

As many as 90% of common diseases have oral symptoms and can be detected by a Dentist during a routine exam. More than 120 symptoms of nondental disease can be detected through a routine oral exam. Some health conditions, such as diabetes, pregnancy, medications, and eating disorders, can impact the patient’s oral health. It’s important to encourage your patients to obtain routine oral health care to improve and maintain their overall health. Oral health may also contribute to various diseases such as endocarditis, cardiovascular disease, pneumonia, and pregnancy and birth complications.

Who has Dental Coverage?

- **Medicaid beneficiaries aged 21 and older**, including McLaren’s Healthy Michigan Plan members have dental coverage through Delta Dental at no out of pocket cost.
- **Healthy Kids Dental** – McLaren’s Medicaid members under the age of 21 qualify for Healthy Kids Dental through MDHHS.
- **Pregnant Women’s Dental** – McLaren’s pregnant members have dental coverage through Delta Dental during their entire pregnancy and an extended 12 months post-partum at no out of pocket cost.

Many other plans have dental coverage through another vendor, still encourage your patients to see a dentist twice a year and check their benefits with their insurance.

What’s covered? Below is a listing some, but not all, of the covered dental services:

- Oral exams
- X-rays
- Deep teeth cleaning
- Extractions
- Dentures
- Root Canals
- Teeth cleanings
- Cavity Fillings
- Emergency treatment
- Crowns
- Sealants
- Care to keep your gums healthy



Do your McLaren Health Plan members need a ride to access their dental care needs? McLaren Health Plan members can call 1-888-327-0671 M-F 8:00 am – 6:00 PM to request a ride.

Remember to talk to your patients about smoking cessation, McLaren Health Plan has a free stop smoking program for MHP Community and Medicaid members, call 800-784-8669.

Thank you for the quality care you deliver!

PCP Feedback (Please print)	Comments, requests, questions, etc.: FAX to 810-600-7985
PCP Name/Office Name _____	
Name _____	Phone _____
Email _____	