

MI Health Link Plan Dental Handbook

MI Health Link Plan (Medicare-Medicaid Plan) is based on an agreement between the Michigan Department Health and Human Services (MDHHS), the Centers for Medicare & Medicaid Services (CMS), and Upper Peninsula Health Plan (UPHP). You must go to a dentist participating in the TriState Advantage network. **Services will not be covered unless your dentist participates in the TriState Advantage network.** Dental emergencies that happen when you are outside the state of Michigan may also be covered. Please see *“What should I do in case of a dental emergency?”* on Page 6.

Let Us Help You Find a Dentist!

For help finding a **TriState Advantage dentist** in your area, call customer service at 800-838-8957 (TTY users call 711). This call is free. You may also visit www.deltadentalmi.com/TriStateAdvantage.

Questions?



Call Customer Service: 800-838-8957

Make sure you have the following when you call:

- Your name
- The Member ID number from your UPHP ID card
- Your daytime phone number
- Tell us that your question is about MI Health Link



Write us: Delta Dental Customer Service

ATTN: Medicaid

PO Box 9230

Farmington Hills, MI 48333-9230

- In your letter, please tell us the same information in the list above, along with your question.



Visit: www.deltadentalmi.com/TriStateAdvantage

If you have a change of address, call your MDHHS specialist.

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About MI Health Link

MI Health Link Plan is based on an agreement between the Michigan Department of Health and Human Services (MDHHS), the Centers for Medicare and Medicaid Services (CMS), and Upper Peninsula Health Plan (UPHP).

You may go to any Michigan dentist who has agreed to be in the TriState Advantage network. Delta Dental does not pay for any services from a dentist who is not in the TriState Advantage network.

Using this handbook

This handbook explains the following:

- Your dental benefits.
- How to use your dental benefits.
- Your rights and responsibilities.

This handbook also helps to answer some questions people often ask.

How to use your Delta Dental benefits

To use your benefits, follow these steps:

1. Read this handbook and covered code list carefully.
2. Schedule a visit with a Delta Dental TriState Advantage network dentist. You will find a list of dentists in the provider directory. The provider directory can be found by visiting www.providers4you.com/advantage. You can also call customer service to review a list of dentists in your area or have the provider directory sent to you at no charge.
3. **Make sure you tell your dentist you are covered by MI Health Link administered by Delta Dental. It is important to be sure that your dentist participates in the Delta Dental TriState Advantage network, or Delta Dental will not pay for the services and you may have to pay for them.**
4. **Pre-Service Organization Determination**

Your dentist can submit a request for a coverage decision to determine whether you qualify for a dental service that may be covered under This Plan through the Dental Office Toolkit® (DOT). You can also request a coverage decision to determine whether you qualify for a dental service that may be covered under This Plan by calling the customer service department toll-free at 800-838-8957 or in writing at:

Delta Dental
PO Box 9230
Farmington Hills, MI 48333

You may also call UPHP Customer Service at 1-877-349-9324 (TTY: 711) or in writing at:

Upper Peninsula Health Plan
Attn: Utilization Management
853 West Washington Street
Marquette, MI 49855

For a standard coverage decision, you will be provided an answer within 14 calendar days after receiving your request. To file a fast coverage decision the standard deadlines must potentially cause serious harm to your health or hurt your ability to function. If Delta Dental or UPHP approves the fast request, an answer will be provided within 72 hours. For both standard and fast requests, it may take up to 14 additional calendar days under certain circumstances. If additional time is taken, Delta Dental or UPHP will notify you in writing and explain the reasons for the extension.

If your standard or fast coverage request is not approved, you have the right to file an appeal. Please see the Appeal section for more information. Availability of dental benefits at the time your request is completed is dependent on several factors. These factors include, but are not limited to, medical necessity, your continued eligibility for benefits, your available annual or lifetime Maximum Payments, any coordination of benefits, the status of your Dentist, This Plan's limitations and any other provisions, together with any additional information or changes to your dental treatment. To determine whether a service may be covered under This Plan, please review the benefits included in this document.

5. Be on time for your appointment, or call your dentist before your appointment if you must cancel. Delta Dental does not pay for missed appointments.
6. Show your member ID card at each visit.
7. The dental office staff will need to know:
 - Your full name and address.
 - Your member ID number.
 - Your date of birth.
 - The group name and group number, located on your ID card.
8. If your dentist has any questions about the MI Health Link program, ask him or her to call Delta Dental at 800-838-8957.

Translation Services

If you need translation or language services, Delta Dental has the following options:

- On-demand access to our interpretation line.
- In-office interpretation services during appointments.
- Translation of any significant materials in any language.

- Translation of any significant materials in an alternative format for enrollees with special needs.

You should tell your Delta Dental TriState Advantage dentist or call Delta Dental at 800-838-8957 if you need interpretive services. Delta Dental will arrange for services at no cost to you or your dentist.

Transportation Assistance

You can get help with a free ride if you do not have a way to get to and from your dentist. Please contact the UPHP Customer Service Department at 1-877-349-9324 (TTY users call 711) to ask for help or to learn more about transportation services. Hours of operation are Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

What Delta Dental MI Health Link benefits Cover

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

- **Assessment** *(1 in 6 months)*
- **X-rays**
 - **Bitewing X-rays** *(1 in 12 months)*
 - **Full mouth or panoramic X-rays** *(1 in 5 years)*

- **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 and 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)*
- **Sealants** *(1 in 3 years for first and second primary (baby) molars and first and second permanent (adult) premolars and molars)*
- **Fillings**
- **Sedative filling**
- **Crowns, including porcelain, metal and resin based** *(1 in 5 years)*
- **Crown buildup, including pins**
- **Re-cement crowns and bridges**
- **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*)
- **Denture adjustments and repairs**
- **Denture rebase and reline** (*1 time in 2 years*)

Some services are **NOT** covered. Excluded services are:

- **Bite guards**
- **Removal of healthy third molars** (*wisdom teeth*)
- **Bridges, inlays and onlays**
- **Implants**
- **Cosmetic dentistry**
- **Removable space maintainers**
- **Services covered under a hospital, surgical/medical, or prescription drug program**
- **Treatment of TMJ** (*TMJ is a problem that can cause pain in your jaw joint and can also cause pain in the muscles that control jaw movement.*)
- **Cone Beam CTs**
- **Nitrous Oxide**

Be sure to ask your dentist if a service is covered before the service is done. You must pay for services that are not covered.

Delta Dental does not limit its payment on services based on moral or religious grounds.

Questions and Answers

May I choose any dentist?

No. You must choose a Delta Dental TriState Advantage dentist, but you may change to another Delta Dental TriState Advantage dentist at any time. You can use Delta Dental's online TriState Advantage dentist directory located at www.providers4you.com/advantage to find a Delta Dental TriState Advantage dentist near you. Make sure you ask the dental office if they participate in the Delta Dental TriState Advantage network when you call.

When do I have to pay for dental services?

You do not have to pay for covered services. If Delta Dental benefits do not cover a service and you would like your dentist to provide this service to you, you must pay for that service.

What should I do at the dentist?

Before you receive treatment, tell the dental office you are in the MI Health Link program administered by Delta Dental. The office needs to call customer service at 800-838-8957 for information and billing help. This is very important.

Do Delta Dental benefits cover all dental services?

No. Delta Dental benefits only include the covered services listed in this handbook.

Do I need a prior authorization before receiving services?

No. Prior authorizations are not required for any covered services for a Delta Dental MI Health Link enrollee.

What should I do in case of a dental emergency?

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 a dental emergency happens, call your dental office and ask what you should do. If you currently do not have a regular dentist, call Delta Dental's customer service at 800-838-8957 to receive a list of dentists, or go to www.deltadentalmi.com to find a dentist near you.

If you are not in Michigan when a dental emergency happens, you can call Delta Dental's customer service toll-free at 800-838-8957 for help finding a dentist. If you have a dental emergency outside of Michigan, the MI Health Link program will cover the service even if the dentist is not a Delta Dental TriState Advantage network dentist. A prior authorization is not needed for emergency services.

If the emergency is life threatening, call 911.

What if I need specialty dental care?

Delta Dental MI Health Link benefits cover some specialty care. If you need a specialist, your regular dentist can help you find specialty care or you can contact customer service for help. A referral is not required for any specialty dental care. Before visiting a specialist, be sure he or she is a Delta Dental TriState Advantage dentist or the services will not be covered, and you may have to pay for them.

What if there is not a Delta Dental TriState Advantage dentist in my area?

With Delta Dental's large dental network, there should be a Delta Dental TriState Advantage dentist in your area. In the unlikely event there is not one, please contact customer service to receive information on how to receive dental services from a local dentist. If you receive services from a dentist who does not participate in the Delta Dental TriState Advantage network when a Delta Dental TriState Advantage dentist is in your area, services will not be covered. It is important to first contact customer service prior to receiving services from a dentist who does not participate in the Delta Dental TriState Advantage network or you may have to pay for any services provided by the nonparticipating dentist.

What is an Explanation of Benefits?

Delta Dental will make an Explanation of Benefits (EOB) available to you online at www.memberportal.com. This is not a bill. This shows which services were performed and how much Delta Dental paid for your services. Please review the EOB and let us know if you think a dentist has billed for services that you did not receive. This could be fraud and against the law. Please see our fraud reporting section for more information.

Grievances and Appeals

Grievances

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.

To make an internal complaint, call UPHP Customer Service at 1-877-349-9324 (TTY users call 711). You can make the complaint at any time. If there is anything else you need to do, UPHP Customer Service will tell you. You can also write your complaint and send it to UPHP. If you put your complaint in writing, you will receive a response to your complaint in writing. At any time during the grievance process, you can have someone you know represent you or act on your behalf. To appoint a representative, complete the UPHP Appointment Form available online at www.uphp.com/medicare.

You can mail or fax written grievances to:

Upper Peninsula Health Plan
853 West Washington Street
Marquette, MI 49855
Fax: 906-225-7690

We will review all information related to your complaint and respond with our decision within 30 calendar days of receiving the verbal or written complaint.

We answer most complaints within 30 calendar days. If we need more information and the delay is in your best interest, or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. We will tell you in writing why we need more time.

Appeals

If you have questions about a claim, call the Delta Dental customer service team at 800-838-8957.

If the full amount was not paid for your claim, you can appeal by writing to UPHP. Send a copy of your EOB with a letter telling UPHP about your appeal and any other facts that would decide your claim. Be sure to include your name, address, telephone number and UPHP member ID number. You must do this within 60 days of the date you received your EOB. Send your appeal to:

Fax:

Upper Peninsula Health Plan
Attn: UM Review and Appeals Coordinator
906-225-7720

Mail:

Upper Peninsula Health Plan
Attn: UM Review and Appeals Coordinator
853 West Washington Street
Marquette, MI 49855

UPHP will answer your appeal in writing within 30 days of receiving it.

You can have another person file your appeal for you if you sign an Appointment of Representative form. Call UPHP Customer Service at 1-877-349-9324 (TTY users call 711) to get this form.

1. Fast appeal—You can request an expedited appeal if you or your dentist believes that the normal appeal time frames would seriously harm your health or life. Call UPHP Customer Service at 1-877-349-9324 (TTY users call 711). UPHP will answer your expedited appeal within 72 hours.
2. If you do not agree with the decision UPHP made on your internal appeal, or did not receive a notice or decision on your appeal within the time frame, you may ask for a Fair Hearing. You must file your hearing request within 120 days from the date you were notified of the appeal decision. You have the right to represent yourself, use legal counsel, a relative, a friend or other spokesperson. Complete the Request for Hearing Form and mail or fax your request for a hearing to:

Michigan Office of Administrative Hearings and Rules
PO Box 30763
Lansing, MI 48909
Fax: 517-763-0155

If you have questions about appeals, call 800-648-3397 (TTY users call 711).

3. You also have the right to ask for an external review through the Michigan Department of Insurance and Financial Services (DIFS). You must complete the UPHP internal appeal process first. Your request must be sent within 127 days of UPHP’s appeal decision by calling or writing to:

DIFS
Office of Research, Rules, and Appeals—Appeals Section
PO Box 30220
Lansing, MI 48909-7720
Phone: 877-999-6442
Fax: 517-284-8838
Email: DIFS-HealthAppeal@Michigan.gov

If you make a complaint because we denied your request for a “fast coverage decision” or a “fast appeal,” we will automatically give you a “fast complaint” and respond to your complaint within 24 hours. We will also send you a letter stating our decision within three calendar days.

If you make a complaint because we took extra time to make a coverage decision or appeal, we will automatically give you a “fast complaint” and respond to your complaint within 24 hours.

If we do not agree with some or all of your complaint, we will tell you and give you our reasons. We will respond whether we agree with the complaint or not.

Your Rights

You have the right to:

- Receive information on MI Health Link administered by Delta Dental.
- Receive paper copies of this handbook and provider directory, free of charge.
- Be treated with respect and with due consideration for your dignity and privacy.
- Receive Culturally and Linguistically Appropriate Services (CLAS).
- Have your information kept confidential.
- Participate in decisions regarding your dental care, including the right to request a second opinion at no cost to you or to refuse treatment and express preferences about treatment options. (Be sure that the treatment is a covered service as defined in this handbook, and provided by a Delta Dental dentist.)
- A reasonable accommodation.
- 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 nontreatment.
 - Your right to participate in decisions regarding your health care, including the right to refuse treatment, and to express preferences about future treatment decisions.
 - Receive clinical practice guidelines to better understand how claims decisions are made. Clinical practice guidelines are scientific resources used by dental professionals to help them make treatment decisions after considering the options available. If you would like more information, please call Delta Dental customer service at 800-838-8957.
- 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 changed or corrected.
- Receive dental services consistent with this handbook and state and federal regulations.
- Be free to exercise your rights without negatively affecting the way Delta Dental, Delta Dental dentists, or the State of Michigan treats you.
- Be free from enrollment discrimination without restrictions regarding:
 - Your health status or the need for health and/or dental services.
 - Your race, color, national origin, age, disability, sex, sexual orientation, and religion.
- Be free from discrimination based on the following:
 - Age
 - Sexual orientation
 - Religion
 - Medical condition (including physical and mental illness)
 - Claims experience
 - Receipt of dental care
 - Medical/dental history
 - Genetic information
 - Disability
- Be free from other discrimination prohibited by state and federal regulations.
- Receive information on available treatment options and alternatives, given in a manner appropriate to your condition and ability to understand.
- Receive dental services from a Federally Qualified Health Center, Rural Health Clinic and Indian Health Coverage Program (as applicable) and mobile dental facility, and SEAL! Michigan.
- To know if Delta Dental has any provider incentives, such as pay-for-performance.
- To ask about stop loss coverage.
- Request and receive MDHHS network adequacy standards.
- Request information on how MI Health Link administered by Delta Dental operates.

Delta Dental and its Delta Dental dentists will comply with all requirements concerning your rights.

Your Responsibilities

As a Delta Dental MI Health Link enrollee, it's your responsibility to:

- Review this handbook, including the covered code list.
- Receive covered services from dentists in the Delta Dental TriState Advantage network.
- Make and keep appointments with your Delta Dental dentist.
- Seek out information in order to make best use of the dental services.
- Contribute toward your own oral health by taking responsibility for your oral health practices.
- Treat dentists and their staff with respect.
- Contact Delta Dental if you suspect fraud.

General Conditions

These general rules apply to MI Health Link administered by Delta Dental.

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 the MI Health Link program, 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 Decisions about your treatment plan are between you and your dentist.

Definitions

Adverse benefit determination

An adverse benefit determination is any denial, reduction, or termination of the benefit for which you filed a claim, or a failure to provide or to make payment (in whole or in part) of the benefit you sought.

Appeal

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

Claim

A request for payment for a covered service. Claims are not conditioned upon your seeking advance approval, certificate, or authorization to receive payment for any covered service.

Covered code list

A list of dental services covered under your health plan.

Covered services

The unique dental services selected for benefits.

Dental services

Oral health services provided by a person licensed under state law to practice dentistry.

Emergency dental condition

A dental injury or condition so serious that you would seek care right away to avoid harm.

Emergency services

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

Excluded services

Dental services that Delta Dental 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 are 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 definition of 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
- Symptom

Network

Dental providers contracted with Delta Dental to provide dental services to MI Health Link enrollees. This includes dentists and dental specialists.

**Network provider/
participating provider**

A dental provider that has a contract with Delta Dental as a provider of care in the Delta Dental TriState Advantage network.

Nonparticipating provider/out-of-network provider

A dental provider that does not have a contract with Delta Dental as a provider of care in the Delta Dental TriState Advantage network.

Pre-Service Organization Determination

A determination that is made prior to receiving dental services based on your benefits and coverage. This decision will determine whether a dental service will be covered and will provide information on how much you may have to pay for this service. This is a request submitted by you or your dentist.

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.

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

2023 UPHP Covered Code List

This section provides a list of dental procedures covered by your plan. **If a procedure is not on this list, it is not a covered benefit under your plan.** Benefit limitations under these programs are listed where applicable in the Benefit Limitations column. Some services share frequencies. Additional information on the frequency limitations can be found in this Member Handbook.

*Please note, certain procedures may require routine review or diagnostic information such as radiographs or patient treatment records for claims processing and final payment determinations. **If further clarification regarding your coverage and benefits is needed, please ask your dentist for a Pre-service Organization Determination.**

It may be necessary for codes listed to be changed to comply with State, Federal, and American Dental Association (ADA) regulations. The ADA codes are subject to annual updates which may not be reflected in the provided list.

Code	Description	Plan pay for Delta Dental TriState Advantage Dentist	Plan pay for non-participating (out-of-network) Dentist	Benefit Limitations
D0100–D0999 Diagnostic				
D0120	periodic oral evaluation—established patient	100%	0%	Once per 6 months
D0140	limited oral evaluation—problem focused	100%	0%	As needed for diagnosis of emergency condition
D0150	comprehensive oral evaluation—new or established patient	100%	0%	Once per 36 months
D0180	comprehensive periodontal evaluation	100%	0%	Once per 12 months
D0191	assessment of a patient	100%	0%	Once per 6 months
D0210	intraoral—complete series	100%	0%	Once per 5 year period
D0220*	intraoral—periapical first image	100%	0%	Covered service
D0230*	intraoral—periapical each additional image	100%	0%	Covered service
D0270	bitewing—single image	100%	0%	Once per 12 months
D0272	bitewings—two images	100%	0%	Once per 12 months
D0273	bitewings—three images	100%	0%	Once per 12 months
D0274	bitewings—four images	100%	0%	Once per 12 months
D0330	panoramic image	100%	0%	Once per 5 year period
D1000–D1999 Preventive				
D1110	prophylaxis—adult	100%	0%	Once per 6 months (In combination with other cleaning services)
D1351	dental sealant per tooth	100%	0%	Once per 36 months
D1354*	interim carries arresting medicament application, per tooth	100%	0%	Covered service
D2000–D2999 Restorative		**Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2140	amalgam—one surface, primary or permanent	100%	0%	**Covered Service
D2150	amalgam—two surfaces, primary or permanent	100%	0%	**Covered Service
D2160	amalgam—three surfaces, primary or permanent	100%	0%	**Covered Service
D2161	amalgam—four or more surfaces, primary or permanent	100%	0%	**Covered Service
D2330	resin-based composite—one surface, anterior	100%	0%	**Covered Service

D2331	resin-based composite—two surfaces, anterior	100%	0%	**Covered Service
D2332	resin-based composite—three surfaces, anterior	100%	0%	**Covered Service
D2335	resin-based composite—four or more surfaces or involving incisal angle (anterior)	100%	0%	**Covered Service
D2391	resin-based composite—one surface, posterior	100%	0%	**Covered Service
D2392	resin-based composite—two surfaces, posterior	100%	0%	**Covered Service
D2393	resin-based composite—three surfaces, posterior	100%	0%	**Covered Service
D2394	resin-based composite—four or more surfaces, posterior	100%	0%	**Covered Service
D2710, D2712, D2722, D2740, D2750–D2753, D2780–D2783, D2790–D2794	Crowns	100%	0%	Once per 60 months
D2910*	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	100%	0%	Covered service
D2915*	re-cement or re-bond indirectly fabricated or prefabricated post and core	100%	0%	Covered service
D2920*	re-cement or re-bond crown	100%	0%	Covered service
D2940	protective restoration	100%	0%	Once per tooth per lifetime and considered to be part of the fee when done in conjunction with a definitive restoration, indirect pulp cap or endodontic treatment (including pulpotomy)
D2950, D2952, D2954	Post and core substructures (indirectly fabricated or prefabricated)	100%	0%	Covered service
D2951*	pin retention—per tooth, in addition to restoration	100%	0%	Once per 24 months
D2999*	unspecified restorative procedure, by report	100%	0%	Benefit determined by consultant review
D3000–D3999 Endodontics				
D3221*	pulpal debridement, primary or permanent teeth	100%	0%	Covered service
D3310–D3330; D3346–D3348	root canal therapy/retreatments	100%	0%	Covered service
D4000–D4999 Periodontics				
D4341–D4342	periodontal scaling and root planing	100%	0%	Covered once per 24 months per quadrant (2 quads per DOS)
D4346	scaling in the presence of inflammation	100%	0%	Once per 6 months (In combination with other cleaning services)
D4355*	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	100%	0%	Once per 12 months
D4910	periodontal maintenance	100%	0%	Once per 6 months (In combination with other cleaning services)
D5000–D5999 Prosthodontics (Removable)				
D5110*	complete denture—maxillary	100%	0%	Once per five-year period
D5120*	complete denture—mandibular	100%	0%	Once per five-year period
D5130*	immediate denture—maxillary	100%	0%	Once per five-year period
D5140*	immediate denture—mandibular	100%	0%	Once per five-year period
D5211*	maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	100%	0%	Once per five-year period
D5212*	mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	100%	0%	Once per five-year period
D5213*	maxillary partial denture—cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	100%	0%	Once per five-year period
D5214*	mandibular partial denture—cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	100%	0%	Once per five-year period
D5225*	maxillary partial denture—flexible base (including any clasps, rests and teeth)	100%	0%	Once per five-year period

D5226*	mandibular partial denture—flexible base (including any clasps, rests and teeth)	100%	0%	Once per five-year period
D5410*	adjust complete denture—maxillary	100%	0%	Covered service
D5411*	adjust complete denture—mandibular	100%	0%	Covered service
D5421*	adjust partial denture—maxillary	100%	0%	Covered service
D5422*	adjust partial denture—mandibular	100%	0%	Covered service
D5511*	repair broken complete denture base, mandibular	100%	0%	Covered service
D5512*	repair broken complete denture base, maxillary	100%	0%	Covered service
D5520*	replace missing or broken teeth—complete denture (each tooth)	100%	0%	Covered service
D5611*	repair resin partial denture base, mandibular	100%	0%	Covered service
D5612*	repair resin partial denture base, maxillary	100%	0%	Covered service
D5621*	repair cast partial framework, mandibular	100%	0%	Covered service
D5622*	repair cast partial framework, maxillary	100%	0%	Covered service
D5630*	repair or replace broken retentive clasping materials—per tooth	100%	0%	Covered service
D5640*	replace broken teeth—per tooth	100%	0%	Covered service
D5650*	add tooth to existing partial denture	100%	0%	Covered service
D5660*	add clasp to existing partial denture—per tooth	100%	0%	Covered service
D5710	rebase complete maxillary denture	100%	0%	Once per 24 month period
D5711	rebase complete mandibular denture	100%	0%	Once per 24 month period
D5720	rebase maxillary partial denture	100%	0%	Once per 24 month period
D5721	rebase mandibular partial denture	100%	0%	Once per 24 month period
D5730	reline complete maxillary denture (chairside)	100%	0%	Once per 24 month period
D5731	reline complete mandibular denture (chairside)	100%	0%	Once per 24 month period
D5740	reline maxillary partial denture (chairside)	100%	0%	Once per 24 month period
D5741	reline mandibular partial denture (chairside)	100%	0%	Once per 24 month period
D5750	reline complete maxillary denture (laboratory)	100%	0%	Once per 24 month period
D5751	reline complete mandibular denture (laboratory)	100%	0%	Once per 24 month period
D5760	reline maxillary partial denture (laboratory)	100%	0%	Once per 24 month period
D5761	reline mandibular partial denture (laboratory)	100%	0%	Once per 24 month period
D5765	removable denture—indirect	100%	0%	Once per 24 month period
D5899*	unspecified removable prosthodontic procedure, by report	100%	0%	Benefit determined by consultant review
D6200–D6999 Prosthodontics (Fixed)				
D6930*	re-cement or re-bond fixed partial denture	100%	0%	Covered service
D7000–D7999 Oral and Maxillofacial Surgery				
D7140*	extraction, erupted tooth or exposed root (elevation and or forceps removal)	100%	0%	Once per tooth per lifetime
D7210*	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, if indicated	100%	0%	Once per tooth per lifetime
D7220*	removal of impacted tooth—soft tissue	100%	0%	Once per tooth per lifetime
D7230*	removal of impacted tooth—partially bony	100%	0%	Once per tooth per lifetime
D7240*	removal of impacted tooth—completely bony	100%	0%	Once per tooth per lifetime
D7250*	removal of residual tooth roots (cutting procedure)	100%	0%	Once per tooth per lifetime
D7260*	oroantral fistula closure	100%	0%	Once per tooth per lifetime
D7261*	primary closure of a sinus perforation	100%	0%	Once per tooth per lifetime
D7310*	alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant	100%	0%	Covered service

D7320*	alveoloplasty not in conjunction with extractions—four or more teeth or tooth spaces, per quadrant	100%	0%	Covered service
D7471*	removal of lateral exostosis (maxilla or mandible)	100%	0%	Benefit determined by consultant review
D7472*	removal of torus palatinus	100%	0%	Benefit determined by consultant review
D7473*	removal of torus mandibularis	100%	0%	Benefit determined by consultant review
D7485*	reduction of osseous tuberosity	100%	0%	Benefit determined by consultant review
D7510*	incision and drainage of abscess—intraoral soft tissue	100%	0%	Covered service
D7970*	excision of hyperplastic tissue—per arch	100%	0%	Covered service
D7971*	excision of pericoronal gingiva	100%	0%	Covered service
D7972*	surgical reduction of fibrous tuberosity	100%	0%	Covered service
D7999*	unspecified oral surgery procedure, by report	100%	0%	Benefit determined by consultant review
D9000–D9999 Adjunctive General Services				
D9110	palliative (emergency) treatment of dental pain—minor procedure	100%	0%	As needed for diagnosis of emergency condition
D9222	deep sedation/general anesthesia—first 15 minutes	100%	0%	Paid in conjunction with qualifying services
D9223	deep sedation/general anesthesia—each subsequent 15 minute increment	100%	0%	Paid in conjunction with qualifying services
D9239	intravenous moderate (conscious) sedation/analgesia—first 15 minutes	100%	0%	Paid in conjunction with qualifying services
D9243	intravenous moderate (conscious) sedation/analgesia—each subsequent 15 minute increment	100%	0%	Paid in conjunction with qualifying services
D9310*	consultation—diagnostic service provided by dentist or physician other than requesting dentist or physician	100%	0%	Covered service
D9420*	hospital or ambulatory surgical center call	100%	0%	Requires consultant review
D9930*	treatment of complications (post-surgical)—unusual circumstances, by report	100%	0%	Covered service

NOTICE OF PRIVACY PRACTICES

Date of This Notice: July 20, 2021

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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticpepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticpepp.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.

NOTICE OF PRIVACY PRACTICES, continued

Date of This Notice: July 20, 2021

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:

Chief 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 1-800-838-8957 (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 1-800-838-8957 (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 1-800-838-8957 (TTY: 711).

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل على الهاتف رقم 1-800-838-8957 (رقم الطابعة الهاتفية: 711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে ভাষাগত সহায়তা পরিষেবাগুলি, আপনার জন্য বিনামূল্যে পাওয়া যাবে। ফোন করুন

1-800-838-8957 (TTY: 711)।

သတိပြုရန်- သင့် ပျမန္မာဘာသာစကား

ပေးအပ်ပါကဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုအခမဲ့ရရှိနိုင်ပါသည်။ ခေတ်ဆိုင်ရန်

1-800-838-8957 (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 1-800-838-8957 (TTY：711)。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-838-8957 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-838-8957 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-838-8957 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-838-8957 (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। कॉल करें 1-800-838-8957 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-838-8957 (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。
1-800-838-8957 (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.
1-800-838-8957 (TTY: 711) 번으로 전화해 주십시오.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-838-8957 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-838-8957 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-838-8957 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-838-8957 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-838-8957 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-838-8957 (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 1-800-838-8957 (TTY: 711).

يرجى الانتباه: إذا كنت تتحدث اللغة العربية السورية، تتوفر لك خدمات المساعدة اللغوية المجانية. يرجى الاتصال بالرقم: 1-800-838-8957 (الهاتف النصي: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-838-8957 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-838-8957 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-838-8957 (TTY: 711).

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