
Medi-Cal Dental Plans

Health Care

Do you need to see a dentist?

- *You must get care from your Primary Care Dentist who is part of your dental plan. This is the dentist who gives you check-ups. Call the customer service number on the back of your dental plan card to find out the name of and information about your Primary Care Dentist.*
- *Bring your dental plan card to every visit.*

Which services are covered by my Medi-Cal dental plan?

- *Your dental plan must pay for the following services if your dentist thinks you need them to stay healthy:*
 - *Cleanings, X-rays, Fillings, Crowns (usually metal), Root canals, Tooth extractions, and Dentures*
 - *Sedation and anesthesia (drugs that lessen pain during treatment)*
 - *Braces for people under 21*

How often can I go to the dentist?

- *It is good practice to visit your dentist two times a year to have your teeth cleaned and checked, and for other types of standard care like x-rays, fluoride treatments, and sealants for children.*
- *When you call to make an appointment for standard dental care, you have the right to see your dentist within 3 weeks. If the dentist cannot schedule a visit within 3 weeks, call the customer service number on*

the back of your dental plan card to complain.

What if I need a specialty dental service?

- *Medi-Cal pays for certain special dental services like root canals, crowns, dentures, and braces.*
- *Your dentist will get approval for any special services that you need. Your dentist can also send you to a dental specialist, if needed.*
- *If your dentist says that Medi-Cal or your dental plan will not cover special dental services, that may not be true. Call the customer service number on the back of your dental plan card to find out if your plan will cover the service.*
- *Your dental plan must pay for all “medically necessary services” that Medi-Cal covers. “Medically necessary” means that your dentist thinks that you need the service to stay healthy.*

What if I need emergency dental care?

- *If you are in a lot of pain, you may need emergency dental care. Call your primary care dentist for emergency dental care. You have the right to an emergency visit within 24 hours. If you cannot reach the dentist or the dentist will not see you within 24 hours,*

call the customer service number on the back of your plan card.

- *If you still cannot get emergency dental care, go to the emergency room.*

What if I want to change dentists?

- *You have the right to change your primary care dentist anytime.*
- *To change dentists, call the customer service number on the back of your dental plan card and ask for a new primary care dentist. Find out when you can start seeing your new dentist. This is usually the first day of the next month.*

What if I want to change my Medi-Cal dental plan?

- *You have the right to change your dental plan.*
- *Call Health Care Options at 1-800-430-4263 to change plans. Tell them what plan you want and find out when you will be in the new plan.*
- *You will receive a card from your new dental plan.*

What if I have a problem with my dental care?

- *Talk to your dentist about the problem. They may be able to fix the problem for you.*
- *If you still think there is a problem, you can file a grievance with the dental plan. A grievance is a type of complaint about your care that the dental plan must review. Call the dental plan at the customer service number on the back of your dental plan card or write your grievance and send it to your dental plan.*
- *If the dental plan does not answer your grievance within 30 days or you are not*

happy with the answer, you can call the HMO Help Center at 1-888-466-2219.

What if I am refused dental care?

- *If your dental plan refuses you care or services, you have a right to a State Fair Hearing before a judge. **You must ask for a hearing within 90 days of when you were refused the service.***
- *To ask for a State Fair Hearing, call or write to the State Fair Hearing office at:*

*State Fair Hearings
744 P Street, MS 19-37
Sacramento, CA 95814
(800) 952-5253 (voice)
(800) 952-8349 (tdd)*