

# SUMMARY OF DENTAL BENEFITS

## HUSKY HEALTH CHILDREN AGES 0-20

and Covered CT ages 19-20



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

Welcome to the HUSKY Dental Plan.

Here is a comprehensive summary of the benefits for **HUSKY Health Children Ages Birth to 20 and Covered CT members Ages 19-20**

#### Important to note:

- This plan covers certain MEDICALLY necessary dental services. Children are under the age of 21. For Covered CT, ages 19-20.
- 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.

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## Your Benefits:

Care Category	Description	Benefits and Limitations
Diagnostic	Oral examination or screening	<ul style="list-style-type: none"> <li>Periodic Exam: 1 every 6 months</li> <li>Problem Focused Exam: 4 per calendar year</li> <li>Comprehensive Exam: Once every 3 years</li> </ul>
X-Rays	Complete mouth X-rays, Periapical X-rays, Bitewing X-rays, Occlusal X-rays, Panoramic X-rays	<ul style="list-style-type: none"> <li>Bitewing X-ray: 1 per calendar year</li> <li>Periapical X-rays: 4 per calendar year</li> <li>Complete Full Mouth Series or Panoramic X-ray: 1 per 3 years</li> </ul>
Preventive	Services that prevent oral disease. Cleanings, fluoride, sealants, space maintainers	<ul style="list-style-type: none"> <li>Cleanings: 1 every 6 months</li> <li>Fluoride treatment: 1 every 6 months</li> <li>Space maintainers: Frequency limits apply</li> </ul>
Restorative-Fillings	Composite fillings, amalgam fillings	<ul style="list-style-type: none"> <li>Fillings: Covered once every two years per tooth per surface.</li> </ul> <b>HUSKY B Copay 20%</b>
Restorative-Crowns	Stainless steel crowns, full cast predominantly base metal crowns, porcelain fused to predominantly base metal crowns	<ul style="list-style-type: none"> <li>Covered once per five years</li> <li>Requires prior authorization</li> </ul> <b>HUSKY B Copay 33%</b>
Endodontics	Root canals and pulp therapy. Retreat root canal therapy, pulpotomy, apicoectomy	<ul style="list-style-type: none"> <li>Covered</li> <li>Requires prior authorization</li> </ul> <b>HUSKY B Copay 20%</b>
Oral & Maxillofacial Surgery	Extractions, simple extraction, wisdom tooth removal	<ul style="list-style-type: none"> <li>Requires prior authorization</li> </ul> <b>HUSKY B Copay 20%</b>
Oral & Maxillofacial Surgery - Surgical	Surgical extractions, impactions, excision of lesion, biopsies. impacted wisdom tooth removal, reconstructive surgeries etc.	<ul style="list-style-type: none"> <li>Requires prior authorization</li> </ul> <b>HUSKY B Copay 33%</b>
Care Category	Description	Limitations
Periodontics	Gum disease treatment Scaling and root planing, periodontal maintenance, gingivectomy	<ul style="list-style-type: none"> <li>Requires prior authorization</li> </ul> <b>HUSKY B Copay 50%.</b>

**Commented [AM2]:** 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.

<b>Prosthetics – Removable</b>	Dentures and removable appliances. Complete dentures, partial dentures	<ul style="list-style-type: none"> <li>Limited to one time per 7-year period</li> <li>Requires prior authorization</li> </ul> <b>HUSKY B Copay 50%.</b>
<b>Prosthetics - Adjustments &amp; Relines</b>	Repairs, relines	<ul style="list-style-type: none"> <li>Limited to once every 2 years,</li> <li>Allowed 6 months after the initial placement of the denture(s)</li> <li>Requires prior authorization</li> </ul> <b>HUSKY B Copay 20%</b>
<b>Prosthetics – Fixed</b>	Bridges and fixed partial dentures, implants and implant retained crowns and fixed dentures	Not covered but may be covered in special circumstances with medical necessity
<b>Care Category</b>	<b>Description</b>	<b>Limitations</b>
<b>Orthodontics</b>	Tooth/jaw alignment treatment. Comprehensive ortho, limited ortho, replacement of orthodontic retainers	<b>HUSKY A, HUSKY C, HUSKY D</b> <ul style="list-style-type: none"> <li>Once per lifetime for children under age 21</li> <li>Prior Authorization required</li> </ul> <b>HUSKY B</b> <ul style="list-style-type: none"> <li>Covered for children under age 19</li> <li>No Prior Authorization required, must qualify for orthodontia services</li> <li>Allowance - \$725.00</li> <li>Member is responsible for balance up to \$3,198.21</li> </ul> <b>HUSKY B Copay 20%</b> for replacement of orthodontic retainers
<b>Adjunctive General Services - Preventive Appliances</b>	Athletic Mouth Guard	<ul style="list-style-type: none"> <li>Covered one per child, per lifetime for children who are enrolled in a contact sport</li> <li>Prior Authorization required</li> <li>Provider must submit a letter from school or organization where child is enrolled in the sport</li> </ul> <b>HUSKY B Copay 20%</b>
<b>Adjunctive General Services - Removable</b>	Occlusal “Night” Guards	<ul style="list-style-type: none"> <li>Prior Authorization required</li> <li>Limited to cases of medical necessity</li> </ul>

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<b>Oral Appliances</b> <b>Adjunctive General Services - Anesthesia</b>	Deep Sedation, General Anesthesia palliative care, case management. Miscellaneous services	<b>HUSKY B Copay 20%</b> <ul style="list-style-type: none"> <li>• Covered for clients under the age of 9 (prior to 9<sup>th</sup> birthday)</li> <li>• Covered members with behavioral related conditions such as autism, cerebral palsy, intellectual delays</li> <li>• Covered when multiple oral surgical procedures are performed at the same visit</li> <li>• Covered in cases where five or more extractions are performed or for removal of 3<sup>rd</sup> molars</li> <li>• Requires prior authorization for some specialties</li> </ul> <b>HUSKY B Copay 20%</b>
<b>Adjunctive General Services - Inhalation Sedation</b>	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide " <i>Laughing Gas</i> "	<ul style="list-style-type: none"> <li>• Covered for clients under the age of 9 (prior to 9<sup>th</sup> birthday)</li> <li>• Covered members with behavioral related conditions such as autism, cerebral palsy, intellectual delays</li> <li>• Covered when multiple oral surgical procedures are performed at the same visit</li> <li>• Covered in cases where five or more extractions are performed or for removal of 3<sup>rd</sup> molars</li> <li>• Requires prior authorization for some specialties</li> </ul> <b>HUSKY B Copay 20%</b>