



## Your Covered CT Dental Benefits

Welcome to the **Covered CT** Dental Plan.

Here is a comprehensive summary of the benefits for Adults (ages 21 and over)

Care Category	Description	Benefits and Limitations
<b>Diagnostic</b>	Oral examination or screening every calendar year.	<ul style="list-style-type: none"> <li>Periodic Exam: 1 per year</li> <li>Problem Focused Exam: 4 times per year</li> <li>Comprehensive Exam: limited to once per lifetime</li> </ul>
<b>X-Rays</b>	Complete mouth X-rays, periapical X-rays, bitewing X-rays, Occlusal X-rays and panoramic X-rays.	<ol style="list-style-type: none"> <li>Bitewing X-ray: 1 per year</li> <li>Periapical X-rays: 4 per year</li> <li>Complete Mouth Series or Panoramic X-ray: 1 every 3 years</li> </ol>
<b>Preventive</b>	Cleaning, fluoride application	One per calendar year per member. Fluoride treatment requires prior authorization.
<b>Restorative (Fillings)</b>	The treatment of tooth decay by the use of silver and/ or white fillings.	Fillings are covered once per two years for the same tooth surface.
<b>Restorative (Crowns)</b>	The use of gold, semiprecious, or nonprecious metals and/or porcelain to restore a tooth or teeth which cannot be restored with silver or white restorations. Covered CT covers only non-precious metals; and porcelain fused to predominantly base metal for anterior teeth.	Covered once per five years. Prior authorization required.
<b>Endodontic (Root Canal)</b>	The treatment of the diseases of the blood vessels and the nerve of the tooth. Endodontic treatment often involves root canal procedures.	Once per tooth per Member per lifetime limitation. Certain conditions must be met. Prior authorization is required.
<b>Periodontics</b>	The treatment of the supporting tissues of the teeth, gums, and underlying bone, with either surgical or non-surgical procedures (where applicable).	Prior authorization required.
<b>Prosthetics (Removable)</b>	The replacement of missing teeth by the use of a removable appliance.	Denture prosthesis construction is limited to one time per each 7-year period. Prior authorization required.
<b>Prosthetics (Adjustments and Relines)</b>	The repair or modification of existing dentures so that they can continue to be serviceable.	Limited to once every 2 years, and only 6 months after initial placement of the denture(s)
<b>Prosthetics (Fixed)</b>	The use of gold, semiprecious, or precious metal to replace a missing tooth or teeth. Fixed prosthetics may include bridgework, implants and implant retained crowns and dentures.	Not covered.
<b>Extractions</b>	The extraction, either simple or surgical, of either a single tooth or multiple teeth.	Covered for all permanent, baby and extra teeth.
<b>Oral Surgery</b>	The use of surgery for the shaping of bone ridges, the treatment of an abscess, biopsies of soft and hard tissues, reconstructive surgeries etc.	Biopsies, bone grafting, alveoloplasty, facial surgery for trauma and inherited facial conditions. Prior authorization is required.
<b>Wisdom Tooth Removal and Impactions</b>	The surgical removal of fully erupted teeth when medically necessary or teeth partially or fully covered by gum tissue or bone.	Requires prior authorization.

<b>Orthodontics</b>	The straightening of teeth for <b>significant</b> dental health reasons.	Not covered for adults.
<b>Athletic Mouth Guard</b>	Mouthguards are worn over the top row of teeth during sports to help prevent an oral injury. They protect against broken teeth, cut lips, and other damage to the mouth.	Not covered for adults.
<b>Occlusal "Night Guards"</b>	A removable acrylic appliance intended to relieve temporomandibular joint pain and other effects of grinding the teeth (bruxism). Usually worn at night to prevent grinding during sleep.	Prior Authorization required for members with severe clenching or tooth grinding habits. May be used to treat temporomandibular joint (TMJ) problems.
<b>Deep Sedation-General Anesthesia</b>	Covered for general dental procedures and tooth extractions in children under the age of 9 OR for children under the age of 21 with behavioral related conditions such as autism, cerebral palsy, intellectual delays.	Covered in certain situations.
<b>Inhalation Sedation</b>	Nitrous oxide. Covered for adults over the age of 21 with behavioral related conditions such as autism, cerebral palsy, intellectual delays and have a diagnosis of 318.0 or greater	Not covered for adults without a severe or profound developmental delay.

**For Covered CT Members Ages 19 and 20.** Additional benefits include preventive services once every 6 months, orthodontics once per lifetime, and athletic mouth guards subject to prior authorization and frequency limitations.

**Call 855-CT-DENTAL (855-283-3682) to get more information.**

