



Welcome to the Michigan Dental Program

DENTAL HANDBOOK



Benefits Effective 8-1-2023

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Contact Delta Dental

For questions about your program, call our toll-free number, **1-800-524-0149**. Be ready to tell us your name, identification number from your Delta Dental Card, and daytime telephone number.

You can 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.

Welcome...

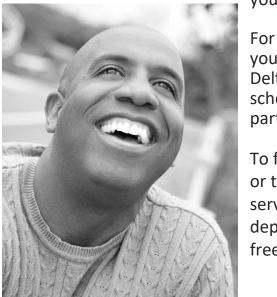
We at Delta Dental look forward to providing your Michigan Dental Program benefits.

This handbook explains how to get the most out of the dental services covered by the Michigan Dental Program (MDP).

Michigan Dental Program is a federally funded program administered by the Michigan Department of Health and Human Services (MDHHS).

We are glad you are part of this program, and encourage you to see a dentist soon! Good dental health plays a very important part in keeping

your entire body healthy.

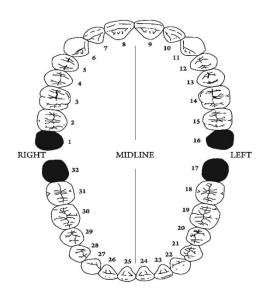


For dental services to be paid by the MDP, you must go to a dentist who is part of the Delta Dental PPO network. Ask when scheduling appointments if the provider participates with Delta Dental PPO.

To find a participating dentist in your area, or to get answers about covered dental services, call our Customer Service department at **1-800-524-0149**. This call is free.

Steps to Access Dental Benefits

- Read this Handbook carefully to learn how the Michigan Dental Program works and what is covered.
- Pind a Delta Dental PPO Dentist one of four ways:
 - 1. Call Customer Service at 1-800-524-0149.
 - Access our online directory at www.DeltaDentalMI.com.
 - 3. Access the Member Portal at www.memberportal.com. Once logged in, this site allows you to access your benefit and additional helpful information.
 - 4. Download the Delta Dental smartphone app. Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download the app, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.
- Make an appointment with a Delta Dental PPO Dentist. Tell the Dentist you have Delta Dental coverage through the Michigan Dental Program and confirm whether they are a Delta Dental PPO Participating Dentist (Only services provided by a Delta Dental PPO participating provider are paid under this program).
- Be on time for your appointments, or call ahead if you must cancel. Delta Dental does not pay for missed or broken appointments.
- Show your Delta Dental Card at each appointment.
- **6** After treatment, your Dentist sends a claim to Delta Dental.
- Delta Dental will send you an Explanation of Benefits (EOB). It shows how much Delta Dental paid. If the dentist is not a Delta Dental PPO Dentist, you must pay the entire cost of your dental services.



Covered Dental Services

- ✓ 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)
 - Limited periapical X-rays as needed
- ☑ Teeth cleaning (3 per calendar year)
- ☑ Full mouth debridement (1 per calendar year)
- ✓ Scaling and Root Planing (once in a 24 month period). This is sometimes called a deep cleaning.
- Periodontal maintenance, after Scaling and Root Planing (3 per calendar year)
- ✓ Fluoride treatment in office (3 per calendar year) at the teeth cleaning appointments.
- ✓ Prescription toothpaste (3 per calendar year along with cleaning)
- ☑ Gingivectomy and gingival flap surgery (once in 36 months).
- ☑ Sealants are covered for 1st and 2nd permanent molars

- ✓ Brush Biopsy
- ☑ Filling of cavities
- ☑ Crowns and core substructures for teeth numbers 2 15 and 18 31:
 - Limit of two crowns per calendar year
 - One crown on the same tooth is payable (1 in 5 years).
 - No payment for crowns on the 3rd molars.
 Excluded teeth numbers are 1, 16, 17, and 32.
- ☑ Occlusal guards (1 in 5 years)
- ✓ Root canal for teeth numbers 2 15 and 18 31:
 - Limited to two root canals per calendar year.
 - No payment for root canals on the 3rd molars. Excluded teeth numbers are 1, 16, 17, and 32.
- ☑ Extractions, simple and surgical
- ✓ Limited other oral surgery
- ☑ I.V. sedation/anesthesia (when medically necessary)
- ✓ 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 top arch only. The dental plan will only pay for a porcelain fused to metal 3 unit fixed bridge, to replace a single missing tooth (1 per 5 years)
- Emergency treatment (See Q and A section for additional information.

To confirm whether a service is covered under the plan, ask your dentist to submit a Pre-Treatment Estimate to Delta Dental. A Pre-Treatment Estimate will provide information about how the dental plan will cover the service and your out-of-pocket costs. This information may lead

to further discussion of treatment options with your provider.

When this pre-treatment estimate is sent to Delta Dental, the estimate reviews:

- Time limitations for services
- Whether the service is covered by the MDP dental plan

A copy of the estimate will be provided to both you and your provider.

A pretreatment estimate is not required to receive payment, but it allows claims to be processed more efficiently and allows you to know what services may be covered before your Dentist provides them. You and your Dentist should review your Pre-Treatment Estimate Notice before treatment.

Not Covered Dental Services

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

- Any dental services performed by a dentist outside of the Delta Dental PPO network (Non-PPO dentists).
- ⊠ Root canals for 3rd molars. Excluded teeth numbers are 1, 16, 17, and 32
- □ Bridges for lower arch
- □ Bridges with 4 or more teeth involved
- □ Bridges made of all porcelain/ceramic structure
- Periodontal surgery, other than gingivectomy and gingival flap surgery

- Services covered under a hospital, surgical/ medical or prescription drug program



Questions and Answers

May I choose any Dentist?

You must see a dentist who is part of the Delta Dental PPO network. This plan does not cover treatment if the dentist does not participate in the Delta Dental PPO network.

Find a Delta Dental PPO Dentist one of four ways:

- 1. Call Customer Service at 1-800-524-0149.
- Access our online directory at www.DeltaDentalMI.com.
- 3. Access the Member Portal at www.memberportal.com. Once logged in, this site allows you to access your benefit and additional helpful information such as the online dentist directory.
- Download the Delta Dental smartphone app. Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download the app, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.

Ask the dental office staff if the dentist is participating in the Delta Dental PPO network when you make an appointment.

<u>Do all providers at a dental office</u> participate in the same network?

No. An office could have both Delta Dental Premier and Delta Dental PPO providers. Let the provider

office know that you only have coverage when services are provided by a Delta Dental PPO dentist. Participating status is based on provider and location, not by office.

When does dental coverage begin?

The Michigan Dental Program at MDHHS determines eligibility for dental coverage. Coverage begins the first day of the month of an approved application. For example, coverage begins June 1 for an application that is approved on June 20. Delta Dental will mail you a Delta Dental Card.

<u>Does the Michigan Dental Program cover</u> all dental services?

No. The dental services covered are described in Section 2 "Covered Dental Services" in this Handbook.

When do I have to pay for dental services?

If the Michigan Dental Program does not cover a service you would like your Dentist to provide, you are responsible for payment for that service.

Discuss fees and payment process with the dentist **before** the service is provided for non-covered services.

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.

Out of State dental emergency:

If you are away from home when a dental emergency happens, call Customer Service at our 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.

Important:

Before receiving treatment, show your Delta Dental card so the provider office can obtain information regarding benefits covered under the plan. 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 such as an oral surgeon, endodontist (root canal), periodontist (gum disease), etc. talk to your regular Dentist for a referral. They can tell you how to get specialty care. Before visiting a specialist, be sure they are a Delta Dental PPO dentist or the services will not be covered under the MDP plan. 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 responsible for the payment of those services.

If you cannot find a Delta Dental PPO specialist within 50 miles, contact the MDP office for help at 1-844-648-3384.

How do I change my address?

Address, name changes, and phone numbers can be updated by contacting the MDHHS MDP enrollment office at 1-844-648-3384.

Enrollment or Renewal questions?

Contact the MDHHS MDP enrollment office at 1-844-648-3384.



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.



6 Definitions

Appeal

is a written request for Delta Dental or MDHHS to review a claim. See Section 7, 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. One card is sent to each Beneficiary. Use this card whenever you see the Dentist. Call Delta Dental for a replacement card at 1-800-524-0149.

Dentist

is a person licensed to practice dentistry.

<u>Delta Dental PPO Dentist ("PPO Dentist")</u>

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

MDHHS

is the Michigan Department of Health and Human Services.

Handbook

is this booklet. The Handbook explains 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 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. The Michigan Dental Program plan does not pay for any services from a non-PPO Dentist.



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.

- First, 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.
- Send your name, address, Delta Dental I.D. Number, the reason you believe your claim was wrongly denied, and any supporting information to the address below:

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

- Your request will be reviewed by a dental professional including any new information that was not available when the claim was first decided.
- **6** 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:

• First, 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, date, 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 will receive written notification within 15 days.

3 You can call or write MDHHS about your complaint.

> **Department of Health and Human Services Michigan Dental Program** P.O. Box 30815 Lansing, Michigan 48909-7695

> > Phone: 1-844-648-3384

8 General Rules and **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. They are solely responsible to you for dental advice, treatment, and any resulting liability.

Loss of Eligibility During Treatment

If you lose eligibility during dental treatment, Delta Dental only pays for covered services during eligibility.

If a multiple appointment service is started that is not complete before coverage is terminated, MDP will pay for the service if completed within 60 days from the date of coverage termination.

9 Termination of Coverage

The Michigan Dental Program at MDHHS determines eligibility for dental coverage. Proper forms must be returned within 60 days of renewal date. When individuals no longer meet eligibility requirements, dental coverage must be terminated. Dental coverage ends on the date of termination. A termination letter will be sent from the MDHHS office.

IF YOU HAVE AN EMERGENCY - CALL 911

NOTICE OF PRIVACY PRACTICES – Updated file will go here

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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

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