

Questions?

Call Customer Service at 715.631.7437 or 1.855.931.4855 (TTY users call 715.631.7413 or 1.855.931.4852) 8 am – 8 pm, seven days a week.

Visit medicare.aspirushealthplan.com to learn more.

Healthy smile, healthy you with optional dental coverage



Add comprehensive dental today!

This optional dental coverage enhances the routine dental coverage included with our Medicare Advantage plans: Essential Rx and Elite.

You can enroll in Aspirus Choice Dental by checking the box on your enrollment application. You are still eligible to enroll during your first covered month, and after that, each year during the Annual Enrollment Period (Oct. 15 – Dec. 7) for coverage beginning Jan. 1 (enrollment form cannot be accepted before Oct. 15). A separate enrollment form is required if you do not enroll when you first join our health plan.

Aspirus Health Plan, Inc. is a PPO plan with a Medicare contract. Enrollment in Aspirus Health Plan, Inc. depends on contract renewal.

Aspirus Choice Dental overview of benefits

	Essential Rx and Elite plans	
Summary	Includes routine dental coverage	Add Aspirus Choice Dental for restorative dental coverage
Monthly premium	Included with plan	\$29
Deductible per year (dental services only)	\$0	\$75*
Oral examinations	Includes one per year	One additional exam
Routine cleanings	Includes one per year	One additional cleaning
X-rays	Annual bitewing	Full mouth every five years
Fluoride treatment	Covered	Covered
Periodontal maintenance cleanings	Includes one per year	Unlimited
Basic restorative services (e.g., fillings, root canals, periodontal services)	Not covered	30% coinsurance
Major restorative procedures (e.g., crowns, bridges, implants, dentures)	Not covered	60% coinsurance

*\$0 copay applies to preventive dental services. Deductible does not apply to preventive services, including periodontal maintenance.

Note: The annual plan maximum for Aspirus Choice Dental is \$2,000.

Your cost-sharing is less when you see providers in the DentaQuest network. You will get the most coverage by using a network dentist. Find a list of network providers online at **medicare.aspirushealthplan.com**, or call the number on the back page for assistance.

Unlike most other dental plans, our Medicare Advantage plans include out-of-network coverage. If you receive services from an out-of-network licensed dental provider, you will be responsible for submitting your bills and paying the cost share and any difference between the actual billed charge and the Aspirus Health Plan dental fee schedule.

Out-of-network/non-contracted providers are under no obligation to treat Aspirus Health Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, you or your provider can ask us for a pre-service organization determination. Please call our Customer Service number or see your Evidence of Coverage (EOC) for more information.

Benefits, provider network, premium, deductible and/or copayments/coinsurance may change on Jan. 1 of each year. Limitations, copayments and restrictions may apply.

Limitations

Endodontics: Limited to one (1) per tooth per lifetime.

Periodontics (other than periodontal maintenance cleanings): Coverage is limited to one (1) nonsurgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.

Bone grafting: Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or remoavable prosthetics (partial/full dentures).

Major restorative services: Benefit for the replacement of a crown or an onlay will be provided only after a 60 month period, measured from the last date the covered dental service was performed.

Prosthetics — removable and fixed: A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after 60 months.

Implant services: Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #18).

Exclusions of services

These exclusions are specific to optional supplemental dental coverage. Some of these exclusions may be covered under your medical benefit:

1. Dental services that are not necessary or specifically covered
2. Hospitalization or other facility charges
3. Prescription drugs
4. Any dental procedure performed solely as a cosmetic procedure
5. Charges for dental procedures completed prior to the member’s effective date of coverage
6. Anesthesiologist services

7. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting and gnathologic recordings
8. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the EOC
9. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
10. Oral hygiene instruction and periodontal exam
11. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture.
12. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the EOC
13. Analgesia (nitrous oxide)
14. Removable unilateral dentures
15. Temporary procedures
16. Splinting
17. Consultations by the treating provider and office visits
18. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member’s effective date.
19. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
20. Veneers (bonding of coverings to the teeth)
21. Orthodontic treatment procedures
22. Corrections to congenital conditions, other than for congenital missing teeth
23. Athletic mouth guards
24. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the EOC
25. Space maintainers