Dental Health Services

Annual Notification of Change

Dental Health Services is required to notify its Members of a variety of regulatory information and updates on an annual basis. This annual notice describes some of the features, requirements, and options available to you as part of your Dental Health Services coverage. Please review carefully.

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I. ACCESS STANDARDS

Dental Health Services has established the following standards for access to routine and specialty dental services according to State of California regulations, your access standards are as follows:

Emergency appointments
within twenty-four (24) hours

Urgent appointments
within seventy-two (72) hours

Non-urgent appointments
within thirty-six (36) business days

Preventive dental care appointments
within forty (40) business days

Contracted dentists shall have an answering service or telephone answering machine operating during non-business hours, which provides instructions on how enrollees may obtain emergency or urgent care, including when applicable, how to contact another provider who has agreed to deliver emergency or urgent dental care services to members during non-business hours if your assigned provider is not available.

II. SPECIALTY SERVICES

Specialty Services, if covered by your plan, require pre-authorization by Dental Health Services. For Specialty Services, you must visit your participating general dentist and follow Dental Health Services' referral process. See your EOC or plan document for additional information. If you have questions or wish to appeal a denial, please contact your Member Services Specialist by calling 800-637-6453 or by emailing membersatisfactionteam@dentalhealthservices.com.

III. TELEDENTISTRY

Dental Health Services provides coverage for services appropriately delivered through teledentistry services on the same basis and to the same extent that Dental Health Services is responsible for coverage for the same service through in-person diagnosis, consultation, or treatment. Coverage shall not be limited only to services delivered by select third-party corporate telehealth providers.

IV. GRIEVANCE PROCESS

A Grievance is a written or oral expression of your dissatisfaction regarding Dental Health Services and/or a Participating Dentist, including your concerns about quality of care. Complaints, disputes, requests for reconsideration or Appeal made by you or someone who is authorized to represent you on your behalf are all considered Grievances.

Dental Health Services can assist you with any issues you may have with a Participating Dentist or your plan. For assistance, you may contact your Member Services Specialist by calling 800-637-6453; mailing a letter to Member Services, Dental Health Services, 3780 Kilroy Airport Way, Suite 750, Long Beach, CA 90806; or by emailing membersatisfactionteam@dentalhealthservices.com

You have one hundred-eighty (180) calendar days following any incident or action that is the subject of your dissatisfaction to file your Grievance.

Standard Grievances are acknowledged by Dental Health Services in writing within five (5) days of receipt. Every effort will be made by Dental Health Services to resolve Grievances within thirty (30) business days of receiving the Grievance or notification. Urgent Grievances are addressed immediately and responded to in writing within three (3) calendar days. Should you be unhappy with the decision, you may request a review by notifying Dental Health Services in writing and/or may file a complaint with the Department of Managed Health Care.

Voluntary mediation is available by submitting a request to Dental Health Services. In cases of extreme hardship, Dental Health Services may assume a portion or all of a Member's or Subscriber's share of the fees and expenses of the neutral arbitrator.

If you choose to dispute an Adverse Determination of a pre-authorization or a claim for a procedure that has been denied, modified, or delayed in whole or in part due to a finding that the service is not Medically Necessary, you may seek an Independent Medical Review with the Department of Managed Health Care within 180 days of exhausting the Grievance process.

The following is the exact language and notice as required by the DMHC (Department of Managed Health Care) and it is important to note that, although this refers to "Health Plans," it also includes your dental plan.

The California Department of Managed Health Care 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 **855-495-0905** 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 thirty (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 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. The department 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 department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.

V. RIGHT TO SUBMIT GRIEVANCE REGARDING CANCELLATION, RESCISSION, OR NONRENEWAL OF YOUR PLAN ENROLLMENT, SUBSCRIPTION, OR CONTRACT

If you believe your enrollment has been, or will be, improperly cancelled, rescinded or not renewed you have at least 180 days from the date of the notice you allege to be improper to submit a grievance to us and/or the Department of Managed Health Care ("DMHC").

For grievances submitted prior to the effective date of the cancellation, rescission, or non-renewal, for reasons other than non-payment of Premium, we will continue to provide coverage while the grievance is pending with us or the DMHC. During the period of continued coverage, you are responsible for paying Premiums and any and all Cost-Sharing or Deductible amounts as required under your Plan.

OPTION 1 - YOU MAY SUBMIT A GRIEVANCE TO YOUR PLAN.

You may submit online by email to membersatisfactionteam@dentalhealthservices.com, or call 800-637-6453 or write to:

Dental Health Services Member Satisfaction Team
3780 Kilroy Airport Way, Suite 750
Long Beach, CA 90806

You may want to submit your grievance to us first if you believe your cancellation, rescission or non-renewal is the result of a mistake. Grievances should be submitted as soon as possible.

We will resolve your grievance or provide a pending status within three (3) calendar days. If you do not receive a response from us within three (3) calendar days, or if you are not satisfied in any way with our response, you may submit a grievance to the DMHC as detailed under Option 2 below.

OPTION 2 - YOU MAY SUBMIT A GRIEVANCE DIRECTLY TO THE DMHC.

You may submit a grievance to the DMHC without first submitting it to us or after you have received our decision on your grievance. Grievances may be submitted to the DMHC online at www.dmhc.ca.gov or by mailing your written grievance to:

Help Center
Department of Managed Health Care
980 Ninth Street, Suite 500
Sacramento, CA 95814-2725

You may contact the DMHC for more information on filing a grievance at:
Phone: 1-888-466-2219
TDD: 1-877-688-9891
Fax: 1-916-255-5241

VI. YOUR PRIVACY & CONFIDENTIALITY NOTICE – CALIFORNIA

Dental Health Services, Inc. is required by law to maintain the privacy and security of your protected health information. This notice describes how your medical and dental information may be used and disclosed and how you can access and control your information. Please review it carefully. This notice is updated effective March 1, 2022.

Dental Health Services is devoted to protecting your privacy and the confidentiality of your dental, medical, and personal health information. We do not sell Member information. Your personal information will not be disclosed to nonaffiliated third parties, unless permitted or required by law, or authorized in writing by you.

Throughout this notice, unless otherwise stated, your medical and dental health information refers only to information created or received by Dental Health Services and identified as Protected Health Information ("PHI"). Examples of PHI include your name, address, phone number, email address, birthdate, treatment dates and records, enrollment and claims information. Please note that your dentist maintains your dental records, including payments and charges. Dental Health Services will have a record of this portion of your PHI only in special or exceptional circumstances.

Under what circumstances must Dental Health Services share my PHI?

Dental Health Services is required to disclose your PHI to you, and to the U.S. Department of Health and Human Services ("HHS") when it is conducting an investigation of compliance with legal requirements. Dental Health Services is also required to disclose your PHI, subject to certain requirements and limitations, if the disclosure is compelled by any of the following:

- A court order or subpoena.
- A board, commission, or administrative agency pursuant to its lawful authority.
- An arbitrator or panel of arbitrators in a lawfully requested arbitration.
- A search warrant.
- A coroner in the course of an investigation; or by other law.

When may Dental Health Services disclose my PHI without my authorization?

- Dental Health Services is permitted by law to use and disclose your PHI, without your authorization, for purposes of treatment, payment, and health care administration.
- Treatment purposes include disclosures related to facilitating your dental care.
- Payment purposes include activities to collect premiums, to determine or maintain coverage and related data processing, including pre-authorization for certain dental services.
- Health Care Administration means basic activities essential to Dental Health Services' function as a Covered Entity, and includes reviewing the qualifications, competence, and service quality of your dental care provider; and providing referrals for specialists.

In some situations, Dental Health Services is permitted to use and disclose your PHI without your authorization, subject to limitations imposed by law. These situations include, but are not limited to:

- Preventing or reducing a serious threat to the public's health or safety.
- Concerning victims of abuse, neglect, or domestic violence.
- Health oversight agency.
- Judicial and administrative proceedings including the defense by Dental Health Services of a legal action or proceeding brought by you.
- Law enforcement purposes, subject to subpoena or law.

- Workers Compensation purposes.
- Parents or guardians of a minor.
- Persons or entities who perform services on behalf of Dental Health Services and from whom Dental Health Services has received contractual assurances to protect the privacy of your PHI.

Is Dental Health Services ever required to get my permission before sharing my PHI?

Uses and disclosures of PHI other than those required or permitted by law will be made by Dental Health Services only with your written authorization. You may revoke any authorization given to Dental Health Services at any time by written notice of revocation to Dental Health Services, except to the extent that Dental Health Services has relied on the authorization before receiving your written revocation. Uses and disclosures beyond those required or permitted by law, or authorized by you, are prohibited.

What is Dental Health Services' "Minimum Necessary" Policy?

Dental Health Services uses reasonable efforts to limit the use and disclosure of your PHI to the minimum necessary to accomplish the purpose of the use or disclosure. This restriction includes requests for PHI from another entity, and to requests made by Dental Health Services to other entities. This restriction does not apply to the requests by:

- Your dentist for treatment purposes
- You
- Disclosures covered by an authorization you provided to another entity.

What are my rights regarding the privacy of my PHI?

You may request Dental Health Services to restrict uses and disclosures of your PHI in the performance of its payment or health care operations. However, a written request is required.

Your health is the top priority and Dental Health Services is not required to agree to your requested restriction. If Dental Health Services agrees to your restriction, the restriction will not apply in situations involving emergency treatment by a dental care provider.

Dental Health Services will comply with your reasonable requests that you wish to receive communications of your PHI by alternative means or at alternative locations. Such request must be made to Dental Health Services in writing.

You have the right to have the person you've assigned medical power of attorney, or your legal guardian, exercise your rights and make choices about your health information. We will ensure the person has this authority and can act for you before we take any action.

You have the right, subject to certain limitations, to inspect and copy your PHI. Your request must be made in writing. Dental Health Services will act on such request within thirty (30) days of receipt of the request.

You have the right to amend your PHI. The request to amend must be made in writing and must contain the reason you wish to amend your PHI. Dental Health Services has the right to deny such requests under certain conditions provided by law. Dental Health Services will respond to your request within sixty (60) days of receipt of the request and, in certain circumstances may extend this period for up to an additional thirty (30) days.

You have the right to receive an accounting of disclosures of your PHI made by Dental Health Services for up to six (6) years preceding such request subject to certain exceptions provided by law. These exceptions include, but are not limited to disclosures made for payment or health care operations

Your request must be made in writing. Dental Health Services will provide the accounting within sixty (60) days of your request but may extend the period for up to an additional thirty (30) days. The first accounting requested during any twelve (12) month period will be made without charge. There is a $25 charge for each additional accounting requested during such twelve (12) month period. You may withdraw or modify any additional requests within thirty (30) days of the initial request in order to avoid or reduce the fee.

You have the right to receive a copy of this notice by contacting Dental Health Services at 800.637.6453 or use the TTY 711 Relay Service (for persons with a hearing or speech disability). This notice is always available at dentalhealthservices.com/privacy.

All written requests desired or required by this notice, must be delivered to Dental Health Services by email delivery to: membercare@dentalhealthservices.com or to ATTN: Member Services at 3780 Kilroy Airport Way, Suite 750, Long Beach, CA 90806 by any of the following means:

- Personal delivery
- First class or certified U.S. Mail
- Overnight or courier delivery, charges prepaid

What duties does Dental Health Services agree to perform?

Dental Health Services will maintain the privacy of your PHI and provide you with notice of its legal duties and privacy practices with respect to PHI.

Dental Health Services will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Dental Health Services will abide by the terms of this notice and any revised notice, during the period that it is in effect.

Dental Health Services reserves the right to change the terms of this notice or any revised Notice. Any new terms shall be effective for all PHI that it maintains including PHI created or received by Dental Health Services prior to the effective date of the new terms. Each time Dental Health Services revises this notice, it will promptly post the notice on its website and distribute a new version within sixty (60) days of revision.

Can I request confidential communication with Dental Health Services in the form and format I wish?

Members may request, and DHS shall accommodate requests for, confidential communication in the form or format requested by the Member, writing or electronic communication, if it is readily producible in the requested form and format, or at alternative locations. The confidential communication request shall be valid until the Member submits a revocation of the request or a new confidential communication request is submitted. This request will apply to all communications that disclose medical information or provider name and address related to services they receive. A confidential communications request shall be implemented by DHS within 7 calendar days of receipt of an electronic or telephonic transmission or within 14 calendar days of receipt by first-class mail. DHS shall acknowledge receipt of the confidential

communications request and advise the Member of the status of implementation of the request if a Member contacts DHS.

Confidential communication requests can be made by contacting Dental Health Services at 800-637-6453 or membercare@dentalhealthservices.com. A Member may also submit a confidential communication request by first-class mail by sending it to ATTN: Member Services, Dental Health Services at 3780 Kilroy Airport Way, Suite 750, Long Beach, CA 90806.

Receiving confidential communication about sensitive services.

Dental Health Services is required to protect the confidentiality of a Member's medical information and to not require a protected individual to obtain the primary subscriber or other Enrollee's authorization to receive sensitive services or submit a claim for sensitive services if the protected individual has the right to consent to care. "Protected individual" means any adult covered by the Member'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. "Confidential communications request" means a request by a Member that DHS' communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the Member. "Sensitive services" means all health care services related to, among others, mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

Dental Health Services will direct certain communications regarding a Member's receipt of sensitive services directly to that Member receiving care. As discussed above, a protected individual may request confidential communication in a form and format that they wish, if it is readily producible in the requested form and format, and at alternative locations. If a protected individual has designated an alternative mailing address, email address, or telephone number, DHS will send or make all communications related to the protected individual's receipt of sensitive services to their alternative mailing address, email address, or telephone number. If the protected individual has not designated an alternative mailing address, email address, or telephone number, DHS shall send or make all communications related to the protected individual's receipt of sensitive services in the name of the protected individual at the address or telephone number on file.

What if I am dissatisfied with Dental Health Services' compliance with HIPAA (Health Insurance Portability and Accountability Act) privacy regulations?

You have the right to express your dissatisfaction or objection to Dental Health Services and to the Secretary of HHS if you believe your privacy rights have been violated.

Your written dissatisfaction must describe the acts or omissions you believe to be in violation of the provisions of this notice or applicable laws. Your written objection to HHS or Dental Health Services must be filed within one hundred (180) days of when you knew or should have known of the act or omission. You will not be penalized or retaliated against for communicating your dissatisfaction.
You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington DC, 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You may express dissatisfaction about Dental Health Services' privacy policy in writing to Dental Health Services, 3780 Kilroy Airport Way, Suite 750, Long Beach, CA 90806, Attn: Member Satisfaction Assurance Specialist. We are eager to assist you.

Who should I contact if I have any questions regarding my privacy rights with Dental Health Services?

You may obtain further information regarding your PHI privacy rights by contacting your Member Services Specialist at 800-637-6453 during regular office hours (use the TTY 711 Relay Service if you have a hearing or speech disability), or by email at membercare@dentalhealthservices.com or anytime through dentalhealthservices.com. We are eager to assist you.

VII. LANGUAGE AND COMMUNICATION ASSISTANCE

Good communication with Dental Health Services and with your dentist is important. Dental Health Services' Language Assistance Program ("LAP") provides free translation and interpreter services even if you have a family member or friend who can assist you. Should you decide to decline translation or interpreter services, Dental Health Services will respectively and proactively note your request to decline LAP services to your account for reference.

Dental Health Services' network of Quality Assured Dentists also comply with the LAP program. Please review the Directory of Participating Dentists to connect with a dentist of your preferred language. If English is not your first language, Dental Health Services provides free interpretation services and translation of certain written materials including enrollment materials and plan information. See below for more information.

To ask for language services, or if you have a preferred language, please notify us of your personal language needs by calling 800-637-6453.

If you are deaf, hard of hearing, or have a speech impairment, you may also receive language assistance by calling 711 or 888-645-1257 (TDD/TTY).

VIII. OUT-OF-POCKET MAXIMUM ("OOPM")

Please see the definitions section of your Evidence of Coverage and Summary of Benefits for a full description of your Out-of-Pocket Maximum.

An Out-of-Pocket Maximum ("OOPM") is the total amount of all Cost-Sharing you'll need to pay on your own before your Plan Covered Services are paid in full for the Plan Contract Year. Once you've met the OOPM for a Plan Contract Year, you will not be required to pay further Essential Health Benefit Cost-Sharing for Covered Services under your Dental Health Services Plan for the remainder of the Plan Contract Year.

OOPM applies only to the Essential Health Benefits or Pediatric Age (up to age 19) Members. Members who have a deductible and/or an OOPM may request their deductible and/or OOPM accrual balance at any time by calling DHS at 800-637-6453.

Accrual updates will be mailed to the Member for every month in which Covered Services were used and until the accrual balance equals the full OOPM, unless the Member has elected to opt-out of mailings. Members may opt-in or opt-out of receiving mailed notices, and elect to receive their accrual update electronically, at any time by calling the Plan at 800-637-6453.

Essential Health Benefit Cost-Sharing for Covered Services received from your dental provider(s) accumulate through the Plan Contract Year toward your OOPM. Please consult your Explanation of Benefits for complete information on Covered Services. OOPM never includes premium, prescriptions,

or dental care your dental Plan doesn’t cover. After the Pediatric Age Member meets their OOPM, they will have no further Cost-Sharing for Essential Health Benefits Covered Services for the remainder of the Plan Contract Year.

For families with more than one Pediatric Age Member, Cost-Sharing made by each individual Child for Essential Health Benefits Covered Services contribute to the family OOPM. Once the Cost-Sharing paid by all Pediatric Age Members for Essential Health Benefits Covered Services meets the family OOPM, no further Cost-Sharing for Essential Health Benefits Covered Services will be required by any of the pediatric age Members for the remainder of the Plan Contract Year.

Dental Health Services monitors your out-of-pocket Cost-Sharing over the course of your Plan Contract Year.

When your Cost-Sharing reaches the OOPM for your Plan, we will send a letter to you to ensure that you are not responsible for Essential Health Benefit Cost-Sharing for the remaining Plan Contract Year.

You are encouraged to track your out-of-pocket expenses by retaining receipts for all of the Covered Services you receive under your Dental Health Services Plan through the Plan Contract Year. Never hesitate to ask your dental provider for an itemized receipt for Covered Services provided during your visit.

English

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-866-756-4259 or use the TTY 711 Relay Service (for persons with a hearing or speech disability).

Spanish

IMPORTANTE: ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 1-866-756- 4259. Dental Health Services' también tiene una línea TTY 711 para personas con dificultades de audición o de hablar.