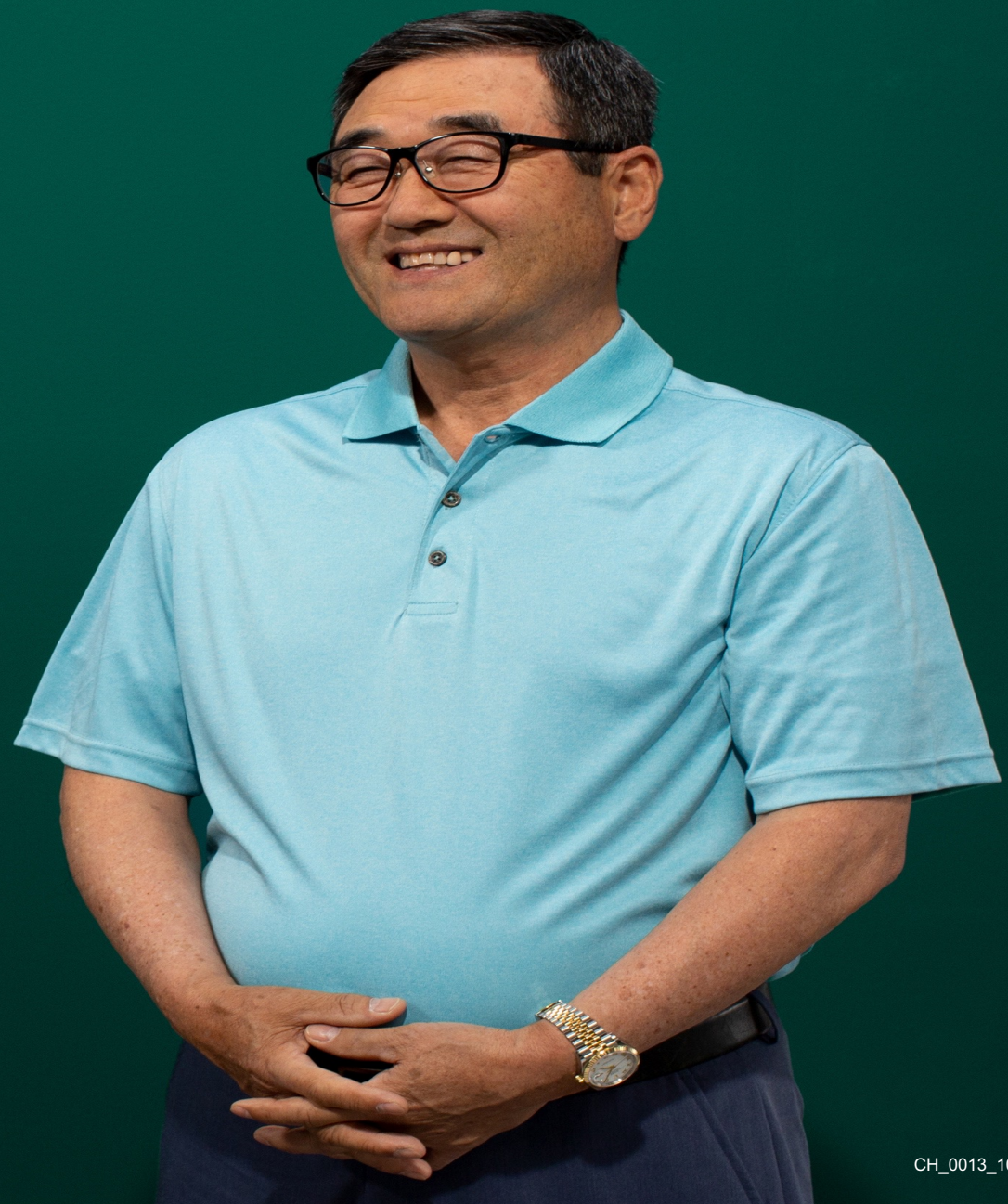
Supplemental Dental Quick Reference Guide

2022



Clover Health

There’s no better Medicare plan

Dental Services

- Original Medicare (Part A and Part B) may cover some *medically necessary* dental services.
  - Does *not* provide supplemental dental coverage such as routine exams, cleanings, fillings, and/or crowns
- Medicare Advantage (Part C) often covers medically necessary dental services such as those related to the reconstruction of the jaw, tooth extractions that are directly caused by disease, or dental surgery caused by cancer,

- **Clover Health's Medicare Advantage plan offers supplemental preventive and/or comprehensive dental benefits on most of our plans.**

For Internal Use Only

DentaQuest

- Clover Health's administrative partner for our supplemental preventive and comprehensive dental benefits
  - Claims Processing
  - Network Management
  - Provider Credentialing
  - Provider Complaints
  - Customer Service
- Utilize DentaQuest Provider Look Up Tool to find in-network dentists and specialists

DentaQuest Providers

- Note: Member eligibility, grievances or appeals are managed by Clover Health. Contact Member Services in these instances.

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Preventive Services per Calendar Year*

▪ Routine Exams	▪ $0 copay
▪ Routine Cleanings	▪ $0 copay
▪ Dental X-Rays	▪ $0 copay

* See member benefits for specific coverage

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Comprehensive Services*

Examples…

- Periodontics
- Endodontics
- Prosthodontics
- Extractions
- Restorative
- Oral/Maxillofacial Surgery

* See member benefits for specific coverage

- $1,000-$2,000 annual allowance for covered services, after a $20 copay per service
- Annual allowance varies by plan and is subject to change by plan year *(see next page for details)*
- Not all plans have comprehensive dental coverage

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Comprehensive Annual Allowance*

AL	H5141-052	$1,000
	H5141-053	$2,000
AZ	H5141-040	$1,000
NJ	H5141-001	$1,000
	H5141-004	
	H5141-007	
	H5141-032	
	H5141-042	
	H8010-002	
	H8010-003	
	H5141-054	Not Covered
	H5141-055	

GA	H5141-026	$1,000
	H5141-046	
	H5141-048	
	H5141-045	$2,000
	H5141-047	
	H5141-049	
MS	H5141-050	$1,000
	H5141-051	$2,000
PA	H5141-038	$2,000
	H5141-039	$2,000
SC	H5141-036	$1,000
	H5141-037	$2,000

TN	H5141-033	$1,000
	H5141-034	$2,000
TX	H5141-025	$1,000
	H5141-035	
	H8010-005	$1,500
	H8010-008	

* See member benefits for specific coverage
Italicized plans are HMO plans

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HMO vs PPO plans

- HMO members ***must*** see a DentaQuest provider to use their benefits *(plans 002,003,005,008).*
- PPO members ***should*** see a DentaQuest provider to access the benefits at a fixed cost and avoid being balance billed.
  - DentaQuest determines their contracted rates, which vary by service and state and are subject to change so a PPO member should ask for a cost estimate before seeing an out-of-network provider.
  - Members who receive service from an out-of-network provider will pay up front for services and will need to submit for reimbursement (Direct Member Reimbursement Form).
  - Clover will reimburse for services received by an out-of-network provider, *up to the member's benefit allowance*.
  - An out-of-network provider *can* balance bill member for any remaining balance once the member's allowance is met.

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