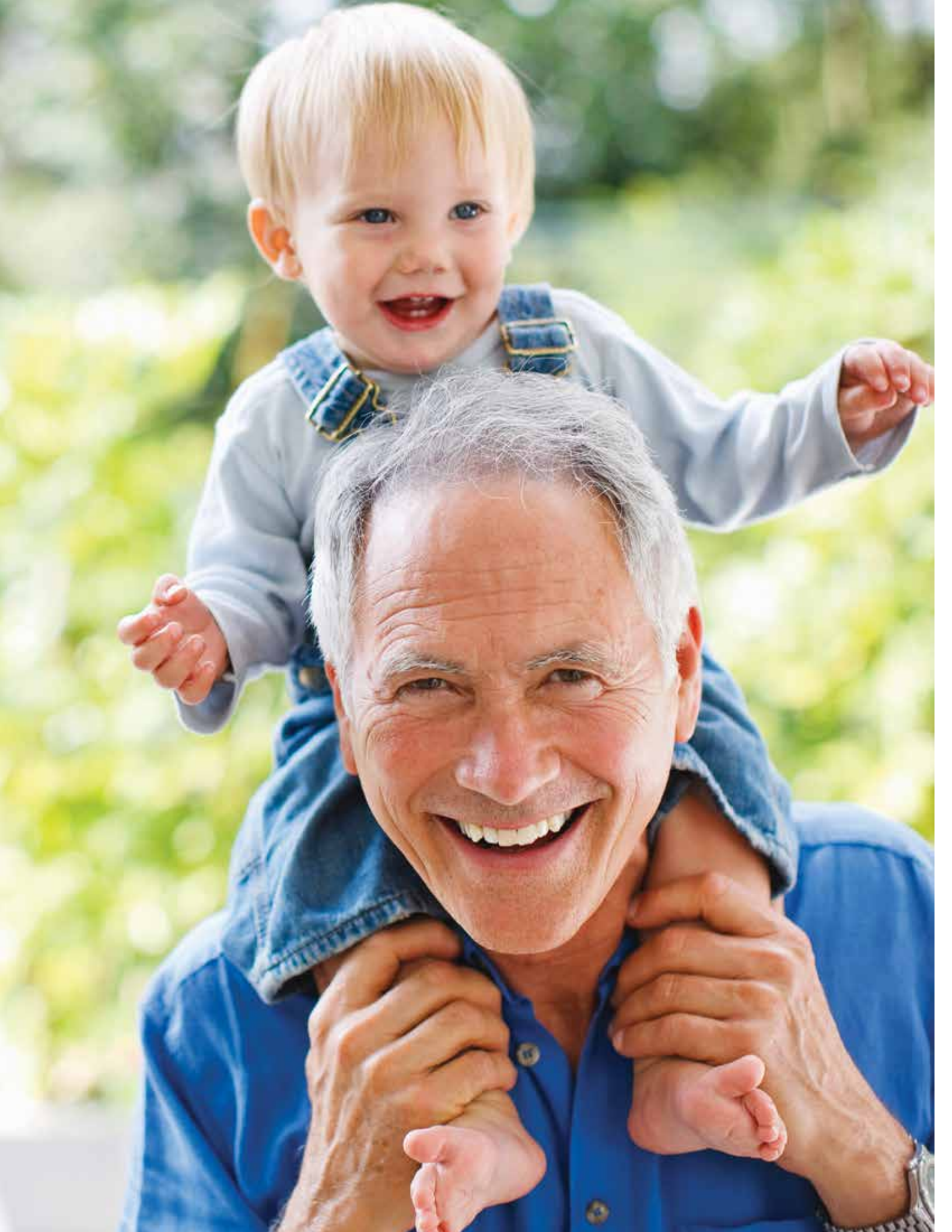




2022 ConnectiCare

Preventive and
Comprehensive
Dental Benefits

ConnectiCare.



Take Care of Your Smile and Your Health.

We're happy to offer quality dental coverage to our ConnectiCare Medicare Advantage members. Having healthy teeth and gums can help prevent certain health risks caused by poor oral hygiene, like diabetes and heart disease. That's why ConnectiCare has agreed in principle with Healthplex to help manage the dental needs of our members. Healthplex has a large network of participating dentists and specialists.

Preventive and Comprehensive Dental Benefits

Members of **ConnectiCare Choice Plan 1 (HMO), Flex Plan 1 (HMO-POS), Flex Plan 2 (HMO-POS), Choice Part B Saver (HMO), and Passage Plan 1 (HMO)** can buy optional supplemental preventive and comprehensive dental benefits for an additional low monthly premium. There are two PPO plans or one indemnity plan to choose from:

PPO Dental Options

Monthly premium: \$39 Calendar-year benefit maximum: \$2,000 Calendar-year deductible: \$100	OR	Monthly premium: \$49 Calendar-year benefit maximum: \$3,000 Calendar-year deductible: \$100
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Both dental plans include the following covered services:

Preventive dental services	Member cost-share
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewings) One every 36 months: complete series x-rays (panorex)	\$0 (Not subject to calendar-year deductible)

Comprehensive dental services	Member cost-share
Basic (minor restorative) – restorations (fillings)	20% after the \$100 calendar-year deductible
Major (endodontics, periodontics, and oral surgery) – includes crowns; fixed bridgework; partial and full dentures; denture adjustments; repairs to fixed bridges, partial and full dentures; re-cement of fixed bridges, crowns, and inlays; extractions and oral surgery; root canal therapy; implants; and periodontal scaling and planing, periodontal surgery, and maintenance.	50% after the \$100 calendar-year deductible

Or Indemnity Dental Option

Monthly premium: \$39 Calendar-year benefit maximum: \$3,500

Dental plan includes the following covered services:

Preventive and comprehensive dental services	Member cost-share: 50% of the cost for covered services
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The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum. May require prior approval.

Comprehensive Dental Benefits

Members of **ConnectiCare Choice Plan 2 (HMO), Choice Plan 3 (HMO), and Flex Plan 3 (HMO-POS)** have preventive dental coverage included as a plan benefit. Members of these plans can buy optional supplemental comprehensive dental benefits for an additional low monthly premium. There are two PPO plans or one indemnity plan to choose from:

PPO Dental Options

Monthly premium: \$29 Calendar-year benefit maximum: \$2,000 Calendar-year deductible: \$100	OR	Monthly premium: \$39 Calendar-year benefit maximum: \$3,000 Calendar-year deductible: \$100
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All comprehensive dental plans include the following covered services.

Comprehensive dental services	Member cost-share
Basic (minor restorative) – restorations (fillings)	20% after the \$100 calendar-year deductible
Major (endodontics, periodontics, and oral surgery) – includes crowns; fixed bridgework; partial and full dentures; denture adjustments; repairs to fixed bridges, partial and full dentures; re-cement of fixed bridges, crowns, and inlays; extractions and oral surgery; root canal therapy; implants; and periodontal scaling and planing, periodontal surgery, and maintenance.	50% after the \$100 calendar-year deductible

Or Indemnity Dental Option

Monthly premium: \$39 Calendar-year benefit maximum: \$3,500

Dental plan includes the following covered services:

Preventive and comprehensive dental services	Member cost-share: 50% of the cost for covered services
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The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum. May require prior approval.

Enrolling in a ConnectiCare optional dental plan

As a ConnectiCare member, you can:

- Enroll in an optional dental plan at any time during the calendar year.
- Drop an optional dental plan at any time during the calendar year.
- Change to a different optional dental plan from 10/15/2021 through 12/31/2021.*
- Upgrade your optional dental plan from 01/01/2022 through 03/31/2022.*

*Note: If you later disenroll from your optional dental plan, you can only re-enroll in that dental plan. You cannot switch to a different dental plan.

Services provided by a non-network dentist will be reimbursed according to the plan benefit up to the out-of-network allowance. The dentist may balance bill up to their billed amount.

For more information, call **877-224-8220 (TTY: 711)**, 8 am to 8 pm, Monday to Friday.

2022 Dental Benefits Q&A

Q: How do I optimize my PPO dental benefits with my ConnectiCare Medicare Advantage plan?¹

A: Use the in-network PPO dental benefits that give you up to \$2,000 or \$3,000 benefit maximum each year.

Q: What will I pay if I go out-of-network for PPO dental services? Is it more expensive?

A: All dentists must be **Medicare-approved providers**. It may be more expensive. You will always get more out of your benefit maximum if you stay in-network. Services provided by a non-network dentist will be reimbursed according to the plan benefit up to the out-of-network allowance. In addition to your deductible and/or cost-share amount, you will be responsible for the difference between the out-of-network allowance and the total amount billed by a non-participating dentist.

Q: Does the indemnity plan have a network?

A: All dentists must be **Medicare-approved providers**, even though there is no defined network for the indemnity plan. The indemnity plan gives you the most flexibility when it comes to choosing your dentist. You can visit any licensed dentist and we will reimburse you 50% of the costs of any dental services you paid for, up to the plan annual maximum of \$3,500.

Listed in the chart below are sample out-of-network allowances for all ConnectiCare HMO and HMO-POS plans with PPO Dental riders.

Dental code	Diagnostic/Preventive	Out-of-network allowance
D0120	Periodic oral evaluation – established patient	\$40.00
D0140	Limited oral evaluation – problem-focused	\$45.60
D0150	Comprehensive oral evaluation – new or established patient	\$60.00
D0180	Comprehensive periodontal evaluation	\$100.00
D9310	Consultation – diagnostic services	\$16.15
D0210	Intraoral – complete series of radiographic images	\$106.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$72.00
Dental code	Restorative Services	Out-of-network allowance
D2140	Amalgam – 1 surface, primary or permanent	\$75.20
D2150	Amalgam – 2 surfaces, primary or permanent	\$96.80
D2330	Resin-based composite – 1 surface, anterior	\$84.80
D2331	Resin-based composite – 2 surfaces, anterior	\$107.20
Dental code	Crowns and Bridges	Out-of-network allowance
D2643	Onlay – porcelain/ceramic – 3 surfaces	\$295.00
D2750	Crown – porcelain fused to high noble metal	\$472.50
D2783	Crown – 3/4 porcelain/ceramic	\$449.50
D2792	Crown – full cast noble metal	\$449.50
D2930	Prefab. stainless-steel crown – primary tooth	\$138.00
D2931	Prefab. stainless-steel crown – permanent tooth	\$102.50
D2932	Prefab. esthetic stainless-steel crown – primary tooth	\$81.70
D6740	Crown – porcelain/ceramic	\$452.50

Continued

Dental code	Endodontics	Out-of-network allowance
D3310	Anterior root canal – permanent tooth (excluding final restoration)	\$566.77
D3320	Root canal therapy – premolar tooth (excluding final restoration)	\$638.97
D3330	Root canal therapy – molar tooth (excluding final restoration)	\$638.97
Dental code	Periodontics	Out-of-network allowance
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth-bounded spaces per quadrant	\$45.13
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth-bounded spaces per quadrant	\$45.13
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous (missing) tooth position in same graft site	\$665.00
Dental code	Prosthetics (including repairs)	Out-of-network allowance
D5110	Full upper denture	\$622.50
D5120	Full lower denture	\$622.50
D5130	Immediate full upper denture	\$622.50
D5140	Immediate full lower denture	\$622.50
D5211	Upper partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$412.50
D5212	Lower partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$625.00
D5640	Replace broken teeth – per tooth	\$69.50
Dental code	Implant/Abutment-supported prosthetics	Out-of-network allowance
D6010	Surgical placement of implant body – endosteal implant	\$947.63
D6056	Prefabricated abutment – includes placement	\$134.43
Dental code	Oral and maxillofacial surgery	Out-of-network allowance
D7111	Extraction, coronal remnants – primary tooth	\$35.91
D7140	Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$57.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$92.50
Dental code	Emergency/Anesthesia	Out-of-network allowance
D9110	Palliative (emergency) treatment of dental pain	\$122.80
D9222	Deep sedation/general anesthesia – first 15 minutes	\$38.50

Please note: Services provided by a non-network dentist will be reimbursed according to the plan benefit up to the out-of-network allowance. In addition to your deductible and/or cost-share amount, you will be responsible for the difference between the out-of-network allowance and the total amount billed by a non-participating dentist.

For more information, call **877-224-8220 (TTY: 711)**. From October 1 to March 31, you can call us seven days a week from 8 am to 8 pm. From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm. or visit our website at **connecticare.com/medicaledental**.

¹Does not include the Choice Dual (HMO D-SNP), Choice Dual Vista (HMO D-SNP), and Choice Dual Basic (HMO D-SNP) plan.





ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services, ©2021 ConnectiCare, Inc. & Affiliates