A healthy smile just got easier with our *dental benefit!*

As a member of the Senior Whole Health Medicare Choice Care (HMO), 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

Senior Whole Health Medicare Choice Care (HMO) has partnered with DentaQuest, a national dental company to provide covered supplemental dental services to our members. Services are only available when provided by dentists who are part of the DentaQuest network. If you receive care from a dental provider who is not in the DentaQuest network you must pay for your own care.

To find a DentaQuest dental provider close to you:

- *Starting January 1, 2022, search online – use our supplemental dental provider online search tool at MolinaHealthcare.com/Medicare to find a DentaQuest network dentist*
- *Call DentaQuest at (833) 479-0205, TTY: 711, Monday – Friday, 8 a.m. to 5 p.m., CT*

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.

BENEFIT

What is the benefit?

B

Preventive dental services have no annual maximum allowance. Preventive dental services include exams, cleanings, x-rays and fluoride services.

You have a $2,000 calendar year maximum for ALL covered comprehensive supplemental dental services. Each service has a specific limit (e.g., maximum allowance, number of procedures, and/or frequency of services).

Your denture coverage is limited to one set every 3 years.

Only the ADA dental procedure codes listed below are covered, comprehensive services will require Prior Authorization. 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.

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BENEFIT

What is the benefit?

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Schedule of Covered Supplemental Dental Services			
Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Preventive Care: No Maximum Allowance			
Oral Exam:	2 every Calendar Year	0%	100%
Detail:	2 per year either D0120, D0140, D0150, or D0180; D0150 and D0180 allowed once per provider per lifetime D0120 – periodic oral evaluation – established patient D0140 – limited oral evaluation, problem focused D0150 – comprehensive oral evaluation – new or established patient D0180 – comprehensive periodontal evaluation		
Prophylaxis - Cleaning	2 every Calendar Year	0%	100%
Detail:	Up to 2 per Calendar Year - D1110 D1110 – prophylaxis – adult		
Fluoride Treatment	2 every Calendar Year	0%	100%
Detail:	Up to 2 per Calendar Year- D1206, D1208 D1206 – topical application of fluoride varnish D1208 – topical application of fluoride		
Bitewing X-ray:	4 every Calendar Year	0%	100%
Detail:	Up to 4 per Calendar Year - D0272, D0274 D0272 – bitewings – two radiographic images D0274 – bitewings – four radiographic images		
Periapicals:	6 every Calendar Year	0%	100%
Detail:	Up to 6 per Calendar Year - D0220, D0230 D0220 – intraoral periapical-1st radiographic image D0230 – intraoral periapical-each additional radiographic image		
Diagnostic			
Panoramic Radiographic x-ray:	1 every 5 calendar years	0%	100%

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What is the benefit?

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Schedule of Covered Supplemental Dental Services			
Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Diagnostic - continued			
Detail:	D0330 allowed once per 5 Calendar Years, not covered with D0272 or D0274 within the same Calendar Year D0330 – panoramic radiographic images D0272 – bitewings – two radiographic images D0274 – bitewings – four radiographic images		
Non-Routine			
Scaling:	4 quadrants every 2 Calendar Years	0%	100%
Detail:	any combination of either D4341 or D4342 D4341 – periodontal scaling and root planing-four or more disease teeth per quadrant D4342 – periodontal scaling and root planing-1-3 disease teeth per quadrant		
Debridement:	Covered as referenced:	0%	100%
Detail:	Up to 1 every Calendar Year - D4355 or 2 every Calendar Year - D4910 D4355-full mouth debridement to enable comprehensive evaluation and diagnosis D4910-periodontal maintenance procedures (following active therapy)		
Restorative Services			
Restorative Services:	Covered as referenced:	0%	100%
Detail:	Up to 6 restorations or 12 surfaces per year – D2140-D2161; D2330-D2335; D2391-D2394 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		

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What is the benefit?

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Schedule of Covered Supplemental Dental Services			
Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Restorative Services - continued			
Detail:	D2161 – amalgam-four or more surfaces, primary of 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		
Extractions*			
Simple Extractions:	8 every Calendar Year	0%	100%
Detail:	D7140 D7140 – extraction-erupted tooth or exposed root		
Surgical Extraction:	3 every Calendar Year	0%	100%
Detail:	Up to 3 every Calendar Year - D7210-D7241 D7210 – surgical removal of erupted tooth requiring removal of bone and/or section of tooth D7220 – removal impacted tooth-soft tissue D7230 – removal impacted tooth-partially bony D7240 – removal of impacted tooth-completely bony D7241 – removal of impacted tooth-completely bony, with unusual surgical complications		

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What is the benefit?

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Schedule of Covered Supplemental Dental Services

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Extractions* - continued			
Incision and Drainage:	One per tooth per lifetime	0%	100%
Detail:	Up to 1 per tooth per lifetime – (D7510, D7511 or D7520, D7521) D7510 – incision and drainage of abscess-intraoral soft tissue D7511 – incision and drainage of abscess-intraoral soft tissue-complicated D7520 – incision and drainage of abscess-extraoral soft tissue D7521 – incision and drainage of abscess extraoral soft tissue complicated		
Endodontics*			
Crowns & Crown Restorations/ Repair:	Up to 2 every Calendar Year; once every 5 Calendar Years per tooth	0%	100%
Detail:	D2510-D2530; D2542-D2544; D2620, D2630; D2642-D2644; D2650-D2652; D2662-D2664; D2710-D2722; D2740; D2751, D2752; D2781-D2783; D2790-D2794; D2799; D2951-D2954; D2980 D2510 – inlay-metallic-one surface D2520 – inlay metallic-two surfaces D2530 – inlay metallic-three or more surfaces D2542 – onlay-metallic-two surfaces D2543 – onlay metallic-three surfaces D2544 – onlay metallic-four or more surfaces D2620 – inlay porcelain/ceramic-two surfaces D2630 – inlay-porcelain/ceramic-three or more surfaces D2642 – onlay-porcelain/ceramic-two surfaces D2643 – onlay-porcelain/ceramic-three surfaces D2644 – onlay-porcelain/ceramic-four or more surfaces D2650 – inlay-resin based composite one surface		

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Schedule of Covered Supplemental Dental Services			
Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Endodontics* - continued			
Detail:	D2651 – inlay-resin based composite two surfaces D2652 – inlay-resin based composite three or more surfaces D2662 – onlay-resin based composite two surfaces D2663 – onlay-resin based composite three surfaces D2664 – onlay-resin based composite four or more surfaces D2710 – crown-resin-(indirect) D2712 – crown ¾ resin based composite (indirect) D2720 – crown-resin with high noble metal D2721 – crown-resin with predominantly base metal D2722 – crown-resin with noble metal D2740 – crown-porcelain/ceramic D2750 - crown-porcelain fused to high noble metal D2751 – crown-porcelain fused to predominantly base metal D2752 – crown-porcelain fused to noble metal D2781 – crown ¾ cast predominantly base metal D2782 – crown ¾ cast noble metal D2783 – crown-3/4 porcelain/ceramic D2790 – crown-full cast high noble metal D2791 – crown-full cast predominately metal base D2794 – crown-titanium D2799 – provisional crown D2951 – pin retention-per tooth, in addition to restoration D2952 – post and core in addition to crown, indirectly D2953 – each additional post, same tooth, indirectly fabricated D2954 – prefabricated post and core in addition to crown D2980 – crown repair necessitated by restorative material failure		
Is this benefit unlimited for Endodontics?	NO: 1 per tooth, every Calendar Year		

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What is the benefit?

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Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Endodontics* - continued			
Endodontics/ Root Canals	D3220; D3310-D3330; D3410, D3421, D3425, D3426 D3220 – therapeutic pulpotomy D3310 – endodontic therapy, (root canal), anterior D3320 – endodontic therapy (root canal), bicuspid D3330 – endodontic therapy (root canal), molar D3410 – apioectomy-anterior D3421 – apioectomy/periradicular-bicuspid (first root) D3425 – apioectomy/periradicular surgery-molar (first root) D3426 – apicoectomy/periradicular surgery (each additional root)		
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services*			
Is this benefit unlimited	NO	0%	100%
Dentures:	1 set of dentures (either full or partial) every 3 Calendar Years; up to the Plan Annual Maximum Coverage Amount		
Detail:	D5110-D5140; D5211-D5214; D5221-D5228 D5110 – complete denture – maxillary D5120 – complete denture – mandibular D5130 – immediate denture-maxillary D5140 – immediate denture-mandibular D5211 – maxillary partial denture-resin base (including any conventional clasps, rests and teeth) D5212 – mandibular partial denture-resin base D5213 – maxillary partial denture-cast metal framework with resin base D5214 – mandibular partial denture-cast metal framework with resin base D5221 – immediate maxillary partial denture-resin base D5222 – immediate mandibular partial denture-resin base D5223 – immediate maxillary partial denture-cast metal framework with resin denture bases		

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Schedule of Covered Supplemental Dental Services			
Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services* - continued			
Detail:	D5224 – immediate mandibular partial denture-cast metal framework with resin denture bases, D5225 – maxillary partial denture – flexible base (including any clasps, rests and teeth) D5226 – mandibular partial denture – flexible base (including any clasps, rests and teeth) D5227 – immediate maxillary partial denture-flexible base D5228 – immediate mandibular partial denture-flexible base		
Denture Repairs:	4 every Calendar Year	0%	100%
Detail:	D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761 D5511 – repair broken complete denture base, mandibular D5512 – repair broken complete denture base, maxillary D5520 – replace missing or broken teeth-complete denture (each tooth) D5611– repair resin denture base, mandibular D5612 – repair resin denture base, maxillary D5621 – repair cast framework, mandibular D5622 – repair cast framework, maxillary D5630 – repair or replace broken clasp-per tooth D5640 – replace broken teeth-per tooth D5650 – add tooth to existing partial denture D5660 – add clasp to existing partial denture-per tooth D5670 – replace all teeth and acrylic on cast metal framework (maxillary) D5671 – replace all teeth and acrylic on cast metal framework (mandibular)		

Schedule of Covered Supplemental Dental Services			
Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services* - continued			
Detail:	D5710 – rebase complete maxillary denture D5711 – rebase complete mandibular denture D5720 – rebase maxillary partial denture D5721 – rebase mandibular partial denture D5725 – rebase of hybrid prosthesis D5730 – reline complete maxillary denture (chairside) D5731 – reline complete mandibular denture (chairside) D5740 – reline maxillary partial denture (chairside) D5741 – reline mandibular partial denture (chairside) D5750 – reline complete maxillary denture (laboratory) D5751 – reline complete mandibular denture (laboratory) D5760 – reline maxillary partial denture (laboratory) D5761 – reline mandibular partial denture (laboratory) D5765 – soft liner for complete or partial dentures (indirect)		
Palliative Emergency Treatment:	4 every Calendar Year	0%	100%
Detail:	D9110 D9110 – palliative (emergency) treatment of dental pain-minor procedure		
Deep Sedation (Anesthesia):	Covered with Oral Surgery	0%	100%
Detail:	D9222, D9223 D9222 – deep sedation/general anesthesia-first 15 minutes D9223 – deep sedation/general anesthesia-each subsequent 15 minute increment		

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Schedule of Covered Supplemental Dental Services			
Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services* - continued			
Intravenous (Anesthesia):	Covered with Oral Surgery	0%	100%
Detail:	D9239, D9243 D9239 – intravenous moderation (conscious) D9243 – intravenous moderation (conscious)-each subsequent 15 minute increment		

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

CONTACT

How do I contact DentaQuest?

Remember you must use a DentaQuest dental network provider.

DentaQuest	
Customer Service Phone	(833) 479-0205; TTY: 711
Customer Service Hours	Monday – Friday; 8 a.m. to 5 p.m., CT

Who do I call if I have problems?

If you need help, please call our Member Services Department.

Senior Whole Health Medicare Choice Care Member Services	
Member Services Phone	(888) 794-7268, TTY: 711
Member Services Hours	Monday – Friday, 8 a.m. to 8 p.m., local time
Website (Starting 1/1/22)	MolinaHealthcare.com/Medicare

You are responsible for paying for any supplemental dental service received from a dental provider who is not in the DentaQuest 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.

DentaQuest 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.

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (888) 794-7268, TTY:711. The call is free.

Senior Whole Health 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.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-794-7268 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-794-7268 (TTY: 711).