

# Understanding dental out-of-network reimbursement

Many of Humana's dental plans allow you to choose how claims are processed when members receive covered services from an out-of-network provider. Since out-of-network providers establish their own pricing, the same service can cost more or less from one provider to another. To help keep member out-of-pocket costs down, we offer two plan options for reimbursement limits:

## 1. Usual & customary (U&C)

Humana will reimburse out-of-network claims to the 90th percentile\* of charge using internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Here's an example of how U&C reimbursement works:

Member sees an out-of-network dentist:	
Dentist's usual charge	\$200
Reimbursement limit – 90th percentile of charges in the geographic region (allowable amount)	\$185
Plan pays an 80% coinsurance of the allowable amount	\$148 (\$185 x 80%)
Member's portion of the allowable amount	\$37 (\$185 - \$148)
The additional cost for the difference between the allowable amount and the dentist's usual charge	\$15 (\$200 - \$185)
Member's total out-of-pocket cost (assumes annual deductible has been met)	\$52 (\$15 + \$37)

\* Self-funded and custom groups can choose their own U&C percentage

## 2. In-network fee schedule (INFS)

INFS uses an average amount (instead of a percentage) of the negotiated in-network fees to establish the out-of-network reimbursement limits by geographic region. Negotiated in-network provider fees are generally lower than out-of-network fees. Here's an example of how INFS reimbursement works:

Member sees an out-of-network dentist:	
Dentist's usual charge	\$200
Reimbursement limit (allowable amount)	\$130
Plan pays an 80% coinsurance of the allowable amount	\$104 (\$130 x 80%)
Member pays a 20% coinsurance of the allowable amount	\$26 (\$130 x 20%)
The additional cost for the difference between the allowable amount and the dentist's usual charge	\$70 (\$200 - \$130)
Member's total out-of-pocket cost (assumes annual deductible has been met)	\$96 (\$26 + \$70)

Examples shown are illustrative only and individual results may vary.

When trying to choose the right option, premiums for an INFS plan are generally lower than a U&C plan. However, a member who receives services from an out-of-network provider may pay more with INFS. Contact your Humana representative to get a quote and help determining which plan is right for your company and your employees.

Humana group dental plans are insured by Humana Insurance Company, The Dental Concern, Inc., Humana Insurance Company of New York, or Humana Health Benefit Plan of Louisiana, Inc. For Arizona residents: Insured by Humana Insurance Company. For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Vision ID Card/Dental ID card and requesting a copy. For New Mexico residents: Insured by Humana Insurance Company. For Texas residents: Insured by Humana Insurance Company.

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.

