

Welcome to the Michigan Dental Program DENTAL HANDBOOK



Table of Contents

	Page
Welcome	2
① Definitions	3
② How to Use the Michigan Dental Program	3
③ What the Michigan Dental Program Covers	4
④ Coordination of Benefits	5
⑤ Questions and Answers	5
⑥ Complaints and Appeals	6
⑦ General Conditions	6
⑧ Termination of Coverage	7

Questions/Help

If you have questions about your program, call our toll-free number, 1-800-524-0149. Be ready to tell us your name, your identification number from your Delta Dental Card, and your daytime telephone number. Please also tell us that your question is about the Michigan Dental Program. You can also write to Delta Dental's Customer Service department, P.O. Box 9089, Farmington Hills, Michigan 48333-9089. In your letter, please tell us this same information along with your question.

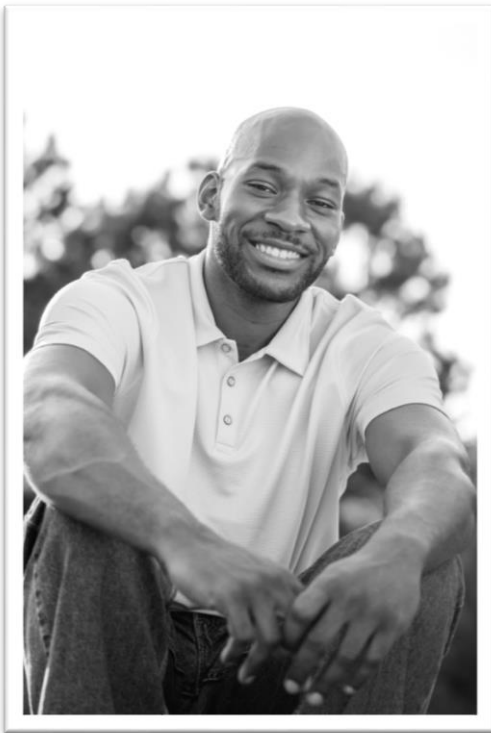
If you need to report a change of address, or questions about enrollment, call the Michigan Dental Program office at 1-844-648-3384.

Welcome. . .

to the **Michigan Dental Program!**

This handbook tells you about the dental services covered by your dental program and how to get them.

Michigan Dental Program is a federally funded program administered by the Michigan Department of Health and Human Services (MDHHS). If any changes are made that affect your coverage, you will be told.



Good dental health plays a very important part in keeping your entire body healthy! Because of that, the purpose of the Michigan Dental Program is to help individuals get dental care. We are glad you are part of this program, and we encourage you to see a dentist soon!

You must go to a dentist who is part of the Delta Dental PPO network. Be sure to ask your dentist if they are a Delta Dental PPO dentist.

This plan does not cover treatment if the dentist does not participate in the Delta Dental PPO plan, except for dental emergencies when you are outside the State of Michigan. Please see “What should I do in case of a dental

emergency?” on page 5.

If you have any questions about the Michigan Dental Program, or if you need the name of a participating dentist in your area, call our Customer Service department at 1-800-524-0149. This call is free.

We at Delta Dental look forward to providing your Michigan Dental Program benefits.

1 Definitions

Appeal

is a written request for Delta Dental or MDHHS to review a claim. See Section 5, Complaints and Appeals.

Beneficiary

is a person who is enrolled in the Michigan Dental Program.

Claim

is a detailed list of dental services provided by a dental office and given to Delta Dental for payment.

Delta Dental

means Delta Dental Plan of Michigan, Inc., a service provider for dental benefits under the Michigan Dental Program.

Delta Dental ID Card

is a permanent (not monthly) card. We send cards to each Beneficiary. Use this card whenever you see the Dentist. If you lose the card, call Delta Dental at 1-800-524-0149.

Dentist

is a person licensed to practice dentistry.

Delta Dental PPO Dentist (“PPO Dentist”)

is a Dentist who has signed an agreement with Delta Dental to participate in Delta Dental PPO.

MDHHS

is the Michigan Department of Health and Human Services.

Handbook

is this booklet. The Handbook tells you about the Michigan Dental Program dental benefits.

Michigan Dental Program

is a comprehensive federally-funded dental access program for persons with certain qualifying conditions.



Participating Dentist

is a Michigan Dentist who has agreed to participate in the Delta Dental PPO dental program with Delta Dental. You may go to any Delta Dental PPO Dentist in Michigan. **Delta Dental does not pay for any services from a nonparticipating Dentist in Michigan.**

2 How to use the Michigan Dental Program

To use Michigan Dental Program dental benefits, follow these steps:

- 1 Read your Handbook carefully to learn how the Michigan Dental Program works and what is covered.
- 2 Find a Delta Dental PPO Dentist by calling Customer Service at 1-800-524-0149 or you can use our online directory at www.DeltaDentalMI.com. You can also download the Delta Dental smartphone app to find a Delta Dental PPO dentist near you.
- 3 Make an appointment with a Delta Dental PPO Dentist. Tell the Dentist you are covered by the Michigan Dental Program and ask if he or she is

a Participating Dentist (Checking on this is important because services are not covered if a nonparticipating Dentist provides them).

- 4 Be on time for your appointments, or call ahead if you must cancel. Delta Dental does not pay for missed or broken appointments.
- 5 Show your Delta Dental Card at each appointment.
- 6 After treatment, your Dentist sends a claim form to Delta Dental. To help them, tell the dental office staff:
 - The Beneficiary's full name and address.
 - The Beneficiary's Social Security or Delta Dental identification number.
 - The Beneficiary's date of birth.
 - The group name (Michigan Dental Program) and group number (#5000).
- 7 If your Dentist has any questions about the Michigan Dental Program, ask him or her to call Delta Dental at 1-800-524-0149.
- 8 Delta Dental will send you an Explanation of Benefits (EOB). It shows you how much Delta Dental paid. Remember, you must go to a Delta Dental PPO Dentist. If you do not go to a Delta Dental PPO Dentist, you must pay for your dental services.

3 What the Michigan Dental Program Covers

- Oral exams (2 per calendar year)
- Problem focused exams
- X-rays
 - Bitewing X-rays (1 per calendar year)
 - Full mouth or panoramic X-rays (1 in 5 years)
 - Other X-rays as needed
- Teeth cleaning (3 per calendar year)

- Full mouth debridement (1 per calendar year)
- Periodontal maintenance, with periodontal history (3 per calendar year)
- Fluoride treatment (3 per calendar year)
- Sealants are covered for 1st and 2nd permanent molars
- Brush Biopsy
- Filling of cavities
- Crowns and substructures for all teeth except the 2nd and 3rd molars, limited to two per calendar year once in five year period.
- Scaling and Root planing (once in a 24 month period)
- Gingivectomy and gingival flap surgery once in 36 mos.
- Bite guards (1 per lifetime)
- Root canal for all teeth except the 2nd and 3rd molars, limited to 2 per calendar year.
- Extractions, simple and surgical
- Limited other oral surgery
- I.V. sedation/anesthesia (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 3 years)
- Tissue conditioning (2 times in 3 years)
- Re-cement crowns and bridges
- Bridges for the upper arch -3 unit fixed bridge only, to replace a missing tooth (1 per 5 years)
- Prescription toothpaste (3 per calendar year along with cleaning)
- Emergency treatment

Any services not listed above are NOT covered benefits.

If you have a service that is not covered, you must pay for it. Some of the services that are NOT covered are:

- Inlays and onlays
- Crowns for 2nd or 3rd molars
- Root canals for 2nd or 3rd molars
- Bridges for lower arch
- Bridges with 4 or more fixed units
- Periodontal surgery, other than gingivectomy and gingival flap surgery
- Braces
- Implants and implant prosthodontics
- Cosmetic dentistry including bleaching
- Services covered under a hospital, surgical/ medical or prescription drug program
- Treatment of TMJ (temporomandibular joint) disorder

4 Coordination of Benefits

Coordination of Benefits (“COB”) applies to this Plan when you have dental benefits under more than one plan. The Michigan Dental Program is payer of last resort.

5 Questions and Answers

May I choose any Dentist?

You may choose any Delta Dental PPO Dentist. Although we update the Dentist Directory daily, ask the Dentist or the dental office staff if they are participating in the Delta Dental PPO network when you make an appointment.

You can find a Delta Dental PPO Dentist by calling Customer Service at 1-800-524-0149 or by visiting our website at www.DeltaDentalMI.com. You can

also use our smartphone app to find a dentist near you.

When does dental coverage begin?

When the Michigan Dental Program tells Delta Dental that you are eligible. Delta Dental will mail you a Delta Dental Card.

When do I have to pay for dental services?

You do not have to pay for services that the Michigan Dental Program covers. If the Michigan Dental Program does not cover a service you would like your Dentist to provide, you must pay for that service. **You should discuss fees and payment process with the dentist before the service is provided for non-covered services.**

Does the Michigan Dental Program cover all dental services?

No. The dental services covered are described in Section 3 of this Handbook.

What should I do in case of a dental emergency?

A dental emergency is a service needed to control bleeding, relieve pain, or get rid of a sudden infection. The emergency services are needed to prevent pulpal tooth death, the imminent loss of teeth, and the treatment of injuries.

If a dental emergency happens, call your dentist’s office and ask them what you should do. If the emergency is life threatening, call 911 or the phone number for emergency medical services in your area.

If you are not in Michigan when the dental emergency happens, you can call Customer Service’s toll-free number, 1-800-524-0149, or check on our website, www.DeltaDentalMI.com to find a dentist that participates with Delta Dental PPO. However, you are not required to go to a Delta Dental dentist.

This is very important:

Before you receive treatment, tell the dentist that you are in the Michigan Dental Program and that

they may call Customer Service at 1-800-524-0149 for additional information and billing assistance.

What if I need specialty dental care?

If you need a specialist, talk to your regular Dentist. He or she can tell you how to get specialty care. Before visiting a specialist, be sure he or she is a Delta Dental PPO Dentist or the services will not be covered by Delta Dental. Also, check that the services needed are covered under the Michigan Dental Program. If the specialist is not a Delta Dental PPO Dentist or the services are not covered, you will be held responsible for the payment of those services.

6 Complaints and Appeals

If you have questions about a claim, or believe a claim has been denied incorrectly, call our Customer Services department at 1-800-524-0149 and talk to an advisor. You may also ask for a formal review of your claim.

- ① First, you should call Customer Service and ask them to check the claim.
- ② If you decide to ask for a formal review, submit a request as soon as possible. Reviews must be requested within 180 days of when you received the notice that the claim was denied.
- ③ Send your name, address, Delta Dental I.D. Number, the reason you believe your claim was wrongly denied, and any supporting information you have to the address below:

**Dental Director
Delta Dental
P.O. Box 30416
Lansing, Michigan 48909-7916**

- ④ Your request will be reviewed by a dental professional and a decision will be made based on all of the available information provided. Including any new information that was not available when the claim was first decided.
- ⑤ The review may take up to 60 days after Delta Dental receives your request. If it is denied, you

will receive a notice in writing with the reason for the denial.

If you have complaints or concerns with your Dentist or dental office, there are things you can do:

- ① First, you should talk to the Dentist who provided the service.
- ② If you aren't satisfied, you can request a formal review through the Quality of Care Complaint Procedure. To do this, send your complaint in writing and mail it to:

**Customer Service Department
Delta Dental of Michigan
P.O. Box 9089
Farmington Hills, MI 48333-9089**

Send a copy of your Explanation of Benefits with a letter telling us about your problem and any other facts that would help us. Be sure to include your name, address, telephone number, the date, and the Beneficiary's name, Social Security or Delta Dental I.D. number, and address.

Delta Dental will investigate your complaint and notify you within 30 days of receiving your letter. We may refer the problem to the Michigan Dental Association. When the review is done, you are notified in writing within 15 days.

- ③ You can call or write MDHHS about your complaint.

**Department of Health and Human Services
Michigan Dental Program
109 W. Michigan Ave., 8th Floor
Lansing, Michigan 48913
1-844-648-3384**

7 General Conditions

These general rules apply to the Michigan Dental Program.

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 Delta Dental, 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

You may choose any Delta Dental PPO Dentist. He or she is solely responsible to you for dental advice and treatment and any resulting liability.

Loss of Eligibility During Treatment

If you lose eligibility during dental treatment, Delta Dental only pays for covered services while you are eligible. If you start a service that can only be finished with a series of appointments and lose eligibility before the service is done, we will pay for it if it is finished within 60 days from the date that you lost eligibility.

8 Termination of Coverage

When you lose eligibility, Delta Dental covers dental services up to the last day of that month.

Michigan Dental Program coverage may be automatically terminated on the last day of the month in which MDHHS tells Delta Dental your MDP coverage has ended.

IF YOU HAVE AN EMERGENCY – CALL 911

NOTICE OF PRIVACY PRACTICES

Date of this notice: February 12, 2016

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 Health Insurance Company of New York, and Renaissance Systems & Services, LLC (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.

For more information concerning this notice please see:
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/hipaa/for-individuals/guidance-materials-for-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 email). 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,
www.renaissancedental.com, or
www.rss-llc.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 health care.

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., SW, Washington, D.C. 20201, 877-696-6775. You also may visit OCR's website at www.hhs.gov/hipaa/filing-a-complaint/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:
Jonathan S. Groat Chief Privacy Officer PO Box 30416Lansing, MI 48909-7916517-347-5451 (TTY users call 711)

Para asistencia en español, llame al número de servicio al cliente (customer service) que aparece en el reverso de su tarjeta para miembros.

This document is also available in alternative formats upon request and at no cost to persons with disabilities.

Notice of Privacy Policies LGL 2/12/16



Delta Dental of Michigan

Claims, Pre-Treatment Estimates

P.O. Box 9085
Farmington Hills, MI 48333-9085

Inquiries, Review

P.O. Box 9089
Farmington Hills, MI 48333-9089
1-800-524-0149

MDP CERT082016

An Equal Opportunity Employer