



## Choose a participating dentist and save

### We're here to help

To speak to a Customer Care specialist, please call 1-800-233-4013.

When you visit a dentist who participates in the HumanaDental PPO Network<sup>1</sup>, you can save up to 30 percent on average billed charges. Plus, the PPO network is nationwide so you can find a participating dentist near your home or work, when you're on vacation, or away at college.

**For example:** A member needs a dental service and has a HumanaDental PPO plan that pays 80 percent to a dentist who participates in our network and 50 percent to a dentist who does not.<sup>2</sup> The chart shows the member will save \$90 for this service by visiting a participating dentist because of the HumanaDental discount.

	Retail charge	Amount billed	HumanaDental pays	Member pays
Participating dentist	\$250	\$175	\$140 (80%)	\$35
Nonparticipating dentist	\$250	\$250	\$125 (50%)	\$125
			<b>Member savings</b>	<b>\$90</b>

### Find a participating dentist

Log on to **HumanaDental.com** anytime and select "Find a Dentist." We update the list of participating dentists daily. You also can call 1-800-233-4013. A Humana Specialty Benefits Customer Care specialist will be happy to help you from 8 a.m. to 6 p.m. Monday through Friday.

### Refer your dentist

If your dentist doesn't participate, please help us get your dentist in our PPO network. That way, you can continue to see the dentist you know and trust while receiving the best value from your plan. Simply add your name to the card below, give it to your dentist at your next visit, and ask him/her to return it to Humana Specialty Benefits.

<sup>1</sup> Plus network in Texas.

<sup>2</sup> Nonparticipating dentists can also bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO network dentist.

Example assumes member has met deductible. The chart is for illustrative purposes only. Actual amounts and benefit plans vary by employer.

**HUMANA**  
Specialty Benefits

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### Refer your dentist

Add your name and give this card to your dentist to return to us. We'll make sure he/she gets the details about participating in the HumanaDental PPO Network.

## Join the HumanaDental PPO Network

Your patient wants you to join our network. For details, complete and mail this card. Thank you!

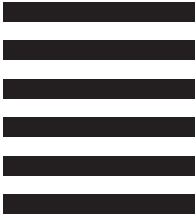
#### Please print

Date \_\_\_\_\_  
 Dentist's name \_\_\_\_\_  
 Specialty \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Telephone with area code \_\_\_\_\_

\_\_\_\_\_ referred you to the HumanaDental PPO Network.  
 Patient name / employer group



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