As a Member of the Molina Medicare Options Plus HMO SNP, you get the added benefit of supplemental dental services. Using this benefit is as easy as ABC.

We have partnered with Avesis Third Party Administrators, Inc., a national dental company (referred to in this document as Avesis), to provide covered supplemental dental services to our Members. Services are only available when provided by dentists who are part of the Avesis/DenteMax network. If you receive care from a dental provider who is not in the Avesis/DenteMax network you must pay for your own care.

To find an Avesis/DenteMax dental provider close to you:
- Call our Member Services Department
- Search online – use our supplemental dental provider online search tool at www.MolinaHealthcare.com/Medicare
- Call Avesis

When you call a representative will verify your eligibility and search for a network dental provider in your area.

A referral from your Primary Care Physician (PCP) is not required for this benefit.

You have a $1,250 calendar year maximum for ALL covered supplemental dental services and each service has a specific limit (e.g., maximum allowance, number of procedures, and/or frequency of services). The costs of ALL covered supplemental dental services combined (including dentures and denture adjustments) are subject to the annual Plan benefit coverage amount and cannot exceed $1,250 in a calendar year.

You have a $500 maximum allowance every calendar year for removable dentures and denture adjustments. This $500 allowance may not be available to use if you have already reached your $1,250 calendar year maximum.

Only the ADA dental procedure codes listed below are covered and each service has a specific limit (e.g., maximum allowance, number of procedures, and/or frequency of services).

### Schedule of Covered Supplemental Dental Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Exams – up to 2 every calendar year;</td>
<td>either D0120 or D0150. D0150 is allowed once every 3 calendar years.</td>
</tr>
<tr>
<td>D0120 – periodic oral evaluation –</td>
<td>established patient</td>
</tr>
<tr>
<td>established patient</td>
<td></td>
</tr>
<tr>
<td>D0150 – comprehensive oral evaluation –</td>
<td>new or established patient</td>
</tr>
<tr>
<td>comprehensive oral evaluation</td>
<td></td>
</tr>
<tr>
<td>Dental X-Rays – up to 1 set every calendar</td>
<td>either D0272 or D0274. D0330 is allowed once every 3 calendar years.</td>
</tr>
<tr>
<td>year; either D0272 or D0274. D0330 is</td>
<td>If you get a full mouth X-Ray (D0330) you cannot get bitewing X-Rays</td>
</tr>
<tr>
<td>allowed once every 3 calendar years.</td>
<td>within the same calendar year.</td>
</tr>
<tr>
<td></td>
<td>If you get a full mouth X-Ray (D0330) you cannot get bitewing X-Rays</td>
</tr>
<tr>
<td></td>
<td>within the same calendar year.</td>
</tr>
<tr>
<td>D0272 – bitewings – two radiographic images</td>
<td></td>
</tr>
<tr>
<td>D0274 – bitewings – four radiographic images</td>
<td></td>
</tr>
</tbody>
</table>
- D0330 – panoramic radiographic image

**Cleanings** – up to 2 every calendar year.
- D1110 – prophylaxis – adult

**Fluoride Treatment** – up to 1 every calendar year.
- D1208 – topical application of fluoride – excluding varnish

**Periodontics (Deep Cleanings)** – up to 4 quadrants every 24 months. Coverage includes any combination of D4341 or D4342.
- D4341 – periodontal scaling and root planning – four or more teeth, per quadrant
- D4342 – periodontal scaling and root planning – one to three teeth, per quadrant

**Restorative Services (Fillings)** – up to 4 every calendar year from any of the amalgam or resin-based restorative ADA codes listed below.
- D2140-D2160 – amalgam (silver) fillings
  - D2140 – amalgam – one surface, primary or permanent
  - D2150 – amalgam – two surfaces, primary or permanent
  - D2160 – amalgam – three surfaces, primary or permanent
- D2330-D2335 – resin-based composite (tooth-colored) fillings for the front teeth
  - D2330 – resin-based composite – one surface, anterior
  - D2331 – resin-based composite – two surfaces, anterior
  - D2332 – resin-based composite – three surfaces, anterior
  - D2335 – resin-based composite – four or more surfaces or involving incisal angle (anterior)
- D2391-D2394 – resin-based composite (tooth-colored) fillings for the back teeth
  - D2391 – resin-based composite – one surface, posterior
  - D2392 – resin-based composite – two surfaces, posterior
  - D2393 – resin-based composite – three surfaces, posterior
  - D2394 – resin-based composite – four or more surfaces, posterior

**Simple Extractions** – up to 5 extractions every calendar year.
- D7140 – extraction – erupted tooth or exposed root (elevation and/or forceps removal)

**Denture Allowance** – $500 maximum allowance every calendar year.
- D5110 – complete denture – maxillary
- D5120 – complete denture – mandibular
- D5225 – maxillary partial denture – flexible base (including clasps, rests, and teeth)
- D5226 – mandibular partial denture – flexible base (including clasps, rests, and teeth)

**Denture Adjustments** – up to 2 of any of the 4 denture adjustments below every calendar year.
- D5410 – adjust complete denture – maxillary
- D5411 – adjust complete denture – mandibular
- D5421 – adjust partial denture – maxillary
- D5422 – adjust partial denture – mandibular

**Crowns and Crown Repair**
- D2710 – crown – resin-based composite (indirect)
- D2740 – crown – porcelain / ceramic substrate
- D2751 – crown – porcelain fused to predominantly base metal
- D2752 – crown – porcelain fused to noble metal
- D2781 – crown – ¾ cast predominately base metal
- D2782 – crown – ¾ cast noble metal
- D2791 – crown – full cast predominantly base metal
- D2792 – crown – full cast noble metal
- D2915 – re-cement or re-bond indirectly fabricated or prefabricated post and core
- D2920 – re-cement or re-bond crown
- D2950 – core build up, including any pins when required
- D2954 – prefabricated post and core, in addition to crown
- D2980 – crown – repair necessitated by restorative material failure

**Endodontics / Root Canals**
- D3221 – pulpal debridement – primary and permanent teeth
- D3310 – endodontic therapy, anterior tooth (excluding final restoration)
- D3320 – endodontic therapy, bicuspid tooth (excluding final restoration)
- D3330 – endodontic therapy, molar (excluding final restoration)
- D3346 – retreatment of previous root canal therapy – anterior
- D3347 – retreatment of previous root canal therapy – bicuspid
- D3348 – retreatment of previous root canal therapy – molar

**Bridge and Bridge Repair**
- D6205 – pontic – indirect resin-based composite
- D6211 – pontic – cast predominately base metal
- D6241 – pontic – porcelain fused to predominantly base metal
- D6245 – pontic – porcelain / ceramic
- D6251 – pontic – resin with predominantly base metal
- D6710 – retainer crown – indirect resin-based composite
- D6721 – retainer crown – resin with predominantly base metal
- D6740 – retainer crown – porcelain / ceramic
- D6751 – retainer crown – porcelain fused to predominantly base metal
- D6781 – retainer crown – 3/4 cast predominately base metal
- D6791 – retainer crown – full cast predominately base metal
- D6930 – re-cement or re-bond fixed partial denture
- D6980 – fixed partial denture repair necessitated by restorative material failure

Some covered supplemental dental services require prior authorization. Your Avesis/DenteMax network provider will handle any Plan-required authorizations for you.

| Can I still get a cleaning if I’ve exceeded my $1,250 calendar year maximum? | No. You have a $1,250 calendar year maximum which applies to ALL covered supplemental dental services and each service has a specific limit (e.g., maximum allowance, number of procedures, and/or frequency of services).
Example: You had only one cleaning this calendar year, used your denture allowance, and then spent the rest of your calendar year maximum on extractions and fillings. You cannot get a 2nd cleaning this calendar year. |
| Can I get both a periodic and a comprehensive exam each year? | No. You can only get a comprehensive exam (D0150) every 3 calendar years. You can get up to 2 exams every calendar year. You can have either 2 periodic exams (D0120) or 1 periodic exam (D0120) and 1 comprehensive exam (D0150). Remember your $1,250 calendar year maximum also applies. |
| My dentist says that my upper denture will cost $650. I have a $500 denture allowance but a $1,250 calendar year maximum. Will the Plan maximum pay the difference? | No. You have a $500 maximum allowance to spend on dentures every calendar year. You will have to pay the $150 difference out-of-pocket.
Your $1,250 calendar year maximum for ALL covered supplemental dental services also applies. So if you have already gotten a filling and crown your $500 maximum allowance to spend on dentures may be reduced by the amount that you have already spent. |
How many deep cleanings can I get?

You can get a total of 4 quadrants done every 24 months – any combination of D4341 or D4342. Remember your $1,250 calendar year maximum also applies.

CONTACT

How do I contact Avesis Dental?

Remember you must use an Avesis/DenteMax network provider.

<table>
<thead>
<tr>
<th>Avesis Third Party Administrators, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service Phone</td>
</tr>
<tr>
<td>Customer Service Hours</td>
</tr>
<tr>
<td>Avesis Provider Lookup</td>
</tr>
</tbody>
</table>

Who do I call if I have problems?

If you need help please call our Member Services Department.

<table>
<thead>
<tr>
<th>Molina Healthcare Member Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Services Phone</td>
</tr>
<tr>
<td>Member Services Hours</td>
</tr>
<tr>
<td>Website</td>
</tr>
</tbody>
</table>

You are responsible for paying for any supplemental dental service received from a dental provider who is not in the Avesis/DenteMax network.

Depending on the clinical need, not all dental procedures recommended by a dentist may be covered by the Plan. To minimize your financial liability you need to ask the dentist for a dental treatment plan in writing before agreeing to any work. Have the dentist detail all the costs – what the Plan will pay and what you will have to pay out-of-pocket.

Avesis/DenteMax network dentists may collect usual, reasonable, and customary fees for all services not covered under your supplemental dental benefit.

You are responsible for paying for procedures when the maximum coverage for that service is met and/or when your calendar year maximum has been reached.

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal. This information is available in other formats, such as Braille, large print, and audio. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments may change on January 1 of each year. The provider network may change at any time. You will receive notice when necessary.
Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)

- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (800) 665-3086; TTY 711, 7 days a week, 8 a.m. - 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

If you need help, call 1-800-368-1019; TTY 800-537-7697.
English
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711).

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-3086（TTY：711）。

Tagalog

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-3086 (ATS : 711).

Vietnamese

German

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-3086 (TTY: 711) 번으로 전화해 주십시오.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-3086 (телетайп: 711).

Arabic
ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 3086-665-800-1 (رقم هاتف الصم والبكم: 711).
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-3086 (TTY: 711) पर कॉल करें।

Italian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-3086 (TTY: 711).

Portugués

French Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-3086 (TTY: 711).

Polish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-3086 (TTY: 711).

Japanese
注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-665-3086（TTY: 711）まで、お電話にてご連絡ください。

Hmong

Farsi
توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌گردد. با 1-800-665-3086 (TTY: 711) تماس بگیرید.

Armenian
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ։ Заявите в 1-800-665-3086 (TTY (телетайп): 711):

Cambodian
ប្រយ័ត្ន៖ ប្រឈមជាអ្នកនិយាយភាសាខ្មែរ, បានប្រាប់ជំនួយខ្ននកភាសាដែលមិនគិតទេ និងប្រឈមជាអ្នកនិយាយភាសាជាតិមួយស្ថិតឯនិងប្រាប់ជំនួយគ្រប់ទីកន្លែង ដែល មានទំនិញ 1-800-665-3086 (TTY: 711). 

Albanian
Amharic

ማስታወሻ
የሚናገሩት ዋንቋ ኢፈም ፊልጆች ውስጥ እርዳታ ይችላል። ይህ ሰዓትን ግንయቁም ያርጉ ያለው 1-800-665-3086 (መስማት እንወቀው: 711).

Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-665-3086 (TTY: 711)।

Cushite (Oromo language)


Dutch


Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-3086 (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નના: શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-3086 (TTY: 711).

Kru (Bassa language)

Dè dè nià ke dyède gbo: Ô jú kë m [Básɔ̀-wùɖù-po-nyɔ̀] jù ni, nii, à wuŋu kà kò ñò po-poù ñéin m gbo kpáa. Dá 1-800-665-3086 (TTY:711)

Ibo

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-665-3086 (TTY: 711).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-665-3086 (TTY: 711).

Laotian

ຫຼາຍຄວາມ: ຜ້າ ໆ ທ່ານ ອາວ ສາລາວ ຮຽວ, ບ່າວວ ອຸ ບຸກຮາວ, ເອ ຂອາເຈ ຊອງ ບານ, ເອ ບ້ານ ນວນ ຣາວ, ເອ ບ້ານ ນວນ ຣາວ, ເອ ບ້ານ ນວນ ຣາວ າາວ. າາວ 1-800-665-3086 (TTY: 711).

Navajo

Diį baa akó ninízin: Diį saad bee yáníhti’go Diné Bizaad, saad bee áká’ánida’áwo’déé’, t’àá jiik’eh, éì ná hóló, kojì’ hódiílnih 1-800-665-3086 (TTY: 711.)

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोलनुहुन्छ भने तपाईंको निम्नति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-665-3086 (टिटिवाइँ: 711)।
Panjabi
ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਵਿੱ ਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਦ ਹੈ। 1-800-665-3086 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

Pennsylvania Dutch

Romanian
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-665-3086 (TTY: 711).

Serbo-Croatian

Syriac (Assyrian language)
ܙܘܼܗܵܪܵܐ:
ܐܸܢ ܐܼܲܚܬܘܲܢ ܟܹܐ ܗܼܲܡܙܸܡܝܼܬܘܲܢ ܠܸܫܵܢܵܐ ܐܵܬܘܲܪܵܝܵܐ، ܡܵܨܝܼܬܘܲܢ ܕܩܼܲܒܠܾܬܹܐ ܕܗܼܲܝܼܲܪܬܵܐ ܒܠܸܫܵܢܵܐ ܡܼܲܓܵܢܵܐܝܼܬ ܩܪܘܲܢ ܥܼܲܠ ܡܸܢܝܵܢܵܐ 1-800-665-3086 (TTY: 711).

Thai
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-665-3086 (TTY: 711).

Tongan

Ukrainian
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-665-3086 (телетайп: 711).

Urdu
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب بھی کریں (TTY: 711) 3086-665-800-1