



Humana Florida GoldPlus Dental Network Serves CarePlus Health Plans Members

[Click here](#) to View 2027 CarePlus DENxxx plans

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CarePlus Medicare Advantage (MA) members will receive a single member ID card with the medical plan name on the front and the dental benefit information on the back. A separate dental ID card is not issued.

CarePlus MA supplemental dental benefits are provided through the Humana Florida GoldPlus® Dental Network.

Frequently asked questions

Q: What type of coverage do CarePlus members have?

A: CarePlus Health Plans is an MA health maintenance organization (HMO) that offers all members medical coverage and a supplemental preferred provider organization (PPO) dental benefit. Most CarePlus plans require members to use only in-network providers. For dental benefits, members must seek dental care from an in-network dentist or specialist.

Q: Are Humana in-network dental providers considered in-network for CarePlus Health Plans members?

A: Yes, all dental providers currently contracted for Humana's MA and Florida GoldPlus networks are considered in-network for CarePlus members.



Frequently Asked Questions, Continued

Q: How do I verify dental coverage and benefit information for CarePlus members?

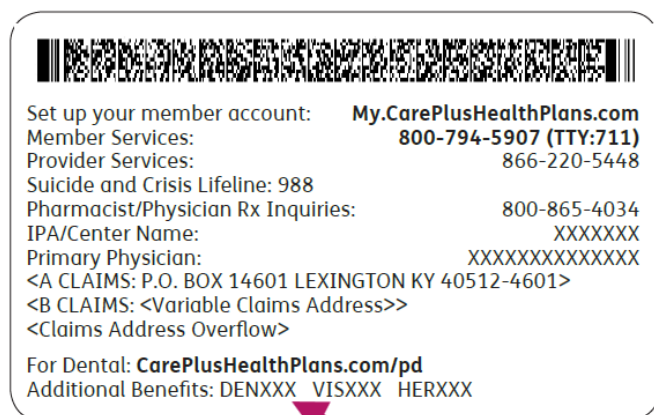
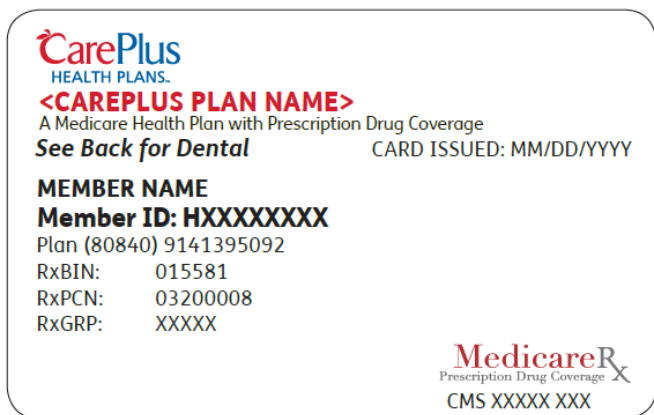
A: Benefits and eligibility can be verified through [Availity.com](https://www.Availity.com) by utilizing the member ID number located on the CarePlus member ID card or by calling the Humana Provider Customer Care line at **800-833-2223**, Monday – Friday, 8 a.m. to 8 p.m., Eastern time. Providers can verify a member's dental benefits at [CarePlusHealthPlans.com/pd](https://www.CarePlusHealthPlans.com/pd), which is also located on the back of the member's ID card. [Click here](#) to view dental benefit documents by DENXXX number and county for CarePlus Health Plans.

Q: How do I verify benefits if the patient does not present with their member ID?

A: Our Provider Customer Care line at **800-833-2223** can assist you. Simply request the patient's member ID and be prepared to provide their full legal name, date of birth and ZIP code.

Q: How do I know which DENxxx plan the patient has with CarePlus?

A: The patient's dental plan number is located on the back of their CarePlus member ID card, indicated with DENxxx. See below for reference (specific DEN number varies by plan).



NOTE: The member ID card design for CarePlus integrated DSNP H1019-153 plan varies slightly from design shown above. **The dental plan identifier (DENxxx) is located in the same place on the back of the card.**



Frequently Asked Questions, Continued

Q: What benefit changes should providers be aware of in 2027?

A: Some CarePlus MA plans include a 30%-member coinsurance for certain major dental services, such as crowns, bridges, dentures, and denture adjustments. Refer to the member's plan benefits to determine if cost-sharing is applicable. Current CarePlus MA dental plan benefit descriptions can be found at: [CarePlusHealthPlans.com/pd](https://www.CarePlusHealthPlans.com/pd).

Q: Where do I submit dental claims for CarePlus patients?

A: Dental claims can be submitted to:

Humana Dental Claims Office for CarePlus

P.O. Box 14611

Lexington, KY 40512-4611

Payer ID : 73288

Q: How is the date of service defined for dental claim billing purposes?

A: For dental claim billing purposes, the date of service is defined as follows:

- The date the teeth are prepared for fixed bridges, crowns, inlays or onlays.
- The date the impression or digital scan is made for dentures or partials.
- The date the impression or digital scan of the abutment/implant is taken for implant crowns.
- The date the pulp chamber of a tooth is opened for root canal therapy.
- The date periodontal surgery is performed.
- The date the service is performed for services not listed above.



Frequently Asked Questions, Continued

Q: How are complete and partial dentures covered on CarePlus Health Plans?

A: Some CarePlus plans cover one upper OR one lower complete or partial denture every five calendar years. Other CarePlus plans cover one upper AND one lower complete or partial denture every five calendar years. Benefits vary by plan. Find dental resources at [CarePlusHealthPlans.com/pd](https://www.CarePlusHealthPlans.com/pd).

Q: Are dental pretreatment estimates required for CarePlus MA plans?

A: Dental pretreatment estimates are not required but suggested if the member needs are expected to exceed \$300 to avoid surprises. The pretreatment plan should include:

- A list of services the member will receive, using ADA nomenclature and codes
- A written description of the proposed treatment
- X-rays that show the member's dental needs
- Itemized cost of the proposed treatment
- Any other diagnostic materials requested