

Humana Medicare Advantage – in-network and out-of-network dental benefits

Many of Humana's Medicare Advantage plans offer the option to receive benefits from any licensed dental provider. Members should check if their specific DENxxx plan, which can be located on the back of your Medicare Advantage ID card, includes out-of-network benefits. Members can go to Humana.com/sb to review their specific DENxxx summary.



- ✓ Staying in network will help the member's dental benefits go further. In-network dentists submit claims to Humana and may save the member money.
- ✓ However, having the ability to see an in-network or out of network provider delivers more flexibility.
 Members may need to pay the dentist up front for services and then submit the claim to Humana if they take advantage of the out-of-network benefit.

Submitting an out-of-network claim? No specific form is required. The member will just send the itemized statement from the dentist with the information detailed below to the address on the back of the Medicare Advantage ID card.

- The itemized statement from the dentist (including ADA codes). It is important to ensure it includes the patient's name and Humana member ID number on the itemized statement.
- It should include the dentist information (dentist full name and address) that performed the services, and ideally the dentist's TAX ID, which can be obtained from the dental office.
- The dentist should provide additional documentation that may be available if submitting for the following services:
 oral evaluations, periodontal scaling, fillings, crowns, implants, root canal, oral surgery, and crowns. Claims
 submitted with complete documentation process within 30 days; claims that require additional documentation may
 take up to 60 days.
- The documentation should be clear and legible and the member should keep a copy for their records.

Balanced billing may occur when visiting an out of network dentist

When visiting an out-of-network provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing. Review your specific plan benefit details on the DENxxx summary available on Humana.com/sb, including plan maximums.

For example, if an out of network provider charges \$100 for services provided and Humana's out of network reimbursement for those services is \$75, the member would need to pay the difference of \$25.

Balanced billing does not occur on claims from in-network dentists that are contracted with Humana.

Questions? Contact Member Customer Service through the phone number listed on the back of your Medicare Advantage ID card



Humana Medicare Advantage makes it easy to get your dental care



Here are some tips to help you find an in-network dentist and receive dental benefits



Know your network

You have dental benefits through the **Humana Dental Medicare** network. To find an in-network dentist, use Humana's physician finder tool at **Humana.com/DentistFinder**.

- 1) Select "All Networks" in question 1.
- 2) Enter your preferred ZIP code location in question 2.
- 3) Select "Humana Dental Medicare" in question 3.
- 4) Search by name or specialty. If you want to see all options, select "All" and type "All" in the search window.



Know your benefits

You can access your plan's Evidence of Coverage in your secure member account at **MyHumana.com**. Medicare Advantage dental benefits cover specific procedure codes and coverage is subject to limitations. Your dental benefits are indicated by the DEN + 3 digits on the back of your Medicare Advantage member ID card. Learn more about your dental coverage in the Member FAQ on **Humana.com/sb**.



Make your appointment and explain your coverage

When you make an appointment or arrive at the dentist's office say, "I have dental benefits with my Humana Medicare Advantage plan. The dental benefits are provided by dentists in the Humana Dental Medicare Network."

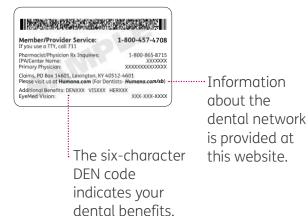


Present your card

You won't get—or need—a separate member identification card for your dental benefits. Your Humana Medicare Advantage member ID card contains the information you need.



of the medical network only. It is not related to the dental network.





Important _____

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities.

• The following department has been designated to handle inquiries regarding Humana's non-discrimination policies: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**.

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.

This information is available for free in other languages. Please call our customer service number at 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m. Eastern time.

Español (Spanish): Llame al número indicado para recibir servicios gratuitos de asistencia lingüística. **877-320-1235 (TTY: 711)**. Horas de operación: 8 a.m. a 8 p.m. hora del este.

繁體中文 (Chinese): 本資訊也有其他語言版本可供免費索取。請致電客戶服務部: 877-320-1235 (聽障專線: 711)。辦公時間: 東部時間上午 8 時至晚上 8 時。