

KelseyCare
Advantage
★★★★

DENTAL GUIDE

CLASSIC (HMO)



YOUR DENTAL BENEFITS EXPLAINED

Discover the secret to a lifetime of healthy smiles! From regular cleanings to expert brushing and flossing guidance, we've got your dental well-being covered.

Your 2024 **KelseyCare Advantage Classic (HMO)** plan includes:



100%

Coverage for preventive services



\$3,000

Annual benefit maximum for preventive and comprehensive services combined with the purchase of Optional Supplemental Benefit (OSB) dental coverage

No prior authorization is required.

PREVENTIVE COVERS SERVICES LIKE*

- ✓ **Dental Cleanings** – 1 every 6 months
- ✓ **Periodic Oral Evaluation** – 1 every 6 months
- ✓ **Comprehensive Oral Evaluation** – 1 every 12 months
- ✓ **Routine x-rays** – 1 every 12 months

*Check your **Evidence of Coverage (EOC)** for a complete list of preventive dental codes.

ADDITIONALLY, YOUR PLAN OFFERS

- ✓ **NO annual deductible**
- ✓ **NO waiting periods**
- ✓ **NO copays or coinsurance**
- ✓ **NO prior authorization required**

WANT MORE COVERAGE?

For \$32.80 per month, you have the option to purchase comprehensive dental coverage for services that include:

- ✓ **Crowns**
- ✓ **Fixed dental bridge**
- ✓ **Dentures**
- ✓ **Tooth extraction**

To purchase comprehensive, coverage call 713-442-8343 (TTY: 711) to request an application.

1. Fill out the dental application
2. Submit the completed application to:

Address

Attn: Member Services
PO Box 841569
PearlandTX77584

3. Watch for your dental enrollment confirmation letter in the mail.

Check your Dental OSB to view a complete list of comprehensive dental codes.



Your **KelseyCare Advantage Classic** plan also includes a \$500 Flex Card benefit in addition to your Over-the-Counter (OTC) benefit. This \$500 is yours to spend on outof- pocket hearing, dental, and vision expenses.

Make sure to activate your Flex Card before use by calling the number on the back of the card.

Check your Flex Card and OTC balance online at [KCAOTC.com](https://www.KCAOTC.com).

AVOID SURPRISE COSTS AT THE DENTIST

Be sure to use an in-network dental provider so your services are covered.

When you make an appointment or visit your dentist, tell them:

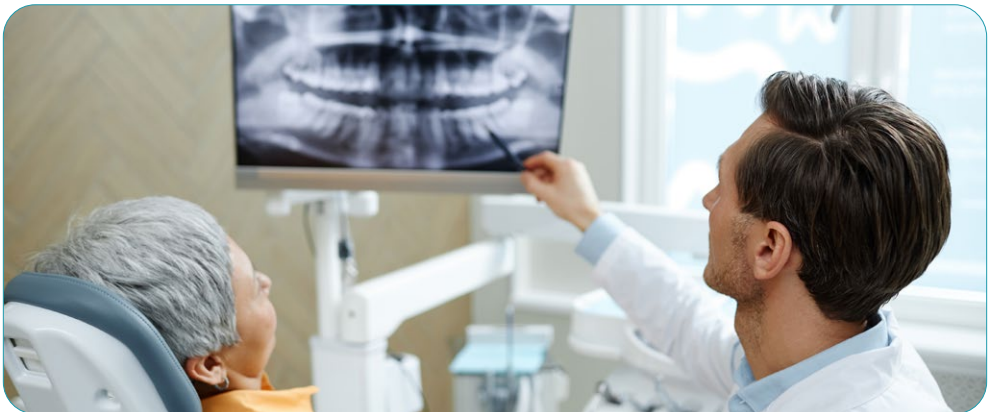
“My dental benefits are included in my KelseyCare Advantage plan and are not considered separate dental insurance. These benefits are provided by dentists in the FCL Dental KelseyCare Advantage Network.”

Before any exams or treatment, ask your dentist to confirm these services are covered by your plan. Have them check with your plan to be sure you won't have any surprise costs.

The following can help you learn exactly what your plan covers and how much it will cost:

- 1 Your Evidence of Coverage (EOC) for preventive dental codes
- 2 Your Dental OSB for comprehensive codes
- 3 FCL Dental Member Services – call 1-877-493-6282 (TTY: 711)

Access your EOC on our website under **Members → Plan Documents** or request a paper copy by calling the Concierge team at 713-442-2273 (TTY: 711).



FREQUENTLY ASKED QUESTIONS (FAQ)

Do I have to pay for a regular cleaning or routine exam?

No. You get 100% coverage for preventive care. Preventive cleanings are covered once every 6 months. Periodic oral exams are covered once every 6 months, and comprehensive oral exams are covered annually for new or established patients.

A variety of x-rays are covered once per year.

Do I have a separate ID card for my dental plan?

No. Your KelseyCare Advantage card works for both your medical and dental coverage.

What if my dentist wants me to get fluoride?

Topical fluoride is not a covered benefit. If you want fluoride applied you will have to pay for the cost of the service.

My dentist says my fillings are old and I need crowns. Is that covered?

Yes. Your plan covers one crown per tooth every 60 months.

Do we cover all extractions or a certain number?

Your plan covers all extractions.

How much do we cover related to dentures or bridges?

Your plan covers one set of complete dentures every 60 months and one fixed bridge every 60 months.

ORAL EXAM COMPARISON

	Limited Oral Evaluation	Periodic Oral Exam
PURPOSE	Addresses a specific dental concern	Part of your regular dental check-up or cleaning
WHEN	<p>May be required for urgent situations such as:</p> <ul style="list-style-type: none"> ▪ An oral lesion ▪ Wisdom tooth eruption ▪ Dental emergency ▪ Traumatic injury ▪ Acute infection 	Regular check-ups, especially if you've had periodontal disease before.
WHAT IT INVOLVES	<ul style="list-style-type: none"> ▪ Your dentist focuses on the area of concern. ▪ They may perform a visual exam and use x-rays (bitewing or panoramic), to find the issue. 	<ul style="list-style-type: none"> ▪ Your dentist examines your teeth, soft tissues (like gums and tongue), and bite. ▪ The goal is to identify any changes in your dental and overall health status.
HOW OFTEN	Once every 12 months	Once every 6 months
YOUR COSTS	\$0	\$0

Comprehensive Oral Exam

- Sets a baseline of your dental health
- Helps find early signs of serious illness that might be overlooked.

Recommended for new patients or if you have significant health history changes

- Your dentist will ask about your health history, and they will check everything: teeth, gums, tongue, throat, and even your head and neck.
- They will measure the health of your gums, check old fillings for any problems, and look for anything unusual.
- They will take x-rays to uncover hidden problems.
- They will create a detailed record for future visits.

Once every 12 months

\$0

GLOSSARY OF TERMS

Annual out-of-pocket maximum – The most money you have to pay for covered expenses in a plan year.

Bitewing x-ray – An X-ray that shows both the upper and lower teeth in one section of the mouth.

Coinsurance – Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service

You generally pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount. [Uniform Glossary definition]

Copayment (in-network copayment) – A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan.

Deductible – The amount you could owe during a coverage period (usually one year) for health care services your health insurance or plan covers before your health insurance or plan begins to pay

For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Limited Oral Exam vs Comprehensive Oral Exam

A limited oral exam is a quick exam that focuses on specific dental issues. A comprehensive oral exam is a thorough assessment of your overall oral health. Dentists perform comprehensive exams on new patients to establish a baseline for their oral health.

Maximum Out-of-Pocket Amount – The maximum out-of-pocket limit is the most you'll pay each year for in-network Part A and Part B services. Your Part A/B premiums and drug costs don't count toward this limit.

Network – The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services [Uniform Glossary definition]

Out-of-network – Also known as: out-of-area, out-of-plan. Relating to an out-of-network provider or health care services provided outside of your plan’s network

Predetermination – A review by your plan to determine if coverage for a specific service is available

A predetermination is not the same as notification or preauthorization. A predetermination is not a promise to pay.

Restorative dental work – focused solutions for specific issues, which include the following:

Fillings: Used to fix small cavities, fillings act like patches for minor cracks.

Crowns (or Caps): These serve as protective helmets for teeth, especially in cases of more significant problems like a broken tooth.

Bridges: Acting as connectors in your mouth, bridges seamlessly fill the gap left by a missing tooth.

Implants: Operating like a planted tooth root, implants are the preferred solution for a completely missing tooth.

Inlays: Specially crafted to fit into small holes or damaged areas of a tooth, inlays are used when a regular filling falls short, and a full crown isn’t necessary—targeting and fixing specific areas.

Onlays: Designed for more extensive damage, onlays cover larger parts of a tooth, fitting into grooves and wrapping over edges. Dentists use onlays when the damage is significant but not extensive enough for a full crown—addressing larger portions of the tooth without complete coverage.

Need help locating an in-network provider?



Call **FCL Dental** at 1-877-493-6282

Or KelseyCare Advantage (KCA) at
1-866-535-8343 (TTY: 711)

KCA hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 to March 31. From April 1 to September 30, hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday.



Find in-network providers at search.fclidental.com.



If your preferred dental provider is not in our network, you can suggest adding them. Our dental network is growing every month, and we are always looking to add quality providers. Nominate your favorite dental provider by visiting FCLDental.com/dental-providers/nominate-a-provider.



Questions? Call the Concierge team at 713-442-4878 (TTY: 711). From October 1 through March 31, hours are 8 a.m. to 8 p.m., seven days a week. From April 1 through September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. Messaging services are used on weekends, after hours, and on federal holidays.

KelseyCare Advantage, a product of KS Plan Administrators, LLC, is an HMO and POS Medicare Advantage plan with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.

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