

# Humana Maryland Dental PPO Plans

## Obtaining Services from Out-of-Network Providers

## Introduction

### Humana's Maryland Dental Network

Humana works to ensure that its network contains enough providers in the right locations to provide services to its Maryland dental plan members.

Humana has made agreements with certain “in-network” providers who have agreed to accept reduced fees for the procedures they provide. This reduces your “out-of-pocket” costs (*deductibles, copayments and/or co-insurance*). In-network providers have also agreed not to charge you any amount which exceeds the fees agreed upon, aside from deductibles, coinsurance, and fees for procedures that are not covered.

If you have questions about whether a particular provider is “in-network” or if you need verification about the status of a provider, please [contact HumanaDental at 1-800-233-4013 or at the number listed on the back of your Humana member ID card.](#)

Humana's dental plan members may obtain services from providers that are **not** part of the Humana network (“out-of-network” providers). If you choose to receive your dental care from an out-of-network provider, your expenses will be reimbursed at the out-of-network rate. This may result in a higher out-of-pocket payment.

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# I. Access to Out-of-Network Providers

## (When Humana's Network is Sufficient)

### May I Obtain Services From an Out-of-Network Provider?

**Yes.** You may receive services from out-of-network providers. However, out-of-network providers' services will be reimbursed at the out-of-network rate. This may result in higher out-of-pocket costs.

### How May I Obtain Services From an Out-of-Network Provider?

You may always receive services from out-of-network providers. For more information about your access to out-of-network providers, please consult your plan documents, which contain information about Humana's reimbursement for out-of-network provider services.

You are also encouraged to **call Humana** at the toll free phone number listed on the back of your Humana member ID card. A Humana associate will answer any questions that you may have about Humana's reimbursement for out-of-network providers' services. The associate can also answer any other questions that you may have about your plan.

### Reimbursement for Out-of-Network Services (When Network is Sufficient)

Humana will reimburse your out-of-network services at your plan's out-of-network rate. Your plan documents contain information about the reimbursement that Humana will provide for your out-of-network services.

#### Note: Out-of-Pocket Expenses

Your out-of-pocket expenses will likely be higher than the out-of-pocket expenses for which you would have been responsible had you obtained services from an in-network provider.

## II. Access to Out-of-Network Providers (When Humana's Network is *Not* Sufficient)

### When is Humana's Network Considered to be "Insufficient"?

Humana's network is considered to be insufficient if:

- You have been diagnosed with a condition that requires specialized services; *and*
- Humana's network either:
  - Does not include a provider with the professional training and expertise required to treat your condition or to provide the services that you require; or
  - Cannot provide you with access to an in-network provider with the professional training and expertise required without unreasonable delay (to you, the member) or travel (by you, the member).

### How May I Obtain Services From an Out-of-Network Provider?

Please call **Humana** at the toll free phone number on the back of your Humana member ID card. Inform the associate that you are in need of services that cannot be provided within the network.

### What Will Happen Next?

#### 1.) The Humana Associate Will Attempt to Find an In-Network Provider

If a suitable in-network provider is available, the Humana associate will encourage you to have the services provided by the in-network provider. If the associate cannot find a suitable in-network provider—or if you prefer an out-of-network provider—the associate will take the steps outlined below.

#### 2.) The Humana Associate Will Seek a Suitable Out-of-Network Provider

Unless you wish to request services from a *specific* out-of-network provider, the Humana associate will—while you are still on the line—search for an out-of-network provider who:

- Has the qualifications needed to provide the services that you require; and
- Can provide (and is willing to provide) the services to you:
  - In a timely manner; and
  - From a location that will not require that you travel an unreasonable distance.

#### 3.) The Humana Associate Will Negotiate a Reimbursement Rate With the Provider

Once the Humana associate has identified a provider that meets the above criteria, the associate will—while you are still on the line—negotiate a rate of reimbursement with the suitable provider.

#### 4.) The Humana Associate Will Provide You With Guidance and Important Information

The Humana associate will provide you with any information that you may need. The associate will also be able to answer any questions that you may have at this stage of the process.

### Reimbursement for Such Out-of-Network Services (When Network is "Insufficient")

If Humana's network was not sufficient to provide your services, your out-of-pocket costs will **not** exceed the costs for which you would have been responsible if the service had been provided in-network.

## III. Grievances Against “Adverse Decisions”

### Overview

#### Humana’s Reimbursement for Out-of-Network Services When Network is Sufficient

Humana will always provide access to out-of-network providers, even if Humana’s network is sufficient to provide the required services. However, any out-of-network services will be paid at the out-of-network rate. You may be responsible for higher out-of-pocket costs. See [Page 2](#) of this document for more information.

#### Humana’s Reimbursement for Out-of-Network Services When Network is Not Sufficient

You need only to call Humana at the toll-free number listed on the back of your Humana member ID card. A Humana associate will find a provider for your required services. Your out-of-pocket costs will **not** exceed the costs for which you would have been responsible if the service had been provided by an in-network provider. See [Page 3](#) of this document for more information.

### Humana’s Grievance Process

As is noted above, Humana will always provide access to out-of-network providers’ services. However, in the event that Humana does not allow you to access an out-of-network provider’s services, such an action by Humana would be considered to be an “adverse decision” under Maryland insurance law. If this were to occur, you may submit a grievance against Humana’s “adverse decision”.

### Humana’s Grievance Determination Timeframes

If you were to submit a grievance in the above circumstances, Humana would reach a determination on your grievance within the following timeframes:

#### For Pre-Service (and Concurrent Care) Adverse Decisions:

Humana would reach a determination on your grievance within a reasonable period of time, but no later than **thirty (30) business days** from the date on which Humana receives your grievance.

#### For Post-Service Adverse Decisions:

Humana would reach a determination on your grievance within a reasonable period of time, but no later than **forty-five (45) business days** from the date on which Humana receives your grievance.

#### For Post-Service Contractual Adverse Decisions:

Humana would reach a determination on your grievance within a reasonable period of time, but not later than **sixty (60) business days** from the date on which Humana receives your grievance.