

**DRAFT PROPOSAL**

**Colorado Adult Dental Benefit Summary**

| <i><b>Benefit</b></i>                     | <i><b>Description</b></i>   | <i><b>Limitations*</b></i>  |
|---|---|---|
| <b>Annual Maximum</b>                     | \$1,000 per person.   |   |
| <b>Deductibles</b>                        | No Deductibles.   |   |
| <b>Co-Pays</b>                            | No co-pays or coinsurance.  |   |
| <b>Eligibility</b>                        | Any adult covered by Medicaid; age 21 and up.   |   |
| <b>Preventive and Diagnostic Services</b> | 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. |
| <b>Restorative Services</b>               | 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.   |
| <b>Crowns</b>                             | 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 periodontal disease. Must be at least age 16. | 1 time every 84 months per tooth.   |
| <b>Endodontics (Root Canal)</b>           | Includes root canals on all teeth, except third molars. Subject to professional review. Must meet professional policy guidelines.   | 1 time per lifetime per tooth.  |
| <b>Periodontal (Gum Treatment)</b>        | 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   |
| <b>Prosthetics (False Teeth)</b>          | Includes full and partial dentures. Subject to professional review. Must meet professional policy guidelines.   | 1 time every 84 months  |
| <b>Implants</b>                           | Not covered.  |   |
| <b>Oral Surgery</b>                       | Simple extractions are covered. No coverage for third molars that have no symptoms (asymptomatic).  |   |
| <b>Orthodontics</b>                       | Not covered for adults.   |   |

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