

A healthy smile just got easier with our dental benefit!

As a member of the Molina Dual Options MyCare Ohio (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

Molina Healthcare offers Molina Dual Options MyCare Ohio members the benefit of preventive and comprehensive dental services. These services are only available when provided by dentists who are part of the Molina Dual Options MyCare Ohio dental network. If you receive care from a dental provider who is not in the Molina Dual Options MyCare Ohio dental network you must pay for your own care.

To find a Molina Dual Options MyCare Ohio dental provider close to you:

- Call our Member Services Department

When you call a representative, the 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.

BENEFIT

What is the benefit?

B

There is no deductible or calendar year maximum for Plan–covered dental services.

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

Oral Exams –

One every 6 months

- *D0120 – periodic oral evaluation – established patient*

Unlimited, as medically necessary:

- *D0140 – limited oral evaluation – problem focused*

One every 5 calendar years per provider

- *D0150 – comprehensive oral evaluation – new or established patient*

One every calendar year

- *D0180 – comprehensive periodontal evaluation – new or established patient*

Dental X–Rays –

One every 60 months; D0210 and D0330

- *D0210 – intraoral – complete series of radiographic images*

Twelve every 12 months; 1 per date of service

- *D0220 – intraoral – periapical first radiographic image*

Eight every 12 months; 3 per date of service

- *D0230 – intraoral – periapical each additional image*

Four every 12 months; 2 per date of service

- *D0240 – intraoral – occlusal radiographic image*

One every 60 months

- *D0250 – extraoral – first radiographic image*

BENEFIT

What is the benefit?



Dental X-Rays continued –

One every 6 months

- D0270 – bitewing – single radiographic image
- D0272 – bitewings – two radiographic images
- D0273 – bitewings – three radiographic images
- D0274 – bitewings – four radiographic images

One every 60 months; in conjunction with D7899

- D0321 – other temporomandibular joint radiographic images, by report

One every 60 months; D0210 and D0330

- D0330 – panoramic radiographic image

One every 12 months

- D0340 – cephalometric radiographic image

One every 12 months for all specialties except oral surgeons. Oral surgeons – Three every 12 months

- D0350 – oral/facial photographic images

Two every 12 months; one per arch

- D0470 – diagnostic images of casts

Prophylaxis (Cleanings) – Two every year

- D1110 – prophylaxis – adult

Fluoride Treatment – 1 every 6 months for members under 21; D1206 or D1208

- D1206 – topical fluoride varnish
- D1208 – topical application of fluoride

Tobacco Counseling – Two every 365 days

- D1320 – tobacco cessation counseling

Other Preventive Services – Six per lifetime

- D1354 – interim carries arresting medicament application

Space Maintainers – For members under 21

One per tooth per lifetime. Maximum 4 teeth:

- D1510 – space maintainer – fixed – unilateral
- D1515 – space maintainer – fixed – bilateral
- D1520 – space maintainer – removable – unilateral
- D1525 – space maintainer – removable – bilateral

Restorative Services (Fillings) – amalgam/resin restoration per tooth per surface

One every 12 months

- D2140–D2161 – amalgam (silver) fillings
 - D2140 – amalgam – one surface, primary or permanent
 - D2150 – amalgam – two surfaces, primary or permanent
 - D2160 – amalgam – three surfaces, primary or permanent
 - D2161 – amalgam – four or more surfaces, primary or permanent
- D2330–D2335 – resin-based composite (tooth-colored) fillings
 - 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

One every 60 months for members under 21; per tooth

- D2390 – resin-based composite – crown, anterior

BENEFIT

What is the benefit?

B

Restorative Services (Fillings) continued – One every 12 months

- D2391–D2394 – resin-based composite (tooth-colored) fillings
- 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

Restorative Services (Crowns and Crown Repairs) –

One every 60 months per patient per anterior tooth:

- D2740 – crown – porcelain / ceramic subs
- D2751 – crown – porcelain fused to base metal
- D2752 – crown – porcelain fused to noble metal

One every 36 months, per tooth for members under 21

- D2930 – prefabricated stainless steel crown – primary tooth

One every 60 months, per tooth

- D2931 – prefabricated stainless steel crown – permanent tooth

One every 36 months, per anterior tooth for members under 21

- D2933 – prefabricated stainless steel crown with resin window

One every 36 months, per tooth for members under 21

- D2934 – prefabricated steel crown – primary tooth

One D2950 per tooth per lifetime (effective 7/1/18)

- D2950 – core buildup including pins

Three D2951 per lifetime per tooth.

- D2951 – pin retention – per tooth, in addition to restoration

One every 60 months, per anterior tooth.

- D2952 – post and core in addition to crown, indirectly fabricated
- D2954 – prefabricated post and core, in addition to crown

Pulpotomy – One per lifetime per tooth for members under 21

- D3220 – therapeutic pulpotomy

Endodontics (Root Canals) –

One per lifetime per tooth:

- D3310 – endodontic therapy, anterior tooth (excluding final restoration)
- D3320 – endodontic therapy, bicuspid tooth (excluding final restoration)
- D3330 – endodontic therapy, molar (excluding final restoration)

One per lifetime, per tooth

- D3351 – apexification / recalcification – initial visit
- D3352 – apexification / recalcification – interim
- D3353 – apexification / recalcification – final visit
- D3410 – apicoectomy – anterior

Periodontics – One every 24 months per quadrant per patient.

- D4210 – gingivectomy or gingivoplasty – four or more contiguous teeth
- D4211 – gingivectomy or gingivoplasty – one to three contiguous teeth

Deep Cleanings –

One every 24 months per quadrant per patient

- D4341 – periodontal scaling – four or more teeth
- D4342 – periodontal scaling – one to three teeth

One every 12 months

- D4910 – periodontal maintenance

BENEFIT

What is the benefit?

B

Dentures –

Covered every 96 months:

- D5110 – complete denture – maxillary
- D5120 – complete denture – mandibular

Covered every 96 months for members under 19:

- D5211 – maxillary partial denture – resin base
- D5212 – mandibular partial denture – resin base

Covered every 96 months:

- D5213 – maxillary partial denture – cast metal framework with resin denture bases
- D5214 – mandibular partial denture – cast metal framework with resin denture bases

One every 36 months

- D5511 – repair broken complete denture base, mandibular
- D5512 – repair broken complete denture base, maxillary

One per permanent tooth, every 24 months:

- D5520 – replace missing or broken teeth – complete denture (each tooth)

One every 36 months

- D5611 – repair resin partial denture base, mandibular
- D5612 – repair resin partial denture base, maxillary
- D5621 – repair cast partial framework, mandibular
- D5622 – repair cast partial framework, maxillary

Two every 24 months

- D5630 – repair or replace broken clasp

One per permanent tooth, every 24 months; 8 teeth maximum:

- D5640 – replace broken teeth – per tooth
- D5650 – add tooth to existing partial denture

One every 24 months

- D5660 – add clasp to existing partial denture

One every 48 months

- D5750 – reline complete maxillary denture (laboratory)
- D5751 – reline complete mandibular denture (laboratory)
- D5760 – reline maxillary partial denture (laboratory)
- D5761 – reline mandibular partial denture (laboratory)

Two per denture, only in conjunction with D5211–D5214. Approved denture required for authorization.

- D5899 – unspecified removable prosthodontic procedure, by report

Prosthesis (Artificial Replacements) –

One every 96 months:

- D5913 – nasal prosthesis
- D5915 – orbital prosthesis
- D5916 – ocular prosthesis
- D5931 – obturator prosthesis, surgical
- D5932 – obturator prosthesis, definitive

Once per lifetime:

- D5934 – mandibular resection prosthesis with guide flange
- D5935 – mandibular resection prosthesis without guide flange
- D5955 – palatal lift prosthesis, definitive

One every 96 months for members 21 and older:

- D5999 – unspecified maxillofacial prosthesis, by report

BENEFIT

What is the benefit?



Simple Extractions – Unlimited, as medically necessary

- D7140 – extraction – erupted tooth or exposed root

Oral Surgery –

One per tooth per lifetime:

- D7210 – surgical extraction
- D7220 – removal of impacted tooth – soft tissue
- D7230 – removal of impacted tooth – partially bony
- D7240 – removal of impacted tooth – completely bony
- D7241 – removal of impacted tooth – completely bony, unusual surgical complications
- D7250 – surgical removal of residual tooth (cutting procedure)

Four per lifetime

- D7260 – oroantral fistula closure

One per lifetime, per tooth

- D7270 – reimplantation and/or stabilization of accidentally evulsed/ displaced tooth

One per permanent tooth per lifetime

- D7280 – surgical access of an unerupted tooth

One per permanent tooth per lifetime for members under 21, in conjunction with D7280

- D7283 – placement of device to facilitate eruption of impacted tooth

One every 12 months

- D7285 – incisional biopsy of oral tissue – hard (bone, tooth)
- D7286 – incisional biopsy of oral tissue – soft

These services are covered

- D7310 – alveoloplasty in conjunction with extractions – four or more teeth
- D7320 – alveoloplasty not in conjunction with extractions – four or more teeth

One every 12 months

- D7450 – removal of benign odontogenic cyst or tumor – dia up to 1.25 cm
- D7451 – removal of benign odontogenic cyst or tumor – dia greater than 1.25 cm
- D7460 – removal of benign nonodontogenic cyst or tumor – dia up to 1.25 cm
- D7461 – removal of benign nonodontogenic cyst or tumor – dia greater than 1.25 cm

One per lifetime per patient per arch

- D7471 – removal of lateral exostosis (maxilla or mandible)
- D7472 – removal of torus palatinus

One per lifetime per patient per quadrant

- D7473 – remove torus mandibularis

One every 12 months

- D7510 – incision and drainage of abscess – intraoral soft tissue
- D7520 – incision and drainage of abscess – extraoral soft tissue

Unlimited, as medically necessary

- D7670 – alveolus – closed reduction (effective 7/1/18)
- D7671 – alveolus – open reduction

Three per lifetime

- D7960 – frenulectomy – also known as frenectomy or frenotomy – separate procedure

Once per arch per lifetime

- D7970 – excision of hyperplastic tissue – per arch

One every 12 months

- D7899 – unspecified tmd therapy, by report

BENEFIT

What is the benefit?

B

Orthodontics (Braces) –

One course of orthodontic treatment per lifetime for members under 21

- D8080 – comprehensive orthodontic treatment of the adolescent dentition

One appliance per arch every 60 months

- D8210 – removable appliance therapy

One per lifetime

- D8220 – fixed appliance therapy

Seven quarterly per lifetime for members under 21

- D8670 – periodic orthodontic treatment visit

Two covered per lifetime, one per arch for members under 21

- D8680 – orthodontic retention (removal of appliances, place retainers)

One per lifetime for members under 21

- D8999 – unspecified orthodontic procedure, by report

Sedation – One service per day, not in conjunction with any other service listed in this category

- D9222 – deep sedation/general anesthesia
- D9223 – deep sedation/general anesthesia
- D9239 – intravenous moderate (conscious) sedation/ analgesia
- D9243 – intravenous sedation

Other Services –

One service per day, not in conjunction with any other service listed in this category

- D9610 – therapeutic parenteral drug, single administration
- D9612 – therapeutic parenteral drugs, two or more administrations, different medications

Limited to procedures that require hospitalization

- D9999 – unspecified adjunctive procedure, by report

Some covered supplemental dental services require prior authorization. Your Molina Dual Options MyCare Ohio network provider will handle any Plan–required authorizations for you.

CONTACT

How do I contact Member Services?

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Remember you must use a Molina Dual Options MyCare Ohio network provider. If you need help please call our Member Services Department.

Molina Dual Options MyCare Ohio Member Services

| | |
|-----------------------|---|
| Member Services Phone | (855) 665-4623; TTY/TDD 711 |
| Member Services Hours | Monday – Friday; 8 a.m. to 8 p.m., Local Time |
| Website | MolinaHealthcare.com/Duals |

You are responsible for paying for any dental service received from a dental provider who is not in the Molina Dual Options MyCare Ohio 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.

Molina Dual Options MyCare Ohio network dentists may collect usual, reasonable and customary fees for all services not covered under your dental benefit. You are responsible for paying for procedures when the maximum coverage for that service is met.

Molina Dual Options MyCare Ohio Medicare–Medicaid Plan is a health plan that contracts with both Medicare and Ohio 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 (855) 665–4623, 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 MyCare Ohio Member Services or read the Molina Dual Options MyCare Ohio Member Handbook. Benefits, and/or copays may change on January 1 of each year.

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.

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 discriminate based on 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 (855) 665-4623;
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 discriminated 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 1-855-665-4623 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-665-4623 (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 1-855-665-4623 (TTY : 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-665-4623 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-665-4623 (رقم هاتف الصم والبكم: 711).

Pennsylvania Dutch

Wann du Deutsch Pennsylvania German schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-665-4623 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-665-4623 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-665-4623 (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 1-855-665-4623 (TTY: 711).

Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-665-4623 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-665-4623 (TTY: 711) 번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-665-4623 (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。1-855-665-4623（TTY: 711）まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-665-4623 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-665-4623 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-665-4623 (TTY: 711).

Somali

FIIRO GAAR AH: Hadii aad ku hadasho Ingiriisiga, adeega kaalmada luuqada, oo bilaa lacag ah, ayaa kuu diyaar ah. Lahadal 1-855-665-4623 (TTY: 711).

Nepali

ध्यान दिनुहोस् : तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता `वाहरु निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-665-4623 (टिटिवाइ: 711) ।

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-665-4623 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-665-4623 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-665-4623 (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता `वाएं उपलब्ध हैं। 1-855-665-4623 (TTY: 711) पर कॉल करें।

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-665-4623 (TTY: 711).