

Pregnant Women Dental Program Handbook

Pregnant Women Dental program (PWD) is an agreement between the Michigan Department of Health and Human Services (MDHHS) and your health plan. This handbook, which follows Medicaid guidelines, tells you more about the Pregnant Women Dental program administered by Delta Dental and what services are covered. **If there are changes to your coverage, you will be told.**

You must go to a dentist participating with Healthy Michigan Plan (HMP). **Services will not be covered unless your dentist participates in the Healthy Michigan Plan network.** Dental emergencies that happen when you are outside the state of Michigan may also be covered. Please see *“What should I do in case of a dental emergency?”* on Page 5.

Let Us Help You Find a Dentist!

For help finding a **Delta Dental Healthy Michigan Plan dentist** in your area, call customer service at 866-558-0280 (TTY users call 711). This call is free. You may also visit www.deltadentalmi.com/HMP.

Questions?



Call us: 866-558-0280

Make sure you have the following when you call:

- Your name
- The Member ID number from your Delta Dental ID card
- Your daytime phone number
- Tell us that your question is about the Pregnant Women Dental program



Write us: Delta Dental Customer Service

ATTN: Medicaid

PO Box 9230

Farmington Hills, MI 48333-9230

- In your letter, please tell us the same information in the list above, along with your question.



Visit: www.deltadentalmi.com/HMP

If you have a change of address, call your MDHHS specialist.

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About Pregnant Women Dental Program

Pregnant Women Dental program (PWD) is an agreement between the Michigan Department of Health and Human Services (MDHHS) and your health plan.

The Pregnant Women Dental Program as administered by Delta Dental uses the Delta Dental Healthy Michigan Plan network.

You may go to any Michigan dentist who has agreed to be in the Delta Dental Healthy Michigan Plan network. **Delta Dental does not pay for any services from a dentist who is not in the Delta Dental Healthy Michigan Plan network.**

Using This Handbook

This handbook explains the following:

- Your dental benefits.
- How to use your dental benefits.
- Your rights and responsibilities.

This handbook also helps to answer some questions people often ask.

How to Use Your Delta Dental PWD Program Benefits

To use your benefits, follow these steps:

1. Read this handbook carefully to learn how the dental

- benefits administered by Delta Dental work and what is covered.
2. Schedule a visit with a Delta Dental Healthy Michigan Plan dentist. You will find a list of dentists in the provider directory. The provider directory can be found by visiting www.providers4you.com/Choice/HMP. You can also call customer service to review a list of dentists in your area or have the provider directory sent to you at no charge.
 3. **Make sure you tell your dentist you are covered by the Pregnant Women Dental program administered by Delta Dental. It is important to be sure that your dentist participates in the Delta Dental Healthy Michigan Plan network, or Delta Dental will not pay for the services and you may have to pay for them.**
 4. Be on time for your appointment, or call your dentist before your appointment if you must cancel. Delta Dental does not pay for missed appointments.
 5. Show your Delta Dental ID card at each visit. If you lose the card, call Delta Dental at 866-558-0280 for a replacement card at no charge.
 6. The dental office staff will need to know:
 - Your full name and address.
 - Your Delta Dental ID number.
 - Your date of birth.
 7. If your dentist has any questions about the PWD program, ask him or her to call Delta Dental at 866-558-0280.

Translation Services

If you need translation or language services, Delta Dental has the following options:

- On-demand access to our interpretation line.
- In-office interpretation services during appointments with 72 hours advance notice.
- Translation of any significant materials in any language.
- Translation of any significant materials in an alternative format for enrollees with special needs.

You should tell your Delta Dental HMP dentist or call Delta Dental at 866-558-0280 if you need interpretive services. Delta Dental will arrange for services at no cost to you or your dentist.

Transportation Assistance

You can get help with a ride if you do not have a way to get to and from a dentist visit. The visit must be covered by

the Pregnant Women Dental program. You must also get approval for nonemergency transportation before your visit. Contact your health plan if you need help with a ride.

What Delta Dental PWD Program Benefits Cover

Covered services include:

- **Oral exams** (1 in 6 months)
- **Assessment** (1 in 6 months)
- **X-rays**
 - Bitewing X-rays (1 in 12 months)
 - Full mouth or panoramic X-rays (1 in 5 years)
- **Teeth cleaning** (1 in 6 months)
- **Fillings**
- **Sedative filling**
- **Extractions, simple and surgical**
- **Limited other oral surgery**
- **Emergency treatment of dental pain**
- **IV sedation** (when medically necessary)
- **Complete denture** (1 in 5 years)
- **Partial denture** (1 in 5 years)
- **Denture adjustments and repairs**
- **Denture rebase and reline** (1 time in 2 years)
- **Re-cement crowns and bridges**

Some services are **NOT** covered.

Excluded services are:

- **Bite guards**
- **Removal of healthy third molars** (*wisdom teeth*)
- **Braces**
- **Bridges, inlays and crowns**
- **Implants**
- **Cosmetic dentistry**
- **Removable space maintainers**
- **Services covered under a hospital, surgical/medical, or prescription drug program**
- **Treatment of TMJ** (*TMJ is a problem that can cause pain in your jaw joint and can also cause pain in the muscles that control jaw movement.*)
- **Cone Beam CTs**
- **Nitrous Oxide**

Be sure to ask your dentist if a service is covered before the service is done. You must pay for services that are not covered.

The Pregnant Women Dental Program administered by Delta Dental does not limit its payment on services based on moral or religious grounds.

Questions and Answers

May I choose any dentist?

No. You must choose a Delta Dental Healthy Michigan Plan dentist, but you may change to another Delta Dental Healthy

Michigan Plan dentist at any time. You can use Delta Dental's online HMP dentist directory located at www.providers4you.com/Choice/HMP to find a Delta Dental HMP dentist near you. Make sure you ask the dental office if they participate in the Delta Dental Healthy Michigan Plan network when you call.

When do I have to pay for dental services?

There are no copayments in the Pregnant Women Dental program administered by Delta Dental. You do not have to pay for covered services. If Delta Dental PWD benefits do not cover a service and you would like your dentist to provide this service to you, you must pay for that service.

What should I do at the dentist?

Before you receive treatment, tell the dental office you are in the Pregnant Women Dental program administered by Delta Dental. The office needs to call customer service at 866-558-0280 for information and billing help. This is very important.

Do Delta Dental PWD benefits cover all dental services?

No. Delta Dental benefits only include the covered services listed in this handbook.

Do I need a prior authorization before receiving services?

No. Prior authorizations are not required for any covered services for a Delta Dental PWD enrollee.

What should I do in case of a dental emergency?

A dental emergency is a service needed to control bleeding, relieve pain, get rid of acute infection, prevent loss of teeth, and treat injuries.

If a dental emergency happens, call your dental office and ask what you should do. If you currently do not have a regular dentist, call Delta Dental's customer service at 866-558-0280 to receive a list of dentists, or go to <https://www.providers4you.com/Choice/HMP> to find a dentist near you.

If you are not in Michigan when a dental emergency happens, you can call Delta Dental's customer service toll-free at 866-558-0280 for help finding a dentist. If you have a dental emergency outside of Michigan, the PWD program will cover the service even if the dentist is not a Delta Dental HMP network dentist. A prior authorization is not needed for emergency services.

If the emergency is life threatening, call 911.

What if I need specialty dental care?

Delta Dental PWD program benefits cover some specialty care. If you need a specialist, your regular dentist can help you find specialty care or you can contact customer service for help. A referral is not required for any specialty dental care. Before visiting a specialist, be sure he or she is a Delta Dental HMP dentist or the services will not be covered, and you may have to pay for them.

What if there is not a Delta Dental HMP dentist in my area?

With Delta Dental’s large dental network, there should be a Delta Dental HMP dentist in your area. In the unlikely event there is not one, please contact customer service to receive information on how to receive dental services from a local dentist. If you receive services from a dentist who does not participate in the Delta Dental HMP network when a Delta Dental HMP dentist is in your area, services will not be covered. It is important to first contact customer service prior to receiving services from a dentist who does not participate in the Delta Dental HMP network or you may have to pay for any services provided by the nonparticipating dentist.

Does Delta Dental have someone who can help me

with my dental care?

Yes. Delta Dental has care coordinators available to help you. Delta Dental’s care coordinators can help assist you in your dental care by coordinating with your health plan or health care provider. We can also help you find a dentist that can accommodate your specific needs. Call customer service at 866-558-0280 if you need assistance.

What is an Explanation of Benefits?

Delta Dental will make an Explanation of Benefits (EOB) available to you online at www.memberportal.com. This is not a bill. This shows which services were performed and how much Delta Dental paid for your services. Please review the EOB and let us know if you think a dentist has billed for services that you did not receive. This could be fraud and against the law. Please see our fraud reporting section for more information.

Grievances and Appeals

What should I do if I have questions about a claim?

If you have questions about a claim, call customer service at 866-558-0280.

What should I do if I would like to file a grievance?

If you would like to file a grievance (also called a complaint), you can call customer service at 866-558-0280, or send your grievance in writing to:

Delta Dental
Attn: Medicaid Grievances
PO Box 9230
Farmington Hills, MI 48333-9230
Fax: 517-381-5527

Please be sure to include a full explanation of your grievance in your letter. Delta Dental will investigate your grievance and respond to you within 90 days of receiving your letter.

If your complaint involves the quality of care provided by a Delta Dental dentist, Delta Dental may refer the problem to the Michigan Dental Association Peer Review Committee. When the review is done, you will be notified in writing within 15 days.

What should I do if I would like to appeal an adverse benefit determination?

You have the right to ask Delta Dental to review our decision by asking for an internal appeal by calling customer service or in writing via fax or mail. You can ask for an internal appeal within **60 calendar days** of the date on the adverse benefit determination. We can give you more time if you have a good reason for missing the deadline.

If we are stopping or reducing a service, you can keep getting the service while your case is being reviewed. If you want to continue while your case is under review, you must ask for an internal appeal within **10 calendar days** of the date of the adverse benefit determination or before the service is stopped or reduced, whichever is later. You could be responsible for the cost of services if our decision is upheld. You can ask for this internal appeal by calling customer service at 866-558-0280 or following the steps below to send your appeal in writing.

Step 1: You, your representative, or your dentist (provider) acting as your representative acting as your representative must ask for an internal appeal. Your written request must include:

- Your name
- Address
- Delta Dental ID number
- Reasons for appealing
- Any evidence you want Delta Dental to review, such as medical records, dentists' letters, or other information that explains why you need the item or service. Call your dentist if you need this information.

We recommend keeping a copy of everything you send with your appeal for your records.

You can ask to see, free of charge, all documents, records, and other information used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail or fax your appeal to:

Delta Dental
Attn: Medicaid Appeals
PO Box 9230
Farmington Hills, MI 48333-9230
Fax: 517-381-5527

What happens next? If you ask for an internal appeal, we will give you a written decision within **30 calendar days**. If we uphold our decision or you do not receive a timely decision, you can ask for a State Fair Hearing from the Michigan Office of Administrative Hearings and Rules (MOAHR). You can also ask for an external review under the Patient Right to Independent Review Act (PRIRA) from the Michigan Department of Insurance and Financial Services. Your written decision will give you instructions on how to request a State Fair Hearing and external review.

How do I ask for an expedited appeal?

If you have an urgent situation where taking the time for a standard internal appeal could

seriously jeopardize your life, health, or ability to attain, maintain, or regain maximum function, you can request an expedited (fast) appeal by calling our customer service number. If the situation is urgent and requires an expedited appeal, we will respond within 72 hours.

How do I ask for a State Fair Hearing?

You must file an internal appeal with us before asking for a State Fair Hearing. You have **120 calendar days** from the date of your appeal denial notice to ask for the State Fair Hearing. A Request for Hearing form will be included with the notice of appeal decision that you receive from Delta Dental. It also has instructions that you should review.

Step 1: You, your representative, or your dentist (provider) acting as your representative must ask for a State Fair Hearing after you have appealed to us and received the notice of appeal decision. You can also ask for a State Fair Hearing if you do not receive a decision from us within the required time frame. Your written request must include:

- Your name
- Address
- Delta Dental ID number
- Reasons for requesting

a State Fair Hearing

- Any evidence you want the administrative law judge to review, such as medical records, dentists' letters, or other information that explains why you need the item or service. Call your dentist if you need this information.

Step 2: Call 800-648-3397 to have a hearing request (complaint) form sent to you. You may also call to ask questions about the hearing process.

What happens next? The MOAHR will schedule a hearing. You will get a written notice of hearing telling you the date and time. Most hearings are held by telephone, but you can ask to have a hearing in person. During the hearing, you will be asked to tell an administrative law judge why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You will get a written decision within 90 calendar days from the date your request for hearing was received by MOAHR. The written decision will explain if you have additional appeal rights. If the standard time frame for review would jeopardize your life or health, you may be able to qualify for an expedited (fast) State Fair Hearing. If you qualify for an expedited State

Fair Hearing, MOAHR must give you an answer within 72 hours. However, if MOAHR needs to gather more information that may help you, it can take up to 14 more calendar days.

If you have any questions about the State Fair Hearing process, including the expedited State Fair Hearing, you can call MOAHR at 800-648-3397.

How does someone else act on my behalf?

When you appeal, you can name a relative, friend, attorney, dentist (provider), or someone else to act as your representative. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us with your appeal. Keep a copy for your records.

Get help and more information

If you need help filing a grievance or appeal, or need additional information about our decision and the appeal process, call Delta Dental's customer service toll-free at 866-558-0280 (TTY users call 711). Phones are open Monday through Friday, 8 a.m. to 8 p.m. ET. You can also visit our website, www.deltadentalmi.com.

Termination of Coverage

Enrollees will be disenrolled from PWD administered by Delta Dental if the enrollee:

- Loses Medicaid.
- Moves out of Michigan.
- Administrative reasons including—but not limited to—loss of pregnancy, incarceration, and death.

Delta Dental may ask the MDHHS to disenroll an enrollee if they act in a violent or threatening manner that does not result from the enrollee's special needs. Violent/threatening situations involve physical acts of violence; physical or verbal threats of violence made against Delta Dental dentists, staff, or the public at Delta Dental's locations, or stalking situations.

Delta Dental only pays for services while you are covered by PWD. When you lose coverage, Delta Dental benefits cover dental services up to the last day of that month.

Sometimes you may start a service that can only be finished with a series of visits. If you lose coverage before the service is finished, Delta Dental will pay for the service if it is completed within 60 days from the date that you lost coverage.

Pregnancy Care Information

Continuing with dental visits and at-home oral health care is important while pregnant, especially because typical hormone changes during pregnancy may affect a woman's oral health. Research has shown that expectant mothers with high levels of cavity-causing bacteria may contribute to low infant birth weight.

Transition of Care

Should the source of your Medicaid dental benefits change and you are concerned that, in the absence of continued services, you would suffer serious detriment to your oral health or be hospitalized, please contact Delta Dental customer service at 866-558-0280. Delta Dental can assist in making sure you receive continued services throughout your transition.

Examples of changes in the source of your Medicaid dental benefits are:

- Going from Medicaid Fee-for-Service to PWD administered by Delta Dental.
- Going from a different dental plan to PWD administered by Delta Dental.
- Going from PWD administered by Delta Dental to a different dental plan.

Community-Based Support and Services

Local resources, health events, and community organizations are available to you. They provide great programs and convenient services. Best of all, most of them are free or at low cost to you.

- Dial 2-1-1. This is a free and confidential service that will help you find local resources. This is available 24/7.
- MDHHS Beneficiary Help Line 800-642-3195 (TTY users call 866-501-5656)
- Women, Infant, Children (WIC) 800-942-1636

Your Rights

You have the right to:

- Receive information on PWD administered by Delta Dental.
- Receive paper copies of this handbook and provider directory, free of charge.
- Be treated with respect and with due consideration for your dignity and privacy.
- Receive Culturally and Linguistically Appropriate Services (CLAS).
- Have your information kept confidential.
- Participate in decisions regarding your dental care, including the right to request a second opinion at no cost to you or to refuse treatment and express preferences about treatment options. (Be sure that the treatment is a covered service as defined in this handbook, and provided by a Delta Dental dentist.)
- A reasonable accommodation.
- To have your dental provider advise or advocate on your behalf for the following:
 - Your health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
 - Any information you need to decide among all relevant treatment options.
 - The risks, benefits, and consequences of treatment or nontreatment.
 - Your right to participate in decisions regarding your health care, including the right to refuse treatment, and to express preferences about future treatment decisions.
- Receive clinical practice guidelines to better understand how claims decisions are made. Clinical practice guidelines are scientific resources used by dental professionals to help them make treatment decisions after considering the options available. If you would like more information, please

- call Delta Dental customer service at 866-696-7441
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
 - Request and receive a copy of your dental records, and request those be changed or corrected.
 - Receive dental services consistent with this handbook and state and federal regulations.
 - Be free to exercise your rights without negatively affecting the way Delta Dental, Delta Dental dentists, or the State of Michigan treats you.
 - Be free from enrollment discrimination without restrictions regarding:
 - Your health status or the need for health and/or dental services.
 - Your race, color, national origin, age, disability, sex, sexual orientation, and religion.
 - Be free from disenrollment discrimination. Delta Dental will not disenroll based on your:
 - Change in physical or mental health status.
 - Use of dental services.
 - Diminished mental capacity or uncooperative or disruptive behavior resulting from your special needs (except when your continued enrollment seriously impairs Delta Dental’s ability to furnish covered services to you or other enrollees).
 - Be free from discrimination based on the following:
 - Age
 - Sexual orientation
 - Religion
 - Medical condition (including physical and mental illness)
 - Claims experience
 - Receipt of dental care
 - Medical/dental history
 - Genetic information
 - Disability
 - Be free from other discrimination prohibited by state and federal regulations.
 - To disenroll:
 - For cause, at any time
 - Without cause, at the following times:
 - During the 90 days following the date of your initial enrollment into HMP administered by Delta Dental or during the 90 days following the date the State sends you notice of that enrollment, whichever is later

- At least once every 12 months thereafter
- If the State imposes an intermediate sanction on Delta Dental
- Receive information on available treatment options and alternatives, given in a manner appropriate to your condition and ability to understand.
- Receive dental services from a Federally Qualified Health Center, Rural Health Clinic and Indian Health Coverage Program (as applicable) and mobile dental facility, and SEAL! Michigan.
- To know if Delta Dental has any provider incentives, such as pay-for-performance.
- To ask about stop loss coverage.
- Request and receive MDHHS network adequacy standards.
- Request information on how HMP administered by Delta Dental operates.

Delta Dental and its Delta Dental dentists will comply with all requirements concerning your rights.

Your Responsibilities

As a Delta Dental PWD enrollee, it's your responsibility to:

- Review this handbook.
- Receive covered services

from dentists in the Delta Dental HMP network.

- Make and keep appointments with your Delta Dental dentist.
- Seek out information in order to make best use of the dental services.
- Contribute toward your own oral health by taking responsibility for your oral health practices.
- Treat dentists and their staff with respect.
- Update family information. Tell your MDHHS case worker if there are changes in the following:
 - Change in your address
 - Get married
 - Get divorced
 - Have a baby
 - Adopt a child or gain legal guardianship of a child
- Protect your ID card against misuse.
- Contact Delta Dental if you suspect fraud.

Fraud, Waste and Abuse

Health care fraud, waste and abuse affects all of us. Health care fraud affects Medicaid programs by using up public funds needed to help vulnerable children and adults access health care. Everyone can take responsibility by reporting fraud

and abuse. Together we can make sure taxpayer money is used for people who really need help.

Definitions

- Abuse refers to overused or unneeded services. Abuse also includes enrollee actions that result in unneeded costs to the PWD program.
- Fraud is a false action used to get something of value.
- Waste is the misuse of services.

Examples of Medicaid Fraud, Waste and Abuse

- Billing for dental services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same dental service

Please call Delta Dental's anti-fraud hotline at 800-524-0147 if you suspect your dentist has committed fraud, waste or abuse.

To report suspected fraud, waste or abuse to the State of Michigan, contact the Office of Inspector General (OIG). The OIG audits and investigates suspected misuse of Michigan's Medicaid program.

Phone:

855-MI-FRAUD
(855-643-7283) (voicemail available after hours)

Send a letter to:

Office of Inspector General
PO Box 30062
Lansing, MI 48909

The following information is preferred when reporting suspected fraud or abuse:

- Nature of the complaint
- The names of those involved in the suspected fraud and/or abuse, including their address, phone number, Medicaid identification number, date of birth (for beneficiaries), and any other identifying information if available/applicable

General Conditions

These general rules apply to PWD administered by Delta Dental.

Other insurance or lawsuit settlement

If Delta Dental pays a claim for which another person or company is liable, Delta Dental has the right to recover its payment from the other person or company.

Information and dental records

While you are covered by the PWD program, you agree to give us any information we need

to process your claims. This includes letting Delta Dental have access to your dental records.

Dentist-patient relationship

Decisions about your treatment plan are between you and your dentist.

Definitions

Adverse benefit determination

An adverse benefit determination is any denial, reduction, or termination of the benefit for which you filed a claim, or a failure to provide or to make payment (in whole or in part) of the benefit you sought.

Appeal

An appeal is the action you can take if you do not agree with a coverage or payment decision made by Delta Dental. You can appeal if your plan:

- Denies your request for:
 - A dental service
 - A dental appliance or device
- Reduces, limits, or denies coverage of:
 - A dental service
 - A dental appliance or device
- Your plan stops providing or paying for all or part of:
 - A dental service
 - A dental appliance or device
- Does not provide timely dental services

Care coordinator

A care coordinator helps assist the enrollee in coordinating services. The care coordinator coordinates services between settings of care, services from another health plan or physician, and services the enrollee receives from community and social support providers.

Copayment

An amount you are required to pay as your share of the cost for a dental service or supply. Under this program, there are no copayments for covered services.

Claim

A request for payment for a covered service. Claims are not conditioned upon your seeking advance approval, certificate, or authorization to receive payment for any covered service.

Covered services

The unique dental services selected for benefits.

Dental insurance

Dental insurance is a type of coverage that pays for dental costs for people. It can pay the person back for costs from dental injury or treatment. It can also pay the provider directly. Dental insurance requires the payment of premiums (see premium) by the person getting the insurance.

Dental plan

A plan that offers dental services to members who meet State eligibility rules. The State contracts with a dental plan (such as Delta Dental) to provide dental services for those who are eligible. The State pays the premium on behalf of the member.

Dental services

Oral health services provided by a person licensed under state law to practice dentistry.

Emergency dental condition

A dental injury or condition so serious that you would seek care right away to avoid harm.

Emergency room care

Care given for a dental emergency that requires dental treatment right away.

Emergency services

Review of an emergency dental condition and treatment to keep the condition from getting worse.

Enrollee

A Medicaid-eligible individual enrolled in PWD administered by Delta Dental.

Excluded services

Dental services that Delta Dental does not pay for or cover.

Grievance

A complaint that you let Delta Dental know about. You may file a grievance if you have a problem calling Delta Dental or if you are unhappy with the way a staff person or provider treated you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered or denied (see definition of Appeal).

Medically necessary

Dental services or supplies that meet accepted standards of dental practices needed to diagnose or treat an oral health:

- Injury
- Condition
- Disease
- Symptom

Network

Dental providers contracted with Delta Dental to provide dental services to PWD enrollees. This includes dentists and dental specialists.

Network adequacy

The ability for Delta Dental to provide benefits by providing reasonable access to a sufficient number of Delta Dental HMP dentists.

**Network provider/
participating provider**

A dental provider that has a

contract with Delta Dental as a provider of care in the Delta Dental HMP network.

**Nonparticipating provider/
out-of-network provider**

A dental provider that does not have a contract with Delta Dental as a provider of care in the Delta Dental HMP network.

Plan

A plan that offers dental services to members that pay a premium.

**Prior authorization/
preauthorization**

Approval from a plan that is required before the plan pays for certain dental services, appliances, or devices. This is also called prior approval or precertification. Delta Dental does not require preauthorization for services before you receive them.

Premium

The amount paid for dental benefits every month. Delta Dental HMP network premiums are paid by the State on behalf of enrollees.

Provider

A person, place or group that is licensed to provide dental services, like dentists.

Reasonable accommodation

Under the Americans with Disabilities Act, a federal law that prohibits discrimination in access to services and employment against persons who are disabled, a disabled individual has a right to reasonable accommodation to facilitate access to a dental office and appropriate dental treatment. Reasonable accommodation may involve removing physical barriers, modifying an office policy or procedure that limits access to a disabled person, or providing auxiliary aids and services, such as sign language interpreters, assistive listening devices, large print materials, etc.

Specialist

A licensed dental specialist that focuses on a specific area of dentistry or a group of patients to diagnose, manage, prevent, or treat certain types of dental symptoms and conditions.

Urgent care

Care for a dental injury or condition bad enough to seek care soon but not bad enough that it needs emergency room care. Urgent dental care can be treated with a quick dental appointment.

NOTICE OF PRIVACY PRACTICES

Date of This Notice: July 20, 2021

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of Delta Dental Plan of Michigan, Inc., Delta Dental Plan of Ohio, Inc., Delta Dental Plan of Indiana, Inc., Delta Dental Plan of Arkansas, Inc., Delta Dental of Kentucky, Inc., Delta Dental Plan of New Mexico, Inc., Delta Dental of North Carolina, Delta Dental of Tennessee, Renaissance Life & Health Insurance Company of America, Renaissance Life & Health Insurance Company of New York (collectively, “we” or “us” or the “Plan”). These entities have designated themselves as a single affiliated covered entity for purposes of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and each has agreed to abide by the terms of this Notice and may share protected health information with each other as necessary for treatment, payment or to carry out health care operations, or as otherwise permitted by law.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information” (“PHI”). Generally, PHI is individually identifiable health information, including demographic information, collected from you or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are committed to protecting your health information.

We comply with the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. We maintain a breach reporting policy and have in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. We will notify you promptly in the event a breach occurs that may have compromised the security or privacy of your PHI. In addition, we comply with the “Minimum Necessary” requirements of HIPAA and the HITECH amendments. We also comply with all applicable laws relating to retention and destruction of your PHI.

For more information concerning this Notice please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose your PHI.

For Treatment We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose PHI about you to providers, including dentists, doctors, nurses, or technicians, who are involved in taking care of you. For example, we might disclose information about your prior dental X-ray to a dentist to determine if the prior X-ray affects your current treatment.

For Payment We may use or disclose PHI about you to obtain payment for your treatment and to conduct other payment related activities, such as determining eligibility for Plan benefits, obtaining customer payment for benefits, processing your claims, making coverage decisions, administering Plan benefits, and coordinating benefits.

For Health Care Operations We may use and disclose PHI about you for other Plan operations, including setting rates, conducting quality assessment and improvement activities, reviewing your treatment, obtaining legal and audit services, detecting fraud

and abuse, business planning and other general administration activities. In accordance with the Genetic Information and Nondiscrimination Act of 2008, we are prohibited from using your genetic information for underwriting purposes.

To Business Associates We may contract with individuals or entities known as Business Associates to perform various functions or to provide certain types of services on the Plan’s behalf. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only if they agree in writing with the Plan to implement appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a Business Associate to administer claims or provide support services, such as utilization management, quality assessment, billing and collection or audit services, but only after the Business Associate enters into a Business Associate Agreement with the Plan.

Health-Related Benefits and Services We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health-related benefits and services that add value to, but are not part of, your health plan.

To Avert a Serious Threat to Health or Safety We may use and disclose PHI about you to prevent or lessen a danger and imminent threat to the health or safety of a person or the general public.

Military and Veterans If you are a member of the armed forces, we may release PHI about you if required by military command authorities.

Worker’s Compensation We may release PHI about you as necessary to comply with worker’s compensation or similar programs.

Public Health Risks We may release PHI about you for public health activities, such as to prevent or control disease, injury or disability, or to report child abuse, domestic violence, or disease or infection exposure.

Health Oversight Activities We may release PHI to help health agencies during audits, investigations or inspections.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We also may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- About a death we believe may be the result of criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

To Plan Sponsor We may disclose your PHI to certain employees of the Plan Sponsor (i.e., the Company) for the purpose of administering the Plan. These employees will only use or disclose your PHI as necessary to perform Plan administrative functions or as otherwise required by HIPAA.

Disclosure to Others We may use or disclose your PHI to your family members and friends who are involved in your care or the payment for your care. We may also disclose PHI to an individual who has legal authority to make health care decisions on your behalf.

REQUIRED DISCLOSURES

The following is a description of disclosures of your PHI the Plan is required to make:

As Required by Law We will disclose PHI about you when required to do so by federal, state or local law. For example, we may disclose PHI when required by a court order in a litigation proceeding, such as a malpractice action.

Government Audits The Plan is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with HIPAA.

Disclosures to You Upon your request, the Plan is required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits.

WRITTEN AUTHORIZATION

We will use or disclose your PHI only as described in this Notice. It is not necessary for you to do anything to allow us to disclose your PHI as described here. If you want us to use or disclose your PHI for another purpose, you must authorize us in writing to do so. For example, we may use your PHI for research purposes if you provide us with written authorization to do so. You may revoke your authorization in writing at any time. When we receive your revocation, it will be effective only for future uses and disclosures. It will not be effective for any PHI that we may have used or disclosed in reliance upon your written authorization. We will never sell your PHI or use it for marketing purposes without your express written authorization. We cannot condition treatment, payment, enrollment in a Health Plan, or eligibility for benefits on your agreement to sign an authorization.

ADDITIONAL INFORMATION REGARDING USES OR DISCLOSURES OF YOUR PHI

For additional information regarding the ways in which we are allowed or required to use or disclose your PHI, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

YOUR RIGHTS REGARDING PHI THAT WE MAINTAIN

You have the following rights regarding PHI we maintain about you:

Your Right to Inspect and Copy Your PHI You have the right to inspect and copy your PHI. You must submit your request in writing and if you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. A copy will be provided within 30 days of your request.

The Plan may deny your request to inspect and copy PHI in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed by submitting a written request to the Contact Person listed below.

Your Right to Amend Incorrect or Incomplete Information If you believe that the PHI the Plan has about you is incorrect or incomplete, you may request that we change your PHI by submitting a written request. You also must provide a reason for your request. We are not required to amend your PHI but if we deny your request, we will provide you with information about our denial and how you can disagree with the denial within 60 days of your request.

Your Right to Request Restrictions on Disclosures to Health Plans. Where applicable, you may request that restrictions be placed on disclosures of your PHI.

Your Right to an Accounting of Disclosures We Have Made You may request an accounting of disclosures of your PHI that we have made, except for disclosures we made to you or pursuant to your written authorization, or that were made for treatment, payment or health care operations. You must submit your request in writing. Your request may specify a time period of up to six years prior to the date of your request. We will provide one list of disclosures to you per 12-month period free of charge; we may charge you for additional lists.

Your Right to Request Restrictions on Uses and Disclosures You have the right to request restrictions or limitations on the way that we use or disclose PHI. You must submit a request for such restrictions in writing, including the information you wish to limit, the scope of the limitation and the persons to whom the limits apply. We may deny your request.

Your Right to Request Confidential Communications Through a Reasonable Alternative Means or at an Alternative Location You may request that we direct confidential communications to you in an alternative manner (i.e., by facsimile or e-mail). You must submit your request in writing. We are not required to agree to your request, however we will accommodate your request if doing otherwise would place you in any danger.

Your Right to a Paper Copy of This Notice

To obtain a paper copy of this Notice or a more detailed explanation of these rights, send us a written request at the address listed below. You may also obtain a copy of this Notice at one of our websites:

www.deltadentalmi.com, www.deltadentaloh.com,
www.deltadentalin.com, www.deltadentalar.com
www.deltadentalky.com, www.deltadentalnc.com,
www.deltadentalnm.com, www.deltadentaln.com, or
www.renaissancedental.com.

Your Right to Appoint a Personal Representative

Upon receipt of appropriate documentation appointing an individual as your personal representative, medical power of attorney or legal guardian, that individual will be permitted to act on your behalf and make decisions regarding your healthcare.

CHANGES TO THIS NOTICE

We may amend this Notice of Privacy Practices at any time in the future and make the new Notice provisions effective for all PHI that we maintain. We will advise you of any significant changes to the Notice. We are required by law to comply with the current version of this Notice.

COMPLAINTS

If you believe your privacy rights or rights to notification in the event of a breach of your PHI have been violated, you may file a complaint with us or with the Office of Civil Rights. Complaints about this Notice or about how we handle your PHI should be submitted in writing to the Contact Person listed below.

A complaint to the Office of Civil Rights should be sent to Office of Civil Rights, U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, 1-877-696-6775. You also may visit OCR's website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> for more information.

You will not be penalized, or in any other way retaliated against for filing a complaint with us or the Office of Civil Rights.

SEND ALL WRITTEN REQUESTS REGARDING THIS PRIVACY NOTICE TO:

Chief Privacy Officer
P.O. Box 30416
Lansing, MI 48909-7916
517-347-5451 (TTY users call 711)
Delta Dental is a registered trademark of Delta Dental Plans Association

This plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

This plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

This plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call 1-866-696-7441 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the civil rights coordinator at PO Box 9230, Farmington Hills, MI 48333-9230; by phone at 1-866-696-7441 (TTY users call 711) or fax to 517-381-5527. You can file a grievance by mail, fax or phone. If you need help filing a grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-696-7441 (TTY: 711).

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل على الهاتف رقم 1-866-696-7441 (رقم الطابعة الهاتفية: 711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে ভাষাগত সহায়তা পরিষেবাগুলি, আপনার জন্য

বিনামূল্যে পাওয়া যাবে। ফোন করুন 1-866-696-7441 (TTY: 711)।

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-696-7441 (TTY: 711)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-696-7441 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-696-7441 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-696-7441 (TTY:711) まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-696-7441 (TTY: 711) 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-696-7441 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-696-7441 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-696-7441 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-696-7441 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-696-7441 (TTY: 711).

يرجى الانتباه: إذا كنت تتحدث اللغة العربية السورية، تتوفر لك خدمات المساعدة اللغوية المجانية. يرجى الاتصال بالرقم: 1-866-696-7441 (الهاتف النصي: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-696-7441 (TTY: 711).

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