

A healthy smile just got easier with our dental benefit!

As a member of the Molina Dual Options Medicare-Medicaid Plan, you get the added benefit of supplemental dental services. Using this benefit is as easy as ABC.

ACCESS

How do I access the benefit?

A

Some dental services are available through the Illinois Medicaid Dental Program.

In addition to the dental services covered under the Illinois Medicaid Program, as a member you can get other Plan-covered dental services, known as supplemental benefits.

For our dental services 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 members.

Dental services are only available when provided by dentists who are part of the contracted vendor's network. If you receive care from a dental provider who is not in the assigned network, you must pay for your own care.

To find an Avesis dental provider close to you:

- Avesis:
 - Call our Member Services Department
 - Search online – use our supplemental dental provider online search tool at MolinaHealthcare.com/Duals to find an Avesis network dentist
 - 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 our supplemental dental benefit.

BENEFIT

What is the benefit?

B

You have a \$600 calendar year maximum for ALL covered preventive supplemental dental services. Each service has a specific limit (e.g., maximum allowance, number of procedures, and/or frequency of services). Preventive dental services include exams, cleanings, x-rays and fluoride services.

Your denture coverage is limited to a \$500 combined maximum allowance every 3 calendar years, limited to \$250 per denture plate, every 3 calendar years.

Only the ADA dental procedure codes listed below are covered by us 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

There is no office visit co-pay.

Oral Exams – periodic or comprehensive periodontal evaluation; either two D0120 or one D0120 and D0150 combined.

Up to two (2) every year

- D0120 – periodic oral evaluation – established patient

Up to one (1) every 3 years

- D0150 – comprehensive oral evaluation – new or established patient

Dental X-Rays – One (1) every calendar year.

- D0272 – bitewings – two radiographic images
- D0274 – bitewings – four radiographic images



Your Extended Family.

	<p>Cleanings – Two (2) every year.</p> <ul style="list-style-type: none"> • <i>D1110 – prophylaxis – adult</i> <p>Fluoride – One (1) every year.</p> <ul style="list-style-type: none"> • <i>D1208 – Topical application of fluoride, adult</i> <p>Periodontics (Deep Cleanings) – up to two (2) quadrants every 24 months, either D4341 or D4342.</p> <ul style="list-style-type: none"> • <i>D4341 – periodontal scaling and root planing – four or more teeth, per quadrant</i> • <i>D4342 – periodontal scaling and root planing – one to three teeth, per quadrant</i> <p>Restorative Services (Fillings) – up to three (3) amalgam and resin; or any combination of fillings every year.</p> <ul style="list-style-type: none"> • <i>D2140-D2160 – amalgam (silver) fillings</i> <ul style="list-style-type: none"> ◦ <i>D2140 – amalgam – one surface, primary or permanent</i> ◦ <i>D2150 – amalgam – two surfaces, primary or permanent</i> ◦ <i>D2160 – amalgam – three surfaces, primary or permanent</i> • <i>D2330-D2335 – resin-based composite (tooth-colored) fillings for the front teeth</i> <ul style="list-style-type: none"> ◦ <i>D2330 – resin-based composite – one surface, anterior</i> ◦ <i>D2331 – resin-based composite – two surfaces, anterior</i> ◦ <i>D2332 – resin-based composite – three surfaces, anterior</i> ◦ <i>D2335 – resin-based composite – four or more surfaces or involving incisal angle, anterior</i> • <i>D2391-D2394 – resin-based composite (tooth-colored) fillings for the back teeth</i> <ul style="list-style-type: none"> ◦ <i>D2391 – resin-based composite – one surface, posterior</i> ◦ <i>D2392 – resin-based composite – two surfaces, posterior</i> ◦ <i>D2393 – resin-based composite – three surfaces, posterior</i> ◦ <i>D2394 – resin-based composite – four or more surfaces, posterior</i> <p>Denture Allowance – \$500 maximum allowance every 3 calendar years (limited to a \$250 maximum allowance per denture plate every 3 calendar years).</p> <ul style="list-style-type: none"> • <i>D5110 – complete denture – maxillary</i> • <i>D5120 – complete denture – mandibular</i> • <i>D5226 – maxillary partial denture – flexible base (including any clasps, rests and teeth)</i> • <i>D5227 – mandibular partial denture – flexible base (including any clasps, rests and teeth)</i> <p>Denture Adjustments – up to 2 denture adjustments every year.</p> <ul style="list-style-type: none"> • <i>D5410-D5422 – adjustments to dentures</i> <ul style="list-style-type: none"> ◦ <i>D5410 – adjust complete denture – maxillary</i> ◦ <i>D5411 – adjust complete denture – mandibular</i> ◦ <i>D5421 – adjust partial denture – maxillary</i> ◦ <i>D5422 – adjust partial denture – mandibular</i> <p>Some covered supplemental dental services require prior authorization. Your Avesis network provider will handle any Plan-required authorizations for you.</p>
What if I need services that aren't covered by my Molina Dual Options plan?	You may receive additional dental coverage through your Illinois Medicaid Dental Program. You do not need to leave your Molina Dual Options Plan in order to access Medicaid covered services. By being a member of the Molina Dual Options Plan, you get your Medicaid dental services and additional dental services from Molina Dual Options!

CONTACT

How do I contact Avesis?



Remember you must use a dental provider who is part of the contracted vendor's network.

Avesis Third Party Administrators, Inc.

Customer Service Phone	(855) 704-0433; TTY/TDD 711
Customer Service Hours	Monday – Friday; 7 a.m. – 8 p.m. EST
Avesis Provider Lookup	MolinaHealthcare.com/Duals

Who do I call if I have problems?



If you need help with:

- Molina Dual Options Plan-covered dental services – please call our Member Services Department.

Molina Dual Options Member Services

For Plan-covered supplemental dental services ONLY

Member Services Phone	(877) 901-8181; TTY/TDD 711
Member Services Hours	Monday – Friday; 8 a.m. – 8 p.m., Local Time
Website	MolinaHealthcare.com/Duals

You are responsible for paying for any supplemental dental service received from a dental provider who is not in the contracted vendor's 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.

Network dentists may collect usual, reasonable, and customary fees for all services not covered under our 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 Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

Limitations, copays, and restrictions may apply. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook. Benefits, and/or copayments may change on January 1 of each year. For information on Molina Dual Options and other options for your health care, call the Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), or visit <http://enrollhfs.illinois.gov/>.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.



Your Extended Family.



Your Extended Family.

Molina Healthcare of Illinois (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 (877) 901-8181;

TTY/TDD: 711, Monday – Friday, 8 a.m. to 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.



Your Extended Family

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-901-8181 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-901-8181 (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 1-877-901-8181 (TTY : 711)。

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-901-8181 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-901-8181 (ATS : 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-901-8181 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-901-8181 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-901-8181 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-901-8181 (телетайп: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-901-8181 (رقم هاتف الصم والبكم: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-901-8181 (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 1-877-901-8181 (TTY: 711).

Português

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-901-8181 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-901-8181 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-901-8181 (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。1-877-901-8181（TTY: 711）まで、お電話にてご連絡ください。

Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-901-8181 (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-901-8181 (TTY: 711).

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 711) 8181-901-877-1