



Welcome to the Michigan Dental Program

DENTAL HANDBOOK



Table of Contents

	Page
Welcome	2
① Steps to Access Dental Benefits	3
② Covered Dental Services	3
③ Not Covered Dental Services	4
④ Questions and Answers	5
⑤ Coordination of Benefits	6
⑥ Definitions	6
⑦ Complaints and Appeals	7
⑧ General Rules and Conditions	7
⑨ Termination of Coverage	8

Contact Delta Dental

For questions about your program, call our toll-free number, **1-800-524-0149**. Be ready to tell us your name, identification number from your Delta Dental Card, and daytime telephone number.

You can write to Delta Dental's Customer Service department, P.O. Box 9089, Farmington Hills, Michigan 48333-9089. In your letter, please tell us this same information along with your question.

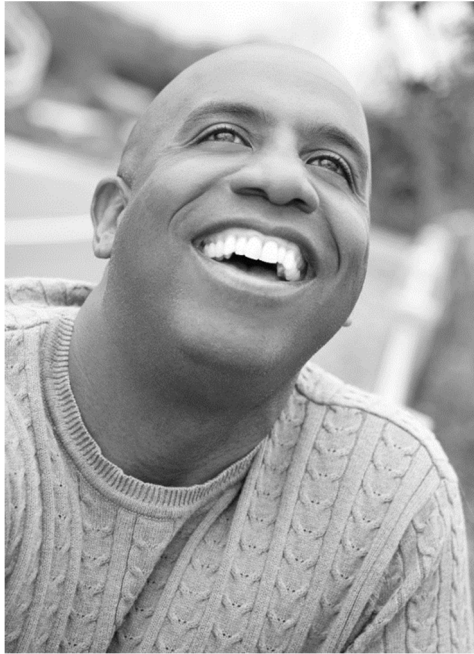
Welcome. . .

We at Delta Dental look forward to providing your Michigan Dental Program benefits.

This handbook explains how to get the most out of the dental services covered by the Michigan Dental Program (MDP).

Michigan Dental Program is a federally funded program administered by the Michigan Department of Health and Human Services (MDHHS).

We are glad you are part of this program, and encourage you to see a dentist soon! Good dental health plays a very important part in keeping your entire body healthy.

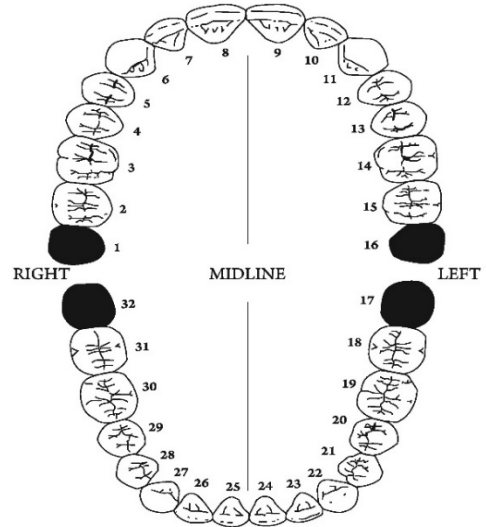


For dental services to be paid by the MDP, you must go to a dentist who is part of the Delta Dental PPO network. Ask when scheduling appointments if the provider participates with Delta Dental PPO.

To find a participating dentist in your area, or to get answers about covered dental services, call our Customer Service department at **1-800-524-0149**. This call is free.

1 Steps to Access Dental Benefits

- 1 Read this Handbook carefully to learn how the Michigan Dental Program works and what is covered.
- 2 Find a Delta Dental PPO Dentist one of four ways:
 1. Call Customer Service at 1-800-524-0149.
 2. Access our online directory at www.DeltaDentalMI.com.
 3. Access the Member Portal at www.memberportal.com. Once logged in, this site allows you to access your benefit and additional helpful information.
 4. Download the Delta Dental smartphone app. Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download the app, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.
- 3 Make an appointment with a Delta Dental PPO Dentist. Tell the Dentist you have Delta Dental coverage through the Michigan Dental Program and confirm whether they are a Delta Dental PPO Participating Dentist (Only services provided by a Delta Dental PPO participating provider are paid under this program).
- 4 Be on time for your appointments, or call ahead if you must cancel. Delta Dental does not pay for missed or broken appointments.
- 5 Show your Delta Dental Card at each appointment.
- 6 After treatment, your Dentist sends a claim to Delta Dental.
- 7 Delta Dental will send you an Explanation of Benefits (EOB). It shows how much Delta Dental paid. If the dentist is **not** a Delta Dental PPO Dentist, you must pay the entire cost of your dental services.



2 Covered Dental Services

- Oral exams (2 per calendar year)
- Problem focused exams
- X-rays
 - Bitewing X-rays (1 per calendar year)
 - Full mouth or Panoramic X-rays (1 in 5 years)
 - Limited periapical X-rays as needed
- Teeth cleaning (3 per calendar year)
- Full mouth debridement (1 per calendar year)
- Scaling and Root planing (once in a 24 month period). This is sometimes called a deep cleaning.
- Periodontal maintenance, after Scaling and Root Planing (3 per calendar year)
- Fluoride treatment in office (3 per calendar year) at the teeth cleaning appointments.
- Prescription toothpaste (3 per calendar year along with cleaning)
- Gingivectomy and gingival flap surgery (once in 36 months).
- Sealants are covered for 1st and 2nd permanent molars

- Brush Biopsy
- Filling of cavities
- Crowns and core substructures for teeth numbers 3 – 14 and 19 – 30:
 - Limit of two crowns per calendar year
 - One crown on the same tooth is payable (1 in 5 years).
 - No payment for crowns on the 2nd and 3rd molars. Excluded teeth numbers are 1, 2, 15, 16, 17, 18, 31, and 32.
- Occlusal guards (1 in 5 years)
- Root canal for teeth numbers 3 – 14 and 19 – 30:
 - Limited to two root canals per calendar year.
 - No payment for root canals on the 2nd and 3rd molars. Excluded teeth numbers are 1, 2, 15, 16, 17, 18, 31, and 32.
- Extractions, simple and surgical
- Limited other oral surgery
- I.V. sedation/anesthesia (when medically necessary)
- Complete denture (1 in 5 years)
- Partial denture (1 in 5 years)
- Denture adjustments and repairs
- Denture rebase and reline (1 time in 3 years)
- Tissue conditioning (2 times in 3 years)
- Re-cement crowns and bridges
- Bridges for the top arch only. The dental plan will only pay for a porcelain fused to metal 3 unit fixed bridge, to replace a single missing tooth (1 per 5 years)
- Emergency treatment (See Q and A section for additional information).

To confirm whether a service is covered under the plan, ask your dentist to submit a Pre-Treatment Estimate to Delta Dental. A Pre-Treatment Estimate will provide information about how the dental plan will cover the service and your out-of-pocket costs. This information may lead

to further discussion of treatment options with your provider.

When this pre-treatment estimate is sent to Delta Dental, the estimate reviews:

- Time limitations for services
- Whether the service is covered by the MDP dental plan

A copy of the estimate will be provided to both you and your provider.

A pretreatment estimate is not required to receive payment, but it allows claims to be processed more efficiently and allows you to know what services may be covered before your Dentist provides them. You and your Dentist should review your Pre-Treatment Estimate Notice before treatment.

3 Not Covered Dental Services

If you have a service that is not covered, you must pay for it. Some of the services that are NOT covered are:

- Any dental services performed by a dentist outside of the Delta Dental PPO network (Non-PPO dentists).
- Crowns for 2nd or 3rd molars. Excluded teeth numbers are 1, 2, 15, 16, 17, 18, 31 and 32
- Root canals for 2nd or 3rd molars. Excluded teeth numbers are 1, 2, 15, 16, 17, 18, 31 and 32
- Bridges for lower arch
- Bridges with 4 or more teeth involved
- Bridges made of all porcelain/ceramic structure
- Periodontal surgery, other than gingivectomy and gingival flap surgery
- Braces
- Implants, and implant services

- Implant crowns or dentures attaching to an implant
- Cosmetic dentistry including bleaching
- Temporary Dentures
- 2D or 3D X-ray imaging
- Services covered under a hospital, surgical/ medical or prescription drug program
- Treatment of TMJ (temporomandibular joint) disorder
- Inlays and onlays

office know that you only have coverage when services are provided by a Delta Dental PPO dentist. Participating status is based on provider and location, not by office.

When does dental coverage begin?

The Michigan Dental Program at MDHHS determines eligibility for dental coverage. Coverage begins the first day of the month of an approved application. For example, coverage begins June 1 for an application that is approved on June 20. Delta Dental will mail you a Delta Dental Card.

Does the Michigan Dental Program cover all dental services?

No. The dental services covered are described in Section 2 “Covered Dental Services” in this Handbook.

When do I have to pay for dental services?

If the Michigan Dental Program does not cover a service you would like your Dentist to provide, you are responsible for payment for that service. **Discuss fees and payment process with the dentist before the service is provided for non-covered services.**

What should I do in case of a dental emergency?

A dental emergency is a service needed to control bleeding, relieve pain, or get rid of a sudden infection. The emergency services are needed to prevent pulpal tooth death, the imminent loss of teeth, and the treatment of injuries.

If a dental emergency happens, call your dentist’s office and ask them what you should do. If the emergency is life threatening, call 911 or the phone number for emergency medical services in your area.

Out of State dental emergency:

If you are away from home when a dental emergency happens, call Customer Service at our toll-free number, **1-800-524-0149**, or check on our

4 Questions and Answers

May I choose any Dentist?

You must see a dentist who is part of the Delta Dental PPO network. **This plan does not cover treatment if the dentist does not participate in the Delta Dental PPO network.**

Find a Delta Dental PPO Dentist one of four ways:

1. Call Customer Service at 1-800-524-0149.
2. Access our online directory at www.DeltaDentalMI.com.
3. Access the Member Portal at www.memberportal.com. Once logged in, this site allows you to access your benefit and additional helpful information such as the online dentist directory.
4. Download the Delta Dental smartphone app. Delta Dental’s free app is optimized for iOS (Apple) and Android devices. To download the app, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.

Ask the dental office staff if the dentist is participating in the Delta Dental PPO network when you make an appointment.

Do all providers at a dental office participate in the same network?

No. An office could have both Delta Dental Premier and Delta Dental PPO providers. Let the provider

website, www.DeltaDentalMI.com to find a dentist that participates with Delta Dental PPO.

Important:

Before receiving treatment, show your Delta Dental card so the provider office can obtain information regarding benefits covered under the plan. They may call Customer Service at **1-800-524-0149** for additional information and billing assistance.

What if I need specialty dental care?

If you need a specialist such as an oral surgeon, endodontist (root canal), periodontist (gum disease), etc. talk to your regular Dentist for a referral. They can tell you how to get specialty care. Before visiting a specialist, be sure they are a Delta Dental PPO dentist or the services will not be covered under the MDP plan. Also, check that the services needed are covered under the Michigan Dental Program. If the specialist is not a Delta Dental PPO Dentist or the services are not covered, you will be responsible for the payment of those services.

If you cannot find a Delta Dental PPO specialist within 50 miles, contact the MDP office for help at 1-844-648-3384.

How do I change my address?

Address, name changes, and phone numbers can be updated by contacting the MDHHS MDP enrollment office at 1-844-648-3384.

Enrollment or Renewal questions?

Contact the MDHHS MDP enrollment office at 1-844-648-3384.

5 Coordination of Benefits

Coordination of Benefits (“COB”) applies to this Plan when you have dental benefits under more than one plan. The Michigan Dental Program is payer of last resort.

6 Definitions

Appeal

is a written request for Delta Dental or MDHHS to review a claim. See Section 7, Complaints and Appeals.

Beneficiary

is a person who is enrolled in the Michigan Dental Program.

Claim

is a detailed list of dental services provided by a dental office and given to Delta Dental for payment.

Delta Dental

means Delta Dental Plan of Michigan, Inc., a service provider for dental benefits under the Michigan Dental Program.

Delta Dental ID Card

is a permanent (not monthly) card. One card is sent to each Beneficiary. Use this card whenever you see the Dentist. Call Delta Dental for a replacement card at 1-800-524-0149.

Dentist

is a person licensed to practice dentistry.

Delta Dental PPO Dentist (“PPO Dentist”)

is a Dentist who has signed an agreement with Delta Dental to participate in the Delta Dental PPO network.

MDHHS

is the Michigan Department of Health and Human Services.

Handbook

is this booklet. The Handbook explains the Michigan Dental Program dental benefits.

Michigan Dental Program

is a comprehensive federally funded dental access program for persons with certain qualifying conditions.

Participating Dentist

is a dentist who has agreed to participate in the Delta Dental PPO dental program with Delta Dental. You may go to any Delta Dental PPO Dentist. **The Michigan Dental Program plan does not pay for any services from a non-PPO Dentist.**

7 Complaints and Appeals

If you have questions about a claim, or believe a claim has been denied incorrectly, call our Customer Services department at 1-800-524-0149 and talk to an advisor. You may also ask for a formal review of your claim.

- ① First, call Customer Service and ask them to check the claim.
- ② If you decide to ask for a formal review, submit a request as soon as possible. Reviews must be requested within 180 days of when you received the notice that the claim was denied.
- ③ Send your name, address, Delta Dental I.D. Number, the reason you believe your claim was wrongly denied, and any supporting information to the address below:

**Dental Director
Delta Dental
P.O. Box 30416
Lansing, Michigan 48909-7916**

- ④ Your request will be reviewed by a dental professional including any new information that was not available when the claim was first decided.
- ⑤ The review may take up to 60 days after Delta Dental receives your request. If it is denied, you will receive a notice in writing with the reason for the denial.

If you have complaints or concerns with your Dentist or dental office, there are things you can do:

- ① First, talk to the Dentist who provided the service.

- ② If you aren't satisfied, you can request a formal review through the Quality of Care Complaint Procedure. To do this, send your complaint in writing and mail it to:

**Customer Service Department
Delta Dental of Michigan
P.O. Box 9089
Farmington Hills, MI 48333-9089**

Send a copy of your Explanation of Benefits with a letter telling us about your problem and any other facts that would help us. Be sure to include your name, address, telephone number, date, Delta Dental I.D. number, and address.

Delta Dental will investigate your complaint and notify you within 30 days of receiving your letter. We may refer the problem to the Michigan Dental Association. When the review is done, you will receive written notification within 15 days.

- ③ You can call or write MDHHS about your complaint.

**Department of Health and Human Services
Michigan Dental Program
P.O. Box 30195
Lansing, Michigan 48909-7695**

Phone: 1-844-648-3384

8 General Rules and Conditions

These general rules apply to the Michigan Dental Program.

Other Insurance or Lawsuit Settlement

If Delta Dental pays a claim for which another person or company is liable, Delta Dental has the right to recover its payment from the other person or company.

Information and Dental Records

While you are covered by Delta Dental, you agree to give us any information we need to process your claims. This includes letting Delta Dental have access to your dental records.

Dentist-Patient Relationship

You may choose any Delta Dental PPO Dentist. They are solely responsible to you for dental advice, treatment, and any resulting liability.

Loss of Eligibility During Treatment

If you lose eligibility during dental treatment, Delta Dental only pays for covered services during eligibility.

If a multiple appointment service is started that is not complete before coverage is terminated, MDP will pay for the service if completed within 60 days from the date of coverage termination.

9 Termination of Coverage

The Michigan Dental Program at MDHHS determines eligibility for dental coverage. Proper forms must be returned within 60 days of renewal date. When individuals no longer meet eligibility requirements, dental coverage must be terminated. Dental coverage ends on the date of termination. A termination letter will be sent from the MDHHS office.

IF YOU HAVE AN EMERGENCY – CALL 911

NOTICE OF PRIVACY PRACTICES

Date of This Notice: July 20, 2021

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of Delta Dental Plan of Michigan, Inc., Delta Dental Plan of Ohio, Inc., Delta Dental Plan of Indiana, Inc., Delta Dental Plan of Arkansas, Inc., Delta Dental of Kentucky, Inc., Delta Dental Plan of New Mexico, Inc., Delta Dental of North Carolina, Delta Dental of Tennessee, Renaissance Life & Health Insurance Company of America, Renaissance Life & Health Insurance Company of New York (collectively, “we” or “us” or the “Plan”). These entities have designated themselves as a single affiliated covered entity for purposes of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and each has agreed to abide by the terms of this Notice and may share protected health information with each other as necessary for treatment, payment or to carry out health care operations, or as otherwise permitted by law.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information” (“PHI”). Generally, PHI is individually identifiable health information, including demographic information, collected from you or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are committed to protecting your health information.

We comply with the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. We maintain a breach reporting policy and have in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. We will notify you promptly in the event a breach occurs that may have compromised the security or privacy of your PHI. In addition, we comply with the “Minimum Necessary” requirements of HIPAA and the HITECH amendments. We also comply with all applicable laws relating to retention and destruction of your PHI.

[For more information concerning this Notice please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose your PHI.

For Treatment We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose PHI about you to providers, including dentists, doctors, nurses, or technicians, who are involved in taking care of you. For example, we might disclose information about your prior dental X-ray to a dentist to determine if the prior X-ray affects your current treatment.

For Payment We may use or disclose PHI about you to obtain payment for your treatment and to conduct other payment related activities, such as determining eligibility for Plan benefits, obtaining customer payment for benefits, processing your claims, making coverage decisions, administering Plan benefits, and coordinating benefits.

For Health Care Operations We may use and disclose PHI about you for other Plan operations, including setting rates, conducting quality assessment and improvement activities, reviewing your treatment, obtaining legal and audit services, detecting fraud and abuse, business planning and other general administration activities. In accordance with the Genetic Information and Nondiscrimination Act of 2008, we are prohibited from using your genetic

information for underwriting purposes.

To Business Associates We may contract with individuals or entities known as Business Associates to perform various functions or to provide certain types of services on the Plan’s behalf. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only if they agree in writing with the Plan to implement appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a Business Associate to administer claims or provide support services, such as utilization management, quality assessment, billing and collection or audit services, but only after the Business Associate enters into a Business Associate Agreement with the Plan.

Health-Related Benefits and Services We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health-related benefits and services that add value to, but are not part of, your health plan.

To Avert a Serious Threat to Health or Safety We may use and disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Military and Veterans If you are a member of the armed forces, we may release PHI about you if required by military command authorities.

Worker’s Compensation We may release PHI about you as necessary to comply with worker’s compensation or similar programs.

Public Health Risks We may release PHI about you for public health activities, such as to prevent or control disease, injury or disability, or to report child abuse, domestic violence, or disease or infection exposure.

Health Oversight Activities We may release PHI to help health agencies during audits, investigations or inspections.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We also may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- About a death we believe may be the result of criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

To Plan Sponsor We may disclose your PHI to certain employees of the Plan Sponsor (i.e., the Company) for the purpose of administering the Plan. These employees will only use or disclose your PHI as necessary to perform Plan administrative functions or as otherwise required by HIPAA.

Disclosure to Others We may use or disclose your PHI to your family members and friends who are involved in your care or the payment for your care. We may also disclose PHI to an individual who has legal authority to make health care decisions on your behalf.

REQUIRED DISCLOSURES

The following is a description of disclosures of your PHI the Plan is required to make:

As Required By Law We will disclose PHI about you when required to do so by federal, state or local law. For example, we may disclose PHI when required by a court order in a litigation proceeding, such as a malpractice action.

Government Audits The Plan is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with HIPAA.

Disclosures to You Upon your request, the Plan is required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits.

WRITTEN AUTHORIZATION

We will use or disclose your PHI only as described in this Notice. **It is not necessary for you to do anything to allow us to disclose your PHI as described here.** If you want us to use or disclose your PHI for another purpose, you must authorize us in writing to do so. For example, we may use your PHI for research purposes if you provide us with written authorization to do so. You may revoke your authorization in writing at any time. When we receive your revocation, it will be effective only for future uses and disclosures. It will not be effective for any PHI that we may have used or disclosed in reliance upon your written authorization. We will never sell your PHI or use it for marketing purposes without your express written authorization. We cannot condition treatment, payment, enrollment in a Health Plan, or eligibility for benefits on your agreement to sign an authorization.

ADDITIONAL INFORMATION REGARDING USES OR DISCLOSURES OF YOUR PHI

For additional information regarding the ways in which we are allowed or required to use or disclose your PHI, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

YOUR RIGHTS REGARDING PHI THAT WE MAINTAIN

You have the following rights regarding PHI we maintain about you:

Your Right to Inspect and Copy Your PHI You have the right to inspect and copy your PHI. You must submit your request in writing and if you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. A copy will be provided within 30 days of your request.

The Plan may deny your request to inspect and copy PHI in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed by submitting a written request to the Contact Person listed below.

Your Right to Amend Incorrect or Incomplete Information If you believe that the PHI the Plan has about you is incorrect or incomplete, you may request that we change your PHI by submitting a written request. You also must provide a reason for your request. We are not required to amend your PHI but if we deny your request, we will provide you with information about our denial and how you can disagree with the denial within 60 days of your request.

Your Right to Request Restrictions on Disclosures to Health Plans. Where applicable, you may request that restrictions be placed on disclosures of your PHI.

Your Right to an Accounting of Disclosures We Have Made You may request an accounting of disclosures of your PHI that we have made, except for disclosures we made to you or pursuant to your written authorization, or that were made for treatment, payment or health care operations. You must submit your request in writing. Your request may specify a time period of up to six years prior to the date of your request. We will provide one list of disclosures to you per 12-month period free of charge; we may charge you for additional lists.

Your Right to Request Restrictions on Uses and Disclosures You have the right to request restrictions or limitations on the way that we use or disclose PHI. You must submit a request for such restrictions in writing, including the information you wish to limit, the scope of the limitation and the persons to whom the limits apply. We may deny your request.

Your Right to Request Confidential Communications Through a Reasonable Alternative Means or at an Alternative Location You may request that we direct confidential communications to you in an alternative manner (i.e., by facsimile or e-mail). You must submit your request in writing. We are not required to agree to your request, however we will accommodate your request if doing otherwise would place you in any danger.

Your Right to a Paper Copy of This Notice

To obtain a paper copy of this Notice or a more detailed explanation of these rights, send us a written request at the address listed below. You may also obtain a copy of this Notice at one of our websites:

www.deltadentalmi.com,
www.deltadentaloh.com,
www.deltadentalin.com,
www.deltadentalar.com
www.deltadentalky.com,
www.deltadentalnc.com,
www.deltadentalnm.com,
www.deltadentaltn.com, or
www.renaissance dental.com.

Your Right to Appoint a Personal Representative

Upon receipt of appropriate documentation appointing an individual as your personal representative, medical power of attorney or legal guardian, that individual will be permitted to act on your behalf and make decisions regarding your healthcare.

CHANGES TO THIS NOTICE

We may amend this Notice of Privacy Practices at any time in the future and make the new Notice provisions effective for all PHI that we maintain. We will advise you of any significant changes to the Notice. We are required by law to comply with the current version of this Notice.

COMPLAINTS

If you believe your privacy rights or rights to notification in the event of a breach of your PHI have been violated, you may file a complaint with us or with the Office of Civil Rights. Complaints about this Notice or about how we handle your PHI should be submitted in writing to the Contact Person listed below.

A complaint to the Office of Civil Rights should be sent to Office of Civil Rights, U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, 1-877-696-6775. You also may visit OCR's website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> for more information.

You will not be penalized, or in any other way retaliated against for filing a complaint with us or the Office of Civil Rights.

SEND ALL WRITTEN REQUESTS REGARDING THIS PRIVACY NOTICE TO:

**Chief Privacy Officer
P.O. Box 30416
Lansing, MI 48909-7916
517-347-5451 (TTY users call 711)**

Delta Dental is a registered trademark of Delta Dental Plans Association



Delta Dental of Michigan

Claims, Pre-Treatment Estimates

P.O. Box 9085
Farmington Hills, MI 48333-9085

Inquiries, Review

P.O. Box 9089
Farmington Hills, MI 48333-9089
1-800-524-0149

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An Equal Opportunity Employer