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<b>Preventive Service</b>	es		_	
	Is the service Covered?	Frequency	List any service - specific limitation	
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months		
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	Permanent first and second molars and maxillary premolars.	
Space maintainers	Yes			
Diagnostic Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months		1 year of age
Assessment of risk for tooth decay	Yes		Included in the dental examination.	
X-Rays		T		1
Bitewing	Yes		Limitations may apply.	
Full Mouth	Yes		Limitations may apply.	
Panoramic	Yes	1 x every 5 years		
<b>Treatment Service</b>	s			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverag
Anti-microbial treatments that stop decay from spreading	No			
Fillings		1	1	1
Silver amalgam	Yes		One per tooth per 12 months.	
Tooth colored composite	Yes		One per tooth per 12 months.	
Crowns/tooth caps				
Stainless steel crowns	Yes		One per tooth per lifetime.	
Metal (only) crowns	Yes		One per tooth per 5 years. Subject to an annual benefit maximum.	
Metal/porcelain crowns	Yes		One per tooth per 5 years. Subject to an annual benefit maximum.	
Porcelain (only) crowns	Yes		One per tooth per 5 years. Subject to an annual benefit maximum.	
Root Canals (endodor	ntics)			
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		Subject to an annual benefit maximum.	

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<b>Treatment Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Gum (periodontal) therapy	Yes		Ages 13-18.	
Dentures				
Partial dentures	Yes		Limitations may apply. Subject to an annual benefit maximum.	
Complete dentures	Yes		Limitations may apply. Subject to an annual benefit maximum.	
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Orthodontics is not a dental plan benefit for CHIP. It is a medical plan benefit for presurgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat cleft lip and/or palate; severe, traumatic, skeletal, and/or congenital craniofacial deviations; or severe facial asymmetry secondary to skeletal defects, congenital syndrome conditions and/or tumor growth and its treatment.	

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<b>Treatment Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Braces	Yes - only with prior authorization		Orthodontics is not a dental plan benefit for CHIP. It is a medical plan benefit for presurgical or postsurgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat cleft lip and/or palate; severe, traumatic, skeletal, and/or congenital craniofacial deviations; or severe facial asymmetry secondary to skeletal defects, congenital syndrome conditions and/or tumor growth and its treatment.	
Oral surgery			T	Ι
Simple extractions	Yes		Limitations may apply.	
Surgical extractions	Yes		Limitations may apply.	
Care of abscesses	Yes		Limitations may apply.	
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	No			
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes		The CHIP medical benefit provides limited emergency dental coverage for dislocated jaw, traumatic damage to teeth, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for craniofacial anomalies; and drugs.	
Inpatient Hospital Services	Yes		Medical plan benefit.	
Anesthesia				
General anesthesia	Yes		Medical plan benefit.	
Intravenous conscious sedation	Yes		Medical plan benefit.	

Treatment Services					
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage	
Non-intravenous conscious sedation	No				
Analgesia (nitrous oxide)	No				

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<sup>\*</sup> When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).