

The ABC's of a healthy smile with dental benefits!

As a member of the Molina Dual Options MI Health Link 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?



For our dental services we have partnered with Molina Dental Services, a national dental company (referred to in this document as Molina Dental Services), to provide covered dental services to members.

Covered Dental Services are only available when the service is administered by dentists who are part of the Molina Dental Services network. If you receive care from a dental provider who is not in the assigned Molina Dental Services network, you must pay for your own care.

To find a Molina Dental Services dental provider close to you:

- Call our Member Services Department
- Search online – use our supplemental dental provider online search tool at MolinaHealthcare.com/Duals to find an Molina Dual Options Dental Services network dentist
- Call Molina Dental Services

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?



The MI Health Link Program dental services listed below include Supplemental Plan Covered Medicare dental services. In addition to the dental services covered under the MI Health Link Program, as a Molina Dual Options member you can get other Plan covered dental services, known as supplemental benefits. Each service has a specific limit (e.g., maximum, number of procedures, and/or frequency of services).

The MI Health Link dental services listed here are a partial listing of services. To view a full listing of your MI Health Link Program Dental Services, please visit: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>. You may also take this guide with you to your dental appointments. For more information, please contact Molina Dental Services.

Oral Exams

Oral Exam Codes: D0120; D0140; D0150; D0191

One (1) every 6 months

- *Periodic and comprehensive oral evaluations*

Two (2) every month

- *Limited oral evaluation*

Assessment of Patient

Dental X-Rays

X-Ray Codes: D0210; D0220; D0230; D0270; D0272; D0273; D0274; D0330

Four (4) per month

- *Intraoral periapical first radiographic image*

BENEFIT

What is the benefit?



Dental X-Rays continued

Twelve (12) per year

- *Intraoral periapical each additional radiographic image*

One (1) every calendar year

- *Bitewing(s) (single, two, three or four)*

One (1) every five calendar years

- *Complete series or panoramic radiographic images*

Cleanings/Fluoride Codes: D1110; D1354

Cleanings – One (1) every 6 months

Fluoride – Six (6) applications per lifetime, silver diamine only

Restorative Services (Fillings, Crowns and additional Restorative Services)

Restorative Services Codes: D2140; D2150; D2160; D2161; D2330; D2331; D2332; D2335; D2391; D2392; D2393; D2394; D2910; D2920; D2940; D2951; D2952; D2954; D2999

One (1) every two years, per tooth/surface

- *Amalgam (silver) fillings*
- *Resin-based composite fillings for front and back teeth*
- *Pin Retention (per tooth)*

One per 6 months, same tooth/surface

- *Re-cement or re-bond crown, inlay, onlay, veneer or partial coverage restoration*

Periodontics Codes: D4355

Periodontics (Preliminary Cleaning) – One (1) every calendar year

Dentures (Prosthodontics) and Denture Adjustments

Denture Codes: D5110; D5120; D5130; D5140; D5211; D5212; D5213; D5214; D5225; D5226; D5410; D5411; D5421; D5422; D5511; D5512; D5520; D5611; D5612; D5621; D5622; D5630; D5640; D5650; D5660; D5711; D5720; D5721; D5730; D5731; D5740; D5741; D5750; D5751; D5760; D5761; D5899; D6930

One (1) every five years. All dentures require prior authorization (PA). Members must receive from their dentist a five-year prognosis for the prosthesis requested.

- *Complete and partial dentures*

As Medically Necessary

- *Denture Adjustments*
- *Re-cement/re-bond for partial dentures*

Two (2) every year

- *Repairs, replacements and additions*

One (1) every two years

- *Rebase and Relines*

Extraction Codes: D7210; D7220; D7230; D7240; D7241; D7250

Oral and Maxillofacial Surgery (Extractions) – As medically necessary



Your Extended Family.



Linking Medicare and Medicaid for you

BENEFIT

What is the benefit?



Schedule of Covered Supplemental Medicare Dental Services

Periodontics Codes: D4341; D4342

Periodontics (Deep Cleanings) – Up to two (4) quadrants every 24 months

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

Where do I find a full list of dental benefits for Molina Dual Options?

You can find a full list of dental benefits at:
MolinaHealthcare.com/members/mi/en-US/mem/duals/coverd/Pages/dental.aspx.

What if I need services that aren't covered by my Molina Dual Options plan?

By being a member of the Molina Dual Options plan, you get your Medicaid dental services and additional dental services from Molina Dual Options! You may receive additional dental coverage through the Michigan Medicaid Dental Program. You do not need to leave your Molina Dual Options in order to access Medicaid covered services.

CONTACT

How do I contact Molina Dental Services?



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

Molina Dental Services

Customer Service Phone	(855) 735-5604; TTY 711
Customer Service Hours	Monday – Friday; 8 a.m. – 8 p.m., EST
Molina Dual Options Dental Services 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	(855) 735-5604; TTY/TDD 711
Member Services Hours	Monday – Friday; 8 a.m. – 8 p.m., EST
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 MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan 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) 735-5604, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. The call is free.



Your Extended Family.



Molina Healthcare of Michigan (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 (855) 735-5604; TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST.

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 1-855-735-5604 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5604 (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 1-855-735-5604 (TTY : 711)。

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-735-5604 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-5604 (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 1-855-735-5604 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-735-5604 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-5604 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-5604 (телетайп: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5604 (رقم هاتف الصم

والبكم: 711).

