

# FED VIP EPO Dental Plan\_ID08.1

## 2027

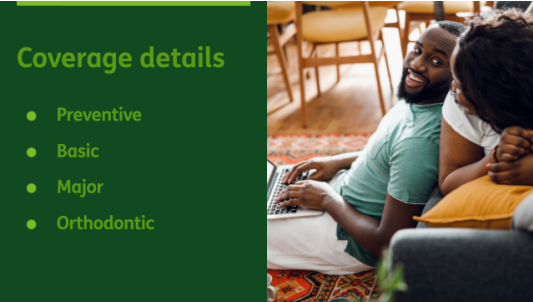
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Exported by mzurkuhlen1@humana.com

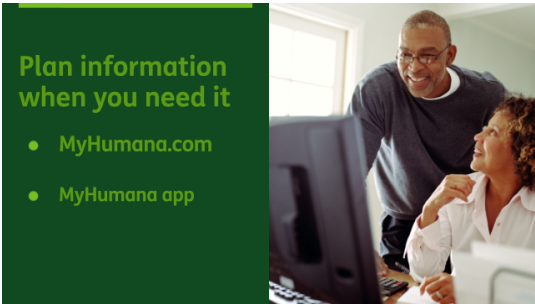
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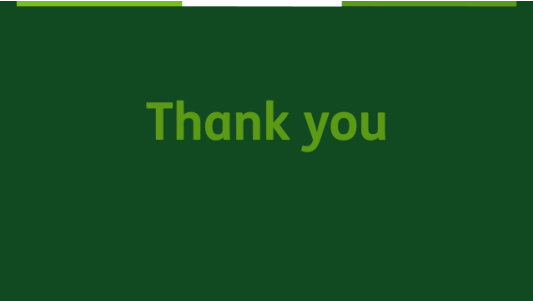
| Scene                                                                                                                                                                                                                                                                                                                                                                                                                                | Narration                                                                                                                                                                | On-screen text                                                                                                                        | Button text | Media description                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1.Welcome to FED VIP</p>  <p>The graphic features the Humana logo in green, followed by 'FEDVIP Dental EPO Plan' in bold green, and the tagline 'Humana's dental plan that will make you smile' in white. To the right is a photograph of a diverse family of seven people (two adults and five children) smiling outdoors in a grassy area.</p> | <p>Welcome to the FEDVIP dental EPO plan from Humannah.</p>                                                                                                              | <p>FEDVIP Dental EPO Plan</p> <p>Humana's dental plan that will make you smile</p>                                                    |             | <p>Summer garden and happy family with grandparents smile together on holiday or vacation Backyard portrait and parents with children outdoor with love support and embrace on grass in Mexico</p> |
| <p>2.Open Season Dates</p>  <p>The graphic shows a family of three (father, mother, and child) smiling together. To their right is a green box with the title 'Federal Employee Dental and Vision Program' and a bulleted list: 'Federal civilian workforce', 'Federal annuitants', and 'Tricare retirees'.</p>                                    | <p>We are pleased to offer our dental plans to the federal civilian workforce, the federal annuitants and Tricare retirees.</p>                                          | <p>Federal Employee Dental and Vision Program</p> <p>Federal civilian workforce</p> <p>Federal annuitants</p> <p>Tricare retirees</p> |             | <p>Family relaxing together on sofa</p> <p>greenwithdarkgreenbullet</p> <p>greenwithdarkgreenbullet</p> <p>greenwithdarkgreenbullet</p>                                                            |
| <p>3.Copy of Open Season Dates</p>                                                                                                                                                                                                                                                                                                                                                                                                   | <p>This is the time of year for you to make any changes to your benefits. Open season this year begins on November 9th and ends on December 14th at midnight eastern</p> | <p>Federal Employee Dental and Vision Program</p> <p>OPEN SEASON</p> <p>Nov. 9th - Dec. 14th</p>                                      |             | <p>Smiling business woman working with laptop while looking at camera in modern startup office</p>                                                                                                 |

| Scene                                                                                                                           | Narration                                                                                                                                                                                                             | On-screen text                                                               | Button text | Media description                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                | standard time                                                                                                                                                                                                         | midnight EST                                                                 |             |                                                                                                                                                                                                  |
| <p>4.Introduction to the EPO Dental plans</p>  | The EPO delivers unique value by providing increased access and lower costs. The plan is designed to prioritize prevention and cost containment, ensuring you receive the best dental care without breaking the bank. | <p>How the EPO Dental Plan works</p> <p>Increased access and lower costs</p> |             | Child at dentist s office Little patient red haired girl sitting in dentistry chair looking at camera and pointing on tablet with teeth panoramic scan together with her smiling african dentist |
| <p>5.Lower Premiums</p>                                                                                                         | Great news! this year our premiums went down on our dental plans. Let's dive into the EPO plan.                                                                                                                       | <p>A lower premium means</p> <p>more savings for you</p>                     |             | mom and children using laptop                                                                                                                                                                    |

| Scene                                                                                                       | Narration                                                                                                                                                                                                                               | On-screen text                                                                                                          | Button text | Media description                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            |                                                                                                                                                                                                                                         |                                                                                                                         |             |                                                                                                                                                                                           |
| <p>6.Coverage Details</p>  | <p>The Fedvip dental EPO Plan offers a range of copays for different services. They are grouped in levels of complexity; Preventive, Basic, Major and Orthodontic.</p>                                                                  | <p>Coverage details</p> <p>Preventive</p> <p>Basic</p> <p>Major</p> <p>Orthodontic</p>                                  |             | <p>Happy man smiling to his beloved woman stock photo</p> <p>greenwithdarkgreenbullet</p> <p>greenwithdarkgreenbullet</p> <p>greenwithdarkgreenbullet</p> <p>greenwithdarkgreenbullet</p> |
| <p>7.Plan features summary</p>                                                                              | <p>With no deductibles, referrals, or waiting periods, you can start enjoying the benefits right away. Plus, the plan has no annual maximum and covers child and adult orthodontics, giving you coverage for all your dental needs.</p> | <p>Plan features</p> <p>No deductible</p> <p>No referrals needed</p> <p>No waiting periods</p> <p>No annual maximum</p> |             | <p>mom and daughter brushing teeth</p> <p>money (2)</p> <p>darkgreenandgreentoothbrush</p>                                                                                                |

| Scene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Narration           | On-screen text                                                                                                                                                          | Button text | Media description                                                                          |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | <p>Child and adult orthodontics</p> <p>Disclaimer: No out-of-network benefits available except for emergency services when the in-network provider is not available</p> |             | <p>greenanddarkgreentooth</p> <p>darkgreenandgreenwallet</p> <p>darkgreenandgreenHcard</p> |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| <p>8.Avoiding surprise bills 081326</p>  <table data-bbox="400 758 665 986"><thead><tr><th>Preventive services</th><th>Copay</th></tr></thead><tbody><tr><td>Oral exam</td><td>\$0</td></tr><tr><td>X-rays</td><td>\$0</td></tr><tr><td>Routine cleanings (3 per year)</td><td>\$0</td></tr><tr><td>Routine exams (3 per year)</td><td>\$0</td></tr><tr><td>Prophylaxis (periodontal) cleaning</td><td>\$0</td></tr></tbody><thead><tr><th>Intermediate services</th><th>Copay</th></tr></thead><tbody><tr><td>Amalgam filling (one surface)</td><td>\$23</td></tr><tr><td>Resin-based composite filling (one surface, anterior)</td><td>\$29</td></tr><tr><td>Resin-based composite filling (one surface, exterior)</td><td>\$43</td></tr></tbody><thead><tr><th>Major services</th><th>Copay</th></tr></thead><tbody><tr><td>Crown</td><td>\$430</td></tr><tr><td>Endodontic therapy, molar tooth</td><td>\$508</td></tr><tr><td>Periodontal maintenance</td><td>\$32</td></tr></tbody><thead><tr><th>Orthodontic services</th><th>Copay</th></tr></thead><tbody><tr><td>Comprehensive Orthodontic Treatment (1 treatment per lifetime)</td><td>\$2,820</td></tr></tbody></table> <p>Children up to 19 years of age, up to 24 months of orthodontic treatment</p> <p>Visit <a href="https://your.humana.com/feds">your.humana.com/feds</a></p> <p><small>Member's dental copay and limitations may apply. Please refer to the plan details for more information.</small></p> | Preventive services | Copay                                                                                                                                                                   | Oral exam   | \$0                                                                                        | X-rays | \$0 | Routine cleanings (3 per year) | \$0 | Routine exams (3 per year) | \$0 | Prophylaxis (periodontal) cleaning | \$0 | Intermediate services | Copay | Amalgam filling (one surface) | \$23 | Resin-based composite filling (one surface, anterior) | \$29 | Resin-based composite filling (one surface, exterior) | \$43 | Major services | Copay | Crown | \$430 | Endodontic therapy, molar tooth | \$508 | Periodontal maintenance | \$32 | Orthodontic services | Copay | Comprehensive Orthodontic Treatment (1 treatment per lifetime) | \$2,820 | <p>The EPO Dental Plan offers consistent copays with all in-network dentists, giving you predictable costs and greater peace of mind. You can receive quality dental care from a trusted in-network provider without worrying about unexpected out-of-pocket expenses. Members can benefit from three routine exams and three cleanings per year. This ensures that members can maintain their dental health without any surprise bills. Only the most common services are highlighted. Please visit <a href="https://your.humannah.com">your.humannah.com</a> slash</p> | <p>No surprise bills</p> <p>Know the cost of the services you need</p> <p>Disclaimer: Some exclusions and limitations may apply. Please refer to the plan details for more information.</p> | <p>Visit <a href="https://your.humana.com/feds">your.humana.com/feds</a> ( <a href="https://your.humana.com/feds/dental.html">https://your.humana.com/feds/dental.html</a> )</p> | <p>fedvip new 2027v4</p> |
| Preventive services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Copay               |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Oral exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$0                 |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| X-rays                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$0                 |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Routine cleanings (3 per year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$0                 |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Routine exams (3 per year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0                 |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Prophylaxis (periodontal) cleaning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$0                 |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Intermediate services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Copay               |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Amalgam filling (one surface)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$23                |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Resin-based composite filling (one surface, anterior)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$29                |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Resin-based composite filling (one surface, exterior)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$43                |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Major services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Copay               |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Crown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$430               |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Endodontic therapy, molar tooth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$508               |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Periodontal maintenance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$32                |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Orthodontic services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Copay               |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |
| Comprehensive Orthodontic Treatment (1 treatment per lifetime)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$2,820             |                                                                                                                                                                         |             |                                                                                            |        |     |                                |     |                            |     |                                    |     |                       |       |                               |      |                                                       |      |                                                       |      |                |       |       |       |                                 |       |                         |      |                      |       |                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                  |                          |

| Scene                                                                                                           | Narration                                                                                                                                                                                                                                                                              | On-screen text                                                                   | Button text        | Media description                                                                                           |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------|
|                                                                                                                 | feds to view entire benefits schedule.                                                                                                                                                                                                                                                 |                                                                                  |                    |                                                                                                             |
| <p>9.Member Resources</p>      | <p>At Humana, we provide support to our members in the best way that fits our member's needs. You can talk to a customer service representative during normal business hours or you can call us 24 seven to obtain benefits, eligibility and claims information at 1-877-692-2468.</p> | <p>Member resources</p> <p>Live customer service   1-877-692-2468</p>            |                    | <p>Colleagues with headsets on working at computers in office</p>                                           |
| <p>10.MyHumana Resources</p>  | <p>You will also have access to my humannah and the myhumannah app. From specific benefits to the status of claims you can review all the details of your plan.</p>                                                                                                                    | <p>Plan information when you need it</p> <p>MyHumana.com</p> <p>MyHumana app</p> |                    | <p>Mature couple working in home office</p> <p>greenwithdarkgreenbullet</p> <p>greenwithdarkgreenbullet</p> |
| 11.Enroll                                                                                                       | You can enroll by calling                                                                                                                                                                                                                                                              | Enroll today                                                                     | visit BENEFEDS.gov | ethnic couple smiling and                                                                                   |

| Scene                                                                                                                                                                                                                                                                | Narration                                                                                                                                                                                                                                                                                                                                                          | On-screen text                                                                                                                                   | Button text                                                                | Media description        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------|
|  <p>Open Season<br/>Nov. 9th - Dec. 14th<br/>midnight EST</p> <p><b>Enroll today</b><br/>Call 1-877-888-3337 (TTY 711)<br/>International: 1-571-730-5942<br/>visit BENEFEDS.gov</p> | <p>benefeds at 8 seven seven - eight eight, eight - three three three seven (TTY 7 one one) or internationally at five 7 one - 7 three zero - five 9 four two or by visiting benefeds dot gov today. Remember the open season is November 9th to December 14th midnight eastern standard time. We look forward to helping you achieve your overall well being!</p> | <p>Open Season</p> <p>Nov. 9th - Dec. 14th</p> <p>midnight EST</p> <p>Call 1-877-888-3337 (TTY 711)</p> <p>International:<br/>1-571-730-5942</p> | <p>( <a href="https://www.Benefeds.gov">https://www.Benefeds.gov</a> )</p> | <p>looking at papers</p> |
| <p>12.Copy of Scene 3</p>  <p><b>Thank you</b></p>                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                    | <p>Thank you</p>                                                                                                                                 |                                                                            |                          |
| <p>13.Scene 1</p>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |                                                                            | <p>Outro_02</p>          |

| Scene                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Narration | On-screen text | Button text | Media description |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|-------------|-------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                |             |                   |
| <div>14.Copy of Scene 1</div> <div><div>Important</div><p>This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.</p><p>Insured or administered by Humana Insurance Company; Offered or administered by The Dental Concern, Inc.; Offered by Humana Health Benefit Plan of Louisiana, Inc.</p></div> |           |                |             | FEDVIP_disclaimer |
| 15.Scene 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                |             | 1557 v3           |

[illegible]