



Healthy Kids Dental Handbook

Revised February 11, 2026

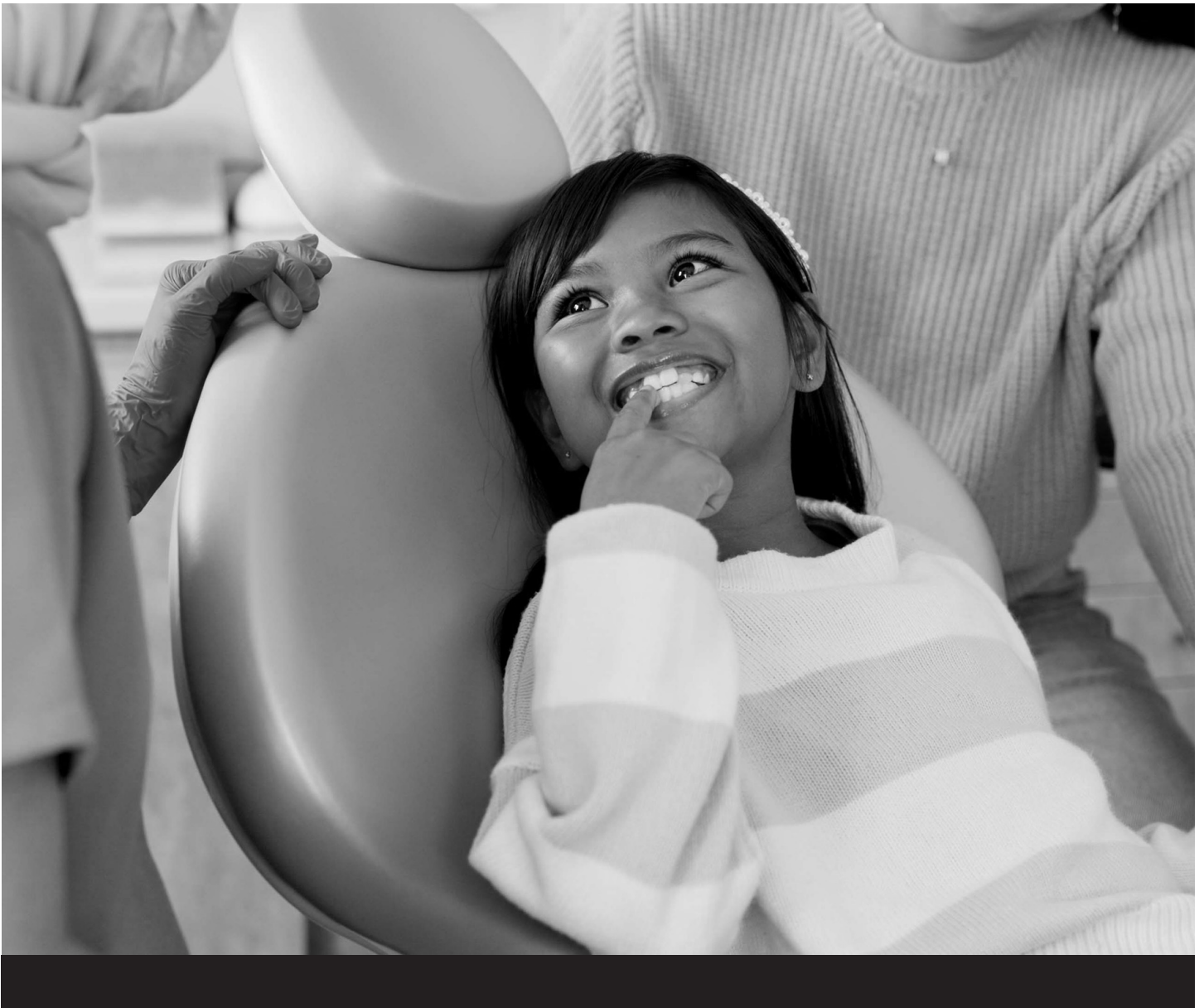


Table of Contents

Welcome to Delta Dental of Michigan (Delta Dental)	3
Interpreter Services	3
Hearing and Vision Impairment	3
Important Numbers and Contact Information	3–5
Your State Issued Medicaid ID Card	5
Your Delta Dental HKD Member ID Card	6
Important ID Card Notes	6
Getting Help from Delta Dental Customer Service	6
Contact Us	6
Our Website	7
Confidentiality	7
Transition of Care	7
Choosing an HKD Dentist	7–8
Getting Care from Your HKD Dentist	8
Specialist Referrals and Out-of-Network Services	8
Covered Services	9–10
Information About Your Covered Services	10–13
Prior Authorization	10
Pre-Treatment Estimates	10–11
Clinical Practice Guidelines	11
Transportation Services	11
Pregnant Women	11
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	11–12
Children’s Health	11–12
Dental Emergency Care	12–13
Cost Sharing and Copayments	13
Rights and Responsibilities	13–14
You have the Right to	13–14
You have the Responsibility to	14
Grievances and Appeals	14–18
Grievance Process	14–15
Appeal Process	15–16
How Can You Expedite Your Appeal?	17
How Can You Withdraw an Appeal?	17
What Happens Next?	17
State Fair Hearing	17–18
External Review of Appeals	18
Disenrollment	18
Community Resources	18
Help Identify Fraud, Waste and Abuse	19
Helpful Definitions	20–21

Welcome to Delta Dental of Michigan (Delta Dental)

Delta Dental has a contract with the Michigan Department of Health and Human Services to provide dental services to people under 21 with Medicaid. This is called the Healthy Kids Dental Program. You are enrolled in Healthy Kids Dental with Delta Dental. We work with a group of dental care providers to help meet your needs. This handbook is your guide to the services we offer. It will also give you helpful tips about Delta Dental. Please read this book and keep it in a safe place in case you need it again. If you need another copy, it is available upon request and free of charge by contacting Delta Dental Customer Service. You can also access this handbook on our website at <https://www.deltadentalmi.com/Healthy-Kids-Dental/HKD-Handbook>.

In this handbook we will use the words “you” and “your” to refer to the enrollee and/or the parent or guardian of the enrollee.

Interpreter Services

We can get an interpreter to help you speak with us or your dentist in any language. We also offer our materials in other languages. Interpreter services and translated materials are free for our members. Call 866-696-7441 for help getting an interpreter or to ask for our materials in another language or format to meet your needs. Delta Dental complies with all applicable federal and state laws with this matter.

Si usted no habla inglés, llámenos al 866-696-7441 (TTY: 711). Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

Hearing and Vision Impairment

TTY/TDD services are available free of charge if you have hearing problems. The TTY/TDD line is open 24/7 by calling 711.

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, transcription services, and assistive listening devices. We offer the Member Handbook and other materials in Braille and large print upon request and free of charge. Call Delta Dental Customer Service at 866-696-7441 to request materials in a different format to meet your needs.

Delta Dental makes sure services are provided in a culturally competent manner to all members:

- With limited English proficiency
- Of diverse cultural and ethnic backgrounds
- With a disability
- Regardless of gender, sexual orientation, or gender identity

Important Number and Contact Information

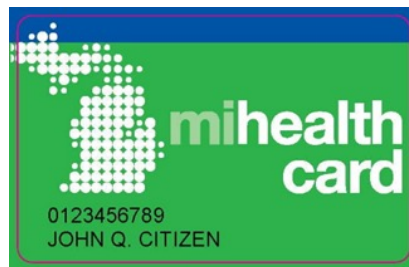
Delta Dental Customer Service Help Line	1-866-696-7441 Monday through Friday 8 a.m. to 8 p.m. ET
Customer Service Help Line TTY/TDD	TTY users can call toll-free at 711
Website	https://www.deltadentalmi.com/Healthy-Kids-Dental
Address	Delta Dental Customer Service Department PO Box 9230 Farmington Hills, MI 48333-9230

24 Hour Dental Emergency Line	1-866-696-7441
Michigan ENROLLS	1-888-367-6557
Michigan Beneficiary Help Line	1-800-642-3195 or TTY: 866-501-5656
MIChild Program	1-888-988-6300
Transportation Services (non-emergency)	<p>Members enrolled in a Medicaid Health Plan should contact their health plan for transportation services.</p> <ul style="list-style-type: none"> • Aetna Better Health of MI: 1-844-610-7437 • Blue Cross Complete of MI: 1-888-803-4947 • HAP CareSource: 1- 833-230-2053 • McLaren Health Plan: 1-855-251-7100 • Meridian Health Plan of MI: 1-888-437-0606 • Molina Healthcare of MI: 1-888-898-7969 • Priority Health Choice: 1-888-975-8102 • UnitedHealthcare Community Plan: 1-877-892-3995 • Upper Peninsula Health Plan: 1-800-835-2556 <p>If you are not in a Medicaid Health Plan and are a resident of Wayne, Oakland, or Macomb counties contact ModivCare at: 866-569-1902.</p> <p>If you are not in a Medicaid Health Plan and do not live in Wayne, Oakland, or Macomb counties contact your local Michigan Department of Health and Human Services (MDHHS) office. MDHHS office locations and phone numbers may be found at: www.michigan.gov/dhs-countyoffices</p>
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	1-855-444-3911
To report Medicaid fraud and/or abuse	1-855-MI-Fraud (643-7283) Delta Dental's anti-fraud hotline 800-524-0147
To file a complaint about a dental care facility	1-866-696-7441, or submit in writing to: Delta Dental Attn: HKD Grievances PO Box 9230 Farmington Hills, MI 48333-9230 Fax: 517-381-5527
To request a Medicaid Fair Hearing	Submit in writing to: Michigan Department of Health and Human Services Michigan Administrative Hearing System PO Box 30763 Lansing, MI 48909 For questions call 1-800-648-3397

To file a complaint about Medicaid dental services	1-866-696-7441, or in writing to: Delta Dental Attn: HKD Grievances PO Box 9230 Farmington Hills, MI 48333-9230 Fax: 517-381-5527
Grievance and Appeals	1-866-696-7441, or in writing to: Delta Dental Attn: HKD Grievances PO Box 9230 Farmington Hills, MI 48333-9230 Fax: 517-381-5527
To find information about urgent care	1-866-696-7441
Women, Infants and Children (WIC)	1-800-942-1636
Free service to find local resources. Available 24/7	2-1-1
In an emergency	911
Delta Dental Care Coordination Services	1-866-696-7441
MI Bridges	www.michigan.gov/mibridges

Your State Issued Medicaid ID Card

When you have Medicaid, the Michigan Department of Health and Human Services will send you a mihealth card in the mail. The mihealth card does not guarantee you have coverage. Your provider will check that you have coverage at each visit. You may need your mihealth card to get services that Delta Dental does not cover. Always keep this card even if your Medicaid coverage ends.







If you have questions about this coverage or need a new mihealth card, you should call the Beneficiary Help Line at 800-642-3195. This number is located on the back of your mihealth card.

It is important to keep your contact information up to date so you don't lose any benefits. Any changes in phone number, email, or address should be reported to MDHHS. You can do this by calling your local MDHHS office or by visiting www.michigan.gov/mibridges. If you do not have an account, you can create one by selecting "Register." Once in your account, when reporting changes, please make sure you do so in both the profile section and the report changes area.

Your Delta Dental HKD Member ID Card

You should have received your Delta Dental HKD ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own Member ID card.

			
SUBSCRIBER NAME <input type="text"/>		SUBSCRIBER NAME <input type="text"/>	
CLIENT NAME <input type="text"/>		CLIENT NAME <input type="text"/>	
CLIENT NUMBER <input type="text"/>		CLIENT NUMBER <input type="text"/>	
SUBSCRIBER ID <input type="text"/>		SUBSCRIBER ID <input type="text"/>	

If you have questions about this coverage or need a new Delta Dental HKD Member ID card, you should call Delta Dental Customer Service at 866-696-7441.

Important ID Card Notes

- Carry both your mihealth card and Member ID card with you at all times and show them each time you go for care.
- Make sure all of your information is correct on both cards.
- Call your local MDHHS office or visit www.michigan.gov/mibridges to change your records if your name or address changes.
- When getting care you may be asked to show a picture ID. This is to make sure the right person is using the card.
- Do not let anyone else use your cards.

Getting Help from Delta Dental Customer Service

Our Delta Dental Customer Service Department can answer all of your questions. We can help you choose or change your Dentist, find out if a service is covered, replace a lost ID card, find out how to appeal something we denied, find out how to file a grievance when you are unhappy with your care, help you understand written materials, and more. You can call us anytime.

Contact Us

You may call us at 866-696-7441, or TTY call 711, Monday through Friday, 8:00 a.m. to 8:00 p.m.

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 866-696-7441 if you need assistance.

For **urgent** dental concerns regarding you or your child's health after hours, we can connect you to our Dental Emergency Help Line for assistance. Call 866-696-7441.

Our Website

You can visit our website at <https://www.deltadentalmi.com/Healthy-Kids-Dental> to access online services such as:

- How to Find a Delta Dental HKD Participating Dentist
- How to Print your own ID Card or Order an ID Card
- Oral Health Education
- Learn about Transition of Care services
- View Newsletters
- View your HKD Certificate of Coverage
- Learn how to file an appeal or grievance
- What to do in case of a dental emergency
- How to Contact Us

Confidentiality

Your privacy is important to us. You have rights when it comes to protecting your health information. Delta Dental recognizes the trust needed between you, your family, and your providers. Delta Dental staff have been trained in keeping strict member confidentiality.

Transition of Care

If you're new to Delta Dental and were receiving covered services from regular Medicaid or another Healthy Kids Dental Health Plan in the last 6 months, we can help you continue your care. You can continue to access and receive services that you have been receiving, if without these continued services, you would suffer serious harm to your oral health. This is called continuity of care.

- You, your provider, or your appointed representative may ask for continuity of care for you.
- Requests can be made by contacting Delta Dental Customer Service.
- Requests can be made verbally or in writing. Please include the name of the provider, contact person, phone number, service type and appointment date, if applicable.
- Visit our website <https://www.deltadentalmi.com/Healthy-Kids-Dental/Transition-of-Care> or call Delta Dental Customer Service for more information. We can help to make sure you receive continued services throughout your transition.

Choosing an HKD Dentist

You may choose any Delta Dental HKD dentist. You can choose a different HKD dentist for each family member or you can choose one HKD dentist for the entire family. You may switch to a different HKD dentist at any time. You may choose to see a pediatric dentist for routine and preventive health services. You can also get dental care from these types of dental providers: Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHCs), Indian Health Care Providers (IHCPs) (as applicable), mobile dental facilities, and through the SEAL! program. Make sure you ask the dental office if they participate in the Delta Dental HKD network. If they do not, you may be responsible to pay for the services provided. Contact Delta Dental Customer Service for more information.

You can use our Provider Directory to find HKD dentists and dental specialists that are in our network. The Provider Directory lists addresses, office hours, languages spoken, and information about accessibility. It is located at <https://search.providers4you.com/hkd>. You can also request a paper copy of our provider directory, free of charge by calling 866-696-7441. Call Delta Dental Customer Service if you need help finding an HKD dentist.

You have the right to receive a second opinion from a dentist that participates in the Delta Dental HKD network or an out-of-network provider if one is not available, at no cost to you.

Getting Care from Your HKD Dentist

Your general dentist office should be your primary care for oral health. You should see your dentist at least twice a year for cleanings and checkups. Call your dentist office to make an appointment or if you have questions about your dental care. If you need help setting up an appointment, please call us at 866-696-7441. Your visit is important. Please be on time. Call the office as soon as you can if you cannot make it to your visit. You can set up a new visit when you call to cancel. Some offices will not see you again if you do not call to cancel.

Specialist Referrals and Out-of-Network Services

If you need care that a general dentist cannot give, they will refer you to a dental specialist who can. Your HKD dentist works with you to choose a specialist and arrange your care. Talk with your dentist or call Delta Dental Customer Service if you have any questions about how referrals work.

If you think a specialist does not meet your needs, you can talk to your dentist or call Delta Dental Customer Service to help you find a different specialist.

If you are having trouble getting a referral you think you need, contact Delta Dental Customer Service.

If there are no dentists or specialists in our provider network in your area who can give you the care you need, we will get you the care you need from a dentist or specialist outside our plan. This is called an out-of-network referral. It is important that you get approval from Delta Dental before you see an out-of-network provider.

We will only cover the services by an out-of-network dental provider if you have approval before your appointment. You may have to pay for any out-of-network services not authorized by Delta Dental. Prior authorization is not required for emergency dental services. If you need help or have any questions, please call Delta Dental Customer Service.

Out of County Services

Members can see any provider in the Healthy Kids Dental network.

Out of State Services

Emergency services provided by out-of-network providers outside the state are covered. Services from in-network providers outside the state are covered as normal (refer to *Covered Services* for specifics).

Out of Country Services

Health care services provided outside the country are not covered by Delta Dental.

Covered Services

It is important you understand the benefits covered under your plan. As a Healthy Kids Dental member, you do not have to pay co-pays for covered services.

If there are changes in covered services or other changes that will affect you, we will notify you in writing at least 30 days before the date the change takes place.

Your Certificate of Coverage (COC) has the complete list of covered care. The COC is available on our website. If you want a printed copy of the COC or have questions regarding your benefits, contact Delta Dental Customer Service. Delta Dental does not deny reimbursement or coverage for services on any moral or religious grounds.

Covered Services Include:

- **Oral exams** (*1 in 6 months*)
- **Comprehensive Periodontal Evaluation** (*1 in 12 months*)
Note: Comprehensive periodontal evaluation is not a covered benefit when billed in conjunction with, or within six months of other oral exams
- **Screening** (*1 in 6 months age 6 and under*)
- **Assessment** (*1 in 6 months*)
- **X-rays**
 - **Bitewing X-rays** (*1 in 12 months*)
 - **Full mouth or panoramic X-rays** (*1 in 5 years age 5 and older*)
- **Teeth Cleaning (prophylaxis)** (*1 in 6 months*)
- **Scaling in the Presence of Inflammation** (*1 in 6 months*)
Note: Scaling in the presence of inflammation is not covered within 6 months of prophylaxis, scaling and root planing, periodontal maintenance, or debridement procedures.
- **Periodontal Maintenance** (*1 in 6 months*)
Note: Any combination of teeth cleanings (prophylaxis, scaling in the presence of inflammation or periodontal maintenance procedures) are covered once per 6 months
- **Scaling and Root Planing** are payable once per quadrant per 24-month period (*no more than 2 quadrants per day*)
- **Fluoride varnish** (*4 in 12 months age 5 and younger; 1 in 6 months age 6–21*)
- **Topical application of Fluoride** (*1 in 6 months ages 6–21*)
Note: Topical application of fluoride cannot be combined with fluoride varnish within the same six months.
- **Sealants** (*1 in 3 years for first and second primary (baby) molars and first and second permanent (adult) premolars and molars*)
- **Fixed unilateral and bilateral space maintainers** are payable once per quadrant (or arch) per 24-month period for enrollees age 13 and under.
- **Fillings**
- **Sedative filling**
- **Crowns, including porcelain, metal and resin based** (*1 in 5 years*)
- **Crowns are payable only for extensive loss of tooth structure for caries or fracture.** (*Tooth loss must be at least 50%*)
- **Stainless steel crown** (*prefabricated*)
- **Crown buildup, including pins**
- **Re-cement crowns, bridges, space maintainers**

- Root canals
- 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 for enrollees age 16 and older)*
- Denture adjustments and repairs
- Denture rebase and reline *(1 time in 2 years)*
- Temporary partial denture *(only to replace front teeth)*

Be sure to ask your dentist if a service is covered before the service is done. You must pay for services not covered by Delta Dental under the Healthy Kids Dental program.

Some services NOT covered are:

- Orthodontic Services
- Full mouth or panoramic X-rays under age 5
- Bridges, inlays and onlays
- Bite Splints, mouthguards, sports appliances
- Bite Guards
- Removal of healthy third molars *(wisdom teeth)*
- Implants
- Cosmetic dentistry
- Treatment of TMJ
- Nitrous Oxide
- Cone Beam CTs
- Services covered under a hospital, surgical/medical, or prescription drug program
- Full mouth debridement age 13 and under
- Removable space maintainers

NOTE: If your child has certain medical or dental conditions, some services may be covered under the Children's Special Health Care Services (CSHCS) program. Contact your local health department regarding CSHCS eligibility.

Information About Your Covered Services

Prior Authorization

Some services may need to be approved before you or your child can get them. This is called Prior Authorization (PA). Your dentist needs to fill out a Prior Authorization Request Form and send it to us if you need care that requires PA. We must approve the PA request before you can get the care. If we do not approve the service, we will notify the dentist and send you a written notice of the decision.

Pre-Treatment Estimates

A Pre-treatment Estimate is not required to receive payment, but it allows claims to be processed more efficiently and allows you and your dentist to know what services may be covered before your dentist provides them.

Delta Dental will provide notice to you and your dentist within 14 calendar days (28 days with an extension for good cause) from receipt of the request. If your dentist requests an urgent Pre-Treatment Estimate Delta Dental will notify you and your dentist of the decision within 72 hours. You and your Delta Dental HKD Dentist should review your Pre-treatment Estimate notice before treatment. Once treatment is complete, the dental office will submit a claim to Delta Dental for payment.

You have the right to request a copy of Delta Dental’s clinical practice guidelines (dental clinical review criteria) to better understand how claims decisions are made. Clinical practice guidelines are scientific resources used by Delta Dental licensed dental professionals to help them make treatment decisions based on medical necessity and appropriateness of care in a way consistent with the current standards of dental practice. If you would like more information, please call Delta Dental Customer Service at 866-696-7441.

Clinical Practice Guidelines

We encourage our providers to use evidence-based clinical practice guidelines (CPGs). Our clinical criteria can be found under the “Dentist” section on our website (<https://www.deltadentalmi.com/Dentist/Tools-Resources/Clinical-Criteria>).

Whenever possible, Delta Dental adopts clinical practice guidelines that are published by nationally recognized organizations or government institutions, as well as by health care professionals in their applicable fields.

These guidelines are reviewed by clinicians with you in mind. Topics on services such as exams, cleanings, and fluoride can be found within these guidelines.

Transportation Services

Non-Emergency

Your Healthy Kids Dental benefit provides options for transportation to and from dental office visits. If you need transportation to or from an appointment, and are also enrolled in a Medicaid Health Plan (MHP), call your MHP to arrange for a ride. If you are not enrolled in a MHP and live in Wayne, Oakland and Macomb counties, call ModivCare at 866-569-1902 to arrange a ride. If you are not enrolled in a MHP and do not live in Wayne, Oakland, or Macomb counties, contact your local MDHHS office. MDHHS office locations and phone numbers may be found at: www.michigan.gov/dhs-countyoffices. If you need to travel a long distance for a dental service, there may be additional transportation assistance available to you.

Emergency

If you need emergency transportation, call 911.

Pregnant Women

Oral care is important for you and your baby while you are pregnant. Routine dental care can be done during pregnancy. Please call Delta Dental Customer Service and your local MDHHS office as soon as you find out you are pregnant.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT is a special healthcare program for children under 21 years of age who are covered by Medicaid. Under EPSDT, children and teens enrolled in Medicaid receive all recommended preventive services and any medical treatment needed to promote healthy growth and development.

All infants, children and teens should receive regular well-child check-ups of their physical and mental health, growth, development, and nutritional status. Primary care providers should provide an oral health screening and caries risk assessment for beneficiaries at each well-child visit as recommended by the American Academy of Pediatrics periodicity schedule.

For children’s oral health, coverage includes regular preventive dental care and treatment to relieve pain and infections, restore teeth, and maintain dental health and emergency, preventive, and therapeutic services for dental disease that, if left untreated, may become acute dental problems, or cause irreversible damage to the teeth or supporting structures.

Children’s Health

Helping your child have healthy teeth starts at birth. Your baby’s gums should be wiped twice a day. Use a wet gauze pad or a clean, damp cloth. Gently wipe all the surfaces of your baby’s gums. The first dental visit should occur within six months after your baby’s first tooth appears, but no later than the child’s first birthday.

When your baby has teeth, start using a soft infant toothbrush and a smear of fluoride toothpaste (about the size of a grain of rice). Do not worry about your baby not being able to spit out the toothpaste. The toothpaste left in your baby’s mouth helps to protect teeth.

A visit to the dentist can keep you or your children from getting cavities, gum disease, and other problems. Children should see a dentist within 90 days of enrollment in the HKD program. After the first appointment, your child should see the dentist once every 6 months or sooner if a dental problem arises. Regular dental visits can prevent major problems that cause children to miss school and parents to miss work. Be sure to schedule the next dental visit before leaving the dentist’s office.

Keep your teeth healthy with these tips:

- Brush twice a day
- Floss daily
- Do not share toothbrushes
- Replace toothbrushes every three to four months
- Store toothbrushes with bristles on top
- Do not cover toothbrushes—they need to dry out
- Children should never be put to bed with juice or milk. This can rot the teeth
- Only water should be given after brushing at bedtime
- Use soap and water to clean baby bottles, sippy cups, pacifiers, and teething toys
- Talk to your dentist if your child uses a pacifier or sucks their fingers or thumbs
- Babies and toddlers should drink fluoridated water and use fluoride toothpaste
- Eat a well-balanced diet and avoid sugary foods and drinks

Dental Emergency Care

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 you have a dental emergency, call your dental office, and ask what you should do. If you need help finding a dentist, call Delta Dental Customer Service at 866-696-7441. We will give you a list of dentists, including after-hours dentists available in your area.

You have the right to use any provider, hospital, or other setting for emergency dental services.

If you are not in Michigan when a dental emergency happens, you can call Delta Dental Customer Service at 866-696-7441 for help finding a dentist. The HKD program will cover the service even if it is not a Delta Dental HKD dentist. A prior authorization is not needed for emergency services.

If you or your child is having a life-threatening emergency, call 911 or go to the emergency room. You do not need approval from Delta Dental or your dentist before getting emergency care.

If you or your child have gone to the emergency room or a dentist outside of your area for a dental emergency, call your dentist for a follow-up appointment.

Cost Sharing and Copayments

You do not have to pay a co-pay or other costs for covered services under the HKD program. You must go to a dentist in Delta Dental's HKD network, unless otherwise approved. If you go to a dentist that is not in Delta Dental's HKD network and did not get approval to do so, you may have to pay for those services.

Rights and Responsibilities

You have rights and responsibilities as our member. Our staff will respect your rights. We will not discriminate against you for using your rights. This Medicaid Dental Health Plan and any of its network providers will comply with the requirements concerning your rights.

You have the Right to:

- Receive information about your dental care services
- Be treated with dignity and respect
- Receive Culturally and Linguistically Appropriate Services (CLAS)
- Have your personal and medical information kept private
- Participate in decisions regarding your health care, including the right to refuse treatment and express preferences about treatment options
- 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 amended or corrected
- Be furnished dental services consistent with this Contract and State and federal regulations
- Be free to exercise your rights without adversely affecting the way the Dental Health Plan, providers, or the State treats you
- Be free from other discrimination prohibited by State and federal regulations
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and your ability to understand
- Receive Federally Qualified Health Center, Rural Health Center, Indian Health Coverage Program (as applicable) and mobile dental facility, and SEAL! Services
- To request information regarding provider incentive arrangements including those that cover referral services that place the dental provider at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided
- To request information on the structure and operation of the Delta Dental HKD plan
- Receive a printed copy of MDHHS network adequacy standards upon request. To get a copy, call Delta Dental's customer service at 1-866-696-7441.

- 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 non-treatment
 - Your right to participate in decisions regarding your health care, including the right to refuse treatment and to express preferences about future treatment decisions

You have the Responsibility to:

- Review this handbook and Delta Dental HKD Certificate of Coverage
- Make and keep appointments with your Delta Dental HKD dentist
- Treat dentists and their staff with respect
- Protect your Medicaid and Healthy Kids Dental ID cards against misuse
- Contact us if you suspect fraud, waste, or abuse
- Give your Dental Plan and your dentists as much info about your health as possible
- Learn about your health status
- Work with your dentist to set care plans and goals
- Follow the plans for care that you have agreed upon with your dentist
- Live a healthy lifestyle
- Make responsible care decisions
- Tell your local MDHHS office if your contact info (like your address or phone number) changes

Grievances and Appeals

We want you to be happy with the services you get from Delta Dental and our providers. If you are not happy, you can file a grievance or appeal.

Grievances are complaints that you may have if you are unhappy with our plan or if you are unhappy with the way a staff person or provider treated you. Appeals are complaints related to your medical coverage, such as a treatment decision or a service that is not covered or denied. If you have a problem related to your care, talk to your dentist. Your dentist can often handle the problem. If you have questions or need help, call Delta Dental Customer Service at 866-696-7441 (TTY:711).

Grievance Process

We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away. If you aren't happy with us or your dentist, you can file a grievance at any time. Delta Dental has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits. These are examples of when you might want to file a grievance.

- Your provider or a Delta Dental staff member did not respect your rights
- You had trouble getting an appointment with your provider in an appropriate amount of time
- You were unhappy with the quality of care or treatment you received
- Your provider or a Delta Dental staff member was rude to you

- Your provider or a Delta Dental staff member was insensitive to your cultural needs or other special needs you may have

You can file your grievance on the phone by calling Delta Dental Customer Service at 866-696-7441 (TTY: 711).

You can also file your grievance in writing via mail or fax at:

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

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your Medicaid member ID number. You can ask us to help you file your grievance by calling Delta Dental Customer Service at 866-696-7441 (TTY: 711). We will let you know when we have received your grievance. We may contact you for more information.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be your “representative.” If you decide to have someone represent you or act for you, inform Delta Dental in writing the name of your representative and their contact information. Your grievance will be resolved within 90 calendar days of submission. We will send you a letter of our decision.

Appeal Process

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get an “Adverse Benefit Determination” letter from us. This letter will tell you the following:

- The adverse benefit determination the Dental Health Plan has made or intends to make
- Your right to be provided upon request and free of charge, copies of all documents, records, and other information used to make our decision
- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it, and when you may have to pay for the services

An adverse benefit determination (ABD) is defined as:

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- The reduction, suspension, or termination of a previously authorized service.
- The denial, in whole or in part, of payment for a service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a “clean claim” is not an ABD.
- The failure to provide services in a timely manner, as defined by MDHHS.
- The failure of the Dental Health Plan to act within the time frames provided in 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

- The denial of a member’s request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

You may appeal within 60 calendar days of the date on the Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than 10 calendar days from the date on the Adverse Benefit Determination. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not telling you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

You can file your appeal on the phone by calling Delta Dental Customer Service at 866-696-7441 (TTY: 711). You can also file your appeal in writing via mail or fax at:

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

You have several options for assistance. You may:

- Call Delta Dental Customer Service and we will assist you in the filing process
- Ask someone you know to assist in representing you. This could be your dentist or a family member, for example.
- Choose to be represented by a legal professional.

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter their contact information or, 2) fill out the Appointment of Representative Form. You may call and request the form or find this form on our website at <https://www.deltadentalmi.com/getmedia/1e3b0c2c-688c-4a08-b220-99ba642fed10/AoR-Form-revised-5-2021-final.aspx>

We will send you a notice saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing. A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.

Delta Dental will send our decision in writing to you within 30 calendar days of the date we received your appeal request. Delta Dental may request an extension up to 14 more days in order to get more information before we make a decision. You can also ask us for an extension if you need more time to get additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Notice of Internal Appeal Decision. The Notice of Internal Appeal Decision will tell you what we will do and why.

If Delta Dental’s decision agrees with the Notice of Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. Delta Dental may only do this as allowed by Michigan policy. If Delta Dental’s decision does not agree with the Notice of Adverse Benefit Determination, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when Delta Dental reviews your appeal.

How Can You Expedite Your Appeal?

If you or your provider believes our standard timeframe of 30 calendar days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, Medicaid member ID number, the date of your Notice of Adverse Benefit Determination letter, information about your case, and why you are asking for the expedited appeal. We will let you know within 24 hours if we need more information. Once all information is provided, we will call you within 72 hours from the time of your request to inform you of our decision and will also send you and your authorized representative the Notice of Internal Appeal Decision.

How Can You Withdraw an Appeal?

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request. Delta Dental will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Delta Dental at 866-696-7441 (TTY: 711).

What Happens Next?

After you receive the Notice of Internal Appeal Decision in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing from the Michigan Office of Administrative Hearings and Rules (MOAHR) and/or asking for an External Review under the Patient Right to Independent Review Act (PRIRA) from the Michigan Department of Insurance and Financial Services (DIFS). You can choose to ask for both a State Fair Hearing and an External Review or you may choose to ask for only one of them.

State Fair Hearing

You have the right to a State Fair Hearing with the state of Michigan. Your dentist or representative could also ask for a hearing. You must complete an appeal with us before you can ask for a State Fair Hearing. You must make your request for a State Fair Hearing within 120 calendar days from the date on the Notice of Internal Appeal Decision.

If you would like to continue your services during the State Fair Hearing process, you must ask for a State Fair Hearing Appeal within 10 calendar days of the date on the Notice of Internal Appeal Decision. A Request for Hearing form will be included with the Notice that you receive from us.

Send your request per the instructions on the form to:

Michigan Department of Health and Human Services
Michigan Administrative Hearing System (MOAHR)
PO Box 30763
Lansing, MI 48909
Or call: 800-648-3397
Fax: 517-763-0146

Call Delta Dental Customer Service if you need a hearing request form sent to you or if you need help completing the request.

External Review of Appeals

Our decision on your appeal is final. If you do not agree with our final decision, you can ask for an external review from the Michigan Department of Insurance and Financial Services. You must complete an appeal with us before you can ask for an external review. You must make your request for an external review within 127 calendar days from the date on the Notice of Internal Appeal Decision.

Send your request to:

Department of Insurance and Financial Services (DIFS)
Office of Research, Rules, and Appeals—Appeals Section
PO Box 30220
Lansing, MI 48909-7720
Or call: 877-999-6442
Fax: 517-284-8838
Online: <https://difs.state.mi.us/Complaints/ExternalReview.aspx>

Disenrollment

There may be times when your membership in this plan comes to an end. Either you or the plan may end your membership.

Disenrollment by Plan

The plan can request your disenrollment for the following:

- If you act in a violent or threatening manner. Violent or threatening situations involve physical acts of violence; physical or verbal threats of violence made against providers, staff, or the public at the plan's locations, or stalking situations. Special considerations may be made if you have special needs.
- If you moved out of the plan's service area.
- If you are admitted to a nursing facility for longer than 45 days.
- If you no longer meets the criteria for enrollment.

Disenrollment by You

If you are unhappy with the plan for any reason, you may disenroll yourself by calling MI Enrolls at 1-800-975-7630, TTY: 1-888-263-5897. Reasons you may disenroll include the following reasons:

- If you move.
- If the plan does not cover the service you seek, because of moral or religious objections.
- If you need related services to be performed at the same time but not all related services are available within the provider network and receiving the services separately would subject you to unnecessary risk.
- For any other reasons such as poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

Community Resources

For help finding community-based support services in your area, call 211 or visit www.mi211.org.

Women, Infants, and Children (WIC) is a free program that provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care. Call 800-262-4784 to find a WIC clinic near you.

Help Identify Fraud, Waste and Abuse

Medicaid pays dentists, doctors, hospitals, pharmacies, clinics and other health care providers to take care of adults and children who need help getting medical care. Sometimes, providers and patients misuse Medicaid resources. Unfairly taking advantage of Medicaid resources leaves less money to help other people who need care. This is called fraud, waste, and abuse.

- Fraud is purposefully misrepresenting facts.
- Abuse is excessively or improperly using those resources.
- Waste occurs from practices that result in unnecessary costs.

We work to find, investigate, and prevent health care fraud. You can help. Know what to look for when you get health care services. If you get a bill or statement from your doctor or an Explanation of Benefit Payments statement from us, make sure:

- The name of the dentist is the same dentist who treated you
- The type and date of service are the same type and date of service you received
- The diagnosis on your paperwork is the same as what your dentist told you

Health care fraud is a felony in Michigan. Some common ways fraud is committed include:

- Letting someone else use your HKD and/or Medicaid ID card. Only you have permission to use your card to get covered services.
- Falsifying medical bills, claims and other documents.
- Using an expired ID card to obtain products or services.
- Trying to get payment from multiple insurance policies for the same illness or injury.

Being involved in fraud or abuse can put your benefits at risk or make other legal problems. Help minimize fraud and abuse. If you suspect fraud, you can report it anonymously by calling our fraud hotline.

1-800-524-0147

Or visit our website at <https://www.deltadentalmi.com/Member/Using-Your-Benefits/Forms-Resources/Fraud-Abuse>.

If you notice any problems or want to report fraud, waste, or abuse, you may also write:

Delta Dental Focused Review
PO Box 30416
Lansing, MI 48909-7916

You may also report or get more information about health care fraud by writing:

Office of the Inspector General
PO Box 30062
Lansing, MI 48909

Or call toll-free: 1-855-MI-FRAUD (1-855-643-7283)

Or visit: michigan.gov/fraud Information may be left anonymously

Helpful Definitions

These managed care definitions will help you better understand certain actions and services throughout this handbook.

Adverse Benefit Determination: A letter that you receive after an appeal is denied, in whole or in part, or if the plan cannot provide a service in a timely basis. The letter will tell you what action was taken, why the action was taken, and your rights.

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

Copayment: An amount you are required to pay as your share of the cost for a medical service or supply. This may include:

- A dental visit
- A dental appliance or device

Dental Health Plan: A plan that offers dental services to members who meet State eligibility rules. The State contracts with certain dental organizations to provide dental services for those who are eligible. The State pays the premium on behalf of the member.

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.

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 medical emergency when you think that your health is in danger.

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

Excluded Services: Dental services that your plan doesn't pay for or cover.

Grievance: A complaint that you let your plan know about. You may file a grievance if you have a problem calling the plan or if you're 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 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 or
- Symptom

Network: Dental providers contracted by your plan to provide health services. This includes:

- Dentists
- Dental Specialists

Network Provider/Participating Provider: A dental provider that has a contract with the plan as a provider of care.

Non-Participating Provider/Out-of-Network Provider: A dental provider that does not have a contract with the Medicaid Dental Health Plan as a provider of care.

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

Post-Stabilization Services: Covered services related to an emergency medical condition, provided after a person is stabilized. These services maintain, improve, or fix the stabilized condition.

Preauthorization: Approval from a plan that is required before the plan pays for certain dental:

- Services
- Appliances or devices

This is also called prior authorization, prior approval or precertification. Your plan may require preauthorization for certain services before you receive them. This excludes an emergency.

Premium: The amount paid for dental benefits every month. Dental Plan premiums are paid by the State on behalf of eligible members.

Provider: A person, place or group that's licensed to provide dental services like dentists

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: November 2, 2023

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: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.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 serious 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.deltadentaltn.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:

**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، فنتوفر 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).

[THIS PAGE INTENTIONALLY LEFT BLANK]