

HOW YOUR PLAN WORKS





WELCOME

DELTA DENTAL PPO

We look forward to providing you and all covered family members with dental insurance. This brochure highlights your Delta Dental PPO benefits.

Delta Dental of Rhode Island administers your Delta Dental PPO program and is committed to providing our members with excellent customer service. If you have any questions about your coverage, please visit our website at www.deltadentalri.com or call us at **1-800-843-3582**.

Our website is a valuable source of dental health information. From answers to commonly asked questions to interactive features that help you find a dentist and connect you to your benefit information, our website has something for everyone, including:

- **BenefitCheck** - Available 24 hours a day, 7 days a week, this online feature enables you to check your specific benefit information, confirm who is eligible under your plan, look up x-ray coverage information and more.
- **Find a Dentist** - This online directory allows you to check if your dentist currently participates with us or search for a new member dentist. You may search by name, location or specialty.
- **Claims Look Up** - This feature allows you to look up claims that have been paid over an 18-month period, or check the status of a recently submitted claim.

To begin using our online services, simply click the “Members” section from our homepage. For privacy purposes, you’ll be asked to register with us before accessing our interactive features. Once you’re registered, you’ll have a user ID and password that you will use each time you log in.

You can also call our easy-to-use automated information line at:
1-800-843-3582.

Our automated line is available 24 hours a day, 7 days a week. Our customer service representatives are available Monday - Friday from 8 a.m. - 5 p.m. ET to answer questions or resolve problems.

How to use Delta Dental PPO

Maximize your coverage with participating dentists

With the Delta Dental PPO program, you can choose from a network of more than 57,000 dentists in over 88,000 office locations nationwide.

You can view the Delta Dental PPO dentist directory by visiting our website at www.deltadentalri.com. You can use this online directory to check the participation status of your own dentist or to search for a new participating dentist who is conveniently located near you. Simply follow the directions to find a participating dentist in Rhode Island or in another state. When searching for a dentist outside Rhode Island, make sure to select the “PPO” dental plan. You’ll get the names and addresses of dentists in your area, plus maps and driving directions.

When you go to a participating dentist, show your identification card and discuss your treatment. After your visit, the dentist’s office will file a claim and we will pay the dentist for covered services.

If your dentist relocates or ever decides not to participate with Delta Dental, you can choose a new participating dentist from our network without any disruption in your coverage or benefits. Also, if you transfer your dental care to a non-participating dentist, you will still receive coverage for contractually covered benefits. However, you may be responsible for additional out-of-pocket expenses, such as the difference between the amount Delta Dental pays and the dentist’s actual charge.

Freedom to choose any dentist

You always have the option of going to a dentist who does not participate with the Delta Dental PPO program. However, it will usually cost you more money because the dentist hasn’t agreed to accept the Delta Dental PPO allowance as full payment. You may also have to pay the dentist and file the claim yourself. You should ask the dentist to complete a standard American Dental Association (ADA) claim form. (This form is available on our website.) Claims should be sent to:

Delta Dental of Rhode Island
P.O. Box 1517
Providence, RI 02901-1517

What to do in an Emergency

You are covered for procedures rendered in a dental office by a licensed dentist, provided they are covered benefits under your plan. Delta Dental only covers services received in a dentist office; we do not cover services rendered in a hospital, surgi-center or an urgent care facility.

In the event of a life-threatening emergency, you should go to the nearest hospital for treatment and submit any claims to your medical insurance plan. Similarly, if you have an urgent dental condition, you should seek treatment at the nearest dentist's office, regardless of whether the dentist participates with Delta Dental. You do not need prior approval before seeking treatment, however, your dental plan will only pay for covered benefits.

Most dental offices treat patients within 24 hours for an urgent appointment. If you need help selecting a participating dentist, call customer service for a list of dentists in your area or search online.

Pre-Treatment Estimates

Whenever your dentist recommends treatment that is expected to cost \$300 or more, we suggest that the dentist file a pre-treatment estimate with Delta Dental. We will review the treatment plan and let you and your dentist know, in advance, how much we will cover. For services that your dental plan does not cover at 100%, having a pre-treatment estimate lets you know what your out-of-pocket cost will be.

Who is covered?

Your plan sponsor determines eligibility requirements and the type of coverage available to you. Typically, an individual membership covers only you. A standard family membership covers you, your spouse, dependent children until they turn age 19, and handicapped dependent children over age 19 who are mentally or physically incapable of earning their own living.

Please note: Documentation of the handicap must be sent to Delta Dental for approval. If your group has purchased coverage for students over age 19, please check with your plan sponsor for a full explanation of the student requirements. Your plan sponsor can answer any questions you may have regarding who is covered by your plan.

Coordination of Benefits

If you or a family member are also covered by other medical or dental plans, we will coordinate payment with them using, in most cases, standard insurance industry guidelines. This helps control the overall cost of dental insurance. You are responsible for letting the dental office know about other coverage so they can provide that information on the claim.

Claims Procedures

If you have a question about the payment or denial of a claim, call customer service at **401-752-6100** or **1-800-843-3582**. You have a right to request a full and fair review of your claim. **To be eligible for payment, all claims must be received within 12 months of the date you received services and must be in accordance with Delta Dental's utilization review guidelines. All services must be complete to qualify for benefits (e.g. permanent crowns cemented, bridge or denture inserted).**

Pre-treatment Estimates

A pre-treatment estimate is a claim that is filed prior to dental care being received. Filing a pre-treatment estimate with Delta Dental before you receive services allows us to review the treatment plan and let you and your dentist know, in advance, how much we will cover. Pre-treatment estimates are recommended, but not required, for services costing \$300 or more. In other words, you do not need to receive an approval of the benefit in advance of obtaining dental care in order for the claim to be considered for payment. We will notify you in writing or electronically of an initial determination on a pre-treatment estimate within 30 business days of receipt of all information necessary to complete the review.

In accordance with Rhode Island state law, for RI residents and/or where services are intended to be performed in RI, we will notify you of an initial adverse determination on a pre-treatment estimate for non-urgent and non-emergency cases within 15 business days of receipt of all information necessary to complete the review and prior to the proposed date of service. For urgent or emergency cases, notification of an adverse determination on a pre-treatment estimate is mailed or otherwise communicated within 72 hours of receipt of all information necessary to complete the review and prior to the proposed date of service.

If the service is denied, the notice will explain the reason(s) for the denial and will include the procedures for filing an appeal. Once an adverse determination is made, you have 180 days from receipt of our notice within which to file an appeal.

Post-service Claims

A post-service claim is a claim that is filed after dental care has been received. We will notify you in writing or electronically of an initial adverse determination on a post-service claim within 30 calendar days of receipt of the claim. If we cannot process a post-service claim because it is missing information, we will notify you within 30 days of what additional information is needed. You have 18 months from the date you receive our request to provide this information. If we do not receive the complete information within the 18 months, our original determination that the claim cannot be processed stands and the 180-day appeal period (described on page 7) starts. A participating dentist may not charge the patient for any amount that has not been paid as a result of the dentist's failure to provide the necessary information to process the claim. For claims involving emergency medical conditions, refer to the **Expedited Reviews** section on page 9.

If the service is denied, the notice will explain the reason(s) for the denial and will include the procedures for filing an appeal. Once an adverse determination is made, you have 180 days from receipt of our notice within which to file an appeal.

To Appeal a Claim Determination

If your claim is denied, in whole or in part, you may request a review of the denied claim by sending us a written request for appeal within 180 days from the date you receive our original notice. Processing policy messages on your Explanation of Benefits or Pre-Treatment Estimate notice explain the reason(s) for the denial, refer to any plan provisions on which the decision was based, and refer to a guideline, protocol or criteria we used to make the adverse decision (if applicable). You also have the right, on request and free of charge, to reasonable access to, and copies of, all documents relevant to your claim. Furthermore, on a written request, and free of charge, Delta Dental will provide you with a copy of any internal rule, guideline or protocol, and/or, if applicable, an explanation of the scientific or clinical judgment we used to decide your claim.

Our appeals process allows for one level of internal appeal or, in cases where an adverse determination was based on a failure to meet our utilization review guidelines, two levels of internal appeal and an opportunity for external review. You also have the right to bring a civil action under Section 502(a) of the ERISA Act once you have exhausted the applicable internal appeals process, except in cases where you are a member of a governmental plan, church plan, or a plan not established or maintained by an employer.

To initiate the first level of internal appeal, you must do so in writing within 180 calendar days of receipt of the original denial notice. You should write to the attention of **Appeals, Delta Dental of Rhode Island, 10 Charles Street, Providence, RI, 02904**. Your appeal should ask for reconsideration and include a copy of the Explanation of Benefits or Pre-Treatment Estimate notice, the patient's name, the subscriber identification number, the reason why you believe the claim was wrongly denied, and any other information you believe supports your claim (e.g., x-rays, narrative, charting, photos, treatment records, etc.). In cases where an adverse determination was based on a failure to meet our utilization review guidelines, a dental consultant will review your appeal.

We will provide you with a written or electronic resolution of the appeal within 15 business days after we received the appeal. For appeals involving emergency medical conditions, refer to the **Expedited Reviews** section on page 9. If an adverse determination is issued as a result of the first internal appeal, you then have the opportunity to initiate a second internal appeal if the decision was based on a failure to meet our utilization review guidelines; otherwise, you have the right to bring a civil action under Section 502(a) of the ERISA Act, except in cases where you are a member of a governmental plan, church plan, or a plan not established or maintained by an employer.

To initiate a second internal appeal, you must do so in writing within 180 calendar days of receipt of the notice regarding the first level appeal. You should write to us following the procedure outlined above under first level appeals. Another dental consultant who was not involved in any prior determinations will review your appeal. In the case of claims for specialty services, a dental consultant duly qualified in the specialty area in question will review the claim. We will notify you of our decision within 15 business days after we received the appeal. For appeals involving emergency medical conditions, refer to the **Expedited Reviews** section on page 9. If an adverse determination is issued as a result of the second internal appeal, you then have the right to bring a civil action under Section 502(a) of the ERISA Act, except in cases where you are a member of a governmental plan, church plan, or a plan not established or maintained by an employer. You may also have the right to an external review through one of two agencies approved by the Rhode Island Department of Health. This concludes the internal appeal process.

To initiate an external appeal, you must file a written request for external review with Delta Dental within 60 calendar days of receipt of the second appeal adverse determination notice. External appeals are available only in cases where your claim was denied based on a failure to meet our utilization review guidelines.

Rhode Island state law requires you to pay 50% of the cost of the external review agency. Delta Dental pays the remaining 50%. You must include with your request a check for your half of the cost.

Please refer to the second appeal adverse determination notice that Delta Dental sent to you for fees associated with this level of appeal or call customer service toll free at **1-800-843-3582**. You will be notified directly by the review agency regarding the outcome of your appeal. If the external review agency overturns Delta Dental's decision, we will reimburse you within 60 days of the notice of overturn for your half of the fee. If your claim continues to be denied, you have the right to bring a civil action under Section 502(a) of the ERISA Act, except in cases where you are a member of a governmental plan, a church plan, or a plan not established or maintained by an employer.

Expedited Reviews

If your claim involves an emergency medical condition whereby the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the insured in serious jeopardy, then you have the right to an expedited review. For expedited reviews, Delta Dental will complete its review and make a final determination within 2 business days after receipt of the claim, provided all information necessary to complete the review is received.

Change in Family Status or Address

Changes in your family status affect your dental coverage. Please notify your plan sponsor of a:

- Change of Address
- Marriage
- Birth
- Adoption
- Death of a Family Member
- Divorce

Consumer Disclosure Information

You may obtain a copy of our Notice of Privacy Practices, Consumer Disclosure brochure, Provider Directory or the Consumer's Guide to Health Plans in Rhode Island by visiting our website at **www.deltadentalri.com** or by calling customer service at **1-800-843-3582**.

DELTA DENTAL OF RHODE ISLAND

10 Charles Street

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www.deltadentalri.com

1.800.843.3582

