

## **Your dental benefits summary**

### Health First Colorado adult dental

You have dental benefits through DentaQuest, a partner of Health First Colorado (Colorado's Medicaid program). All Health First Colorado members, including adults aged 21 and over, have dental benefits.

You can find general information about your coverage, including what is covered, below:

### About your coverage

#### **Are there co-pays, a deductible, or an out-of-pocket maximum?**

No. The dental benefit does not have co-pays, deductibles, or an out-of-pocket maximum.

#### **What are my annual limits?**

For Health First Colorado adult members aged 21 years and over, there is no annual limit.

#### **Are there any benefit limits in emergency situations? Is Prior Authorization needed in emergency situations?**

No. There are no limits on how often you can use your benefits in emergency situations. Prior authorization is not needed in emergency situations. If you have a dental emergency, call your dental provider. If you can't reach your dental provider, go to the nearest emergency room.

#### **Do I have out-of-network coverage?**

No, you do not have out-of-network coverage. Health First Colorado only covers Health First Colorado-enrolled providers. Please call DentaQuest to help you find a dental provider.

## Service summary

Category/Procedure	Benefit Frequencies for Adult Members*	Health First Colorado will pay
<b>Diagnostic</b>		
Periodic oral exam	Two per year	100% of covered service
Comprehensive oral exam	Once every 3 years per location	100% of covered service
Comprehensive periodontal exam	Once every 3 years	100% of covered service
Limited oral exam: problem focused	Two per year per location	100% of covered service
Full mouth X-rays	Once every 5 years	100% of covered service
Vertical bitewing X-rays	Once every 5 years per provider or location	100% of covered service
Panoramic X-rays	Once every 5 years per provider or location	100% of covered service
<b>Preventive</b>		
Routine cleaning	Two per year	100% of covered service
Silver Diamine Fluoride	Two per year per tooth	100% of covered service
<b>Restorative</b>		
Silver fillings	Once every 3 years per surface per tooth	100% of covered service
White fillings	Once every 3 years per surface per tooth	100% of covered service
Stainless steel crowns	Once every 3 years; permanent teeth only	100% of covered service
Protective restorations	Once per lifetime per tooth	100% of covered service
<b>Major Restorative</b>		
Crowns	Once every 7 years per tooth, second molars must meet criteria; third molars are not covered	100% of covered service
Recement crowns	Only covered 7+ months after placement	100% of covered service
<b>Endodontics</b>		
Pulpal debridement	Once per lifetime per tooth; permanent teeth only	100% of covered service
Root canal treatment	Once per lifetime per tooth; second molars must meet criteria; third molars are not covered	100% of covered service
<b>Periodontics</b>		
Full mouth debridement	Once per 3 years	100% of covered service
Periodontal maintenance	Two per year	100% of covered service

Scaling or root planing	Once every 3 years per quadrant	100% of covered service
Periodontal surgery	Must meet periodontal clinical criteria	100% of covered service
<b>Prosthetics</b>		
Complete or partial denture-removable	Once every 7 years	100% of covered service
Rebase or reline denture	Once per 4 years; only covered 7+ months after placement	100% of covered service
Repair of denture	One per year per denture	100% of covered service
Fixed partial denture ("bridge")	Not a covered benefit	Not a covered benefit
Implants	Not a covered benefit	Not a covered benefit
<b>Oral Surgery</b>		
Simple extractions	Once per lifetime per tooth	100% of covered service
Surgical extractions	Once per lifetime per tooth	100% of covered service
<b>Orthodontics</b>		
Orthodontia	Not a covered benefit	Not a covered benefit
<b>Anesthesia</b>		
Deep sedation/general anesthesia	Allowed once per day with covered services only	100% of covered service
IV-conscious sedation	Allowed once per day with covered services only	100% of covered service
<b>Professional Visits and Consultations</b>		
Diagnostic consultation	Once per year per provider or location	100% of covered service
House/extended-care facility call	Once per day per patient	100% of covered service
Hospital or ambulatory surgical center call	Covered for emergency services only	100% of covered service

## To find a dental provider and benefit information

To find a dental provider, visit [Dentaquest.com/find-a-dentist](https://dentaquest.com/find-a-dentist) or call us at 855-225-1729 (State Relay: 711).

Members can access their dental benefit information online through the DentaQuest Member Portal Page at [memberaccess.dentaquest.com](https://memberaccess.dentaquest.com). The member portal has DentaQuest ID cards, a "find a dentist" tool, and contact information. Users must have an account to log in.

## To join Health First Colorado

Visit [healthfirstcolorado.com](https://healthfirstcolorado.com) or call 1-800-221-3943 (State Relay: 711) to learn more about joining.

## Questions?

Call DentaQuest at 1-855-225-1729 (State Relay: 711), Monday–Friday between 7:30 am – 5:00 pm Mountain Time, or visit our website at [www.DentaQuest.com](http://www.DentaQuest.com)

**\*Some procedures require Prior Authorization:** Crowns (caps), Partial dentures, Complete dentures, Periodontal scaling.