

Plan Underwritten by:



Live Life Plus Medicaid



Things To Know

- Members select a Primary Care Dental Home where most services will be rendered
- Should specialty services be needed, the Primary Care Dentist (PCD) will submit a referral to a participating Specialist
- Members can change their PCD at any time by contacting Healthplex at **1-866-795-6493 TTY 711**
- There are no patient copayments for covered services

Category	Covered Services	Patient Copayment	Frequency
Diagnostic and Preventive	Oral Exam	No Charge	Once every 6 months
	Full Mouth Series or Panoramic X-Ray	No Charge	Once every 36 months
	Single X-rays (periapical)	No Charge	
	Bitewing Series	No Charge	Once every 6 months
	Prophylaxis (cleaning)	No Charge	Once every 6 months
	Fluoride Treatment (For members between 1 and 20 years of age)	No Charge	Once every 6 months
	Specialty Consultation	No Charge	
	Limited Exam for Urgent Issues	No Charge	
Restorative Dentistry	Fillings (Silver or Tooth Colored)	No Charge	Once every 12 months, per tooth
Oral Surgery	Extractions	No Charge	Once per lifetime, per tooth
	Full Bony Impacted Extraction	No Charge	Once per lifetime, per tooth
	Alveoplasty, per quadrant	No Charge	Once per lifetime
Endodontics*	Root Canal Therapy: Anterior/Bicuspid/Molar (Back Teeth)	No Charge	Once per lifetime, per tooth
	Apicoectomy (Anterior/Front Teeth Only)	No Charge	Once per lifetime, per tooth
Periodontics*	Periodontal Maintenance	No Charge	Once every 6 months
	Scaling/Root Planing, per quadrant	No Charge	Once every 24 months, per quad
Prosthetics Crowns*	Single Crowns	No Charge	Once per 60 months, per tooth
	Post	No Charge	Once per 60 months, per tooth
	Recementation, Crown	No Charge	Once per 12 months, per tooth
Prosthetics Removable*	Full Upper Denture/Full Lower Denture	No Charge	Once per 96 months
	Partial Upper Denture and/or Partial Lower Denture	No Charge	Once per 96 months
	Denture Adjustments/Repairs/Relines	No Charge	Within 6 months of denture insertion

*Please also refer to the Exclusions and Limitations Section of this document for further explanation of covered services.

You can contact **Customer Service** with any questions about your coverage at **1-866-795-6493 TTY 711** 8:00 a.m. to 6 p.m., EST Monday – Friday, or email us at info@healthplex.com.



Amida Care Healthy Rewards

You and your child can earn Healthy Rewards just by visiting the dentist for a dental check up. Please contact Amida Care at **1-800-556-0689** for details.

General Limitations on Covered Dental Expenses

- Crowns will not be routinely approved if a filling will restore the tooth to function, or for a back tooth when there are four upper and four lower back teeth, either natural or prosthetic, in functional contact with each other.
- Reconstruction: Placement of immediate dentures and fixed bridgework 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 eight years except when found to be medically necessary by Healthplex. Prior approval requests for replacement dentures before eight years need to include a letter from the patient's medical doctor and dentist. Partial dentures will be approved only when there are less than eight back teeth (four upper and four lower teeth) in contact with each other, or one missing upper front tooth or two missing lower front teeth.
- 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, and 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 when extraction and replacement is a reasonable alternative course of treatment. Molar root canals will not be covered for patients over the age of 21 except where the tooth is a critical abutment for an existing prosthesis.
- Dental Implants: Will be covered only when your doctor and dentist agree that there is no other choice to keep you healthy and able to chew your food.

Exclusions and Limitations

The following exclusions apply:

- Dental services, that were not completed or approved by a participating dentist except in the cases of out-of-area emergency.
- A service not performed by a dentist, unless the service is completed by a licensed dental hygienist under the direction of a dentist.
- Treatment of a disease, defect, or injury covered by a major medical plan, Workers' Compensation Law, work related disease law or similar law. Dental services, that are done only for cosmetic reasons. Single Crowns, or root canals when other methods or materials can be used.
- Services which were started before the person became covered under this plan and are not covered under this plan.
- Custom restorations or specialized methods. Services, appliances, or restorations for which the main purpose is to open the bite, find or treat TMJ, stabilize periodontally involved teeth or restore bite relationship will only be allowed in special conditions where a diagnosis supports necessary treatment.

The following time limitations apply:

- Oral exams, bitewing x-rays, prophylaxis (cleaning), and fluoride treatments – once every 6 months.
- Full mouth and panoramic x-rays – once every (36 months) 3 years.
- Dentures – once every (96 months) 8 years.
- Crowns – once every (60 months) 5 years.
- Certain other procedures may have limitations upon plan guidelines.

Payments

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

- Not included in the New York State Medicaid Guidelines.
- Not provided or authorized by your Healthplex contracted dentist.