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1 Welcome... to Healthy Michigan Plan!

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

Healthy Michigan Plan is based on an agreement between the Michigan Department of Health and Human Services (MDHHS) and your health plan. If any changes are made to this agreement 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 Healthy Michigan Plan is to help adults get dental care. We are glad you are part of this program, and we hope you will go to a dentist soon!

You must go to a dentist participating with Healthy Michigan Plan. This plan does not cover treatment if the dentist does not participate in the Healthy Michigan Plan dental program, except for dental emergencies when you are outside the State of Michigan. Please see “*What should I do in case of a dental emergency?*” in Section 5.

If you have any questions about your Healthy Michigan Plan dental coverage, or if you need the name of a participating dentist in your area, call our Customer Service department at 866-558-0280. This call is free. You can also look on our website at www.deltadentalmi.com. 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 Healthy Michigan Plan. Or, 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.

If you need to report a change of address, call your MDHHS specialist.

We at Delta Dental look forward to providing your Healthy Michigan Plan dental program.

2 Definitions

Appeal is a written request for Delta Dental or MDHHS to review a claim. *See Section 6, Grievances and Appeals.*

Beneficiary is a person who is enrolled in Healthy Michigan Plan.

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

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 866-558-0280.

Dentist is a person licensed to practice dentistry.

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

Handbook is this booklet. The Handbook tells you about Healthy Michigan Plan dental benefits.

Healthy Michigan Plan is a health care program through the MDHHS.

MDHHS is the Michigan Department of Health and Human Services.

3 How to use Healthy Michigan Plan

To use Healthy Michigan Plan dental benefits, follow these steps:

- 1) Read your Handbook carefully to learn how the Healthy Michigan Plan dental program works and what is covered.

- 2) Make an appointment with a Dentist listed in the Healthy Michigan Plan Dentist Directory. Tell the Dentist you are covered by the Healthy Michigan Plan 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.)
- 3) Be on time for your appointments, or call ahead if you must cancel. Delta Dental does not pay for missed or broken appointments.
- 4) Show your Delta Dental Card at each appointment.
- 5) 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 Delta Dental identification number.
 - The Beneficiary's date of birth.
 - The group name (Healthy Michigan Plan) and group number.
- 6) If your Dentist has any questions about the Healthy Michigan Plan dental program, ask him or her to call Delta Dental at 866-558-0280.
- 7) Delta Dental will send you an Explanation of Benefits (EOB). It shows you how much Delta Dental paid. Remember, you must go to a Participating Dentist. If you do not go to a Participating Dentist, you must pay for your dental services.

④ What Healthy Michigan Plan Covers

- Oral exams (2 in 12 months)
- Assessment (2 in 12 months)
- Bitewing X-rays (1 in 12 months)
- Full mouth or panoramic X-rays (1 in 5 years)
- Other X-rays as needed
- Teeth cleaning (2 in 12 months)
- Emergency treatment of dental pain
- Filling of cavities
- Sedative filling
- Extractions, simple and surgical
- Limited other oral surgery
- I.V. sedation (when medically necessary)

- General anesthesia (when medically necessary)
- Complete denture (1 in 5 years)
- Partial denture (1 in 5 years)
- Denture adjustments and repairs
- Denture rebase and relines (1 time in 3 years)
- Re-cement crowns and bridges

In addition, if you are under age 21, the services listed below are also covered for you:

- Resin crown (laboratory or prefabricated)
- Stainless steel crown (prefabricated)
- Root canal therapy

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:

- Bite guards
- Removal of healthy third molars (wisdom teeth)
- Bridges, inlays, onlays and cast crowns
- Braces
- Implants
- Cosmetic dentistry
- Services covered under a hospital, surgical/medical or prescription drug program
- Treatment of TMJ (temporomandibular joint) disorder

⑤ Questions and Answers

May I choose any Dentist? You may choose any Healthy Michigan Plan Dentist. Although we prepare the Healthy Michigan Plan Dentist Directory with our most current information, ask the Dentist or the dental office staff if they are participating in Healthy Michigan Plan when you make an appointment.

When does dental coverage begin? When your health plan 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 Healthy Michigan Plan covers. If Healthy Michigan Plan does not cover a service you would like your Dentist to provide, you must pay for that service.

Does Healthy Michigan Plan cover all dental services? No. The dental services covered are described in Section 4 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 acute 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, 866-558-0280, or check on our website, www.deltadentalmi.com to find a dentist that participates with Delta Dental. However, you are not required to go to a Delta Dental dentist.

Before you receive treatment, tell the dentist that you are in the Healthy Michigan Plan dental program and that they may call Customer Service at 866-558-0280 for additional information and billing assistance. **This is very important.**

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 Healthy Michigan Plan Dentist or the services will not be covered by Delta Dental. If the specialist is not a Healthy Michigan Plan Dentist, you may be held responsible for the payment of those services.

Grievances and Appeals

If you have questions about a claim, call our Customer Service department at 866-558-0280 and talk to an advisor.

A grievance is something you are unhappy with. 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, call customer service at 866-558-0280 or send your grievance 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 or Delta Dental I.D. number.

Delta Dental will investigate your grievance 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.

If waiting that long would hurt your health, call our Customer Service department at 866-558-0280 and let them know. We will get back to you within 3 calendar days.

- 3) If Delta Dental did not pay the full amount of your claim, you can Appeal by writing to Delta Dental. Send a copy of your Explanation of Benefits with a letter telling us about your Appeal and any other facts that would help us decide your claim. Be sure to include your name, address, telephone number, and the Beneficiary's Social Security or Delta Dental I.D. number. You must do this within 90 days of the date you received your Explanation of Benefits. Send your Appeal to:

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

Delta Dental will answer your Appeal in writing within 35 days of receiving it.

You can have another person file your Appeal for you if you sign an Authorized Representative form. Call our Customer Service department at 866-558-0280 to get this form.

- 4) **Expedited Appeal** – You can request an expedited Appeal if your dentist believes that the normal Appeal timeframes would seriously harm your health or life. Call our Customer Service department at 866-558-0280 and the advisor will help you file your expedited Appeal. Delta Dental will answer your expedited Appeal within 72 hours.
- 5) You can appeal a negative action, such as the Healthy Michigan Plan not paying a bill or not approving a service. You must file your hearing request within 90 days from the date you were notified of the negative action. Your request must explain the problem in writing. You have the right to represent yourself, use legal counsel, a relative, a friend or other spokesperson. Mail your request for a hearing to:

**Michigan Administrative Hearings System
for the Department of Health and Human Services
P. O. Box 30763
Lansing, Michigan 48909**

If you have questions about Appeals, call 877-833-0870.

- 6) If you wish to appeal a decision about dental need, and you have completed the formal Grievances and Appeal process outlined in this Handbook, you may also do so, within 120 days of the decision by calling or writing to:

**Department of Insurance and Financial Services
Office of General Counsel
Healthcare Appeals Section
P.O. Box 30220
Lansing, MI 48909-7720
877-999-6442**

You can take any of these actions at any time.

7 General Conditions

These general rules apply to the Healthy Michigan Plan 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 Healthy Michigan Plan 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.

Healthy Michigan Plan coverage may be automatically terminated on the last day of the month in which your health plan tells Delta Dental your Healthy Michigan Plan coverage ended.

9 Transportation Assistance

You can get help with a ride if you do not have a way to get to and from a dentist visit that is covered by the Healthy Michigan Plan. You must get approval for non-emergency transportation before your visit. Contact your health plan if you need transportation services.

IF YOU HAVE AN EMERGENCY – CALL 911

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

866-558-0280

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