

2021 Dental Changes



Reference	Previous Benefit	2021 Change
Senate Bill 421	When a third party is responsible for an injury, the Plan may recover claims costs.	When a third party is responsible for an injury, the Plan may recover claims costs.
Pulp Capping	Pulp capping was covered only when there was exposure of the pulp.	A separate charge for pulp capping is not covered.
Consultations	Consultation was covered regardless of whether the related services were covered.	Consultation in conjunction with non-covered services is denied.
Periodic or Comprehensive exams	Problem focused, detailed, extensive oral evaluations were covered twice per year separate from periodic / comprehensive exams.	Problem focused, detailed, extensive oral evaluations are covered as a periodic / comprehensive exam.
Diagnostic	Covered every 6 months.	Cover supplementary bitewing x-rays once every 12 months.
Limitations Preventative- Sealants	Sealant benefits are limited to the unrestored, occlusal surfaces and permanent bicuspids and molars.	Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars.
Interim caries arresting medicament	Not covered.	Interim caries arresting medicament application is covered twice per tooth per benefit year. Restorations within 3 months of interim caries arresting medicaments are not covered.

2021 Dental Changes Contin.

Reference	Previous Benefit	2021 Change
Scaling & Root Planing	Periodontal scaling and root planning is limited to once per quadrant in any 6-month period.	Periodontal scaling and root planning is limited to once per quadrant in any 2-year period.
Repair to crown inlay and onlay	The Plan reviewed for necessity if the repair was made to a crown, inlay or onlay within 24 months by a different dentist.	Repair made to a crown, inlay or onlay within 24 months is denied.
Endodontic Services	Retrograde fillings were covered.	Retrograde fillings by the same dentists within a 2-year period of the initial retrograde filling is not covered.
Osseous Surgery	Osseous surgery was covered subject to consultant review.	Osseous surgery is limited to 2 quadrants per date of service.
Bone Replacement Graft Surgery	Bone Replacement graft was covered subject to consultant review.	Bone replacement grafts are limited to once per single tooth or multiple teeth within a quadrant in any 3-year period.
Post Operative Care/Oral Surgery	Post-operative care for oral and maxillofacial surgery was covered subject to consultant review within 30 days of the surgical service	A separate charge for post-operative care done within 30 days following oral surgery is not covered.
Cast Restorations and Prosthodontics	Cast Restorations and prosthodontics (bridges, dentures, partials, including alternate benefits) are covered once every 5 years.	Cast restorations and prosthodontics are covered every 7 years. Improvements in industry materials.

2021 Dental Changes Contin.

Reference	Previous Benefit	2021 Change
Prosthodontics- Crowns	Crown over an implant is covered once every 5 years.	Crown over an implant is covered once per lifetime of the implant.
Recement- Rebond	Recement or re-bond implant/abutment supported crown or fixed partial denture was covered.	Re-cement or re-bond implant/abutment supported crown over fixed partial dentures is limited to once in any 12-month period.
Implants	Implants are not covered.	Add implant placement and removal as being once per lifetime per tooth space. Other related frequencies remain the same. Cover of the final implant-supported bridge retainer and implant abutment or pontic once per tooth or tooth space over the lifetime of the implant.
Leave of Absence	Non-FMLA/OFLA leave of absence is permitted but may not be used to extend state or federal family/medical leave.	Delete the language that states a member can remain on the plan during an employer-allowed leave of absence.