



Top 3 commonly asked coverage questions

To help address commonly asked questions, we're providing general answers to the concerns we get asked the most. These are general guidelines for Humana Dental PPO and Traditional Preferred plans. Please refer to the plan document for costs and complete details of coverage.

1

Do Humana's dental plans cover replacement for a tooth extracted or missing prior to the date coverage starts?

Humana's dental plans generally do not cover replacement for a tooth extracted or missing prior to the date coverage starts, unless:

- The device also replaces one or more natural teeth lost or extracted after the coverage became effective
- The tooth was extracted while covered under the employee's previous employer-sponsored dental plan immediately prior to their coverage with Humana.

We do not cover replacement of congenitally missing teeth (teeth that have never developed since birth).

Note: Missing tooth clause not available in Louisiana

2

How are dental treatments in progress covered?

- **NEW GROUP MEMBERS:** The prior carrier is responsible for work in progress, such as root canals, crowns, dentures, and bridges, if the treatment was initiated before coverage with Humana began. If there is a discrepancy with how the prior carrier administers treatments in progress (e.g. incurred date vs. completion date) and the prior carrier denies coverage, then Humana will pay the covered costs.
- **TERMINING GROUP MEMBERS:** If the work was initiated while the member was covered under Humana's dental policy, the termed member has 60 days to get it completed under the Humana policy. (Humana pays on incurred date as opposed to completion date.)

3

What happens if a member had prior orthodontia coverage and is actively in treatment?

For members with prior orthodontia coverage, and in active treatment without having experienced a lapse in coverage, Humana subtracts the amount the prior carrier covered from the orthodontic total case fee and orthodontic lifetime maximum. We prorate the remaining charges over the remaining treatment period and systematically issue monthly payments, which are applied toward the lifetime orthodontic maximum.

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 dental benefit plans. Our dental 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. Dental PPO plans are not offered in all states. This is a limited policy. This is a dental only policy.

Transition of Care Form For Orthodontic Treatment

Purpose: *To determine remaining orthodontic benefits available for patients in active orthodontic treatment.*

* Active Orthodontic treatment must have been started while covered under a previous insurance carrier with your current employer. **Humana Specialty Benefits does not guarantee transition of care benefits; all requests are handled on a case-by-case basis.*

Procedure:

If you or your family member have **not already** been “banded” for orthodontic treatment, you will need to verify that your orthodontist is listed on the Humana Specialty Benefits Directory.

If you or your family members have **already** been banded under the coverage from your previous DHMO/PPO Company, you will probably have no difficulty continuing this coverage as planned. In most situations, you have entered into a monthly payment plan that will supercede any new coverage, which is now being provided.

A copy of the prior carrier explanation of benefits / benefit payments must be included when you submit the Transition of Care form to Humana Specialty Benefits.

In the event you or your orthodontic provider has questions about continuing orthodontic care for you or your family members, please contact Humana Specialty Benefits Customer Care at **1-800-342-5209** for assistance. We will make every effort to make this transition as seamless as possible and will work with your existing orthodontist to either continue the care in progress, or transition the care to a Humana Specialty Benefits contracted provider. **In lieu of standard dental claim form, please submit the following form to your Orthodontist to alert Humana Specialty Benefits to your situation. Upon full completion of the form by the Subscriber and Orthodontist, please submit the form to the address below and allow 30 days for processing:**

Humana Specialty Benefits
P. O. Box 14283
Lexington, Kentucky 40512-4283
Attn: Prefix #XBH

Subscriber Section:

Name of Employee: _____ Subscriber I.D. _____
Daytime Phone Number _____ Employer: _____
Name of dependent in treatment: _____
Relationship to Employee: _____

Orthodontist Section:

Current Orthodontist's Name: _____ Phone Number: (____) _____

Orthodontist Address: _____

Orthodontist Signature: _____ Orthodontist TIN: _____

Date treatment started: _____ Target Completion Date: _____

Total Treatment cost: \$ _____ Contracted Rate from Previous Carrier: \$ _____

Previous Carrier Supplement: \$ _____ Member Co-Payments: \$ _____

Total Payments from Previous Carrier: \$ _____ Paid Member Co-Payments: \$ _____

(To avoid delays in processing, please submit copies of the EOB's/ Benefit Payments from Previous Carrier)

Current Balance Owed: \$ _____

Please note: Future reimbursements will be made on a quarterly basis.