

Elderplan for Medicaid Beneficiaries (HMO D-SNP)

Plan description

It is important for you to see your dentist on a regular basis to make sure your mouth stays healthy and to avoid problems later.

Covered services not listed below may be allowed under your Medicaid plan.

Supplemental benefits as listed below will only be approved in special situations.

There is no copayment for the Comprehensive Dental Services listed below up to the \$375 per quarter (3 months) allowance. A referral is required for Comprehensive Dental Services.

Category	Covered Services	Frequency
Endodontics	Root Canal Therapy: Back Teeth	Once per lifetime, per tooth
	Retreat Root Canal	Once per lifetime, per tooth
Periodontics	Osseous Surgery	Once per 60 months, per tooth
	Gingivectomy	Once per 36 months, per tooth
Prosthetics	Crown	Once per 60 months, per tooth
	Post and Core in Addition to Crown	Once per 60 months, per tooth
	Retainer Crown and Pontic	Once per 60 months, per unit

See reverse for additional important plan information



KEY FEATURES

- Members select a Primary Care Dental Home where most services are rendered
- Members can contact Healthplex at **888-468-5175** or visit healthplex.com/our_dentists to locate a participating provider. Type GG-412SNP into the “ENTER GROUP NUMBER HERE” box and click search. Choose general practice or a specialty, add a Zip Code or City/State and click search.
- Members need to select a Primary Care Dentist. The Primary Care Dentist coordinates your treatment plan and makes a referral where applicable for comprehensive services to a participating dental specialist.

Payments

You are responsible for the cost of any services, which are:

- Not rendered or covered by a participating Healthplex provider
- Services that are not covered under the dental plan benefit

Be sure to talk to your dentist about service options that may be covered under your plan guidelines.

Certain other procedures may have limitations based on plan guidelines.

For more information about exclusions and limitations please see your Dental Handbook (www.elderplan.org/for-members)

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/HomeFirst cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-353-3765 (TTY: 711). Elderplan/HomeFirst 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。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)。

Elderplan is an HMO with a Medicare and Medicaid contract. Enrollment in Elderplan depends on contract renewal.

You can contact **Customer Service** with any questions about your coverage at **888-468-5175**, 8:00 a.m. to 6 p.m., EST Monday - Friday, or email us at info@healthplex.com. If you need assistance accessing forms on our website or logging in, you can contact **Web Support** at **888-468-5171**.

