

BENEFITS SUMMARY

Dental services are a program benefit for enrolled Health First Colorado (Colorado's Medicaid Program) members of all ages. Visit <http://www.healthfirstcolorado.com> for more information about enrolling.

To find a dentist, please visit Dentaquest.com/find-a-dentist or call us toll free at 855-225-1729, TTY:711. It is your dentist's responsibility to assist you by confirming your eligibility for Health First Colorado dental benefits on the date of service.

Members can access their dental benefit information online through the DentaQuest Member Portal Page. Members can check dental benefits, check member maximums, download DentaQuest ID cards, find a dentist, or contact DentaQuest for assistance. Users must create or have an account to log in. Visit <https://memberaccess.dentaquest.com>

- Click "Ready to Register – Create an Account"
- Fill out Name, Email Address, Member ID and Date of Birth
- Your Member ID is your Health First Colorado Member ID

Coverage Type	Covered?	Health First Colorado will pay
Diagnostic and preventive services	Included	100% up to annual state plan & waiver benefit limits
Restorative and other basic services	Included	100% up to annual state plan & waiver benefit limits
Complex dental services	Included	100% up to annual state plan & waiver benefit limits
Prosthetics (removable and fixed)	Included	100% of the Health First Colorado fee schedule rate, not subject to annual benefit limit
Orthodontics (21 years and older)	Not a benefit for adult Members	Not a benefit for adult Members
Emergency dental care	Included	100% and not subject to annual limits

Coverage Summary

Are there co-pays, a deductible, or an out-of-pocket maximum?

No. The dental benefit does not have co-pays, deductibles, or an out-of-pocket maximum.

What are my annual limits and maximums?

There is no annual limit for eligible and enrolled Health First Colorado adult Members aged 21 years and over. In addition to the State Plan adult benefit, adult waiver participant members aged 21 and over may receive up to \$2,000 in basic/preventive dental benefits per individualized service plan year and have access to additional services through the waivers. Division for Intellectual & Developmental Disabilities (DIDD) adult waiver participant members may also receive up to \$10,000 in major dental benefits over the 5-year span of the waivers (July 1, 2019 through June 30, 2024).

Do any benefit frequency or limitations apply in emergency situations? Is Prior Authorization needed in emergency situations?

No. If you have a dental emergency, call your dentist. If you are unable to reach your dentist, go to the nearest Urgent Care Facility or Emergency Room.

Do I have out of network coverage?

No. In order to access your Health First Colorado dental benefit, you must see a Health First Colorado-enrolled provider.

*DentaQuest will help you find a dentist if you are away from home and not near your Health First Colorado dentist. Please call DentaQuest to help you find a dentist.

**Providers can enroll retroactively in the Health First Colorado Program if they provide treatment in an emergency situation. Providers, please call Provider Services Call Center at 1-844-235-2387, select option 2 and then option 5.*

You can reach DentaQuest's Member Services at: 1-855-225-1729 (TTY:711), Monday – Friday between 7:30am – 5:00pm Mountain Time or visit their website at www.DentaQuest.com

The information on this coverage summary should be used only as a guideline for your dental benefits plan. More detailed information about your Health First Colorado dental benefits is available at [Health First Colorado Medicaid Dental Plan \(dentaquest.com\)](http://Health First Colorado Medicaid Dental Plan (dentaquest.com)). DentaQuest and Health First Colorado encourage participating providers to bill Members at or near the current Health First Colorado fee schedule rate.

Your Plan is administered by:
 DSM USA Insurance Company, Inc.
Dentaquest.com
 1-855-225-1729
 11100 W. Liberty Drive
 Milwaukee, WI 53224

HCBS for Persons with Developmental Disabilities (HCBS-DD) & Supported Living Services (HCBS-SLS) Waivers

Category/Procedure	Benefit Frequencies for Waiver Members*	Health First Colorado will pay
Diagnostic		
Periodic oral exam	Four per year per patient	100% up to annual state plan & waiver benefit limits
Comprehensive oral exam	Once every 2 years; any combination of periodic or comp. oral exams is limited to 4 per year	100% up to annual state plan & waiver benefit limits
Comprehensive periodontal exam	Once per year; any combination of periodic or comp. oral exams is limited to 4 per year	100% up to annual state plan & waiver benefit limits
Limited oral exam: problem focused	Four per year per patient	100% up to annual state plan & waiver benefit limits
Full mouth X-rays	Once per year per location	100% up to annual state plan & waiver benefit limits
Vertical bitewing X-rays	Once per year per location	100% up to annual state plan & waiver benefit limits
Panoramic X-rays	Once per year per location	100% up to annual state plan & waiver benefit limits
Preventive		
Routine cleaning	Four per year per patient	100% up to annual state plan & waiver benefit limits
Fluoride varnish or topical fluoride application	Four per year per patient	100% up to annual state plan & waiver benefit limits
Restorative		
Silver fillings	Once per year per surface per tooth	100% up to annual state plan & waiver benefit limits
White fillings	Once per year per surface per tooth	100% up to annual state plan & waiver benefit limits
Stainless steel crowns	Once per year per surface per tooth; permanent teeth only	100% up to annual state plan & waiver benefit limits
Protective restorations	Once per lifetime per tooth	100% up to annual state plan & waiver benefit limits
Major Restorative		
Crowns	Once every 5 years per tooth when teeth cannot be restored with fillings; second molars must meet criteria related to supporting prosthetics; third molars are not covered	100% up to annual state plan & waiver benefit limits
Repair or replacement crowns	Only covered 7+ months after placement	100% up to annual state plan & waiver benefit limits
Endodontics		
Pulpal debridement	Once per year; permanent teeth only	100% up to annual state plan & waiver benefit limits
Root canal treatment	Once per lifetime per tooth; second molars must meet criteria related to supporting prosthetics; third molars are not covered	100% up to annual state plan & waiver benefit limits
Periodontics		
Full mouth debridement	Once per year per patient	100% up to annual state plan & waiver benefit limits
Periodontal maintenance	Four per year per patient	100% up to annual state plan & waiver benefit limits
Scaling or root planing	Once per year per patient per quadrant	100% up to annual state plan & waiver benefit limits
Periodontal surgery	Must meet periodontal clinical criteria	100% up to annual state plan & waiver benefit limits
Prosthetics		
Complete or partial denture-removable	Once every 5 years; replacement allowed as needed	100% of Health First Colorado fee schedule rate, not subject to annual benefit limit
Rebase or reline denture	Only covered 7+ months after replacement	100% up to annual state plan & waiver benefit limits
Repair of denture	As needed	100% up to annual state plan & waiver benefit limits
Fixed partial denture ("bridge")	Once per 5 years per patient	100% up to annual state plan & waiver benefit limits
Implants (only to support "bridges & dentures")	Once per 5 years per patient per tooth	100% up to annual state plan & waiver benefit limits
Oral Surgery		
Simple extractions	Once per lifetime per tooth	100% up to annual state plan & waiver benefit limits
Surgical extractions	Once per lifetime per tooth	100% up to annual state plan & waiver benefit limits
Orthodontics		
Orthodontia	Not a covered benefit	Not a covered benefit
Miscellaneous Services		
Occlusal guard (i.e. "mouth guard")	Once per year	100% up to annual state plan & waiver benefit limits
Repair and/or reline of occlusal guard	Once per year	100% up to annual state plan & waiver benefit limits
Professional Visits and Consultations		
House/extended-care facility call	Once per day per patient	100% up to annual state plan & waiver benefit limits
Hospital or ambulance surgical center call	Once per day per patient	100% up to annual state plan & waiver benefit limits