

ConnectiCare<sup>®</sup>

# 2024 Preventive and Comprehensive Dental Benefits





# Take Care of Your Smile and Your Health

We're happy to offer quality dental point-of-service (POS) coverage to our ConnectiCare Medicare Advantage members. Having healthy teeth and gums can help prevent certain health risks caused by poor oral hygiene, like diabetes and heart disease. That's why ConnectiCare works with Healthplex to help manage the dental needs of our members. Healthplex has a large network of participating dentists and specialists.

# Preventive and Comprehensive Dental Benefits

Members of **ConnectiCare Choice Plan 1 (HMO-POS)**, **ConnectiCare Flex Plan 2 (HMO-POS)**, and **ConnectiCare Passage Plan 1 (HMO-POS)** can buy optional supplemental preventive and comprehensive dental benefits for an additional low monthly premium. There are three dental plan options: two POS and one Indemnity.

## POS Dental Options

<b>Monthly premium: \$39</b> <b>Calendar-year benefit maximum: \$2,000</b> <b>Calendar-year deductible: \$100</b>	<b>Or</b>	<b>Monthly premium: \$49</b> <b>Calendar-year benefit maximum: \$3,000</b> <b>Calendar-year deductible: \$100</b>
---	-----------	---

Both dental plans include the following covered services:

PREVENTIVE DENTAL SERVICES	MEMBER IN-NETWORK COST-SHARING*
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewings) One every 36 months: complete series x-rays (panorex)	\$0 (Not subject to calendar-year deductible or benefit maximum)

COMPREHENSIVE DENTAL SERVICES	MEMBER IN-NETWORK COST-SHARING*
<b>Basic (Minor Restorative)</b> – restorations (fillings)	20% after the \$100 calendar-year deductible
<b>Major (Endodontics, Periodontics, and Oral Surgery)</b> – Includes Crowns; Fixed Bridgework; Partial and Full Dentures; Denture Adjustments; Repairs to Fixed Bridges, Partial and Full Dentures; Re-Cement of Fixed Bridges, Crowns, and Inlays; Extractions and Oral Surgery; Root Canal Therapy; Implants; and Periodontal Scaling and Planing, Periodontal Surgery, and Maintenance.	50% after the \$100 calendar-year deductible

\*In addition to your network cost-share, you pay the difference between the out-of-network allowance and the total amount billed by the dentist.

## Indemnity Dental Option

<b>Monthly premium: \$69</b> <b>Calendar-year benefit maximum: \$3,500</b>
---

Dental plan includes the following covered services:

Preventive and Comprehensive Dental Services	Member cost-share: 50% of the cost for covered services
--	---

The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum.

# Comprehensive Dental Benefits

Members of **ConnectiCare Choice Plan 3 (HMO-POS)** and **ConnectiCare Flex Plan 3 (HMO-POS)** have preventive dental coverage included as a plan benefit. Members of these plans can buy optional supplemental comprehensive dental benefits for an additional low monthly premium. There are three dental plan options: two POS and one Indemnity.

## POS Dental Options

<b>Monthly premium: \$25</b> <b>Calendar-year benefit maximum: \$2,000</b> <b>Calendar-year deductible: \$100</b>	<b>Or</b>	<b>Monthly premium: \$32</b> <b>Calendar-year benefit maximum: \$3,000</b> <b>Calendar-year deductible: \$100</b>
---	-----------	---

All comprehensive dental plans include the following covered services.

COMPREHENSIVE DENTAL SERVICES	MEMBER IN-NETWORK COST-SHARING*
<b>Basic (Minor Restorative)</b> – restorations (fillings)	20% after the \$100 calendar-year deductible
<b>Major (Endodontics, Periodontics, and Oral Surgery)</b> – Includes Crowns; Fixed Bridgework; Partial and Full Dentures; Denture Adjustments; Repairs to Fixed Bridges, Partial and Full Dentures; Re-Cement of Fixed Bridges, Crowns, and Inlays; Extractions and Oral Surgery; Root Canal Therapy; Implants; and Periodontal Scaling and Planing, Periodontal Surgery, and Maintenance.	50% after the \$100 calendar-year deductible

\*In addition to your in-network cost-share, you pay the difference between the out-of-network allowance and the total amount billed by the dentist.

## Indemnity Dental Option

<b>Monthly premium: \$69</b> <b>Calendar-year benefit maximum: \$3,500</b>
---

Dental plan includes the following covered services:

Preventive and Comprehensive Dental Services	Member cost-share: 50% of the cost for covered services
--	---

The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum.

# Enrolling in a ConnectiCare Optional Dental Plan

As a ConnectiCare member, you can:

- Enroll in an optional dental plan at any time during the calendar year.
- Drop an optional dental plan at any time during the calendar year.
- Change to a different optional dental plan from Oct. 15, 2023, through Dec. 31, 2023.\*
- Upgrade your optional dental plan from Jan. 1, 2024, through March 31, 2024.\*

\*Note: If you later disenroll from your optional dental plan, you can only re-enroll in that dental plan. You cannot switch to a different dental plan.

Services provided by a non-network dentist will be reimbursed according to the plan benefit up to the out-of-network allowance. The dentist may balance bill up to their billed amount.

## 2024 Dental Benefits Q&A

**Q:** How do I optimize my POS dental benefits with my ConnectiCare Medicare Advantage plan?

**A:** Use the in-network POS dental benefits that give you up to a \$3,000 benefit maximum each year.

**Q:** What will I pay if I go out-of-network for POS dental services? Is it more expensive?

**A:** All dentists must be **Medicare-approved providers**. It may be more expensive. You will always get more out of your benefit maximum if you stay in-network. Services provided by a non-network dentist will be reimbursed according to the plan benefit up to the out-of-network allowance. In addition to your deductible and/or cost-share amount, you will be responsible for the difference between the out-of-network allowance and the total amount billed by a non-participating dentist.

**Q:** Does the Indemnity plan have a network?

**A:** All dentists must be **Medicare-approved providers**, even though there is no defined network for the Indemnity plan. The Indemnity plan gives you the most flexibility when it comes to choosing your dentist. You can visit any licensed dentist and we will reimburse you 50% of the costs of any dental services you paid for, up to the plan annual maximum of \$3,500.

**Q:** How does billing work?

**A:** All dentists should bill ConnectiCare directly using the address on the back of your ID card. You may be asked to pay your bill directly to your dentist and then seek easy reimbursement from us. If you do pay the bill at the time the service is provided, be sure to get a paid receipt. Send a copy of the paid receipt, along with a completed dental reimbursement form, to the address on the back of the reimbursement form, or call us and we will mail you the form.

We advise always keeping a copy of all documents for your records. You must submit your claim to us within 12 months of the date of service.

Listed in the chart below are sample out-of-network allowances for all ConnectiCare HMO-POS plans with POS dental riders.

Dental code	Procedures	Out-of-network allowance
<b>Diagnostic/Preventive</b>		
D0120	Periodic oral evaluation – established patient	\$40.00
D0140	Limited oral evaluation – problem-focused	\$45.60
D0150	Comprehensive oral evaluation – new or established patient	\$60.00
D0180	Comprehensive periodontal evaluation	\$100.00
D9310	Consultation – diagnostic services	\$16.15
D0210	Intraoral – complete series of radiographic images	\$106.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$72.00
<b>Restorative Services</b>		
D2140	Amalgam – 1 surface, primary or permanent	\$75.20
D2150	Amalgam – 2 surfaces, primary or permanent	\$96.80
D2330	Resin-based composite – 1 surface, anterior	\$84.80
D2331	Resin-based composite – 2 surfaces, anterior	\$107.20
<b>Crowns and Bridges</b>		
D2643	Onlay – porcelain/ceramic – 3 surfaces	\$295.00
D2750	Crown – porcelain fused to high noble metal	\$472.50
D2783	Crown – 3/4 porcelain/ceramic	\$449.50
D2792	Crown – full cast noble metal	\$449.50
D2931	Prefabricated stainless-steel crown – permanent tooth	\$102.50
D6740	Crown – porcelain/ceramic	\$452.50
<b>Endodontics</b>		
D3310	Anterior root canal – permanent tooth (excluding final restoration)	\$566.77
D3320	Root canal therapy – premolar tooth (excluding final restoration)	\$638.97
D3330	Root canal therapy – molar tooth (excluding final restoration)	\$638.97
<b>Periodontics</b>		
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth-bounded spaces per quadrant	\$45.13
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth-bounded spaces per quadrant	\$45.13
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous (missing) tooth position in same graft site	\$665.00

Dental code	Procedures	Out-of-network allowance
<b>Prosthetics (including repairs)</b>		
D5110	Full upper denture	\$622.50
D5120	Full lower denture	\$622.50
D5130	Immediate full upper denture	\$622.50
D5140	Immediate full lower denture	\$622.50
D5211	Upper partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$412.50
D5212	Lower partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$625.00
D5640	Replace broken teeth – per tooth	\$69.50
<b>Implant/Abutment-supported prosthetics</b>		
D6010	Surgical placement of implant body – endosteal implant	\$947.63
D6056	Prefabricated abutment – includes placement	\$134.43
<b>Oral and maxillofacial surgery</b>		
D7111	Extraction, coronal remnants – primary tooth	\$35.91
D7140	Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$57.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$92.50
<b>Emergency/Anesthesia</b>		
D9110	Palliative (emergency) treatment of dental pain	\$122.80
D9222	Deep sedation/general anesthesia – first 15 minutes	\$38.50

**Please note: Services provided by a non-network dentist will be reimbursed according to the plan benefit up to the out-of-network allowance. In addition to your deductible and/or cost-share amount, you will be responsible for the difference between the out-of-network allowance and the total amount billed by a non-participating dentist.**

For more information, call **877-224-8220** (TTY: **711**). From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. or visit our website at [connecticare.com/medicaledental](https://connecticare.com/medicaledental).



ConnectiCare, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services, ©2023 ConnectiCare, Inc. & Affiliates