

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

As a Member of the Molina Medicare Options Plus HMO SNP, you get the added benefit of supplemental dental services. Using this benefit is as easy as ABC.

## ACCESS

How do I access the benefit?



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 our Members. Services are only available when provided by dentists who are part of the Avesis/DenteMax network. If you receive care from a dental provider who is not in the Avesis/DenteMax network you must pay for your own care.

To find an Avesis/DenteMax dental provider close to you:

- Call our Member Services Department
- Search online – use our supplemental dental provider online search tool at [www.MolinaHealthcare.com/Medicare](http://www.MolinaHealthcare.com/Medicare)
- 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 this benefit.

## BENEFIT

What is the benefit?



You have a \$1,500 calendar year maximum for ALL bridges and bridge repairs, crowns and crown repairs, and endodontics / root canals covered by the Plan.

You have an additional \$1,000 maximum allowance every 3 calendar years for removable dentures and denture adjustments. This \$1,000 denture allowance is limited to a \$500 maximum allowance per denture plate every 3 calendar years.

There is no calendar year maximum for covered supplemental dental services other than the items listed above.

**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

**There is a \$10 copay per office visit.**

**Oral Exams** – 2 every calendar year; either D0120 or D0150. D0150 is allowed once every 3 calendar years.

- D0120 – periodic oral evaluation – established patient
- D0150 – comprehensive oral evaluation – new or established patient

**Dental X-Rays** – 1 set every calendar year; either D0272 or D0274

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

**Cleanings** – 2 every calendar year.

- D1110 – prophylaxis – adult

**Periodontics (Deep Cleanings)** – 2 quadrants every 24 months; Coverage includes either two (2) D4341 or two (2) D4342 or one (1) D4341 and one (1) D4342.

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

**Fluoride Treatment** – 1 every calendar year.

- D1208 – topical application of fluoride – excluding varnish

**Restorative Services (Fillings)** – 4 every calendar year from any of the amalgam or resin-based restorative ADA codes listed below.

- 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

**Simple Extractions** – 5 extractions every calendar year.

- D7140 – extraction – erupted tooth or exposed root (elevation and/or forceps removal)

**Denture Allowance** – \$1,000 maximum allowance every 3 calendar years (limited to a \$500 maximum allowance per denture plate every 3 calendar years).

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

**Denture Adjustments** – 2 of any of the 4 denture adjustments below every calendar year.

- D5410 – adjust complete denture – maxillary
- D5411 – adjust complete denture – mandibular
- D5421 – adjust partial denture – maxillary
- D5422 – adjust partial denture – mandibular

\$1,500 Calendar year maximum for ALL listed crowns and crown repairs, endodontics / root canals, and fixed partial denture (bridge) procedures covered by the Plan.

**Crowns and Crown Repair**

- D2710 – crown – resin-based composite (indirect)
- D2740 – crown – porcelain / ceramic substrate
- D2751 – crown – porcelain fused to predominantly base metal
- D2752 – crown – porcelain fused to noble metal
- D2781 – crown – ¾ cast predominately base metal
- D2782 – crown – ¾ cast noble metal
- D2791 – crown – full cast predominantly base metal
- D2792 – crown – full cast noble metal
- D2915 – re-cement or re-bond indirectly prefabricated post and core
- D2920 – re-cement or re-bond crown

- D2950 – core build up, including any pins when required
- D2954 – prefabricated post and core, in addition to crown
- D2980 – crown – repair necessitated by restorative material failure

**Endodontics / Root Canals**

- D3221 – pulpal debridement – primary and permanent teeth
- D3310 – endodontic therapy, anterior tooth (excluding final restoration)
- D3320 – endodontic therapy, bicuspid tooth (excluding final restoration)
- D3330 – endodontic therapy, molar (excluding final restoration)
- D3346 – retreatment of previous root canal therapy – anterior
- D3347 – retreatment of previous root canal therapy – bicuspid
- D3348 – retreatment of previous root canal therapy – molar

**Bridge and Bridge Repair**

- D6205 – pontic – indirect resin-based composite
- D6211 – pontic – cast predominately base metal
- D6241 – pontic – porcelain fused to predominantly base metal
- D6245 – pontic – porcelain / ceramic
- D6251 – pontic – resin with predominantly base metal
- D6710 – retainer crown – indirect resin-based composite
- D6721 – retainer crown – resin with predominantly base metal
- D6740 – retainer crown – porcelain / ceramic
- D6751 – retainer crown – porcelain fused to predominantly base metal
- D6781 – retainer crown – 3/4 cast predominately base metal
- D6791 – retainer crown – full cast predominately base metal
- D6930 – re-cement or re-bond fixed partial denture
- D6980 – fixed partial denture repair necessitated by restorative material failure

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

<p>Can I still get a crown if I've exceeded my \$1,500 calendar year maximum for bridges, crowns, and endodontics / root canals?</p>	<p>No. You have a \$1,500 calendar year maximum which applies to <u>ALL</u> bridges and bridge repairs, crowns and crown repairs, and endodontics / root canals covered by the Plan.</p> <p>Example: You had a root canal and a bridge this calendar year and used your allowance. You cannot get a crown unless you pay out-of-pocket for this service.</p>
<p>Can I get both a periodic and a comprehensive exam <u>each</u> year?</p>	<p>No. You can only get a comprehensive exam (D0150) every 3 calendar years. You can get 2 exams every calendar year. You can have either 2 periodic exams (D0120) or 1 periodic exam (D0120) and 1 comprehensive exam (D0150).</p>
<p>How many deep cleanings can I get?</p>	<p>You can get a total of 2 quadrants done every 24 months – either 2 D4341, or 2 D4342, or one of each.</p>
<p>My dentist says that my upper denture will cost \$650. Do I still have \$350 to spend on my lower denture?</p>	<p>No. You still have \$500 left to spend on your lower denture. You have a \$500 maximum allowance to spend <u>per denture plate</u> every 3 calendar years. You can apply \$500 towards the \$650 cost of your upper denture. You will have to pay the \$150 difference out-of-pocket. You still have a \$500 allowance left to spend over the next 3 calendar years on your lower denture.</p>

# CONTACT

How do I contact Avesis Dental?



Remember you must use an Avesis/DenteMax network provider.

Avesis Third Party Administrators, Inc.	
Customer Service Phone	(855) 214-6779; TTY 711
Customer Service Hours	Monday – Friday; 7 a.m. – 8 p.m. EST
Avesis Provider Lookup	<a href="http://www.MolinaHealthcare.com/Medicare">www.MolinaHealthcare.com/Medicare</a>

Who do I call if I have problems?



If you need help please call our Member Services Department.

Molina Healthcare Member Services	
Member Services Phone	(866) 440-0127; TTY 711
Member Services Hours	7 Days a Week; 8 a.m. – 8 p.m., Local Time
Website	<a href="http://www.MolinaHealthcare.com/Medicare">www.MolinaHealthcare.com/Medicare</a>

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

Avesis/DenteMax 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.

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal. This information is available in other formats, such as Braille, large print, and audio. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments may change on January 1 of each year. The provider network may change at any time. You will receive notice when necessary.



Your Extended Family.

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 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 (800) 665-3086; TTY 711, 7 days a week, 8 a.m. - 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](mailto: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 1-800-665-3086 (TTY: 711).

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (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 1-800-665-3086 (TTY : 711)。

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-3086 (TTY: 711).

### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-3086 (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 1-800-665-3086 (TTY: 711).

### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-3086 (TTY: 711).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-3086 (TTY: 711) 번으로 전화해 주십시오.

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-3086 (телетайп: 711).

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-3086 (رقم هاتف الصم

والبكم: 711).

## Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-3086 (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 1-800-665-3086 (TTY: 711).

## Português

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-3086 (TTY: 711).

## French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-3086 (TTY: 711).

## Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-3086 (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。1-800-665-3086 (TTY: 711) まで、お電話にてご連絡ください。

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-3086 (TTY: 711).

## Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-665-3086 (TTY: 711) تماس بگیرید.

## Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-665-3086 (TTY (հեռատիպ) 711):

## Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-665-3086 (TTY: 711)។

## Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-3086 (TTY: 711).

## Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-665-3086 (መስማት ለተሳናቸው፡ 711)።

## Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৬৬৫-৩০৮৬ (TTY: ৭১১)।

## Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-3086 (TTY: 711).

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-665-3086 (TTY: 711).

## Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-3086 (TTY: 711).

## Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-3086 (TTY: 711).

## Kru(Bassa language)

Dè dɛ nià kɛ dyédɛ gbo: ɔ jũ ké m [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò bɛin m gbo kpáa. Dá 1-800-665-3086 (TTY:711)

## Ibo

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-665-3086 (TTY: 711).

## Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-665-3086 (TTY: 711).

## Laotian

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຂອງພວກເຮົາສຳລັບພາສາລາວ, ໂດຍບໍ່  
ເສຍຄ່າ, ແມ່ນມີຮັບໃຫ້ທ່ານ. ໂທ 1-800-665-3086 (TTY: 711).

## Navajo

Díí baa akó nínízin: Díí saad bee yáníl'ti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá  
jiiik'eh, éi ná hóló, koji' hódíilnih 1-800-665-3086 (TTY: 711.)

## Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ ।  
फोन गर्नुहोस् 1-800-665-3086 (टिटिवाइ: 711) ।

