

Dentegra as Receiving Carrier Continuity of Dental Care Notice for Maryland Enrollees

You are receiving this notice because you are a new enrollee and may be moving from another company's dental plan to Dentegra coverage. If you are currently receiving treatment, you have special rights in Maryland.

For example, if your old dental plan gave you pre-approval to have periodontal services or to receive other services, you may not need to receive a new approval from us to proceed with those services or to continue receiving the same services. Also, if you are seeing a dentist or other dental care provider who is an in-network provider with your dental plan, and that provider is not an in-network Dentegra provider, you may continue to see your provider for a limited period of time as though the provider were an in-network provider with us.

The rules on how you can qualify for these special rights are described below.

Prior approval for dental services.

- If you were previously covered under another company's dental plan and received a prior approval for services (also called "preauthorization") from that plan, you may submit that preauthorization to satisfy Delta Dental's prior approval requirement for covered services under your Dentegra plan.
- **To use your prior plan's pretreatment authorization under your new Dentegra plan, you must contact our customer service number at 877-280-4204 to let us know that you have a prior approval for the services and send us a copy of the prior approval.** Your parent, guardian, designee or dental care provider may also contact us on your behalf.
- There is a time limit for how long you can rely on the prior approval. Your prior approval for services is limited to 90 days or until the course of treatment is completed, whichever occurs first.
- The 90-day limit is measured from the date your coverage starts under the new plan.
- ***Limitation on Use of Prior Approvals:*** If your prior approval was for benefits or services provided through the Maryland Medical Assistance fee-for-service program, you may not use the prior approval unless it is for dental benefits authorized by a third-party administrator.
- If you do not have a copy of the prior approval, contact your old dental plan and request a copy. Under Maryland law, your old dental Plan must provide a copy of the prior approval within 10 days of your request.

Right to use Out-of-network providers.

- If you have been receiving services from a dental provider who was an in-network provider with your old dental plan, and that provider is an out-of-network provider under your new Dentegra plan, you may be able to continue to see your provider as though the provider were a Dentegra network provider. You, or someone acting on your behalf, must contact our Customer Service department to request the right to continue to see the outof-network provider as if the provider were a Dentegra network provider.



- This right applies only if you are receiving covered services by the out-of-network provider for one or more of the following types of conditions:
 1. Acute dental conditions;
 2. Serious dental chronic conditions;
 3. Any other condition upon which we and the out-of-network provider agrees.

Limitation: With regard to dental benefits, the special rights described in this notice apply only to covered services for which a coordinated treatment plan and prior approval has been received, and is in progress.

Appeal Rights:

- If we deny your right to use a prior approval from your old dental plan or to continue to see you old provider for this specific treatment, you may appeal this denial by contacting us at **877-280-4204**.
- If we deny your appeal, you may file a complaint with the Maryland Insurance Administration. To receive a complaint form from the Maryland Insurance Administration, call **1-800-492-6116**, select option 3, then option 2 or download a complaint form from the Maryland Insurance Administration's website at **mdinsurance.state.md.us**.

If you have any questions about this notice, please contact us at **877-280-4204**.