



# HEALTHY KIDS DENTAL

**MEMBER HANDBOOK  
OCTOBER 2018**



**Blue Cross  
Blue Shield  
of Michigan**

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association



## WELCOME TO THE MICHIGAN HEALTHY KIDS DENTAL PROGRAM

### What is the Healthy Kids Dental (HKD) program?

HKD is a Michigan Department of Health and Human Services program that is administered in part by Blue Cross Blue Shield of Michigan. Blue Cross has a large network of dentists to take care of your family's dental needs. We're here to help you or your child get the dental care needed to stay healthy.

### Assurance of Non-Discrimination

Blue Cross complies with applicable federal civil rights laws and doesn't discriminate on the basis of race, color, national origin, age, disability, medical condition (including physical and mental illness), claims, receipt of services, medical history, genetic information, sex, sexual orientation or religion.

### Interpretation and Translation Services

If you or your child need interpretation or translation services, call 1-800-936-0935. TTY users call 711. We can provide a translator over the phone. If you or your child have a hard time with hearing or speech, call 711.

You have the right to materials and information, including this handbook, in:

- Audio
- Braille
- Larger print
- Other languages

Call 1-800-936-0935, 8 a.m. to 5 p.m. Eastern Standard Time (EST), to request these materials or similar services and devices to help you understand the program or communicate with your providers. We will provide help to you at no cost.

## TABLE OF CONTENTS

Welcome to the Michigan Healthy Kids Dental Program .....	1
How to Use This Handbook .....	2
How to Contact Us .....	2
Choosing a Dentist .....	4
Coverage, Exclusions and Limitations .....	5
Transportation to Your Dental Appointment .....	7
Out-of-Network Care .....	8
Prior Authorization .....	8
Emergency and Urgent Services .....	8
How to Get the Most Value Out of Your Dental Plan .....	9
Complaints, Grievances and Appeals .....	9
Fair Hearing .....	12
Fraud, Waste, and Abuse .....	13
Prescription Drugs .....	15
Definitions .....	15
Dental Wellness .....	18
Your Information. Your Rights. Your Responsibilities .....	19
Notice of Privacy Practices .....	21
We Speak Your Language .....	29

## HOW TO USE THIS HANDBOOK

This handbook will tell you all about your family's dental program. It follows HKD program guidelines and can help you:

- Schedule appointments
- Learn about the dental benefits

Get phone numbers for more information

## HOW TO CONTACT US

If you or your child have questions about dental benefits, contact Blue Cross using any of the following methods.

### Phone

1-800-936-0935 (TTY: 711)

8 a.m. to 5 p.m. Eastern Standard Time (EST)

For urgent dental concerns regarding you or your child's health after 5 p.m., we can connect you to our Emergency Help Line for assistance. Call 1-800-936-0935 (TTY: 711).

Our customer service representatives are specially trained to explain dental treatments and the HKD's plan benefits. They can:

- Verify you or your child's eligibility for benefits
- Send you or your child an ID card replacement
- Explain your family's benefit plan
- Refer you or your child to a dental specialist

### Email

HealthyKidsDental@greatdentalplans.com

### Mailing address

Blue Cross Blue Shield of Michigan  
11100 W. Liberty Drive  
Milwaukee, WI 53224

### Website

bcbsm.com/healthykids



# TEXT SMILE TO 1-833-271-0459 TO RECEIVE DENTAL HEALTH UPDATES.

Blue Cross will send you information about you or your child's dental benefits and oral health tips. You can also call us if you have questions about your dental benefits at 1-800-936-0935 TDD/TTY 711.



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# CHOOSING A DENTIST

The dentist you choose can provide general dental care for your entire family. Blue Cross and your dentist will work together if you need help. You can find a dentist that speaks your language or get other help communicating with your dentist.

Your family's dentist will help keep your mouth and teeth healthy. He or she may work with specialists and other types of doctors if you need other health care.

You can also get dental care from these types of dental providers: Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Indian Health Care Providers (IHCs) (as applicable) and mobile dental facilities, and through the SEAL! services program.

To find a dentist that's right for your family:

- Call 1-800-936-0935. TTY users call 711.
- Visit [bcbsm.com/healthykids](https://bcbsm.com/healthykids) and select Find a Dentist.

The screenshot shows the DentaQuest 'Find a Dental Provider' search form. At the top, there are logos for DentaQuest and Blue Cross Blue Cross of Michigan. Below the logos, there's a 'Text Size' selector. The main heading is 'Find a Dental Provider'. A note says 'Please complete the following information to locate participating dental providers.' Below this, a note states 'Required fields are indicated with an asterisk (\*)'. The form is divided into sections: 'Plan', 'Your Location', 'Sorting, Distance and Number of Results', and 'Additional Search Criteria'. In the 'Plan' section, there are three radio buttons: 'Medicare Plus Blue PPO' (selected), 'BCN Advantage HMO', and 'BCBS Healthy Kids Medicaid'. The 'Your Location' section has a note: 'You may enter the city and state combination or just the zip code but not both.' It includes input fields for 'Address', 'City', 'State' (a dropdown menu), and 'Zip'. There's also an 'OR' section with a 'Zip' field. The 'Sorting, Distance and Number of Results' section has a 'Sort Results by distance' dropdown set to 'Distance'. Below it, there's a 'Maximum miles willing to travel' section with radio buttons for 05, 10, 15 (selected), 20, 30, 40, and 50. A note says: 'In some circumstances, if no results are found in the distance you selected, the search will automatically increase the distance until results are found up to a maximum of 100 miles.' Below this, there's a 'Number of Results' section with a dropdown set to 50 and a checkbox checked. The 'Additional Search Criteria' section has input fields for 'Dental Provider Last Name', 'Practice Name', 'Specialty' (a dropdown menu set to 'Any'), and 'Accepting New Patients' (a dropdown menu set to 'All'). At the bottom, there are 'Search' and 'Clear Form' buttons.

## Regular dental checkups

Call the dentist to schedule regular dental checkups. This will help develop good dental health habits. Remember to bring you or your child's ID card to the dentist's office.

## Canceling or changing dental appointments

If you or your child have to cancel a dental appointment, please call the dental office at least 24 hours in advance.

## What is the difference between a general dentist and a specialist?

A general dentist can perform most of the services you'll need. However, there are times when you or your child may need extra attention for services such as extractions and root canals.

Specialists receive additional training and concentrate only on providing specific services. For example, oral surgeons concentrate on extracting teeth; periodontists treat gums; and endodontists perform root canals.

## What if I need to see a specialist?

Blue Cross is contracted with dental specialists in all fields. If your general dentist determines that you or your child need to see a specialist, he or she can refer you to a Blue Cross HKD program specialist in your area. You can also call Blue Cross at 1-800-936-0935 TDD/TTY 711 if you or your child need to see a specialist.

# COVERAGE, EXCLUSIONS AND LIMITATIONS

Before obtaining services, verify that the services the dentist wishes to perform are covered under you or your child's plan. Your family's dentist can help you understand you or your child's benefits. All covered services are provided to you or your child at no charge. Your dentist will not send you a bill for covered services. However, the dentist may charge you for services that aren't covered under the plan. Some exclusions and limitations may also apply to certain services and benefits.

## Cost-Sharing and Co-Pays

You do not have to pay a co-pay or other costs for services covered by Blue Cross under the HKD program. You must also go to a dentist in Blue Cross' HKD network.



- Oral exams *(1 in 6 months)*  
NOTE: Children should have a first dental visit when the first tooth comes in, or by age 1. Then, your child should have a dental exam every 6 months.
- Screening
- Assessment *(1 in 6 months)*
- X-rays
  - Bitewing X-rays *(1 in 12 months)*
  - Full mouth or panoramic *(1 in 5 years after age 5)*
- Teeth cleaning *(1 in 6 months)*
- Fluoride treatment *(4 in 12 months under age 3; 1 in 6 months age 3 up to age 16)*
- Sealant *(1 in 3 years for 1st and 2nd permanent molars under age 16)*
- Space maintainers *(1 in 2 years per quadrant under age 14)*
- Filling of cavities
- Crowns
- Stainless steel crown *(prefabricated)*
- Sedative filling
- Crown buildup, including pins
- Root canals
- Extractions, simple and surgical
- Limited other oral surgery
- Emergency treatment of dental pain
- IV sedation *(when medically necessary)*
- Complete denture *(1 in 5 years)*
- Partial denture *(1 in 5 years)*
- Denture adjustments and repairs
- Denture rebase and reline *(1 in 2 years, not covered within 6 months of placement)*
- Temporary partial denture *(only to replace front teeth)*
- Re-cement crowns, bridges, space maintainers

If the dentist finds that you or your child needs services not listed above due to a health or oral health condition, those services may be covered if approved by Blue Cross.

Some of the services that are NOT covered are:

- Full mouth or panoramic X-rays under age 5
- Bridges, inlays and onlays
- Bite Splints, mouthguards, sports appliances
- Analgesia, inhalation of nitrous oxide
- Bite guards
- Removal of healthy third molars (wisdom teeth)
- Orthodontic services (such as braces)  
NOTE: If your child has certain medical or dental conditions, orthodontic services may be covered under the Children's Special Health Care Services (CSHCS) program. Contact your local health department regarding CSHCS eligibility.
- Implants
- Cosmetic dentistry
- Services covered under a hospital, surgical/medical or prescription drug program
- Treatment of TMJ (TMJ is a problem that can cause pain in your jaw joint and can also cause pain in the muscles that control jaw movement.)

Be sure to ask the dentist if a service is covered by the HKD program before the service is done. You must pay for services not covered by Blue Cross under the HKD program.

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## TRANSPORTATION TO YOUR DENTAL APPOINTMENT

You or your child can get a free ride to your dental appointment! Here's how you can schedule a ride to you or your child's dental appointment.

- Call LogistiCare Solutions at 866-569-1902 if you live in Wayne, Oakland, or Macomb counties
- Call your local MDHHS office if you live in any other county.

## OUT-OF-NETWORK CARE

### What if I go to an out-of-network dentist who doesn't accept the Blue Cross HKD program?

You'll have to pay for any out-of-network services not authorized by Blue Cross, except for emergency care. You should make sure the dentist is part of the Blue Cross HKD program network before you or your child get dental care.

If you are a new member and are currently receiving care from a dentist who is not in the Blue Cross HKD program network, please contact us at 1-800-936-0935, TTY 711 for assistance and information on how to keep getting services from your current dentist.

## PRIOR AUTHORIZATION

### What is prior authorization?

Some services need to be approved by Blue Cross before you or your child can get them. You or your child can only get the services that Blue Cross and HKD cover if they are medically necessary. The dentist can tell you which services require prior authorization. You can also call Blue Cross Customer Service at 1-800-936-0935, 8 a.m. to 5 p.m. Eastern Standard Time (EST). TTY users call 711.

The dentist has to submit the request for prior authorization. Blue Cross will notify the dentist and send you written notice of any decision to deny a service which requires prior authorization. Blue Cross has 14 days to respond to the prior authorization request.

## EMERGENCY AND URGENT SERVICES

Dental issues that need immediate attention to relieve pain are considered emergency services. This includes severe bleeding, infection or serious injury to the teeth, gums or jaw. Urgent services aren't as serious as emergency services, but should not wait until the next appointment.

If you have an urgent dental need, contact the dentist first. If you or your child don't have a dentist, or he or she is not available, call 1-800-936-0935 or visit [bcbssm.com/healthykids](https://www.bcbssm.com/healthykids) to find one. If it's after 5 p.m., we can connect you to our Emergency Help Line for assistance. If you or your

child is having a life threatening emergency, call 911.

Prior authorization isn't required for emergency services. You or your child have the right to use any provider, hospital or other setting for emergency dental services. If you have a dental emergency when you are outside the HKD service area, you don't need a prior authorization.

If you or your child have gone to the emergency room or a dentist outside of your area for an emergency, call your dentist for a follow-up appointment.

## HOW TO GET THE MOST VALUE OUT OF YOUR DENTAL PLAN

Here are a few things your family can do to get the most value from the dental plan:

- **Go to a dentist that is part of the Blue Cross HKD program network.** If you or your child see an out-of-network dentist, you may have to pay for the dental services.
- **Know your benefits.** You can call Blue Cross to find out what dental services you or your child have. You can also ask the dentist before you get services so you know what's covered. He or she can tell you if you'll have to pay for a service.
- **Get regular checkups and cleanings.** You and your child are eligible for a **FREE** dental checkup every six months. The dentist will be able to spot a problem with your teeth or mouth and help you treat it.

## COMPLAINTS, GRIEVANCES AND APPEALS

### What do I do if I have a problem?

You may have questions about your family's dental office or treatment you or your child has received. We encourage you to discuss these issues with the dentist first. If you can't resolve the issue, you can follow procedures we've established to resolve it in a timely manner.

Call toll free at 1-800-936-0935. TTY users call 711. Tell the representative about your issues or concerns. If we can't fix your problem within 24 hours,

we'll send your complaint to our Grievances and Appeals department for further review. Your complaint will be processed as a formal grievance.

### Complaints

We want to help. If you have a complaint:

- Call 1-800-936-0935. TTY users call 711.
- Write to us at:  
Blue Cross Blue Shield of Michigan  
Grievance and Appeals Department  
PO Box 2906  
Milwaukee, WI 53201-2906
- Fax: 262-834-3452

### Grievance process

A grievance is when you aren't happy with the service you or your child are getting or you feel your family hasn't been treated well. You can tell us verbally or in writing. You can give us more information at any time during the process. This can be done in person, on the phone or in writing. We'll review your grievance, then send you a letter. You also have the right to look at your case file and any other documents involved in the process.

- You can write a grievance letter or request a grievance form by calling Blue Cross at 1-800-936-0935. TTY users call 711.
- A Blue Cross customer service representative can help you complete the grievance form over the phone, or mail one to you within three business days.
- Mail or fax the letter or the form:  
Blue Cross Blue Shield of Michigan  
Grievance & Appeals Department  
PO Box 2906  
Milwaukee, WI 53201-2906
- Fax: 262-834-3452

Include you and your child's name, address, member number, your signature and the date. The grievance department will respond to the member in writing regarding the resolution within 90 days of receipt of the grievance.

The dentist, a friend or a family member can make a grievance for you as long as you approve it in writing. To select a person to act for you, Blue Cross needs:

- A letter with your child's name, member ID, telephone number, address and your signature telling us this person can act for you.
- Mail or fax the letter:  
Blue Cross Blue Shield of Michigan  
Grievance & Appeals Department  
PO Box 2906  
Milwaukee, WI 53201-2906
- Fax: 262-834-3452

### Appeals

What can I do if Blue Cross denies or limits a service for me or my child that the dentist has requested? Can I just ask for an appeal or does it have to be in writing? Your appeal must be filed within 60 days of receiving the notice that we are denying or limiting a service.

You can contact Blue Cross to ask for an appeal these ways:

- Call 1-800-936-0935. TTY users call 711. We'll send you a one-page appeal form that you, your child's dentist or someone else representing you can fill out and return to us. We can also provide other help that you may need to file the appeal.
- Mail or fax your appeal form:  
Blue Cross Blue Shield of Michigan  
Grievance & Appeals Department  
PO Box 2906  
Milwaukee, WI 53201-2906
- Fax: 262-834-3452

### Fast appeal

You can ask for a fast appeal if you or your provider think your health could be seriously harmed by waiting up to 30 calendar days for a decision. You or your provider must ask for a fast appeal within 10 days of the adverse benefit determination. We will give you a decision on a fast appeal within **72 hours** after we receive your request. If we do not approve your request for a fast appeal, we will make a decision in the normal timeframe.

## FAIR HEARING

### Can I ask for a State Fair Hearing?

If you don't agree with our decision, you have the right to further appeal. You have the right to an External Appeal. The External Appeal is reviewed by an independent organization that is not connected to us. You can file an External Appeal yourself.

You can make an external appeal two ways:

1. State Fair Hearing with the Michigan Administrative Hearing System (MAHS), and/or
2. External Review under the Patient Right to Independent Review Act (PRIIRA) with the Department of Insurance and Financial Services (DIFS).

You have 120 days to request a hearing after you've been notified in writing of the internal appeal decision. If you don't ask for a hearing within 120 days, you may lose the right to have it.

A State Fair Hearing request form should be mailed to you with the written notice of the appeal decision. Although you aren't required to use a form to request a hearing, all hearing requests must be in writing and signed by you or your representative. You can ask someone to represent you during the hearing. This person must be over 18 years old and have your written permission to act on your behalf.

Your request for a hearing should include:

- Your name, address and telephone number
- The name, address and telephone number of the person requesting the hearing, if that person isn't you
- The decision that you disagree with
- The type of service involved
- Your signature
- The signature of the person requesting the hearing, if that person isn't you

To ask for a hearing, you or your representative should send the request form or a letter to:

Michigan Administrative Hearing System  
Michigan Department of Health and Human Services  
P.O. Box 30763  
Lansing, MI 48909

Fax: 517-763-0146

In some cases, you can request to keep receiving covered benefits or services if you follow these time frames. However, you may have to pay for the services if the case is not decided in your favor.

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## FRAUD, WASTE AND ABUSE

Let us know if you think a doctor, dentist, pharmacist at a drug store, other healthcare provider, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, which is against the law, waste or abuse. For example, tell us if you think someone is:

- Getting paid for services covered by Blue Cross under the HKD program that weren't given or necessary
- Not telling the truth about a medical condition to get medical or dental treatment
- Letting someone else use a Blue Cross HKD program ID card
- Using someone else's HKD ID card
- Not telling the truth about the amount of money or resources he or she has to get benefits

Report fraud, waste and abuse in the following ways. You can remain anonymous.

- Write to:  
Michigan Department of Health and Human Services  
Office of Inspector General  
P.O. Box 30062  
Lansing, MI 48909
- Call:  
1-855-MIFRAUD (643-7283)
- Online:  
MDHHS-OIG@michigan.gov



You can also report fraud, waste or abuse directly to Blue Cross using the following methods:

- Call:
  - Fraud hotline: 1-800-237-9139
  - Anonymous hotline: 1-866-654-3433
- Mail:  
Blue Cross Blue Shield of Michigan  
PO Box 2906  
Milwaukee WI 53201
- Fax: 262-241-7366

To report fraud, waste or abuse, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
  - Name, address and phone number of provider
  - Name and address of the facility (hospital, nursing home, home health agency, etc.)
  - Medicaid number of the provider and facility, if you have it
  - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
  - Names and phone numbers of other witnesses who can help in the investigation
  - Dates of events
  - Summary of what happened
- When reporting about someone who gets benefits, include:
  - The person's name
  - The person's date of birth, Social Security number, or case number if you have it
  - The city where the person lives
  - Specific details about the fraud, waste or abuse

## PRESCRIPTION DRUGS

### How do I get prescription drugs the dentist has ordered for my child?

Prescriptions aren't covered under this dental program or by Blue Cross. Contact your health plan for assistance.

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## DEFINITIONS

**Abscess:** A localized inflammation due to a collection of pus in the bone or soft tissue, usually caused by an infection.

**Amalgam/Filling:** A silver filling used to fill holes in teeth caused by decay.

**Anesthesia:** A drug used by a dentist to put the mouth to sleep so the patient doesn't feel pain during dental procedures.

**Appeal:** An appeal is the action you can take if you do not agree with a coverage or payment decision made by your Dental Plan. You can appeal if your plan:

- Denies your request for:
  - A dental service
  - A dental appliance or device
- Reduces, limits or denies coverage of:
  - A dental service
  - A dental appliance or device
- Your plan stops providing or paying for all or part of:
  - A dental service
  - A dental appliance or device
- Does not provide timely dental services

**Biopsy:** To remove and examine tissue, cells or fluids from the living body.

**Cavity/Caries:** A hole in one of the teeth caused by decay.

**Composite/Filling:** White fillings used to fill holes in teeth caused by decay. Usually used in front teeth.

**Copayment:** An amount you are required to pay as your share of the cost for a dental service or supply. This may include:

- A dental visit
- A dental appliance or device

A copayment is usually a set amount. You might pay \$2 or \$4 for a dental visit.

**Crown:** Also called a cap, a false tooth made in a lab and used to restore a tooth that has heavy decay, a fracture or a root canal.

**Curettage:** A periodontal procedure where the gums are scraped below the gum line to remove bacteria.

**Dental Insurance:** Dental insurance is a type of coverage that pays for dental costs for people. It can pay the person back for costs from dental injury or treatment. It can also pay the provider directly. Dental insurance requires the payment of premiums (see premium) by the person getting the insurance.

**Dental Plan:** A plan that offers healthcare services to members who meet State eligibility rules. The State contracts with certain dental organizations to provide dental services for those who are eligible. The State pays the premium on behalf of the member.

**Dental Services:** Oral health services provided by a person licensed under state law to practice dentistry.

**Denture:** A lab-fabricated complete replacement of the upper or lower teeth.

**Emergency Dental Condition:** A dental injury or condition so serious that you would seek care right away to avoid harm.

**Emergency Room Care:** Care given for a dental emergency that requires dental treatment right away.

**Emergency Services:** Review of an emergency dental condition and treatment to keep the condition from getting worse.

**Excluded Services:** Dental services that your plan does not pay for or cover.

**Extraction:** Removal of a tooth.

**Fluoride:** Gel applied to the top of teeth after cleaning. Fluoride helps prevent tooth decay by stopping the breakdown of enamel.

**Gingivitis:** The inflammation of the gums caused by improper brushing which is the first sign of gum disease.

**Grievance:** A complaint that you let your plan know about. You may file a grievance if you have a problem calling the plan or if you're unhappy with the way a staff person or provider treated you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered or denied (see Appeal).

**Impacted tooth:** A tooth that needs assistance to break through the gums.

**Intraoral:** Inside your mouth.

**Medically Necessary:** Dental services or supplies that meet accepted standards of dental practices needed to diagnose or treat an oral health:

- Injury
- Condition
- Disease or
- Symptom

**Network:** Dental providers contracted by your plan to provide dental services. This includes:

- Dentists
- Dental Specialists

**Network Provider/Participating Provider:** A dental provider that has a contract with the dental plan as a provider of care.

**Non-participating provider/Out-of-Network provider:** A dental provider that **does not** have a contract with the dental plan as a provider of care.

**Out of Network:** A dentist that doesn't participate with Blue Cross HKD program network.

**Partial:** A lab-fabricated partial replacement of your upper or lower teeth.

**Periapical:** The area surrounding the root tip of a tooth.

**Plan:** A plan that offers dental services to members that pay a premium.

**Plaque:** A sticky, white film of bacteria that forms on teeth, causing tooth decay, swelling of the gums, periodontal disease and bad breath.

**Preauthorization:** Approval from a plan that is required before the plan pays for certain dental:

- Services
- Appliances or devices

This is also called prior authorization, prior approval or precertification. Your plan may require preauthorization for certain services before you receive them. This excludes an emergency.

**Prefabricated:** Made in a lab.

**Premium:** The amount paid for dental benefits every month. Dental Plan premiums are paid by the State on behalf of eligible members.

**Prophylaxis/Cleaning:** Cleaning, scaling and polishing procedure performed to remove plaque, tartar and stains from teeth above the gum line.

**Provider:** A person, place or group that's licensed to provide dental services like dentists.

**Pulp:** The blood vessels and nerves that are inside of a tooth.

**Pulpotomy:** Removal of the top portion of the pulp.

**Root canal:** Removal of the pulp inside a tooth due to heavy decay and/or fracture.

**Sealant:** Protective plastic coating that covers grooves in healthy teeth to stop decay.

**Space maintainer:** An appliance put in the mouth to stop drifting and crowding of teeth after a baby tooth is taken out.

**Specialist:** A licensed dental specialist that focuses on a specific area of dentistry or a group of patients to diagnose, manage, prevent or treat certain types of dental symptoms and conditions.

**Urgent Care:** Care for a dental injury or condition bad enough to seek care soon but not bad enough that it needs emergency room care. Urgent dental care can be treated with a quick dental appointment.

**X-rays/Radiographs:** A picture of teeth and gums that helps the dentist determine treatment; types of X-rays include bitewings and panoramic.

## DENTAL WELLNESS

Good oral health care is important for all members of your family. Your teeth and smile are the first things that people notice. But, many people think they don't need to visit the dentist unless they feel pain in their mouth.

Let us fill you in. A visit to the dentist can keep you or your child from getting cavities, gum disease and other problems. **In fact, most dental diseases are 100 percent preventable with regular care.**

EPSDT (Early Periodic Screening, Diagnosis and Treatment ) is Medicaid's health coverage for children and teens. Blue Cross provides EPSDT services for members under age 21. Examples of some of the dental services are:

- Exam and cleaning every 6 months
- X-rays
- Fluoride treatments and some dental sealants
- Fillings, extractions and other treatments as medically necessary

Make an appointment for a checkup with the dentist today. This is especially important if you or your child have medical conditions like diabetes or heart disease that impact your dental health, too.

The best part is **you can visit the dentist for FREE**. As an HKD member, you or your child are eligible for a free dental checkup every six months. Don't miss out.

Blue Cross can help you set up a dental visit. Call 1-800-936-0935. TTY users call 711.

We can help make going to the dentist easier.

For dental wellness tips for your whole family, visit [bcbsm.com/healthykids](https://www.bcbsm.com/healthykids).

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## YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

### What are my child's rights?

Members have the right to:

1. You have the right to receive HKD program services as provided under

state and federal rules.

2. You have the right to get accurate, easy-to-understand information to help you make good choices about you or your child's dentists and other providers.
3. You have the right to receive culturally competent care. If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. You can get help finding a dentist that speaks your language.
4. You have the right to know how you or your child's dentists are paid. You have the right to know if there are any provider incentives, such as pay-for-performance. You have the right to know how those payments work.
5. You have the right to know how Blue Cross decides if a service is covered and/or medically necessary. You have the right to know about the people in Blue Cross's office who decide those things.
6. You have the right to know the names of the dentists and other providers enrolled with Blue Cross and their addresses.
7. You have the right to pick from a list of dentists that is large enough so that your child can get the right kind of care when your child needs it.
8. You have the right to take part in all the choices about your child's dental care.
9. You have the right to speak for your child in all treatment choices.
10. You have the right to get a second opinion from another dentist enrolled with Blue Cross about what kind of treatment your child needs.
11. You can tell a provider or Blue Cross no if they are trying to make you do something you do not want to do. The provider or Blue Cross cannot punish you in any way or make you feel afraid for saying no.
12. You have the right to be treated fairly and with respect by Blue Cross, dentists and other providers.
13. You have the right to talk to your child's dentists and other providers in private, and to have your child's dental records kept private. You have the right to look over and copy your child's dental records and to ask for changes to those records.
14. You have a right to know that dentists, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment options. Your child's dental plan cannot stop them from giving you this information, even if the care or treatment is not a covered service.

15. You have a right to file a complaint or appeal. You can file a complaint if you are unhappy with your service or think you were treated unfairly. You can file an appeal if you disagree with a decision on the level or type of service you asked for. You cannot lose your benefit for filing a complaint or appeal. That's the law!

## Members Responsibilities

You and Blue Cross both have an interest in seeing your child's dental health improve. You can help by assuming these responsibilities:

1. You must try to follow healthy habits, such as encouraging your child to exercise, to stay away from tobacco, and to eat a healthy diet.
2. You must become involved in the dentist's decisions about your child's treatments.
3. You must work together with Blue Cross's dentists and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with Blue Cross, you must try first to resolve it using Blue Cross's complaint process.
5. You must learn about what Blue Cross does and does not cover. You must read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the dentist's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. You must report misuse by dental and health care providers, other HKD Program members, Blue Cross, or other dental or medical plans.

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## NOTICE OF PRIVACY PRACTICES

Few things are more precious and private than your health care information. At Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan, we have always applied strict confidentiality protections to your health, medical treatment and other information. It's a responsibility we take very seriously. Your trust is the core of our business.

The federal government enacted the Health Insurance Portability and Accountability Act, often called HIPAA, which grants health insurance plan members rights and safeguards against improper use and disclosure of their protected health information, or PHI.

On the following pages you will find our Notice of Privacy Practices. Please read it carefully. The Notice of Privacy Practices describes how we protect your PHI and how we can use your PHI to administer your health care coverage. This document applies to all Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan nongroup members – those with individual coverage – and members of underwritten groups. This notice does not require you to take any action to continue your coverage and receive benefits from your plan.

There are three key points you should know about how we handle PHI:

1. Most, but not all, disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI, require your authorization.
2. Any uses and disclosures of protected health information outside those outlined in the Notice of Privacy Practices will require your written authorization.
3. You always have the right to request that your protected health information be shared with individuals designated by you.

If you receive a second Notice of Privacy Practices directly from your employer or health plan sponsor, it may mean you are in a “self-funded” or “ASC” group. If this is the case, the employer or health plan sponsor’s notice will apply to you. Check with your employer if you are not sure whether you are a member of a selffunded or underwritten group.

For additional information on HIPAA and our Notice of Privacy Practices, please visit our Web site at [www.bcbsm.com](http://www.bcbsm.com).

Kelly Lange  
Privacy Official

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**Blue Cross® Blue Shield® of Michigan**  
**Blue Care Network of Michigan**  
**Blue Care of Michigan Inc.**  
**BCN Service Company**

### Notice of Privacy Practices

For members of our Nongroup and underwritten group plans including Medicare Advantage and Prescription Blue Options A and B

**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.**

### Affiliated Entities Covered by this Notice

This notice applies to the privacy practices of the following affiliated covered entities that may share your protected health information as needed for treatment, payment and health care operations.

- Blue Cross Blue Shield of Michigan
- Blue Care Network of Michigan
- Blue Care of Michigan Inc.
- BCN Service Company

### Our Commitment Regarding Your Protected Health Information

We understand the importance of your Protected Health Information (hereafter referred to as “PHI”) and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. Our policies cover protection of your PHI whether oral, written or electronic.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out (“disclosed”). We must follow the privacy practices described in this notice while it is in effect. This notice takes effect September 30, 2016, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will provide a revised notice to our subscribers.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, when you authorize disclosure to a third party, state laws require BCBSM to condition the disclosure on the recipient’s promise to obtain your written permission to disclose your PHI to someone else.

### Our Uses and Disclosures of Protected Health Information

We may use and disclose your PHI for the following purposes without your authorization:

- **To you and your personal representative:** We may disclose your PHI to you or to your personal representative (someone who has the legal



right to act for you).

- **For treatment:** We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. For example, we may disclose your PHI to health care providers in connection with disease and case management programs.
- **For payment:** We may use and disclose your PHI for our payment-related activities and those of health care providers and other health plans, including:
  - Obtaining premium payments and determining eligibility for benefits
  - Paying claims for health care services that are covered by your health plan
  - Responding to inquiries, appeals and grievances
  - Coordinating benefits with other insurance you may have
- **For health care operations:** We may use and disclose your PHI for our health care operations, including for example:
  - Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
  - Performing outcome assessments and health claims analyses
  - Preventing, detecting and investigating fraud and abuse
  - Underwriting, rating and reinsurance activities (although we are prohibited from using or disclosing any genetic information for underwriting purposes)
  - Coordinating case and disease management activities
  - Communicating with you about treatment alternatives or other health-related benefits and services
  - Performing business management and other general administrative activities, including systems management and customer service

We may also disclose your PHI to other providers and health plans who have a relationship with you for certain health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

- **To others involved in your care:** We may, under certain circumstances, disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. For example, we may discuss a claim decision with you in the presence of a friend or relative, unless you object.
- **When required by law:** We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of the Department of Health and Human Services and state regulatory authorities.
- **For matters in the public interest:** We may use or disclose your PHI without your written permission for matters in the public interest, including for example:
  - Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight
  - Reporting adult abuse, neglect or domestic violence
  - Reporting to organ procurement and tissue donation organizations
  - Averting a serious threat to the health or safety of others
- **For research:** We may use and disclose your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.
- **To communicate with you about health-related products and services:** We may use your PHI to communicate with you about health-related products and services that we provide or are included in your benefits plan. We may use your PHI to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees and add value to your benefits plan.

- **To our business associates:** From time to time, we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect

the privacy of your PHI. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

- **To group health plans and plan sponsors:** We participate in an organized health care arrangement with our underwritten group health plans. These plans, and the employers or other entities that sponsor them, receive PHI from us in the form of enrollment information (although we are prohibited from using or disclosing any genetic information for underwriting purposes). Certain plans and their sponsors may receive additional PHI from BCBSM and BCN. Whenever we disclose PHI to plans or their sponsors, they must follow applicable laws governing use and disclosure of your PHI including amending the plan documents for your group health plan to establish the limited uses and disclosures it may make of your PHI.

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Some uses and disclosures of your PHI require a signed authorization.

- **For marketing communications:** Uses and disclosures of your PHI for marketing communications will not be made without a signed authorization except where permitted by law.
- **Sale of PHI:** We will not sell your PHI without a signed authorization except where permitted by law.
- **Psychotherapy notes:** To the extent (if any) that we maintain or receive psychotherapy notes about you, disclosure of these notes will not be made without a signed authorization except where permitted by law.

**Any other use or disclosure of your protected health information, except as described in this Notice of Privacy Practices, will not be made without your signed authorization.**

### Disclosures You May Request

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form. To obtain the form, call the customer service number on the back of your membership card or call 1-313- 225-9000.

### Individual Rights

You have the following rights. To exercise these rights, you must make a written

request on our standard forms. To obtain the forms, call the customer service number on the back of your membership ID card or call 1-313-225-9000. These forms are also available online at [www.bcbsm.com](http://www.bcbsm.com).

- **Access:** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. You may request that these materials be provided to you in written form or, in certain circumstances, electronic form. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.
- **Disclosure accounting:** You have the right to an accounting of disclosures we, or our business associates, have made of your PHI in the six years prior to the date of your request. We are not required to account for disclosures we made before April 14, 2003, or disclosures to you, your personal representative or in accordance with your authorization or informal permission; for treatment, payment and health care operations activities; as part of a limited data set; incidental to an allowable disclosure; or for national security or intelligence purposes; or to law enforcement or correctional institutions regarding persons in lawful custody.

You are entitled to one free disclosure accounting every 12 months upon request. We reserve the right to charge you a reasonable fee for each additional disclosure accounting you request during the same 12-month period.

- **Restriction requests:** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.
- **Amendment:** You have the right to request that we amend your PHI in the set of records we described above under Access. If we deny your request, we will provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in our records.

If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.

- **Confidential communication:** We communicate decisions related to payment and benefits, which may contain PHI, to the subscriber. Individual members who believe that this practice may endanger them may request that we communicate with them using a reasonable alternative means or location. For example, an individual member may request that we send an Explanation of Benefits to a post office box instead of to the subscriber's address. To request confidential communications, call the customer service number on the back of your membership ID card or 1-313- 225-9000.
- **Breach notification:** In the event of a breach of your unsecured PHI, we will provide you with notification of such a breach as required by law or where we otherwise deem appropriate.

## Questions and Complaints

If you want more information about our privacy practices, or a written copy of this notice, please contact us at:

**Blue Cross Blue Shield of Michigan**  
600 E. Lafayette Blvd., MC 1302  
Detroit, MI 48226-2998  
Attn: Privacy and Security Official  
Telephone: 1-313- 225-9000

For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at [www.bcbsm.com](http://www.bcbsm.com).

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, call us at 1-800- 552-8278. You also may complete our Privacy Complaint form online at [www.bcbsm.com](http://www.bcbsm.com).

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not retaliate in any way if you file a complaint with us or with the U.S. Department of Health and Human Services.

## WE SPEAK YOUR LANGUAGE

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعد به حاجة لمساعدة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話。

ਕੇ ਆਪਣੇ, ਜੇ ਕੋਈ ਆਪਣੇ ਸਹਾਇਤਾ ਲਈ ਸਹਾਇਤਾ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਉਹਨਾਂ ਨੂੰ ਆਪਣੇ ਭਾਸ਼ਣ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਜ਼ਰੂਰਤ ਹੈ। ਆਪਣੇ ਭਾਸ਼ਣ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਜ਼ਰੂਰਤ ਹੈ। ਆਪਣੇ ਭਾਸ਼ਣ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਜ਼ਰੂਰਤ ਹੈ।

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta.

### Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator  
600 E. Lafayette Blvd., MC 1302  
Detroit, MI 48226

**Phone:** 888-605-6461, TTY: 711,

**Fax:** 866-559-0578,

**Email:** [CivilRights@bcbsm.com](mailto:CivilRights@bcbsm.com).

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at:

U.S. Department of Health & Human Services  
200 Independence Ave  
S.W., Washington, D.C. 20201

**Phone:** 800-368-1019, TTD: 800-537-7697,

**Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

**11100 W. Liberty Drive  
Milwaukee, WI 53224**

Inventory number: DQ1225 (8.18) HB/EN