# *A healthy smile just got easier with your dental benefit!*

**As a Molina Healthcare member, you get supplemental dental services.
Using this benefit is as easy as ABC.**

| | |
|---|---|
| **ACCESS**<br><br>How do I access the benefit?<br><br>**A** | Molina gives you more options for your routine dental needs.<br><br>**Preventive Dental Services**<br>If you use a network provider, you get preventive dental services like:<br><br>• oral exams,<br>• cleanings,<br>• fluoride treatments, and<br>• x-rays<br><br>at no cost to you.<br><br>**Non-Network Providers**<br>If you go to a dental provider outside of the Molina network, you are responsible for paying for any dental services received.<br><br>**Find a Provider**<br>To find a network provider close to you:<br><br>• Search online – use our provider search tool at DentalProviderFinderOH.com<br>• Call Member Services at (866) 472-4584 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m., local time.<br><br>When you call, a representative will verify your eligibility and search for a network dental provider in your area. You do not need a referral from your Primary Care Physician (PCP) for this benefit. |
| **BENEFIT**<br><br>What is the benefit?<br><br>**B** | Preventive dental services have no annual maximum allowance. Preventive dental services include exams, cleanings, fluoride and x-rays.<br><br>We only cover the American Dental Association (ADA) procedure codes listed below. The ADA may update these codes during the year. If you have a question about an ADA code, call Member Services. |

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# BENEFIT

What is the benefit?

**B**

| Schedule of Covered Supplemental Dental Services | | | |
|---|---|---|---|
| Dental Service Category | Dental Code Description | In-Network You Pay | Out-of-Network You Pay |
| **PREVENTIVE BENEFITS** | | | |
| **Preventive Care: No Maximum Allowance** | | | |
| Oral Exam: | 2 every Calendar Year | 0% | 100% |
| Detail: | 2 per year either D0120, D0150, or D0180<br><br>D0120 – periodic oral evaluation – established patient<br><br>D0150 – comprehensive oral evaluation – new or established patient<br><br>D0180 – comprehensive periodontal evaluation | | |
| Prophylaxis – Cleaning: | 2 every Calendar Year | 0% | 100% |
| Detail: | Up to 2 per Calendar Year - D1110<br><br>D1110 – prophylaxis – adult | | |
| Fluoride Treatment: | 2 every Calendar Year | 0% | 100% |
| Detail: | Up to 2 per Calendar Year - D1206, D1208<br><br>D1206 – topical application of fluoride varnish<br><br>D1208 – topical application of fluoride | | |
| **DIAGNOSTIC** | | | |
| Members can receive *either* Bitewing, Periapical or Panoramic X-rays | | | |
| Bitewing X-ray: | 4 every Calendar Year | 0% | 100% |
| Detail: | Up to 4 per Calendar Year - D0272, D0274<br><br>D0272 – bitewings – two radiographic images<br><br>D0274 – bitewings – four radiographic images | | |
| Periapical X-ray: | 6 every Calendar Year | 0% | 100% |
| Detail: | Up to 6 per Calendar Year - D0220, D0230<br><br>D0220 – intraoral periapical-1st radiographic image<br><br>D0230 – intraoral periapical-each additional radiographic image | | |

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# BENEFIT

What is the benefit?

**B**

| Schedule of Covered Supplemental Dental Services (continued) | | | |
|---|---|---|---|
| Panoramic Radiographic X-ray: | 1 every 5 calendar years | 0% | 100% |
| Detail: | DO330 one per 5 Calendar Years | | |
| | DO330 – panoramic radiographic images | | |

# CONTACT

How do I contact Member Services?

**C**

Remember you must use a Molina dental network provider. Need help? Call Member Services.

| Molina Member Services | |
|---|---|
| Phone | (866) 472-4584 (TTY: 711) |
| Hours | 7 days a week, 8 a.m. to 8 p.m., local time |
| Website | MolinaHealthcare.com/Medicare |

Molina network dentists may collect usual, reasonable, and customary fees for all services not covered under your supplemental dental benefit.

Molina Healthcare is a DSNP and HMO plan with a Medicare contract. DSNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

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.

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