Adult Vision/Dental Benefit

Get additional coverage with our optional, add-on vision/dental benefit.

Add additional coverage to your Ambetter health plan with the optional Ambetter Adult Vision/Dental Benefit. Covered vision services include eye exams and prescription eyewear. You also get coverage for dental services such as teeth cleanings, screenings and exams.

Adult Vision Coverage

(Ages 19 years of age and older*)	**Your Cost** (In-Network Providers only)	**Out-of-network**	**Subject to Deductible**
Routine Eye Exam (1 visit per year)	100% covered	Not Covered	No
Eyeglasses (frames, 1 item per year)	Covered up to $130	Not Covered	No
Lenses (per pair):			
Single	100% covered	Not Covered	No
Bifocal	100% covered	Not Covered	No
Trifocal	100% covered	Not Covered	No
Lenticular	100% covered	Not Covered	No
Contact Lenses:			
Contact lenses (in lieu of glasses)	Covered up to $130	Not Covered	No
Contact lens fitting	100% covered	Not Covered	No
Specialty lens fitting	Covered up to $50	Not Covered	No

*Adult routine vision does not apply to plan maximum.

Ambetter from Magnolia Health is a Qualified Health Plan issuer in the Mississippi Health Insurance Marketplace and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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(Adult Vision/Dental benefit continued.)

Adult Dental Coverage

(Ages 19 years of age and older, does not include Pediatric Dental Coverage)

Annual Maximum Dental Benefit**	$1,000 per covered person per calendar year

Routine Dental (Class 1)	**Your Cost** (In-Network Providers only)	**Out-of-network**	**Subject to Deductible**
Routine Oral Exam (1 per 6 months)	No charge, subject to Annual Maximum	Not Covered	No
Routine Cleaning (1 per 6 months)	No charge, subject to Annual Maximum	Not Covered	No
Bite-wing X-ray (1 per 12 months)	No charge, subject to Annual Maximum	Not Covered	No
Full Mouth X-ray (1 per 60 months)	No charge, subject to Annual Maximum	Not Covered	No
Panoramic Film (1 per 60 months)	No charge, subject to Annual Maximum	Not Covered	No
Topical Fluoride Application (2 per 12 months)	No charge, subject to Annual Maximum	Not Covered	No
Palliative Treatment for relief of pain (minor procedures)	No charge, subject to Annual Maximum	Not Covered	No

Basic Dental (Class 2)	**Your Cost** (In-Network Providers only)	**Out-of-network**	**Subject to Deductible**
Silver Fillings (1 per 2 years)	50% coinsurance, subject to Annual Maximum	Not Covered	No
Tooth Colored Fillings (1 per 2 years, front teeth only)	50% coinsurance, subject to Annual Maximum	Not Covered	No
Therapeutic Pulpotomy on permanent teeth (1 per lifetime per tooth)	50% coinsurance, subject to Annual Maximum	Not Covered	No
Scaling & Root Planning (1 per 24 months)	50% coinsurance, subject to Annual Maximum	Not Covered	No
Periodontal Maintenance (4 in 12 months)	50% coinsurance, subject to Annual Maximum	Not Covered	No
Simple Extractions	50% coinsurance, subject to Annual Maximum	Not Covered	No
Surgical Extractions	50% coinsurance, subject to Annual Maximum	Not Covered	No
Removal of Impacted Teeth	50% coinsurance, subject to Annual Maximum	Not Covered	No
Alveoloplasty	50% coinsurance, subject to Annual Maximum	Not Covered	No
Relines (1 per 36 months)	50% coinsurance, subject to Annual Maximum	Not Covered	No
Rebase (1 per 36 months)	50% coinsurance, subject to Annual Maximum	Not Covered	No
Adjustments	50% coinsurance, subject to Annual Maximum	Not Covered	No
Repairs	50% coinsurance, subject to Annual Maximum	Not Covered	No

*If you require coverage for Pediatric Dental please shop on the Health Insurance Marketplace for a stand alone dental plan.

**Dental Annual Maximum Benefit does not apply toward any other maximums.