMD, Tommie L
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Edwards, DMD, Jason A
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0

Lawson, DDS MD, Scott
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Pantzoulas, DMD, Spiro J
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Leesburg

Azizi, DMD, Abdul M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Burchfield, DMD, Tommie L
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Lawson, DDS MD, Scott
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Pantzoulas, DMD, Spiro J
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Mount Dora

Spoto, DDS, Marshall D
Advanced Dental Care of Mt Dor
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5

Marion County

Bellevue

Edwards, DMD, Jason A
Christie Dental - Bellevue
5927 SE Babb Rd
34420 (352)245-9184
Min Age: 0

Ocala

Edwards, DMD, Jason A
Cascades Family Dentistry
1515 E Slvr Spg Blvd Ste 209
34470 (352)368-9090
Min Age: 0

Haddad, DMD, Raymond D
Ocala Ctr for Cosmetic Dnstry
3300 SW 34th Ave Ste 136
34474 (352)873-4844
Min Age: 5

Salomon, DMD, Dale E
Coast Florida PA - Ocala North
1220 NE 36th Ave
34470 (352)732-4847
Min Age: 9

Orthodontists

Alachua County

Gainesville

Aguirre, DDS, Michael J.
Aguirre Orthodontics PA
4031 NW 43rd St
32606 (352)376-7846
Min Age: 0

Aguirre, DDS, Michael J.
Aguirre Orthodontics PA
9161 SW 49th Pl
32608 (352)378-2545
Min Age: 0

Ivanov, DMD, Pavel I
Coast Dental PA-Gainesville
5021 NW 34th Blvd Ste A
32605 (352)371-7766
Min Age: 0

Mullally, DMD, Natalie N
Studio 32 Orthodontics LLC
2222 NW 40th Ter Ste B
32605 (352)336-2222
Min Age: 0

Pavlik, DMD, Stephen J
Pavlik Orthodontics
5010 W Newberry Rd Ste B
32607 (352)376-5055
Min Age: 0

Sappington, DDS, MSD, Deborah
Aguirre Orthodontics PA
4031 NW 43rd St
32606 (352)376-7846
Min Age: 0

Sappington, DDS, MSD, Deborah
Aguirre Orthodontics PA
9161 SW 49th Pl
32608 (352)378-2545
Min Age: 0

Vargas, DMD, Enrique G
Vargas, DMD, Enrique G
2841 NW 41st St
32606 (352)373-1000
Min Age: 0

Citrus County

Crystal River

Ardalani, DMD MS, Shervin
Bright Now! Dental-Crystal Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3

Nguyen, DMD, James D
Bright Now! Dental-Crystal Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3

Lake County

Clermont

Aaron, DMD, Scott J
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Deese, DMD, George B
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Garcia, DDS, Ana V
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Jureyda, DMD, Ossama
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0

Kamat, DMD, Sejal S
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Kapadia, DMD, Ajay M
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Long, DMD, Brion
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0

Nelson, DMD, Stephen L
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0

Nelson, DMD, Stephen L
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Ogden, DDS, Robert T
Robert Ogden DDS PA
1381 Citrus Tower Blvd Ste 102
34711 (352)242-0003
Min Age: 0

Patel, DDS, Sushil
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Rubenstein, DDS, Barry M
The Brace Place Inc
1000 East Ave
34711 (407)765-7664
Min Age: 3

Stewart, DMD, Daniel A
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Wang, DMD, Maggie Y
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Wong, DMD, Alan M
Amw Orthodontics Pa
1455 E Highway 50
34711 (352)242-1818
Min Age: 0

Eustis

Kopuri, DDS, N Rao
Central FL Orthodontic Special
2900 David Walker Dr
32726 (352)589-5558
Min Age: 0

Leesburg

Aaron, DMD, Scott J
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Deese, DMD, George B
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Garcia, DDS, Ana V
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Kamat, DMD, Sejal S
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Kapadia, DMD, Ajay M
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Nelson, DMD, Stephen L
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Patel, DDS, Sushil
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Stewart, DMD, Daniel A
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Wang, DMD, Maggie Y
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Mount Dora

Huzyak, DMD, Mark D
Advanced Dental Care of Mt Dor
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5

Ogden, DDS, Robert T
Robert Ogden DDS PA
2110 N Donnelly St Ste 700
32757 (352)735-0004
Min Age: 0

Marion County

Ocala

Mckee, DDS, Michael T
Ocala Ctr for Cosmetic Dnstry
3300 SW 34th Ave Ste 136
34474 (352)873-4844
Min Age: 5

Pediatric Dentists

Alachua County

Gainesville

Silverman, DMD, Henry A
Silverman, DMD, Henry A.
2770 NW 43rd St Ste A
32606 (352)371-3200
Min Age: 1

Lake County

Clermont

Dandashi, DMD, Moutaz B
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Harrell, DMD, Laurie L
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Tabares, DDS, Miguel
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0

Van, DMD, Vincent T
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Yeung, DMD, Vincent L
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Leesburg

Bunn, DDS, Eldon L
Bunn, DDS, Eldon L.
8305 County Road 44 Leg A
34788 (352)728-4066
Min Age: 0

Dandashi, DMD, Moutaz B
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Harrell, DMD, Laurie L
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Van, DMD, Vincent T
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Yeung, DMD, Vincent L
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Periodontists

Citrus County
Crystal River

Malki, DDS, Fuad
Bright Now! Dental-Crystal Riv
900 N Suncoast Blvd
34429 (352)795-0151
Min Age: 3

Lake County
Clermont

Cherry, DMD MS, Elizabeth A
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Mccall, DMD MS, Allen D
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Roca, DDS, Ana Lucia
Towncare Dental of Clermont
1645 E Highway 50 Ste 100
34711 (352)242-6222
Min Age: 0

Sabzehei, DDS, Bahareh
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Williams, DMD, Benjamin D
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Leesburg

Cherry, DMD MS, Elizabeth A
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Mccall, DMD MS, Allen D
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Sabzehei, DDS, Bahareh
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Williams, DMD, Benjamin D
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Marion County
Ocala

Lee, DMD, Christopher S
Advanced Dental Care of Ocala
1500 SE 17th St
34471 (352)629-4666
Min Age: 0

Lee, DMD, Christopher S
Dental Center of Ocala
1500 SE 17th St Ste 400
34471 (352)629-4666
Min Age: 2

Mendro, DDS, Ryan L
Coast Dental Ocala South
1110 SE 18th Pl Bldg 200
34471 (352)351-3891
Min Age: 0

Prosthodontists

Lake County
Clermont

Korioth, DDS, Tom V
Greenberg Dental - Clermont
680 E Highway 50
34711 (352)241-4500
Min Age: 0

Leesburg

Korioth, DDS, Tom V
Greenberg Dental - Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

School Board of Levy County

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services				
• Routine oral examinations (2 per year)	100% no deductible		80% no deductible	
• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)				
• Routine cleanings (2 per year)				
• Fluoride treatment (1 per year, through age 14)				
• Sealants (permanent molars, through age 14)				
• Space maintainers (primary teeth, through age 14)				
• Oral Cancer Screening (1 per year, ages 40 and older)				
Basic services	80% after deductible		50% after deductible	
• Emergency care for pain relief				
• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)				
• Composite fillings (1 per tooth every 2 years, molar teeth)				
• Oral surgery (tooth extractions including impacted teeth)				
• Stainless steel crowns				
• Harmful habit appliances for children (1 per lifetime, through age 14)				
• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)				
Major services	50% after deductible		50% after deductible	
• Crowns (1 per tooth every 5 years)				
• Inlays/onlays (1 per tooth every 5 years)				
• Bridges (1 per tooth every 5 years)				
• Dentures (1 per tooth every 5 years)				
• Denture relines/rebases (1 every 3 years, following 6 months of denture use)				
• Denture repair and adjustments (following 6 months of denture use)				
• Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered)				
• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)				
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.			

Humana Dental PPO 14

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

Waiting periods

Voluntary funding: 10+ enrolled employees

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

¹ Late applicants not allowed with open enrollment option.

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

Per Pay Period Rates (18)

Employee Only...	\$ 13.64
Employee + One...	23.87
Family...	41.05

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

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

Tips to ensure a healthy mouth

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

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

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

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

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

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

Learn what your plan paid

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

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

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

Humana[®]

Humana.com



School Board of Levy County

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames ³	Up to \$130 20% off balance over \$130	Up to \$65
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options ⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90, 80% of charge, then up to \$120 \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses ⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	Up to \$130, 15% off balance over \$130 Up to \$130 \$0	Up to \$104 Up to \$104 Up to \$200

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months
Diabetic Eye Care: care and testing for diabetic members		
• Examination	\$0	Up to \$77
- Up to (2) services per year		
• Retinal Imaging	\$0	Up to \$50
- Up to (2) services per year		
• Extended Ophthalmoscopy	\$0	Up to \$15
- Up to (2) services per year		
• Gonioscopy	\$0	Up to \$15
- Up to (2) services per year		
• Scanning Laser	\$0	Up to \$33
- Up to (2) services per year		

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

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

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

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

⁵ Plan covers contact lenses or frames, but not both, unless you have the Eye Glass and Contact Lens Rider.

Additional plan discounts

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

Per Pay Period Rates (18)

Employee Only... \$ 4.93 Employee + Spouse...\$ 9.85

Employee + Child(ren)...\$ 10.53 Family...\$ 15.47



1-866-995-9316 • Humana.com

Page 2 of 3

Limitations and Exclusions:

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

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

Humana

Plan summary created on: 9/29/16 14:08

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis ¹.



¹ Thompson Media Inc.

Questions

Check out Humana.com

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

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

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

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

Policy number: FL-70148-01LG9/15et.al.; FL-70148-01SG9/15et.al.

Page 3 of 3





HumanaVision Lasik

Reduced fees

Lasik procedures are available if you are nearsighted or have astigmatism and wear glasses or contacts.² We have contracted with many well-known facilities and eye doctors to offer these procedures at substantially reduced fees.

You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

Opening doors to better vision for thousands of people – with affordable Lasik procedures¹

Network doctors can help you understand these new procedures and provide access to our network of Lasik providers.

	Conventional / Traditional		Custom	
TLC 888-358-3937 (designated locations only)	\$895		\$1,295	\$1,895*
LasikPlus 866-757-8082	\$695³* LasikPlus free enhancements for 1 year	\$1,395* LasikPlus free enhancements for life	\$1,895* LasikPlus free enhancements for life	
QualSight LASIK 855-456-2020	\$895 QualSight free enhancements for 1 year	\$1,295 with QualSight Lifetime Assurance Plan	\$1,320	\$1,995* with QualSight Lifetime Assurance Plan

*with IntraLaseTM

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

Easy access to service

During your comprehensive eye health examination, your doctor can determine if you are a candidate for Lasik. If you qualify, the doctor can also make arrangements for the procedure with one of the centers that participates in this program.

Your HumanaVision ID card verifies your eligibility for Lasik discounts. You can obtain a list of providers from our website, **HumanaVisionCare.com** or by calling a Customer Care Specialist at 866-537-0229.

This discount cannot be combined with any other discount or promotional offer. The HumanaVision Lasik program is not affiliated with any medical or health plan.

¹ Laser-assisted in-situ keratomileusis

² If qualified as a Lasik candidate by the network doctor

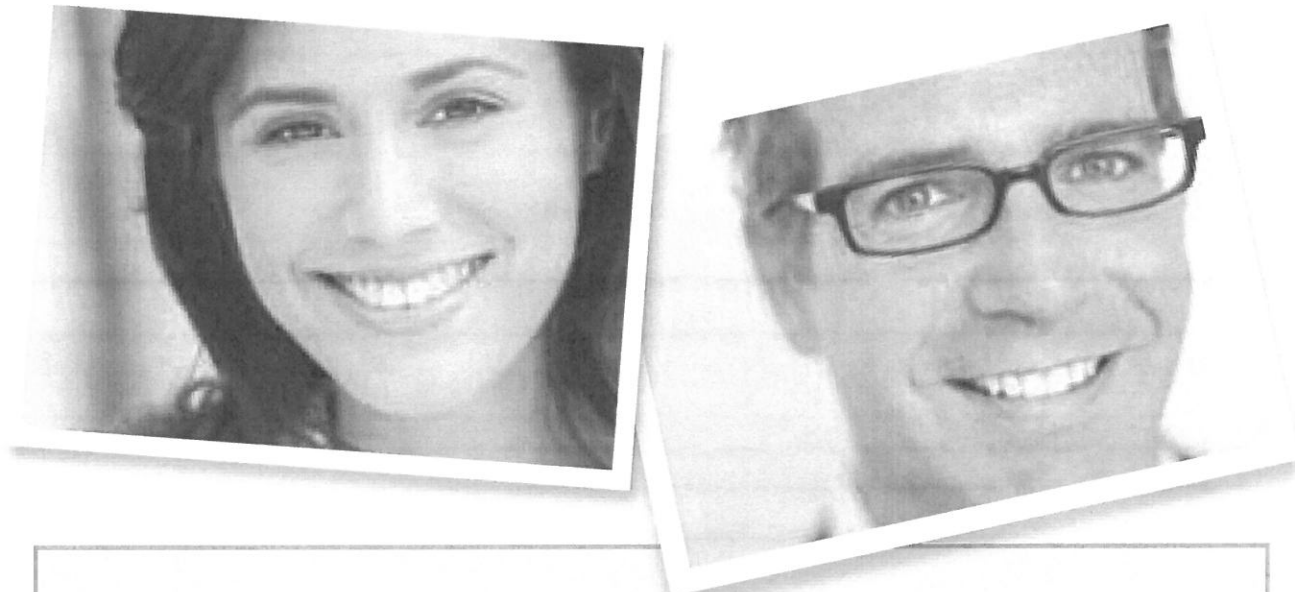
³ Nearsighted better than -2 with astigmatism better than -1 and other restrictions apply

The Lasik program is a discount only for HumanaVision members and is not a covered benefit.

Insured by Humana Insurance Company or CompBenefits Insurance Company, or The Dental Concern, 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[®], Oakley[®], Prada[®], Ralph Lauren[®], and Ray-Ban[®].
- **Convenience** — Take care of eye exams and frames all in one visit. Many locations offer night and weekend appointments to fit your schedule.

Start enjoying these benefits today. Be on the lookout for enrollment session information or visit:

HumanaVisionCare.com

Humana



LENSCRAFTERS

PEARLE VISION

Sears
Optical

OPTICAL



Finding a provider is easy.

Call Customer Care at 1-866-537-0229
or go to 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.

LENSCRAFTERS

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 for the latest styles and trends and your nearest location.

PEARLE VISION

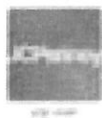
Pearle Vision continues the legacy of personalized eye care that Dr. Stanley Pearle started over 45 years ago. Combine that with a great selection of frames and lens options and over 750 convenient locations to make Pearle Vision a great place for your family's eye care. Go to pearlevision.com to learn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

Sears
Optical

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 for one near you.

OPTICAL

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 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.

Insured by Humana Insurance Company, CompBenefits Insurance Company, CompBenefits of HumanaDental Insurance Company, CompBenefits Company, or The Dental Concern, Inc.

GCA0AV3HH 4/11

Humana VCP Vision Providers for Florida Alachua, Citrus, Dixie, Gilchrist, Lafayette, Lake, Levy, Marion, Sumter Counties

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 Customer Care 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.compbenefits.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.

Florida

ALACHUA
COUNTY
Alachua

Larry J LaTour OD PA
LaTour, OD, Larry J
15551 NW US Hwy 441 Unit 110
32615 (386)462-7772

Gainesville

Dr Mark Raymond Watson PA
Watson, OD, Mark R
1800 NE 12th Ave
32641 (904)589-8512

Dr Tost and Associates
Tost, OD, Gary L
3654 SW Archer Rd
32608 (352)264-0385

Gainesville Eye Physicians Pa
Bailey, OD, Patricia L
708 E University Ave
32601 (352)373-4300

Gainesville Eye Physicians Pa
Hazouri, MD, Gerald G
708 E University Ave
32601 (352)373-4300

Gainesville Eye Physicians Pa
Marshall Jr, MD, Walter H
708 E University Ave
32601 (352)373-4300

Gainesville Eye Physicians Pa
Snodgrass, MD, Gregory D
708 E University Ave
32601 (352)373-4300

Gainesville Eye Physicians Pa
Hazouri, MD, Gerald G
716 E University Ave
32601 (352)376-4479

Gainesville Vision Center PA
Deputy, OD, Gerald
4401 NW 25th Pl Ste D
32606 (352)335-3937

Gainesville Vision Center PA
Deputy, OD, Gerald R
4401 NW 25th Pl Ste D
32606 (352)335-3937

John T Beckum OD
Beckum, OD, John T
2216 NW 40th Ter Ste B
32605 (352)376-1288

Jose Arnao OD PA
Arnao, OD, Jose
6757 W Newberry Rd
32605 (352)331-2040

JC Penney Optical
Optical, JC Penney
6481 W Newberry Rd
32605 (352)332-8643

JC Penney Optical
Patel, OD, Pravina P
6481 W Newberry Rd
32605 (352)332-8643

JC Penney Optical
Tesinsky, OD, Kenneth J
6481 W Newberry Rd
32605 (352)332-8643

Lange Eye Care & associates
Atkins, OD, Brian R
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
Beckwith, OD, Julie-Ann
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
Clark, OD, Chyn Ni H
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
Dau Yaeckel, OD, Catherine A
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
Felici, OD, Roberta
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
Hernandez, OD, Madeline
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
Ho, OD, Thanh T
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
Lange, OD, Michael P
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
McClintic Jr, OD, Virgil M
3968 SW Archer Rd
32608 (352)376-6622

Lange Eye Care & associates
Steg, OD, Meagan M
3968 SW Archer Rd
32608 (352)376-6622

Lenscrafters
Albanese, OD, Michele O
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Ball, OD, Walter L
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Blalock, OD, Jeffrey S
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Brink, OD, Theodore M
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Camarillo, OD, Veronica
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Cooke, OD, Russell Y
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Frick, OD, Susan M
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Kershner, OD, Jesse B
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Kirchner, OD, Bradley S
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Lenscrafters #454, Lenscrafter
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
McAllister, OD, Lisa H
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Mutai, OD, Christopher K
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Pisacano, OD, Daniel G
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Riordan, OD, Kimberly A
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Rubin, OD, Jack
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Shaw, OD, Steven M
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Strucko, OD, Nadia L
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Tabatabai, OD, Ali
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Taylor, OD, Jamie L
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Thiele, OD, Scott L
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Tran, OD, Amanda
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Tucker, OD, Tiffany D
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Villa, OD, Carlos R
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Walker, OD, Jon S
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Womack, OD, John T
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Wong, OD, Arthur
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Lenscrafters
Wygonik, OD, Edward S
6667 W Newberry Rd
Oaks mall
32605 (352)332-0744

Paul E Funderburk OD
Funderburk, OD, Paul E
6757 W Newberry Rd
32605 (352)331-2040

Pearle Vision
Ball, OD, Walter L
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Blalock, OD, Jeffrey S
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Brink, OD, Theodore M
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Frick, OD, Susan M
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Joly, OD, Sandra D
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Kershner, OD, Jesse B
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Kirchner, OD, Bradley S
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Mutai, OD, Christopher K
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Riordan, OD, Kimberly A
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Rubin, OD, Jack
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Strosser, OD, Mark P
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Tabatabai, OD, Ali
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Taylor, OD, Jamie L
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Thiele, OD, Scott L
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Tucker, OD, Tiffany D
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Villa, OD, Carlos R
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Vision, Pearle
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Walker, OD, Jon S
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Womack, OD, John T
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Pearle Vision
Wygonik, OD, Edward S
6405 W Newberry Rd
Oaks mall
32605 (352)331-6321

Quinn Eye Center
Quinn, OD, Ronald K
817 NW 56th Ter Ste B
32605 (352)331-7771

Sears Optical
Optical, Sears
6201 W Newberry Rd
Oaks mall
32605 (352)331-8650

Sears Optical
Phillips, OD, Barry D
6201 W Newberry Rd
Oaks mall
32605 (352)331-8650

Sears Optical
Phillips, OD, Susan B
6201 W Newberry Rd
Oaks mall
32605 (352)331-8650

Starling Eye Group
Starling, OD, Heather M
4635 NW 53rd Ave Ste 202
32653 (352)333-9971

Super Optical Express
Buckner, OD, John M
6757 W Newberry Rd
6757 W Newberry Rd
32605 (352)331-2040

Super Optical Express, Inc
Deputy, OD, Gerald
6757 W Newberry Rd
32605 (352)331-7627

University Opticians Inc
Barber, OD, Jon L
300 SW 4th Ave
32601 (352)378-4480

Newberry

Gainesville Eye Physicians Pa
Snodgrass, MD, Gregory D
12921 SW 1st Rd Ste 107
32669 (352)333-1186

CITRUS

COUNTY

Beverly Hills

Beverly Hills Eye Clinic
Newcomer, OD, Jay D
3636 N Lecanto Hwy
34465 (352)746-0800

Crystal River

Crystal Eye Center & Optical
Azwell, OD, Linda D
1124 N Suncoast Blvd
34429 (352)795-3317

Crystal Eye Center & Optical
Humphries Jr., OD, Mark
1124 N Suncoast Blvd
34429 (352)795-3317

Crystal Eye Center And optical
Dawson, OD, Thomas W
1124 N Suncoast Blvd
34429 (352)795-3317

Hernando

Claudia Chavez
Chavez, OD, Claudia L
3451 E Louise Ln Ste 124
34442 (727)641-7485

Lange Eye Care & Associates
Atkins, OD, Brian R
2696 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Beckwith, OD, Julie-Ann
2696 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Brotsky, OD, Eric L
2629 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Dau Yaeckel, OD, Catherine A
2696 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Felici, OD, Roberta
2629 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Hernandez, OD, Madeline
2696 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Ho, OD, Thanh T
2629 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Lange, OD, Michael P
2696 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
McClintic Jr, OD, Virgil M
2696 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Ramsay, OD, William K
2696 N Forest Ridge Blvd
34442 (352)527-2775

Lange Eye Care & Associates
Steg, OD, Meagan M
2629 N Forest Ridge Blvd
34442 (352)527-2775

Homosassa

Eye Doctors Optical Outlets
Meer, OD, Henry D
3944 S Suncoast Blvd # 5
34448 (352)621-7528

Eye Doctors Optical Outlets
Stamp, OD, Thomas P
3944 S Suncoast Blvd # 5
34448 (352)621-7528

Eye Doctors Optical Outlets
Weisbond, OD, Steven M
3944 S Suncoast Blvd # 5
34448 (352)621-7528

Homosassa Eye Clinic
Newcomer, OD, Annemarie
4564 S Suncoast Blvd
34446 (352)628-3029

Inverness

Victor T Nothnagel OD pa
Cook, OD, Bradley S
2332 Highway 44 W
34453 (352)726-2085

Victor T Nothnagel OD pa
Nothnagel, OD, Victor T
2332 Highway 44 W
34453 (352)726-2085

DIXIE

COUNTY

Cross City

James H Minesinger OD
Minesinger, OD, James H
85 NE Highway 351
32628 (352)498-5007

LAKE

COUNTY

Clermont

Clermont Optical and Vision Ce
Fusselman, OD, John K
231 Citrus Tower Blvd
34711 (352)243-2700

Clermont Optical and Vision Ce
Hill, OD, Jennifer L
231 Citrus Tower Blvd
34711 (352)243-2700

Eye Doctors Optical Outlets
Joshi, OD, Neha
2391 S Highway 27
34711 (352)988-2459

Eye Doctors Optical Outlets
Lewenson, OD, Robert N
2391 S Highway 27
34711 (352)988-2459

Eye Doctors Optical Outlets
Patel, OD, Reenal M
2391 S Highway 27
34711 (352)988-2459

Eye Doctors Optical Outlets
Raney, OD, Dennis B
2391 S Highway 27
34711 (352)988-2459

Eye Express, Inc
Hodges, OD, Virginia
3140 Citrus Tower Blvd
34711 (352)243-2121

Eye Express, Inc
Phillips, OD, Stephen F
3140 Citrus Tower Blvd
34711 (352)243-2121

Eye Express, Inc
Tran, OD, Andrew V
3140 Citrus Tower Blvd
34711 (352)243-2121

Eye Specialists of Mid-Florida
Burry, OD, David N
1050 US Highway 27 Ste 1
34714 (352)394-8705

Eye Specialists of Mid-Florida
Fisher, OD, Alan P
1050 US Highway 27 Ste 1
34714 (352)394-8705

Eye Specialists Of Florida
Aziz-Toppino, MD, Mayssa
1804 Oakley Seaver Dr Ste B
34711 (352)243-8704

James R Davis Iv od
Davis, OD, James R
730 7th St
34711 (352)394-6168

Phillips Salomon & Parrish, PA
Hodges, OD, Virginia
3140 Citrus Tower Blvd
34711 (352)243-2121

Phillips Salomon & Parrish, PA
Phillips, OD, Stephen F
3140 Citrus Tower Blvd
34711 (352)243-2121

Phillips Salomon & Parrish, PA
Tran, OD, Andrew V
3140 Citrus Tower Blvd
34711 (352)243-2121

South Lake Optical
Smith, OD, Gray R
2250 E Highway 50 Ste 1
34711 (352)243-5349

Target Optical
Optical, Target
2660 E Highway 50
34711 (352)394-3521

Target Optical
Toler, OD, Allison
2660 E Highway 50
34711 (352)394-3521

Target Optical
Toler, OD, Allison R
2660 E Highway 50
34711 (352)394-3521

Eustis

Central Florida Eye Ctr
Gatson, OD, Kenneth C
2303 S Bay St
32726 (352)357-1027

Central Florida Eye Ctr
Verkaik, OD, Kristine G
2303 S Bay St
32726 (352)357-1027

Lady Lake

Albert R Ducharme OD PA
Ducharme, OD, Albert R
1128 Bichara Blvd
32159 (352)750-2414

Eye Doctors Optical Outlets
Barber, OD, Jon L
574 N US Highway 441
32159 (352)350-5298

Eye Doctors Optical Outlets
Lascaibar, OD, Albert A
574 N US Highway 441
32159 (352)350-5298

Eye Doctors Optical Outlets
Patel, OD, Reenal M
574 N US Highway 441
32159 (352)350-5298

Eye Doctors Optical Outlets
Raney, OD, Dennis B
574 N US Highway 441
32159 (352)350-5298

Eye Doctors Optical Outlets
Schugar, OD, Richard E
574 N US Highway 441
32159 (352)350-5298

James K Berry OD PA
Berry, OD, James K
1128 Bichara Blvd
32159 (352)750-2414

Leesburg

Albert R Ducharme OD
Ducharme, OD, Albert R
1320 Shelfer St
34748 (352)728-1700

Drs Williams & Vihlen pa
Simon, OD, Robert S
112 E Dixie Ave
34748 (352)787-1956

Drs Williams & Vihlen pa
Vihlen, OD, Fredrick S
112 E Dixie Ave
34748 (352)787-1956

Drs Williams & Vihlen pa
Williams, OD, Samuel W
112 E Dixie Ave
34748 (352)787-1956

Eye Doctors Optical Outlets
Barber, OD, Jon L
10601 US Highway 441 Ste C17
34788 (352)360-0051

Eye Doctors Optical Outlets
Johannessen, OD, Karl D
10601 US Highway 441 Ste C17
34788 (352)360-0051

Eye Doctors Optical Outlets
Ma, OD, Chunfeng
10601 US Highway 441 Ste C17
34788 (352)360-0051

Eye Doctors Optical Outlets
Patel, OD, Reenal M
10601 US Highway 441 Ste C17
34788 (352)360-0051

Eye Doctors Optical Outlets
Raney, OD, Dennis B
10601 US Highway 441 Ste C17
34788 (352)360-0051

Eye Doctors Optical Outlets
Schugar, OD, Richard E
10601 US Highway 441 Ste C17
34788 (352)360-0051

Eye Doctors Optical Outlets
Zetir, OD, Nourah
10601 US Highway 441 Ste C17
34788 (352)360-0051

James K Berry OD PA
Berry, OD, James K
1320 Shelfer St
34748 (352)787-9799

JC Penney Optical
Ness, OD, David R
10401 US Highway 441 Ste 2001
34788 (352)787-0027

JC Penney Optical
Optical, JC Penney
10401 US Highway 441 Ste 2001
34788 (352)787-0027

Pearle Vision
Milovac, OD, Carl L
10401 US Highway 441
Lake square mall
34788 (352)787-7170

Pearle Vision
Vision, Pearle
10401 US Highway 441
Lake square mall
34788 (352)787-7170

Mount Dora

Florida Retina Institute
Cunningham, MD, Matthew A
4880 N Highway 19A Ste 100
32757 (352)357-1203

Mid Florida Eye Center
Helman, OD, Lori M
17560 US Highway 441
32757 (352)735-2020

Mid Florida Eye Center
Jones, OD, Brian W
17560 US Highway 441
32757 (352)735-2020

Mid Florida Eye Center
Pieschke, OD, Glenn D
17560 US Highway 441
32757 (352)735-2020

Mid Florida Eye Center
Shorr, OD, Jack N
17560 US Highway 441
32757 (352)735-2020

LEVY
COUNTY
Chiefland

Michael A Rascati OD pa
Rascati, OD, Michael A
1117 NW 19th Ave
32626 (352)493-2180

MARION
COUNTY
Bellevue

Ritz Eyecare
Collins, OD, Paul E
5215 SE Abshier Blvd
34420 (352)245-9000

Ritz Eyecare
Ritz, OD, Daniel L
5215 SE Abshier Blvd
34420 (352)245-9000

Ocala

Dr Richard K Clark
Clark, OD, Richard K
810 NE 25th Ave
34470 (352)732-0046

DRS RITZ AND JOHNSON
Cheney, OD, Jerry
150 SE 17th St Ste 100
34471 (352)732-7900

DRS RITZ AND JOHNSON
Johnson, OD, Ray H
150 SE 17th St Ste 100
34471 (352)732-7900

DRS RITZ AND JOHNSON
Willeford, OD, Scott K
150 SE 17th St Ste 100
34471 (352)732-7900

Eye Doctors Optical Outlets
Chai, OD, Sook K
3100 SW College Rd Ste 582A
34474 (352)237-5569

Eye Doctors Optical Outlets
Nguyen, OD, Quyen L
3100 SW College Rd Ste 582A
34474 (352)237-5569

Eye Doctors Optical Outlets
Raney, OD, Dennis B
3100 SW College Rd Ste 582A
34474 (352)237-5569

Eye Doctors Optical Outlets
Schugar, OD, Richard E
3100 SW College Rd Ste 582A
34474 (352)237-5569

Eyecare Center of Ocala
Felser, OD, Charlene
5353 SW College Rd
34474 (352)237-9451

Eyecare Center of Ocala
Overholser, OD, Raymond C
5353 SW College Rd
34474 (352)237-9451

Eyecare Center of Ocala
Overholser, OD, Terrie J
5353 SW College Rd
34474 (352)237-9451

JC Penney Optical
Optical, JC Penney
3100 SW College Rd Ste 100
34474 (352)237-4151

Lange Eye Care & associates
Atkins, OD, Brian R
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Atkins, OD, Brian R
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Beckwith, OD, Julie-Ann
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Beckwith, OD, Julie-Ann
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Brodsky, OD, Eric L
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Brodsky, OD, Eric L
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Cali, OD, Stephanie
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Clark, OD, Chyn Ni H
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Clark, OD, Chyn Ni H
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Dau Yaeckel, OD, Catherine A
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Dau Yaeckel, OD, Catherine A
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Felici, OD, Roberta
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Felici, OD, Roberta
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Hernandez, OD, Madeline
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Hernandez, OD, Madeline
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Ho, OD, Thanh T
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Ho, OD, Thanh T
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Lange, OD, Michael P
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Lange, OD, Michael P
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
McClintic Jr, OD, Virgil M
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
McClintic Jr, OD, Virgil M
3101 SW College Rd Ste 101
34474 (352)237-3768

Lange Eye Care & associates
Steg, OD, Meagan M
11100 SW 93rd Court Rd Ste 15
34481 (352)291-2000

Lange Eye Care & associates
Steg, OD, Meagan M
3101 SW College Rd Ste 101
34474 (352)237-3768

Lenscrafters
Cooke, OD, Russell Y
2701 SW College Rd
Gaitway plaza
34474 (352)237-3788

Lenscrafters
Lenscrafters #840, Lenscrafter
2701 SW College Rd
Gaitway plaza
34474 (352)237-3788

Lenscrafters
McAllister, OD, Lisa H
2701 SW College Rd
Gaitway plaza
34474 (352)237-3788

Lenscrafters
Shahi, OD, Sanjeet K
2701 SW College Rd
Gaitway plaza
34474 (352)237-3788

Lenscrafters
Shaw, OD, Steven M
2701 SW College Rd
Gaitway plaza
34474 (352)237-3788

Lenscrafters
Strucko, OD, Nadia L
2701 SW College Rd
Gaitway plaza
34474 (352)237-3788

Optical Express
Anderson, OD, Paul E
600 SW 10th St Ste 104
34471 (352)629-7509

Ritz Eyecare
Collins, OD, Paul E
6290 SW Highway 200
34476 (352)237-6200

Ritz Eyecare
Ritz, OD, Daniel L
6290 SW Highway 200
34476 (352)237-6200

Sears Optical
Optical, Sears
3100 SW College Rd Ste 300
Paddock mall
34474 (352)873-5269

Sears Optical
Phillips, OD, Barry D
3100 SW College Rd Ste 300
Paddock mall
34474 (352)873-5269

Vision World
Zanetti, OD, Gene V
2050 E Silver Springs Blvd
34470 (352)629-3009

Summerfield

Lange Eye Care & associates
Atkins, OD, Brian R
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
Beckwitt, OD, Julie-Ann
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
Brodsky, OD, Eric L
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
Clark, OD, Chyn Ni H
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
Dau Yaeckel, OD, Catherine A
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
Felici, OD, Roberta
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
Hernandez, OD, Madeline
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
Ho, OD, Thanh T
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
Lange, OD, Michael P
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Lange Eye Care & associates
McClintic Jr, OD, Virgil M
16770 S US Highway 441 Ste 604
34491 (352)307-3273

Mid Florida Eye Center
Jones, OD, Brian W
17556 SE 109th Terrace Rd
34491 (352)347-2100

Mid Florida Eye Center
Pieschke, OD, Glenn D
17556 SE 109th Terrace Rd
34491 (352)347-2100

Mid Florida Eye Center
Shorr, OD, Jack N
17556 SE 109th Terrace Rd
34491 (352)347-2100

SUMTER
COUNTY
Bushnell

Florida Eye Care Laser & Catar
Kaufman, MD, Stuart J
1814 W C 48
33513 (352)568-0600

Florida Eye Care Laser & Catar
Lin, MD, Selina J
1814 W C 48
33513 (352)568-0600

Florida Eye Care Laser & Catar
Parker, OD, Timothy A
1814 W C 48
33513 (352)568-0600

The Villages

Lange Eye Care & associates
Atkins, OD, Brian R
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Beckwitt, OD, Julie-Ann
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Brodsky, OD, Eric L
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Clark, OD, Chyn Ni H
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Dau Yaeckel, OD, Catherine A
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Felici, OD, Roberta
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Hernandez, OD, Madeline
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Ho, OD, Thanh T
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Lange, OD, Michael P
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
McClintic Jr, OD, Virgil M
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Ramsay, OD, William K
11834 County Road 101
32162 (352)350-2583

Lange Eye Care & associates
Steg, OD, Meagan M
11834 County Road 101
32162 (352)350-2583

AFLAC CANCER CARE

CANCER INDEMNITY INSURANCE

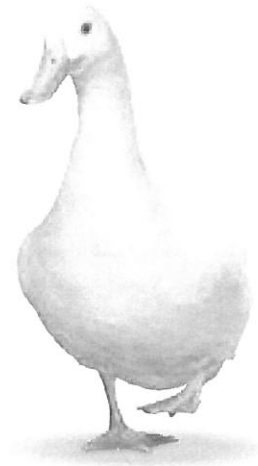
Policy Series A78000

CC
CLASSIC

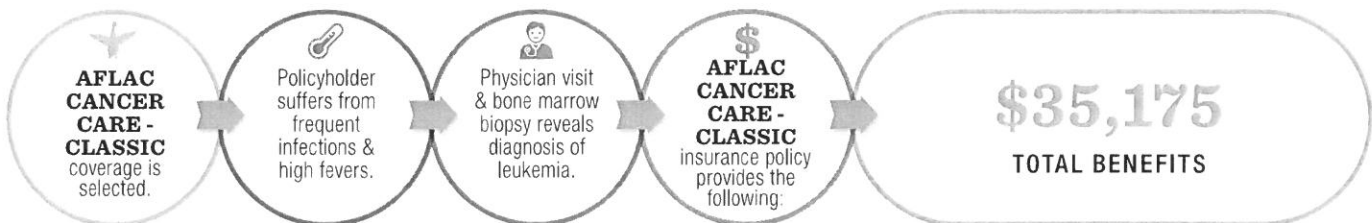
Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Classic that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$75, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$125, NCI Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$4,000, venous port (Surgical/Anesthesia Benefit) of \$125, Injected Chemotherapy Benefit (10 weeks) of \$6,000, Immunotherapy Benefit (3 months) of \$1,050, Antinausea Benefit (3 months) of \$300, Hospital Confinement Benefit (10-week hospitalization) of \$22,000, Blood/Plasma Benefit (10 transfusions) of \$1,000.

THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Classic Cancer Care Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
Cancer Wellness Benefit	\$75 per year, per Covered Person
Cancer Diagnosis Benefits:	
Initial Diagnosis Benefit	Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	\$135; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	\$500 payable only once per Covered Person
Cancer Treatment Benefits:	
Injected Chemotherapy Benefit	\$600 per week; no lifetime max
Nonhormonal Oral Chemotherapy Benefit	\$250 per prescription, per month up to \$750 max per month for Oral/Topical Benefit ²
Hormonal Oral Chemotherapy Benefit	\$250 per prescription, per month up to 24 months; after 24 months \$75 per month up to \$750 max per month for Oral/Topical Benefit ²
Topical Chemotherapy Benefit	\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit ²
Radiation Therapy Benefit	\$350 per week; no lifetime max
Experimental Treatment Benefit	\$350 per week if charged; \$100 per week if no charge; no lifetime max
Immunotherapy Benefit	\$350 once per month; \$1,750 lifetime max per Covered Person
Antinausea Benefit	\$100 per month; no lifetime max
Stem Cell Transplantation Benefit	\$7,000; lifetime max \$7,000 per Covered Person
Bone Marrow Transplantation Benefit	\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor
Blood and Plasma Benefit	Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max
Surgical/Anesthesia Benefit	\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$35–\$400; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$200 per day; no lifetime max
Hospitalization Benefits:	
Hospital Confinement Benefit:	
• Hospitalization for 30 days or less	Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max
• Hospitalization for Days 31+	Insured/Spouse: \$400 per day; Dependent Child: \$500 per day; no lifetime max
Outpatient Hospital Surgical Room Charge Benefit	\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
Continuing Care Benefits:	
Extended-Care Facility Benefit	\$100 a day, limited to 30 days per year, per Covered Person
Home Health Care Benefit	\$100 per day; limited to 30 days per year, per Covered Person
Hospice Care Benefit	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person
Nursing Services Benefit	\$100 per day; no lifetime max
Surgical Prosthesis Benefit	\$2,000; lifetime max \$4,000 per Covered Person
Nonsurgical Prosthesis Benefit	\$175 per occurrence; lifetime max \$350 per Covered Person
Reconstructive Surgery Benefit	\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person
Ambulance, Transportation, Lodging, and Other Benefits:	
Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$.40 per mile; max \$1,200 per round trip; no lifetime max
Lodging Benefit	\$65 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	\$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.

AFLAC CANCER CARE

CANCER INDEMNITY INSURANCE

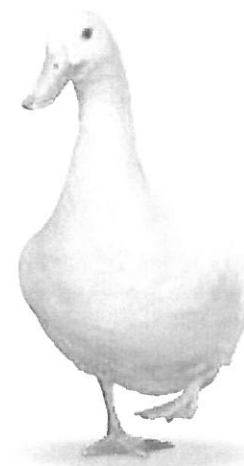
Policy Series A78000



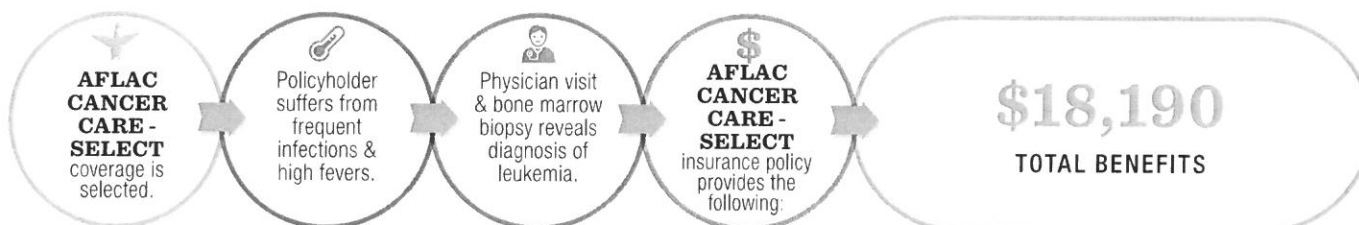
Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Select that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$40, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$62.50, NCI Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$2,000, venous port (Surgical/Anesthesia Benefit) of \$62.50, Injected Chemotherapy Benefit (10 weeks) of \$3,000, Immunotherapy Benefit (3 months) of \$525, Antinausea Benefit (3 months) of \$150, Hospital Confinement Benefit (10-week hospitalization) of \$11,000, Blood/Plasma Benefit (10 transfusions) of \$850.

THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Select Cancer Care Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

Cancer Wellness Benefit

\$40 per year, per Covered Person

Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$2,000; Dependent Child: \$4,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$75; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$500 payable only once per Covered Person

Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$300 per week; no lifetime max

Nonhormonal Oral Chemotherapy Benefit

\$135 per prescription, per month up to \$405 max per month for Oral/Topical Benefit²

Hormonal Oral Chemotherapy Benefit

\$135 per prescription, per month up to 24 months; after 24 months \$50 per month up to \$405 max per month for Oral/Topical Benefit²

Topical Chemotherapy Benefit

\$100 per prescription, per month up to \$405 max per month for Oral/Topical Benefit²

Radiation Therapy Benefit

\$175 per week; no lifetime max

Experimental Treatment Benefit

\$175 per week if charged; \$75 per week if no charge; no lifetime max

Immunotherapy Benefit

\$175 once per month; \$875 lifetime max per Covered Person

Antinausea Benefit

\$50 per month; no lifetime max

Stem Cell Transplantation Benefit

\$3,500; lifetime max \$3,500 per Covered Person

Bone Marrow Transplantation Benefit

\$3,500; \$3,500 lifetime max per Covered Person; \$500 to donor

Blood and Plasma Benefit

Inpatient: \$85 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$140 per day; no lifetime max

Surgical/Anesthesia Benefit

\$50–\$1,700 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$2,125; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$20–\$200; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$100 per day; no lifetime max

Hospitalization Benefits:

Hospital Confinement Benefit:

- Hospitalization for 30 days or less

Insured/Spouse: \$100 per day; Dependent Child: \$125 per day; no lifetime max

- Hospitalization for Days 31+

Insured/Spouse: \$200 per day; Dependent Child: \$250 per day; no lifetime max

Outpatient Hospital Surgical Room Charge Benefit

\$100 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

Continuing Care Benefits:

Extended-Care Facility Benefit

\$75 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$50 per day; limited to 30 days per year, per Covered Person

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$50 per day; no lifetime max

Surgical Prosthesis Benefit

\$1,000; lifetime max \$2,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$90 per occurrence; lifetime max \$180 per Covered Person

Reconstructive Surgery Benefit

\$110–\$1,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$500 to have oocytes extracted; \$175 for storage; \$675 lifetime max per Covered Person

Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.35 per mile; max \$1,000 per round trip; no lifetime max

Lodging Benefit

\$50 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

ASSOCIATED CANCEROUS CONDITION: Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

CANCER: Disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

- 1. INTERNAL CANCER:** All Cancers other than Nonmelanoma Skin Cancer (see definition of "Nonmelanoma Skin Cancer").
- 2. NONMELANOMA SKIN CANCER:** A Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

COVERED PERSON: Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). "Spouse" is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 60 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. "Dependent Children" are your natural children, stepchildren, legally adopted children, foster children, or children in your custodial care who are under age 26.

EFFECTIVE DATE: The date coverage begins, as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

PHYSICIAN: A person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

ADDITIONAL INFORMATION

An Ambulatory Surgical Center does not include a doctor's or dentist's office, clinic, or other such location.

The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational, or rehabilitative care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A Bone Marrow Transplantation does not include Stem Cell Transplantations.

A Stem Cell Transplantation does not include Bone Marrow Transplantations.

If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.

If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government Hospital, the benefits listed in the policy will not require a charge for them to be payable.

Aflac



Cancer Plan

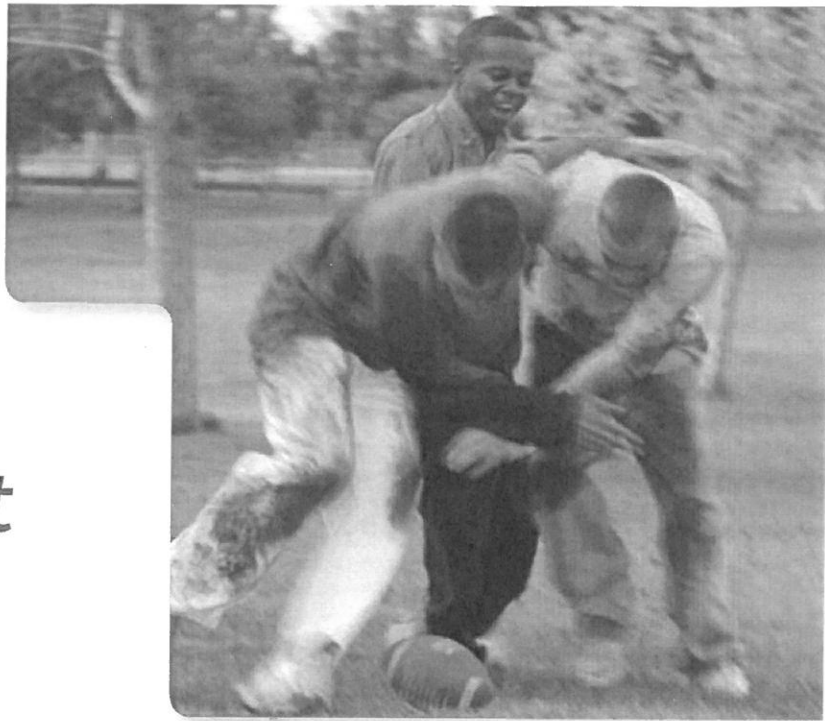
Rates per pay period

First Occurrence	Employee Only	Employee & Child(ren)	Employee & Spouse	Family
Select - \$2,000	\$ 13.78	\$ 13.78	\$ 23.23	\$ 23.23
Classic - \$4,000	\$ 25.40	\$ 25.40	\$ 43.16	\$ 43.16
Bldg Benefit (adds \$500 per Year)	\$ 4.34	\$ 4.34	\$ 9.59	\$ 9.59
Dependent Child (\$10,000 upon diagnosis)	n/a	\$ 0.61	n/a	\$ 0.61
Specified Disease Rider	\$ 0.61	\$ 0.61	\$ 1.31	\$ 1.31

Level 2

Personal Accident Indemnity Plan

Accident-Only Insurance



Plan Benefits

- Emergency Treatment
- Follow-Up Treatment
- Initial Hospitalization
- Hospital Confinement
- Physical Therapy
- Accidental-Death
- Wellness
- Plus ... much more

Personal Accident Indemnity Plan

Policy Series A-34000

Benefits are payable for a covered person's death, dismemberment, or injury caused by a covered accident that occurs on or off the job.

Accident Emergency Treatment Benefit

Aflac will pay \$135 for the insured and the spouse, and \$80 for children if a covered person receives treatment for injuries sustained in a covered accident. This benefit is payable for X-rays, treatment by a physician, or treatment received in a hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person.

Accident Follow-Up Treatment Benefit

Aflac will pay \$40 for one treatment per day for up to a maximum of six treatments per covered accident, per covered person for follow-up treatment received for injuries sustained in a covered accident. Treatment must begin within 30 days of the covered accident or discharge from the hospital. Treatments must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

Initial Accident Hospitalization Benefit

Aflac will pay \$1,650 when a covered person is confined to a hospital for at least 24 hours for injuries sustained in a covered accident. If the covered person is admitted directly to an intensive care unit, Aflac will pay \$3,300. This benefit is payable only once per hospital confinement* or intensive care unit confinement and is payable only once per calendar year, per covered person.

Accident Hospital Confinement Benefit

Aflac will pay \$500 per day for which a covered person is charged for a room for hospital confinement* of at least 18 hours for treatment of injuries sustained in a covered accident. This benefit is payable up to 365 days per covered accident, per covered person.

Intensive Care Unit Confinement Benefit

Aflac will pay an additional \$725 per day for each day a covered person is receiving the Accident Hospital Confinement Benefit and is confined to and charged for a room in an intensive care unit. This benefit is payable up to 15 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

Accident Specific-Sum Injuries Benefit

Aflac will pay \$40–\$13,750 for:

Dislocations	Burns	Skin Grafts
Eye Injuries	Lacerations	Fractures
Broken Teeth	Comas	Brain Concussions
Paralysis	Surgical Procedures	

Treatment must be performed on a covered person for injuries sustained in a covered accident. We will pay for no more than two dislocations per covered accident, per covered person. Dislocations must be diagnosed by a physician within 72 hours after the covered accident. Benefits are payable for only the first dislocation of a joint. If a physician reduces a dislocation with local or no anesthesia, we will pay 25 percent of the amount shown for the closed reduction dislocation. A physician must treat burns within 72 hours after a covered accident. A total of 50 percent of the burn benefit will be paid for one or more skin grafts. Lacerations requiring sutures must be repaired under the attendance of a physician within 72 hours after the covered accident. Fractures must be diagnosed by a physician by X-ray within 14 days after a covered accident. For chip fractures and other fractures not reduced by open or closed reduction, we will pay 25 percent of the benefit amount shown for the closed reduction. We will pay for no more than two fractures per covered accident, per covered person. We will pay no more than one benefit for broken teeth per covered accident, per covered person. Coma duration must be at least seven days and must require intubation for respiratory assistance. Paralysis must result from spinal cord injuries that are received in a covered accident and that result in complete and total loss of use of two or more limbs for a period of at least 30 days, and the loss must be confirmed by a physician. Surgical procedures must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one procedure may be performed.

*Hospital confinement is defined as a covered person's confinement to a bed in a hospital for which a room charge is made. The confinement must be on the advice of a physician and medically necessary. The confinement must be as a result of injuries sustained in a covered accident or for rehabilitative care for injuries sustained in a covered accident. Benefits are also payable for confinement in hospitals operated by or for the United States government. Confinement must start within 30 days of the accident.

Major Diagnostic Exams

Aflac will pay \$225 if a covered person requires one of the following exams for injuries sustained in a covered accident: CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). The exam must be performed in a hospital, a physician's office, or an ambulatory surgical center, and a charge must be incurred. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

Physical Therapy Benefit

Aflac will pay \$40 for one treatment per day up to a maximum of ten treatments per covered accident, per covered person if a physician advises the person to seek treatment from a physical therapist. Physical therapy must be for injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

Appliances Benefit

Aflac will pay \$140 if a covered person requires, as advised by a physician, the use of a medical appliance as an aid in personal locomotion resulting from injuries sustained in a covered accident. This benefit is payable for crutches, wheelchairs, leg braces, back braces, and walkers, and is payable once per covered accident, per covered person.

Prosthesis Benefit

Aflac will pay \$825 if a covered person requires a prosthetic device as a result of injuries sustained in a covered accident. This benefit is payable once per covered accident, per covered person and is not payable for hearing aids, wigs, or dental aids, to include false teeth.

Blood/Plasma/Platelets Benefit

Aflac will pay \$225 if a covered person requires blood, plasma, or platelets for the treatment of injuries sustained in a covered accident. This benefit is not payable for immunoglobulins and is payable only once per covered accident, per covered person.

Ambulance Benefit

Aflac will pay \$225 for ground ambulance transportation or \$1,650 for air ambulance transportation if a covered person requires ambulance transportation to a hospital or emergency center for injuries sustained in a covered accident. A licensed professional ambulance company must provide the transportation within 72 hours of the covered accident.

Transportation Benefit

Aflac will pay \$650 per round trip to a hospital if a covered person requires special treatment and hospital confinement for injuries sustained in a covered accident. The hospital must be more than 100 miles from the covered person's residence or site of the accident. This benefit will be paid for only the covered person for whom the treatment is prescribed, or if the treatment is for a dependent child and commercial travel is necessary, one of the dependent child's parents or legal guardians who travels with the child will also receive this benefit. The local attending physician must prescribe the treatment, and the treatment must not be available locally. This benefit is payable for up to three round trips per calendar year, per covered person. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.*

Family Lodging Benefit

Aflac will pay \$140 per night for one motel/hotel room for a member of the immediate family to accompany the covered person if treatment of injuries sustained in a covered accident requires hospital confinement. The hospital and motel/hotel must be more than 100 miles from the covered person's residence. This benefit is payable up to 30 days per covered accident and only during the time the covered person is confined in the hospital.*

Accidental-Death and -Dismemberment Benefits

Aflac will pay the following benefit for death if it is the result of injuries sustained in a covered accident:

	Insured/Spouse	Child
Common-Carrier Accidents	\$275,000	\$55,000

A covered person must be a passenger at the time of the common-carrier accident, and a proper authority must have licensed the vehicle to transport passengers for a fee. Common-carrier vehicles are limited to airplanes, trains, buses, trolleys, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis are not included.

	Insured/Spouse	Child
Other Accidents	\$82,500	\$27,500

(Other accidents are accidents that are not classified as common-carrier accidents and that are not specifically excluded in the limitations and exclusions of the policy.)

Aflac will pay the following benefit for dismemberment resulting from injuries sustained in a covered accident:

	Insured/Spouse	Child
Both arms and both legs	\$44,000	\$13,750
Two eyes, feet, hands, arms, or legs	\$44,000	\$13,750
One eye, foot, hand, arm, or leg	\$11,000	\$ 4,125
One or more fingers and/or one or more toes	\$ 2,200	\$ 700

Death or dismemberment must be independent of disease, bodily infirmity, or any other cause other than a covered accident and must occur within 90 days of the accident. Only the highest single benefit per covered person will be paid for accidental dismemberment. Benefits will be paid only once for any covered accident. If death and dismemberment result from the same accident, only the Accidental-Death Benefit will be paid. Loss of use does not constitute dismemberment, except for eye injuries resulting in permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200.

Wellness Benefit

After the policy has been in force for 12 months, Aflac will pay \$60 if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Eligible family members are your spouse and the dependent children of you or your spouse. Services covered are: annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. This benefit will become available following each anniversary of the policy's effective date for service received during the following policy year and is payable only once per policy each 12-month period following the policy anniversary date. Service must be under the supervision of or recommended by a physician and received while your policy is in force, and a charge must be incurred.

Guaranteed-Renewable

The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

Effective Date

The effective date of the policy is the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 64. The payroll rate may be retained after one month's premium payment on payroll deduction.

This brochure is for illustration purposes only.

Refer to the policy for complete details, limitations, and exclusions.

What Is Not Covered

We will not pay benefits for services rendered by a member of the immediate family of a covered person or for an accident that occurs while coverage is not in force.

We will not pay benefits for an accident or sickness that is caused by or occurs as a result of a covered person's:

- Being under the influence of a controlled substance or illegal drugs (unless administered by a physician and taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- Driving any taxi for wage, compensation, or profit;
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, if convicted (felony is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any type penal institution;
- Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury;
- Being exposed to war or any act of war, declared or undeclared;
- Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;
- Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching, or racing any type vehicle in an organized event.

Hospital does not include any institution or part thereof used as an ambulatory surgical center; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, care or treatment for persons suffering from mental disease or disorders, or care for the aged, drug addicts, or alcoholics.

Family Coverage

Family coverage includes the insured; spouse; and dependent, unmarried children to age 19 (23 if full-time students). Newborn children are automatically insured from the moment of birth. One-parent family coverage includes the insured and all unmarried, dependent children to age 19 (23 if full-time students). A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

Accidents Happen

- Unintentional injuries are the fifth leading cause of death overall and first among persons in age groups from 1 to 44.
- On the average, there are 14 unintentional-injury deaths and about 2,990 disabling injuries every hour during the year.
- A disabling injury occurs every second.
- In 2005 about 36 percent of all hospital emergency department visits in the United States were injury-related.

Injury Facts, 2008 Edition. National Safety Council.



Accident Plan

Rates per pay period

Employee Only	Employee & Child(ren)	Employee & Spouse	Family
\$ 12.92	\$ 20.89	\$ 18.20	\$ 26.18

Section 125 Cafeteria Plan

How the Plan Works

An IRS Section 125 Plan provides participants an opportunity to receive certain benefits on a pre-tax basis. Under your Employers' Plan, you may pay the premiums pre-tax for your medical, dental, vision and supplemental health plans. Flexible spending accounts are also offered for your health care and dependent care needs for you and your family.

Example of Employee Savings?

	Without a Section 125 Plan (After-Tax Deductions)	With a Section 125 Plan (Pre-Tax Deductions)
Employee Gross Pay	\$ 3,000.00	\$ 3,000.00
Pre-Tax Medical Premiums		\$ 304.00
Taxable Income	\$ 3,000.00	\$ 2,696.00
Tax Rate	25 %	25 %
Taxes Withheld	\$ 750.00	\$ 674.00
Employee Net Pay	\$ 2,250.00	\$ 2,022.00
Post-Tax Medical Premiums	\$ 304.00	
Take Home Pay	\$ 1,946.00	\$ 2,022.00

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account for healthcare expenses. When you enroll in an FSA, you decide how much to contribute to each account for the entire Plan Year. This annual contribution is then deducted in equal amounts from your paycheck, before Federal & State income taxes and FICA taxes are deducted. These "pre-taxed" funds are automatically deposited in your account through payroll deduction. Unless you have a qualifying event under Section 125 regulations, your election amount will not change during the Plan year.

Managing Your Flexible Spending Accounts

Expenses in your flex account that are not incurred by the end of the plan year will be subject to the "use it or lose it" rules regulated by the Internal Revenue Service. Therefore, a decision as to how much you will contribute to your FSA accounts should be made carefully. Based on your Employer's flexible benefits plan year, you have a specified date or "run-off period" following the end of the plan year to

Flexible Spending Accounts

submit your claims for reimbursement. If you do not exhaust your account balance, all funds still remaining in your account will be forfeited after this claim period ends. Check with the Plan Administrator to verify the last date that you may file claims to be reimbursed for your eligible FSA expenses.

Healthcare Reimbursement Flexible Spending Account

A Health Care Flexible Spending Account (FSA) is designed to reimburse you for out-of-pocket health care expenses incurred by you or your eligible dependents that are not reimbursable by your medical, dental and vision insurance plans.

Eligible Health Expenses

These expenses may be incurred by you or your eligible dependents. Expenses include deductibles, coinsurance payments, office co-pays, orthodontics, glasses and contacts.

An eligible expense item must not be used for general health or cosmetic purposes. In some instances, you will be required to submit a letter of medical necessity from your health care provider to demonstrate a medical need.

Once enrolled in a health FSA, the entire annual election is available to you on the first day of the plan year. You must spend the funds by the end of the plan year or they will be forfeited from your account.

Special Health Care Expenses

IRS does not allow pre-payment of certain medical treatment programs that may span over multiple plan years. These include orthodontic and prenatal expenses. Reimbursement of the entire expense generally violates the IRS requirement that expenses must be "incurred" during the coverage period and cannot be paid in advance.

Orthodontic Expenses

IRS stipulates how orthodontic expenses can be reimbursed in a health care FSA. You should carefully plan when deciding on your annual election if it includes orthodontic expenses. Special planning should be considered if you are planning to take advantage of an up-front discount payment. Please remember, services must be performed and incurred within the current plan year. Reimbursement of a lump sum payment to a dentist may not be eligible for services. Also consider services that will be performed over more than one plan year. You will need to provide a copy of your contract with your dental provider, showing the initial deposit and monthly payments. This expense may be setup as a recurring expense throughout your plan year.

Flexible Spending Accounts

Prenatal Expenses

For maternity related expenses, payment cannot be advanced, but are reimbursed as they are incurred. Eligible charges may be reimbursed each time you are seen by your physician for prenatal care, but not in advance of the delivery.

Over The Counter (OTC) Items

The recently enacted Patient Protection and Affordable Care Act of 2010 changes the rules for the purchase of over-the-counter (OTC) products using Flexible Spending Accounts (FSA).

Effective for tax years January 1, 2011, over-the-counter medicines or drugs (e.g. Advil, Ibuprofen, and cough syrup) are not eligible for reimbursement under an FSA, HRA, or HSA without a doctor's prescription. Insulin is the only medicine that doesn't require a prescription.

Supplies you need for medical care (e.g. contact lens solutions, bandages for wounds, thermometers) will continue to be eligible for reimbursement. There are some medical items that may not be allowed unless you have a prescription or letter of necessity from a medical professional for a specific medical condition.

We recommend you retain copies of all OTC documentation for your records. Documentation for reimbursement must state the place of purchase, date, amount, item name, and purchases can be claimed within reasonable quantities. Treatment for eligible expenses cannot be for preventative purposes and items purchased for personal care are not eligible for reimbursement. For example: toothpaste, vitamins, supplements and herbal remedies, and other items used for personal hygiene cannot be claimed for reimbursement.

Examples of Eligible Expenses

In order to use your health care flexible spending account (FSA), the health care item or service needs to be considered "eligible." The Internal Revenue Service – better known as the IRS – has guidelines to determine which expenses are eligible and qualify for reimbursement from your FSA. Typically, an eligible expense must be a service or product that is purchased for medical care to help treat a medical condition or prevent a disease, among other things.

As you shop for care and for health care items, use this as a helpful guide. This list does not include everything. In fact, the IRS may modify the guidelines from time to time, which may cause the list to change.

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Breast reconstruction surgery (mastectomy-related)
- Chiropractor
- Contact lenses and solutions

Flexible Spending Accounts

- Cosmetic surgery, but only if necessary due to disfiguring trauma or disease
- Dental treatment (X-rays, cleanings, fillings, braces, extractions, etc.)
- Diagnostic devices (blood sugar test kits for diabetics)
- Doctor's office visits and procedures
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses and vision exams
- Eye surgery (laser eye surgery)
- Fertility treatment
- Hearing aids and batteries
- Hospital services
- Laboratory fees
- Operations/surgery (excluding unnecessary cosmetic surgery)
- Physical therapy
- Psychiatric care (if the expense is for mental health care provided by a psychiatrist, psychologist or other licensed professional)
- Special education for learning disabilities
- Speech therapy
- Stop-smoking programs including nicotine gum or patches
- Vasectomy
- Wheelchair

Ineligible medical expenses examples:

- Advance payment for future medical care
- Amounts reimbursed from any other source (health coverage or another FSA)
- Cosmetic surgery (unless necessary due to disfiguring trauma or disease)
- Diaper service
- Electrolysis or hair removal
- Health insurance premiums (e.g., COBRA, AD&D, LTD, STD, long-term care, group and individual health insurance and Medicare premiums)
- Health club dues
- Household help
- Illegal operations and treatments
- Long-term care for medical expenses
- Maternity clothes
- Nutritional supplements, such as multi-vitamins, for general good health
- Personal use items, such as toothbrush, toothpaste, etc.
- Swimming lessons
- Teeth whitening

Submit valid documentation for Flex Expenses

Health Care Claims

The Internal Revenue Service requires that **ALL** health care claims be documented for approval in order to be eligible for reimbursement. Valid substantiation documentation for health care expenses will have the following:

- Name of service provider
- Name of patient
- Date of service or sale
- Description of service or product
- Amount of unreimbursed service or *sale*

Flexible Spending Accounts

Flex Debit Card

The Flex Card is an automatic way to pay for qualified health care expenses. It is not a credit card, but can be used to pay for your eligible health flexible spending account (FSA) purchases. The value of the participant's annual contribution is loaded on the Card, and amounts of qualified purchases will be automatically deducted from your account. The Card may be used for eligible flexible spending account (FSA) expenses as determined by Section 213(d) of the Internal Revenue code.

You may use the Card for co-pays at hospitals, physician offices, pharmacies, dental offices, vision service locations, and wherever they accept MasterCard® or Visa® cards. Only eligible expenses incurred during the current plan year and/or grace period can be claimed as eligible expenses.

Substantiation of Flex Card purchases

Many purchases do not require receipts and can be automatically substantiated by one of the following IRS approved methods:

IIAS Approved *If you purchase your FSA eligible item at a merchant utilizing the Inventory Information Approval System, the charge is fully substantiated without the need for submission of a receipt or further review.*

Co-Payment *If the dollar amount on your Flex Card transaction at a health care provider equals the dollar amount of the co-payment for the service under your major medical plan, the charge is fully substantiated with no need for submission of a receipt or further review.*

Recurring Expense *If you use your Flex Card for recurring medical expenses, the charge is substantiated with no need for submission of a receipt or further review. Please note that an initial receipt request will be made to establish the expense as recurring.*

Receipt Request *You will be required to submit itemized receipts for the following flex card debit purchases:*

- *All FSA eligible items purchased at a 90% Rule Merchant*
- *All transactions at a health care provider that does not equal your co-pay amount*
- *Some dental procedures and vision care products and expenses*

You will receive a "Receipt Request" letter notification if you are required to submit receipts to substantiate a Flex Card purchase

Flexible Spending Accounts

Reasons your Flex Card may be declined

Your Flex Card may be declined for the following reasons:

- *Merchants do not Accept Master Card or Visa*
- *Ineligible Medical Expense*
- *Non IIAS Merchant*
- *Non-Medical Facility*
- *The expense is greater than you available FSA fund balance*
- *Your Flex Card has been inactivated due to outstanding receipt requests for substantiation*
- *Merchant is attempting to process your Flex Card as a debit card instead of a credit card*
- *Merchant is experiencing problems with their system.*

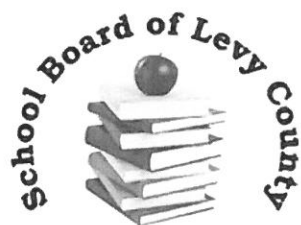
Termination of Employment

Health Care FSA

When you terminate employment, your participation in the plan ends and you will no longer be able to incur expenses for reimbursement. Your salary reductions will end; however you may still file claims for dates of service incurred before your termination as long as they are within your eligible plan year.

COBRA

COBRA may apply to your Health Care FSA account and allow you to continue participation in your URM, thus allowing you to receive reimbursement for medical expenses incurred after your employment termination if you terminate employment and you have contributed more into your Health Care FSA than you have received in benefits.



www.levy.k12.fl.us