TUFTS Health Plan

2027 Dental Plan Guide (HMO)

Tufts Health Plan Medicare Advantage HMO plans



Dental Coverage to Smile About

Your plan makes it easy to get the dental coverage you need by providing embedded dental coverage and/or the opportunity to either add dental coverage or enhance the dental coverage that comes with your plan for an additional premium:

Plan	Tufts Medicare Preferred Embedded Dental Plan[1]			Tufts Medicare Preferred Dental Option[2]
HMO Smart Saver Rx plans	Hampden, Hampshire, Middlesex & Worcester: $1,000 yearly maximum	Bristol, Essex, Norfolk, Plymouth & Suffolk: $750 yearly maximum	Barnstable: $500 yearly maximum	Not available
	$0 for preventive services such as routine cleanings, oral exams and bitewing X-rays; 50% coinsurance for basic services such as fillings and X-rays other than bitewing; and 50% coinsurance for major services such as extractions, dentures, bridges and crowns. No deductible. No waiting period.			
HMO Basic **HMO Value**	$1,000 calendar year maximum, $0 deductible. $0 for preventive services such as routine cleanings, oral exams and bitewing X-rays, and 50% coinsurance for basic services such as fillings, simple extractions and X-rays other than bitewing. No waiting period.			Additional premium of $41.50/month, $1,000 calendar year maximum, $0 deductible. $0 for preventive services such as routine cleanings, oral exams and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges and crowns. No waiting period.
HMO Prime plans	Not included			Additional premium of $38.50/month, $1,000 calendar year maximum, $0 deductible. $0 for preventive services such as routine cleanings, oral exams and bitewing X-rays; 20% coinsurance for basic services such as fillings, simple extractions and X-rays other than bitewing; and 50% coinsurance for major services such as dentures, bridges and crowns. No waiting period.

When can you sign up for the Tufts Medicare Preferred Dental Option?

If you are a new member to the Basic, Value or Prime plans, you have 30 days from when your coverage begins to add the Tufts Medicare Preferred Dental Option to your plan. To sign up, just call Member Services at **1-800-701-9000 (TTY: 711)**, or fill out and mail the dental option enrollment form on our website at thpmp.org/2027-hmo-dental-enrollment.

The Tufts Medicare Preferred Dental Option is not available if you receive your benefits from a current or former employer. Please note: Not all plan benefit information described is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Member Services with any questions regarding plan benefits.

Check out the FAQs and Glossary on pages 6–9 to learn more about your dental coverage.

Benefit	Smart Saver Rx HMO embedded coverage	Basic and Value HMO embedded coverage	Tufts Medicare Preferred Dental Option (available for additional premium on all plans except Smart Saver Rx)
Class 1: Preventive and Diagnostic Services			
Routine cleaning, scaling and polishing of teeth Two per year.	$0	$0	$0
Periodic oral evaluation Two per year.	$0	$0	$0
Bitewing X-ray images X-rays of the crowns of the teeth. Completed when oral conditions indicate need. Two per year.	$0	$0	$0
Comprehensive oral exam (including the initial dental history and charting of teeth) Once every 36 months.	$0	$0	$0
Class 2: Basic Services			
Emergency oral evaluation problem focused exams Once every 12 months.	50%	50%	20%
Minor treatment for pain relief Only if no services other than exam and X-rays were performed on the same date of service.	50%	50%	20%
X-ray image of the entire mouth (Panoramic image) Once every 60 months.	50%	50%	20%
X-ray image of the entire mouth (Full mouth series) Once every 60 months.	50%	50%	20%
Single tooth X-ray images As needed.	50%	50%	20%
Periodontal cleaning Once every 6 months following active periodontal therapy, not to be combined with regular cleanings.	50%	50%	20%
Restorative Services			
Silver fillings and white fillings Once every 24 months per surface, per tooth.	50%	50%	20%
Scaling and root planing Once in 24 months, per quadrant.	50%	50%	20%
Scaling in presence of generalized moderate/severe gingival inflammation Once per 24 months after oral evaluation and in lieu of a covered prophylaxis (routine dental cleaning).	50%	50%	20%
Full mouth debridement Once per lifetime.	50%	50%	20%
Simple extractions Once per tooth.	50%	50%	20%

Note: Coordination of Benefits is used when you have more than one dental plan. These rules determine which plan pays first and which plan pays second. If this plan is your secondary plan, we may reduce our payment based on what your primary plan has already paid. Together, both plans will not pay more than the allowed cost of your covered dental service. Under the non-duplication of benefits provision, this plan may not pay any additional benefits if your primary plan has already paid the same amount or more than this plan would have paid as the primary plan.

Benefit	Smart Saver Rx HMO embedded coverage	Basic and Value HMO embedded coverage	Tufts Medicare Preferred Dental Option (available for additional premium on all plans except Smart Saver Rx)
Class 3: Major Services (A pre-treatment estimate is recommended for all major services, prior to receiving treatment. See page 6 for details on pre-treatment estimates.)			
Protective restorations Once per tooth.	50%	No coverage	50%
Adjunctive Services (provided in conjunction with the primary treatment)			
Local anesthesia and inhalation of nitrous oxide/ analgesia, anxiolysis Are provided in conjunction with covered oral surgery or periodontal surgery and are integral to the primary treatment.	50%	No coverage	50%
Oral Surgery			
Surgical extractions Once per tooth.	50%	No coverage	50%
Periodontics			
Periodontal surgery One surgical procedure per lifetime; gingivectomy or gingivoplasty and osseous surgery covered as needed.	50%	No coverage	50%
Bone replacement grafts – retained natural tooth – first site in quadrant and each additional site in quadrant Once per lifetime.	50%	No coverage	50%
Guided tissue regeneration, natural teeth – resorbable barrier, per site and non-resorbable barrier, per site Once per lifetime.	50%	No coverage	50%
Endodontics			
Root canal treatment Once per tooth per lifetime.	50%	No coverage	50%
Retreatment root canal therapy Once per tooth per lifetime after 24 months of initial root canal therapy.	50%	No coverage	50%
Apicoectomy Covered as needed.	50%	No coverage	50%

Benefit	Smart Saver Rx HMO embedded coverage	Basic and Value HMO embedded coverage	Tufts Medicare Preferred Dental Option (available for additional premium on all plans except Smart Saver Rx)
Maintenance for Dentures and Fixed Bridges (Prosthetic Maintenance)			
Bridge or denture repair Once every 24 months per bridge or denture.	50%	No coverage	50%
Tissue conditioning One treatment per denture every 84 months.	50%	No coverage	50%
Adding teeth to existing partial or full dentures Once per tooth, per denture, per 24 months.	50%	No coverage	50%
Rebase or reline of dentures Once per denture every 24 months.	50%	No coverage	50%
Fixed and Removable Dentures/Bridges (Prosthodontics)			
Dentures Complete or partial dentures: one per arch per 84 months.	50%	No coverage	50%
Fixed bridges Once per 84 months. Note: A back-of-mouth fixed bridge and a removable denture are not covered in the same arch within 84 months; if a denture in the same arch as the fixed bridge was covered within 84 months, there will be no benefit for the fixed bridge.	50%	No coverage	50%
Temporary partial dentures Once per 84 months to replace any of the six upper or lower front teeth, but only if the temporary partial dentures are installed immediately following the loss of teeth during the period of healing.	50%	No coverage	50%
Major Restorative (Recommend pre-treatment estimate prior to service to confirm tooth has a good prognosis)			
Inlays Once per tooth per 84 months.	50%	No coverage	50%
Crowns and onlays (initial placement) When teeth cannot be restored with regular fillings due to fracture or decay, once per 84 months per tooth. If a member chooses a porcelain/ceramic crown, porcelain fused to high noble metal crown, or a titanium/titanium alloy crown, the maximum allowed by the Plan will be for the less expensive alternate treatment which is the porcelain fused to predominately base metal crown and the member will be responsible for the difference between the two crown procedures. Implant supported crowns are not covered services.	50%	No coverage	50%*
Recement/reaffix of crowns and onlays Once per tooth per 12 months.	50%	No coverage	50%
Post and core or crown buildup When needed to retain a crown on a tooth with excessive breakdown due to decay and/or fractures. Once per tooth every 84 months.	50%	No coverage	50%

* The following statement does not apply to this plan "If a member chooses a porcelain/ceramic crown, porcelain fused to high noble metal crown, or a titanium/titanium alloy crown, the maximum allowed by the Plan will be for the less expensive alternate treatment which is the porcelain fused to predominately base metal crown and the member will be responsible for the difference between the two crown procedures."



Dental benefit FAQs

Which dentists participate?

The dental network is provided by Dominion National. To utilize your dental coverage, you must use a dentist in the Dominion PPO Network. Dominion National provides you with access to hundreds of participating dentists.[3]

To view the list of participating dentists in the Dominion PPO Network, go to **thpmp.org/dentist**. For medical coverage, members should use the HMO network of providers. To view the list of participating providers in our HMO network, see **thpmp.org**.

Will I get an ID card in the mail?

If you have embedded dental coverage or decide to add dental coverage to your plan, you will receive a Dominion National ID card by mail to use for your dental coverage. If you don't receive your card within 3 weeks of joining the plan, call Member Services at **1-800-701-9000 (TTY: 711)** and a representative will assist you.

Which services are part of a routine checkup?

Services include a cleaning, periodic oral evaluation, and sometimes bitewing X-rays. A comprehensive oral exam only occurs for a new patient or to evaluate an issue.

How can I determine whether a dental service will be covered and what the cost will be?

We recommend asking your dentist to submit a pre-treatment estimate to Dominion National before your treatment begins. The dentist can submit the exact services or procedures they plan to provide in your treatment plan and Dominion National will respond with confirmation of whether the service will be covered and the estimated out-of-pocket cost you will be expected to pay.

- The pre-treatment estimate will be reviewed, and an estimate statement will be issued to you or the provider. The statement will include details of the services that will be covered by your plan along with your estimated responsibility and potential payment to the dental office.

- The pre-treatment estimate is based on eligibility and benefits available at the time it is processed. A pre-treatment estimate is not required to obtain care.
- A pre-treatment estimate is not a guarantee of payment. The claim for services performed will be based on eligibility and available benefits at the time it is submitted for payment. Other procedures performed, especially in the same area/quadrant/tooth, could affect the actual claim determination/payment.

What is the difference between simple extractions and surgical extractions?

A simple dental extraction is the procedure of removing teeth that are visible and easily accessible. In contrast, surgical dental extraction often involves an incision to get access to the tooth to be removed.

What is the difference between an inlay and an onlay?

Inlays and onlays use the same materials as crowns and they both serve the same function, but they cover different areas of the tooth when there is tooth decay. The difference between an onlay and an inlay is that an onlay will treat the cusp, whereas an inlay only restores the area between the cusps.

What is the difference between silver fillings and white fillings?

Fillings can be performed using either composite (tooth-colored/white) or amalgam (metal/silver) restorative materials. Your cost share will be the same for silver and white fillings.

What is bone grafting and guided tissue regeneration?

Bone grafting and guided tissue regeneration are two separate but related procedures that your dentist can use to save natural teeth from failing due to the loss of healthy tissue from gum disease. By regenerating the lost bone and tissues surrounding a tooth, these restored structures will create the protective, strong foundation a tooth needs to remain healthy long term.

How do I know which types of crowns are covered with my plan?

Crowns can be manufactured from a variety of materials, such as high noble metals, base metals, porcelain fused to metal (PFM) and ceramic compounds. Your dental plan covers crowns manufactured with porcelain fused to predominantly base metal. You and your dentist may still choose a crown made from more costly materials, but you will be responsible for the difference in cost between the predominantly base metal crown and the crown of your choosing (does not apply to Tufts Medicare Preferred Dental Option). If you would like a better estimate of your payment, we urge you to ask your dentist to submit a pre-treatment estimate.



Dental Glossary

Apicoectomy

The removal of inflamed gum tissue and the end of the tooth's root, while leaving the top of the tooth in place.

Bitewing X-rays

Provides details of the upper and lower teeth in one area of the mouth. Each bitewing shows a tooth from its crown (the exposed surface) to the level of the supporting bone. Many dentists include bitewing X-rays as part of routine diagnostic care.

Bone grafting

Bone grafting is a surgical procedure that uses transplanted bone to replace missing or damaged bone in your mouth. If you're getting a dental implant, you may also need a bone graft because it provides additional support. The bone graft is performed first, and you'll need to wait 3 to 4 months for it to heal before getting the implant. Please note that implants are not covered with your dental plan.

Comprehensive oral exam

Performed by a dentist when evaluating a patient. Applies to new patients or established patients who have had change in health or have been absent from treatment for three or more years.

Front teeth

Includes canines and all teeth in front of canines.

Full mouth debridement

The removal of plaque and tartar that interfere with the ability of the dentist to perform an oral examination. This is the most extensive cleaning procedure.

Guided tissue regeneration

Guided tissue regeneration is a procedure designed to remove infected soft tissue in your mouth, while stimulating the regrowth of healthy gum tissue.

Inlays

A dental inlay is a pre-molded restorative filling fitted into the grooves of your tooth. It restores cavities that are centered in your tooth instead of along the outer edges or "cusps."

Maximum allowable charge/Allowed amount (MAC)

Amount that is negotiated with providers in the Dominion National dental network. This is the maximum allowed amount you can be charged for a service. For services with coinsurance, the amount you pay is calculated by multiplying the coinsurance rate with the MAC.

Onlays

An onlay is a treatment, like an inlay, which restores the cusp(s) of the tooth. The cusp (or cusps) of the tooth refer to the angled topmost surface of the tooth. Canine teeth have a single cusp, while bicuspids have two and molars may have four or five.

Periodic oral exam

Exam performed by a dentist as part of a routine checkup.

Periodontal cleaning

Like a regular teeth cleaning, periodontal maintenance removes tartar buildup from the teeth. Unlike a normal, preventive cleaning, periodontal maintenance is a treatment prescribed to combat periodontal (gum) disease. It involves both scaling and root planing, meaning tartar must be removed from deep between the teeth and gums.

Periodontal surgery

Consists of three different potential surgeries. Your dentist will determine which one is needed. The three different surgeries could be:

- Gingivectomy—The surgical removal of gum tissue. A gingivectomy is necessary when the gums have pulled away from the teeth creating deep pockets. The pockets make it hard to clean away plaque and calculus.
- Gingivoplasty—The surgical reshaping of gum tissue around the teeth.
- Osseous surgery—Removes diseased gum tissue and bone from infected sites within the mouth and stops periodontal disease from getting worse.

Posterior/back teeth

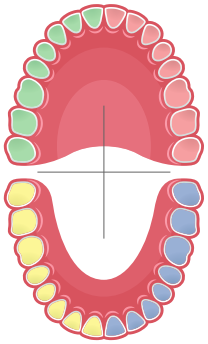
Includes any teeth behind the canines but does not include the canine teeth.

Protective restorations

The placement of a restorative material to protect a tooth and/or surrounding tissue. This procedure may be used to relieve pain, promote healing, and prevent further deterioration.

Quadrants

Quadrants mean the four parts of your mouth. Your dentist sections the interior of your mouth into four parts for reference when providing treatment. The split is between the front teeth, split into upper right, upper left, lower right, lower left.



Rebase denture

Rebasing may be recommended when the teeth of your denture are still in good condition and have not worn out in comparison to the denture base material. Rebasing is the process of replacing the entire acrylic denture base providing a stable denture without replacing the denture teeth.

Reline denture

A denture reline is a simple procedure to reshape the underside of a denture so that it fits more comfortably on the user's gums. Relining is periodically necessary as dentures lose their grip in the mouth.

Retreatment root canal therapy

Root canal retreatment is the removal of the previous crown and packing material left by a prior root canal, the cleansing of the canals, and the re-packing and re-crowning of the tooth.

Root canal

A root canal is performed when the endodontist removes the infected pulp and nerve in the root of the tooth, cleans the inside of the root canal, then fills and seals the space. After completing a root canal your dentist will place a crown on the tooth to protect and restore it to its original function.

Scaling and root planing

Scaling and root planing is when your dentist removes all the plaque and tartar above and below the gumline, making sure to clean all the way down to the bottom of the tooth.

Scaling in presence of generalized moderate/severe gingival inflammation

The removal of plaque and stains from above and below the gumline when there is generalized gum inflammation. This procedure is for patients who have swollen, inflamed gums and bleeding on probing. This procedure is performed on the entire mouth rather than just one quadrant. It is also a higher degree of cleaning for patients with more advanced periodontal disease.

Single tooth X-rays

Also sometimes referred to as a "periapical X-ray" a single tooth X-ray is one that captures the whole tooth. It shows everything from the crown (chewing surface) to the root (below the gum line).

Tissue conditioning

Tissue conditioning is an effort to restore the health of the tissues of the denture foundation area prior to denture treatment.

For more information

For more information on dental coverage, go to **thpmp.org/dental**, see your 2027 Evidence of Coverage (EOC) at **thpmp.org/documents** or call Member Services at **1-800-701-9000 (TTY: 711).**





Member Services
1-800-701-9000 (TTY: 711)



For more information

For more information on dental coverage, go to **thpmp.org/dental**, see your 2027 Evidence of Coverage (EOC) at **thpmp.org/documents** or call Member Services at **1-800-701-9000 (TTY: 711)**.

1. The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Benefit limits apply. Cost share applies to non-preventive services. Services must be performed by providers in the Dominion PPO Network. Please refer to your Evidence of Coverage for more information.
2. For Basic and Value plans, the Dental Option replaces the embedded dental benefit, if purchased.
3. Services must be provided by an in-network dentist.

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).


TUFTS
Health Plan