

# Tufts Medicare Preferred Supplement—Tufts Medicare Supplement Dental Option Policy Addendum

## Tufts Medicare Preferred Supplement 1 Plan

## Tufts Medicare Preferred Supplement 1A Plan

## Tufts Medicare Preferred Supplement Core Plan

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### Right to continue coverage

You have the right to continue your coverage under this Policy, provided that:

- You pay your premiums on time; and
- You do not make any material misrepresentations to Tufts Medicare Preferred.

### Our right to change Your Benefits or Premiums

Tufts Medicare Preferred will change your benefits automatically to coincide with:

- Any changes in the applicable Medicare Part A and B Deductibles and Copayments.
  - Any changes required under Massachusetts law regarding mandated benefits. We may change your premiums to correspond with these mandated benefit changes if they are approved by the Massachusetts Commissioner of Insurance and are in accordance with statutory or regulatory requirements.
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We offer dental coverage as an innovative benefit under this Plan. This dental coverage is not covered by Original Medicare and not included in your medical coverage as a plan Member. If you want this innovative benefit, you must sign up for it, and pay an additional Premium. The innovative benefit described in this section is subject to the same appeals process as any other benefits under this Policy. This additional benefit is administered through Dominion National and available to members who have enrolled in Tufts Medicare Preferred Supplement plans.

The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. **Important:** Your dental benefit and coverage plan is called the “Tufts Medicare Supplement Dental Option.” Under this plan, you can receive services from any licensed dentist. The amount you pay for a particular service may vary depending on the Dentist you choose. For additional questions regarding this benefit, please contact Member Services using the number listed on your card.



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# Tufts Medicare Supplement Dental Option

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## **Introducing the Tufts Medicare Supplement Dental Option**

The Tufts Medicare Supplement Dental Option is an innovative benefit beyond that which is required by Medicare. It is offered to you for a monthly plan premium of \$33.00. This is in addition to any plan Premium you may have for your Medicare Supplemental plan. Coverage provided by the innovative benefit includes diagnostic and preventive dental services such as oral exams and routine cleaning, basic dental services such as fillings and simple extractions, and major dental services such as crowns, root canals, and dentures.

If you have additional questions about the Tufts Medicare Supplement Dental Option, please call the Member Services number listed on your ID card.

## **How does the dental Plan Work?**

Benefits provided under this dental plan are for services furnished by any licensed dentist. Any amount that you may be required to pay your Dentist is explained in the following Benefit Chart. The actual amount you pay for a particular service may vary depending on the Dentist you choose.

You need to show your dental identification card when you go for your dental appointment. Your Dentist will file the claim directly with Dominion National once services have been furnished. Dominion will make payments directly to the Dentist.

Contact Member Services at the number listed on your ID card for any questions you have about dental claims.

## **How to choose a dentist?**

You may go to any licensed dentist. Or, you can contact the Member Services number listed on your ID card for help.

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## Tufts Medicare Supplement Dental Option—covered dental services

Covered dental services are subject to the limitations and exclusions described in this Dental Option.

### Tufts Medicare Supplement Dental Option Benefit Chart

Calendar Year Maximum: The total amount the plan will pay for covered services in the calendar year.
\$1,000 per person

Benefit	Member Pays*
<b>Class 1 - Diagnostic and Preventive Services</b>	
Periodic Oral Evaluation covered twice per year.	\$0
Comprehensive Oral Exam (including the initial dental history and charting of teeth) covered once every 36 months.	\$0
Intra oral bitewing X-ray images (X-rays of the crowns of the teeth) when oral conditions indicate need covered twice per year.	\$0
Prophylaxis (routine cleaning, scaling and polishing of teeth) covered twice per year.	\$0
<b>Class 2 - Basic Services</b>	
Emergency oral evaluation problem focused exams covered once every 12 months.	20%
X-rays <ul style="list-style-type: none"> <li>• Intra oral X-ray image of the entire mouth (panoramic image) covered once every 60 months.</li> <li>• Intra oral X-ray image of the entire mouth (full mouth series) covered once every 60 months.</li> <li>• Single tooth X-ray images; as needed.</li> </ul>	20% 20% 20%
Silver fillings and white fillings covered once every 24 months per surface per tooth.	20%
Periodontal cleaning covered once every 6 months following active periodontal therapy, not to be combined with regular cleanings.	20%
Scaling and Root Planing covered once every 24 months, per quadrant.	20%
Scaling in presence of generalized moderate/severe gingival inflammation covered once per 24 months after oral evaluation and in lieu of a covered prophylaxis.	20%
Full mouth debridement covered once per lifetime.	20%
Simple Extractions covered once per tooth.	20%
Minor treatment for Pain Relief covered only if no services other than exams and X-rays were performed on the same date of service.	20%

Benefit	Member Pays*
<b>Class 3 - Major Services</b>	
Protective Restorations covered once per tooth.	50%
Oral Surgery <ul style="list-style-type: none"> <li>• Surgical Extractions covered once per tooth.</li> </ul>	50%
Periodontics <ul style="list-style-type: none"> <li>• Periodontal Surgery. One surgical procedure covered per lifetime; gingivectomy or gingivoplasty and osseous surgery covered as needed.</li> <li>• Bone grafts and guided tissue regeneration covered once per lifetime.</li> </ul>	50%
Endodontics <ul style="list-style-type: none"> <li>• Root Canal Treatment covered once per tooth per lifetime.</li> <li>• Retreatment Root Canal Therapy covered once per tooth per lifetime at least 24 months after initial root canal therapy.</li> <li>• Apicoectomy covered as needed.</li> </ul>	50%
Prosthetic Maintenance <ul style="list-style-type: none"> <li>• Bridge or Denture Repair covered once every 24 months per bridge or denture.</li> <li>• Tissue Conditioning. One treatment covered per denture every 84 months.</li> <li>• Adding teeth to existing partial or full dentures covered once per tooth per denture per 24 months.</li> <li>• Rebase or Reline of Dentures covered once per denture every 24 months.</li> </ul>	50%
Adjunctive Services** <ul style="list-style-type: none"> <li>• Local Anesthesia and inhalation of nitrous oxide/analgesia, anxiolysis are provided in conjunction with covered oral surgery or periodontal surgery and are integral to the primary treatment.</li> </ul>	50%
Prosthodontics <ul style="list-style-type: none"> <li>• Dentures (complete or partial dentures) covered once per arch within 84 months.</li> <li>• Fixed Bridges covered once per 84 months. Note: A posterior fixed bridge and a removable denture are not covered in the same arch within 84 months; if a denture in the same arch as the fixed bridge was covered within 84 months, there will be no benefit for the fixed bridge.</li> <li>• Temporary Partial Dentures covered once per 84 months; to replace any of the six upper or lower front teeth, but only if the temporary partial dentures are installed immediately following the loss of teeth during the period of healing.</li> </ul>	50%
Major Restorative (teeth must have good prognosis) <ul style="list-style-type: none"> <li>• Crowns and Onlays (initial placement) when teeth cannot be restored with regular fillings due to fracture or decay, covered once within 84 months per tooth. If a member chooses a porcelain/ceramic crown, porcelain fused to high noble metal crown, or a titanium/titanium alloy crown, the maximum allowed by the Plan will be for the less expensive alternate treatment which is the porcelain fused to predominately base metal crown and the member will be responsible for the difference between the two crown procedures. Implant supported crowns are not covered services.</li> <li>• Recement of Crowns &amp; Onlays covered once per tooth per 12 months.</li> <li>• Inlays covered once per tooth per 84 months.</li> <li>• Post and Core or Crown Buildup when needed to retain a crown on a tooth with excessive breakdown due to caries and/or fractures is covered once per tooth every 84 months.</li> </ul>	50%

Note:

- 1) No prior authorization required under this plan,
- 2) If: a) the Plan determines that a less expensive alternate procedure, service, or course of treatment can be performed in place of a proposed treatment to correct a dental condition; and b) the alternate treatment will produce a professionally satisfactory result, then the maximum the Plan will allow will be the charge for the less expensive treatment.

\*Plan pays up to calendar year maximum.

\*\*Services provided in conjunction with the primary treatment.

### **When can you enroll in the Tufts Medicare Supplement Dental Option?**

You may elect this innovative benefit at the same time you first join a Tufts Medicare Preferred Supplement plan. If you choose not to elect the innovative benefit at the time of your enrollment, you can enroll at any time throughout the year. Depending on when you elect the innovative benefit, your effective date may be the same as your medical coverage or the first of the month following your request to enroll.

### **How can you enroll in the Tufts Medicare Supplement Dental Option?**

If you are new to Tufts Medicare Preferred Supplement, you would complete the enrollment application when enrolling into medical coverage and choose the Dental Option for an additional \$33.00 each month.

If you are a current Tufts Medicare Preferred Supplement member, you would need to complete a Tufts Medicare Supplement Dental Option Election Form to enroll in the innovative benefit for an additional \$33.00 each month. You can enroll by mail, by calling Member Services at 1-800-701-9000 (TTY: 1-800-208-9562) or on our website, [www.thpmp.org](http://www.thpmp.org).

You may pay your Premium either by check, through electronic funds transfer (EFT), or online. Your dental premium must be paid the same way you pay your medical Premium.

### **How to disenroll from the Tufts Medicare Supplement Dental Option**

You may voluntarily disenroll from the Tufts Medicare Supplement Dental Option at any time throughout the year with advance notice by contacting our Member Services department, using the disenrollment form from the website, or mailing or faxing a signed letter requesting the disenrollment. Your letter must clearly state that you wish to disenroll from the Tufts Medicare Supplement Dental Option, and include your printed name and Tufts Medicare Preferred Supplement member ID number. Your disenrollment will be effective on the first day of the month following receipt of your completed and signed disenrollment request.

No additional Premium will be collected once you are disenrolled from the Tufts Medicare Supplement Dental Option. If you paid for additional months, you will receive a refund.

If you fail to pay the monthly Premium for this Tufts Medicare Supplement Dental Option, you will be disenrolled from the innovative benefit but remain enrolled in the Tufts Medicare Preferred Supplement plan.

The Tufts Medicare Supplement Dental Option coverage is only offered to members who have bought it with their plan. If you have not already bought this innovative benefit and you would like to have it, you should call the Member Services number listed on the back cover of your Medicare Supplement Policy.

### **Pre-treatment Estimates**

If the charge for dental treatment will exceed three hundred dollars (\$300) it is recommended that the dentist file a copy of the treatment plan with Dominion National *before the treatment begins*. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charges for each service. The pre-estimate will be reviewed and a pre-estimate statement will be issued to you or the Dentist detailing the benefits that will be covered by your plan along with your estimated responsibility and potential payment to the dental office. The pre-estimate is based on eligibility and benefits available at the time it is processed. A pre-estimate is not required to obtain care.

A pre-estimate is not a guarantee of payment. The claim for services performed will be based on eligibility and available benefits at the time it is submitted for payment and other procedures performed especially in the same area/quadrant/tooth which could all affect the actual claim determination/payment. Actual payment may also vary depending on the Dentist you choose.

## **Limitations and Exclusions:**

Payment will be subject to the plan benefits (e.g. Calendar Year Maximum), limitations and exclusions at the time the claim is submitted.

If a method of treatment is more costly than is customarily provided, benefits will be paid on the least costly method of treatment, and you will be responsible for the remaining balance.

Coverage is limited to those services listed in the Benefit Chart above. If a service is not listed, it is not covered.

When you receive services from more than one dentist for the same procedures or receive services that are furnished in a series during a planned course of treatment, the amount of your benefit will not be more than the amount that would have been provided if only one dentist had furnished the services.

Services that are not covered include, but are not limited to:

- Services and treatments not listed in this Dental Rider are not covered by the Plan. If a member receives a non-covered service, the member will be responsible for the full payment of the non-covered service.
- Dental expenses incurred in connection with any dental procedures started prior to the effective date of coverage are excluded. The replacement of missing teeth prior to the effective date of coverage is not covered.
- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the plan.
- Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures and dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
- Replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
- Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
- Services not listed as covered services under this plan.
- Implants and related services, including implant removal; replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouth guards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
- Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
- Procedures that in the opinion of the plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the member's condition.
- Treatment of cleft palate, malignancies or neoplasms.
- Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of the member's continuous coverage under the plan.