

# Out-of-network dental benefits



Some Humana Medicare Advantage plans include out-of-network (OON) dental coverage

Depending on your plan, you may have the flexibility to see a licensed dental provider outside of our network. There may be a difference between the provider's charges and Humana's reimbursement. OON providers may require you to pay up front and submit a claim for reimbursement.



Balance billing may occur when visiting an out-of-network provider

When visiting an OON dentist, there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference; this is known as *balance billing*.

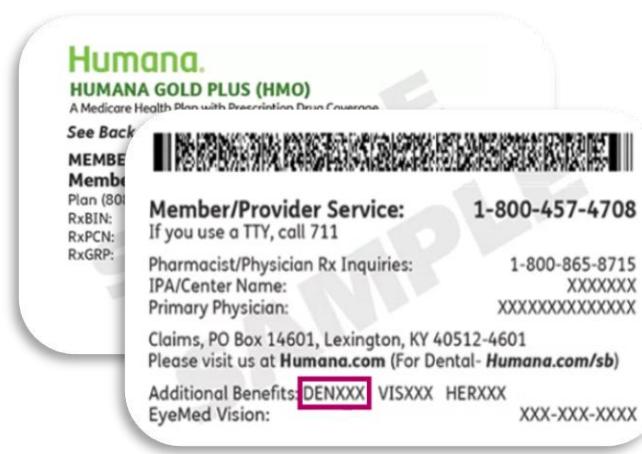
**You cannot be balance billed when visiting an in-network dentist, so staying in-network may result in significant savings.** To find an in-network provider, visit [Humana.com/FindCare](https://www.Humana.com/FindCare).

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## Check your dental coverage

To confirm if your plan includes OON coverage, find your plan's details on [Humana.com/SB](https://www.Humana.com/SB). Refer to the DENXXX plan name on the back of your Medicare Advantage ID card.



## What is balance billing?

Out-of-network dental providers have not agreed to provide services at contracted fees, so the out-of-network provider may bill the member for more than what the plan pays, even for services listed with no member cost share. Members are responsible for this difference between Humana's reimbursement and the out-of-network provider's charges. **This is known as balance billing.** Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.

**Example:** if an out-of-network provider charges \$100 for a service and Human reimburses \$75, the member would owe the remaining \$25.

Balance billing does not occur if you visit an in-network dentist, but any applicable coinsurance payment still applies.

# Submitting an OON Claim?

No specific form is required. You may submit an itemized statement from your dentist to the address listed on the back of your Medicare Advantage ID card. Please include the following:



- The itemized statement from the dentist (including ADA codes). It is important to ensure it includes the patient's name and the 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, and oral surgery*. 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.

**Questions?** Contact Member Customer Service through the phone number on the back of your Medicare Advantage ID card.

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Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.