

SUMMARY OF DENTAL BENEFITS HUSKY HEALTH AND COVERED CT

ADULTS AGES 21+



Dental Summary of Benefits for HUSKY Health **Children Ages 0-20** and Covered CT members Ages 19-20

Below is a summary of the most common dental benefits for HUSKY Health and Covered CT Children.

Important Notes about the HUSKY Health Dental Plan and the Connecticut Dental Health Partnership:

- HUSKY Health covers dental services that are medically necessary.
- Not all dental services are covered.
- Some dental services need approval (authorization) before the service can be performed by your dentist.
- All covered dental services must be provided by a dental provider who is enrolled in the HUSKY Health – Connecticut Dental Health Partnership Network. **If you go to a dental provider outside the network – you risk having to pay for those services yourself.**
- Services that are covered and approved are provided to you at no cost. **If you choose to get a service that is not covered by the HUSKY Health Dental Plan you will be responsible for payment of that service.**
- It is important to establish a Dental Home where you go for regular care. A Dental Home is like having a Medical Home for your mouth. And, it's important to be in contact with your Dental Home including when cannot make appointments.
- **Have questions? Need support?** Please call the Connecticut Dental Health Partnership (CTDHP) toll free **1-855-CT DENTAL (1-855-283-3682)**. We are available Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Dental Summary of Benefits - Adult

May 2021 Updated 8/13/24, 6/24/25, 11/12/25, 1/29/26, 2/17/26

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Your Benefits:

Care Category	Description	Benefits and Limitations
Diagnostic	Oral examination, screenings, diagnostic procedures	<ul style="list-style-type: none"> • Periodic Exam: Once per calendar year. Adults with a chronic medical or dental condition requires authorization for more frequent exams. • Problem Focused Exam: 4 per calendar year. Cannot be billed on the same day as another exam type or routine/scheduled care. • Comprehensive Exam: Once per lifetime. • Comprehensive Periodontal Exam: Limited to one per lifetime. This exam cannot be done on the same day as a comprehensive oral exam.
X-Rays - Radiographs	Complete Mouth X-ray, Periapical X-ray, Bitewing X-ray, Occlusal X-ray, Panoramic X-ray, Cephalometric X-ray	<ul style="list-style-type: none"> • Bitewing X-ray: Once per calendar year. • Periapical X-ray: 4 per calendar year. • Complete Full Mouth Series: One full-mouth series OR one panoramic every 3 years for members age 9 and older. • Panoramic X-ray: 1 panoramic OR one full-mouth series every 3 years for members age 9 and older. Requires prior authorization for some specialties. • Cephalometric X-ray: 1 pre-operative cephalometric image per provider per case. Additional images require prior authorization.
Preventive	Services that prevent oral disease. Cleanings, fluoride, sealants, space maintainers	<ul style="list-style-type: none"> • Cleaning: Once per calendar year. • Fluoride treatment: Covered once every 6 months.

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		<ul style="list-style-type: none"> • Space maintainers: Frequency limits apply.
Restorative-Fillings	Composite fillings, amalgam fillings	<ul style="list-style-type: none"> • Fillings: Covered once every 2 years per tooth per surface.
Restorative-Crowns	Stainless steel crowns, full cast predominantly base metal crowns, porcelain fused to predominantly base metal crowns	<ul style="list-style-type: none"> • Crowns: Covered once per 5 years. • Requires prior authorization.
Endodontics	Root canals therapy, pulp therapy, pulpotomy, apicoectomy	<ul style="list-style-type: none"> • Root canal: 1 root canal per tooth per lifetime. Prognosis. Authorization is required. • Retreat root canal: Covered one retreatment per tooth per lifetime for both children and adults. Requires prior authorization. • Apicoectomy: Once per tooth for members age 21 and older. Requires prior authorization.
Oral & Maxillofacial Surgery	Extractions, simple extraction, wisdom tooth removal	<ul style="list-style-type: none"> • Requires prior authorization.
Oral & Maxillofacial Surgery - Surgical	Surgical extractions, impactions, excision of lesion, biopsies, wisdom tooth removal, reconstructive surgeries, etc.	<ul style="list-style-type: none"> • Requires prior authorization.
Care Category	Description	Limitations
Periodontics	Gum disease treatment scaling & root planing, periodontal maintenance, gingivectomy, full mouth debridement, gingival flap	<ul style="list-style-type: none"> • Requires prior authorization. • Maintenance limits, and frequency limits apply.
Prosthetics – Removable	Complete dentures, partial dentures	<ul style="list-style-type: none"> • Limited to one time per each 7-year period. • Requires prior authorization.

Prosthetics - Adjustments, Relines	Repairs, relines	<ul style="list-style-type: none"> Limited to once every 2 years. Allowed 6 months after the initial placement of the denture(s). Requires prior authorization.
Prosthetics – Fixed	Bridges and fixed partial dentures, implants and implant retained crowns and fixed dentures	<ul style="list-style-type: none"> Not covered.
Orthodontics	Tooth/jaw alignment treatment. Comprehensive ortho, limited ortho, replacement of orthodontic retainers	<ul style="list-style-type: none"> Not covered for adults.
Care Category	Description	Limitations
Adjunctive General Services - Preventive Appliances	Athletic Mouth Guard	<ul style="list-style-type: none"> Not covered for adults.
Adjunctive General Services - Removable Oral Appliances	Occlusal “Night” Guards	<ul style="list-style-type: none"> Covered once every 2 years. Prior Authorization required. Limited to cases of medical necessity.
Adjunctive General Services - Anesthesia	Deep Sedation, General Anesthesia, Case management, miscellaneous services	<ul style="list-style-type: none"> Under age 21 with behavioral or cognitive condition preventing safe care; and/or <p>Any age when:</p> <ul style="list-style-type: none"> Undergoing in-office oral surgical procedure where sedation is required; Extraction of 5+ teeth, or tooth not adequately anesthetized with local; Medically necessary removal of all four third molars in one procedure; Requires prior authorization for some specialties.

Adjunctive General Services	Dental Case Management – Care Coordination	<ul style="list-style-type: none"> Covered for members who have cognitive, developmental, special health care needs, behavioral challenges, or medical conditions that make it harder for them to receive dental care.
Adjunctive General Services - Inhalation Sedation	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide <i>“Laughing Gas”</i>	<ul style="list-style-type: none"> Requires prior authorization for some specialties.