

## **Summary of Dental Benefits for PrimeWest Health Minnesota Senior Care Plus (MSC+) and PrimeWest Senior Health Complete (HMO SNP) Members**

This is a summary of dental benefits for Minnesota Senior Care Plus (MSC+) and PrimeWest Senior Health Complete members. You can find more information about these benefits in your *Member Handbook*. Benefit information can also be found on our website at [www.primewest.org/members](http://www.primewest.org/members). If you have any questions about your dental benefits, you can call PrimeWest Health Member Services at **1-866-431-0801** (toll free). TTY users call **1-800-627-3529** or **711** (toll free).

**Some services may require a Service Authorization. This means your provider must get approval from PrimeWest Health before providing the service.**

### **Covered Services**

- One new patient dental exam every 5 years
- One routine patient dental exam per year
- Dental exam for when you have a toothache or dental pain (one per day, per provider)
- 2 routine dental cleanings per year; up to 4 routine dental cleanings per year if there is a medical need
- Fluoride varnish once per year
- One set of 4 bitewing X-rays per year
- One panoramic X-ray every 5 years; may cover more when there is a medical need and with a Service Authorization
- Single X-rays for diagnosis of problems
- Fillings (one per tooth per 90 days)
- Root canal therapy (one per tooth per lifetime)
  - Not covered for molars
- Periodontal treatment (scaling and root planing, sometimes called a deep cleaning)
  - Covered once every 5 years in an outpatient hospital or surgery center setting
  - May be covered in a clinic when there is a medical need and with a Service Authorization
- Full or partial dentures once every 6 years
  - Partial dentures always require a Service Authorization
  - Full or partial dentures may be replaced sooner than 6 years if they are lost, stolen, or cannot be repaired, but the replacement will require a Service Authorization
- Reline, repair, and rebases of denture 6 months after placement
- Extractions
  - Removal of impacted wisdom teeth requires a Service Authorization
- General anesthesia, only when provided in an outpatient hospital or surgery center setting
  - General anesthesia provided in a clinic requires a Service Authorization
- Oral and IV sedation when there is a medical need

**1-866-431-0801 (toll free); TTY 1-800-627-3529 or 711**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ပတ်သည့်ပတ်သားဘဉ်တကွၢ်. ဖဲနမ့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တကွၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫຼ໌ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Civil Rights Notice

**Discrimination is against the law.** PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator  
 PrimeWest Health  
 3905 Dakota St  
 Alexandria, MN 56308  
 Toll Free: 1-866-431-0801  
 TTY: 1-800-627-3529 or 711  
 Fax: 1-320-762-8750  
 Email: [compliance@primewest.org](mailto:compliance@primewest.org)

**Auxiliary Aids and Services:** PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact PrimeWest Health at [memberservices@primewest.org](mailto:memberservices@primewest.org), or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

**Language Assistance Services:** PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact PrimeWest Health at [memberservices@primewest.org](mailto:memberservices@primewest.org), or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may also contact any of the following agencies directly to file a discrimination complaint.

**U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 Midwest Region  
 233 N. Michigan Avenue, Suite 240  
 Chicago, IL 60601  
 Customer Response Center: Toll-free: 800-368-1019  
 TDD Toll-free: 800-537-7697  
 Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
 540 Fairview Avenue North, Suite 201  
 St. Paul, MN 55104  
 651-539-1100 (voice)  
 800-657-3704 (toll-free)  
 711 or 800-627-3529 (MN Relay)  
 651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

**Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.