

# Healthy smile, healthy you with optional dental coverage



## Statement of Nondiscrimination

Aspirus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 715.631.7411/1.855.931.4850 (TTY: 715.631.7413 1.855.931.4852).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 715.631.7411/1.855.931.4850 (TTY: 715.631.7413 1.855.931.4852).

Aspirus Health Plan, Inc. is a PPO plan with a Medicare contract. Enrollment in Aspirus Health Plan, Inc. depends on contract renewal.

## Add comprehensive dental today!

This optional dental coverage enhances the routine dental coverage included with our Medicare Advantage plans: Essential Rx and Elite.

You can enroll in Aspirus Choice Dental by checking the box on your enrollment application. You are still eligible to enroll during your first covered month, and after that, each year during the annual enrollment period (October 15–December 7) for coverage beginning January 1 (enrollment form cannot be accepted before October 15). A separate enrollment form is required if you do not enroll when you first join our health plan.

## Questions?

Call Customer Service at 715.631.7437 or 1.855.931.4855  
TTY users call 715.631.7413 or 1.855.931.4852

Visit [medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com) to learn more.



# Aspirus Choice Dental overview of benefits

	Coverage and what you pay
<b>Premium</b>	\$25 per month
<b>Deductible</b>	\$75 per year
<b>Annual plan maximum</b>	\$2,000
<b>Oral examinations</b>	One per year* (two total with purchase of optional coverage)
<b>Routine cleanings</b>	One per year* (two total with purchase of optional coverage)
<b>X-rays</b>	Annual bitewing* (full mouth every five years with purchase of optional coverage)
<b>Fluoride treatment</b>	Covered*
<b>Periodontal maintenance cleanings</b>	One per year* (unlimited with purchase of optional coverage)
<b>Basic restorative services (e.g., fillings, root canals, periodontal services)</b>	30% coinsurance with purchase of optional coverage
<b>Major restorative procedures (e.g., crowns, bridges, implants, dentures)</b>	60% coinsurance with purchase of optional coverage

\*One service per year is included in your Aspirus Medicare Advantage plan without purchase of optional coverage. No deductible applies to additional Aspirus Choice Dental services and these services do not apply to annual plan maximum.

Your cost-sharing is less when you see providers in the Delta Dental Medicare Advantage network. You will get the most coverage by using a network dentist. Our Medicare Advantage plans use the Delta Dental Medicare Advantage Network administered by Delta Dental. Find a list of network providers online at [medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com), or call the number on the front page for assistance.

Unlike most other dental plans, our Medicare Advantage plans include out-of-network coverage. If you receive services from an out-of-network licensed dental provider, you will be responsible for submitting your bills and paying the cost share and any difference between the actual billed charge and the Aspirus Health Plan dental fee schedule.

Out-of-network/non-contracted providers are under no obligation to treat Aspirus Health Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, you or your provider can ask us for a pre-service organization determination. Please call our Customer Service number or see your Evidence of Coverage (EOC) for more information.

Benefits, provider network, premium, deductible and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply.

## Limitations

**Endodontics:** Limited to one (1) per tooth per lifetime.

**Periodontics (other than periodontal maintenance cleanings):** Coverage is limited to one (1) nonsurgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.

**Bone grafting:** Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures).

**Major restorative services:** Benefit for the replacement of a crown or an onlay will be provided only after a 60 month period, measured from the last date the covered dental service was performed.

**Prosthetics — removable and fixed:** A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after 60 months.

**Implant services:** Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #18).

## Exclusions of services

These exclusions are specific to optional supplemental dental coverage. Some of these exclusions may be covered under your medical benefit:

1. Dental services that are not necessary or specifically covered
2. Hospitalization or other facility charges
3. Prescription drugs
4. Any dental procedure performed solely as a cosmetic procedure
5. Charges for dental procedures completed prior to the member's effective date of coverage

## Is there a waiting period for certain services?

Members must be enrolled in our Medicare Advantage plan for 24 consecutive months before plan coverage applies to bridges, dentures, prosthetics and implants. There is no waiting period for other services such as fillings and crowns.

6. Anesthesiologist services
7. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting, and gnathologic recordings
8. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the EOC
9. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
10. Oral hygiene instruction and periodontal exam
11. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture.
12. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the EOC.
13. Analgesia (nitrous oxide)
14. Removable unilateral dentures
15. Temporary procedures
16. Splinting
17. Consultations by the treating provider and office visits
18. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member's effective date. Exception: This exclusion will not apply for any member who has been continuously covered under an Aspirus Health Plan Medicare plan for more than 24 months.
19. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
20. Veneers (bonding of coverings to the teeth)
21. Orthodontic treatment procedures
22. Corrections to congenital conditions, other than for congenital missing teeth
23. Athletic mouth guards
24. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the EOC
25. Space maintainers