

2015 CareSource Just4Me™ Dental Benefit Quick Reference Guide

To be used prior to Dec. 31, 2015

CareSource Just4Me Dental is part of our enhanced benefit design. It supplements our basic plan by providing coverage for routine dental exams, as well as allowances for both basic and major dental services.

PLAN TYPE	EXAMS & SCREENING	BASIC / MAJOR DENTAL
BASIC, BRONZE, SILVER, GOLD	Not Covered	Not Covered
ENHANCED SILVER or GOLD or BRONZE	Covered Copay	Covered up to Maximum \$750

****Note CareSource Just4Me does not offer dental benefits for members under 19 years of age for any plans (Basic or Enhanced). Out of Pocket Dental expenses for routine, basic or major services do not count toward member deductibles****

COVERED SERVICES: ROUTINE DENTAL

CareSource Just4Me Dental allows **two** routine visits per year. Routine visits consist of exam and cleaning (prophylaxis) for members **≥ 19 years** of age with our enhanced plan. A \$20 copay applies for each of the two routine dental cleanings and exams.

BASIC DENTAL

Member responsible for a \$20.00 office visit copay

D0120 – Oral Evaluation	D0270 – D0274 – Bitewing x-rays	D2140 – D2161 – Amalgam restorations
D0150 – Comprehensive Oral Evaluation	D0330 – Panoramic	D2330 – D2394 Composite restorations
D0210 – D0240 – Intraoral x-rays	D1110 – Prophylaxis – adult	D7140 – Extraction, erupted tooth or exposed root

MAJOR DENTAL

Member is responsible for 40% coinsurance. On Major Dental the maximum benefit is \$750.00

D2710 – D2792 – Crowns	D2980 – Crown repair	D5510 – D5520 – Repairs to complete dentures
D2910 – D2920 – Other restorative services	D5110 – D5120 – Complete dentures	D5610 – D5671 – Repairs to partial dentures
D2929 – D2940 – Other restorative services	D5211 – D5212 – Resin base partial dentures	D5710 – D5721 – Denture rebase
D2950 – D2957 – Other restorative services	D5410 – D5422 – Adjustments to dentures	D5730 – D5761 – Denture relines
		D7210 – D7250 – Extractions

*** NOTE: In the event both basic and major services are rendered the larger of copays will apply.**

(continued)

ACCIDENTAL INJURY AND MEDICALLY NECESSARY DENTAL SERVICES

The plan benefits provide for dental work and oral surgery if they are for the initial repair (performed within 12 months from date of injury, or as clinically appropriate) of an injury to the jaw, sound natural teeth, mouth or face required because of an accident. Initial repair that is not excessive in scope, duration, or intensity that provides safe, adequate, and appropriate treatment without adversely affecting the member's condition. This includes all examinations and treatment to complete the repair for both children and adults covered by the CareSource Just4Me medical plan. **Accidental dental reconstruction requires Prior Authorization. Injury as a result of chewing or biting is not considered an accidental injury, and services related to such injuries are not covered services.**

****NOTE: medically necessary dental services (rendered due to accidental injury or medical necessity) may be subject to an annual deductible and count towards annual plan out-of-pocket maximums.**

DENTAL EXCLUSIONS

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| <ul style="list-style-type: none">• Treatment of congenitally missing, mal-positioned, or super numerary teeth, even if part of a Congenital Anomaly except as set forth in the Evidence of Coverage• Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD)• Plaque control programs, oral hygiene instruction, and dietary instructions• Gold foil restorations• Replacement of dentures that have been lost, stolen or misplaced• Replacement of lost or missing appliances• Internal bleaching• Oral sedation• Duplicate dental services, devices, and appliance that are provisional or temporary• Precision attachments, personalization, precious metal bases and other specialized techniques• Dental implants | <ul style="list-style-type: none">• Services to alter vertical dimension and/or restore or maintain the occlusion (such as equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth)• Sealants for teeth other than permanent molars• Services not medically necessary and do not meet the standards of dental practice• Repair of damaged orthodontic appliance• Sealants for teeth other than permanent molars• Fabrication of athletic mouth guard• Nitrous oxide• Topical medicament center• Use of material or home health aides to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners• Bone grafts when done in connection with extractions, apicoetomies, or non-covered/non-eligible implants• Orthodontic services |
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When submitting written requests for prior authorizations, and/or claims, submit materials to:

Indiana Providers:

CareSource Claims Department
P.O. Box 3607
Dayton OH 45401-3607

CareSource Prior Authorization
P.O. Box 967
Dayton OH 45401-0967

INDIANA PROVIDERS – Future enhancements will be made to the CareSource Provider web portal, allowing online billing with your ADA form.

Ohio Providers:

CareSource Claims Department
P.O. Box 8730
Dayton, OH 45401-8730

CareSource Prior Authorization
P.O. Box 1307
Dayton, OH 45401-1307