

Humana Dental Plans

Frequently asked questions (FAQ)



CLAIMS

How do I file a claim for covered services?

- **Dental High PPO:**

To obtain claim forms or other claim filing advice or answers about your High PPO Plan benefits, contact us at 877-692-2468.

- **Dental Standard Advantage EPO**

One of the many advantages of membership in the Exclusive Provider Organization (EPO) plan is that you do not file any claims. You pay the amount listed in the copayment schedule for the specific procedures you need done. Refer to your plan brochure for details.



PLAN COVERAGE & BENEFITS

Can I add family members during the contract year?

If family members are eligible now, you should sign them up for your plan during the Open Season for federal employees. If you have a life-status change that would cause you to adjust your coverage, like getting married or having a child, you can make that adjustment within 60 days of that status change.

Does Humana cover Invisalign®?

Yes, Invisalign treatment is covered under the orthodontic benefit (additional fees may apply). Services must be administered by a licensed provider in a brick and mortar building. Refer to your Humana plan brochure for orthodontic coverage benefits. As with any orthodontic treatment, pre-estimates are always recommended.

What do I do if I need to see a specialist?

Dental High PPO Plan

The PPO plan includes coverage for specialty care. You can go to any one of the Humana Dental High PPO in-network specialists. When you use an out-of-network specialist, you are responsible for the difference between the plan allowance and our payment, plus the difference between the amount the provider bills and the plan allowance. No referral is required.

Dental Standard Advantage EPO

This plan includes coverage for specialty care. You can go to any one of the Humana Dental Standard Advantage EPO network specialists in this affordable plan. No referral is required, and you can see the cost of each procedure in advance.

What if I have a dental emergency?

Dental High PPO Plan

Your Humana Dental High PPO network dentist is qualified to help you in an emergency. You can obtain care from any licensed dentist you choose. All expenses for emergency services are payable as any other expense and are subject to plan limitations such as frequencies, deductibles, and maximums. If you use the services of an out-of-network dentist for emergency services, benefits will be paid under the out-of-network Plan provisions. You are responsible for the difference between our payment and billed charges.

Dental Standard Advantage EPO

Your Humana Dental Standard Advantage EPO network dentist is qualified to help you in an emergency. However, if you are far from home and a Humana Dental Standard Advantage network dentist is not available, you can get emergency care right away. You can then see your dentist when you return home.

Do I have coverage if I go out of state?

Dental High PPO Plan

Yes. You may obtain care from any licensed dentist you choose. If the dentist you use is not part of our network, benefits will be determined based on the out-of-network benefit level of the out-of-network plan allowance.

You are responsible for the difference between our payment and the amount billed.

Dental Standard Advantage EPO

Plan members can go to any participating EPO dentist. Your copayments at the dentist's office are the same in every state, no matter which Humana Dental Standard Advantage network dentist or specialist you choose.

Do I have coverage if I go out of the country?

If you are outside the U.S., you can get emergency care right away. Emergency services are defined as treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an in-network plan provider. If you utilize the services of an out-of-network dentist for emergency services the Humana Dental Federal High PPO plan, benefits will be paid under the out-of-network plan provisions. All expenses for emergency services are payable as any other expense and are subject to plan limitations such as frequencies, deductibles, and maximums.

Do the plans coordinate with other dental coverage?

The plans will coordinate benefits with your FEHBP medical carrier if embedded dental coverage exists. The plan does not coordinate benefits with any other dental insurance plan.



FSAFEDS

How do I submit my Orthodontic dental claims to the FSAFEDS via paper?

Download a [Healthcare Claim Form](#) and follow the instructions on how to submit your claim.

Please refer to date shown on your dental Explanation of Benefits (EOB) to review your claim and to determine when Humana processed your claim. You can review/download your dental EOB from the secured portal via MyHumana.com

Note: Not all dental procedures are eligible covered expenses under the FSAFEDS rules. Please visit www.fsafeds.gov for further details about qualified expenses.

Where do I submit my FSA claims?

Submit your FSA claims by toll-free fax to 1-866-643-2245 or

Mail:

FSAFEDS Program - Claims
P.O. Box 14127
Lexington, KY 40512-4127

Fax
866-643-2245 (toll-free) or
650-577-5340

If mailing your claim, please send in copies of your receipts and keep the original documents in your files.

Most claims are processed within one to two business days after they are received and verified. Payments are sent shortly thereafter. For additional information, check out the [Submitting Claims Quick Reference Guide \(PDF\)](#)

If I discover an issue with my FSA account balance, who should I contact?

Contact FSAFEDS at 1-877-FSAFEDS (1-877-372-3337), TTY: 866-353-8058 or at www.fsafeds.gov.

For enrollment assistance, call toll free: (877) 888-3337



RESOURCES

How do I contact Humana?

For customer care, call toll-free: (877) 692-2468

For enrollment assistance, call toll free: (877) 888-3337