

FOUR-STEP GRIEVANCE PROCESS IMPORTANT PRIVACY CHOICES FOR CALIFORNIA CONSUMERS (For Delta Dental of California Plans)

Step 1: Talk to your provider

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

Step 2: Call Delta Dental

If you are still dissatisfied after speaking with your dental or eye care provider, or have questions about your plan and claims payment, please call Customer Service for assistance. A Customer Service representative will assist you Monday through Friday between 5 a.m. and 6 p.m., Pacific time. If the 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

You may file a grievance in several ways:

- Online: You can complete a form online at:
 - Delta Dental of California
https://secure1.ddpdelta.org/ddpca_secure/%21complaint.asp
 - DeltaCare® USA
https://secure1.ddpdelta.org/ddpca_secure/pmi_grievance_Dental.asp
 - DeltaVision
https://secure1.ddpdelta.org/ddpca_secure/pmi_grievance_Vision.asp
- In writing: You can obtain a form from the Customer Service representative or from your provider.
- Verbally: You may ask the Customer Service representative to take your grievance over the phone.

You may also submit your grievance to the California Department of Managed Health Care (DMHC) (see Step 4) and you may do so without first following Delta Dental's grievance process.

Include the following information with your grievance:

- Your name and enrollee identification number
- Your dentist or eye care provider's name
- A detailed written description of your concern so that we may fully understand and respond to it. Include documentation, such as receipts or treatment records that will help or support your concern.

Fax or mail your written grievance to Delta Dental:

Delta Dental of California
Quality Management
P.O. Box 997330
Sacramento, CA 95899-7330
Customer Service: 888-335-8227
Fax Number: 916-631-6374

DeltaCare USA/ DeltaVision
Quality Management
P.O. Box 6050
Artesia, CA 90702
Customer Service: 800-422-4234
Fax Number: 562-924-6914

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 DMHC is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan and use your health plan's grievance process before contacting the California DMHC. 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 California DMHC 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 California DMHC 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 online.

Independent Medical Review (IMR) has limited application to your dental program. You may request IMR only if your dentist claim concerns a life-threatening or seriously debilitating condition(s) and is denied or modified because it was deemed an experimental procedure.

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

Language Assistance

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Delta Dental ID card, or 1-866-530-9675.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Delta Dental o al 1-866-530-9675. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的Delta Dental ID卡背面上的會員/客戶服務部的電話，或者撥打電話1-866-530-9675。(Chinese)