

2020



# Dental Handbook

**Elderplan for Medicaid Beneficiaries (HMO SNP)**

*January 1, 2020 to December 31, 2020*

# Introduction to Elderplan Dental Handbook for Elderplan for Medicaid Beneficiaries (HMO D-SNP)

At Elderplan, we understand that seeing your dentist once a year can help you stay healthy and save time as well as money in the future. As you age, your oral health needs change. Regular dental visits are an important step towards maintaining a healthy smile as well as your overall well-being. During a dental exam, your dentist will look for signs of tooth decay, gum disease, poorly fitting dentures, sores, irritations, infections and oral cancer. Your mouth can also reveal the status of your general condition. Some illnesses, such as diabetes, can show early signs in your mouth.

That's why Elderplan for Medicaid Beneficiaries offers a dental plan, administered by Healthplex, which includes an extensive network of qualified dentists and dental specialists to serve your needs. Each Healthplex affiliated dentist has undergone a thorough credentials evaluation, and not all dentists who apply are accepted.

The dental plan for Elderplan for Medicaid Beneficiaries emphasizes comprehensive dental care and education. Many preventive and diagnostic dental services, such as dental exams, x-rays and cleanings are covered in full by Medicaid. This creates good dental hygiene practices and allows for early detection, which is necessary to effectively prevent or treat dental disease. Please remember to bring a copy of your Medicaid card (benefit card) to your dental visits along with your Elderplan member ID card to ensure all your care is coordinated.

This Handbook contains a Dental Summary of Benefits, which explains the benefits of our 2020 dental plan for Elderplan for Medicaid Beneficiaries. Your financial responsibility depends on following the procedures outlined in this Dental Summary of Benefits. Some limitations and exclusions may apply.

You will need to select a Primary Care Dentist. Your Primary Care Dentist will coordinate your treatment plan and handle a referral where applicable for comprehensive services to a participating dental specialist.

The Healthplex Member Services Department is here for you for any questions, comments or suggestions you have about your dental benefits. They can also assist you in selecting a dentist, verifying whether a dentist's office is open to new patients, or to clarify any benefit questions. Just call them toll free at 1-888-468-5175 (TTY/TDD 1-800-662-1220) between 8AM to 6PM, Monday to Friday.

## How does the dental plan for Elderplan for Medicaid Beneficiaries work?

### Member education

We're proud of the benefits and quality member service we offer our members. And to make certain you understand how to fully use your dental plan, we encourage you to call Healthplex Member Services at 1-888-468-5175 (TTY/TDD 1-800-662-1220) between 8AM to 6PM, Monday to Friday. This is an opportunity for you to learn more about your dental coverage and answer any specific questions you may have about the plan.

### Healthplex Member Services Department

The Member Services team is a resource regarding your dental benefits. They can help you:

- With questions about covered dental benefits.
- Select or change your Primary Care Dentist.
- With questions about urgent dental care when you are traveling.

### Your Primary Care Dentist

Your relationship with your Primary Care Dentist is an important one. Your Primary Care Dentist will provide all preventive services and help you coordinate your overall dental care.

### Three ways to find a participating Primary Care Dentist in your area:

1. Visit <a href="http://elderplan.org">elderplan.org</a>	2. Call Member Services	3. 2020 Provider and Pharmacy Directory
<ol style="list-style-type: none"> <li>Under For Members, select Find A Provider</li> <li>Select <a href="#">Click here to find a provider near you</a></li> <li>Choose Elderplan for Medicaid Beneficiaries (HMO D-SNP) as your plan</li> <li>Choose Dentistry under Specialty Narrow down search criteria based on your needs</li> </ol>	<p>Elderplan Toll-Free: 1-800-353-3765 TTY/TDD: 711 Hours: 8AM to 8PM, 7 days a week</p> <p>Healthplex 1-888-468-5175 (TTY/TDD 1-800-662-1220) Hours: 8AM to 6PM, Monday to Friday</p>	<p>Call our Member Services department to request a paper copy of your Provider and Pharmacy Directory</p>

If you would like more information on the Primary Care Dentist you have selected, call the Healthplex Member Services Department at 1-888-468-5175 (TTY/TDD 1-800-662-1220) between 8AM to 6PM, Monday to Friday. All your dental care (except for urgently needed care out of the Elderplan service area) must be provided or arranged by your Primary Care Dentist.

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### **To schedule a dental appointment**

To make an appointment with your Primary Care Dentist is similar to the way you've always made doctor appointments – by calling his or her office. If you are unable to make it to a scheduled appointment, please call and cancel your appointment at least 24 hours in advance, if possible.

### **To see a dental specialist**

Your Primary Care Dentist is trained to handle the majority of common dental needs. If your dentist feels you need more specialized treatment, he or she will refer you to an appropriate specialist. Your Primary Care Dentist will contact Healthplex to authorize care. If your referral is authorized, you can schedule an appointment with the specialist designated by your Primary Care Dentist.

### **To change your Primary Care Dentist**

You may change your Primary Care Dentist at any time. If you need help in finding a new dentist, call Healthplex Member Services at 1-888-468-5175 (TTY/TDD 1-800-662-1220) between 8AM to 6PM, Monday to Friday.

## **Emergency and Urgent Care**

### **Emergency Care**

If you have a dental emergency, contact your Primary Care Dentist. If you cannot reach your dentist, contact Healthplex Member Services directly at 1-888-468-5175 (TTY/TDD 1-800-662-1220) 24 hours a day, seven days a week.

### **Urgent Care (Out-of-area)**

Urgent care (out-of-area) is defined as services required to treat an unforeseen condition in order to prevent serious deterioration in your dental health; if you are temporarily outside the Elderplan for Medicaid Beneficiaries service area, and treatment cannot be delayed until you return to the service area. In instances of urgent care, palliative treatment (action that relieves pain but is not curative) will be reimbursed by your plan up to a certain amount. Please refer to your Dental Summary of Benefits for more information on the amount of reimbursement.

### **Non-Emergency Care Received Outside the Elderplan for Medicaid Beneficiaries Dental Plan**

Members will receive quality dental care through our extensive network of dental providers. If you choose to go to a dentist who is not affiliated with Healthplex, and is outside of our dental network, you will be responsible for paying the provider's fee in full.

**ELDERPLAN DENTAL PLAN FOR MEDICAID BENEFICIARIES SUMMARY OF BENEFITS (HMO D-SNP)**

The services listed below are only available through a plan participating provider. As a member of Elderplan for Medicaid Beneficiaries, Elderplan covers the dental benefits listed below. **Feel free to bring this document with you when visiting your dentist, so they can help you understand which procedure is being performed and what the cost would be.**

*Coverage of Supplemental Comprehensive Dental services is limited to selected service codes from the categories below with an allowance of \$375 per quarter. Upon exhaustion of the \$375 per quarter or the rolled over cumulative amount the member will be responsible for the full cost.*

COVERED SERVICES	CODES	COPAYMENT	FREQUENCY
<b>MAJOR SERVICES</b>			
<b>Endodontic Services* (Exclusions and Limitations may apply – see below)</b>			
Root Canal Therapy, back teeth	D3330	No charge	Once per lifetime, per tooth
Retreatment of Root Canal Therapy – Back Teeth	D3348	No charge	Once per lifetime, per tooth
<b>Periodontic Services* (Exclusions and Limitations may apply – see below)</b>			
Gingivectomy – Four or More Teeth per Quadrant	D4210	No charge	Once per 36 months
Gingival Flap Procedure	D4240	No charge	Once per 60 months
Osseous Surgery – Four or More Teeth per Quadrant	D4260	No charge	Once per 60 months
Osseous Surgery – One to Three Teeth per Quadrant	D4261	No charge	Once per 60 months
<b>Restorative Services * (Exclusions and Limitations may apply – see below)</b>			
Crown - Resin-based Composite	D2710	No charge	Once per 60 months, per tooth
Crown - 3/4 Resin-based Composite	D2712	No charge	Once per 60 months, per tooth
Crown - Resin with High Noble Metal	D2720	No charge	Once per 60 months, per tooth

\* Please refer to the Exclusions and Limitations Section of this handbook for further explanation of covered services. The services indicated by an asterisk should be prior-authorized by a participating dentist. Please note that services may be limited based upon your plan guidelines and exclusions. Time limitations, dental health condition and alternate benefits may limit approval of services.

<b>Restorative Services (continued) * (Exclusions and Limitations may apply – see below)</b>			
<b>Crown - Resin with Predominantly Base Metal</b>	<b>D2721</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Crown - Resin with Noble Metal</b>	<b>D2722</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Crown - Porcelain/Ceramic Substrate</b>	<b>D2740</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Crown - Porcelain Fused to High Noble Metal</b>	<b>D2750</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Crown - Porcelain Fused to Predominantly Base Metal</b>	<b>D2751</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Crown - Porcelain Fused to Noble Metal</b>	<b>D2752</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Crown - Full Cast High Noble Metal</b>	<b>D2790</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Crown - Full Cast Predominantly Base Metal</b>	<b>D2791</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Crown - Full Cast Noble Metal</b>	<b>D2792</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Post and Core in Addition to Crown (Major Restorative)</b>	<b>D2952</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Each Additional Indirectly Fabricated Post – Same Tooth (Major Restorative)</b>	<b>D2953</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Prefabricated Post and Core in Addition to Crown (Major Restorative)</b>	<b>D2954</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Prosthetic Services - Fixed* (Exclusions and Limitations may apply – see below)</b>			
<b>Pontic - Indirect Resin Based Composite</b>	<b>D6210</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Pontic - Cast Predominantly Base Metal</b>	<b>D6211</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Pontic - Cast Noble Metal</b>	<b>D6212</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>

\* Please refer to the Exclusions and Limitations Section of this handbook for further explanation of covered services. The services indicated by an asterisk should be prior-authorized by a participating dentist. Please note that services may be limited based upon your plan guidelines and exclusions. Time limitations, dental health condition and alternate benefits may limit approval of services.

<b>Prosthodontic Services – Fixed (continued)* (Exclusions and Limitations may apply – see below)</b>			
<b>Pontic - Porcelain Fused to High Noble Metal</b>	<b>D6240</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Pontic - Porcelain Fused to Predominantly Base Metal</b>	<b>D6241</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Pontic - Porcelain Fused to Noble Metal</b>	<b>D6242</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Pontic - Resin with High Noble Metal</b>	<b>D6250</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Pontic - Resin with Predominantly Base Metal</b>	<b>D6251</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Pontic - Resin with Noble Metal</b>	<b>D6252</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Resin with High Noble Metal</b>	<b>D6720</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Resin with Predominantly Base Metal</b>	<b>D6721</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Resin with Noble Metal</b>	<b>D6722</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Porcelain/Ceramic</b>	<b>D6740</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Porcelain Fused to High Noble Metal</b>	<b>D6750</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Porcelain Fused to Predominantly Base Metal</b>	<b>D6751</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Porcelain Fused to Noble Metal</b>	<b>D6752</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Full Cast High Noble Metal</b>	<b>D6790</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Full Cast Predominantly Base Metal</b>	<b>D6791</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>
<b>Retainer Crown - Full Cast Noble Metal</b>	<b>D6792</b>	<b>No charge</b>	<b>Once per 60 months, per tooth</b>

\* Please refer to the Exclusions and Limitations Section of this handbook for further explanation of covered services. The services indicated by an asterisk should be prior-authorized by a participating dentist. Please note that services may be limited based upon your plan guidelines and exclusions. Time limitations, dental health condition and alternate benefits may limit approval of services.

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## **Exclusions and Limitations**

The following exclusions apply:

- Dental services, which were not rendered or approved by a participating dentist except in the cases of out-of-area emergency.
- Service not furnished by a Dentist, or a licensed dental hygienist under the supervision of a dentist.
- Treatment of a disease, defect, or injury covered by a major medical plan, Worker's Compensation Law, occupational disease law or similar legislation.
- Any dental procedures, which are undertaken primarily for cosmetic reasons or dental care to treat accidental injuries, congenital or developmental malformations.
- Services, which were started prior to the person becoming covered under this program, and are not covered under this program.
- Implants, grafts, tissue reattachments or other personalized restorations or specialized techniques.
- Procedures, appliances or restorations whose main purpose is to: open the bite, diagnose or treat TMJ, stabilize periodontally involved teeth or restore occlusion.
- Services not listed in the Summary of Benefits section above are not covered.

The following time limitations apply:

- Crowns and Pontics – once every 60 months.
- Root Canals – once per lifetime, per tooth.
- Periodontal Services – once every 36 - 60 months, depending on service.

## **Payments**

You are responsible for the cost of all other services, which are:

- Not included in the Summary of Benefits above.
- Not provided or authorized by your Healthplex contracted dentist.

## **Urgent Care**

In instances of urgent care, palliative treatment (action that relieves pain but is not curative) will be reimbursed by your plan up to 20% coinsurance or a maximum of \$65. Please keep your receipts and mail them and any proof of payment (i.e. cancelled check) to the following address:

Elderplan Claims Department  
P.O. Box 73111  
Newnan, GA 30271

## **Coverage Decisions, Appeals, Complaints**

If you should have any complaints regarding your dental care services including: access to dental providers, benefit coverage, payment for services or quality of care, you may file a grievance or appeal depending upon the nature of the issue.

## What to Do if You Have a Problem or Concern

Your health and satisfaction are important to us. When you have a problem or concern, we hope you'll try an informal approach first by calling Elderplan Member Services. We will work with you to try to find a satisfactory solution to your problem.

You have rights as a Member of our plan and as someone who is getting Medicare. We pledge to honor your rights, to take your problems and concerns seriously, and to treat you with respect.

## Two Formal Processes for Dealing with Problems

Sometimes you might need a formal process for dealing with a problem you are having as a member of our plan.

There are two types of formal processes for handling problems:

- For some types of problems, you need to use the **process for coverage decisions and making appeals**.
- For other types of problems you need to use the **process for making complaints**.

Both of these processes have been approved by Medicare. To ensure fairness and prompt handling of your problems, each process has a set of rules, procedures, and deadlines that must be followed by us and by you.

Please refer to Chapter 9 of your Evidence of Coverage for complete details on these processes and the timeframes involved for filing your complaint and when we must make a determination or send your complaint up to the next level for a decision by the independent review entity.

Elderplan for Medicaid Beneficiaries is a HMO D-SNP with a Medicare contract. Enrollment in Elderplan for Medicaid Beneficiaries depends on contract renewal.

This information is not a complete description of benefits. For more information, call Elderplan Member Services 1-800-353-3765, TTY 711, or go to [www.elderplan.org](http://www.elderplan.org).

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**Elderplan, Inc.**

**Notice of Nondiscrimination – Discrimination is Against the Law**

Elderplan/HomeFirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Elderplan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Elderplan/HomeFirst.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator. If you believe that Elderplan/HomeFirst has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Civil Rights Coordinator  
6323 7th Ave  
Brooklyn, NY, 11220  
Phone: 1-877-326-9978, TTY: 711  
Fax: 1-718-759-3643

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, Civil Rights Coordinator, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Multi-language Interpreter Services**

ATTENTION: If you speak a non-English language or require assistance in ASL, language assistance services, free of charge, are available to you. Call 1-800-353-3765 (TTY: 711).

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-353-3765 (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1-800-353-3765 (TTY: 711)。

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-353-3765 (телетайп: 711).

(French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-353-3765 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-353-3765 (TTY: 711)번으로 전화해 주십시오.

(Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-353-3765 (TTY: 711).

(Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-353-3765 (TTY: 711).

(Bengali) লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নথিখরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছে। ফোন করুন 1-800-353-3765 (TTY: 711)।

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-353-3765 (TTY: 711).

(Arabic) ملحوظة: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في ASL، فإن خدمات المساعدة اللغوية تتوافر لك مجاناً. اتصل برقم 1-800-353-3765 (TTY: 711).

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-353-3765 (ATS: 711).

(Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-353-3765 (TTY: 711)۔

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-353-3765 (TTY: 711).

(Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-353-3765 (TTY: 711).

(Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-353-3765 (TTY: 711).



For more information, call us toll-free

**1-888-468-5175**

8 a.m.–6 p.m., Monday-Friday.

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TTY/TDD users should call

**1-800-662-1220**

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Visit our website

**Elderplan.org**

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare part B premium if not otherwise paid for under Medicaid.