

Delta Dental is required by law to notify our enrollees on a periodic basis about enterprise practices. Delta Dental has prepared the attached notices, which we published in our November issue of Word of Mouth. We ask that you distribute them to your covered employees within 30 days.

One of these notices is federally required:

- HIPAA Notice of Availability (NOA): As a HIPAA covered entity, we are required to remind enrollee how they can access or obtain Delta Dental's NPP. This reminder is called a Notice of Availability (NOA).

Several others are state required notices:

- Grievance Process: California regulations require health plans to inform its subscribers and enrollees upon enrollment and annually thereafter of the procedure for processing and resolving grievances. The information shall include the location and telephone number where grievances may be submitted.
  - Tissue and Organ Donations: California regulations require every health care service plan to provide, upon enrollment and annually thereafter, a notice to regarding organ donation options. This notice inform subscribers of the societal benefits of organ donations and the methods they can use to become an organ or tissue donor.
  - Language Assistance Program: Within California, these notices are vital documents and therefore we give recipients an opportunity to receive a translated copy of the notice in either Spanish or Chinese.
  - Dependent Age: Many states now require insurance carriers to allow eligible children to be enrolled as dependents until the age of 26, regardless of student or marital status.
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## HIPAA Notice of Availability

### Availability of Notice of Privacy Practices

Delta Dental and its affiliate companies would like to communicate the availability of its Notice of Privacy Practices. At any time, a copy of the current Notice of Privacy Practices may be obtained on our website at <https://www.deltadentalins.com/administrators/guidance/privacy-right-reminders.html> or by contacting us at:

Subscriber Services

P.O. Box 997330

Sacramento, CA 95899-7330

877-335-8273

### Language Assistance

**IMPORTANT:** Can you read this document? If not, we can have somebody help you read it. For free help, please call Delta Dental at 800-422-4234. You may also be able to receive this document in Spanish or Chinese.

**IMPORTANTE:** ¿Puede leer este documento? Si no, podemos ayudarle. Para obtener ayuda gratis, llame a Delta Dental at 800-422-4234. También puede recibir este documento en español o chino.

重要通知：您能讀這份文件嗎？如有問題，我們可請他人協助您。如需免費協助，請電 Delta Dental 800-422-4234。您也能取得這份文件的西班牙文或中文譯本。

## HIPAA Notice of Privacy Practices

Confidentiality of your health care information

**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 is required by law to tell you how Delta Dental and its affiliates ("Delta Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's health care history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We must follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to our administration of your benefits. However, we may change this notice and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. You may also request a copy of this notice anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program, and we will notify you of how you can receive a copy of this notice every three years.

### **Permitted uses and disclosures of your PHI**

We are permitted to use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or that sponsor for purposes of administering your benefits. We may disclose PHI to third party affiliates that perform services for Delta Dental in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to a third-party affiliate that performs services for Delta Dental in the administration of your benefits. These

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third-party affiliates have implemented privacy policies and procedures and comply with applicable federal and state law.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military and veterans activities, for workers' compensation purposes, and for use in creating summary information that can no longer be traced to you. Additionally, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum. We use administrative, technical, and physical safeguards to maintain the privacy of your PHI, and we must limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

### **Examples of uses and disclosures of your PHI for treatment, payment or health care operations**

Such activities may include but are not limited to: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Additional examples include the following.

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*
- Uses and/or disclosures of PHI for payment. *For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.*
- Uses and/or disclosures of PHI for health care operations. *For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

### **Disclosures without an authorization**

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate

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or determine our compliance with law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations

### Disclosures Delta Dental makes with your authorization

Delta Dental will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

### Your rights regarding PHI

#### **You have the right to request an inspection of and obtain a copy of your PHI.**

You may access your PHI by contacting the appropriate Delta Dental office. You must include (1) your name, address, telephone number and identification number and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or X-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact the privacy office as noted below if you have questions about access to your PHI.

#### **You have the right to request a restriction of your PHI.**

You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any

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limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**You have the right to correct or update your PHI.**

This means that you may request an amendment of PHI about you for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.**

We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to the privacy office as noted below.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**

This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact the privacy office as noted below if you would like to receive an accounting of disclosures or if you have questions about this right.

**You have the right to get this notice by e-mail.**

You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

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## Complaints

You may complain to us or to the U. S. Secretary of Health and Human Services if you believe that Delta Dental has violated your privacy rights. You may file a complaint with us by notifying the privacy office as noted below. We will not retaliate against you for filing a complaint.

## Contacts

You may contact the Privacy Department at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice.

### Subscriber Services

P.O. Box 997330  
Sacramento, CA 95899-7330  
(877) 335-8273

## Language Assistance

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## Delta Dental and its Affiliates

Delta Dental of California offers and administers fee-for-service dental programs for groups headquartered in the state of California. Delta Dental of New York offers and administers fee-for-service programs in New York.

Delta Dental of Pennsylvania and its affiliates offer and administer fee for-service dental programs in Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia. Delta Dental of Pennsylvania's affiliates are Delta Dental of Delaware; Delta Dental of the District of Columbia and Delta Dental of West Virginia.

Delta Dental Insurance Company offers and administers fee-for-service dental programs to groups headquartered or located in Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas and Utah and vision programs to groups headquartered in West Virginia.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Dentegra Insurance Company.

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## FOUR-STEP GRIEVANCE PROCESS

### Step 1: Talk to your provider

We urge you to communicate directly with your dentist if you are dissatisfied with the service he or she provided. We are confident that the dental office will welcome the opportunity to address your questions and concerns.

### Step 2: Call Delta Dental

If you are still dissatisfied after speaking with your dentist or have questions about your plan, please call Delta Dental Customer Service for assistance at 800-422-4234. A Customer Service representative can assist you Monday through Friday between 5 a.m. and 6 p.m., Pacific time. If Delta Dental's Customer Service Team is unable to resolve your concerns to your satisfaction, you may file a formal grievance.

### Step 3: How to file a formal grievance

- a. You may file a grievance with Delta Dental in several ways:
  - Online: You can complete a form online at:  
**[https://secure1.ddpdelta.org/ddpca\\_secure/pmi\\_grievance\\_Dental.asp](https://secure1.ddpdelta.org/ddpca_secure/pmi_grievance_Dental.asp)**.
  - In writing: Either by obtaining a form from Delta Dental's Customer Service department or from your provider.
  - Verbally: You may ask the Customer Service representative to take your grievance verbally over the phone.

You are not required to participate in the Plan's grievance process prior to applying to the California Department of Managed Health Care for review of your grievance (see Step 4).

- b. Information to Include: Please include your name, enrollee identification number and dentist. Provide detailed information about your concern. As pertinent, please include documentation, such as receipts or treatment records. We appreciate your written description of the concern so we may fully understand and respond to it.
- c. Written grievances may be faxed or mailed to Delta Dental:
  - Fax number: 562-924-6914
  - Mailing address:  
Quality Management Department  
P.O. Box 6050  
Artesia, CA 90702



- d. Next step: Delta Dental will send you a written determination within 30 days of receipt of your grievance. Submissions involving severe pain and/or imminent and serious threat to your health will be reviewed immediately and responded to within three days of receipt.

**Step 4:**

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 **800-422-4234** 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 an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet website <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions. IMR is generally not applicable to a dental plan, unless that dental plan covers services related to the practice of medicine or is offered pursuant to a contract with a health plan providing medical, surgical or hospital services.

Please keep this notice with your contract or Evidence of Coverage (EOC) booklet.

## Organ and Tissue Donation Language

### **Organ and tissue donation**

Donating organs and tissue provides many societal benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak with your physician. Organ donation begins at the hospital, when a patient is pronounced brain-dead and identified as a potential organ donor. An organ procurement organization will become involved to coordinate the activities.

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## Dependent Age Requirements (CA)

### **Dependent child eligibility change**

Dependent eligibility requirements are being modified to include coverage for eligible dependent children up to age 26 regardless of marital, residency or student status or financial dependency. This update will occur on your group's next renewal date following January 1, 2013, unless your employer has already implemented this change in response to health care reform under the Affordable Care Act.

\* Some plans have negotiated special eligibility arrangements with Delta Dental to provide for dependent coverage beyond age 26 under certain circumstances. If you are covered under a plan that covers dependent children older than age 26, that age is not changed; however, marital or student status and financial dependency requirements may apply after age 26. If you have questions regarding your group's specific dependent eligibility requirements, check with your plan administrator or human resources department.

Delta Dental Insurance Company  
Telephone: 800-521-2651

Delta Dental of California  
Telephone: 888-335-8227

Delta Dental Mid-Atlantic Region  
Delta Dental of Delaware, Inc.  
Delta Dental of the District of Columbia, Inc.  
Delta Dental of Pennsylvania (Maryland)  
Delta Dental of West Virginia  
Delta Dental of New York, Inc.  
Telephone: 800-932-0783