

Proposal prepared for:  
**Jefferson Parish  
Government**

Resolution Number 139746

Quote Date: June 30, 2022

Effective Date: January 1, 2023

Dental Insurance Plan SOQ No. 22-032



Submitted by: Steven Lepley | Regional Speciality Sales Executive | 813-240-0059 | slepley@humana.com



## Humana Offering Company Statement

The benefits outlined in this proposal are offered by the following company, hereafter referred to collectively as “Humana:”

- Fully insured PPO plans in Louisiana are offered by Humana Health Benefit Plan of Louisiana, Inc.

Humana Inc. is the ultimate parent company and not an offering company. Humana Inc. holds no insurance licenses or health plan licenses.

Humana has provided information and responses that are consistent with current internal policies and procedures; however, clients will receive the newest and most innovative solutions that Humana has to offer at the time of implementation.

Please be aware that Humana’s responses include information that we consider proprietary and confidential in nature. Humana is pleased to provide our proposal and simply asks that it be treated as confidential. This information is released on the condition that it will be used for no purpose other than to evaluate Humana as a healthcare vendor and that Humana-specific data will not be sold or released for publication. Jefferson Parish Government’s acceptance of this information is considered an agreement to these conditions.



June 30, 2022

Melissa Ovalle, Buyer  
Jefferson Parish Government  
Purchasing Department  
General Government Building  
200 Derbigny Street, Suite 4400  
Gretna, Louisiana 70053

Dear Ms. Ovalle:

We appreciate the opportunity to respond to Jefferson Parish Government's (the Parish) request for a proposal. Our dental solution combines broad network access, customizable plan options, and patient education to engage members in their oral health to keep the Parish's dental costs down and promote healthy habits for your members and their families that contributes to their lifelong well-being.

Our team is dedicated solely to public sector groups and is passionate about developing quality benefit solutions and a "best-in-class" experience for our members.

Our team is passionate about developing quality benefit solutions and a "best-in-class" experience for our members. We are committed to a strategic partnership with the Parish to keep costs down and simplify administration. Our goal is to assist the Parish in offering the most enhanced plan benefits available to your employees and their families at an affordable price.

Dental benefits are an investment in employee health—one that can impact overall health costs, employee productivity, and help attract and retain employees. With Humana's dental plans, you can help your employees improve their oral health by offering flexible, cost-effective dental plans that are designed to encourage preventive care and make it easy for members to get the dental care they need. We can turn your dental benefits strategy into a whole-person health strategy that works.

The dental benefits strategy we've designed specifically for the Parish includes the following:

- \$25,000 implementation credit
- Performance guarantees with \$12,000 annually at risk
- **Traditional Preferred PPO dental plan** that matches in force plan (now base plan):

**Steve Lepley**  
Regional Specialty Sales Executive  
One Galleria Boulevard, Suite 1200  
Metairie, Louisiana 70001  
T 813-240-0059  
E [slepley@humana.com](mailto:slepley@humana.com)

- Rates 10% below current
- Two-year rate guarantee
- **High plan offered (replacing DHMO):**
  - \$1,500 annual maximum (\$1,500 child ortho lifetime benefit)
  - 100/90/60/50 Coinsurance
  - Enhanced Preventive Care Benefits
  - Coverage for three routine exams and cleanings without health requirement
  - Coverage for four periodontal cleanings covered in type 1 100%
  - Extended Annual Maximum benefit – after member reaches \$1,500 annual maximum, benefits continue at 30% coinsurance, in or out of benefit, benefit starts day one for all members, no qualifications and benefit is unlimited
  - Coverage for all covered services (excluding ortho)
- Teledentistry benefits included
- On-site dental clinics included through JetDental
- Full open enrollment for initial and ongoing open enrollments
- Other:
  - Dedicated implementation manager, Missy Fredrickson
  - Single point of contact for ongoing service, claims, and administrative needs, Candice Knaps
  - Dedicated Technology team
  - Dental ID cards mailed direct to members
  - Lifestyle discount program included
    - Hearing aids
    - Weight loss
    - Lasik
    - Teeth whitening
    - Alternate medicine
    - Chiropractic
    - Massage therapy
    - Acupuncture
    - Identity monitoring and protection services

We focus on preventive care, because we understand the impact that oral health has on overall health. Specifically, Humana offers dental PPO plan designs that cover up to **three routine cleanings and four periodontal cleanings** for all members—no health qualifiers necessary—no additional cost under preventive services. From a clinical perspective, this offers tremendous value in helping to mitigate ongoing issues and identify health risks.

Our dental PPO plans are designed to reduce care delays with our **exclusive Extended and Unlimited Annual Maximum benefits**. Unlike traditional rollover plans, these benefits are available to members on day one with no waiting period. Members will always receive some level of coverage for all eligible services at in-network contracted amounts with no cap on the dollars paid in a year.

Humana has also invested in innovative solutions that make finding and using dental benefits easy, including **on-site pop-up clinics and teledentistry** at no cost to the Parish. Our partnership with JetDental allows us to offer easy and convenient on-site dental services for preventive and restorative care. Our teledentistry

offering allows us to provide real-time virtual dental care to members, which decreases the need for in-person office or emergency room (ER) visits, improves access to care, and reduces costs.

Thank you for taking the time to review our proposal, which is structured in accordance with the provisions of your RFP. Please do not hesitate to call me at 813-240-0059 if you have any questions or need clarification regarding any aspect of this proposal. We look forward to meeting with the Parish to discuss how we can partner in achieving your dental benefits goals.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steven Lepley", is written over a light blue grid background.

Steven Lepley  
Sales Executive



## Table of Contents

- I. Executive Summary
- II. Minimum Qualifications
- III. Evaluation Criteria
- IV. Professional Services Questionnaire
- V. Statement of Qualifications
- VI. Rates
- VII. Benefits
- VIII. Performance Guarantees

### **Attachments**

- A. State License
- B. Network Report
- C. Humana's Impact Report



## Executive Summary

### The Cost of Poor Oral Health

Most employers know that healthy employees are typically happier, more productive, and miss fewer days of work. But what most people don't realize is how big a role oral health plays in overall health. Those who neglect their teeth typically spend more money fixing dental issues that could have been proactively resolved through preventive care and early detection.

When analyzing a dental plan, benefit administrators often focus on rates. Plans with lower rates tend to offset the savings with smaller networks, shallower discounts, and limited benefits. The money people save through lower premiums usually results in spending more at the dentist.

Additionally, these cost-saving shortcuts impact health. Poor oral health has also been linked to systemic health issues, including diabetes, heart disease, and strokes. People who don't prioritize their oral health risk paying the difference later in medical costs.



The most effective dental plans save money by promoting benefit utilization and healthy habits. By educating members on the importance of oral health, offering wide network access to quality dentists, and emphasizing prevention and early diagnosis, Humana's dental plans consider the full impact of oral health. This helps to ensure the Parish saves money in the long-term by helping your employees and their families live longer, healthier lives.

### Expect More from Humana Dental

Humana provides **more than health insurance**—we deliver personalized, simplified **human care**. It means replacing the traditional notions of health insurance and seeing people beyond their medical condition. It's our strategy for delivering personalized care, alleviating pain points, and driving positive change within the healthcare industry. In other words, **human care is not only how we're different, but why we're different.**

For over 60 years, we have encouraged members to proactively address health risks through preventive care and to use their dental benefits effectively. We offer a range of dental plans for the Parish to tailor to your population, including options for customizing copayments, deductibles, and out-of-pocket maximums. Additionally, our wide network coverage includes significant discounts to ensure your employees and their families receive high quality dental care at affordable prices. The dental solution we have specifically selected for the Parish includes:

- **Dental Traditional Preferred (TRP):** These plans, also known as Passive PPOs, offer members the freedom to visit any dentist while still receiving maximum benefits. Our dental TRP plans utilize Humana's PPO dental networks—one of the largest in the nation with over 520,000 dentist locations (access points). Members who see dentists participating in Humana's dental PPO network receive the greatest cost savings (up to 30% on out-of-pocket costs).

### New and Improved Benefits

Recently we enhanced and expanded the coverage our dental PPO and TRP plans provide to encourage members to get the care they need whenever they need it.



Among these changes are:

- **Enhanced Preventive Care:** Our new benefits include a wider array of preventive benefits covered at 100%, including additional periodontal cleanings, space maintainers for children, and oral cancer screenings for members 40 years of age and older.
- **Extended Annual Maximum:** Members who reach their annual maximum no longer need to put off the care they need. As a standard benefit in all our PPO and TRP plans, Humana offers an innovative plan design that provides a 30% coinsurance paid by Humana for preventive, basic, and/or major services after members meet their annual maximum.
- **Optional Unlimited Annual Maximum:** Members can now receive care whenever they need it without the worry of reaching their annual maximum. With our unlimited annual maximum, offered as an optional rider for an additional cost, the member's coverage continues throughout the plan year, regardless of the total accumulated amounts paid. It takes into consideration only deductibles, coinsurance amounts, and standard limitations and exclusions.
- **Implants:** While implants themselves can become a covered benefit through Humana's PPO and TRP plans with an optional rider, now all implant-supported prosthodontics—such as crowns and dentures—are covered whether the group selects the implant rider or not.

### Dental Education and Wellness

Oral health is an important part of maintaining good overall health. Humana focuses on prevention, early detection and education. Periodontal disease has long been known to have a negative impact on overall health, specifically heart disease and diabetes. Because of this link, Humana offers dental PPO plan designs that cover up to **three routine cleanings plus four periodontal cleanings**. We also educate members about the risks associated with periodontal disease and heart disease, diabetes, and other health issues through point-in-time messaging, Stay Smart Stay Healthy videos, eNewsletters, SmartEOBs, and the ability to earn Go365 wellness program points for receiving regular preventive care cleanings.

### My Dental IQ

Early detection of chronic oral infections can help prevent other chronic diseases. Through Humana's exclusive and personalized My Dental IQ<sup>SM</sup> oral health assessment, members can better detect these issues with a quick, easy, and free online oral health assessment. Additionally, it can help explain the relationship between oral health and overall health, and provide actionable results and insights. Members also have the option of printing their individual feedback to discuss with their dentist.

### Account Management

To ensure account service satisfaction throughout implementation, we assign Missy Fredrickson, senior installation administration professional, to serve as your single point of contact, providing service on the Parish's plan to your benefits administrators, designated HR representatives, and agents, brokers, or consultants. Missy serves as the day-to-day contact for any service-related issues or concerns, assisting on items such as enrollment/eligibility submission or premium payment discussions, and they can engage other areas within Humana on your behalf, as necessary.

After implementation, we assign the Parish Candice Knaps, senior client executive, who is based in a local Humana office in Baton Rouge, to lead client management and the development of engagement strategies with the Parish.



### Comprehensive Reporting

To help you keep track of your employees' utilization of their benefits, we offer a wide variety of dental reports to track claims, membership, eligibility, and more to help the Parish understand how your employee population is utilizing their dental benefits.

### Customer Care

Customer service is an integral part of Humana's consumer engagement efforts. From our operational procedures to the recruitment and training of our Customer Care specialists, we are organized around a client-focused approach. As a consumer-centric company, we strive for proactive, personalized service through a key metric we brand internally as the Perfect Experience. This multifaceted approach to customer service encompasses:

- A focus on human capital, which begins with selecting the best talent and preparing and engaging those associates through extensive service orientation, practice, and ongoing training
- A commitment to developing a strong "outside in" perspective of every customer interaction, as well as the processes underlying those interactions
- A comprehensive call quality program that utilizes multiple methodologies to evaluate both associate performance and member satisfaction
- Direct feedback provided to all associates on the quality of their performance and the member's reception (via outbound surveys to customers), in order to establish opportunities for improvement

### MyHumana

Every Humana member receives access to a personalized home page on **Humana.com**. Through the MyHumana portal, members can get information about their plans, coverage, claims, and wellness information. Compatible with all computers, mobile devices, and tablets, the site features:

- Administrative functions
- Benefits management functions
- Financial functions and decision tools
- Health and wellness resources

### Mobile Capabilities

Through text, a phone's mobile browser, or Humana's mobile app, members can manage their dental plan needs virtually anywhere, anytime. The MyHumana mobile app leverages features to deliver on-the-go resources such as the ability to:

- View claims, coverage, benefits, and ID cards
- Search for in-network providers

Humana can also partner with the Parish to creatively promote healthy, happy living for your members and their families. If desired, Humana can create a green strategy by providing much of our messaging electronically.

### Giving People a Reason to Smile

Our goal is to make sure the Parish's employees don't have any reasons to avoid a trip to the dentist. Through expanding benefits, growing our network, and educating members on oral health, Humana is working to make sure people have the knowledge and ability to take care of their teeth. Through good oral health, we help the Parish keep dental care costs down and your employees healthy and happy.



## Minimum Qualifications

The following are mandatory requirements for all proposers that cannot be delegated to another entity and must be met by the actual entity submitting the proposal. Failure to meet any of these requirements at the time of the submission deadline will result in the disqualification of a proposal:

1. **Proposer must be licensed in Louisiana and in other states once it is known that a beneficiary has moved to or received services in that state. Please provide copies of all licensing credentials from the State of Louisiana with your proposal.**

Understood and agreed. Please refer to Attachment A for our State License.

2. **Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ**

Understood. Humana has over 50 years of experience in providing dental insurance.

3. **Proposer must offer the type of plans and services as described in this SOQ to at least three (3) similar employer groups or municipalities with similar total members as Jefferson Parish Government, and provide as references.**

Understood and agreed. Please refer to Section IV, Professional Services Questionnaire, for references.



## Evaluation Criteria

### 1. Rates for plan chosen (financial proposals) – 25 points maximum;

Please refer to Section VI for our proposed rates (financial proposal).

### 2. Demonstrated experience providing quality dental plan benefits for large groups (3000+ members) – 20 points maximum;

Humana Inc. is a Fortune 100 company and one of the nation's largest publicly traded employee benefits companies, a recognized leader in providing health, wellness, and productivity solutions to employer groups, government programs, and individuals across the United States. Throughout our history, we have consistently seized opportunities to meet changing client needs. Today, we are a leader in member engagement, providing guidance that leads to lower costs and a better health plan experience throughout our diversified client portfolio.

We are a recognized leader, providing health, wellness, and productivity solutions to employers across the United States, covering approximately 17.1 million medical members and 5.3 million specialty members in dental, vision, and life plans. As of December 31, 2021, Humana reported total assets of \$44.3 billion and total revenues of \$83.1 billion.

With a national presence and more than 5 million specialty members, we currently serve numerous large dental clients. Some of our more notable clients include five state governments, hundreds of school districts and governmental organizations, as well as The United States Federal Government through the Office of Personnel Management (OPM).

### 3. Proposer has a large PPO provider network – 20 points maximum;

Humana has one of the largest national PPO dental networks in the nation with more than 520,000 dentist locations (access points), making it easy for members to find a dentist near home, work, or when on vacation. This vast network also enables us to negotiate attractive dental fee schedules, with an average in-network discount of 38% on covered services nationally. Our network is comprised of directly contracted providers supplemented with rental network partners for a seamless member experience, including the strategic expansion of our dental network, allowing us to give our dental members more in-network options, nationwide. Over 93% of the dentists who join our network stay in the network.

Our provider recruiting campaign targets the top utilized dentists used by the Parish's employees. We encourage members to nominate dentists through the Humana website, or by calling our Customer Care team. In addition, the Parish's administrators can forward information directly to their account management professional. We typically follow up on dentist referrals within 48 business hours.

### 4. Company's financial strength based on A.M. Best Rating or Standard & Poor's (a rating of B or below will receive 0 points) – 10 points maximum;

Following are Humana Health Benefit Plan of Louisiana, Inc.'s current financial ratings:



A.M. Best	Standard & Poor's
A-	A

**5. Plan design/Schedule of Benefits – benefit comparison – 25 points maximum**

All firms (including sub-consultants) must submit a Statement of Qualifications (General Professional Services Questionnaire) by the deadline. Please obtain the latest questionnaire form by contacting the Purchasing Department by telephone at (504) 364-2678 or via the Jefferson Parish website at [www.jeffparish.net](http://www.jeffparish.net) by clicking on “Doing Business in Jefferson Parish” under Business & Development and then clicking on “Professional Services Questionnaires”.

Submissions shall be submitted electronically only through Jefferson Parish’s e-Procurement site, Central Bidding, at [www.jeffparishbids.net](http://www.jeffparishbids.net) or [www.centralauctionhouse.com](http://www.centralauctionhouse.com). Registration is required and free for Jefferson Parish vendors by visiting [www.centralauctionhouse.com/registration](http://www.centralauctionhouse.com/registration).

No SOQ submittals will be accepted after the deadline.

Affidavits are not required to be submitted with the Statement of Qualifications, but shall be submitted prior to contract approval.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24th Judicial District Court.

**Advertise: The New Orleans Advocate: June 15, 2022**

Understood. Please refer to Section V for our completed Statement of Qualifications.



## General Professional Services Questionnaire

- **The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.**

Understood.

- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**

Understood.

- **Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.**

Understood.

- **All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.**

Humana performs all core services included in this proposal. We may utilize some external vendors to perform specific program and administrative services.

All of Humana’s approved vendors undergo a rigorous due diligence process prior to doing business with us and are some of the best vendors used by most of the major insurance companies in the United States. All access to information within our systems is restricted, monitored, and carefully protected and is never stored or maintained outside of Humana’s secure firewalls.

Vendors are subject to all of the same HIPAA privacy restrictions and IT security agreements as Humana and are regularly audited each year. We agree to assume all financial and operational responsibility for services performed on behalf of all insured groups, regardless of whether those services are performed internally by Humana or through an approved vendor.

- **If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.**

Understood.

## General Professional Services Questionnaire

**A. Project Name and Advertisement Resolution Number:**

Dental Insurance Plan- SOQ No. 22-032

Resolution Number 139746

**B. Firm Name & Address:**

Humana  
500 West Main Street  
Louisville, Kentucky 40202

**C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:**

Name and Title: Steve Lepley, Regional Specialty Sales Executive  
Phone Number: 813-240-0059  
Email: slepley@humana.com

**D. Address of principal office where Project work will be performed:**

Humana Commercial Group Sales Office  
One Galleria Boulevard, Suite 1200  
Metairie, Louisiana 70001

**E. Is this submittal by a JOINT-VENTURE? Please check:**

YES \_\_\_\_\_ NO  \_\_\_\_\_

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

**F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.**

1.

N/A

2.

N/A

## General Professional Services Questionnaire

<b>G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____</b> Not applicable to Humana.		
<b>H. List all subcontractors anticipated for this Project. Please note that <u>all subcontractors must submit a fully completed copy of this questionnaire</u>, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.</b>		
Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
<b>1.</b> Humana performs all core services included in this proposal. We may utilize some external vendors to perform specific program and administrative services. All of Humana's approved vendors undergo a rigorous due diligence process prior to doing business with us and are some of the best vendors used by most of the major insurance companies in the United States. All access to information within our systems is restricted, monitored, and carefully protected and is never stored or maintained outside of Humana's secure firewalls.		
<b>2.</b> Vendors are subject to all of the same HIPAA privacy restrictions and IT security agreements as Humana and are regularly audited each year. We agree to assume all financial and operational responsibility for services performed on behalf of all insured groups, regardless of whether those services are performed internally by Humana or through an approved vendor		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		



## General Professional Services Questionnaire

<b>I. Please specify the total number of support personnel that may assist in the completion of this Project:</b> <u>    5    </u>
<b>J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.</b>
<b>PROFESSIONAL NO. 1</b>
<b>Name &amp; Title:</b>
Steve Lepley, Regional Specialty Sales Executive
<b>Name of Firm with which associated:</b>
Humana
<b>Description of job responsibilities:</b>
National Sales leadership role working specifically to assist the sales of Humana dental and vision for employers with more than 1,000 employees.
<b>Years' experience with this Firm:</b>
4
<b>Education: Degree(s)/Year/Specialization:</b>
Bachelor of Science in Marketing from University of South Carolina.
<b>Other experience and qualifications relevant to the proposed Project:</b>
25 years of group insurance experience specifically selling group ancillary coverages. Groups sold ancillary coverage on include LSU, State of Florida, State of West Virginia, Seminole County Schools Florida.

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 2</b>
<b>Name &amp; Title:</b>
Carla Cohran, Agency Relationship Manager
<b>Name of Firm with which associated:</b>
Humana
<b>Description of job responsibilities:</b>
Develop, cultivate and maintain relationships with industry partners. Access client needs, assist in developing strategy and providing benefit solutions that yield customer satisfaction.
<b>Years' experience with this Firm:</b>
2
<b>Education: Degree(s)/Year/Specialization:</b>
Studied Business Management while attending Southern University; degree not completed at this time.
<b>Other experience and qualifications relevant to the proposed Project:</b>
Carla has 14 years of experience in the insurance industry, including wellness and benefit administration. While operating in various capacities such as benefit administrator, account manager and sales executive, Carla was responsible for all sales-oriented activities, marketing and advertising for 100+ clients just to name a few.

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 3</b>
<b>Name &amp; Title:</b>
Amanda Free, Director of Sales
<b>Name of Firm with which associated:</b>
Humana
<b>Description of job responsibilities:</b>
Develop strategy for client based on RFP request and work with internal and external partners to develop RFP response.
<b>Years' experience with this Firm:</b>
9
<b>Education: Degree(s)/Year/Specialization:</b>
BBA Risk Management and Insurance, University of Georgia 2006
<b>Other experience and qualifications relevant to the proposed Project:</b>
Has worked in benefits since 2004 with both broker/consultants and Humana.

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 4</b>
<b>Name &amp; Title:</b>
Candice Knaps, Senior Client Executive
<b>Name of Firm with which associated:</b>
Humana
<b>Description of job responsibilities:</b>
Maintains positive relationships with customers by meeting regularly, negotiating renewals, creating and assessing client satisfaction, and serving as a consultant on additional product offerings.
<b>Years' experience with this Firm:</b>
16
<b>Education: Degree(s)/Year/Specialization:</b>
University of Phoenix, Bachelor of Science in Information Technology
<b>Other experience and qualifications relevant to the proposed Project:</b>
Candice has 33 years industry experience. Prior to joining Humana, Candice served as an operations and provider services representative with another insurance carrier where she coordinated special projects to ensure company policies were followed and key objectives were met.

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 5</b>
<b>Name &amp; Title:</b>
Missy Ferdrickson, Senior Installation Administration Professional
<b>Name of Firm with which associated:</b>
Humana
<b>Description of job responsibilities:</b>
Missy will be your Single Point of Contact (SPOC). Our relationship-based model streamlines service for your benefits administrators, designated HR representatives, and agents, brokers, or consultants through one Humana associate. The SPOC is able to directly resolve billing and enrollment issues, as well as engage our internal contacts across Humana as necessary, throughout the life of the plan.
<b>Years' experience with this Firm:</b>
23
<b>Education: Degree(s)/Year/Specialization:</b>
Lakeland University, Bachelor of Business
<b>Other experience and qualifications relevant to the proposed Project:</b>
Missy is responsible for the implementation process to provide seamless experience and service for new groups transitioning from other carriers. She is the ongoing service contact for the County's administrator and agent. She handles escalated issues for enrollment, ID cards, claims processing, and billing.

## General Professional Services Questionnaire

**K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.**

### PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
Project Name: Diocese of Lafayette Location: Lafayette, Louisiana Contact Name: Maureen Fontenot Contact Number: 337-261-5526	Dental and Vision insurance
Length of Services Provided:	Cost of Services Provided:
July, 2010-present	Humana does not release this information externally.

### PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Project Name: St. Tammany Parish School Board Location: Covington, Louisiana Contact Name: Gayle Adams Contact Number: 3985-893-5519	Dental, Vision and Group Medicare
Length of Services Provided:	Cost of Services Provided:
January, 2013-present	Humana does not release this information externally.

**General Professional Services Questionnaire**

<b>PROJECT NO. 3</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Project Name: Louisiana State University Location: Baton Rouge, Louisiana Contact Name: Katti Galatas Contact Number: 225-578-1324	Dental
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
January, 2021-present	Humana does not release this information externally.

<b>PROJECT NO. 4</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**General Professional Services Questionnaire**

<b>PROJECT NO. 5</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 6</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**General Professional Services Questionnaire**

<b>PROJECT NO. 7</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 8</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

**General Professional Services Questionnaire**

<b>PROJECT NO. 9</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

<b>PROJECT NO. 10</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

## General Professional Services Questionnaire

**L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.**

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.		*All material past, pending, or threatened litigation or regulatory proceedings have been disclosed in Humana's annual reports on Form 10-K and quarterly reports on Form 10-Q, available at www.sec.gov.
2.		
3.		
4.		

**M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.**

Humana's account management and implementation process is structured to ensure we deliver Jefferson Parish Government's employees a seamless, uninterrupted transition to their new dental plan. This process is led by your account management professional, whose main objective is to ensure your satisfaction. They work with your benefits administrators to create well-being and engagement strategies to help you realize the full value of Humana's offering.

We also assign a Missy Fredrickson, your installation administration professional to work with the Parish. Missy serves as your single point of contact during implementation and enrollment, works to ensure a smooth, seamless implementation, and engages internal contacts across Humana to facilitate resolutions for all other issues as necessary.

**N. To the best of my knowledge, the foregoing is an accurate statement of facts.**

Signature:  Print Name: Susan D Schick

Title: Segment President, Group and Military Business Date: June 30, 2022

**Statement of Qualifications**

**AFFIDAVIT**

**STATE OF** Kentucky

**PARISH/COUNTY OF** Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Susan D. Schick  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Segment President, Group and of Humana (Entity),  
Military Business  
the party who submitted a Statement of Qualifications (SOQ) to Jefferson Parish Government  
Dental Insurance Plans (Briefly describe the services the SOQ  
will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

**Choice B** X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

**Choice B**   X   There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

**Choice B**   X   there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

**Choice B**   X   There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Susan D. Schick  
Signature of Affiant

Susan D. Schick, Segment President, Group and Military Business  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

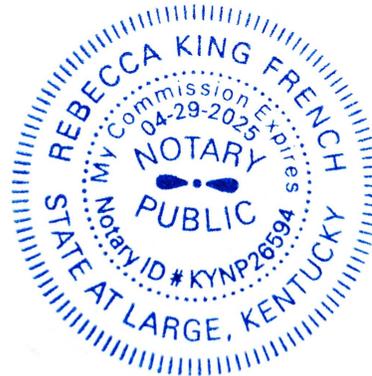
ON THE 30th DAY OF June, 2022.

Rebecca King French  
Notary Public

Rebecca King French  
Printed Name of Notary

KYNP26594  
Notary/Bar Roll Number

My commission expires April 29, 2025.



Fully Insured  
 Effective date: 01/01/2023

# Dental Plan Highlights and Rates

## Proposed plan 1: TRADITIONAL PREFERRED 100/90/60 ORTHO 1.5K U&C +

Plan Highlights			
Preventive services coinsurance %	100	Endodontics	Basic
Basic services coinsurance %	90	Periodontics	Basic
Major services coinsurance %	60	Composite fillings for molars	Not Selected
Individual Deductible	\$50.00	Complex surgical extractions	Basic
Family Deductible	\$150.00	Implants	Not Selected
Waive deductible on preventive	Yes	Orthodontia	Child
Annual maximum	\$1500.00	Orthodontia coinsurance %	50
Extended annual max	Yes	Orthodontia lifetime maximum	\$1500.00
Waive preventive on annual maximum	Yes	Voluntary	Not Selected

	EE	EESP	EECH	FAM
Assumed subscribers	1,071	235	171	180
Proposed rates	\$24.72	\$48.60	\$62.80	\$76.60
Estimated monthly premium	\$26,475.12	\$11,421.00	\$10,738.80	\$13,788.00
Estimated annual premium	\$317,701.44	\$137,052.00	\$128,865.59	\$165,456.00

U&C: 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.

Limitations, exclusions, waiting periods, and frequency or age limitations may apply. Do not cancel current group coverage until you receive written approval from Humana. Please verify the rates and selected plan(s) before implementation to ensure a smooth transition.

Fully Insured  
Effective date: 01/01/2023

## Dental Plan Highlights and Rates

### Proposed plan 2: CUSTOM TRADITIONAL PREFERRED 100/80/50 ORTHO 1K U&C

#### Plan Highlights

Preventive services coinsurance %	100	Endodontics	Basic
Basic services coinsurance %	80	Periodontics	Basic
Major services coinsurance %	50	Composite fillings for molars	Not Selected
Individual Deductible	\$50	Complex surgical extractions	Basic
Family Deductible	\$150	Implants	Not Selected
Waive deductible on preventive	Yes	Orthodontia	Child
Annual maximum	\$1000	Orthodontia coinsurance %	50
Extended annual max	No	Orthodontia lifetime maximum	\$1000
Waive preventive on annual maximum	Yes	Voluntary	Not Selected

	EE	EESP	EECH	FAM
Assumed subscribers	501	83	61	72
Proposed rates	\$18.88	\$37.12	\$45.67	\$55.64
Estimated monthly premium	\$9,458.88	\$3,080.96	\$2,785.87	\$4,006.08
Estimated annual premium	\$113,506.56	\$36,971.52	\$33,430.44	\$48,072.96

U&C: 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.

Limitations, exclusions, waiting periods, and frequency or age limitations may apply. Do not cancel current group coverage until you receive written approval from Humana. Please verify the rates and selected plan(s) before implementation to ensure a smooth transition.

\* Custom benefits are limited to the following (standard age limitations & frequencies apply):

- No extended annual maximum benefit
- Routine oral examinations (2 per year - D0120)
- Routine cleanings (2 per year - D1110 and D1120)
- Periodontal maintenance cleanings (2 per year) covered in Basic
- Sealants for children covered in Basic

**Fully Insured**

# Dental Plan Terms and Conditions

**Rate Assumptions:**

- › The effective date is no later than 01/01/2023.
- › Rates are guaranteed for two (2) years from 01/01/2023 through 12/31/2024. If the average enrollment from 01/01/2023 through 09/30/2023 changes by +/-10% from the quoted enrollment of 2374 subscribers, HumanaDental reserves the right to adjust rates effective 01/01/2024.
- › Rates are based on SIC code 9111, situs state LA.
- › Retirees are not included.
- › Plan assumes an employer/employee relationship exists between all parties.
- › These rates include a replacement commission schedule of a level 0%.
- › Humana requires any producer transacting the sale of insurance products on Humana's behalf to be contracted with Humana and appointed as Humana's agent in accordance with applicable law. The provision of this quoting information to the producer does not constitute an authorization of the named producer to solicit or otherwise transact the sale of insurance products on behalf of Humana, its affiliates, or subsidiaries. The information presented in this quote is intended for a producer's informational purposes only and shall not be distributed further.

**Enrollment:**

- › Rates are based on 3136 eligible employees.
- › For employer-sponsored dental plans, the group must have 100% participation if the employer contributes 100% of the premium, or a minimum of 50% of all eligible employees if the employer contributes less than 100% of the premium.
- › If enrollment changes by +/-10 percent from the quoting enrollment of 2374 subscribers / 3768 members, underwriting reserves the right to re-evaluate rates.
- › On Employer Sponsored plans, no waiting periods will apply for initial or timely add-ons for PPO/TRP and DHMO plans.
- › Rates include an annual open enrollment at renewal time. Open enrollment allows employees to enroll as timely applicants during open enrollment. Standard waiting periods apply.

**Plan Design:**

- › Proposal is contingent on Humana being the only dental plan(s) offered.
- › This plan is based on Humana's dental standard certificate language and includes custom benefits. To ensure quality, Humana requires a 40-day notice before the effective date to complete all facets of implementation and quality-assurance testing. Tasks during this time include internal and external meetings to discuss plan design, receiving and loading eligibility, building plan-specific benefits; and creating, printing and mailing ID cards.
- › Dependent age limitations are based on situs state requirements unless otherwise noted.

**Billing:**

- › With our standard billing cycle, premiums are due by the first of the month for which coverage is to be provided. Grace period is 31 days.
- › Humana may adjust rates because of changes in plan design, legislation, or regulations that affect benefits payable, eligible, or contractual provisions.

For insuring or offering entity, please see applicable sales or marketing literature.

\* This proposal includes an implementation/technology credit of \$25,000. Insurer shall pay Policyholder directly or indirectly, after installation of the plan is complete and first premium has been received, as agreed to by the parties after the insurer receives documentation of the administrative expenses incurred by Policyholder.

# Humana Dental Traditional Preferred

Jefferson Parish Government

LOUISIANA

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>Routine oral examinations (3 per year)</li> <li>Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>Routine cleanings (3 per year)</li> <li>Periodontal cleanings (4 per year)</li> <li>Fluoride treatment (1 per year, through age 16)</li> <li>Sealants (permanent molars, through age 16)</li> <li>Space maintainers (primary teeth, through age 15)</li> <li>Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
<b>Basic services</b> <ul style="list-style-type: none"> <li>Emergency care for pain relief</li> <li>Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>Oral surgery (tooth extractions including impacted teeth)</li> <li>Stainless steel crowns</li> <li>Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	90% after deductible		90% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>Crowns (1 per tooth every 5 years)</li> <li>Inlays/onlays (1 per tooth every 5 years)</li> <li>Bridges (1 per tooth every 5 years)</li> <li>Dentures (1 per tooth every 5 years)</li> <li>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>Denture repair and adjustments (following 6 months of denture use)</li> <li>Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.)</li> </ul>	60% after deductible		60% after deductible	

If you use an  
IN-NETWORK dentist

If you use an  
OUT-OF-NETWORK dentist

**Extended Annual Max**

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

**Orthodontia services**

Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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**

**Employer-sponsored funding: 5+ enrolled employees**

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	12 months	12 months	12 months (24 months for 5-9 enrolled employees)

<sup>1</sup> Late applicants not allowed with open enrollment option.

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



**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 Humana Dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

\* [www.perio.org](http://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?\*

Humana Dental helps you feel good about your dental health so you can smile confidently.

\* American Academy of Cosmetic Dentistry

## Use your Humana Dental benefits

### Find a dentist

With Humana Dental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Traditional Preferred 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 Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

### See your dentist

Your Humana Dental 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 Humana Dental 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). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

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.



## Important!

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resewva sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'éh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,000			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>Routine oral examinations (2 per year)</li> <li>Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>Routine cleanings (2 per year)</li> <li>Fluoride treatment (1 per year, through age 16)</li> <li>Space maintainers (primary teeth, through age 15)</li> <li>Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
<b>Basic services</b> <ul style="list-style-type: none"> <li>Emergency care for pain relief</li> <li>Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>Oral surgery (tooth extractions including impacted teeth)</li> <li>Stainless steel crowns</li> <li>Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> <li>Periodontal cleanings (2 per year)</li> <li>Sealants (permanent molars, through age 16)</li> </ul>	80% after deductible		80% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>Crowns (1 per tooth every 5 years)</li> <li>Inlays/onlays (1 per tooth every 5 years)</li> <li>Bridges (1 per tooth every 5 years)</li> <li>Dentures (1 per tooth every 5 years)</li> <li>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>Denture repair and adjustments (following 6 months of denture use)</li> <li>Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.)</li> </ul>	50% after deductible		50% after deductible	

**If you use an  
IN-NETWORK dentist**

**If you use an  
OUT-OF-NETWORK dentist**

**Orthodontia services**

Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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**

Employer-sponsored funding: 5+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	12 months	12 months	12 months (24 months for 5-9 enrolled employees)

<sup>1</sup> Late applicants not allowed with open enrollment option.

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



**Questions?**

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## Feel good about choosing a Humana Dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

\* [www.perio.org](http://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?\* Humana Dental helps you feel good about your dental health so you can smile confidently.

\*American Academy of Cosmetic Dentistry

Humana group dental plans are offered by Humana Insurance Company, Humana Dental 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). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

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.



## Use your Humana Dental benefits

### Find a dentist

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The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at [Humana.com](http://Humana.com) or call 1-800-233-4013.

### See your dentist

Your Humana Dental 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](http://Humana.com).

### Learn what your plan paid

After Humana Dental 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](http://Humana.com) or by calling 1-800-233-4013.

## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resewva sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'ahí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé níká'adoowól.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721



## Dental Fully Insured Performance Guarantees

Humana offers the following dental performance guarantees to the Parish:

Effective Date: January 1, 2023 to December 31, 2024

Category	Performance Standard Definition	Performance Standard Goal	Amount at Risk (Penalty)
<b>Claims Processing</b>			
Cycle Time	Cycle time is measured from the date a clean dental claim is received to the date it is processed. Clean claims are defined as not requiring any external information from a provider, participant, employer, or any other carrier in order to complete the claim.	90% in 10 business days (14 calendar days)	\$3,000
Financial Accuracy	The financial accuracy rate is defined as the percentage of dental dollars paid correctly. It is calculated by dividing the total dental claims dollars paid, less the absolute value of overpayments and underpayments, by the total dental claims dollars paid.	99%	\$3,000
Payment Accuracy	Payment accuracy is defined as the percentage of dental claims paid correctly. It is calculated by dividing the total number of correctly paid dental claims by the total number of dental claims reviewed.	98%	\$3,000
<b>Customer Service</b>			
Abandonment Rate	Percentage of dental callers that hung up prior to reaching a dental Customer Care specialist greater than five seconds.	5% or less over five seconds	\$3,000

Humana agrees to meet the performance standards as outlined in providing administrative services for the above-mentioned client. This agreement is effective January 1, 2023 to December 31, 2024.

Humana is willing to place a total of \$12,000 of funded premiums at risk for failure to meet the stated performance standard. Performance results will be reported annually based on global results. Payment of any penalties due to the client will be made following the end of the plan year based on annual results.

During implementation, if significant changes are made to the Client's Plan, or in the event a benefit change notification is not received from the Client on a timely basis. Humana will not be responsible for performance results or penalty amounts as described within this Agreement.

\_\_\_\_\_  
Client Representative Signature/Date

\_\_\_\_\_  
Humana Representative Signature/Date

In order for this contract to be binding, signatures are required from both the client and Humana representative. This signed exhibit must be returned to the Performance Guarantee Consultant for tracking purposes no later than 30 days post effective date.