access dental

Member Handbook

What you need to know about your benefits

Access Dental Plan

Combined Evidence of Coverage (EOC) and Disclosure Form

Sacramento County – 2023
Geographic Managed Care (GMC)

DHCS California Department of HealthCareServices

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 877-821-3234 (TTY 800-735-2929). The call is toll free. Read this Member Handbook to learn more about language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other formats, such as Braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 877-821-3234 (TTY 800-735-2929). The call is toll free.

Confidential Communications

Right to Request Confidential Communications

You have the right to request that We communicate with You about Your Personal Health Information (PHI) by alternative means or to alternative locations. We must accommodate Your request if it is reasonable and specifies the alternative means or location where Your PHI should be delivered. A confidential communications request shall be implemented by the health insurer within seven 7 calendar days of the receipt of an electronic transmission or telephonic request or within14 calendar days of receipt by first-class mail. We shall not disclose medical information related to Sensitive Services provided to a Protected Individual to the Subscriber or any plan enrollees other than the Protected Individual receiving care, absent an express written authorization of the Protected Individual receiving care.

A **Protected Individual** means any adult covered by the Subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. "Protected Individual" does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code. A health care service plan shall not require a protected individual to obtain the Subscriber or other enrollee's authorization to receive Sensitive Services or to submit a claim for Sensitive Services if the protected individual has the right to consent to care.

Sensitive Services means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6929, 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

To request confidential communications from Access Dental Plan for any of the services listed above, please call Member Services or you can submit a request in writing by mail or fax to any of the following:

- Online: Access Dental Plan's website by visiting www.premierlife.com
- By mail to:
  Access Dental Plan
  P.O. Box 38312
  Phoenix, AZ 85069
- By telephone to: Access Dental Plan Member Services at (877) 821-3234 (Sacramento County)
- By TDD/TTY: 711

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call 877-821-3234 (TTY 800-735-2929). The call is toll free.

English Tagline

ATTENTION: If you need help in your language call 1-877-821-3234 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-821-3234 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى االنتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-877-821-3234 (TTY: 711). تتوفر أيضا المساعدات والخدمات لألشخاص ذوي اإلعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-877-821-3234 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-877-821-3234 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-877-821-3234 (TTY: 711): Այդ ծառայություններն անվճար են:

ภาษาลาวเขมร (Cambodian)

ចំណាំ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅ 1-888-414-4110 (TTY: 711) ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរព្រេលធំ ក៏អាចរកបានផងដែរ ។ ទូរស័ព្ទមក 1-888-414-4110 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃ ទេ ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-877-821-3234 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大 字体阅读，也是方便取用的。请致电 1-877-821-3234 (TTY: 711)。这些服务 都是免费的。

مطلب به زبان فارسی (Farsi)

توجه :اگر میخواهید به زبان خود کمک دریافت کنید، با 1-888-414-4110 (TTY: 711) تماس بگیرید .کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخههای خط بریل و چاپ با حروف بزرگ، نیز موجود است .با 1-888-414-4110 (TTY: 711) تماس بگیرید .این خدمات رایگان ارائه میشوند.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
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Visit online at www.premierlife.com.

हिंदी टैगलाइन (Hindi)
ध्यान दें: अगर आपकी भाषा में सहायता की आवश्यकता है तो 1-888-414-4110 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता व सेवाएं, जैसे ब्रेल व बडे लेटर में भी दस्तावेज उपलब्ध हैं। 1-888-414-4110 (TTY: 711) पर कॉल करें। ये सेवाएं लेनें:शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-821-3234 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-821-3234 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)
注意日本語での対応が必要な場合は 1-877-821-3234 (TTY: 711)へお電話く ださい。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも 用意しています。1-877-821-3234 (TTY: 711) へお電話ください。これらの サービスは無料で提供しています。

한국어 태그라인 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-821-3234 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-821-3234 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອ ໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-821-3234 (TTY: 711).
ຍ້ ງມີຄວາມຊ່ວຍເຫຼືອ ແ ະ ການບໍລິການສ ວ ບຄ ນພິການ: ເອກະສານທ ີ່ ບ ນ ອ ກ ສອນນ ນ ະ ມີໂ ພ ມໃຫຍ່, ໃຫ້ໂທຫາເບີ 1-877-821-3234 (TTY: 711). ການບໍລິການເ ານ ບ ຕ ອງເສຍຄ່າໃຊ້ຈ່າຍໃ ໆ.

Mien Tagline (Mien)
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-877-821-3234 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-877-821-3234 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
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ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਿ ਧਆਨ ਿ ਦਓ: ਜੇ ਤੁਹਾਨੰ ਆਪਣੀ ਭਾਸ਼ਾ ਿ ਵੱਚ ਮਦਦ ਦੀ ਲੋ ੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-877-821-3234 (TTY: 711). ਅਪਾਹਜ ਲੋ ਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਿ ਜਵ ਿ ਕ ਬ ੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਿ ਵੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-877-821-3234 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877- 821-3234 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-821-3234 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-821-3234 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-821-3234 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-821-3234 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-877-821-3234 (TTY: 711). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณตอ้ งการความช่วยเหลือเป็ นภาษาของคุณ กรุณาโทรศพ ท์ไปที่หมายเลข 1-877-821-3234 (TTY: 711) นอกจากนี้ยงั พร้อมให้ความช่วยเหลือและบริการต่าง ๆ สา หรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอกั ษรเบรลล์และเอกสารที่พิมพด์ ้วยตวั อกั ษรขนาดใหญ่ กรุณาโทรศพ ท์ไปที่หมายเลข 1-877-821-3234 (TTY: 711) ไม่มีค่าใชจ้ ่ายส าหรับบริการเหล่านี้

Примітка українською (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1- 877-821-3234 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-877-821-3234 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-821-3234 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-877-821-3234 (TTY: 711). Các dịch vụ này đều miễn phí.

Welcome to

Access Dental Plan!

Thank you for joining Access Dental Plan. Access Dental Plan is a dental plan for people who have Medi-Cal. We work with the State of California to help you get the dental care you need.

Member Handbook

This Member Handbook tells you about your coverage under Access Dental Plan. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of Access Dental Plan.

This Member Handbook is also called the Evidence of Coverage (EOC). It is only a summary of Access Dental Plan rules and policies based on the contract between Access Dental Plan and the Department of Health Care Services (DHCS). If you would like to learn the exact terms and conditions of coverage, you may request a copy of the contract from Member Services.

Call 877-821-3234 (TTY 800-735-2929) to ask for a copy of the contract. You may also ask for another copy of the Member Handbook at no cost to you or visit our website at www.premierlife.com to view the Member Handbook.

Contact us

We are here to help. If you have questions, call 877-821-3234 (TTY 800-735- 2929). We are here Monday through Friday, 8:00 AM to 5:00 PM. The call is toll free. You can also visit us online at any time at www.premierlife.com.

Thank you,
Access Dental Plan
10400 N 25th Ave Ste 200
Phoenix, AZ 85021

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
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1. Getting started as a member

How to get help

We want you to be happy with your dental care. If you have any questions or concerns about your care, we want to hear from you!

Member Services

Access Dental Plan Member Services is here to help you. We can:

- ☐ Answer questions about your dental plan and covered services
- ☐ Help you choose or change a primary care dentist (PCD)
- ☐ Tell you where to get the care you need
- ☐ Help you get interpreter services if you do not speak English
- ☐ Help you get information in other languages and formats

If you need help, call 877-821-3234 (TTY 800-735-2929). We are here Monday through Friday, 8:00 AM to 5:00 PM. The call is free. You can also visit us online at any time at www.premierlife.com.

Who can become a member

You qualify for Access Dental Plan because you qualify for Medi-Cal and live in Sacramento County. Call Member Services at 877-821-3234 (TTY 800-735-2929). You may also qualify for Medi-Cal through Social Security. Social Security Administration/ Supplemental Social Income (SSI) can be contacted at 1-800-772-1213 (TTY: 1-800-325-0778). For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit https://www.healthcareoptions.dhcs.ca.gov/.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
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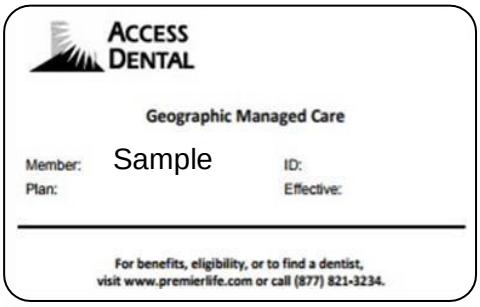
Identification (ID) cards

As a member of Access Dental Plan, you will get a dental plan ID card. You must show your dental plan ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any dental services. You should carry both cards with you at all times. Here are sample BIC and dental plan ID cards to show you what yours will look like:



If you do not get your dental plan ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Member Services right away. We will send you a new card. Call 877-821-3234 (TTY 800-735-2929).

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2. About your dental plan

Dental plan overview

Access Dental Plan is a dental plan for people who have Medi-Cal in Sacramento County. We work with the State of California to help you get the dental care you need.

You may talk with one of our Member Services Representatives to learn more about the dental plan and how to make it work for you. Call 877-821-3234 (TTY 800-735-2929).

When your coverage starts and ends

When you enroll in Access Dental Plan, you will receive an Access Dental Plan Member ID card within seven (7) calendar days of enrollment. Please show the Medi-Cal Benefits Identification Card (BIC) and your Access Dental Plan Member ID card every time you go for any dental services. The Access Dental Plan Member ID card is proof that you are enrolled with Access Dental Plan.

Your Medi-Cal coverage will need to be renewed every year. The local county human services office will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency. You can return your information online, in person, by phone, or other electronic means if available in your county.

You may ask to end your Access Dental Plan coverage and choose another dental plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit https://www.healthcareoptions.dhcs.ca.gov/.

You can also ask to end your Medi-Cal. You must follow DHCS procedures if you ask to end your coverage.

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Sometimes Access Dental Plan can no longer serve you. Access Dental Plan must end your coverage if:

- ☐ You move out of the county or are in prison
- ☐ You no longer have Medi-Cal
- ☐ You qualify for certain waiver programs
- ☐ You need a major organ transplant (excluding kidneys)
- ☐ You are in a long-term care facility in excess of two months

Special considerations for American Indians in managed care

If you are American Indian, you have the right to not enroll in a Medi-Cal managed care dental plan. If you have been enrolled in Access Dental Plan, you can ask to leave at any time. If you leave Access Dental Plan, you will get your dental care from Medi-Cal Dental Fee-for-Service. You can also get dental care at an Indian Health Service Division of Oral Health site. You may also stay with or disenroll from Access Dental Plan while getting dental services from these locations. For information on enrollment and disenrollment call 877-821-3234 (TTY 800-735-2929).

How your dental plan works

Access Dental Plan is a dental plan contracted with DHCS. Access Dental Plan works with dentists and other providers in your service area (our network) to provide dental care to you, the member.

Access Dental Plan Member Services will tell you how Access Dental Plan works and how to get the dental care you need. Member Services can help you:

- ☐ Get a list of dentists
- ☐ Find a primary care dentist (PCD)
- ☐ Schedule an appointment with your PCD
- ☐ Get a new Access Dental Plan Member ID card
- ☐ Get information about covered and non-covered services
- ☐ Get transportation services
- ☐ Understand how to report and solve grievances and appeals
- ☐ Request member materials
- ☐ Answer other questions you may have

To learn more, call 877-821-3234 (TTY 800-735-2929). Or find member service information online at www.premierlife.com.

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Visit online at www.premierlife.com.

Changing dental plans

You may leave Access Dental Plan and join another dental plan in your county at any time. Call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077) to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday, or visit https://www.healthcareoptions.dhcs.ca.gov/.

It takes up to 30 days to process your request to leave Access Dental Plan and enroll in another plan. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

If you want to leave Access Dental Plan sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled. Members who can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan. You may request an expedited disenrollment by calling 1-800-430-4263 (TTY 1-800-430-7077) and ask for an expedited disenrollment. Expedited disenrollment requests shall be effective on the first day of the month in which the request is processed, whether submitted before or after the monthly update to the Medi-Cal Eligibility Data System.

You may ask to leave Access Dental Plan in person at your local county human services office. Find your local office at http://www.dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx. Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

Continuity of care

As a member of Access Dental Plan, you will get your dental care from providers in Access Dental Plan network. If you now see dentists who are not in the Access Dental Plan network, you may be able to keep seeing them for up to 12 months. If your dentists do not join our network by the end of 12 months, you will need to switch to dentists in the Access Dental Plan network.

A member can continue to receive services from a dentist not in the Access Dental Plan network in specific cases. Members should request the continuation of services by calling 877-821-3234. Access Dental Plan will provide the member a decision in writing within five (5) business days of the receipt of the request.

The dentist must agree in writing to comply with the same terms and conditions and accept the same payment rates as current contracting Access Dental Plan providers.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

College students who move to a new county or out of California

Emergency services and urgent care are available to all Medi-Cal members statewide regardless of county of residence. As long as you are eligible, Medi-Cal will cover emergency services and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico if the service is approved and the doctor and hospital meet Medi-Cal rules. Medi-Cal does not cover emergency, urgent or any other services outside of the United States, except for Canada and Mexico.

If you move to a new county to attend college, you may still be able to get dental services, even if Access Dental Plan does not serve your new county, but you must notify Access Dental. Or you may be able to get services through regular Medi-Cal Dental, also known as Fee-for-Service (FFS) Medi-Cal. This is called continuity of care. Access Dental Plan provides continuity of care services for college students if:

- It is an emergency

To learn more about continuity of care services, call 877-821-3234 (TTY 800-735-2929).

Dentists who leave Access Dental Plan

If your dentist stops working with Access Dental Plan, you may be able to keep getting services from that dentist. This is another form of continuity of care. Access Dental Plan provides continuity of care services for:

- Acute Conditions
- Newborn Children Between Birth and Age 36 Months
- Surgery or Other Procedure

Access Dental Plan provides continuity of care services if the treating dentists is terminated while in the middle of treatment or you are a new member who is in the middle of treatment with a dentist who is not contracted with Access Dental Plan.

Access Dental Plan does **not** provide continuity of care services if the dentist will not agree in writing to comply with the same terms and conditions and accept the same payment rates as current contracting Access Dental Plan providers.

To learn more about continuity of care services, call 877-821-3234 (TTY 800-735-2929).

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Costs

Member costs

Access Dental Plan serves people who qualify for Medi-Cal. In most cases, Access Dental Plan members do **not** have to pay for covered services, premiums, co-pays or deductibles. Covered services are dental services that Access Dental Plan is responsible to pay for. If you get a bill for any fees or copayments for a covered service, do not pay the bill. Call member services right away at 877-821-3234 (TTY 800-735-2929). For a list of covered services, go to Chapter 4. Benefits and Services.

Except for emergency services or urgent care, you must get pre-approval from Access Dental Plan before you visit a dentist outside the Access Dental Plan network. If you do not get pre-approval and you go to a dentist outside of the network, you may have to pay for the dental care.

If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should give you a treatment plan that includes each expected service and the estimated cost of each service. If you would like more information about dental coverage options, you may call member services at 877-821-3234 (TTY 800-735-2929). To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

Asking Access Dental Plan to pay you back for expenses

If you get a bill for a covered service, call 877-821-3234 (TTY 800-735-2929) right away. If you pay for a service that you think Access Dental Plan should cover, file a claim with us. Call 877-821-3234 (TTY 800-735-2929) to ask for a claim form, or for help to file a claim. Use a claim form and tell us in writing why you had to pay.to ask for a claim form, or for help to file a claim. Use a claim form and tell us in writing why you had to pay.

If you paid for services you already received, you may qualify to be reimbursed (paid back) if you meet all of the following conditions:

- The service you received is a covered service that Access Dental Plan is responsible to pay for. DMC will not pay you back for a service that is not covered.
- You received the covered service after you became eligible for Medi-Cal.
- You ask to be paid back within one year from the date you received the covered service.
- You provide proof that you paid for the covered service, such as a detailed receipt from the dental office.
- You received the covered service from a Medi-Cal dentist in the Access Dental

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Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Plan's network. You do not need to meet this condition if you received emergency services or another service that Medi-Cal allows out-of-network providers to perform without pre-approval.

- If the covered service normally requires pre-approval, you provide proof from the dentist that shows a medical need for the covered service.

If you do not meet one of the above conditions, Access Dental Plan will not pay you back. Access Dental Plan will tell you of its decision to reimburse you in a letter called a Notice of Action. If you meet all of the above conditions, the Medi-Cal enrolled dentist should pay you back for the full amount you paid. If the Medi-Cal dentist refuses to pay you back, Access Dental Plan will pay you back for the full amount you paid. Access Dental Plan must pay you back within 45 working days of receipt of your claim.

For members with a share of cost

You may have to pay a portion of your dental care costs each month before benefits become effective. This is called your share of cost. The amount of your share of cost depends on your income and resources. For questions about share of cost, contact your local county human services office. Find your local office at https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

How a dentist gets paid

Access Dental Plan pays dentists in these ways:

- Capitation payments
  - Access Dental Plan pays some dentists a set amount of money every month for each Access Dental Plan member. This is called a capitation payment. Access Dental Plan and dentists work together to decide on the payment amount.
- Fee-for-service payments
  - Some dentists give dental care to Access Dental Plan members and then send Access Dental Plan a bill for the services they provided. This is called a fee-for-service payment. Access Dental Plan and dentists work together to decide how much each service costs.
- Bonus or incentive payments
  - ADP pays some dentists more for seeing members every year. Access Dental Plan also pays some dentists more for doing preventive work, like a cleaning.

To learn more about how Access Dental Plan pays dentists, call 877-821-3234 (TTY 800-735-2929).

3. How to get dental care

Getting dental services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW AND WHERE YOU CAN GET DENTAL CARE.

You can begin to get dental care services on your effective date of coverage. Always Keep your Access Dental Plan ID card and Medi-Cal BIC card with you. Never let anyone else use your ID card or BIC card. Dentists are also called dental providers.

New members must choose a primary care dentist (PCD) in our network. The Access Dental Plan network is a group of dentists who work with us. You must choose a PCD within 30 days from the time you become a member in Access Dental Plan. If you do not choose a PCD, we will choose one for you.

You may choose the same PCD or different PCDs for all family members in Access Dental Plan.

If you have a dentist you want to keep, or you want to find a new PCD, you can look in the dental Provider Directory. It has a list of all PCDs in our plan network. The dental Provider Directory has other information to help you choose. If you need a dental Provider Directory, call 877-821-3234 (TTY 800-735-2929). You can also find the dental Provider Directory on our website at www.premierlife.com.

If you cannot get the care you need from a participating dental provider in our network, your PCD must ask Access Dental Plan for approval to send you to an out-of-network provider.

Read the rest of this chapter to learn more about PCDs, our dental Provider Directory and our dental provider network.

When you call for an appointment with your PCD, tell the person who answers the phone that you are a member of Access Dental Plan. Give your dental plan ID number.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

To get the most out of your dental visit:

- Bring your Medi-Cal benefits identification card (BIC)
- Bring your dental plan ID card
- Bring your valid California ID card or driver's license
- Know your Social Security Number
- Bring your list of medications
- Be ready to talk with your Primary Care Dentist (PCD) about any dental problems you've noticed for yourself or your children.

Be sure to call your PCD's office if you are going to be late or cannot go to your appointment.

Getting to your appointment

If you don't have a way to get to and from your appointments for covered services, we can help arrange transportation for you. This service is called non-emergency medical transportation and is not for emergencies. This type of transportation is available for services and appointments to are not related to emergency services and may be available at no cost to you. Go to Chapter 4 (Benefits and Services) and review section Non-Emergency Medical Transportation.

Routine dental care

Oral health is an important part of overall health and well-being. The Medi-Cal Dental program recommends that children begin seeing a dentist by their first tooth or their first birthday. Routine care is regular dental care. Access Dental Plan covers routine care from your PCD. Some services may be referred to dentists that are specialists, and some services may require pre-approval (prior authorization).

Access Dental Plan recommends that, as a new member, you see your new PCD within the first 90 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCD learn your health care history and needs. Your PCD may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCD will also tell you about health education counseling and classes that may help you. All dental services must meet Medi-Cal Dental program requirements to be covered.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

All dental services must meet Medi-Cal requirements to be covered. Dental services that may be covered for children are:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Sealants
- Fillings
- Crowns
- Tooth extractions
- Root canal treatment
- Braces

Dental services that may be covered for adults are:

- Exams and x-rays
- Cleanings
- Deep Cleanings (scaling and root planing)
- Fluoride treatments
- Fillings
- Crowns
- Root canal treatment
- Tooth extractions
- Full and partial dentures
- Other medically necessary dental services

For a full list of child and adult dental services, read Chapter 4 in this handbook.

Urgent dental care

Access Dental Plan covers urgent dental care. Examples of urgent dental care treatments include: Lost/loose filling, crown, or bridge, food lodged between teeth, dull toothache, small chips, and/or cracks in teeth that can be managed by over-the-counter (OTC) medications; broken/chipped removeable prosthetics. If you need to see a dentist right away but it is not an emergency, urgent care appointments are available within 72 hours.

During normal office hours, call your dentist for help. If it is after office hours, try calling your dentist first. If you cannot reach your dentist, call Access Dental Plan anytime at 877-821- 3234 (TTY 800-735-2929) for assistance.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Emergency dental care

Access Dental Plan covers emergency dental care. A dental emergency can be pain, bleeding, or swelling that can cause harm to you or your teeth if not fixed right away. Emergency dental care is available 24 hours a day, 7 days per week. You do not need approval from Access Dental Plan to get emergency care.

During normal office hours, call your dentist for help. If it is after office hours, try calling your dentist first. If you cannot reach your dentist, call Access Dental Plan anytime at 877-821- 3234 (TTY 800-735-2929) for assistance.

You may also call 911 or go to the nearest hospital. If you are away from home, you can find a dentist that is close to you to get emergency care. Dentists who are not contracted with Access Dental Plan may charge you for emergency care. If you pay for emergency care, we will pay you back.

For medical emergencies, call **911** or go to the nearest emergency room.

If you need help, call 877-821-3234 (TTY 800-735-2929). We are here Monday through Friday, from 8:00 AM to 5:00 PM. The call is free.

Where to get dental care

Dentists

You will choose a primary care dentist (PCD) from the Access Dental Plan dental Provider Directory. Your PCD must be a participating dentist. This means the dentist is in our network. To get a copy of our dental Provider Directory, call 877-821-3234 (TTY 800-735-2929).

You will get most of your care from your PCD. Your PCD will give you most of your routine dental care. Your PCD will refer (send) you to specialists if you need them.

You should also call if you want to check to be sure the PCD you want is taking new patients.

If you were seeing a dentist for certain conditions before you were a member of Access Dental Plan, you may be able to keep seeing that dentist. This is called continuity of care. You can read more about continuity of care on page 19 of this handbook. To learn more, call 877-821-3234 (TTY 800-735-2929).

Dental Provider Directory

The Access Dental Plan dental Provider Directory lists providers that participate in the Access Dental Plan network. The network is the group of providers that work with Access Dental Plan.

The Access Dental Plan dental Provider Directory lists dentists, specialist dentists, clinics, and Federally Qualified Health Centers (FQHCs).

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

The dental Provider Directory has names, provider addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients, the provider's cultural and linguistic capabilities (i.e., languages offered by the provider or language interpreters, including American Sign Language). It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails and accessible restrooms.

You can find the online dental Provider Directory at www.premierlife.com.

If you need a printed Provider Directory, call 877-821-3234 (TTY 800-735-2929).

Dental provider network

The dental provider network is the group of dentists and specialty dentists that work with Access Dental Plan. You will get your covered services through our network.

In network

You will use dentists in the Access Dental Plan network for your dental care needs. You will get preventive and routine care from your PCD. You will also use specialists and other providers in our network.

To get a dental Provider Directory of network providers, call 877-821-3234 (TTY 800-735-2929). Or you can find our dental Provider Directory online at www.premierlife.com.

For urgent or emergency dental care, call your PCD. If you would like assistance to schedule an appointment, or are not in your home area, call 877-821-3234 (TTY 800-735-2929).

For medical emergency care, call **911** or go to the nearest emergency room.

Out of network

Out-of-network providers are those that do not have an agreement to work with Access Dental Plan. Except for urgent or emergency care, you may have to pay for care from providers who are out of network. If you need covered dental care services, you may be able to get them out of network at no cost to you as long as they are medically necessary and not available in the network.

If you need help with out-of-network services, call 877-821-3234 (TTY 800-735-2929).

If you are outside of our service area and need care that is **not** an emergency, call your PCD right away. Or call 877-821-3234 (TTY 800-735-2929).

If you have questions about out-of-network or out-of-area care, call 877-821-3234 (TTY 800-735-2929).

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Primary care dentist (PCD)

New members must choose a PCD within 30 days of enrolling in Access Dental Plan. You may choose a general dentist as your PCD.

You can also choose a Federally Qualified Health Center (FQHC), community clinic, American Indian Health Clinic or other primary care facility that has dental services as your PCD if they are in the Access Dental Plan network and if you qualify for their services. These are centers that are located in areas that do not have many dental care services.

You can choose the same or different PCDs for everyone in your family who is a member of Access Dental Plan.

If you do not choose a PCD within 30 days, a dentist who works with member care in Access Dental Plan will choose a PCD for you.

Your PCD will:

- Get to know your dental needs
- Keep your dental records
- Give you the preventive and routine dental care you need
- Refer (send) you to a specialist if you need one

You can look in the dental Provider Directory to find a PCD in the Access Dental Plan network. The dental Provider Directory has a list of FQHCs that work with Access Dental Plan.

You can find our dental Provider Directory online at www.premierlife.com. Or call 877-821-3234 (TTY 800-735-2929). You can also call to find out if the PCD you want is taking new patients.

Choice of Dentists

You know your dental care needs best, so it is best if you choose your PCD.

It is best to stay with one PCD so he or she can get to know your dental care needs. However, if you want to change to a new PCD, you can change one time each month. You must choose a PCD who is in the Access Dental Plan dental provider network and is taking new patients.

Your new choice will become your PCD on the first day of the next month after you make the change.

To change your PCD, call 877-821-3234 (TTY 800-735-2929).

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

We may ask you to change your PCD if the PCD is not taking new patients, has left our network, or does not give care to patients your age. Access Dental Plan or your PCD may also ask you to change to a new PCD if you cannot get along with or agree with your PCD, or if you miss or are late to appointments. If we need to change your PCD, we will tell you in writing.

If you change PCDs, you will get a new dental plan member ID card in the mail. It will have the name of your new PCD. Call Member Services if you have questions about getting a new ID card.

Appointments and visits

When you need dental care:

- Call your PCD
- Have your Access Dental Plan ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC and dental plan ID card to your appointment
- Bring an identification card or driver license
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions ready in case you need them

Payment

You do **not** have to pay any deductibles or co-pays for covered services. You should not get a bill from a dentist. You may get an Explanation of Benefits (EOB) or a statement from a dentist. EOBs and statements are not bills.

If you do get a bill, call 877-821-3234 (TTY 800-735-2929). Tell us the amount charged, the date of service and reason for the bill.

If you get a bill or are asked to pay a co-pay, you can also file a claim form. You will need to tell us in writing why you had to pay for the item or service. We will read your claim and decide if you can get money back. For questions or to ask for a claim form, call 877-821-3234 (TTY 800-735-2929).

Referrals

Your PCD will give you a referral to send you to a specialist if you need one. A specialist is a dentist who has extra education in one area of dentistry. Your PCD will work with you to choose a specialist. Your PCD's office can help you set up a time to see the specialist.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Your PCD may give you a form to take to the specialist dentist. The specialist dentist will fill out the form and send it back to your PCD.

If you want a copy of our referral policy, call 877-821-3234 (TTY 800-735-2929).

You do not need a referral for:

- PCD visits
- Urgent or emergency care

Pre-approval

For some types of care, your PCD or specialist dentist will need to ask us before you get the care. This is called prior authorization or pre-approval. It means that Access Dental Plan agrees that the care is medically necessary. Dental care is medically necessary if it is to prevent and eliminate orofacial disease, infection, and pain, to restore the form and function of the dentition, or to correct facial disfiguration or dysfunction. Dental services must meet Medi-Cal program rules for medical necessity.

These dental services need pre-approval, even if you receive them from a dental provider in the Access Dental Plan network:

- Root canals
- Crowns
- Full/partial dentures
- Deep cleanings (scaling and root planing)
- General anesthesia and IV sedation

Other dental services your dentist recommends may also require pre-approval.

For some services, such as care from a specialist dentist, you need pre-approval if you get the care out of network. We will decide within 5 business days, for routine service, or 72 hours for urgent care.

We review the request to decide if the care is medically necessary and covered. We do **not** pay our reviewers to deny coverage or dental services. If we do not approve the care, we will tell you why.

Access Dental Plan will contact you if we need more information or more time to review your request.

Second opinions

You might want a second opinion about care your PCD says you need, or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery.

To get a second opinion, call your PCD. Your PCD can refer you to a network provider for a second opinion. Or call 877-821-3234 (TTY 800-735-2929).

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

We will pay for a second opinion if you or your network dentist asks for it, and you get the second opinion from a network dentist. You do not need permission from us to get a second opinion if the dentist you choose for a second opinion is approved. If you have an urgent request, we will decide within 72 hours.

Call Member Services at 877-821-3234 (TTY 800- 735-2929).

If we deny your request for a second opinion, you may file a grievance. To learn more about grievances, go to page 54 in this handbook.

Timely Access to Care

Access Dental Plan must provide appointments within the following timeframes:

Appointment Type	Must Get Appointment Within
Routine appointments (including preventive care)	4 weeks
Specialist appointments (ages 21+)	30 business days
Specialist appointments (under age 21)	30 calendar days
Urgent care appointments	72 hours
Emergency care	available 24 hours, 7 days per week

Dental Health Education Services

Dental health education services are part of preventive services and primary dental health care visits. Education includes sealant products, nutrition, and other oral health topics.

4. Benefits and services

What your dental plan covers

In this section, we explain all of your covered services as a member of Access Dental Plan. Your covered services are free as long as they are medically necessary. Care is medically necessary if it is to prevent and eliminate orofacial disease, infection, and pain, to restore the form and function of the dentition, and to correct facial disfiguration or dysfunction.

We offer these types of dental services:

Type of Service	Examples
Diagnostic	**Exams, x-rays**
• Preventive	Cleanings, fluoride treatments, sealants (for children)
• Restorative	Fillings, crowns
• Endodontic	Pulpotomies, root canals
• Periodontal	Gum surgery, deep cleaning
• Removable Prosthodontics	Immediate and complete dentures, partial dentures, relines
• Oral and Maxillofacial Surgery	Extractions
• Orthontices	Braces (for children)
• Adjunctives	Sedation, general anesthesia

Read the summary of benefits and each of the sections below to learn more about the exact services you can get.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Summary of benefits

Below is a summary of dental benefits for adults and children:

✓ Benefit ✗ Not a benefit

Procedure	Full Scope	Limited Scope	Pregnancy Related	Residing in a Facility (SNF/ICF)
Oral Evaluation (Under age 3 only)	✓	✗	✗	✓
Initial Exam (Age 3+)	✓	✗	✓	✓
Periodic Exam (Age 3+)	✓	✗	✓	✓
Regular Cleanings	✓	✗	✓	✓
Fluoride treatment	✓	✗	✓	✓
Restorative Services – Fillings	✓	✗	✓	✓
Crowns*	✓	✗	✓	✓
Scaling and Root Planing (deep cleaning)**	✓	✗	✓	✓
Periodontal Maintenance (gums)	✓	✗	✓	✓
Anterior Root Canals (in front)	✓	✗	✓	✓
Posterior Root Canals (in back)	✓	✗	✓	✓
Partial Dentures	✓	✗	✓	✓
Full Dentures	✓	✗	✓	✓
Extractions/Oral and Maxillofacial Surgery	✓	✓	✓	✓
Emergency Services	✓	✓	✓	✓

Exceptions:

*1.Not a benefit under age 13. Crowns on molars or premolars (back teeth) may be covered based on medical necessity.

** Not a benefit under age 13. Allowable under special circumstances.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Postpartum Care Extension Program

The Postpartum Care Extension Program provides extended coverage for Medi-Cal members during pregnancy and after pregnancy. The program extends coverage by Access Dental Plan for up to 12 months after the end of the pregnancy regardless of income, citizenship, or immigration status and no additional action is needed.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life;
- Prevent significant illness or significant disability;
- Alleviate severe pain;
- Achieve age-appropriate grown and development; and
- Attain, maintain and regain functional capacity.

For members under age 21, medically necessary services include all covered services identified above, and any other necessary services, treatment or other measures to correct or ameliorate defects and physical and mental illnesses and conditions, as required by the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or to maintain the member's condition to keep it from getting worse.

EPSDT provides a broad range of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21. The EPSDT benefit is more robust than the benefit for adults and is designed to assure that children receive early detection and care so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care at the right time in the right setting.

Frequency of services

Dental services are covered if medically necessary. However, for some services, there are limits on how many times you may receive the service within a given period of time. Below are common services where there are limits:

- Examinations – Every 6 months (under age 21); Every 12 months (ages 21+)
- Bite-wing x-rays – Every 6 months
- Full mouth x-rays – Every 36 months
- Panoramic x-rays – Every 36 months
- Teeth cleaning – Every 6 months (under age 21); Every 12 months (ages 21+)
- Topical fluoride – Every 6 months (under age 21); Every 12 months (ages 21+)
- Sealants – Every 36 months (under age 21 only)
- Fillings – Every 12 months (per baby tooth); Every 36 months (per permanent tooth)
- Crowns – Every 5 years (age 13+)

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

- Deep cleaning (scaling/root planing) – Every 24 months per quadrant (age 13+)
- Full and partial dentures – Every 5 years
- Denture repair and relines – Twice per year

Teledentistry services

Teledentistry is a way of getting services without being in the same physical location as your dentist. Teledentistry may involve having a live conversation with your provider, or may involve sharing information with your dentist without a live conversation. It is important that both you and your dentist agree that the use of teledentistry for a particular service is appropriate for you. You can contact your dentist to learn which types of services may be available through teledentistry.

Non-Emergency Medical Transportation

You are entitled to use Non-Emergency Medical Transportation (NEMT) when you physically or medically are not able to get to your medical appointment by car, bus, train, or taxi, and the plan pays for your dental condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. Access Dental Plan allows the lowest cost NEMT for your dental needs when you need a ride to your appointment. That means, for example, if you are physically or medically able to be transported by a wheelchair van, Access Dental Plan will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation not possible.

NEMT must be used when it is:

- ☐ Physically or medically needed as determined with a written prescription by a physician; or
- ☐ You are not able to physically or medically use a bus, taxi, car or van to get to your appointment;
- ☐ Approved in advance by Access Dental Plan with a written prescription by a physician.

To ask for NEMT, please call Access Dental Plan at 877-821- 3234 (TTY 800-735-2929) at least 10 business days (Monday- Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Limits of NEMT

There are no limits for receiving NEMT to or from dental appointments covered under Access Dental Plan when a provider has prescribed it for you. NEMT is not covered if you choose a PCD that is out of the area. ADP will work to find a PCD who is closer to you.

What Does Not Apply?

If your physical and medical condition allows you to get to your dental appointment by car, bus,

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Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
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taxi, or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Access Dental Plan. A list of covered services is in this member handbook.

Cost to Member

There is no cost when transportation is authorized by Access Dental Plan.

Non-Medical Transportation

You can use Non-Medical Transportation (NMT) when you are:

- ☐ Traveling to and from an appointment for a Access Dental Plan covered service prescribed by your provider.

Access Dental Plan allows you to use a car, taxi, bus, or other public/private way of getting to your dental appointment for plan-covered medical services including mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets. Access Dental Plan allows the lowest cost NMT type for your dental needs that is available at the time of your appointment.

To ask for NMT services, please call Access Dental Plan at 877-821-3234 (TTY/TDD 800-735-2929) at least 10 business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for receiving NMT to or from dental appointments covered under Access Dental Plan when a provider has prescribed it for you. NMT is not covered if you choose a PCD that is out of the area. Access Dental Plan will work to find a PCD who is closer to you.

What Does Not Apply?

NMT does not apply if:

- ☐ An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- ☐ The service is not covered by Access Dental Plan. A list of covered services is in this member handbook.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Cost to Member

There is no cost when transportation is allowed by Access Dental Plan.

What your dental plan does not cover

Dental services provided outside of Sacramento County are not covered unless it is an emergency.

Services you cannot get through Access Dental Plan or Medi-Cal

There are some services that neither Access Dental Plan nor Medi-Cal will cover, including:

- California Children's Services (CCS)

Read each of the sections below to learn more. Or call 877-821-3234 (TTY 800-735-2929).

California Children's Services (CCS)

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If Access Dental Plan or your PCP believes your child has a CCS condition, he or she will be referred to the CCS program.

CCS program staff will decide if your child qualifies for CCS services. If your child can get these types of care, CCS providers will treat him or her for the CCS condition. Access Dental Plan will continue to cover types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

Access Dental Plan does not cover care given by the CCS program. For CCS to cover these problems, CCS must approve the provider, services and equipment.

CCS does not cover all problems. CCS covers most problems that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with problems such as:

- ☐ Congenital heart disease
- ☐ Cancers
- ☐ Tumors
- ☐ Hemophilia
- ☐ Sickle cell anemia
- ☐ Thyroid problems
- ☐ Diabetes
- ☐ Serious chronic kidney problems

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
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- ☐ Liver disease
- ☐ Intestinal disease
- ☐ Cleft lip/palate
- ☐ Spina bifida
- ☐ Hearing loss
- ☐ Cataracts
- ☐ Cerebral palsy
- ☐ Seizures that are not controlled
- ☐ Rheumatoid arthritis
- ☐ Muscular dystrophy
- ☐ AIDS
- ☐ Severe head, brain or spinal cord injuries
- ☐ Severe burns
- ☐ Severely crooked teeth

The state pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from Access Dental Plan.

To learn more about CCS, call 877-821-3234 (TTY 800-735-2929).

Other programs and services for people with Medi-Cal

Read each of the sections below to learn more about other programs and services for people with Medi-Cal. You may also find information at www.dental.dhcs.ca.gov.

Coordination of benefits

Access Dental Plan offers services to help you coordinate your dental care needs at no cost to you. If you have questions or concerns about your dental care or your child's dental care, call 877-821-3234 (TTY 800-735-2929).

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

5. Child and youth preventive dental services

Access Dental Plan automatically gives child and youth members under 21 years old the dental services to ensure they get the right preventive dental services. This chapter explains these services.

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about four to six months "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first. The following Medi-Cal dental services are free or low-cost services for:

Babies ages 1 to 4:

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months; every 3 months from birth to age 3)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride treatment (every 6 months)
- Fillings
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
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Visit online at www.premierlife.com.

Kids ages 5-12:

- Dental exams (every 6 months)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride treatment (every 6 months)
- Molar sealants
- Fillings
- Root canal treatment
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

Kids ages 13-17:

- Dental exams (every 6 months)
- X-rays
- Fluoride treatment (every 6 months)
- Teeth cleaning (every 6 months)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canal treatment
- Partial and full dentures
- Scaling and root planing
- Tooth removal
- Emergency services
- Sedation (if medically necessary)

If you have questions or want to learn more about covered Medi-Cal dental services, call 877-821-3234 (TTY 800-735-2929). You may also visit the Access Dental Plan at www.premierlife.com.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Help getting child and youth preventive dental services

Access Dental Plan will help members under 21 years old to get the services they need. Access Dental Plan can:

- Tell you about the services
- Find providers
- Make appointments for you

Provide care coordination to get the right care even if Access Dental Plan is not responsible for paying for that care.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

6. Rights and responsibilities

As a member of Access Dental Plan, you have certain rights and responsibilities. This chapter will explain those rights and responsibilities. This chapter will also provide legal notices that you have a right to as a member of Access Dental Plan.

Your rights

Access Dental Plan members have these rights:

- To be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's medical and dental information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a Primary Care Dentist within the Contractor's network.
- To participate in decision making regarding their own dental care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive oral interpretation services for their language.
- To have access to Federally Qualified Health Centers, Indian Health Service Facilities, and Emergency Services outside the Contractor's network pursuant to the federal law.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To have access to, and where legally appropriate, receive copies of, amend or correct their Dental Record.
- To disenroll upon request.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
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- To receive written Member informing materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with W & I Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- To receive a copy of his or her dental records, and request that they be amended or corrected, as specified in federal regulations.
- Freedom to exercise these rights without adversely affecting how they are treated by the Contractor, providers, or the State.

Your responsibilities

Access Dental Plan members have these responsibilities:

- Give your dentist and ADP correct information.
- Understand your dental problem(s) and help in making treatment goals, as much as possible, with your dentist.
- Always present your Access Dental Plan member identification card when getting services.
- Ask questions about any dental condition. Make certain that you understand the information.
- Make and keep dental appointments. Let your dentist know at least 24 hours in advance when an appointment must be cancelled.
- Help Access Dental Plan keep accurate and current medical records. Tell us as soon as you can of changes to your information, including changes in address, family status, and other health care coverage.
- Notify Access Dental Plan as soon as possible if a dentist bills you wrongly.
- Notify us if you have a complaint.
- Be courteous and respectful to all Access Dental Plan staff and providers.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Ways to get involved as a member

Access Dental Plan wants to hear from you. On a quarterly basis, we have meetings to talk about what is working well and how we can improve. Members are invited to attend. Join us and tell us what you think!

Public Policy Committee

We have a group called Access Dental Plan Public Policy Committee. This group is made up of members, dental providers, and a member of the Board of Directors. The group talks about how to improve Access Dental Plan policies and is responsible for:

- Advising the Board of Directors about how to assure member satisfaction.
- Reviewing complaints and grievances we received.
- Providing input in our member surveys and oral health programs.

Membership is voluntary. Members will be paid $100.00 per meeting for participation.

If you would like to be a part of this group, call 877-821-3234 (TTY 800-735-2929).

Non-discrimination notice

Discrimination is against the law. Access Dental Plan follows state and federal civil rights laws and does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Access Dental Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- 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, contact Access Dental Plan between 8 a.m. – 5 p.m. Pacific

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Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Time Zone, Monday through Friday, by calling **1-877-821-3234** (Sacramento County) or **1-888-414-4110** (LA County). If you cannot hear or speak well, please call **TTY 711** to use the California Relay Service.

HOW TO FILE A GRIEVANCE

If you believe that Access Dental Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Access Dental Plan's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Access Dental Plan's Civil Rights Coordinator between 8 a.m. – 5 p.m. Pacific Time Zone, Monday through Friday, by calling **1-877-821- 3234** (Sacramento County) or **1-888-414-4110** (LA County). Or, if you cannot hear or speak well, please call **TTY 711**.
- In writing: Fill out a complaint form or write a letter and send it to:

  Civil Rights Coordinator
  Access Dental Plan
  P.O. Box 38313
  Phoenix, AZ 85069

- In person: Visit your doctor's office or Access Dental Plan and say you want to file a grievance.
- Electronically: Visit Access Dental Plan website at www.premierlife.com/camedicaid.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

  Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby

FEDERAL TRADE COMMISSION

ReportFraud.ftc.gov is the federal government's website where you can report fraud, scams, and bad business practices.

You can submit a report electronically with the Federal Trade Commission at https://reportfraud.ftc.gov/#/assistant.

Notice of Privacy Practices

A STATEMENT DESCRIBING ACCESS DENTAL PLAN'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF DENTAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Access Dental Plan is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of your rights and our legal duties and privacy practices concerning PHI. This notice also talks about the way we may collect, use, and disclose your PHI. We are required to abide by the terms of this notice so long as it remains in effect. We reserve the right to change the terms of the notice as necessary and to make the updated notice effective for all PHI maintained by us. If we make material changes to our privacy practices, copies of revised notices will be made available on request and circulated as required by law. You can find our current privacy notice on our website at https://www.premierlife.com/wp-content/uploads/HIPAA-PrivacyNoticPremier.pdf.

You can also request a copy of the notice by calling Member Services at 877-821-3234 (TTY/TDD 800-735-2929) or writing to the address below:

Attention: Access Dental Plan Privacy Officer

Address: Access Dental Plan
P.O. Box 38312
Phoenix, AZ 85069

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services we provide you. For example, if you have dental coverage with a commercial plan.

The California Department of Health Care Services has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to its members. We will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Notice of Adverse Benefit Determination

We must use the Notice of Adverse Benefit Determination (NABD) form to notify you of a denial, termination, and delay or modification in benefits. If you disagree with our decision, you can file an appeal with our plan.

Confidentiality

A STATEMENT DESCRIBING OUR POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

You may contact our Member Services department by calling 1-877-821-3234 (Sacramento County), 1-888-414-4110 (LA County), or TTY/TDD 711; or by mail at P.O. Box 38312 Phoenix, AZ 85069 if you have any questions regarding the confidentiality statement.

The confidentiality statement describes how Access Dental Plan maintains the confidentiality of dental information obtained by and in the possession of Access Dental Plan.

We will direct all confidential communications regarding Your receipt of Sensitive Services directly to You. Confidential communications include bills, explanation of benefits, claims, information regarding a session, or other communications containing medical information related to dental services, including information relating to Sensitive Services that You have received. Unless otherwise directed by You, We will communicate confidential information to You by contacting You at the mailing address, email address, or telephone number on file. If You would like to receive confidential communications in a specific form and format or at an alternative location, please submit a request as follows:

Access Dental Plan
P.O. Box 38312
Phoenix, AZ 85069

1-877-821-3234 (Sacramento County)
1-888-414-4110 (LA County) TTY: 711

www.premierlife.com

We will accommodate and implement requests for confidential communications in the form and format requested by You, if confidential communications are readily producible in the requested form and format, or at alternative locations. We will acknowledge Your request for a confidential communication and advise You of the status. We will provide You with confidential communications within 7 calendar days of receipt of an electronic or telephonic request or within 14 calendar days of receipt of a request by mail.

Your request for a confidential communication will be valid until You revoke Your request or You submit a new request for a confidential communication.

We will not disclose medical information related to Sensitive Services You receive to Your Policyholder, the primary Subscriber, or any other Member, absent Your express written authorization to do so. You are not required to obtain authorization from Your Policyholder, the primary Subscriber, or any other Member in order for You to receive Sensitive Services or to submit a claim for Sensitive Services.

7. Reporting and solving problems

There are two kinds of problems that you may have with your dental plan:

- A **complaint** (or **grievance)** is when you have a problem with Access Dental Plan, or a provider, or with the dental care or treatment you got from a provider
- An **appeal** is when you don't agree with Access Dental Plan's decision not to cover services

You should use the Access Dental Plan grievance and appeal process first to let us know about your problem. This does not take away any of your legal rights and remedies. We will also not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members. If your grievance is not solved, or you are unsatisfied with the result, you may file a complaint with the California Department of Managed Health Care (DMHC) at 1-888-466-2219 (TYY 1-877-688-9891). If you disagree with the result of your appeal, you can ask for a State Hearing.

You may also ask for an Independent Medical Review (IMR) from the DMHC and an outside reviewer that is not related to the dental plan will review your case. The IMR is an impartial review of a dental plan's decision. The IMR decides medical necessity, coverage, and payment disputes for urgent or emergency services. You must apply for an IMR within 6 months after Access Dental Plan sent you a written decision about your appeal.

If you ask for a State Hearing first (see below for more about appeals and State Hearings), you **cannot** ask for an Independent Medical Review (IMR). But if you ask for an IMR first and are not satisfied with the result, you can ask for a State Hearing. You can get help from the California Department of Managed Health Care.

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **877-821-3234 (TTY 800-735-2929)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. DMHC also has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC Internet Web site www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. The Ombudsman can help with problems the plan has not resolved; problems joining, changing or leaving a plan; and other problems with a Medi- Cal managed care plan. You can call the Ombudsman at **1-888-452-8609**, Monday through Friday from 8:00 a.m. to 5:00 p.m.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call 877-821-3234 (TTY 800-735-2929).

Complaints

A complaint (or grievance) can be about care you get from a network provider. A complaint can also be about Access Dental Plan. See below for more about appeals and State Hearings. You can file your complaint with your PCD or with Access Dental Plan.

You can file a complaint with us by phone or by mail. There is no time limit to file a complaint.

To file a complaint by phone, call your PCD's office or call 877-821-3234 (TTY 800-735-2929). Give your dental plan ID number, your name, and the reason for your complaint.

To file a complaint by mail, call 877-821-3234 (TTY 800-735-2929). Ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, dental plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

Access Dental Plan
Grievance and Appeals Department
P.O. Box 38313
Phoenix, AZ 85069

If you need help filing your complaint, we can help you. We can give you free language services. Call 877-821-3234 (TTY 800-735-2929).

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will tell you how we resolved your problem.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review.

To ask for an expedited review, call 877-821-3234 (TTY 800-735-2929). We will make a decision within 72 hours of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for Access Dental Plan to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Adverse Benefit Determination (NABD) and you do not agree with our decision, you can file an appeal, or your PCD can file an appeal for you.

You can file an appeal by phone or by mail. You must file an appeal within 60 calendar days from the date on the notice you received.

- To file an appeal by phone, call 877-821-3234 (TTY 800-735-2929). Give your name, health plan ID number, and the service you are appealing.
- To file an appeal by mail, call 877-821-3234 (TTY 800-735-2929). Ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, dental plan ID number, and the service you are appealing.

  Mail the form to:

  Access Dental Plan
  Grievance and Appeals Department
  P.O. Box 38313
  Phoenix, AZ 85069

If the notice that we sent tells you services will stop, you can keep receiving services during your appeal. To do that, you or your PCD must request an appeal within 10 days of the date the notice was mailed to you. You should tell us that you want to continue receiving services.

If you need help filing your appeal, we can help you. We can give you free language services. Call 877-821-3234 (TTY 800-735-2929).

Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 877-821-3234 (TTY 800-735-2929). We will make a decision within 72 hours of receiving your appeal.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
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State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (DSS). A judge will help to resolve your problem. You can ask for a State Hearing only **after** you have completed an appeal process within Access Dental Plan and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days.

You can ask for a State Hearing by phone or mail. You must ask for a State Hearing no later than 120 calendar days from the date on the notice telling you of the appeal decision. Your PCD can ask for a State Hearing for you if he or she gets approval from DSS. Call DSS to ask the state to give approval for your PCD to ask for a State Hearing.

If the notice that we sent tells you services will stop, you can keep receiving services during your State Hearing. To do that, you or your PCD must request a State Hearing within 10 days of the date the notice was mailed to you. You should say that you want to continue receiving services.

To ask for a State Hearing by phone, call the California Department of Social Services' (DSS) Public Response Unit at **1-800-952-5253**. **(TTD 1-800-952-8349).**

To ask for a State Hearing by mail, fill out the form provided to you with your appeals resolution notice. Send it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 877-821-3234 (TTY 800-735-2929).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case.

If you want us to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you or your PCD can write to DSS. You can ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your request.

If you already had a State Hearing, you **cannot** ask for an IMR. But, if you ask for an IMR first and are not happy with the result, you can still ask for a State Hearing.

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
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The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right and responsibility to report it.

Provider fraud, waste and abuse includes:

- Changing dental records
- Prescribing more medication than is medically necessary
- Giving more dental care services than are medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service Fraud, waste and abuse by a person who gets benefits includes:
- Lending, selling or giving a dental plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or dental plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

Access Dental Plan
Fraud, Waste and Abuse
P.O. Box 38312
Phoenix, AZ 85069

Fraud Hotline: **855-704-0435**

Call member services at 1-877-821-3234 (TTY/TDD 1-800-735-2929).
Access Dental Plan is here Monday through Friday, 8:00 AM to 5:00 PM.
The call is toll free. Or call the California Relay Line at 711.
Visit online at www.premierlife.com.

8. Important numbers and words to know

Important phone numbers

- Access Dental Plan Member Services 877-821-3232 (TTY 800-735-2929)
- Grievance and Appeals Department: 916-563-6013
- Fraud Hotline: 855-704-0435

Words to know

Appeal: A formal request asking Access Dental Plan to review denied services for treatment provided. An appeal may be filed by your dentist.

Applicable: Applies to, or refers to having an effect on someone or something.

Authorization: See Prior Authorization.

Balance Billing: Billing a patient for the difference between the dentist's actual charge and the amount paid by Access Dental Plan. Except for copayments and Share of Cost, balance billing is not allowed for covered services.

Beneficiary: A person who is eligible for Medi-Cal benefits.

Beneficiary Identification Card (BIC): The Medi-Cal identification card provided by the Department of Health Care Services to beneficiaries. The BIC includes the beneficiary number and other important information.

Benefits: Medically necessary dental services provided by an Access Dental Plan dentist that are available through the Medi-Cal dental program.

California Children Services (CCS) Program: A public health program which provides specialized diagnostic, treatment, and therapy services to eligible children under the age of 21 years who have CCS eligible conditions as defined state regulations.

Caries: Another term for tooth decay or cavities.

Clinical Screening: An examination by a dentist to provide an opinion about the appropriateness of treatment proposed or provided by a different DMC dentist. The

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DMC may require a clinical screening under certain circumstances.

Complaint: A verbal or written expression of dissatisfaction, including any dispute, request for reconsideration, or appeal made by you, or a dentist on your behalf. A complaint can also be made by your representative.

Copayment: A small portion of the dentist's fee that is paid by the beneficiary.

Covered Services: The set of dental procedures that are benefits of the Access Dental Plan. The Access Dental Plan will only pay for medically necessary services provided by an Access Dental Plan dentist that are benefits of the Medi-Cal dental program.

Dental Specialist: A dentist providing specialty care such as endodontics, oral surgery, pediatric dentistry, periodontics, and orthodontics (braces).

Early and Periodic Screening, Diagnosis and Treatment (EPSDT): A federal program that requires health care for children under age 21 through periodic screenings, diagnostic and treatment services. Dental care is included in the EPSDT program.

Eligibility: Refers to meeting the requirements to receive Medi-Cal benefits.

Emergency Care: A dental examination and/or evaluation by an Access Dental Plan dentist or dental specialist to determine if an emergency dental condition exists, and to provide care to treat any emergency symptoms within the capability of the facility within professionally recognized standards of care.

Emergency Dental Condition: A dental condition that the absence of immediate attention could reasonably be expected to result in placing the individual's health in jeopardy, causing severe pain or impairing function.

Endodontist: A dental specialist who limits his or her practice to treating disease and injuries of the pulp and root of the tooth.

Exclusion: Refers to any dental procedure or service not available under the Medi-Cal dental program.

Grievance: See Complaint.

Identification: Refers to something that proves who a person is, such as a driver's license.

Limitations: Refers to the number of services allowed, type of service allowed, and/or the most affordable dentally appropriate service.

Medi-Cal Dentist: A dentist who has been approved to provide covered services to Medi-Cal beneficiaries.

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Medically Necessary: Covered services which are necessary and appropriate for the treatment of the teeth, gums, and supporting structures and that are (a) provided according to professionally recognized standards of practice; (b) determined by the treating dentist to be consistent with the dental condition; and (c) are the most appropriate type, supply and level of service considering the potential risks, benefits, and covered services which are alternatives.

Non-Covered Service: A dental procedure or service that is not a covered benefit.

Non-Participating Dentist: A dentist who is not enrolled in Medi-Cal and is not authorized to provide services to Medi-Cal eligible beneficiaries.

Notice of Authorization (NOA): A computer-generated form sent to dentists in response to their request for authorization of services. (See Treatment Authorization Request.)

Other Health Coverage / Other Health Insurance: Coverage for dental related services you may have under any private dental plan, any insurance program, any other state or federal dental care program, or under other contractual or legal entitlement.

Oral Surgeon: A dental specialist who limits his or her practice to the diagnosis and surgical treatment of diseases, injuries, deformities, defects and appearance of the mouth, jaws and face.

Orthodontist: A dental specialist who limits his or her practice to the prevention and treatment of problems in the way the upper and lower teeth fit together in biting or chewing.

Out-of-Network provider: A provider who is not part of the Access Dental Plan network.

Palliative Care: Treatment that relieves pain but does not fix the problem causing the pain, or provides only a temporary fix.

Participating Dental Provider: A provider enrolled in Medi-Cal that provides dental services to the Plan's member.

Pediatric Dentist: A dental specialist who limits his or her practice to treatment of children from birth through adolescence, providing primary and a full range of preventive care treatment.

Periodontist: A dental specialist who limits his or her practice to treatment of diseases of the gums and tissue around the teeth.

Premium: The amount of money that a person must pay monthly for dental coverage. Plan members do not have to pay a premium.

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Prior Authorization: A request by an Access Dental Plan dentist to approve services before they are performed. Dentists receive a Notice of Authorization (NOA) from Access Dental Plan for approved services.

Procedure Code: A code number that identifies a specific medical or dental service.

Prosthodontist: A dental specialist who limits his or her practice to the replacement of missing teeth with dentures, bridges or other substitutes.

Provider: An individual dentist, Registered Dental Hygienist in an Alternative Practice (RDHAP), dental group, dental school or dental clinic enrolled in the Medi-Cal dental program to provide health care and/or dental services to Medi-Cal beneficiaries.

Provider Directory: A list of all providers in the Access Dental Plan network.

Referral: When your PCP says you can get care from another provider. Some covered care and services require a referral and pre-approval.

Requirements: Refers to something that you must do, or rules you must follow.

Responsibility: Refers to something that you should do, or are expected to do.

Service area: The geographic area Access Dental Plan serves. This includes the counties of Sacramento.

Share of Cost: The share of health expenses that a beneficiary must pay or promise to pay before any Medi-Cal payments can be made for that month.

Signature: Refers to your name written in your handwriting.

State Hearing: A State Hearing is a legal process that allows beneficiaries to request a reevaluation of any denied or modified Treatment Authorization Request (TAR). It also allows a beneficiary or dentist to request a reevaluation of a reimbursement case.

Treatment Authorization Request (TAR): A request submitted by an Access Dental Plan dentist for approval of certain covered services before treatment can begin. A TAR is required for certain services and under special circumstances.

TAR/Claim Form: The form used by a dentist when requesting authorization to perform a service or to receive payment for a completed service.

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