SPECIAL NOTICE REGARDING REFERENCES TO DENTAL ANESTHESIA.

Effective January 1, 2017, your Member Handbook is amended by the following changes.

The information under Covered Services #18 Dental Care is deleted in its entirety and is replaced with the following:

18. Dental Care –

Medical Benefit	Description
General dental coverage	Not covered.
Dental emergencies	 Services to treat accidental injury to the jaw, sound natural teeth, mouth, or face. Replacement, re-implantation, and follow-up care of those teeth are not covered, even if the teeth are not saved by emergency stabilization. You pay the ER Cost-share if you go to the ER. Preauthorization is not required.
Dental treatment anesthesia	 A Member who: Has a medical or emotional condition that requires Hospitalization or general anesthesia for dental care; Is severely disabled; In the judgment of the treating Practitioner, is not of sufficient emotional development to undergo a Medically Necessary dental procedure without the use of anesthesia; and Requires Inpatient and Outpatient services because of an underlying medical condition and clinical status or because of the severity of the dental procedure. Only anesthesia services are covered under Facility Cost-share if you receive services in an Inpatient or Outpatient Facility.

The information under Limitations, Dental services – medical coverage is deleted in its entirety and is replaced with the following:

Benefit		Limitation Description
Dental services	•	Dentistry or dental processes to the teeth and surrounding
– medical		tissue limited to:
coverage		o Emergency room services to treat accidental injury to the
		jaw, sound natural teeth, mouth, or face.
		 Improvement of the physiological functioning of a
		malformed part of the body resulting from a congenital
		defect.
	•	General anesthesia/IV sedation for dental services limited to
		a Member who:
		 Has a medical or emotional condition that requires
		Hospitalization or general anesthesia for dental care;
		 Is severely disabled;
		 In the judgment of the treating Practitioner, is not of
		sufficient emotional development to undergo a Medically
		Necessary dental procedure without the use of
		anesthesia; and
		o Requires Inpatient or Outpatient services because of an
		underlying medical condition and clinical status or
		because of the severity of the dental procedure.

Except as amended, your Handbook remains unchanged.

PLEASE KEEP THIS NOTICE WITH YOUR MEMBER HANDBOOK FOR FUTURE REFERENCE.