

Frequently Asked Questions:

State of Florida dental plans

Humana dental plans

How much do preventive care services for things like exams, cleanings and x-rays cost?

You pay **\$0 for covered preventive care** services when you visit an in-network provider

How many plans do I have to choose from?

You have **five** plans to choose from:

- **PPO plans (3 options)** – these plans have in-network and out-of-network cost structures. You get the lowest cost for services when you use an in-network provider
- **Prepaid plan** – You'll know the cost for each service before you get care. You need to select a primary care dentist (PCD) and use them for dental services to have coverage.
- **Schedule B Indemnity plan** – You know the cost of covered procedures before you get them, and you can see any dentist.

Go to your.humana.com/sofdental to learn more.

What do I need to do when I select my PCD for the Prepaid plan?

After you enroll in the PrePaid DHMO plan you will need to select a Primary Care Dentist. You can learn what providers are in network by going to your.humana.com/sofdental or by calling customer service at the number on your ID card for a list of providers to be emailed to you, or you can select a provider when you talk to customer service. If you select from the online listing, please call the customer service number on your ID card and let us know who you have selected. We will mail you out a new ID card with that dentist's name on it. **Please contact us prior to visiting the provider so that your visit is covered under the plan. If you see another provider, your services will not be covered.** You can change your selected dentist at any time, just call us and let us know who you want to switch to prior to going to ensure that your visit will be covered under the plan.

Is orthodontia coverage available?

You have two dental plan options with orthodontia coverage:

- **Standard PPO** (People First Plan Code #4092)
 - 12 month waiting period applies with this plan
 - Creditable coverage will be given for any months covered by a plan that has orthodontia coverage up to the 12 months.
- **Indemnity with PPO** (People First Plan Code #4090)
 - No waiting period

Do all plan options have the missing tooth waiver?	All plans except the Prepaid plan have the missing tooth waiver. This means that services for a tooth or tooth area will not be covered under the plan if the tooth was extracted before the policy's effective date.
Do I need a predetermination of benefits before I have a dental procedure?	If covered dental expenses for a procedure are expected to be more than \$200, it's recommended that your dentist send a dental treatment plan to Humana before beginning treatment. You and/or your dentist will be notified of the benefits payable based on the dental treatment plan.
Does everyone in my family need to go to the same dentist?	No, each family member can have a different dentist. For instance, a spouse might choose to visit a dentist close to a workplace, a dependent college student living away from home might pick a dentist near school and parents might choose to send their children to pediatric dentists (specialist) who are more comfortable treating young children.
Do I have to file claim forms?	Only with the Schedule B Indemnity Plan . Submit claim forms to: Humana P.O. Box 14284, Lexington, KY 40512-4284 You can find a claim form by going to your.humana.com/sofdental and selecting the Certificates and forms tab.
What should I do if I have a question or concern?	Visit our website at your.humana.com/sofdental or contact Humana by calling 866-879-3630 (TTY: 711) , Monday – Friday, 8 a.m. – 6 p.m