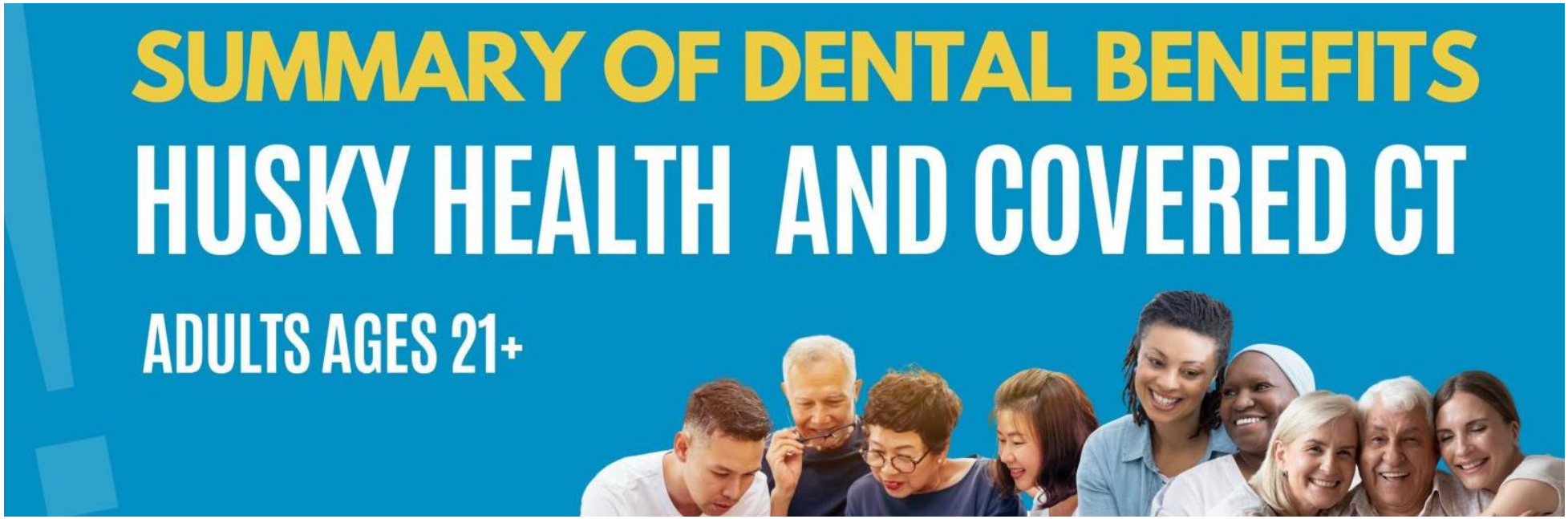

Dental Summary of Benefits for HUSKY Health Adults and Covered CT members Ages 21 Years and Over

Below is a summary of the most common dental benefits for HUSKY Health and Covered CT Adults.

Important Notes about the HUSKY Health Dental Plan and the Connecticut Dental Health Partnership:

- HUSKY Health covers dental services that are medically necessary.
- Not all dental services are covered.
- Some dental services need approval (authorization) before the service can be performed by your dentist.
- All covered dental services must be provided by a dental provider who is enrolled in the HUSKY Health – Connecticut Dental Health Partnership Network. **If you go to a dental provider outside the network – you risk having to pay for those services yourself.**
- Services that are covered and approved are provided to you at no cost. **If you choose to get a service that is not covered by the HUSKY Health Dental Plan you will be responsible for payment of that service.**
- It is important to establish a Dental Home where you go for regular care. And, it's important to stay in contact with your Dental Home, especially if you need to cancel or reschedule an appointment.
- **Have questions? Need support?** Please call the Connecticut Dental Health Partnership (CTDHP) toll free **1-855-CT DENTAL (1-855-283-3682).** We are available Monday through Friday, from 8:00 a.m. to 5:00 p.m. Translation services are available.

CT Dental Health Partnership's mission is to enable all HUSKY Health members to achieve and maintain good oral health. We work to ensure all members have equitable access to oral health services.

Service	Description	Limitations	Is Authorization Required?
Oral Evaluations and Screenings	An oral evaluation is an examination of your teeth, gums, and mouth to see how healthy the mouth is and to check for any treatment needs.	**Periodic Exam:** One Per Calendar Year. Members with chronic medical or dental conditions who may require more exams can be authorized.	No
		Problem Focused Exam: Four per calendar year	No
		Comprehensive Exam: One Per Lifetime	No
		Comprehensive Periodontal Exam: Limited to one per lifetime.	No
		Caries Risk Assessment: Two assessments per calendar year when performed by a Public Health Registered Dental Hygienist in a community public health setting.	No
X-Rays (Radiographs)	A dental x-ray is a picture of the inside of the teeth and jaw to see things that can't be seen just by looking at the mouth. This helps to identify what treatment may be needed.	**Bitewing X-ray:** Once per calendar year	No
		Periapical X-ray: Four times per calendar year	No
		Complete Full Mouth Series: One full-mouth series or one panoramic X-ray every 3 years.	Yes – For Certain Dental Provider Types
		Panoramic X-ray: One panoramic or one full-mouth series every 3 years.	Yes – For Certain Dental Provider Types
Preventive Care	Services that help keep teeth and gums healthy and prevent dental problems before they start.	**Cleanings:** One Per Calendar Year. Members with chronic medical or dental conditions who may require more cleanings can be authorized.	No
		Fluoride treatment: Once every 6 months.	No

Fillings	Fillings fix cavities by removing the damaged part of the tooth and fills the space with strong materials.	**Fillings:** Once every two years per tooth per surface.	No
Crowns	Crowns are a "cap" that covers a damaged tooth to protect the tooth and make it strong enough to chew. A crown can be used when a tooth is cracked, very weak, or has a large filling.	**Crowns:** Once every ten years.	Yes
Root Canal Therapy	Treatment for inside the tooth if the tooth is infected.	**Root Canal:** Once per tooth per lifetime limitation on teeth that can be successfully restored and has good prognosis.	Yes
		Retreatment of Root Canal: One retreatment per tooth per lifetime.	Yes
		Indirect Pulp Cap: Includes all bases and liners.	Yes
		Apicoectomy: One per tooth.	Yes
Extractions	Removal of teeth including wisdom teeth and infected teeth that cannot be restored.	**Simple Extraction:** Covered for all teeth including supernumerary or extra teeth.	Yes – For Certain Dental Provider Types
		Surgical Extraction: Covered for all teeth including supernumerary or extra teeth.	Yes – For Certain Dental Provider Types
Periodontal Therapy*	Care for gums and bones that hold teeth in place when there is gum disease.	**Scaling and Root Planing:** Covered, no more than two quadrants per visit.	Yes
		Periodontal Maintenance: Two times in a 12-month period.	Yes
		Full Mouth Debridement: One time per lifetime, additional services can be requested for reasons of medical necessity.	Yes

*Members must have specific medical diagnosis to qualify including diabetes, certain heart diseases, end stage renal disease, and members undergoing treatment for head, neck, and throat cancers.

Prosthetics	Dental prosthetics are artificial replacements of missing teeth to restore functional use of the mouth.	**Removable Full and Partial Dentures**: Once every 7 years.	Yes
		Reline and Rebase of Dentures: Once every 2 years – allowed 6 months after initial placement of denture.	Yes
Orthodontic Therapy	Appliances or tools to help move teeth into better position or alignment to enable functional use of the mouth.	**Braces:** Limited benefit requiring qualifications that demonstrate untreated congenital conditions, facial forms of cancer or trauma, or surgical facial reconstruction.	Yes
Occlusal Guards	Occlusal guards (also called night guards) are special mouthpieces worn during sleep. They protect teeth if there is grinding or clenching.	**Night Guards**: Covered once every two years.	Yes
Anesthesia and Sedation	Dental sedation is medicine that helps patients feel calm and relaxed during dental treatment. Depending on the type, you may feel very relaxed, sleepy, or not remember much of the visit, but the dentist carefully monitors you to keep you safe.	**Moderate Sedation (IV):** When undergoing in office oral surgical procedure where sedation is required; extraction of 5+ teeth, or tooth not adequately anesthetized with local; or is medically necessary for the removal of all four third molars in one procedure.	Yes – For Certain Dental Provider Types
		Nitrous Oxide or "Laughing Gas": Members with a diagnosis of anxiety, behavioral health, cognitive disorder or medical condition that supports the need for management related to the dental procedure.	Yes - For Certain Provider Types