CarePartners of Connecticut MEDICARE ADVANTAGE

2026 Dental Plan Guide

CarePartners of Connecticut CareAdvantage Preferred HMO plan

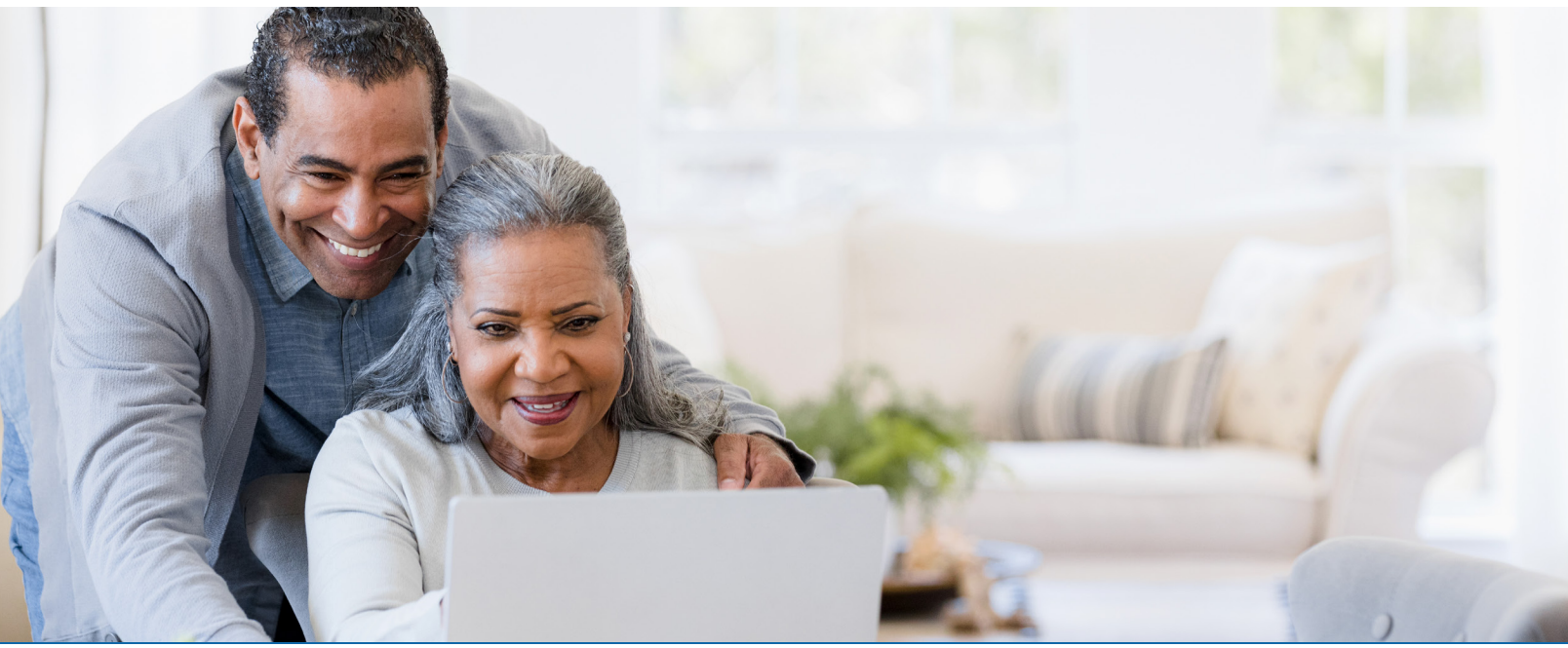
Dental Coverage to Smile About[1]

Your plan makes it easy to get the dental coverage you need by including supplemental dental coverage with your plan:

	CarePartners of Connecticut Preferred HMO plan
Embedded dental coverage	Includes up to $2,000 per calendar year of supplemental dental coverage for preventive, basic, and major dental services. $100 deductible on basic and major services. See any licensed dentist. Benefits apply to both in- and out-of-network providers.

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

Benefit	CarePartners of Connecticut Preferred HMO Embedded dental coverage
Dental Benefit Essentials	
Premium	$0
Annual Deductible	$100 on basic and major services
Calendar Year Maximum	$2,000



Benefit	CarePartners of Connecticut Preferred HMO Embedded dental coverage
Class 1: Preventive and Diagnostic Services	**You Pay**
Prophylaxis (routine cleaning, scaling, and polishing of teeth) Two per year.	$0
Periodic oral evaluation Two per year.	$0
Intra oral bitewing X-ray images (X-rays of the crowns of the teeth) when oral conditions indicate need Two per year.	$0
Comprehensive oral exam Including the initial dental history and charting of teeth. Once every 36 months.	$0
Fluoride treatments Two per year.	$0
Class 2: Basic Services	**You Pay**
Emergency oral evaluation problem-focused exams Once every 12 months.	20% coinsurance after deductible
Minor treatment for pain relief Only if no services other than exam and X-rays were performed on the same date of service.	20% coinsurance after deductible
Intra oral X-ray image of the entire mouth (panoramic image) Once every 60 months.	20% coinsurance after deductible
Intra oral X-ray image of the entire mouth (full mouth series) Once every 60 months.	20% coinsurance after deductible
Single tooth X-ray images As needed.	20% coinsurance after deductible
Silver fillings and white fillings Once every 24 months per surface, per tooth.	20% coinsurance after deductible
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.)	**You Pay**
Protective Restorations and Oral Surgeries	
Protective restorations Once per tooth.	50% coinsurance after deductible
Simple extractions Once per tooth.	50% coinsurance after deductible
Surgical extractions Once per tooth.	50% coinsurance after deductible

Benefit	CarePartners of Connecticut Preferred HMO Embedded dental coverage
Class 3: Major Services (Continued)	
Periodontics	
Periodontal surgery One surgical procedure per lifetime; gingivectomy or gingivoplasty and osseous surgery covered as needed.	50% coinsurance after deductible
Bone replacement grafts – retained natural tooth – first site in quadrant and each additional site in quadrant Once per lifetime.	50% coinsurance after deductible
Guided tissue regeneration, natural teeth – resorbable barrier, per site and non-resorbable barrier, per site Once per lifetime.	50% coinsurance after deductible
Periodontal cleaning Once every 6 months following active periodontal therapy, not to be combined with regular cleanings.	50% coinsurance after deductible
Scaling and root planing Once in 24 months, per quadrant.	50% coinsurance after deductible
Scaling in presence of generalized moderate/severe gingival inflammation Once per 24 months after oral evaluation and in lieu of a covered prophylaxis.	50% coinsurance after deductible
Full mouth debridement Once per lifetime.	50% coinsurance after deductible
Endodontics	
Root canal treatment Once per tooth per lifetime.	50% coinsurance after deductible
Retreatment root canal therapy Once per tooth per lifetime at least 24 months after initial root canal therapy.	50% coinsurance after deductible
Apicoectomy Covered as needed.	50% coinsurance after deductible
Prosthetic Maintenance	
Bridge or denture repair Once every 24 months per bridge or denture.	50% coinsurance after deductible
Tissue conditioning One treatment per denture every 84 months.	50% coinsurance after deductible
Adding teeth to existing partial or full dentures Once per tooth, per denture, per 24 months.	50% coinsurance after deductible
Rebase or reline of dentures Once per denture every 24 months.	50% coinsurance after deductible

Adjunctive Services (Provided in conjunction with the primary treatment)	
Local anesthesia and inhalation of nitrous oxide/analgesia, anxiolysis 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% coinsurance after deductible
Prosthodontics (Fixed and removable dentures/bridges)	
Dentures (Complete or partial dentures) One per arch per 84 months.	50% coinsurance after deductible
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% coinsurance after deductible
Temporary partial dentures Once per 84 months. *Note: 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% coinsurance after deductible
Major Restorative Services (Teeth must have good prognosis)	
Inlays Once per tooth per 84 months.	50% coinsurance after deductible
Crowns and onlays (initial placement) When teeth cannot be restored with regular fillings due to fracture or decay, once per 84 months per tooth. *Note: 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% coinsurance after deductible
Recement/reaffix of crowns and onlays Once per tooth per 12 months.	50% coinsurance after deductible
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% coinsurance after deductible

Dental benefit FAQs

Which dentists participate?

Dental services are covered in and out of network — you can see any licensed dentist who accepts Medicare. If you go to an out-of-network dentist, you may need to pay out of pocket and submit a request for reimbursement. A dental claim form is available on our website at **carepartnersct.com/forms**. Services received from an in-network dentist will be covered at the time of service. The dental network is provided by Dominion National. Dominion National provides you with access to hundreds of participating dentists. To view the list of participating dentists in the Dominion PPO Network, go to **carepartnersct.com/search-dentists**.

For medical coverage, members should use the HMO network of providers. To view the list of participating providers in our HMO network, see **carepartnersct.com**.

Will I get an ID card in the mail?

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 **1-888-341-1507 (TTY: 711).**

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. 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

Provide 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 a 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

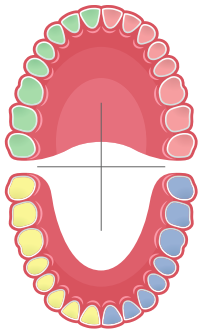
Includes any teeth behind the canines but does not include the canine teeth.

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 **carepartnersct.com/dental**, see your 2026 Evidence of Coverage (EOC) at **carepartnersct.com/documents**, or call Member Services at **1-888-341-1507 (TTY: 711)**. If you have not already received your Dominion National ID card, it should arrive in the mail soon.

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[1]The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Benefit limits apply. A member may choose to receive treatment from a non-participating dentist. Cost shares for out-of-network benefits, if applicable, are based on procedure classification. Benefits are calculated using a Maximum Allowable Charge (MAC). Members are responsible for any amount charged which exceeds the MAC per procedure. Billing arrangements are between the member and the non-participating dentist. If a member receives treatment from a non-participating dentist, the member may be required to make payment in full at the time of service. The member may then submit a claim to the Plan for benefit payment. Please refer to your Evidence of Coverage for more information.

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

CarePartners of Connecticut 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 1-888-341-1507 (TTY: 711).

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