

Contents

1. Welcome
2. Definitions
3. How to Use Pregnant Women Dental
4. What Pregnant Women Dental Covers
5. Questions and Answers
6. Grievances and Appeals
7. General Conditions
8. Termination of Coverage
9. Transportation Assistance

❶ Welcome to Pregnant Women Dental!

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

Pregnant Women Dental 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 Pregnant Women Dental is to help pregnant women 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 in the Healthy Michigan Plan Network.

This plan does not cover treatment if the dentist does not participate in the Healthy Michigan Plan network. However, the plan does cover 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.

Have questions about your Pregnant Women Dental coverage? Call our customer service department at 866-558-0280 (TTY users call 711). This call is free. Need to find a dentist who accepts Pregnant Women Dental? Call our customer service department at 866-558-0280. You can also look on our website at www.deltadentalmi.com/find-a-dentist.

Be ready to tell us your name, your ID number from your Delta Dental card and your daytime telephone number. Please also tell us that your question is about Pregnant Women Dental.

Or, you can write to Delta Dental’s customer service department, P.O. Box 9230, Farmington Hills, Michigan 48333-9230. 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 Pregnant Women Dental program.

❷ Definitions

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

Copayment

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

Claim

A request for payment for a covered service.

Covered services

The unique dental services selected for benefits.

Dental insurance

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

Dental plan

A plan that offers healthcare services to members who meet State rules. The State contracts with dental groups to provide dental services. The State pays the premium on behalf of the member.

Emergency dental condition

A dental injury or condition. You would need to seek care right away to avoid harm.

Emergency room care

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

Emergency services

Review of an emergency dental condition. This is done to keep the condition from getting worse.

Enrollee

A person who is enrolled in the Pregnant Women Dental program.

Excluded services

Dental services that your plan does not pay for or cover.

Grievance

A complaint that you let Delta Dental know about. You may file a grievance if you have a problem calling Delta Dental or if you'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 are needed to diagnose or treat an oral health:

- Injury
- Condition
- Disease
- Symptom

Network

Dental providers contracted with Delta Dental in the Healthy Michigan Plan network to provide dental services. This includes:

- Dentists
- Dental specialists

Network provider/participating dentist (Healthy Michigan Plan dentist)

A dental provider that has a contract with Delta Dental in the Healthy Michigan Plan network as a provider of care.

Nonparticipating provider/out-of-network provider

A dental provider that **does not** have a contract with Delta Dental in the Healthy Michigan Plan network as a provider of care.

Plan

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

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 who focuses on a specific area of dentistry. A specialist might focus on a specific group of patients. A specialist diagnoses, manages, prevents or treats 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 appointment.

③ How to use Pregnant Women Dental

To use Pregnant Women Dental benefits, follow these steps:

- 1) Read this handbook carefully to learn how the Pregnant Women 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 Pregnant Women Dental program. Ask if he or she is a participating dentist in the Healthy Michigan Plan network. (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 (Pregnant Women Dental) and group number.

6) Does your dentist have questions about the Pregnant Women Dental program? Have them 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 Pregnant Women Dental 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

What should I expect when I see a dentist?

Before you receive treatment, tell the dentist that you are in the Pregnant Women Dental program and that they may call customer service at 866-558-0280 for additional information and billing assistance. **This is very important.**

May I choose any dentist?

You may choose any Healthy Michigan Plan dentist. Always ask the dental office if they are still in the Healthy Michigan Plan network when you make an appointment.

When does dental coverage begin?

On the first day of the month that you notify the health plan of your pregnancy. Delta Dental will mail you an ID card.

When do I have to pay for dental services?

You do not have to pay for services that Pregnant Women Dental covers. If Pregnant Women Dental does not cover a service you would like your dentist to provide, you must pay for that service.

Does Pregnant Women Dental 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. Emergency services are needed to prevent tooth death, the imminent loss of teeth, and the treatment of injuries.

What to do in a dental emergency. Call your dentist's office and ask them what you should do. If your life is in danger, call 911. Or call the phone number for emergency medical services in your area.

If you are not in Michigan when a dental emergency happens. Call customer service's toll-free number, 866-558-0280. Or check on our website, www.deltadentalmi.com, to find a dentist that takes Delta Dental. You are not required to go to a Delta Dental dentist.

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

EOB. Send your appeal to:

Delta Dental
Attn: PWD Appeals
P.O. Box 30416
Farmington Hills, MI 48333-9230

Delta Dental will answer your appeal in writing within **30 calendar 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.

6 Grievances and Appeals

Do 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:

Delta Dental
Attn: PWD Grievances
P.O. Box 9230
Farmington Hills, MI 48333-9230

Send a copy of your EOB 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 Social Security or Delta Dental ID number.

Delta Dental will investigate your grievance and notify you within **30 calendar 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 three 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 EOB with a letter telling us about your appeal. Tell us 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 ID number. You must do this within **60 calendar days** from the date on your

- 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 have the right to request a State Fair Hearing only after receiving notice that Delta Dental has upheld its decision to not paying a bill or not approving a service. You must file your hearing request within 120 days from the date you were notified of Delta Dental's appeal decision. 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 Hearing
System for the Department of Health
and Human Services
P. O. Box 30763
Lansing, MI 48909

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

- 6) If you wish to appeal a decision about a dental need, and you have completed the formal grievances and appeal process outlined in this handbook, you may also do so, within 127 days of the decision by:

Mail:
Department of Insurance and Financial
Services Office of General Counsel
Appeals Section
P.O. Box 30220
Lansing, MI 48909-7720

Courier/Delivery:
530 W. Allegan Street, 7th Floor
Lansing, MI 48933

Phone: 877-999-6442

Fax: 517-284-8838

Email:
DIFS-
HealthAppeals@michigan.gov

Online:
[https://difs.state.mi.us/Complaints/
ExternalReview.aspx](https://difs.state.mi.us/Complaints/ExternalReview.aspx)

You can take any of these actions at any time.

7 General Conditions

These general rules apply to the Pregnant Women 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 dentist in the Healthy Michigan Plan network. He or she is solely responsible to you for dental advice and treatment and any resulting liability.

Loss of eligibility during treatment

Delta Dental only pays for covered services while you are eligible for coverage.

What if I start a service that can only be finished with a series of appointments? If you 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.

When is Pregnant Women Dental coverage automatically terminated? On the last day of the

month, three months after your due date.

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

Delta Dental
Claims, Pre-Treatment Estimates
P.O. Box 9298
Farmington Hills, MI 48333-9298

Inquiries, Review
P.O. Box 9230
Farmington Hills, MI 48333-9230

866-558-0280 (TTY users call 711)

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