

NEW HAMPSHIRE SMILES QUICK FACTS



	PREVENTIVE SERVICES	PREGNANT WOMEN	DIAGNOSTIC SERVICES*	BASIC AND LIMITED MAJOR SERVICES (CROWNS)*	DENTURES*		
NH Adult Medicaid - Denture	<ul style="list-style-type: none"> - Four oral exams and cleanings per calendar year - Four fluoride treatments per calendar year - No cost-sharing 			<ul style="list-style-type: none"> - Covered with no cost-sharing 	<ul style="list-style-type: none"> - Covered with no cost-sharing - Limited to \$1,500 maximum benefit allowance per year 		
NH Adult Medicaid	<ul style="list-style-type: none"> - Two oral exams and cleanings per calendar year - Two fluoride treatments per calendar year - No cost-sharing 			<ul style="list-style-type: none"> - One additional cleaning per calendar year, per pregnancy - No cost-sharing 	<ul style="list-style-type: none"> - Covered with no cost-sharing 	<ul style="list-style-type: none"> - Covered with 10% co-insurance up to 5% of annual household income - No cost-sharing if income is below 100% of the federal poverty level 	<ul style="list-style-type: none"> - Not covered
NH Adult Medicaid Expansion	<ul style="list-style-type: none"> - Two oral exams and cleanings per year - Two fluoride treatments per calendar year - No cost-sharing 				<ul style="list-style-type: none"> - Covered with 10% co-insurance up to 5% of annual household income - No cost-sharing if income is below 100% of the federal poverty level 	<ul style="list-style-type: none"> - Not covered 	

Eligibility/ Program Notes	<ul style="list-style-type: none"> - Must be a New Hampshire resident, age 21 or older. - Benefits are subject to \$1,500 annual maximum which is reset each year on January 1st. - No coverage for root canals or implants. Dentures are only or NH Adult Medicaid - Denture members. - No cost-sharing on preventive and diagnostic care. - Pregnant members are eligible for one additional cleaning and exam per calendar year, per pregnancy. 	<p>NH Adult Medicaid and NH Adult Medicaid - Expansion members may be subject to 10% co-insurance up to 5% of annual household income.</p> <p>Cost-sharing members will be responsible for 10% co-insurance up to 5% of annual household income.</p>
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*Benefits are subject to \$1,500 annual maximum which is reset each year on January 1. Treatment costs above \$1,500 are out-of-pocket.

If you have questions about what subgroup you're in or if you have questions about covered dental services, please contact DentaQuest Member Services: 1-844-583-6151 (TDD/TTY 711 or 1-800-466-7566).