

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?



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?



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). These codes may be updated by the American Dental Association (ADA) during the year. If you have a question about a dental ADA code, please call Member Services.

BENEFIT

What is the benefit?

B

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*

Cleanings – Two (2) every year

- *D1110 – prophylaxis – adult*

Fluoride – One (1) every year

- *D1208 – topical application of fluoride – excluding varnish*

Periodontics (Deep Cleanings) – up to two (2) quadrants every 24 months, either D4341 or D4342.

- *D4341 – periodontal scaling and root planing – four or more teeth, per quadrant*
- *D4342 – periodontal scaling and root planing – one to three teeth, per quadrant*

Restorative Services (Fillings) – up to three (3) amalgam and resin; or any combination of fillings every year.

- *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*

BENEFIT

What is the benefit?



Denture Allowance – \$500 maximum allowance every 3 calendar years (limited to a \$250 maximum allowance per denture plate every 3 calendar years).

- *D5110 – complete denture – maxillary*
- *D5120 – complete denture – mandibular*
- *D5225 – maxillary partial denture – flexible base (including any clasps, rests and teeth)*
- *D5226 – mandibular partial denture – flexible base (including any clasps, rests and teeth)*

Denture Adjustments – up to 2 denture adjustments every year

- *D5410-D5422 – adjustments to dentures*
 - *D5410 – adjust complete denture – maxillary*
 - *D5411 – adjust complete denture – mandibular*
 - *D5421 – adjust partial denture – maxillary*
 - *D5422 – adjust partial denture – mandibular*

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

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: 711
Customer Service Hours	Monday – Friday; 7 a.m. to 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: 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 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: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.