



HomeFirst MLTC

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. Services such as cleanings, x-rays and exams as well as fillings are covered at no cost to you!

Your plan follows the New York State Medicaid Management Information System handbook of rules. All plans that follow these rules use the same handbook to decide what dental services are 'essential' for your health and are allowed.

*Services like root canals, crowns, dentures, and partial dentures will only be approved in special situations. Implants are covered **only** when a doctor says there is **no other choice** to keep you healthy and able to chew your food.

There are no copayments for the below services.

Category	Covered Services	Frequency
Diagnostic & Preventive	Oral Exam	Once every 6 months
	Limited Exam for Urgent Issue	Once every 6 months
	Full Mouth Series or Panoramic X-Ray	Once every 36 months
	Single X-rays (<i>periapical</i>)	
	Bitewing Series	
	Prophylaxis (<i>cleaning</i>)	Once every 6 months
Restorative	Fillings (<i>Silver or Tooth Colored</i>)	Once every 24 months, per tooth
Oral Surgery	Extractions	Once per lifetime, per tooth
	Full Bony Impacted Extraction	Once per lifetime, per tooth
Endodontics	*Root Canal Therapy: Anterior/Bicuspid/Molar	Once per lifetime, per tooth
Periodontics	*Periodontal Maintenance	Twice in 12 months
	*Scaling/Root Planing, per quadrant	Once every 6 months
Prosthetics	*Single Crowns	Once per 60 months, per tooth
	Crowns	Post
	Recementation, Crown	Once per 12 months, per tooth
Prosthetics	*Full Upper/Lower Denture	Once per 48 months
Removable	*Partial Upper Denture	Once per 48 months
	*Partial Lower Denture	Once per 48 months
	*Denture Adjustments/Repairs	
	*Denture Rebase/Relines	Once per 12 months



KEY FEATURES

- Members select a participating provider from our dental Network
- Members can contact Healthplex at **888-468-5175** or visit **healthplex.com/our_dentists** to locate a participating provider. Type GG-420B 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.
- For specialty services, members may visit any participating PPO Specialist. No referral needed

Payments

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

- Not rendered 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.

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 1-877-771-1119 (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 1-877-771-1119 (TTY: 711)。

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**.

