



# Take a Byte out of teeth-straightening costs

As a Humana dental plan member, you can get a confidence boost and major cost savings when you straighten your teeth with Byte® Clear Aligners<sup>1</sup> – the clear alternative to traditional braces.

## What you'll love about Byte

**On average, Byte clear aligners cost thousands less than traditional braces.** And Humana members can save up to an additional \$450\* with preferred rates.

Plus, your treatment plan is reviewed by dentists and orthodontists licensed across the U.S. all from the comfort of your home.

## Get started on your journey to a new smile

**Start by ordering an Impression Kit**, which gets shipped straight to you. Follow the easy instructions and then just send back the kit for FREE!



Scan the QR code to get started or visit [go.byte.com/smile-humana](https://go.byte.com/smile-humana)

Byte will then send you an interactive 3D model to preview your new smile. If you like what you see, our Byte Advisors will work with you to help you order your own custom aligner system. On average, your treatment is completed in five months. On top of receiving preferred rates, you may be eligible for coverage under your dental plan.

**Humana** | **byte**

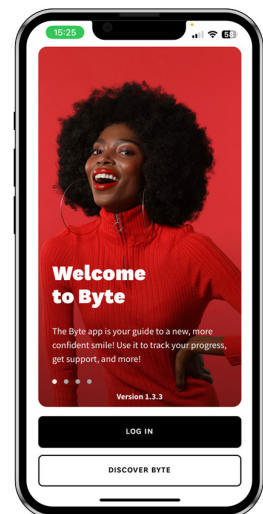
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## Your new smile companion

Starting your aligner journey? Download the **My Byte app** for accurate, up-to-date info about your personalized treatment plan. You'll also find tools to help make sure your smile is a success:

- ✓ Get notified when it's time to switch your aligners
- ✓ Complete your monthly check-ins
- ✓ Support at your fingertips



\* Byte aligners are not produced by or affiliated with Humana. The Humana discount is available through 12/31/2023.

Byte aligners may not be suitable for all candidates. Candidates should review the Customer Consent and Terms of Use located at [www.byte.com](http://www.byte.com) before purchasing.

Byte is a third party vendor. Humana's contract with Byte does not eliminate a member of any obligations under the policy or change the terms of the policy. Participation in the Byte program is voluntary. All representations and warranties contained in this marketing material are made solely by Byte, not Humana. Humana and Byte, including each party's respective affiliates and subsidiaries, are independent, non-affiliated entities. Humana, its parent and affiliates are not liable to members for the negligent provision of services by Byte.

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.

For New Mexico: This is a limited policy. This is a dental only policy.

**Humana**<sup>®</sup>

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## 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 resevwa 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'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك