

DRAFT PROPOSAL

Colorado Adult Dental Benefit Summary

Benefit	Description	Limitations*
Annual Maximum	\$1,000 per person.	
Deductibles	No Deductibles.	
Co-Pays	No co-pays or coinsurance.	
Eligibility	Any adult covered by Medicaid; age 21 and up.	
Preventive and Diagnostic Services	Includes oral evaluation; x-rays; and two cleanings per year.	Evaluations are 2 per 12 months. Full mouth x-rays are 1 per 5 years; Bite-wing x-rays are 1 set per 12 months.
Restorative Services	Includes both anterior (front) and posterior (back) fillings; includes both white and silver fillings. White fillings allowed for anterior teeth.	1 time per 36 months per tooth.
Crowns	Includes single crowns. Subject to professional review. Must meet professional policy guidelines. Covered only in instances of fracture or decay; not for cosmetic reasons. Cannot have active periodontal disease. Must be at least age 16.	1 time every 84 months per tooth.
Endodontics (Root Canal)	Includes root canals on all teeth, except third molars. Subject to professional review. Must meet professional policy guidelines.	1 time per lifetime per tooth.
Periodontal (Gum Treatment)	Includes periodontal scaling and root planning and periodontal maintenance. Subject to professional review. Must meet professional policy guidelines.	2 per 12 months; count as cleanings
Prosthetics (False Teeth)	Includes full and partial dentures. Subject to professional review. Must meet professional policy guidelines.	1 time every 84 months
Implants	Not covered.	
Oral Surgery	Simple extractions are covered. No coverage for third molars that have no symptoms (asymptomatic).	
Orthodontics	Not covered for adults.	

- *Listed limitations are representative and not comprehensive. Additional professional review and processing policies may apply.*