



**Dental Health Services
Supplemental Information to the Member Handbook**

The following information is attached to this Member Handbook, representing your Combined Evidence of Coverage and Disclosure Form, in compliance with the Knox-Keene Health Care Service Plan Act of 1975, as amended. **The following sections of your Member Handbook are either deleted from, added to, deleted and replaced or amended and restated as follows upon the effective date indicated.**

A. Dental Health Services Address – Effective May 2020:

The Dental Health Services address referenced in the Member Handbook is removed and replaced with the address set forth below:

New Address:
Dental Health Services
3780 Kilroy Airport Way, Suite 750,
Long Beach, California 90806

B. Department of Managed Health Care (DMHC) Contact Information – Effective April 2020:

The DMHC’s website and phone number referenced in the Member Handbook is removed and replaced to change the DMHC’s internet website from <http://www.hmohelp.ca.gov> to <http://www.dmhc.ca.gov>, and toll-free telephone number from 1-888-HMO-2219 to 1-888-466-2219 as set forth below:

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 investigative 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.



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C. Grievance Process for Cancellation of Coverage – Effective April 2020

The following language is added to the “Grievances” section of the Member Handbook:

Cancellation Grievance Process

If you believe your Plan coverage or contract has been or will be improperly canceled, rescinded, or not renewed; you have at least 180 days from notice of cancellation to file a grievance with Dental Health Services or the Department of Managed Health Care.

Dental Health Services will treat such a grievance as an ‘urgent grievance’ providing you and the DMHC with an acknowledgement within three (3) calendar days of the receipt of such a grievance.

If the DMHC determines a proper grievance exists, the DMHC will notify Dental Health Services within two (2) business days that the complaint is a proper grievance. Within one (1) business day of the receipt of this notice from the DMHC, Dental Health Services shall provide a copy of all information used to make its coverage cancellation decision with the DMHC.

The DMHC will deliver their final determination to you and Dental Health Services within thirty (30) calendar days or at their discretion.