2020

elderplan®

Caring every minute, every day.

Dental Handbook

Elderplan Extra Help (HMO)

January 1, 2020 to December 31, 2020

H3347_EP16746_C

Introduction to Elderplan Dental Handbook for Elderplan Extra Help (HMO)

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 Extra Help 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 Extra Help emphasizes preventive dental care and education. Many preventive and diagnostic dental services are covered in full. This creates good dental hygiene practices and allows for early detection, which is necessary to effectively prevent or treat dental disease.

This Handbook contains a Dental Summary of Benefits, which explains the benefits of our 2020 dental plan for Elderplan Extra Help. 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 Extra Help 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 elderplan.org	2. Call Member Services	3. 2020 Provider and Pharmacy Directory
1. Under For Members, select Find A Provider 2. Select Click here to find a provider near you 3. Choose Elderplan for Medicaid Beneficiaries (HMO) as your plan 4. Choose Dentistry under Specialty Narrow down search criteria based on your needs	Elderplan Toll-Free: 1-800-353-3765 TTY/TDD: 711 Hours: 8AM to 8PM, 7 days a week Healthplex 1-888-468-5175 (TTY/TDD 1-800-662-1220) Hours: 8AM to 6PM, Monday to Friday	Call our Member Services department to request a paper copy of your Provider and Pharmacy Directory

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.

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 Extra Help 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 Extra Help 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

This Handbook contains a Dental Summary of Benefits, which explains the benefits of our 2020 dental plan for Elderplan Extra Help. Your financial responsibility depends on following the procedures outlined in this Dental Summary of Benefits. Some limitations and exclusions may apply. **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.** Please inform your dentist, that the services listed below are only available through a plan participating provider (a dentist that is part of Elderplan's network).
Services with a corresponding medical code must be submitted to Elderplan (not Healthplex) using the medical code for processing.

COVERED SERVICES	CODES	COPAYMENT	FREQUENCY
DIAGNOSTIC & PREVENTIVE SERVICES			
Periodic Oral Exam	D0120	No charge	Once every 6 months
Limited Oral Exam	D0140	No charge	Once every 6 months
Comprehensive Oral Exam	D0150	No charge	Once every 6 months
Problem Focused Oral Exam	D0160	No charge	Once every 6 months
Follow up Exam	D0170	No charge	Once every 6 months
Comprehensive Periodontal Exam	D0180	No charge	Once every 6 months
Complete Series X-rays	D0210	No charge	Once every 36 months
Periapical X-ray	D0220	No charge	Once every 12 months
Periapical X-ray, each additional film	D0230	No charge	Once every 12 months
Occlusal X-ray	D0240	No charge	Once every 12 months
2-D Projection X-ray	D0250	No charge	Once every 12 months

* 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.

DIAGNOSTIC & PREVENTIVE SERVICES (continued)			
Bitewing X-ray – single image	D0270	No charge	Once every 12 months
Bitewing X-ray – two images	D0272	No charge	Once every 12 months
Bitewing X-ray – three images	D0273	No charge	Once every 12 months
Bitewing X-ray – four images	D0274	No charge	Once every 12 months
Vertical Bitewing X-rays – seven to eight images	D0277	No charge	Once every 12 months
Panoramic X-ray	D0330	No charge	Once every 12 months
Cephalometric X-ray	D0340	No charge	Once every 12 months
2-D Photographic Images	D0350	No charge	Once every 12 months
Prophylaxis (Cleaning) - Adult	D1110	No charge	Once every 6 months
Prophylaxis (Cleaning) – Child	D1120	No charge	Once every 6 months
COMPREHENSIVE SERVICES			
Restorative Services* (Exclusions and Limitations may apply – see below)			
Silver Filling – Once Surface	D2140	No charge	Once every 24 months, per tooth
Silver Filling – Two Surfaces	D2150	No charge	Once every 24 months, per tooth
Silver Filling – Three Surfaces	D2160	No charge	Once every 24 months, per tooth

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Restorative Services (continued)* (Exclusions and Limitations may apply – see below)			
Silver Filling – Four or More Surfaces	D2161	No charge	Once every 24 months, per tooth
Tooth-colored Filling – One Surface, Front	D2330	No charge	Once every 24 months, per tooth
Tooth-colored Filling – Two Surfaces, Front	D2331	No charge	Once every 24 months, per tooth
Tooth-colored Filling – Three Surfaces, Front	D2332	No charge	Once every 24 months, per tooth
Tooth-colored Filling – Four or More Surfaces, Front	D2335	No charge	Once every 24 months, per tooth
Tooth-colored Crown – Front	D2390	No charge	Once every 24 months, per tooth
Tooth-colored Filling – One Surface, Back	D2391	No charge	Once every 24 months, per tooth
Tooth-colored Filling – Two Surfaces, Back	D2392	No charge	Once every 24 months, per tooth
Tooth-colored Filling – Three Surfaces, Back	D2393	No charge	Once every 24 months, per tooth
Tooth-colored Filling – Four or More Surfaces, Back	D2394	No charge	Once every 24 months, per tooth
Inlay – Metallic, One Surface	D2510	$250	Once every 60 months, per tooth
Inlay – Metallic, Two Surfaces	D2520	$250	Once every 60 months, per tooth
Inlay – Metallic, Three or More Surfaces	D2530	$250	Once every 60 months, per tooth
Onlay – Metallic, Two Surfaces	D2542	$250	Once every 60 months, per tooth
Inlay – Porcelain/Ceramic, Two Surfaces	D2620	$250	Once every 60 months, per tooth

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Restorative Services (continued)* (Exclusions and Limitations may apply – see below)			
Inlay – Porcelain/Ceramic, Three or More Surfaces	D2630	$250	Once every 60 months, per tooth
Crown – Tooth Colored	D2710	$250	Once every 60 months, per tooth
Crown - 3/4 Tooth Colored	D2712	$250	Once every 60 months, per tooth
Crown - Tooth Colored with High Noble Metal	D2720	$250	Once every 60 months, per tooth
Crown - Tooth Colored with Predominantly Base Metal	D2721	$250	Once every 60 months, per tooth
Crown - Tooth Colored with Noble Metal	D2722	$250	Once every 60 months, per tooth
Crown - Porcelain/Ceramic Substrate	D2740	$250	Once every 60 months, per tooth
Crown - Porcelain Fused to High Noble Metal	D2750	$250	Once every 60 months, per tooth
Crown - Porcelain Fused to Predominantly Base Metal	D2751	$250	Once every 60 months, per tooth
Crown - Porcelain Fused to Noble Metal	D2752	$250	Once every 60 months, per tooth
Crown - Full Cast High Noble Metal	D2790	$250	Once every 60 months, per tooth
Crown - Full Cast Predominantly Base Metal	D2791	$250	Once every 60 months, per tooth
Crown - Full Cast Noble Metal	D2792	$250	Once every 60 months, per tooth
Re-cement or Re-bond Inlay, Onlay or Veneer	D2910	No charge	Once every 6 months, per tooth
Re-cement or Re-bond Crown	D2920	No charge	Once every 6 months, per tooth

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Restorative Services (continued)* (Exclusions and Limitations may apply – see below)			
Reattachment of Tooth Fragment	D2921	No charge	Once every 6 months, per tooth
Stainless Steel Crown, Baby Tooth	D2930	No charge	Once every 60 months, per tooth
Stainless Steel Crown, Adult Tooth	D2931	No charge	Once every 60 months, per tooth
Pin Retention	D2951	No charge	Once every 60 months, per tooth
Post and Core in Addition to Crown	D2952	$50	Once every 60 months, per tooth
Each Additional Indirectly Fabricated Post - Same Tooth	D2953	$50	Once every 60 months, per tooth
Prefabricated Post and Core in Addition to Crown	D2954	$50	Once every 60 months, per tooth
Endodontic Services* (Exclusions and Limitations may apply – see below)			
Therapeutic Pulpotomy	D3220	No charge	Once per lifetime, per tooth
Pulpal Therapy, Front Tooth	D3230	No charge	Once per lifetime, per tooth
Pulpal Therapy, Back Tooth	D3240	No charge	Once per lifetime, per tooth
Root Canal Therapy, Front Tooth	D3310	No charge	Once per lifetime, per tooth
Root Canal Therapy, Bicuspid Tooth	D3320	No charge	Once per lifetime, per tooth
Root Canal Therapy, Back Tooth	D3330	$40	Once per lifetime, per tooth
Retreatment of Root Canal Therapy, Front Tooth	D3346	No charge	Once per lifetime, per tooth

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Endodontic Services (continued)* (Exclusions and Limitations may apply – see below)			
Retreatment of Root Canal Therapy, Bicuspid Tooth	D3347	No charge	Once per lifetime, per tooth
Retreatment of Root Canal Therapy, Back Tooth	D3348	$40	Once per lifetime, per tooth
Apicoectomy, Front Tooth	D3410	$40	Once per lifetime, per tooth
Apicoectomy, Bicuspid Tooth - First Root	D3421	$40	Once per lifetime, per tooth
Apicoectomy, Back Tooth - First Root	D3425	$40	Once per lifetime, per tooth
Apicoectomy, Each Additional Root	D3426	$40	Once per lifetime, per tooth
Periradicular Surgery without Apicoectomy	D3427	$40	Once per lifetime, per tooth
Retrograde Filling – Per Root	D3430	$40	Once per lifetime, per tooth
Periodontic Services* (Exclusions and Limitations may apply – see below)			
Gingivectomy – Four or More Teeth	D4210	$40	Once per 36 months, per quadrant
Osseous Surgery – Four or More Teeth	D4260	$300	Once per 60 months, per quadrant
Osseous Surgery – One to Three Teeth	D4261	$150	Once per 60 months, per quadrant
Periodontal Scaling and Root Planing, Four or More Teeth	D4341	No charge	Once per 36 months, per quadrant
Periodontal Scaling and Root Planing, One to Three Teeth	D4342	No charge	Once per 36 months, per quadrant
Full Mouth Debridement	D4355	No charge	Once per 36 months

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Periodontic Services (continued)* (Exclusions and Limitations may apply – see below)			
Periodontal Maintenance	D4910	No charge	Once per 36 months
Maxillofacial Services - Removable* (Exclusions and Limitations may apply – see below)			
Full Upper Denture	D5110	$300	Once per 60 months
Full Lower Denture	D5120	$300	Once per 60 months
Full Upper Immediate Denture	D5130	$300	Once per 60 months
Full Lower Immediate Denture	D5140	$300	Once per 60 months
Partial Upper Denture – Resin Based	D5211	$300	Once per 60 months
Partial Lower Denture – Resin Based	D5212	$300	Once per 60 months
Partial Upper Denture – Cast Metal	D5213	$300	Once per 60 months
Partial Lower Denture – Cast Metal	D5214	$300	Once per 60 months
One-Sided Partial Denture – Cast Metal, Upper	D5282	$300	Once per 60 months
One-Sided Partial Denture – Cast Metal, Lower	D5283	$300	Once per 60 months
Full Upper Denture Adjustment	D5410	No charge	
Full Lower Denture Adjustment	D5411	No charge	
Partial Upper Denture Adjustment	D5421	No charge	

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Maxillofacial Services - Removable (continued)* (Exclusions and Limitations may apply – see below)			
Partial Lower Denture Adjustment	D5422	No charge	
Repair Broken Denture, Full Denture	D5510	No charge	Once per 12 months
Replace Missing or Broken Tooth, Full Denture	D5520	No charge	Once per 12 months
Repair Denture Base, Partial Denture	D5610	No charge	Once per 12 months
Repair Cast Frame, Partial Denture	D5620	No charge	Once per 12 months
Repair/Replace Broken Clasp, per Tooth – Partial Denture	D5630	No charge	Once per 12 months
Replace Broken Tooth – Partial Denture	D5640	No charge	Once per 12 months
Add Tooth to Existing Partial Denture	D5650	No charge	Once per 12 months
Add Clasp to Existing Partial Denture	D5660	No charge	Once per 12 months
Rebase Full Upper Denture	D5710	No charge	Once per 12 months
Rebase Full Lower Denture	D5711	No charge	Once per 12 months
Rebase Partial Upper Denture	D5720	No charge	Once per 12 months
Rebase Partial Lower Denture	D5721	No charge	Once per 12 months
Reline Full Upper Denture, in Office	D5730	No charge	Once per 12 months

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Maxillofacial Services – Removable (continued)* (Exclusions and Limitations may apply – see below)			
Reline Full Lower Denture, in Office	D5731	No charge	Once per 12 months
Reline Partial Upper Denture, in Office	D5740	No charge	Once per 12 months
Reline Partial Lower Denture, in Office	D5741	No charge	Once per 12 months
Reline Full Upper Denture, in Lab	D5750	No charge	Once per 12 months
Reline Full Lower Denture, in Lab	D5751	No charge	Once per 12 months
Reline Partial Upper Denture, in Lab	D5760	No charge	Once per 12 months
Reline Partial Lower Denture, in Lab	D5761	No charge	Once per 12 months
Overdenture, Complete	Obsolete Code D5860	Please see new codes listed below for Overdenture services.	
Overdenture, Partial	Obsolete Code D5861		
Overdenture, Full Upper	New Code D5863	$300	Once per 60 months
Overdenture, Partial Upper	New Code D5864	$300	Once per 60 months
Overdenture, Full Lower	New Code D5865	$300	Once per 60 months

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Maxillofacial Services – Removable (continued)* (Exclusions and Limitations may apply – see below)			
Overdenture, Partial Lower	New Code D5866	$300	Once per 60 months
Prosthodontic Services - Fixed* (Exclusions and Limitations may apply – see below)			
Pontic - Indirect Resin Based Composite	D6210	$300	Once per 60 months, per tooth
Pontic - Cast Predominantly Base Metal	D6211	$300	Once per 60 months, per tooth
Pontic - Cast Noble Metal	D6212	$300	Once per 60 months, per tooth
Pontic - Porcelain Fused to High Noble Metal	D6240	$300	Once per 60 months, per tooth
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	$300	Once per 60 months, per tooth
Pontic - Porcelain Fused to Noble Metal	D6242	$300	Once per 60 months, per tooth
Pontic - Resin with High Noble Metal	D6250	$300	Once per 60 months, per tooth
Pontic - Resin with Predominantly Base Metal	D6251	$300	Once per 60 months, per tooth
Pontic - Resin with Noble Metal	D6252	$300	Once per 60 months, per tooth
Retainer – Cast Metal for Resin Bonded	D6545	$300	Once per 60 months, per tooth
Retainer Onlay – Cast High Nobel Metal, Two Surface	D6610	$300	Once per 60 months, per tooth
Retainer Crown – Indirect Resin Based Composite	D6710	$300	Once per 60 months, per tooth
Retainer Crown - Resin with High Noble Metal	D6720	$300	Once per 60 months, per tooth

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Prosthodontic Services – Fixed (continued)* (Exclusions and Limitations may apply – see below)			
Retainer Crown - Resin with Predominantly Base Metal	D6721	$300	Once per 60 months, per tooth
Retainer Crown - Resin with Noble Metal	D6722	$300	Once per 60 months, per tooth
Retainer Crown -Porcelain/Ceramic	D6740	$300	Once per 60 months, per tooth
Retainer Crown - Porcelain Fused to High Noble Metal	D6750	$300	Once per 60 months, per tooth
Retainer Crown - Porcelain Fused to Predominantly Base Metal	D6751	$300	Once per 60 months, per tooth
Retainer Crown - Porcelain Fused to Noble Metal	D6752	$300	Once per 60 months, per tooth
Retainer Crown - Full Cast High Noble Metal	D6790	$300	Once per 60 months, per tooth
Retainer Crown - Full Cast Predominantly Base Metal	D6791	$300	Once per 60 months, per tooth
Retainer Crown - Full Cast Noble Metal	D6792	$300	Once per 60 months, per tooth
Re-cement or Re-bond, per Unit	D6930	No charge	
Oral Surgery & Maxillofacial Services * (Exclusions and Limitations may apply – see below)			
Routine Extraction	D7140	No charge	Once per lifetime, per tooth
Surgical Extraction	D7210	No charge	Once per lifetime, per tooth
Extraction – Soft Tissue Impaction	D7220	No charge	Once per lifetime, per tooth
Extraction – Partial Bony Impaction	D7230	$100	Once per lifetime, per tooth

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Oral Surgery & Maxillofacial Services (continued)* (Exclusions and Limitations may apply – see below)			
Extraction – Full Bony Impaction	D7240	$100	Once per lifetime, per tooth
Extraction – Full Bony with Complications	D7241	$100	Once per lifetime, per tooth
Removal of Roots	D7250	$100	Once per lifetime, per tooth
Oroantral Fistula Closure	D7260	$100	Once per lifetime, per tooth
Exposure of Unerupted Tooth	D7280	$100	Once per lifetime, per tooth
Mobilization of Erupted or Malpositioned Tooth to Help Eruption	D7282	$100	Once per lifetime, per tooth
Alveoloplasty, with Extraction	D7310	No charge	Once per lifetime, per quadrant
Alveoloplasty, without Extraction	D7320	No charge	Once per 12 months, per quadrant
Vestibuloplasty	D7340	$100	
Removal of Benign Lesion <1.25 cm	D7410 Medical Codes: 40810, 40812, 40814	$100	
Removal of Benign Lesion >1.25 cm	D7411 Medical Codes: 21034, 21044	$100	

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Oral Surgery & Maxillofacial Services (continued)* (Exclusions and Limitations may apply – see below)			
Removal of Malignant Lesion <1.25 cm	**D7440 Medical Codes: 21034, 21044**	**$100**	
Removal of Malignant Lesion >1.25 cm	**D7441 Medical Codes: 21034, 21044**	**$100**	
Removal of Benign Cyst <1.25 cm	**D7450 Medical Codes: 41825, 41826, 41827**	**$100**	
Removal of Benign Cyst >1.25 cm	**D7451 Medical Codes: 41825, 41826, 41827**	**$100**	
Removal of Benign Non Tooth Structured Cyst <1.25 cm	**D7460 Medical Codes: 41825, 41826, 41827**	**$100**	

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Oral Surgery & Maxillofacial Services (continued)* (Exclusions and Limitations may apply – see below)			
Removal of Benign Non Tooth Structured Cyst >1.25 cm	**D7461 Medical Codes: 41825, 41826, 41827**	**$100**	
Removal of Lateral Exostosis (Upper or Lower)	**D7471 Medical Codes: 21031, 21032**	**$100**	
Removal of Tori on Lower Jaw	**D7473**	**$100**	
Incision and Drainage, Intraoral	**D7510**	**$100**	
Incision and Drainage, Extraoral	**D7520 Medical Codes: 40801, 41800**	**$100**	
Frenectomy	**D7960**	**$100**	
Removal of Hyperplastic Tissue	**D7970**	**$100**	
Removal of Pericoronal Gingiva	**D7971**	**$100**	

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Adjunctive General Services			
Emergency Treatment	D9110	No charge	
Local Anesthesia, not in Conjunction with Surgical or Operative Procedure	D9210	No charge	
Regional Block – Local Anesthesia	D9211	No charge	
Trigeminal Division Block Anesthesia	D9212	No charge	
Local Anesthesia, in Conjunction with Surgical or Operative Procedure	D9215	No charge	
Specialist Consultation	D9310	No charge	
Office Visit for Observation During Regular Office Hours	D9430	No charge	
Occlusal Adjustment – Limited	D9951	No charge	
Occlusal Adjustment - Complete	D9952	No charge	

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General Limitations on Covered Dental Expenses

- Crowns will not be routinely approved if a filling will restore the tooth to function.
- Reconstruction: The use of dental implants are not covered. Full or partial dentures will not be approved when existing dentures are serviceable or if they are lost, stolen or broken within five years.
- Root Canal Therapy: Patients must be evaluated on a case-by-case basis to determine if conditions meet coverage guidelines. Coverage will generally be provided when the number of teeth needing or likely to need root canals is not excessive, the patient has good oral hygiene and a healthy mouth and gums, and:
  has a full complement of natural teeth, and
  has had all other necessary restorations completed.

  Root canal therapy will not be covered when the prognosis of the tooth is questionable or extraction and replacement is a reasonable alternative course of treatment.

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.
- ervice 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 above are not covered.

The following time limitations apply:

- Oral Exams and cleanings – once every 6 months.
- Individual bitewing and periapical x-rays, panoramic x-rays – once every 12 months.
- Full mouth x-rays – once every 36 months.
- Dentures – once every 60 months.
- Crowns – once every 60 months.
- Certain other procedures may have limitations based on plan guidelines.
- Oral Exams and cleanings – once every 6 months.

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.
- Any applicable member co-payments listed in the Summary of Benefits section above.

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.

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 নিঃখরচায় ভাষা সহায়তা পরিষেবা 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 مجانا. 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).

elderplan homefirst®
a member of MJHS Health System

For more information, call us toll-free

1-888-468-5175

8 a.m.–6 p.m., Monday-Friday.

TTY/TDD users should call

1-800-662-1220

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.