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DMAP Policy and Planning Section



**Authorized Signature**

**Number:** DMAP IM 07-062

**Issue Date:** 05/11/07

**Topic:** Medical Benefits

**Subject:** Client ID stuffer: OHP Standard dental benefit reminder

**Applies to (check all that apply):**

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Health Services
- Seniors and People with Disabilities
- Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

**Message:** In June, OHP Standard clients will receive the attached reminder about their dental benefits. Dental providers have reported client confusion over OHP Standard dental coverage, especially when a client goes from OHP Plus to OHP Standard in the middle of a treatment plan.

*If you have any questions about this information, contact:*

|                    |  |  |  |
|--------------------|--|--|--|
| <b>Contact(s):</b> | Kristi Jacobo, DMAP Policy Analyst                                       |  |  |
| <b>Phone:</b>      | 503-945-6492   |  |  |
| <b>E-mail:</b>     | <a href="mailto:Kristi.jacobo@state.or.us">Kristi.jacobo@state.or.us</a> |  |  |

# Important Reminder about OHP Standard dental benefits

This information applies only to adults in your household who have OHP Standard benefits from the Oregon Health Plan (OHP).

OHP Standard covers only emergency dental services. OHP will pay for your dental care only if you have any one or more of the following:

- Severe tooth pain
- Unusual swelling of the face or gums
- Acute infection or abscess
- A tooth is knocked out

OHP Standard will pay to have a tooth pulled only for one of the reasons listed above. OHP Standard does **not** cover routine dental check-ups, x-rays or fillings.

## This Means

If you think you have a dental emergency, call your dental plan. If you are not enrolled in a plan, call any dentist who will accept OHP clients.

If your condition is not an emergency by OHP rules, you may be responsible to pay for the services yourself.

## Children or other household members

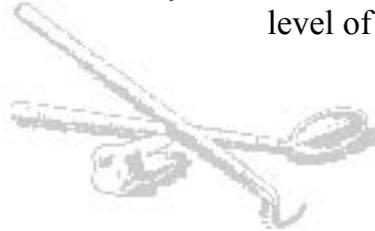
This reminder does **not** apply to children under age 19 or other household members who receive OHP Plus or OHP with Limited Drug benefits.

OHP Plus and OHP with Limited Drug cover routine services, such as check-ups, filling, x-rays, dentures and specialist care.

## Changing benefit packages

Sometimes your situation changes and you are assigned to a new OHP benefit package.

If you started treatment under OHP Plus and now have OHP Standard, you will not have the same level of dental coverage.



Discuss your treatment plan with your dentist. You may have to pay for some services yourself now.

## Which benefit packages do my family members have?

Fields 9a and 9b of the OMAP Medical Care ID show each person's benefit package.

## Questions?

- Contact the DMAP Client Advisory Services Unit if you have questions about this reminder:
  - ◆ Phone 1-800-273-0557
  - ◆ TTY 1-800-375-2863
- Contact your OHP worker if you need this reminder in a larger print size or in a different format.
- Contact your OHP worker if you think you qualify for OHP Plus because you are:
  - ◆ Pregnant.
  - ◆ Eligible for Temporary Assistance to Needy Families (TANF).
  - ◆ An SSI recipient.
  - ◆ Age 65 or older.
  - ◆ Blind or disabled and receiving income at or below the SSI standard.
  - ◆ Blind or disabled and receiving long-term care