

Member Handbook

What you need to know about your benefits

Health Net Dental

Combined Evidence of Coverage and Disclosure Form

**Sacramento County
Geographic Managed Care (GMC)**



Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 877-550-3868 (TTY 711). The call is free.

Other formats

You can get this information for free in other formats, such as Braille, large print and audio. Call 877-550-3868 (TTY 711). The call is free.

Interpreter services

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 877-550-3868 (TTY 711). The call is free.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

Notice of Language Assistance



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

English

If you, or someone you're helping, has questions about Health Net Community Solutions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call **1-800-977-7307** (TTY: 711).

Arabic

إذا كان لديك أو شخص ما تساعده أية استفسارات عن Health Net Community Solutions, لديك الحق في تلقي المساعدة والمعلومات بلغتك مجاناً. للتحدث إلى مترجم فوري، اتصل على الرقم **1-800-977-7307** (TTY: 711).

Armenian

Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, հարցեր ունեք Health Net Community Solutions-ի մասին, դուք իրավունք ունեք ստանալ օգնություն և ձեր լեզվով անվճար տեղեկություններ: Թարգմանչի հետ խոսելու համար զանգահարեք **1-800-977-7307** հեռախոսահամարով (TTY: 711)

Cambodian (Khmer)

បើសិនលោកអ្នក ឬនរណាម្នាក់ដែលលោកអ្នកកំពុងជួយមានសំណួរអំពី Health Net Community Solutions លោកអ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មានជាភាសារបស់លោកអ្នកដោយឥតគិតថ្លៃ។ ដើម្បីប្រឹក្សាជាមួយអ្នកបកប្រែ សូមហៅទូរស័ព្ទទៅលេខ **1-800-977-7307** (TTY: 711)។

Chinese (Traditional)

如果您或您協助的人士對 Health Net Community Solutions 有疑問，您有權免費取得以您的語言提供的協助及資訊。如欲取得口譯員協助，請致電 **1-800-977-7307** (TTY: 711)。

Hindi

यदि आप, या कोई व्यक्ति जिसकी आप मदद कर रहे हैं, के Health Net Community Solutions (स्वास्थ्य नैट सामुदायिक समाधान) के बारे में प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क मदद प्राप्त करने और जानकारी प्राप्त करने का अधिकार है। एक अनुवादक से बात करने के लिए, **1-800-977-7307** (TTY: 711) पर कॉल करें।

Hmong (White)

Yog koj, lossis lwm tus koj pab, muaj lus nug txog Health Net Community Solutions, koj muaj txoj cai tau kev pab thiab ntaub ntawv ua koj hom lus tsis muaj nqi them. Xav nrog ib tug neeg txhais lus, hu **1-800-977-7307** (TTY: 711).

Japanese

あなたご自身またはあなたが援助している方がHealth Net Community Solutionsに関する質問をお持ちの場合、あなたには無料で日本語によるサポートと情報を得る権利があります。通訳とお話になるには、**1-800-977-7307** (TTY: 711) までお電話ください。

Korean

귀하 또는 귀하가 도와드리고 있는 분이 Health Net Community Solutions에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역사와 동화하려면 **1-800-977-7307** (TTY: 711) 번으로 전화해 주십시오.

Persian (Farsi)

اگر شما یا شخصی که به وی کمک می کنید، سؤالاتی در مورد Health Net Community Solutions دارید، شما حق دارید که کمک و اطلاعات را به زبان خودتان و به طور رایگان دریافت کنید. برای گفتگو با مترجم شفاهی، با شماره **1-800-977-7307** (TTY: 711) تماس بگیرید.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free. Visit us online at www.hndental.com.

Panjabi (Punjabi)

ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ, ਜਿਸਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Health Net Community Solutions (ਹੈਲਥ ਨੈਟ ਸਾਮੂਦਾਇਕ ਸਮਾਧਾਨ) ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਹੱਕ ਹੈ। ਇੱਕ ਦੁਬਾਰਾ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ [1-800-977-7307](tel:1-800-977-7307) (TTY: 711) 'ਤੇ ਫੋਨ ਕਰੋ।

Russian

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы о плане Health Net Community Solutions, Вы имеет право бесплатно получить необходимые сведения в переводе на Ваш язык. Для того чтобы воспользоваться помощью устного переводчика, позвоните по телефону [1-800-977-7307](tel:1-800-977-7307) (TTY: 711).

Spanish

Si usted, o alguna persona a la que asiste, tiene preguntas sobre Health Net Community Solutions, tiene derecho a obtener ayuda e información en su idioma sin cargo. Para hablar con un intérprete, llame al [1-800-977-7307](tel:1-800-977-7307) (TTY: 711).

Tagalog

Kung ikaw o ang isang taong tinutulungan mo ay mayroong mga tanong tungkol sa Health Net Community Solutions, mayroon kang karapatang makakuha ng tulong at impormasyon na nasa wika mo nang walang babayaran. Para makipag-usap sa isang interpreter, tumawag sa [1-800-977-7307](tel:1-800-977-7307) (TTY: 711).

Thai

หากคุณ หรือคนที่คุณกำลังให้ความช่วยเหลือ มีคำถามเกี่ยวกับ Health Net Community Solutions คุณมีสิทธิที่จะขอรับความช่วยเหลือและข้อมูลเป็นภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการคุยกับสาม โทร [1-800-977-7307](tel:1-800-977-7307) (TTY: 711)

Vietnamese

Nếu quý vị, hoặc một người nào đó quý vị đang giúp đỡ, có thắc mắc về Health Net Community Solutions, quý vị có quyền nhận được trợ giúp và thông tin bằng ngôn ngữ của quý vị miễn phí. Để trao đổi với phiên dịch viên, hãy gọi số [1-800-977-7307](tel:1-800-977-7307) (TTY: 711).



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

Notice of non-discrimination

Discrimination is against the law. Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, sex or gender identity.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Health Net Dental civil rights coordinator.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Health Net Dental
PO Box 26110
Santa Ana, CA 92799-6110
Fax 1-877-831-6019
www.healthnet.com for online submissions

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Health Net Dental civil rights coordinator is available to help you.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights

Complaint Portal, available at <https://ocrportal.hhs.gov>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr>.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

Welcome to Health Net Dental!

Thank you for joining Health Net Dental (“Health Net” or the Plan). Health Net Dental 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 Health Net’s Sacramento Geographic Managed Care (GMC). Please read it carefully. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of Health Net Dental.

This Member Handbook is also called the Evidence of Coverage (EOC). It is only a summary of Health Net’s rules and policies. 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 877-550-3868 (TTY 711) 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.hndental.com to view the Member Handbook.

Contact us

We are here to help. If you have questions, call 877-550-3868 (TTY 711). 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.hndental.com

Thank you,

Health Net Dental
PO Box 26110
Santa Ana, CA 92799-6110



Call Member Services at 877-550-3868 (TTY 711). We’re here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

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Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

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

Health Net's Member Services is here to help you. We can:

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

877-550-3868 (TTY 711). 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.hndental.com.

Who can become a member

You are eligible for Health Net Dental because you qualify for Medi-Cal and live in Sacramento County. For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit <http://www.healthcareoptions.dhcs.ca.gov>.

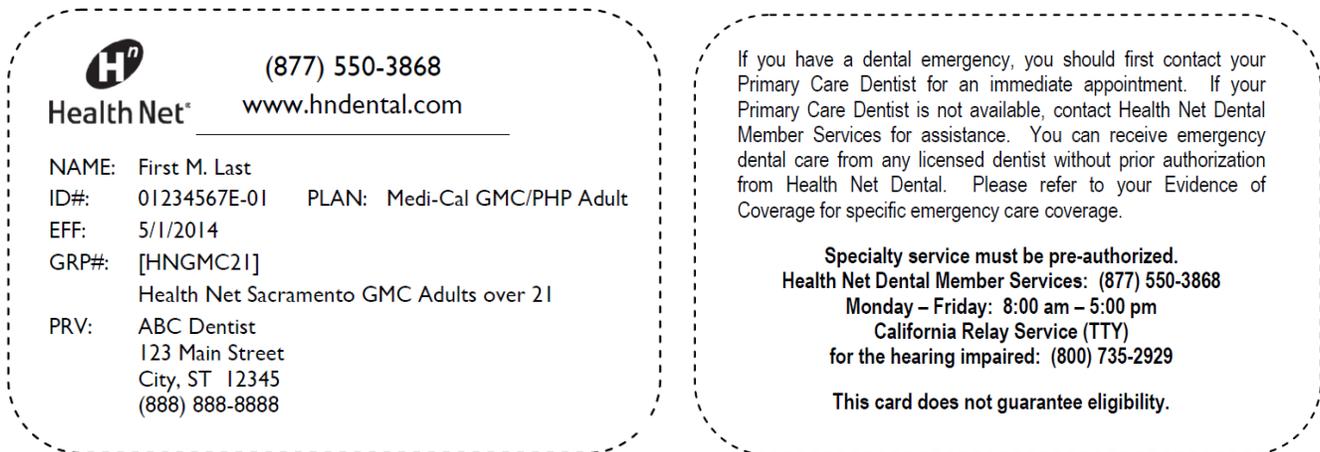
You can ask questions about qualifying for Medi-Cal at your local county human services office. Find your local office at <http://www.dhcs.ca.gov/services/medi-cal> or call 1-800-300-1506 (TTY) 888 889-4500 to reach Covered California.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

Identification (ID) cards

As a member of Health Net Dental, 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 is a sample dental plan ID card to show you what yours will look like:



Your dental plan ID card lists your assigned Primary Care Dentist's name, address and phone number. Review your ID card when you receive it. Call Member Services at 877-550-3868 (TTY 711) to change your dentist or information listed on your ID card. If you change your assigned dentist a new ID card will be mailed to you. Show your ID card at every dental visit.

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 877-550-3868 (TTY 711).

Ways to get involved as a member

Health Net wants to hear from you. Each year, 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!

Health Net's Public Policy Committee

We have a group called the Public Policy Committee. This group is made up of members, providers, dentists in our network, our Dental Director and support staff. The group talks about how to improve **Health Net's** policies and is responsible for:



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

1. Getting started as a member

- Offering ideas to improve how we service members
- Reviewing quality reports, including complaints
- Suggesting ways to improve the Plan's programs
- Reviewing financial reports

If you would like to be a part of this group, call 877-550-3868 (TTY 711).



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Visit us online at www.hndental.com.

2. About your dental plan

Dental plan overview

Health Net 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 877-550-3868 (TTY 711).

When your coverage starts and ends

When you enroll in the Plan, you will receive a Health Net Member ID card within seven (7) calendar days. Please show this card every time you visit the dentist for any service under your plan. This card is proof that you are enrolled with Health Net GMC program.

You must see the dentist listed on your ID card. If you did not choose a Dentist when you enrolled, a dentist will be assigned to you. Or call 877-550-3868 (TTY 711) to choose a different dentist. Your Primary Care Dentist's name and telephone number are on your ID card.

You may ask to end your Health Net coverage and choose another dental plan at any time.

You can also ask to end your Medi-Cal. You must follow Department of Health Care Services procedures if you ask to end your coverage.

Sometimes Health Net can no longer serve you. Health Net must end your coverage if:

- You move out of the county or are in prison
- You no longer have Medi-Cal
- You request to be disenrolled from the Plan
- You become enrolled as a commercial member of a dental plan
- You physically assault a dentist or office staff
- You verbally mistreat a dentist or office staff
- You let someone else use your dental benefits

If you are a Native American, you do not have to enroll in a Medi-Cal managed care dental plan. If you have been enrolled in Health Net, you can ask to leave at any time. You can also get dental care at an Indian Health Service (IHS) Division of Oral Health (DOH) site.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

How your dental plan works

Health Net is a dental plan contracted with California Department of Health Care Services “(DHCS)”. Health Net is a dental managed care plan. Managed care plans are a cost-effective use of dental care resources that improve dental care access and assure quality of care. Health Net works with dentists and other providers in our service area to provide dental care to you, our member.

Member Services will tell you how your Sacramento Geographic Managed Care works and how to get the dental care you need. Member Services can help you:

- Find a primary care dentist (PCD)
- Schedule an appointment with your PCD
- Get a new Health Net ID card
- Get information about covered and non-covered services
- Get transport services to help you get to dental appointments
- Understand how to report and solve grievances and appeals
- Get a list of dentists
- Request member materials
- Answer other questions you may have

To learn more, call 877-550-3868 (TTY 711). Or find member service information online at www.hndental.com.

Changing dental plans

You may leave Health Net and join another dental plan 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. to 5:00 p.m. Monday through Friday, or visit www.healthcareoptions.dhcs.ca.gov.

It takes up to 45 calendar days to process your request to leave the Plan. To find out when Health Care Options has approved your request, call 1-800-430-4263 (TTY 1-800-430-7077).

If you want to leave Health Net 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.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

You may ask to leave Health Net in person at your local county human services office. Find your local office at <http://www.dhcs.ca.gov/services/medi-cal> or call 1-800-300-1506 to reach Covered California. You should continue to see the dentist listed on your ID card until you get letter from Health Care Options.

Continuity of care

Are you are seeing a dentist who is not a part of **Health Net's** network? You may be able to keep seeing a dentist that is not part of our plan for up to 12 months. If your dentist does not join our network by the end of 12 months, you will need to switch to a dentist in **Health Net's** network.

You have the right to dental services with dentists who are not in **Health Net's** network for certain dental benefits. Call 877-550-3868 (TTY 711) to see if you qualify for this service, or to get a copy of **Health Net's** Continuity of Care policy.

College students who move to a new county

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

- It is an emergency

To learn more about continuity of care services, call 877-550-3868 (TTY 711).

Dentists who leave Health Net

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

- Services that have not been finished by the dentist before leaving the Plan
- Services that have not been finished by an out of network dentist when you become active with Health Net

Health Net provides continuity of care services if the Plan finds that:

- The services are covered under your dental plan
- The services are dentally necessary
- The services meet clinical criteria guidelines
- You did not have access to a Health Net dental provider



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Health Net does **not** provide continuity of care services if the Plan finds that:

- The services are not covered under your dental plan
- The services are not dentally necessary
- The services do not meet clinical criteria guidelines
- Access to a Health Net dental provider was available to you

To learn more about continuity of care services, call 877-550-3868 (TTY 711).

Costs

Member costs

Health Net Dental serves people who qualify for Medi-Cal. Health Net members do **not** have to pay for covered services. You will not have premiums, co-pays or deductibles. You will have to pay for services that are not covered benefits under the Medi-Cal program, unless the dentist gets pre-approval (prior authorization).

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 <http://www.dhcs.ca.gov/services/medi-cal>.

How a dentist gets paid

Health Net pays dentists in these ways:

- Capitation payments
 - The Plan pays some dentists a set amount of money every month for each GMC member. This is called a capitation payment. Health Net and dentists work together to decide on the payment amount.
- Fee-for-service payments
 - Some dentists give dental care to Health Net GMC members and then sends the Plan a bill for the services they provided. This is called a fee-for-service payment. Health Net and dentists work together to decide how much each service costs.

To learn more about how Health Net pays dentists, call 877-550-3868 (TTY 711).



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

Asking us to pay a bill

If you get a bill for a covered service, call Member Services right away at 877-550-3868 (TTY 711).

If you pay for a service that you think the Plan should cover, file a claim with us. Call 877-550-3868 (TTY 711) 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. We will review your claim to see if you can get money back.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

3. How to get dental care

Getting dental services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED.

You can begin to get dental care services on your effective date of coverage. Always keep your 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 Health Net 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 of the 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.

If you have a dentist you want to keep, or you want to find a new PCD, you can look in the Provider Directory. It has a list of all PCDs in our plan network. The Provider Directory has other information to help you choose. If you need a Provider Directory, call 877-550-3868 (TTY 711). You can also find the Provider Directory on our website at www.hndental.com.

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

Read the rest of this chapter to learn more about PCDs, our 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 Health Net. Give your dental plan ID number.

To get the most out of your dental visit:

- Bring your Medi-Cal 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 PCD about any dental problems you've noticed for yourself or your children.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

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

Routine 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 birthday. Routine care is regular dental care. Health Net 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).

Dental services that may be covered for children are:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Sealants
- Fillings
- Crowns
- Tooth extractions
- Root canals
- Braces
- Appliances to replace missing teeth

Dental services that may be covered for adults are:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Fillings
- Anterior root canals (front teeth)
- Tooth extractions
- Prefabricated crowns
- Full dentures
- Other medically necessary dental services

For a full list of child and adult dental services, read 4. Benefits and Services, starting on page 28 of this handbook.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

Urgent or emergency dental care

Health Net covers emergency dental care. You can get emergency dental care 24 hours a day, 7 days a week. Emergency care can be for pain, bleeding or swelling. During normal dental office hours, you can call your PCD for help.

After dental office hours, you should first try to call you PCD. If you cannot reach your PCD, call 877-550-3868 (TTY 711). Health Net's 24 hour on call service will help you.

If you are outside of your service area and need emergency care, try to find a dentist near you or go to the emergency room. Once you have received care for your emergency, you must call your PCD for follow-up care.

A dental emergency can be pain, bleeding, or swelling that can cause harm if not fixed. If dental services can save your teeth, stop pain or bleeding it is called emergency care. You do not need approval to get emergency dental care.

The dentist may need you to pay in full for the emergency dental care. We will refund you for dental emergency services. Health Net may not pay for services that are not deemed a dental emergency. If you pay a bill for emergency care, send a copy within 90 days to:

Health Net Dental
Claims Department
PO Box 26110
Santa Ana, CA 92799-6110

If you need help call 877-550-3868 (TTY 711). We are here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Where to get dental care

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

If you need help to schedule an appointment, call 877-550-3868 (TTY 711). We are here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

If you need 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 877-550-3868 (TTY 711).

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



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

Dental Provider Directory

The Health Net Provider Directory lists dentists and dental offices that are part of the Plan's network. The network is the group of dentists and dental offices that work with Health Net.

The Health Net Provider Directory lists dentists, specialist, Federally Qualified Health Centers (FQHCs), Indian Health Centers (IHC) and Native American Health Clinics.

The Provider Directory has names, addresses, phone numbers, business hours and languages spoken. It tells you if the provider is taking new patients. It tells you the level of ease in which to access the building.

You can find the online Provider Directory at www.hndental.com.

If you need a printed Provider Directory, call 877-550-3868 (TTY 711).

Dental provider network

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

In network

You will use dentists in the Health Net 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 Provider Directory, call 877-550-3868 (TTY 711). Or you can find our Provider Directory online at www.hndental.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 877-550-3868 (TTY 711).

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

Out of network

Out-of-network dentists are those that do not have an agreement to work with Health Net. For urgent or emergency care, services paid for by the member may be reimbursed by the Plan. If you need covered dental care services, you may be able to get them out of network at no cost to you. Dental services may be covered if they are medically necessary or not offered in the network.

If you need help with out-of-network services, call 877-550-3868 (TTY 711).



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

If you are outside of our service area and need care that is not an emergency, call your PCD right away. Or call 877-550-3868 (TTY 711).

If you have questions about out-of-network or out-of-area care, call 877-550-3868 (TTY 711).

Dentists

You will choose a primary care dentist (PCD) from the Health Net Provider Directory. Your PCD must be a participating dentist. This means the dentist is in our network. To get a copy of our Provider Directory, call 877-550-3868 (TTY 711).

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 Health Net, 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 16 of this handbook. To learn more, call 877-550-3868 (TTY 711).

If you need a specialist dentist, your PCD will give you a referral to a specialist in our network.

Remember, if you do not choose a PCD, we will choose one for you. You know your dental care needs best, so it is best if you choose.

If you want to change your PCD, you must choose a PCD from our Provider Directory. Be sure the PCD is taking new patients. To make changes, please call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077), or visit <http://www.healthcareoptions.dhcs.ca.gov>.

Primary care dentist (PCD)

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

You can choose a Federally Qualified Health Center (FQHC), community clinic, Native American Health Clinic or other primary care facility that has dental services as your PCD. The center must be in the Health Net network and you must qualify for their services. These centers are in areas that do not have many dental care services.

You can pick the same or different PCDs for everyone in your family who is a member of Health Net.

If you do not choose a PCD within 30 days, one that works with Health Net will be chosen for you.

Your PCD will:



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

- 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 Provider Directory to find a PCD in the Health Net network. The Provider Directory has a list of FQHCs that work with Health Net.

You can find our Provider Directory online at www.hndental.com. Or call 877-550-3868 (TTY 711). 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 Health Net 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 877-550-3868 (TTY 711).

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. Health Net 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 Health Net 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 Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

- 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. In most cases, you will 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 877-550-3868 (TTY 711). 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 877-550-3868 (TTY 711).

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.

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 877-550-3868 (TTY 711).

You do not need a referral for:

- PCD visits
- Urgent or emergency care

Pre-approval

For some services, your PCD or specialist will need to ask us before you get the care. This is called prior authorization or pre-approval. It means that Health Net agrees that the care is medically necessary (needed). Dental services must meet Medi-Cal program rules for medical necessity.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

These dental services need pre-approval, even if they are done by a dentist in the Health Net network:

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

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

Services out of the Health Net service area require pre-approval. For urgent or emergency care when you are outside your service area, call Health Net at 877-550-3868 (TTY 711) for assistance.

For some services, such as care from a specialist, or getting dental work out of network, you need pre-approval from Health Net. We will decide within 5 business days, for routine service, or 72 hours for urgent care. There is a shorter timeframe when medically necessary (needed) under the Health and Safety Code Section 1367.01(h)(2).

If you ask us to approve certain dental services, 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.

Health Net 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 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 877-550-3868 (TTY 711).

We will pay for a second opinion if you or your network PCD asks for it. Health Net will give you pre-approval to get a second opinion within 5 working days. We will decide within 72 hours, if you need urgent or emergency services.

Call Member Services at 800-977-7307 (TTY 711).

If we deny your request for a second opinion, you may appeal. To learn more about appeals, go to page 43 in this handbook.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

Timely Access to Care

When you need dental care, it is important that you receive it quickly. Make a routine care appointment to see your dentist if you are a new member or make a routine care appointment if you have new health insurance. How long you wait before you see a dentist depends on your health condition.

It also depends on the type of dental care you need to have. It may be okay to wait longer before you see a dentist **if waiting does not harm your health**. It is best to make an appointment to see the dentist on a business day.

Note: *In general, business days are Monday through Friday and in most cases, a business day is not on a weekend or holiday.*

The table below shows how soon you should be able to see a dentist.

Type of Care	Examples	Standard
Urgent/emergency appointments	Severe pain, swelling or bleeding	24 hours
Non-urgent appointments	Exams, x-rays, restorative care	4 weeks
Preventative care	Cleaning, periodontal care	4 weeks
Specialist appointments	Endodontist, Oral Surgeon, Pediatric Dentist	30 working days

**Appointments for routine, preventive care and specialist consultation shall not exceed four weeks from the date of the request for appointment.*

Wait time in the dental office should not be longer than 30 minutes.

Health Net may not be able to assign you the dentist you pick for one of the following reasons:

- The dentist is not accepting new patients (you may transfer to this dentist later)
- The dentist has reached his/her maximum number of patients

Any service or supply you get from a dentist that is not your PCD without an approved referral may not be paid for by the Plan.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

4. Benefits and services

What your dental plan covers

Here, we explain all your covered services as a member of the Plan. Your covered services are free if they are medically necessary (needed). Care is medically necessary (needed) if it is to stop and remove dental disease, illness, and pain, to return 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
<input type="checkbox"/>	Diagnostic	Exams and x-rays
<input type="checkbox"/>	Preventive	Cleanings, fluoride treatments, sealants
<input type="checkbox"/>	Restorative	Fillings, crowns
<input type="checkbox"/>	Endodontic	Pulpotomies, root canals
<input type="checkbox"/>	Periodontal	Gum surgery
<input type="checkbox"/>	Prosthodontics, Removable	Immediate and complete dentures, relines
<input type="checkbox"/>	Oral and Maxillofacial surgery	Extractions
<input type="checkbox"/>	Orthodontics	Braces
<input type="checkbox"/>	Adjunctive	Sedation, general anesthesia

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

Summary of benefits

Dental benefits for adults currently include:

- Exams and x-rays
- Regular Cleanings (Prophylaxis)
- Fluoride treatments
- Fillings



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

- Root canals in front teeth
- Prefabricated crowns (stainless steel or tooth colored)
- Full dentures
- Denture relines
- Other medically necessary dental services

✓ Benefit ✗ Not a benefit

Beneficiaries age 21 and older (Adult)					
	Full Scope	Pregnant and 60 days postpartum	Non-Pregnant Limited Scope	Regional Center Consumers	Residing in a Facility (SNF/ICF)
Initial Exam	✓	✓	✗	✓	✓
Periodic Exam	✓	✓	✗	✓	✓
Prophylaxis	✓	✓	✗	✓	✓
Fluoride	✓	✓	✗	✓	✓
Restorative Services - Amalgams/Composites /Pre-fabricated Crowns	✓	✓	✗	✓	✓
Laboratory Processed Crowns*	✗	✓	✗	✓	✓
Scaling and Root Planing	✗	✓	✗	✓	✓
Periodontal Maintenance	✗	✗	✗	✗	✓
Anterior Root Canals	✓	✓	✗	✓	✓
Posterior Root Canals	✗	✓	✗	✓	✓
Partial Dentures	✗	✓	✗	✓	✓
Full Dentures	✓	✓	✗	✓	✓
Extractions	✓	✓	✓	✓	✓
Emergency Services	✓	✓	✓	✓	✓

Exceptions:

*Allowable under special circumstances for posterior teeth

1. A benefit only for the treatment of posterior teeth acting as an abutment (connector) for an existing removable partial denture with cast clasps and rest.

OR



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

- When the treatment plan includes an abutment (built-in) crown and removable partial denture (D5213 or D5214). Both shall be submitted on the same TAR for prior authorization.

Most children ages 0 to 20 years have full scope benefits and are eligible for full Denti-Cal benefits.

✓ Benefit ✗ Not a benefit

Beneficiaries under the age of 21 (Child)					
Procedure	Full Scope	Pregnant and 60 days postpartum	Limited Scope	Regional Center Consumers	Residing in a Facility (SNF/ICF)
Oral Evaluation (Under age 3)	✓	✗	✗	✓	✓
Initial Exam (Age 3-20)	✓	✓	✗	✓	✓
Periodic Exam (Age 3-20)	✓	✓	✗	✓	✓
Prophylaxis	✓	✓	✗	✓	✓
Fluoride	✓	✓	✗	✓	✓
Restorative Services - Amalgams/Composites /Pre-fabricated Crowns	✓	✓	✗	✓	✓
Laboratory Processed Crowns*	✓	✓	✗	✓	✓
Scaling and Root Planing**	✓	✓	✗	✓	✓
Periodontal Maintenance	✗	✗	✗	✗	✓
Anterior Root Canals	✓	✓	✗	✓	✓
Posterior Root Canals	✓	✓	✗	✓	✓
Partial Dentures	✓	✓	✗	✓	✓
Full Dentures	✓	✓	✗	✓	✓
Extractions	✓	✓	✓	✓	✓
Emergency Services	✓	✓	✓	✓	✓

Exceptions:

* Not a benefit under age 13

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



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free. Visit us online at www.hndental.com.

Pediatric services for dental care

Dental care

We cover dental services for children through the month of their 21st birthday, including:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services

We cover EPSDT services. Children under the age of 21 may qualify for EPSDT benefits. EPSDT services identify health care issues early to prevent the decline of a child's health. Some children need more services than are covered by the Plan to stay healthy. Children that need services that are not part of their benefits, may get them under EPSDT.

For all EPSDT services, pre-approval is required. Any EPSDT service(s) that is not prior authorized will be denied. Health Net will decide medical necessity (need) based on material your PCD sends us.

You may have the right to EPSDT benefits. For more information call 877-550-3868 (TTY 711).

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. Health Net allows the lowest cost NEMT for your medical 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, Health Net 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 Health Net with a written prescription by a physician.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

To ask for NEMT, please call Health Net at 800-977-7307 at least ten (10) business days (Monday - Friday) before your appointment. For urgent or emergency 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 Health Net when a provider has prescribed it for you.

What Does Not Apply?

Health Net will not cover NEMT, if your physical and medical condition allows you to get to your dental appointment by car, bus, taxi, or other easily accessible methods of transportation. Transportation will not be provided if the service is not covered by Health Net. A list of covered services is in this member handbook.

Cost to Member

There is no cost when transportation is authorized by Health Net.

Non-Medical Transportation

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

- Getting to and from an appointment for a Health Net covered service set by your provider.

Health Net allows you to use a car, taxi, bus, or other public/private way of getting to your dental appointment for plan-covered medical services. A refund for mileage is only available when travel is in a private vehicle arranged by the member. No refund will be given if the member is traveling through a transportation broker, bus passes, taxi vouchers or train tickets. Health Net allows the lowest cost NMT type for your medical needs that is available at the time of your appointment.

To ask for NMT services, please call Health Net at 888-703-2999 at least ten (10) business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent or emergency appointment. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for getting NMT to or from dental appointments covered under Health Net when a provider has set it for you.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

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 Health Net. A list of covered services is in this member handbook.

Cost to Member

There is no cost when transportation is allowed by Health Net.

What your dental plan covers

Medi-Cal covers these dental services, up to age 21:

- Examinations covered once every 6 consecutive months
- Full mouth x-ray(s) covered once every 36 consecutive months
- Bite-wing x-ray(s) covered once every 6 consecutive months
- Panoramic x-ray(s) covered once every 36 months
- Teeth cleaning covered once every 6 months
- Topical fluoride covered through age 17, once every 12 consecutive months
- Dental sealants covered on permanent 1st and 2nd molars
- Fillings
- Crowns
- Pulpotomies
- Root canal procedures for restorable teeth
- Periodontal scaling/root planing
- Osseous surgery
- Extractions
- Tori removal
- Alveoloplasty
- Full and partial dentures
- Denture repair and relines



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

- Emergency palliative treatment
- General anesthesia when medically necessary

Medi-Cal covers these dental services, over the age 21:

- Examination once per 12 months
- Full mouth x-ray(s) or a Panoramic once per 36 months
- Bitewing x-ray(s) services once every 6 months
- Teeth cleaning once every 12 months
- Topical fluoride once every 12 months
- Fillings
- Pre-fabricated crowns
- Anterior (front) teeth root canal procedure
- Full and immediate dentures once every 5 years
- Denture repair and relines
- Extractions
- Oral tissue biopsy
- Emergency palliative treatment
- General anesthesia when medically necessary

If you have questions or want to learn more about dental services, call Denti-Cal at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at denti-cal.ca.gov.

What your dental plan does not cover

Dental services outside of Sacramento County are not covered, unless done as an emergency.

If you are outside of your service area and need emergency care, try to find a dentist near you or go to the emergency room. Once you have received care for your emergency, you must call your PCD for follow-up care.

Medi-Cal does not cover these dental services, over the age 21:

- Partial dentures
- Periodontal scaling/root planing
- Full mouth debridement



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

- Osseous Surgery
- Laboratory processed crowns
- Clinical crown lengthening
- Bi-Cuspids and Molar (back) teeth root canal procedures
- Alveoloplasty
- Tori removal
- Specialty dentist consultations
- Implants and implant related services unless exceptional medical conditions are met
- Fixed partial denture (bridge) unless exceptional medical conditions are met

Services you cannot get through Health Net or Medi-Cal

There are some services that neither Health Net nor Medi-Cal will cover, including:

- California Children's Services (CCS)
- Non-dental related services
- Any dental procedure that is not specifically listed as covered under this dental plan
- Treatment started prior to covered or after termination of coverage
- Procedures, appliances or restorations to treat Temporomandibular Joint Dysfunction (TMJ)
- Services for cosmetic purposes
- Procedures which are determined not to be medically necessary
- Procedures performed to restore tooth structure lost from abrasion, erosion, attrition or abfraction
- Procedures or appliances that are provided by a dentist who specializes in prosthodontic services
- The removal of asymptomatic, unerupted third molars or teeth that appear to have an unimpeded pathway to eruption and no active pathology
- Procedures to increase vertical dimension and restore occlusion
- Any services performed outside of your assigned dental office, unless expressly authorized by Health Net
- Any routine dental service performed by a dentist or dentist specialist in an inpatient/outpatient hospital setting

Read each of the sections below to learn more. Or call 877-550-3868 (TTY 711)



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

California Children's Services (CCS)

CCS is a State program that treats children under 21 years of age with certain health conditions. To qualify for this program, the child must meet the CCS program rules. If Health Net or your PCD 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 meets the rules for CCS services. If your child can get these types of care, he/she will be treated for the CCS condition by a CCS provider. Health Net will keep covering services that do not have to do with the CCS condition.

Health Net 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 restrict or that need to be treated with medicines, surgery or therapy. CCS covers children with problems such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures that are not controlled
- Rheumatoid arthritis
- Muscular dystrophy



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- 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 Health Net.

To learn more about CCS, call 877-550-3868 (TTY 711).

Coordination of benefits

Health Net 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 the dental care of your child, call 877-550-3868 (TTY 711).



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5. Rights and responsibilities

As a member of Health Net, 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 the Plan.

Your rights

Health Net members have these rights:

- To be treated with respect
- To your privacy
- To maintain confidentiality of your medical and dental information
- To be provided with information about the plan and its services
- To be able to choose a Primary Care Dentist within the Plan's network
- To take part in making decisions about your dental care
- To refuse treatment or dental services
- To voice a complaint about the Plan or the care received, either verbally or in writing
- To have an interpreter speak to you in your language
- To have access to Federally Qualified Health Centers, Indian Health Service Facilities, and Emergency Services outside the Plan's network
- To request a State Hearing, including information on the conditions under which an expedited hearing is possible
- To be able to receive copies of or fix your Dental Record
- To leave the Plan upon request
- To be notified that Member informing materials are available in alternative formats (including Braille, large size print, and audio format) upon request and promptly
- To be free from any form of limitation used as a means of punishment
- To receive information on treatment choices and options in a clear way that will focus on your dental needs
- The freedom to use these rights without negatively affecting how you are treated by the Plan, providers, or the State



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Visit us online at www.hndental.com.

Your responsibilities

Health Net members have these responsibilities:

- Giving your dentist, to the best of your knowledge, correct information about your health
- Telling your dentist if you have any sudden changes to your health
- Telling your dentist that you understand the course of treatment and what is expected of you
- Keeping with the treatment plan suggested by your dentist
- Keeping your planned appointments
- Letting your dentist know if you are unable to make your planned appointments
- Your own actions if you refuse treatment or do not follow your dentist's instructions
- Paying any financial debt to your dental office as soon as possible
- Following the dental office's rules about care and conduct

Notice of Privacy Practices

A statement describing Health Net's policies and procedures for preserving the confidentiality of dental records is available and will be furnished to you upon request.

As required by law, this notice is about your rights, our legal duties and privacy practices with respect to the privacy of Personal Health Information (PHI). This notice also talks about the way we may collect, use and disclose your PHI. We must follow the orders of the notice currently in effect. We keep the right to make changes to this notice from time to time and to make the changed notice effective for all PHI we keep. You can find our most current privacy notice on our website at www.hndental.com.

Call our Member Services at 877-550-3868 (TTY 711) for a written copy of this notice.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

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 must pay first for the services we provide you.

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 beneficiaries. We will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

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.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

6. 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 the Plan, or a dentist, or with your dental care
- An **appeal** is when you don't agree with the Plan's decision not to cover services

You should use **Health Net's** 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 react 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, you may file a complaint with the Department of Managed Health Care (DMHC). If you do not agree with the result of your appeal, you can file for a State Fair Hearing. You must exhaust **Health Net's** appeal process before you can file for a State Fair Hearing.

You may also ask for an Independent Medical Review (IMR) from the DMHC. The IMR is an impartial review of a dental plan's decision.

The IMR will decide if benefits or payment should be allowed for your dental care. You must apply for an IMR within 6 months of the Plan's written decision about your appeal.

If you ask for a State Hearing first, you cannot ask for an 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 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 **800-977-7307 (TTY 800-753-2929)** 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 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



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.

Visit us online at www.hndental.com.

also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.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 877-550-3868 (TTY 711).

Complaints

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

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 call the Plan at 877-550-3868 (TTY 711). Give your dental plan ID number, your name, and the reason for your complaint.

To file a complaint by mail, call 877-550-3868 (TTY 711) 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:

Health Net Dental
Quality Management Department
PO Box 26110
Santa Ana, CA 92799-6110
Phone: 800-977-7307

If you need help filing your complaint, we can help you. We can give you free language services. Call 877-550-3868 (TTY 711).

We will send you a letter letting you know we received your complaint within five (5) days. Within 30 days, we will tell you how we resolved your problem.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

If you need a fast decision because 30 days would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited (fast) review, call 877-550-3868 (TTY 711). 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 Health Net 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 the outcome, 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. If you file an appeal over the phone, a written and signed copy of your appeal must be sent to the Plan.

- To file an appeal by phone, call 877-550-3868 (TTY 711). Give your name, plan ID number, and the service you are appealing.
- To file an appeal by mail, call 877-550-3868 (TTY 711) to have a form sent to you. When you get the form, fill it out. Be sure to include your name, plan ID number, and the service you are appealing.

Mail or fax the form to:

Health Net Dental
Quality Management Department
PO Box 26110
Santa Ana, CA 92799-6110

If the notice that we sent to you tells you that 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 877-550-3868 (TTY 711).

We will send you a letter letting you know we received your appeal within five (5) days. Within 30 days, we will tell you our appeal decision.

If you or your doctor need a fast decision because 30 days would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited (fast) review, call 877-550-3868 (TTY 711). We will make a decision within 72 hours of receiving your appeal.



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

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 Health Net 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 within 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.

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 877-550-3868 (TTY 711).

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 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

Fraud, waste and abuse

If you think 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 dental 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:

Health Net Dental
Special Investigations Unit
PO Box 26110
Santa Ana, CA 92799-6110
Phone: 800-977-730

Or call our 24-Hour Fraud, Waste and abuse Hotline at 1-800-977-3565



Call Member Services at 877-550-3868 (TTY 711). We're here Monday through Friday, 8:00 am to 5:00 pm. The call is free.
Visit us online at www.hndental.com.

7. Important numbers and words to know

Important phone numbers

- Health Net Dental Member Services 800-977-7307 (TTY 800-703-2929)
 - Denti-Cal Beneficiaries 800-322-6384 (TTY 800-735-2922)
 - DMHC Help Center 888-466-2219
 - Health Care Options – Medi-Cal Managed Care 800-430-4263
 - Health Consumer Alliance 888-804-3536
 - Medi-Cal Eligibility 916-552-9200
 - Medi-Cal Fair Hearing 800-952-5253 (TDD 800-952-8349)
 - Medi-Cal Managed Care 916-449-2000
 - Medi-Cal Ombudsman 888-452-8609
-

Words to know

Appeal: A formal request asking Health Net to review denied services for treatment provided or requested through pre-approval. An appeal may be filed by you, your authorized representative, or 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 Health Net. 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 identification card provided to beneficiaries by the Department of Health Care Services. The BIC includes the beneficiary number and other important information.



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Visit us online at www.hndental.com.

Benefits: Medically necessary (needed) dental services provided by a 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 by state regulations.

Caries: Another term for tooth decay or cavities.

Child Health and Disability Prevention (CHDP) Program Services: Preventive health care services for beneficiaries under 21 years of age provided under state law and regulations.

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 DMC may require a clinical screening under certain circumstances.

Complaint: A verbal or written expression of dissatisfaction, including quality of care made by you, your authorized representative, or your dentist. A complaint is also known as a grievance.

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 Plan. The Plan will only pay for medically necessary services provided by a Health Net 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).

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

Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT): A federal program that provides health care for children 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 a Health Net 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 and within professionally recognized standards of care.

Emergency Dental Condition: A dental condition that in 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.



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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: A grievance is any formal statement of complaint or dispute (other than an organization determination) expressing dissatisfaction with any aspect of the operations, activities or behavior of a health plan, or its providers, regardless of whether remedial action is requested. Typically, a grievance is filed due to the service provided.

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.

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) the most appropriate type 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 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 **Health Net's** network.

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



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Visit us online at www.hndental.com.

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.

Prior Authorization: A request by a Health Net dentist to approve services before they are performed. Dentists receive a Notice of Authorization (NOA) from the 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 Health Net network.

Referral: When your PCD 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 Health Net serves. This includes the counties of Los Angeles and Sacramento.

Share of Cost: The share of dental 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 a Health Net dentist for approval of certain covered services before treatment can begin. A TAR is required for certain services and under special circumstances.



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7.Important numbers and words to know

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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Visit us online at www.hndental.com.