



# Top 3 commonly asked coverage questions

To help address commonly asked questions, we're providing general answers to the concerns we get asked the most. These are general guidelines for Humana Dental PPO and Traditional Preferred plans. Please refer to the plan document for costs and complete details of coverage.

1

### Do Humana's dental plans cover replacement for a tooth extracted or missing prior to the date coverage starts?

Humana's dental plans generally do not cover replacement for a tooth extracted or missing prior to the date coverage starts, unless:

- The device also replaces one or more natural teeth lost or extracted after the coverage became effective
- The tooth was extracted while covered under the employee's previous employer-sponsored dental plan immediately prior to their coverage with Humana.

We do not cover replacement of congenitally missing teeth (teeth that have never developed since birth).

*Note: Missing tooth clause not available in California, Louisiana & New Mexico*

2

### How are dental treatments in progress covered?

- **NEW GROUP MEMBERS:** The prior carrier is responsible for work in progress, such as root canals, crowns, dentures, and bridges, if the treatment was initiated before coverage with Humana began. If there is a discrepancy with how the prior carrier administers treatments in progress (e.g. incurred date vs. completion date) and the prior carrier denies coverage, then Humana will pay the covered costs.
- **TERMINING GROUP MEMBERS:** If the work was initiated while the member was covered under Humana's dental policy, the termed member has 60 days to get it completed under the Humana policy. (Humana pays on incurred date as opposed to completion date.)

3

### What happens if a member had prior orthodontia coverage and is actively in treatment?

For members with prior orthodontia coverage, and in active treatment without having experienced a lapse in coverage, Humana subtracts the amount the prior carrier covered from the orthodontic total case fee and orthodontic lifetime maximum. We prorate the remaining charges over the remaining treatment period and systematically issue monthly payments, which are applied toward the lifetime orthodontic maximum.

Humana group dental plans are insured, offered, or administered by Humana Insurance Company, HumanaDental Insurance Company, The Dental Concern, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company of New York, or Humana Medical Plan of Utah, CompBenefits Company, or DentiCare, Inc. (d/b/a CompBenefits). In Arizona, group dental plans Insured by Humana Insurance Company. For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Dental ID card and requesting a copy. In New Mexico, group dental plans Insured by Humana Insurance Company. In Texas, group dental plans Insured by Humana Insurance Company.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our dental benefit plans. Our dental benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control. Dental PPO plans are not offered in all states. This is a limited policy. This is a dental only policy.