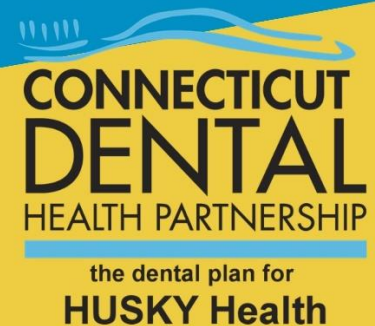


# DENTAL SUMMARY OF BENEFITS HUSKY HEALTH ADULTS AGES 21 AND OVER



## Dental Summary of Benefits HUSKY Health Adults Ages 21 and Over

Welcome to the HUSKY Dental Plan. Here is a comprehensive summary of the benefits for Adults Ages 21 and over.

### Important to note:

- HUSKY Health covers certain MEDICALLY necessary dental services. Adults are ages 21 and older.
- Not all dental procedures are covered benefits, and certain covered dental services require prior authorization by your dentist.
- Covered services are provided at dental providers in the CTDHP network **which is part of the HUSKY Health network**. You may have to pay for services if the service is provided by a dentist that does not participate in the CTDHP network.
- Covered services are provided at no cost to you. You will have to pay for services if you choose to have a service that is not included in the HUSKY Health plan.
- If you wish to speak to a member services representative, please call the Connecticut Dental Health Partnership (CTDHP) toll free **1-855-CT DENTAL (1-855-283-3682)**. We are available Monday through Friday, from 8:00 a.m. to 5:00 p.m.

## Your Benefits:

Care Category	Description	Benefits and Limitations
<b>Diagnostic</b>	Oral examination or screening every calendar year.	<ul style="list-style-type: none"> <li>• Periodic Exam: 1 per year</li> <li>• Problem Focused Exam: 4 times per year</li> <li>• Comprehensive Exam: limited to once per lifetime</li> </ul>
<b>X-Rays</b>	Complete mouth X-rays, periapical X-rays, bitewing X-rays, Occlusal X-rays and panoramic X-rays.	<ol style="list-style-type: none"> <li>1. Bitewing X-ray: 1 per year</li> <li>2. Periapical X-rays: 4 per year</li> <li>3. Complete Mouth Series or Panoramic X-ray: 1 every 3 years</li> </ol>
<b>Preventive</b>	Cleanings and Fluoride.	1 every calendar year per member Fluoride treatment requires prior authorization.
<b>Restorative-Fillings</b>	The treatment of tooth decay by the use of silver and/or white fillings.	Fillings are covered once per two years for the same tooth surface.
<b>Restorative-Crowns</b>	The use of gold, semiprecious, or nonprecious metals and/or porcelain to restore a tooth or teeth which cannot be restored with silver or white restorations.	Covered once per five year. Prior authorization required.
<b>Endodontics</b>	The treatment of the diseases of the blood vessels and the nerve of the tooth. Endodontic treatment often involves root canal procedures.	Once per tooth per Client per lifetime limitation. Certain conditions must be met. Prior authorization is required.

Care Category	Description	Limitations
<b>Periodontics</b>	The treatment of the supporting tissues of the teeth, gums, and underlying bone, with either surgical or non-surgical procedures (where applicable).	Not covered.
<b>Prosthetics – Removable</b>	The replacement of missing teeth by the use of a removable appliance.	Denture prosthesis construction is limited to one time per each 7-year period.  Prior authorization required.
<b>Prosthetics - Adjustments &amp; Relines</b>	The repair or modification of existing dentures so that they can continue to be serviceable.	Limited to once every 2 years, and only 6 months after the initial placement of the denture(s).
<b>Prosthetics – Fixed</b>	The use of gold, semiprecious, or precious metal to replace a missing tooth or teeth. Fixed prosthetics may include bridgework, implants and implant retained crowns and dentures.	Not covered.
<b>Extractions</b>	The extraction, either simple or surgical, of either a single tooth or multiple teeth.	Covered for all permanent, baby and extra teeth. Biopsies, bone grafting, alveoloplasty, facial surgery for trauma and inherited facial conditions. Prior authorization is required.
<b>Wisdom Tooth Removal and Impactions</b>	The surgical removal of fully erupted teeth when medically necessary or teeth partially or fully covered by gum tissue or bone.	Prior authorization required.
<b>Oral Surgery</b>	The shaping of bone ridges, the treatment of an abscess, biopsies of soft and hard tissues, reconstructive surgeries etc.	Requires prior authorization.
<b>Orthodontics</b>	The straightening of teeth for <i>significant</i> dental health reasons.	Not covered for adults.

Care Category	Description	Limitations
<b>Athletic Mouth Guard</b>	Mouthguards are worn over the top row of teeth during sports to help prevent an oral injury. They protect against broken teeth, cut lips, and other damage to the mouth.	Not covered for adults.
<b>Occlusal "Night" Guards</b>	A removable acrylic appliance intended to relieve temporomandibular joint pain and other effects of grinding the teeth (bruxism). Usually worn at night to prevent grinding during sleep.	Prior Authorization required for members with severe clenching or tooth grinding habits. May be used to treat temporomandibular joint (TMJ) problems.
<b>Deep Sedation/General Anesthesia</b>	Covered benefit for clients twenty-one or over for the extraction of at least six (6) single teeth and for the extraction of third molars only.	Covered in certain situations.
<b>Inhalation Sedation</b>	Nitrous oxide. Covered for adults over the age of 21 with behavioral related conditions such as autism, cerebral palsy, intellectual delays and have a diagnosis of 318.0 or greater.	Not covered for adults without a severe or profound developmental delay.