

## Exclusions & Limitations

**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 services (temporary) 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.

*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.
- Dental implants and related services will only be covered when medically necessary. A letter from the patient's medical doctor and dentist will be needed stating that there is no alternative treatment that will allow the patient to chew their food.

## 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.

Certain other procedures may have limitations upon plan guidelines.

## Need Help?

You can contact **Healthplex Customer Service** at **1-800-468-9868** (TTY/TDD: **1-800-662-1220**), 8:00 a.m. to 6:00 p.m., Monday-Friday, or email us at **info@healthplex.com** with questions about your dental benefit, for assistance with changing your current dentist, or making a dental appointment.

If you need assistance accessing forms on our website or logging in, you can contact **Web support** at **888-468-5171**.



## Live Life Plus Medicaid Plan Benefits Summary



Administered by:



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Uniondale, NY 11553-3608  
healthplex.com

# 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 800-468-9868 (TTY:1-800-662-1220)
- There are no copayments for covered services



## Amida Care Healthy Rewards

You or your child can earn Healthy Rewards just by visiting the dentist for a dental check up.

Adults 21 or older can earn \$20 for a dental checkup (once per year).

Children can earn \$25 for a dental check up (up to 2 visits annually).

**Important:** dependent children must be between 18 months and 20 years of age and an enrolled member of Amida Care to participate in the Healthy Rewards program.

Please note, rewards are triggered by claims, and may take up to 45 days to process.

If you have any questions about Amida Care Healthy Rewards, please contact Amida Care at **1-800-556-0689**.

## Get Started Today!

You can find the name and contact information of your Primary Care Dentist on your Dental ID card. Show your Dental ID card to access your dental benefits.

If you need to find a Primary Care Dentist (PCD), please visit [healthplex.com](http://healthplex.com), click on **Our Dentists**. Enter your group number as indicated on your Dental ID card and follow instructions or call Healthplex at **1-800-468-9868 (TTY/TDD: 1-800-662-1220)**.

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. Everyone should visit their dentist at least twice a year for cleanings and check ups! Based on medical necessity, the following services are covered under your plan once every 6 months at no cost to you:

**Dental exams, X-rays, Teeth Cleaning (Prophylaxis), and Fluoride treatment (covered up to age 19)**

### The services listed below are covered at no cost to you

\*Exclusions and Limitations for services noted with an asterisk (\*) may apply

**Note:** Services like root canals, crowns, dentures, and partial dentures (noted with an \* below) will only be approved based on specific criteria. These services should be prior-authorized by your dentist. Services may be limited based upon your plan guidelines and exclusions. Time limitations, dental health condition and alternate benefits may limit approval of services.

**Dental Implants** are only covered when your doctor and dentist agree that there is no other choice to keep you healthy and able to chew your food.

Category	Covered Service	Frequency
<b>Diagnostic &amp; Preventive</b>	Full Mouth Series or Panoramic X-ray Specialty Consultation Limited Exam for Urgent Issues Dental sealants: Molar	Once every 36 months  Once Per 60 months, per tooth
<b>Restorative Dentistry</b>	Fillings (Silver or Tooth Colored)	Once every 12 months, per tooth
<b>Oral Surgery</b>	Extractions Full Bony Impacted Extraction Alveoloplasty, per quadrant	Once per lifetime, per tooth Once per lifetime, per tooth Once per lifetime
<b>Endodontics*</b>	Root Canal Therapy: Anterior/Bicuspid/Molar (Back Teeth) Apicoectomy (Anterior Teeth only)(Front Teeth)	Once per lifetime, per tooth Once per lifetime, per tooth
<b>Periodontics*</b>	Periodontal Maintenance Scaling/Root Planing, per quadrant	Once every 6 months Once every 24 months, per quad
<b>Prosthetics Crowns*</b>	Single Crowns Post Recementation, Crown	Once per 60 months, per tooth Once per 60 months, per tooth Once per 12 months, per tooth
<b>Prosthetics Removable*</b>	Full Upper Denture/Full Lower Denture Partial Upper Denture/Full Partial Lower Denture Denture Adjustments/Repairs	Once per 96 months Once per 96 months Once per 3 months

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