



Humana Dental

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For more information

If you have a question about Humana's dental plans and can't find the answer in this guide, please contact your Humana representative.

Contact information

Humana makes it easy and convenient for you to do business with us

We offer personal service and the technology to match your business needs. Contact your agent or a Humana Customer Care specialist. Please mention your group number when you contact us.

Register on HumanaDental.com

Go to **HumanaDental.com**, select “Register now” and follow the instructions. For help, call the Web services support line at 1-888-666-5733.

Group level changes – addresses, waiting periods, contact information

Customers with Humana medical:

- Log in to the secure employer section of Humana.com
- Phone: 1-800-232-2006
- Fax: 1-877-369-5615
- Humana
P.O. Box 14330
Lexington, KY 40512-4209

Customers without Humana medical:

- Log in to the secure employer section of Humana.com
- Email: dentalbilling@humana.com
- Phone: 1-800-233-4013
- Fax: 1-920-632-0148
- HumanaDental
1100 Employers Blvd.
Green Bay, WI 54344

Premiums

- Phone: 1-800-233-4013
- Check your invoice or contact Billing and Enrollment to determine the appropriate mailing address for your group

Customer Care

- HumanaDental.com
- Phone: 1-800-233-4013
- HumanaDental
P.O. Box 14209
Lexington, KY 40512-4209

Claims

- Phone: 1-800-233-4013
- HumanaDental
P.O. Box 14611
Lexington, KY 40512-4611

Insured or administered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of Kentucky, CompBenefits Insurance Company, CompBenefits of Alabama, Inc., CompBenefits Company, CompBenefits of Georgia, Inc., CompBenefits Dental, Inc., American Dental Plan of North Carolina, Inc., DentiCare, Inc. (d/b/a CompBenefits), The Dental Concern, Inc., Kanawha Insurance Company, Arizona dental prepaid plans underwritten by Employers Dental Services, California DHMO and Vision 89E plan underwritten by Golden West Dental and Vision.

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Humana Dental Plans

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Information in this guide is accurate as of November 2011, unless otherwise noted, and is subject to change. All coverage, benefit, and eligibility determinations are made based on the terms, conditions, and provisions of the plan document, not this guide. For administrator use only – not for distribution to the public.

Look for these boxes throughout your handbook for tips or more information on a key topic.

Dental basics

Dental plan options

Our plan portfolio ranges from traditional to dental HMO options:

- **Traditional Preferred** – Members can choose any dentist, but they get the added advantage of negotiated discounts for in-network dentists.
- **Preferred Provider Organization (PPO)** – Plan offers higher coverage limits for in-network providers plus negotiated rates on services.
- **Advantage Plus** – In-network dentists provide services for a copayment. Members can choose and change dentists in network at any time. Out-of-network services aren't covered, except emergency care.
- **Preventive Plus** – Offers coverage for preventive and comprehensive services. Members can save up to 27 percent on their out-of-pocket costs when they visit an in-network dentist. This cost-effective plan encourages preventive dental care.
- **Prepaid and Dental Health Maintenance Organization (DHMO)** – In-network dentists provide services for a copayment. Out-of-network services aren't covered except in an emergency.

Employers may offer dual-choice options to give employees more control of dental insurance decisions. Most plans are available as employer-sponsored, voluntary, or Administrative Services Only (ASO).

Contact information

Contact information for employers

To receive the best service, please mention your group number and the member's identification number, if applicable, when you contact HumanaDental.

Group level changes – addresses, waiting periods, contact information

Website: **HumanaDental.com**
E-mail: dentalbilling@humana.com (groups without medical)
Fax: 1-920-632-0148

To gain access to the secure employers' section of our website, go to **HumanaDental.com** and click "Register now." Select "Employer registration" and follow the instructions.

Premiums

Website: **HumanaDental.com**
Mail: Check your invoice or contact Billing and Enrollment to determine the appropriate mailing address for your group

Enrollment

Phone: 1-800-233-4013
Fax: 1-866-584-9140
Mail: HumanaDental
P.O. Box 14209
Lexington, KY 40512-4209

Billing and Enrollment Customer Care

Phone: 1-800-233-4013/TTY 711 (groups without medical)
1-800-872-7207 (groups with medical)
The automated information line is available all the time.
Customer Care specialists are happy to help you, Monday through Friday, 8 a.m. to 6 p.m. with:

- Change employee eligibility
- Terminate an employee's coverage
- Change group coverage
- Understand your premium bill
- Receive a copy of your Employer Group Application
- Receive a sample continuation letter for COBRA notification
- Request forms
- Answer any questions you may have

Humana makes every effort to update your information within five business days.

Contact information for members

Customer Care

Website: Secure and unsecure areas of **HumanaDental.com**
Phone: 1-800-233-4013/TTY 711
Interactive Voice Response is available anytime; press “0”
to reach a Customer Care specialist, Monday through
Friday, 8 a.m. to 6 p.m.
Fax: 1-866-584-9140 (enrollment)
Mail: HumanaDental
P.O. Box 14209
Lexington, KY 40512-4209

Claims

Phone: 1-800-233-4013
Mail: HumanaDental
P.O. Box 14611
Lexington, KY 40512-4611

To gain access to the secure members’ section of our website, employees should go to **HumanaDental.com**, click “Register now,” and select “Member registration.”

Implementation and enrollment

Enrollment deadlines

Employees and dependents must enroll for coverage within 31 days of a qualifying event, or 60 days before or 31 days after their eligibility date.

Unless state mandates specify otherwise, newborns are considered timely applicants when Humana receives notice of the newborn's name and date of birth by the newborn's second birthday. The effective date of coverage will be the first day of the month after we're notified.

Enrollment methods

Enrollment methods for Humana dental plans include:

- **Electronic Data Interchange (EDI)** – Create a single eligibility file and submit all the enrollment data at one time
- **Enrollment Center** – You or your employees complete enrollment using a secure Internet site
- **Enrollment Spreadsheet** – Use a standard Humana spreadsheet to collect enrollment information into a single source
- **Paper Enrollment** – Submit enrollment forms, affidavits, change forms, and supporting documentation for processing

Electronic enrollment methods provide more safeguards and have a higher first-pass rate than paper enrollment.

Dental Health Maintenance Organization (DHMO) primary care dentist selection

During enrollment, prospective members of a Prepaid or Dental Health Maintenance Organization (DHMO) plan need to select a primary care dentist. Humana provides a space for this information on the enrollment form and on our online enrollment center.

Members and prospective members can find in-network dentists by going to **HumanaDental.com** or by calling Customer Care at 1-800-233-4013. To change to another primary care dentist, members can call the same number.

Enrollment changes, additions, and terminations

If you're registered for secure access to the employer section of **HumanaDental.com**, you can submit enrollment changes, additions, and terminations online.

You can access employee enrollment and change forms if you:

- Go to **HumanaDental.com**, click on "Tools & Resources," and select "Enrollment/Change forms"
- Call Customer Care at 1-800-233-4013

You can fax forms to Humana at 1-866-584-9140.

Enrollment and eligibility information

You can confirm an employee has been added to the plan and enrollment details if you:

- Log in to the secured employers' section of **HumanaDental.com**
- Call 1-800-233-4013 and use our automated information line

If an employee with active coverage hasn't received his or her ID card and needs proof of eligibility, you can view and print this information on **HumanaDental.com**.

COBRA

After we receive termination of coverage notice, the employer groups can get the forms from **HumanaDental.com**. If you have questions about COBRA, feel free to call us at 1-800-233-4013.

Online resources

You can handle several other administrative functions on our website, including:

- **Terminate an employee's coverage** – Choose from one of two ways to end an employee's coverage:
 - o Through the online billing area. Terminations done through online billing aren't processed until the next billing period.
 - o Through the Enrollment Maintenance panel. Select "terminate a subscriber" and provide the coverage termination date – the last date the policy will be effective.
- **Process an employee rehire** – Rehiring an employee is a "modify" event and is available through the Enrollment Maintenance panel. Even if the employee left the organization a long time ago, he or she can't enroll as a new subscriber.
- **Billing** – View your monthly statement, make a premium payment, and terminate an employee from your bill.

Employers aren't required to register on **HumanaDental.com**. However, the website gives you fast, convenient access to a great deal of information about your Humana dental benefits. To find out more about what's available, log in to the secure employers' section of **HumanaDental.com**, click the "Finders and Help" tab at the top of the page, and select "Employer Web Guide."

To register on **HumanaDental.com**, go to the website, click "Register now," and follow the instructions. For more details about registering for and using the Employer Self-Service Center, refer to the "Online Administration" tab of your welcome kit.

Renewal

Humana will be happy to make group coverage changes for you on your group's anniversary date. Let us know the changes you'd like to make by the 15th of the month before your anniversary date.

Billing

Premium payments

You'll receive an invoice for your premiums about two weeks before the due date. Please review the invoice for accuracy and pay the "Total Amount Due." Any eligibility changes submitted after we generate your invoice will be reflected on the next bill. We'll follow the same process each month to handle retroactive additions and deletions. Please contact the billing representative noted on your invoice if you have questions about your bill.

You can receive bills online, by mail, or both. You can pay premiums by mail or online. If you choose to pay by mail, you can find the payment address on your monthly billing statement. Humana's free online bill payment feature is located in the secure employers' section of our website.

Here are a few points to remember when setting up recurring payments online:

- The first recurring payment will occur on the selected debit date after Humana generates the next invoice.
- The payment history page on our website shows payments submitted online or by phone. Payments sent by paper check appear on the summary page of the next invoice.

Using HumanaDental **benefits**

Identification cards

We mail dental ID cards to employees' home addresses within 10 working days after enrollment is completed in our system. Members can order replacement ID cards in the secure members' section of our website or by calling 1-800-233-4013.

Provider directories

The "Dentist Finder" on **HumanaDental.com** is the best source for up-to-date information about providers. Members can search for dentists by specialty, location, and other criteria and create a custom PDF of their search results for easy printing or e-mailing.

Employees who don't have Web access can call 1-800-233-4013 for help finding an in-network provider.

Provider selection

Members' provider choices depend on the type of Humana dental plan they selected:

- **Traditional Preferred** – Members can choose any dentist, but they receive discounts with in-network PPO dentists.
- **Advantage Plus** – In-network Advantage Plus dentists provide services for a fixed fee. Members can choose and change dentists in network at any time. Out-of-network services aren't covered, except emergency care.
- **Preferred Provider Organization (PPO)** – In-network PPO dentists provide dental services at a reduced rate. Members have higher out-of-pocket costs for services from out-of-network dentists.
- **Preventive Plus** – All dentists honor this plan, but members can save up to 27 percent on their out-of-pocket costs when they visit an in-network PPO dentist.
- **Prepaid and Dental Health Maintenance Organization (DHMO)** – Members must use in-network DMHO providers. If a member has a dental emergency and can't find an in-network dentist, he or she should call HumanaDental as soon as possible so we can determine out-of-network emergency benefits.

DHMO members must select a primary care dentist during enrollment. They can contact Customer Care to switch to a different primary care dentist

Benefits estimates

Humana doesn't require preauthorization in most cases. However, we strongly advise members and dentists to submit a treatment plan when services are expected to be more than \$300. Doing so allows us to provide an estimate, so members know what's covered before they receive treatment.

We don't require an estimate for emergency care.

Claims

Claims submission

Most dentists file claims with Humana directly, so members don't have to do anything. If the dentist won't submit the claim, the member should send an itemized bill, including the diagnosis, to:

HumanaDental
P.O. Box 14611
Lexington, KY 40512-4611

Members should indicate any payments they've already made.

For more information about how a claim was or will be processed, members can call 1-800-233-4013 or visit [HumanaDental.com](https://www.humanadental.com) and select member. Customer Care specialists are available at that number Monday through Friday, 8 a.m. to 6 p.m. After hours, members can get answers to many claims questions by calling the same number and using the automated information line.

Explanation of Benefits/Claim Receipt

After members receive dental services, Humana sends an Explanation of Benefits (EOB) or Claim Receipt. These statements provide several pieces of information, including:

- Amount charged – The amount the dentist charged for the service
- Amount allowed – The amount allowed by the member's plan for the service
- Amount discounted – The amount the dentist has agreed to discount the charge because the dentist is in Humana's dental network
- Amount paid – The amount Humana paid the dentist for the service
- Your portion – The amount the member owes the dentist

Alternative treatment provisions

If two or more treatments can correct the same dental condition, Humana calculates benefits based on the member's plan. For instance, if a member needs a restoration, the plan may cover an amalgam (silver) filling on molars and not a resin-based composite (white). If the dentist uses composite, Humana pays the amalgam equivalent.

Keep in mind that application of these provisions is a method of calculating benefits, not a disagreement with the dentist's recommendation.

Grievances and appeals

From time to time, members may run into problems or have unresolved issues about their coverage. Humana makes every effort to resolve customer dissatisfaction issues at an informal level. Members also have the option of filing a formal grievance or appeal.

Members have the right to appeal Humana's decision if they think:

- Humana is discontinuing coverage of necessary care
- Humana doesn't authorize or give care understood to be covered
- Humana hasn't paid all or part of a bill we should pay
- Humana is delaying the provider arrangement or approval of service and the delay affects their health

Our Customer Care specialists can assist members with any issue relating to their plan. If the issue can't be resolved verbally, the specialists will advise the member of the right to file a formal grievance or appeal and provide the required appeal forms.

Members should submit requests for appeal within 60 calendar days of the denial notice. The appeal can include any supporting documentation or other evidence to support overturning the denial. The appeal request should be mailed to:

**HumanaDental
P.O. Box 14611
Lexington, KY 40512-4611**

Humana will accept a verbal appeal if the member is illiterate, handicapped, or too ill to write.

Discount program

Vision discount program

Humana offers a complementary vision discount program to members. This program provides discounts of up to 40 percent on eye care and eyewear with providers in the extensive EyeMed network – 35,000 national providers at 20,000 locations, including optometrists, ophthalmologists, and opticians. The EyeMed network includes some of the most recognizable names in eye care:

- LensCrafters®
- PearleVision®
- Sears Optical
- Target Optical
- JCPenney Optical

Members also can take advantage of the TruVision discount program to save on laser vision correction services with U.S. Laser Network providers. The vision discount program isn't an insurance product. The discount program has limitations and exclusions.

For more details about the vision discount program, refer to the "Vision" section of this guide.

Insured or administered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of Kentucky, CompBenefits Insurance Company, CompBenefits of Alabama, Inc., CompBenefits Company, CompBenefits of Georgia, Inc., CompBenefits Dental, Inc., American Dental Plan of North Carolina, Inc., DentiCare, Inc. (d/b/a CompBenefits), The Dental Concern, Inc., Kanawha Insurance Company, Arizona dental prepaid plans underwritten by Employers Dental Services, California DHMO and Vision 89E plan underwritten by Golden West Dental and Vision.