

SUMMARY OF DENTAL BENEFITS

HUSKY HEALTH AND COVERED CT

ADULTS AGES 21+



Dental Summary of Benefits HUSKY Health and Covered CT Adults Ages 21 and Over

Welcome to the HUSKY Dental Plan.

Here is a comprehensive summary of the benefits for **HUSKY Health and Covered CT member Adults Ages 21 and over**.

Important to note:

- HUSKY Health covers certain MEDICALLY necessary dental services. Adults are ages 21 and older.
- Not all dental procedures are covered benefits, and certain covered dental services require prior authorization by your dentist.
- Covered services are provided at dental providers in the CTDHP network, **which is part of the HUSKY Health network**, at no cost to you. You will have to pay for services if the service is provided by a dentist that does not participate in the CTDHP network.
- If you wish to speak to a member services representative, 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. Translation services are available.

Commented [AM1]: We may want to say, "You will have to pay" instead of "You may have to pay" to align it with the bullet below. We've received calls from members who saw out of network dentists and did not understand that out of network services are not covered under our plan, so clearer language could help prevent confusion.

Dental Summary of Benefits – Adult – May 2021

Updated 8/13/24, 6/24/25, 11/12/25, 1/29/26

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Your Benefits:

Care Category	Description	Benefits and Limitations
Diagnostic	Oral examination or screenings, diagnostic procedures	<ul style="list-style-type: none"> Periodic Exam: 1 per calendar year Problem Focused Exam: 4 per calendar year Comprehensive Exam: limited to once per lifetime
X-Rays	X-rays or radiographs	<ul style="list-style-type: none"> Bitewing X-ray: 1 per calendar year Periapical X-rays: 4 per calendar year Complete Full Mouth Series or Panoramic X-ray: 1 per 3 years
Preventive	Services that prevent oral disease. Cleanings, fluoride, sealants, space maintainers	<ul style="list-style-type: none"> Cleaning: 1 per calendar year Fluoride treatment: 1 per calendar year Space maintainers: Frequency limits apply
Restorative-Fillings	Composite fillings, amalgam fillings	<ul style="list-style-type: none"> Fillings: Covered once every two 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 five years Requires prior authorization
Endodontics	Root canals and pulp therapy, pulpotomy, apicoectomy	<ul style="list-style-type: none"> Once per tooth per lifetime limitation 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

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Commented [AM2]: I noticed that throughout the document, some numbers are written numerically while others are spelled out. I suggest choosing one method and applying it consistently so the document is uniform and easier to read. This keeps the information clear, concise, and easy to scan for plan members. I don't know this to be exactly accurate, but I think it may be standard practice to use numerical numbers in benefit grids. Same for the grid under 21.

Commented [AM3]: For the font color, it's fine to use a different color, but it should be darker for readability. Using lighter colors can make text harder to see, especially for members with vision challenges or when the document is printed. I suggest dark blue, dark gray, or keeping it black to ensure all members can easily read the information.

Periodontics	Gum disease treatment scaling and root planing, periodontal maintenance, gingivectomy	<ul style="list-style-type: none"> Requires prior authorization Maintenance limits, and frequency limits apply
Prosthetics – Removable	Dentures and removable appliances. 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	Not covered
Orthodontics	Tooth/jaw alignment treatment. Comprehensive ortho, limited ortho, replacement of orthodontic retainers	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"> Prior Authorization required Limited to cases of medical necessity
Adjunctive General Services - Anesthesia	Deep Sedation, General Anesthesia palliative care, case management. Miscellaneous services	<ul style="list-style-type: none"> Covered for clients under the age of 9 (prior to 9th birthday) Covered members with behavioral related conditions such as autism, cerebral palsy, intellectual delays Covered when multiple oral surgical procedures are performed at the same visit Covered in cases where 5 or more

		extractions are performed or for removal of 3 rd molars <ul style="list-style-type: none"> • Requires prior authorization for some specialties
Adjunctive General Services - Inhalation Sedation	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide “ <i>Laughing Gas</i> ”	<ul style="list-style-type: none"> • Covered for members under the age of 9 (prior to 9th birthday) • Covered members with behavioral related conditions such as autism, cerebral palsy, intellectual delays • Covered when multiple oral surgical procedures are performed at the same visit • Covered in cases where 5 or more extractions are performed or for removal of 3rd molars • Requires prior authorization for some specialties