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.

<u>Balanced billing may occur when visiting an out of network dentist</u>

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

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