

## 2021 Healthfirst Medicare Advantage Plan Dental and Vision Limitations and Exclusions

Healthfirst Signature (HMO), Healthfirst 65 Plus Plan (HMO), Healthfirst Increased Benefits Plan (HMO), Healthfirst Coordinated Benefits Plan (HMO), Healthfirst Life Improvement Plan (HMO SNP), and Healthfirst CompleteCare (HMO D-SNP)

### Dental Benefit

Healthfirst covers services when medically necessary and based on benefit limitations and clinical criteria.

#### **Benefit limitations, including but not limited to:**

- Oral exams, bitewing X-rays, prophylaxes (cleanings), and fluoride may not be provided more than once every six (6) months.
- Periodontal scaling and root planing is only covered once every 24 months (only two quadrants will be reimbursed on the same date of service).
- Full scaling and debridement are covered once per lifetime.
- Periodontal maintenance is covered once every six (6) months.
- Occlusal guards are covered once every five (5) years.
- Root amputation and retrograde filling are covered once per tooth per lifetime.
- Full-mouth and panoramic X-rays may not be provided more than once every 36 months.
- Fillings are limited to once every 12 months for the same tooth/tooth surface.
- Endodontics and extractions are limited to one surgery per tooth per lifetime.
- Crowns, bridges, inlay/onlay, and periodontal work may not be provided more than once per tooth every five (5) years.
- Dentures (partial, full, immediate) are limited to one set every five (5) years.
- Replacement of lost, stolen, or broken dentures less than five (5) years of age does not meet criteria for preauthorization of a new denture.
- Bridges (excluding third molars) are covered to replace one (1) upper front tooth or two (2) adjacent lower front teeth, and there cannot be any missing back teeth.
- The coverage of general anesthesia or IV sedation may be limited to extensive and/or complex surgical procedures such as impacted wisdom teeth, surgical root recovery from maxillary antrum, surgical exposure of impacted or unerupted cuspids, or radical excision of lesions in excess of 1.25 cm or certain medical conditions.
- Implants are covered only when medically necessary and when a single tooth is missing in an arch (excluding third molars) or as support for an implant supported full denture when there is inadequate bone to support a denture or history of a failed attempt at retaining a denture (maximum allowance is four [4] implants on the maxillary arch and two [2] implants on the mandibular arch).

**Benefit limits for dentures, including but not limited to:**

- If there is a pre-existing prosthesis, it must be at least five (5) years old and unserviceable to qualify for replacement.
- Adjustments, repairs, and relines are included with the denture fee within the first six (6) months after insertion. After that time has elapsed:
  - Adjustments are compensable at one per calendar year per recipient.
  - Repairs are compensated at two (2) repairs per denture per year, with five (5) total denture repairs every five (5) years.
  - Relines are compensable once per denture every 36 months.
- Replacement of lost or broken dentures less than five (5) years of age is not a covered benefit.

**Benefit exclusions, including but not limited to:**

- Services not furnished by a dentist, unless the service is performed by a licensed dental hygienist under the supervision of a dentist or for an X-ray ordered by a dentist.
- Any service provided in a hospital setting.
- Any dental procedures that are undertaken primarily for cosmetic reasons or to treat congenital or developmental malformations.
- Restorations (including crowns, implants, bridges, inlays, and onlays) when acceptable results can be achieved with less costly methods or materials. Healthfirst will cover the least costly treatment option.
- All procedures subject to review will be evaluated for long-term prognosis, as well as necessity for treatment. Included in this evaluation, but not limited to it, are bone support, furcation involvement, periodontal condition, and sub-crestal decay.
- Certain Diagnostic Radiology services are not covered under the dental benefit. Please contact Member Services for a full list of covered services.
- Dental expenses incurred in connection with any dental procedures started prior to the effective date of coverage are excluded.
- Any service or supply furnished along with, in preparation for, or as a result of a non-covered service.
- Chlorhexidine mouthwash and fluoride toothpaste.
- A service to treat disorders of the joints of the jaw (temporomandibular joints).
- A service, supply, or procedure to increase the height of teeth (increase vertical dimension) or restore occlusion.
- Restorations for reasons other than decay or fracture, such as erosion, abrasion, or attrition.
- Laminate veneers.
- The replacement of teeth beyond the normal complement of teeth.
- Sinus lifts or gingival irrigation.
- Treatment of dental implant failures, including surgical debridement and bone grafts to repair implant.
- Localized delivery of antimicrobial agents.
- Cleaning and inspection of removable appliances.
- Tooth bleaching procedures.
- Interim complete dentures and provisional fixed partial dentures.
- Bridges or crowns and stainless steel crown on permanent teeth.

- Precision attachments, semi-precision attachments, or copings.
- Services related to congenital anomalies.
- Silver fluoride.
- Duplicate or replacement due to theft or loss of dentures, bridges, or periodontic appliances.
- Services, supplies, or appliances to stabilize teeth when required because of periodontal disease such as periodontal splinting.
- Cast restorations, copings, and attachments for installing overdentures, including associated endodontic procedures such as root canal.
- Tooth desensitization.
- Cleaning and inspection of removable appliance.
- Implants when there are more than one (1) missing tooth in an arch, except in the case of a fully edentulous arch, or poor long-term prognosis due to poor bone support, inadequate space to accommodate an anatomically correct crown, or when the prognosis of the remaining teeth is poor.

### **Vision Benefit**

#### **Benefit limitations, including but not limited to:**

- Standard lens coverage is limited to the following: plastic or glass single-vision, bifocal, or trifocal lenses (in any prescription range), glass grey #3 prescription lenses, oversize lenses, postcataract lenses, sun or gradient-tinted plastic lenses, Photogrey Extra (photosensitive) glass lenses, and polycarbonate lenses (for monocular patients and patients with prescriptions +/- 6.00 diopters or greater).
- Cost shares you pay for eyewear upgrades do not count toward your Medicare annual maximum out-of-pocket amount.

Coverage is provided by Healthfirst Health Plan, Inc. Plans contain exclusions and limitations. Healthfirst Health Plan, Inc. is an HMO plan with a Medicare contract and a contract with the New York Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal. Healthfirst 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 1-866-305-0408 (TTY 1-888-867-4132). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-305-0408 (TTY 1-888-542-3821)。

Dental services must be medically necessary to be covered; limitations apply. DentaQuest is contracted with Healthfirst to provide dental benefits to its members. Davis Vision is contracted with Healthfirst to provide vision benefits to its members.