



# Understanding Dual Special Needs Plans (DSNP) Dental Coverage for Members & Agents

## *Frequently Asked Questions*

**Q:** What is DSNP?

**A:** DSNP stands for Dual Special Needs Plans, which are Medicare Advantage (MA) plans for populations that also qualify for Medicaid due to income level. Please note, because routine dental is not covered by Medicare Parts A or B, Medicaid beneficiaries are not cost share protected when receiving services like routine cleanings, fillings, tooth extractions, or items like dentures.

**Q:** Which states offer DSNP plans?

**A:** Humana DSNP plans are offered in the following states in 2025:

- |              |             |                  |                |                  |                 |
|--------------|-------------|------------------|----------------|------------------|-----------------|
| • Alabama    | • Iowa      | • Michigan       | • Nebraska     | • South Carolina | • Wisconsin     |
| • Arkansas   | • Indiana   | • Missouri       | • Nevada       | • Tennessee      | • West Virginia |
| • California | • Kentucky  | • Mississippi    | • New York     | • Texas          |                 |
| • Colorado   | • Louisiana | • Montana        | • Ohio         | • Utah           |                 |
| • Florida    | • Maryland  | • North Carolina | • Oklahoma     | • Virginia       |                 |
| • Georgia    | • Maine     | • North Dakota   | • Pennsylvania | • Washington     |                 |

**Q:** Do I need to find a Medicaid certified dental provider to be considered in-network?

**A:** **Dentists do not need to be in a Medicaid network to provide care to DSNP patients.**

- Dental benefits in your Humana DSNP plan utilize Humana's nationwide network of providers, so it is not necessary to mention Medicaid when making a dental appointment. Visit [Humana.com/Find-Care](https://www.humana.com/Find-Care) to locate providers in-network for your plan. MA plans sold outside of Florida use the HumanaDental Medicare network. Members who purchased their plan in Florida use the Florida GoldPlus® dental network.
- However, if you are receiving a dental service that is not covered under your MA plan, you would need to see a Medicaid provider or a Humana network provider that accepts Medicaid for that service.

**Q:** How can I plan ahead for out-of-pocket costs to avoid surprises?

**A:** Although prior authorizations are not required on Human MA plans, you can ask your dentist to provide you with a pre-determination prior to receiving care. This will outline your out-of-pocket costs and help you make an informed decision.