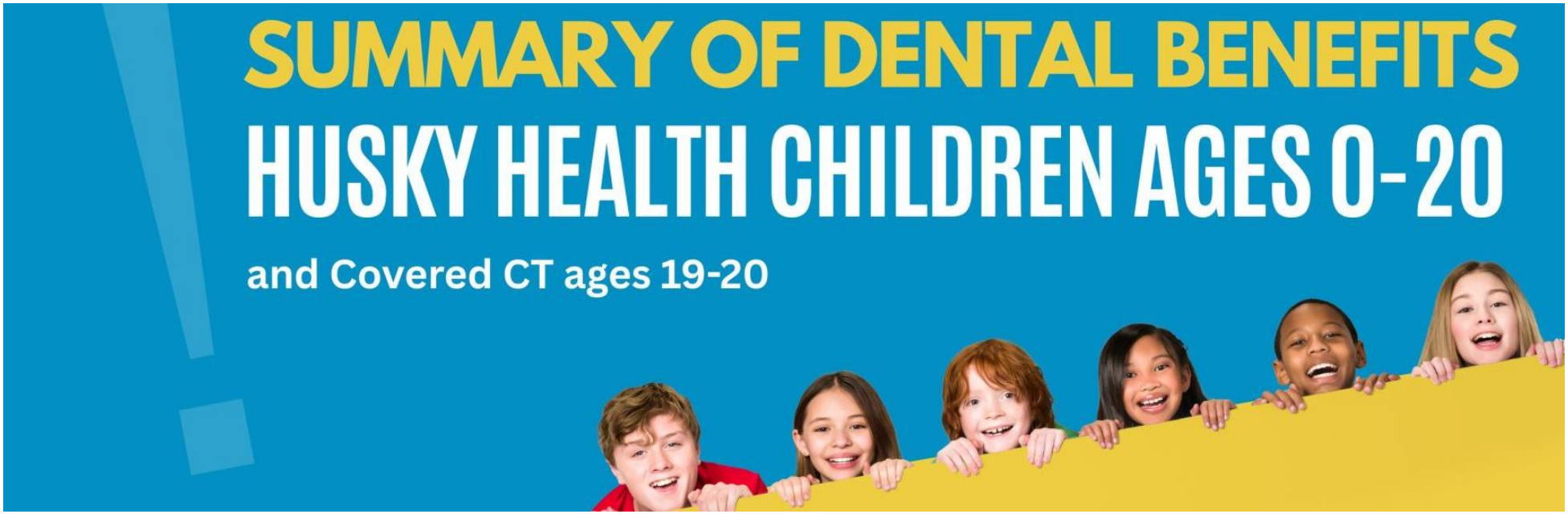

Dental Summary of Benefits for HUSKY Health Children Ages 0-20 and Covered CT members Ages 19-20

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

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:** Once every 6 months.	No
		Problem Focused Exam: Four per calendar year.	No
		Comprehensive Exam: Once every 3 years.	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, such as a school or location other than a dentist's office.	No
		Orthodontic Screening Exam: Two per member per lifetime.	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 for members age 9 and older.	Yes – For Certain Dental Provider Types
		Panoramic X-ray: One panoramic or one full-mouth series every 3 years for members aged 9 and older.	Yes – For Certain Dental Provider Types

Preventive Care	Services that help keep teeth and gums healthy and prevent dental problems before they start.	**Cleanings:** Once every 6 months.	No
		Fluoride treatment: Once every 6 months.	No
		Sealants: Placed on first molars and second molars once every 3 years per tooth.	No
		Space Maintainer: The number allowed per lifetime depends on the device type (some are 4 per lifetime, other 2 per lifetime).	Yes - For Certain Dental Provider Types
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
		Apexification: One time per tooth for children under age 18.	Yes – For Certain Dental Provider Types
		Apicoectomy: Covered only when medically necessary.	Yes

		Pulpotomy: Covered only on primary teeth.	Yes – For Certain Dental Provider Types
Extractions	Removal of teeth including wisdom teeth and infected teeth that cannot be restored.	**Simple Extraction:** Covered for all teeth including primary and supernumerary or extra teeth.	Yes – For Certain Dental Provider Types
		Surgical Extraction: Covered for all teeth including primary and 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: 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
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
		Fixed prosthetics (bridges, fixed partial dentures): May be covered in special circumstances and requires authorization.	Yes
Orthodontic Therapy	Appliances or tools to help move teeth into better position or alignment to enable functional use of the mouth.	**Braces:** Must qualify for services. HUSKY A, C, and D members braces are covered once per lifetime. HUSKY B is covered for children up to age 19, with no lifetime limits.	Yes

		Interceptive Orthodontics Appliances (Retainers, and other appliances): Are a covered service but must meet certain criteria that demonstrate the need to correct the condition to restore function.	Yes
Athletic Mouth Guards	Athletic mouth guards are soft plastic covers worn over teeth when playing sports. They protect your teeth, lips, and jaw from getting hurt if you get hit or fall.	**Athletic Mouth Guards:** Covered once per lifetime for children who are enrolled in a contact sport.	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):** Children who have a behavioral or cognitive condition preventing safe care; and/or are 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": Children who have 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