



March 2023

# Updates to your dental benefits

Refer to this flyer for updated information about your dental benefits. For more information, visit <u>mibluecrosscomplete.com/dental</u>. Or call Dental Customer Service at **1-844-320-8465**, 9 a.m. to 5 p.m., Monday through Friday. TTY users, call **711**.

As of April 2023, a new dental benefit is available to adults ages 21 and older who have Medicaid coverage, including Healthy Michigan Plan members, ages 19 and older.

Blue Cross Complete covers dental care, including dental exams, cleanings and extractions for members. You should visit the dentist every six months, even if you don't notice any problems or you no longer have your natural teeth. Your dentist will clean your teeth and can point out any concerns they notice.

#### What other dental benefits do I have?

Your dental benefits also include:

- Four bitewing X-rays every year
- Full-mouth X-rays once every five years
- One filling per tooth every two years
- Emergency exams, no more than twice a month
- Sealants, once every three years
- Topical fluoride up to age 21, twice a year
- Fluoride varnish up to age 21, twice a year
- Crowns, once every five years on the same tooth
- Root canal therapy
- Retreatment of previous root canal, once per tooth per lifetime
- Periodontal evaluation, once every 12 months
- Periodontal maintenance, once every six months
- Complete and partial dentures, once every five years per arch

Periodontal services, including scaling and root planing, require the dentist to submit a prior authorization request to Blue Cross Complete. Blue Cross Complete will send written notice to the dentist and to the member if the requested treatment is denied.

#### Children and adolescents

For members younger than 21 with traditional Medicaid coverage, dental benefits are still provided through Healthy Kids Dental. Healthy Kids Dental coverage lasts through the end of the month of the 21<sup>st</sup> birthday. If a Medicaid member joins Healthy Michigan Plan at age 19 or 20, their dental coverage will shift from Healthy Kids Dental to Healthy Michigan Plan. Members can visit <a href="https://healthykidsdental.org">healthykidsdental.org</a> to learn more.



# Nondiscrimination Notice and Language Services

## Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554 (TDD/TTY: 1-888-987-5832).** 

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

 Blue Cross Complete of Michigan Member Grievances

P.O. Box 41789 North Charleston, SC 29423 **1-800-228-8554** 

(TDD/TTY: 1-888-987-5832)

If you need help filing a grievance,
Blue Cross Complete of Michigan
Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at

**ocrportal.hhs.gov/ocr/portal/lobby.jsf**, by mail or phone at:

# U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019

(TDD/TTY: 1-800-537-7697)

Complaint forms are available at: **hhs.gov/ocr/office/file/index.html**.

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# Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call 1-800-228-8554 (TTY: 1-888-987-5832).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832)**.

#### **Arabic:**

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 8554-858-1-800 (TTY: 1-888-987-5832).

Chinese Mandarin: 注意: 如果您说中文普通话/国语,我们可为您提供免费语言援助服务。请致电: 1-800-228-8554 (TTY: 1-888-987-5832)。

**Chinese Cantonese:** 注意:如果您使用粵語,您可以免費獲得語言援助服務。請致電 **1-800-228-8554 (TTY: 1-888-987-5832)**。

### **Syriac:**

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-228-8554 (TTY: 1-888-987-5832).

**Albanian:** VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554 (TTY: 1-888-987-5832)**.

BCC.DISC002.20171127 COM-11REV101116 Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-228-8554 (TTY: 1-888-987-5832) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলায় কথা বলেন, ভাষলে নিঃথরচায় ভাষা সহায়তা পেতে পারেন। 1-800-228-8554 (TTY: 1-888-987-5832) নম্বরে ফোন করুন।

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554 (TTY: 1-888-987-5832)**.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554 (TTY: 1-888-987-5832)**.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554 (TTY: 1-888-987-5832)**.

Japanese: 注意事項: 日本語を話される場合、 無料の通訳サービスをご利用いただけます。 1-800-228-8554 (TTY: 1-888-987-5832) まで、お電話にてご連絡ください。

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554** (**TTY: 1-888-987-5832**).

**Serbo-Croatian:** PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554 (TTY: 1-888-987-5832)**.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554** (**TTY: 1-888-987-5832**).

