



# DELTA DENTAL OF IOWA MOLINA MEDICARE COMPLETE CARE DUAL SPECIAL NEEDS PLAN (D-SNP) MEMBER HANDBOOK

SI TIENE ALGUNA PREGUNTA O LE GUSATRIA OBTENER UNA COPIA GRATIUTA DE ESTE MANUA EN ESPANOL, COMUNIQUEST CON DELTA DENTAL OF IOWA AL 1-888-300-9186.

FORM NUMBER: DSNP01012026





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## Notice of Nondiscrimination and Accessibility

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Iowa does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Iowa:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free 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 Member and Provider Services at 1-888-300-9186.

If you believe Delta Dental of Iowa 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 discrimination complaint with:

Delta Dental of Iowa  
Head of Compliance  
9000 Northpark Drive  
Johnston IA 50131  
1-515-261-5500

Hearing Impaired Toll Free:  
1-888-287-7312  
Fax: 515-875-4163  
Email:  
compliance@deltadentalia.com

You can file a discrimination complaint by mail, fax, or email. If you need help filing the complaint, the Director of Compliance is available to help you at the contact information listed above.

You can also file a civil rights complaint with the U.S. Department of Health and 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 or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509 F, HHH Building Washington, D.C. 20201  
1-800-368-1019  
1-800-537-7697 (TDD)



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Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.



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## 1 Welcome

### A Special Note from Delta Dental of Iowa

Welcome to Delta Dental of Iowa! Taking care of your teeth is important for your health. Delta Dental's goal is to give you access to quality dental care, and your Molina Medicare Complete Care (HMO D-SNP) Dual Special Needs Plan benefits will help you keep your teeth healthy. Delta Dental has over 50 years of experience and is the largest dental insurance company in Iowa.

The Molina Medicare Complete Care is for adults enrolled in the Medicaid program. This handbook explains the following:

- Dental plan benefits
- How to use your benefits
- Your rights and responsibilities

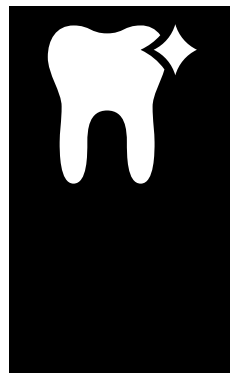
It also helps to answer some questions people often ask. This handbook uses some terms you should understand:

- You, Your, Member -- Refers to a person enrolled in the Molina Medicare Complete Care
- We, Us, Our -- Refers to Delta Dental of Iowa.
- Dentist -- Refers to the dentist you pick to provide services to you.
- D-SNP Network Dentist -- Refers to a dentist who has signed an agreement with Delta Dental to provide services to you.

This handbook will help you understand how your benefits works. Please read it before you call your dentist. Please keep it for future use.



## 2 Important Contact Information



### 2.1 Delta Dental of Iowa Member Services

Call this number with questions about your benefits or if you need help finding a dentist.

- Phone: (888) 300-9186 (TTY: 711)
- Email: MAMembers@deltadentalia.com
- Hours: Monday to Friday 7:30 AM - 6:00 PM
- You can also contact Molina Healthcare customer service center Monday to Friday, 8 a.m. to 8 p.m. local time if you have questions.

### 2.2 Helpful Molina Healthcare Contact Information

#### Molina Healthcare Member Services

You can contact Molina Healthcare if you have questions about other parts of your D-SNP, or your enrollment with Molina Medicare Complete Care (HMO D-SNP).

- Phone: (833) 779-1510 (TTY: 711)
- Hours: Monday to Friday, 8 a.m. to 8 p.m. local time

#### Molina Healthcare 24/7 Nurse Advice Line

Call this number if you are experiencing symptoms or need healthcare information.

- Advice Line in English: (844) 236-2096 (TTY: 711)
- Advice Line in Spanish: (844) 236-2096 (TTY: 711)
- Hours: Available 24/7

## 3 Your ID Cards

Your Molina Medicare Complete Care ID card will be mailed to you by Molina Healthcare. You will not get a separate ID card from Delta Dental. This ID card has very important information about your D-SNP benefits. You should bring this card with you to all of your dental appointments. Your ID card will look like this:



|                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Molina Medicare Complete Care (HMO D-SNP)</b>                                                                                    |  | <b>Medicare</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Member:</b> Madelene N Vining<br><b>Member #:</b> 8300737086507<br><br><b>PCP:</b> Sigrid Vest<br><b>PCP Tel:</b> (847) 400-1373 |  | <b>Member Services:</b> (833) 779-1510 or TTY: 711<br>24-Hour Nurse Advice Line in English: (844) 236-2096 or TTY: 711<br>24-Hour Nurse Advice Line in Spanish: (844) 236-2096<br><b>Care Connections:</b> (844) 491-4763 (TTY: 711)<br><b>Vision:</b> (855) 492-9028 <b>Delta Dental of Iowa:</b> (888) 300-9186<br><b>Providers/Hospitals:</b> For prior authorization, eligibility and general information, please call Member Services (see above).<br><br><b>Submit Claims To:</b> PO Box 22811, Long Beach, CA 90801<br><b>Medical/Hospital:</b> Please call Member Services (see above).<br><b>Pharmacy:</b> 7050 Union Park Center, Suite 600, Midvale, UT 84047<br>Please call Member Services (see above). |
| <b>Issued Date:</b> 08/26/2025<br><br>H1799-004                                                                                     |  | <b>MedicareRx</b><br><small>Prescription Drug Coverage</small><br><br><b>RxBIN:</b> 028272<br><b>RxPCN:</b> MOHMCARE<br><b>RxGRP:</b> RX51DW<br><b>RxD:</b> 8300737086507<br><br><a href="http://MyMolina.com">MyMolina.com</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

Only you can use your ID Card for services. If someone else uses your ID card to get services, that person may be charged for the services. Letting someone else use your ID card is considered fraud and can be punishable by law.

### 3.1 How to Replace a Lost ID Card

If you did not get your ID card in the mail or if you have to replace it, please call Molina Healthcare Member Services at (833) 779-1510 (TTY: 711). They are available Monday through Friday from 8am to 8pm local time. They will help you get a new ID card.

## 4 Covered Benefits and Services

The benefit year for D-SNP is January 1 to December 31. You have access to the following dental benefits when you are enrolled with Molina Medicare Complete Care.

There is no cost sharing amount when you see a dentist who is a D-SNP Network Dentist. You are responsible for 100% of the costs when you see a dentist who is not a D-SNP Network dentist. Please call Delta Dental Member Services at 1-888-300-9186 if you would like to check if your dentist is a D-SNP Network Dentist.



**Please note:** Delta Dental or Molina Healthcare will let you know in writing when there are changes in your covered benefits and services.

### Diagnostic and Preventive Dental Services

Diagnostic and preventive services do not go toward your annual benefit maximum (ABM). You do not need to get a prior authorization for any of these services.

| Service | Coverage Limits | In-Network You Pay | Out-of-Network You Pay |
|---------|-----------------|--------------------|------------------------|
|         |                 |                    |                        |



|                              |                                                         |    |      |
|------------------------------|---------------------------------------------------------|----|------|
| Oral Exams                   | Up to 2 per calendar year – this includes limited exams | 0% | 100% |
| Dental Cleanings             | Up to 2 per calendar year                               | 0% | 100% |
| Fluoride Treatments          | Up to 2 per calendar year                               | 0% | 100% |
| Bitewing X-rays              | Up to 4 per calendar year                               | 0% | 100% |
| Individual Tooth X-rays      | Up to 6 per calendar year                               | 0% | 100% |
| Full Mouth / Panoramic X-ray | 1 every 5 calendar years                                | 0% | 100% |
| Advanced Single-Tooth X-ray  | 1 per calendar year                                     | 0% | 100% |

#### 4.1 Periodontal Services

These services may go toward your ABM. You do not need to get prior authorization for any of these services.

| Service                                | Coverage Limits                    | In-Network You Pay | Out-of-Network You Pay |
|----------------------------------------|------------------------------------|--------------------|------------------------|
| Deep Cleaning (Scaling & Root Planing) | 4 quadrants every 2 calendar years | 0%                 | 100%                   |
| Periodontal Debridement                | 1 per calendar year                | 0%                 | 100%                   |
| Periodontal Maintenance Cleanings      | Up to 2 per calendar year          | 0%                 | 100%                   |

#### 4.2 Restorative Services

These services may go toward your ABM. You do not need to get prior authorization for any of these services.

| Service | Coverage Limits | In-Network You Pay | Out-of-Network You Pay |
|---------|-----------------|--------------------|------------------------|
|---------|-----------------|--------------------|------------------------|



|                                 |                                                       |    |      |
|---------------------------------|-------------------------------------------------------|----|------|
| Fillings                        | Up to 6 per calendar year                             | 0% | 100% |
| Crowns                          | Up to 2 per calendar year (1 per tooth every 5 years) | 0% | 100% |
| Crown Reinforcement / Retention | Up to 2 per calendar year                             | 0% | 100% |
| Crown Repairs                   | Up to 2 per calendar year                             | 0% | 100% |
| Major Crown Repair (per tooth)  | 1 every 5 calendar years                              | 0% | 100% |

### Extractions and Surgical Care

These services may go toward your ABM. Your dentist may need to get prior authorization on these services.

| Service                         | Coverage Limits           | In-Network You Pay | Out-of-Network You Pay |
|---------------------------------|---------------------------|--------------------|------------------------|
| Simple Tooth Extractions        | Up to 8 per calendar year | 0%                 | 100%                   |
| Surgical Extractions            | Up to 3 per calendar year | 0%                 | 100%                   |
| Incision and Drainage (Abscess) | 1 per tooth per lifetime  | 0%                 | 100%                   |

### Endodontic Services

These services may go toward your ABM. Your dentist may need to get prior authorization on these services.

| Service            | Coverage Limits               | In-Network You Pay | Out-of-Network You Pay |
|--------------------|-------------------------------|--------------------|------------------------|
| Root Canal Therapy | 1 per tooth per calendar year | 0%                 | 100%                   |

### 4.3 Dentures and Prosthodontics

These services may go toward your ABM. Your dentist may need to get prior authorization on these services.



| Service                                | Coverage Limits                                        | In-Network You Pay | Out-of-Network You Pay |
|----------------------------------------|--------------------------------------------------------|--------------------|------------------------|
| Dentures (Full, Partial, or Immediate) | 1 set every 3 calendar years (subject to plan maximum) | 0%                 | 100%                   |
| Denture Repairs and Adjustments        | Up to 4 per calendar year                              | 0%                 | 100%                   |

#### 4.4 Emergency Care and Anesthesia

These services may go toward your ABM. Your dentist may need to get prior authorization on these services.

| Service                                           | Coverage Limits                               | In-Network You Pay | Out-of-Network You Pay |
|---------------------------------------------------|-----------------------------------------------|--------------------|------------------------|
| Emergency Pain Relief Treatment – minor procedure | Up to 4 per calendar year – this covers D9111 | 0%                 | 100%                   |
| Deep or IV Sedation                               | Covered when performed with oral surgery      | 0%                 | 100%                   |

#### 4.5 Annual Benefit Maximum

Many health and dental plans have an annual benefit maximum (ABM). The ABM for your D-SNP dental benefits is \$4,000 per benefit year. This is the maximum dollar amount your Molina Medicare Complete Care will pay toward the cost of dental care during the benefit year January 1-December 31. You may be responsible for paying the costs that go above your ABM.

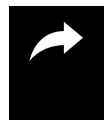
Preventive and diagnostic services do not go toward your ABM. This includes your dental cleanings, exams, fluoride, and x-rays.

If you have reached your \$4,000 Annual Benefit Maximum and the services are not in the excluded list, you may be responsible for paying for the service.



## 5 Services Not Covered

The list below shows some of the services that are never covered by Molina Medicare Complete Care dental benefits. You can agree with your dentist in writing to have these services done. If you have these services, you are responsible for paying your dentist.



**Please note:** Even if a service is not listed below, it may not be covered under this plan. If you are unsure if a service is covered, please call us toll-free at 1-888-472- 2793.

The plan **does not pay** for the following:

- **Work-related injuries or illnesses** that are covered by workers' compensation or employer liability laws, or services provided free by a government agency (unless required by law).
- **Cosmetic dental procedures** done only to improve appearance.
- **Jaw or facial prosthetics** (devices for the jaw or face).
- **Temporary or provisional dental work.** These are included in the cost of the final treatment and are not paid separately.
- **Birth-related or developmental conditions**, such as cleft palate, jaw irregularities, missing teeth from birth, enamel defects, or tooth discoloration caused by fluoride.
- **Treatment for tooth wear or bite problems**, including services to stabilize teeth, rebuild worn teeth, adjust the bite, splint teeth, or treat tooth wear caused by grinding or alignment issues. This includes night guards or bite adjustments.
- **Any treatment you got before your coverage start date.**
- **Prescription drugs and medications**, including pain relievers, antibiotics, or experimental treatments.
- **Most anesthesia charges**, except general anesthesia or IV sedation used with covered oral surgery or certain surgical gum or root canal treatments. Local anesthesia is included in the procedure and not paid separately.
- **Tissue grafts taken from outside the mouth.**



- **Temporary or interim implants**, and certain specialized implant procedures inside the tooth.
- **Lab-made inlays or onlays**. These are dental restorations that are custom made in a lab.
- **Hospital or facility charges**, including extra dentist fees for treatments done in those settings.
- **Services provided by anyone who is not a dentist** or legally allowed to work under a dentist's direct supervision.
- **Oral hygiene education and preventive programs**. This includes someone showing you how to brush your teeth, plaque control, diet counseling, duplicate X-rays, oral cancer screenings, or tobacco counseling.
- **Deductibles**, charges over the plan's annual maximum, or services not covered by the plan.
- **Covered services that exceed plan limits** or do not follow the plan's rules at the time the claim is processed.
- **Orthodontic treatment (braces)** unless specifically covered in the orthodontic benefits section.
- **Treatment for jaw joint (TMJ) problems**, unless specifically covered in the TMJ benefits section.
- **Dental implants and implant-related services**, including placement, removal, or repairs.
- **Any service not listed** in the Schedule of Benefits.
- **Missed or cancelled appointments**. Some dental offices may charge a fee if you miss your appointment. Please ask your dentist's office for their missed and cancelled appointment policy.

## 6 Going to the Dentist

### 6.1 Picking Your Dentist

To find a Molina Medicare Complete Care Network dentist visit our website at: [www.deltadentalia.com/medicareadvantage/molina](http://www.deltadentalia.com/medicareadvantage/molina).



The online dentist search will help you find a dentist near you. You can also search for specialists (for example: oral surgeons). It can also tell you things about each dentist, such as their office hours, if they are accepting new patients, or languages spoken in the office.

We recommend you visit a dentist that is part of the D-SNP Network or you may have to pay for your dental services. If you need help finding a dentist in the network or have questions, call us toll-free at 1-888-300-9186.

### **6.1.1 What If I Choose a Dentist Who is Not in the Network?**

If you choose to see a dentist that is not part of the D-SNP Network, you may have to pay for any services provided by the dentist. An out of network dentist is not required to bill your insurance for services, even in an emergency. Please call us at 1-888-300-9186 for help if you are having an emergency and need help finding a dentist.

### **6.1.2 How do I Find a Specialist?**

For some dental services, your dentist or medical doctor may recommend you see a specialist. Specialists in dentistry include oral surgeons, periodontists, orthodontists, and prosthodontists (see the Glossary of Terms at the end of this Handbook for information about what each specialist does). You can find a specialist by visiting [www.deltadentalia.com/medicareadvantage/molina](http://www.deltadentalia.com/medicareadvantage/molina) and searching by the specialty you need.

You may see any specialist in the D-SNP Network. You do not need to contact Delta Dental before seeing a D-SNP Network specialist. Some specialists may require a referral and records from a dentist or doctor to make an appointment. You are responsible for making sure the referral and needed records are sent to the specialist. It is normal for specialists to have longer wait times or a wait list to get an appointment.

Please call us toll-free at 1-888-300-9186 if you need help finding a specialist or getting a referral and records.

### **6.1.3 What if my Dentist Leaves the Network?**

If the dentist you are seeing leaves the D-SNP Network, we will send you a letter in the mail to let you know. We will also send you information on how to pick a new dentist.

### **6.1.4 What if I Want to see a Different Dentist?**

You may see any D-SNP Network dentist or specialist that you choose. You do not need to contact us to change dentists. If you move or decide to switch to a new D-SNP Network dentist, you are responsible for getting your current dentist to send a copy of your records to your new dentist. All D-SNP Network dentists must provide you copies of your records, free of charge. If you would like help with this process, you may call us at 1-888-300-9186.



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### 6.1.5 What if I want to find a dentist that also takes my Medicaid Benefits?

If you also have Delta Dental for your Medicaid dental benefits (the Dental Wellness Plan), we can help you find a dentist that is a Dental Wellness Plan and D-SNP Network dentist. Many of our D-SNP Network dentists also accept the Dental Wellness Plan. If you would like help with this, you may call us at 1-888-300-9186 or 1-888-472-2793. You can also visit <https://www.deltadentalia.com/find-a-provider/dwp/> to find a Dental Wellness Plan Network dentist online.

You may have a different dental carrier for your Medicaid dental benefits. If you do, we can work with you and your other dental carrier to find a dentist who accepts will accept your Molina Medicare Complete Care D-SNP and Dental Wellness Plan benefits. If you would like help with this, you may call us at 1-888-300-9186.



**Please Note:** Some dentists may take the Dental Wellness Plan or D-SNP with only one dental carrier. Please check with your dentist before your appointment to make sure they take both of your insurance plans.

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## 7 Scheduling an Appointment

After you pick a dentist, it is time to schedule an appointment. For your first appointment, most dentists will want to see you for an exam. The exam helps dentists understand your oral health and create a treatment plan to help you.

### 7.1 Calling to Make an Appointment

When you call dental offices, make sure you tell them you have D-SNP with Delta Dental. Confirm with the office they are in the D-SNP Network.

When you call dental offices, make sure you have:

- Your Molina Medicare Complete Care ID Card
- ID Cards for Other Dental Insurance Plans you have
- Your Date of Birth
- A schedule of when you can go to the dentist

Note: It is normal for dentists to have wait times or wait lists for appointments. Sometimes it may take six to eight weeks to get your first appointment with a dentist. If you are having a dental emergency and need to see a dentist right away, visit our website: <https://www.deltadentalia.com/dwp/virtual/>

### 7.2 What to Bring to Your Visit

Bring the items listed below to your dental appointment:

- Your Molina Medicare Complete Care ID Card
- If you have other dental coverage, bring that information to show your dentist
- Have your dental records sent over to your new dental office before your appointment
- Information about your medical and oral health history to your appointment. It is important you tell your dentist this information!

### 7.3 What if I Need to Cancel My Dental Visit?

If you cannot keep your dental appointment, be sure to call the dental office to cancel the appointment as soon as possible. When possible, please try to cancel your appointment at least 48 hours prior to the appointment. Try to reschedule your visit for another day.

### 7.4 What if I Miss an Appointment?

A missed dental appointment is a problem for both you and the dentist. It may cause longer wait times for appointments and services.

The dentist holds that appointment time just for you. Your appointments are important! Most offices require at least 48-hour notice for any appointment changes. It is best to cancel and reschedule your appointment as soon as you know you need to.



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Many offices have missed appointment policies and will not see a patient who misses their appointments. You will then need to find a new dentist. Your dentist may also charge you a fee if you miss an appointment. This fee is not covered by your Molina Medicare Complete Care dental benefits.

Dentists will have different rules about cancelling appointments and missed appointments. Please talk to your dentist's office about their specific appointment rules and policies.

## **7.5 Prior Authorization**

Certain services or benefits require Delta Dental's approval. Your dentist is responsible for getting the prior authorization (approval) from us. Your dentist will often need to send in dental records and information to tell Delta Dental why you need this service. Please talk to your dentist if you have any questions about why you need a service.

There are often clinical rules and criteria the service must meet. If the services are not approved by Delta Dental, you and your dentist will receive written notices in the mail. If Delta Dental denied the prior authorization and the services are still done, you may be responsible for paying the dentist.

If your prior authorization is denied, you have the right to file an appeal if you think the service should be covered. You, your dentist, your legal counsel, or someone you name to act for you may file an appeal. See the Grievance and Appeal section of this handbook for more information about how to file an appeal.



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## 8 Payment for Services

### 8.1 How Much do I Pay?

For covered dental services, you pay nothing as long as you see a D-SNP Network Dentist. If you get services from a provider that is not a D-SNP Network Dentist, you may have to pay for these services. If you agree to get services that are not covered by your Molina Medicare Complete Care dental benefits, you will have to pay for those services. Always call us before your appointment if you have questions about if your dentist is a D-SNP Network Dentist and what services are covered.

You will also need to pay for certain services after you have gone above your annual benefit maximum. Please see the Covered Benefits section of this Handbook for more information about your covered benefits and annual benefit maximum.

### 8.2 What if I Have Two Dental Insurance Plans?

If you are a D-SNP member with just Medicare and Medicaid dental benefits, your Molina Medicare Complete Care dental benefits will pay first. Medicaid will be the payor of last resort.

You should always let Delta Dental know about the dental insurance plans you have. You can notify Delta Dental by calling 1-888-300-9186.

### 8.3 What if I Get a Bill?

Your D-SNP Dentist should only bill you for services related to the reasons in the “When Do I Pay for Services” below or after you have reached your annual benefit maximum of \$4,000. Your dentist is not allowed to bill your dental benefits pay less than what they charge. If you have questions, call us for help, toll free at 1-888-300-9186.

### 8.4 When do I Pay for Services?

Members may pay for services due to frequency limitations, non-covered services, services provided by an out of network dentist, services that are over your Annual Benefit Maximum limitations, and/or if the member has agreed to pay for services that are covered. Dentists are not allowed to charge you for personal protective equipment.

If you become ineligible for Molina Medicare Complete Care during the time the services were provided, you will be responsible for the charges for those services. If you have questions about your enrollment, please call Molina Healthcare at (833) 779-1510 (TTY: 711).



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## 8.5 How to File a Claim

A dentist who is part of the D-SNP Network will file your claim for you. Be sure to let your dentist know about other dental insurance plans you have to ensure proper coordination of benefits. If you have questions about a claim being filed, please call Delta Dental for help at 1-888-300-9186.



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## 9 Emergencies

### 9.1 What is an Emergency Dental Condition?

Emergency dental services address an urgent clinical dental issue or problem where care is needed immediately. This may include having pain or an infection. A few examples of a dental emergency are toothaches, a lost tooth, or a broken or fractured jaw. If you think you are having a dental emergency, try to keep calm and get to the nearest dentist or medical doctor immediately.

### 9.2 What to do in a Dental Emergency

1. If you have a dentist and it is during normal business hours: call your dentist's office to find out how to get emergency services.
2. If you have a dentist and it is after normal business hours: call your dentist's after-hours line (if available).
3. If it is during normal business hours and you do not have a dentist: call Delta Dental at 1-888-300-9186 for help finding a dentist who can see you.
4. Make an appointment with Teledentistry.com (see below for more information).
5. If you cannot contact a dentist or Delta Dental, go to the nearest Emergency Room.
6. Call 911 if you think your life is in danger.

### 9.3 What is Teledentistry and how can it help me in a Dental Emergency?

Delta Dental of Iowa members can access Teledentistry.com. You can see an Iowa licensed dentist virtually from your phone or computer. Teledentistry is a safe way to receive dental care when you cannot find a dentist. Virtual dentists can do a limited exam to tell you what the dental problem is and help treat the problem until you can see a dentist in-person.

**You can use TeleDentistry.com when you:**

- Have a dental emergency and do not have a regular dentist
- Need access to a dentist after hours if your dentist is not available

Visit our Website for More Information About Making an Appointment with Teledentistry: [www.deltadentalia.com/dwp/virtual/](http://www.deltadentalia.com/dwp/virtual/)



**Please Note:** An appointment with teledentistry.com will count as one of your covered dental exams for the benefit year. You get two covered dental exams as part of your benefits.



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#### 9.4 What if I'm Out of Iowa and have a Dental Emergency?

If you need emergency dental services while traveling, call us toll-free at 1-888-300-9186. We will try to help you locate a dentist or seek assistance from a dentist in the area you are visiting. Alternatively, you can go to a nearby emergency room. If your life is in danger, call 911.



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## 10 Grievances and Appeals

If you are not happy with any part of the D-SNP, you can take action by filing an appeal or grievance (complaint). We will review your request and provide a written response that we received your request and when our review is final.

You, your dentist, your legal counsel, or someone you name to act for you may file an appeal, grievance, or request a state fair hearing for you. If you choose to have someone file for you, we will send you a one-page form that you must sign and return to us. This form will tell us that you give permission to the person you name to represent you during the process. Delta Dental representatives are also available to help you file a grievance or appeal. Call us at 1-888-300-9186 if you need help or have questions.

### 10.1 Grievance (Complaint)

A complaint is an expression of dissatisfaction about any matter other than an adverse benefit determination. A complaint may be about any of the following:

- Quality of or access to care
- Quality of or access to services
- Inappropriate actions or behavior of a dentist
- Inappropriate action or behavior of Delta Dental or Molina Healthcare
- Failure to respect your rights
- Potential fraud, waste or abuse
- Dissatisfaction with a complaint or appeal resolution or disenrollment request
- The appeal process
- Not happy about a co-payment amount, but you cannot dispute the amount you pay or are billed

A complaint may be filed at any time. Your complaint can be in writing or made verbally. You should try to file a complaint as soon as possible. You must file your grievance within 65 days of the event that gave rise to your grievance. You can file your complaint with Delta Dental or Molina Healthcare. When you file a complaint, make sure you give us an address where you can receive mail and a phone number where we can call you.

When Delta Dental gets your grievance, they will give it to Molina Healthcare. If you make your grievance over the phone, Molina Healthcare may acknowledge and resolve your grievance verbally. If you make your grievance in writing, they will respond in writing. If it is a quality of care grievance, Molina Healthcare will respond in writing. You will work with Molina Healthcare through the resolution process.

#### Expedited Grievance Procedure:



You (or your representative, with appropriate authorization) are entitled to an expedited grievance whenever Molina Healthcare takes an extension relating to an organization determination reconsideration, or when we refuse to expedite a request for an organization determination or reconsideration. Molina Healthcare will respond to these grievances with 24 hours after receipt. Our expedited grievance determination will address only your dissatisfaction with our decision to take an extension or deny your request to expedite a determination or appeal. The grievance determination will not address the underlying issue (request for services or payment, etc.) that is the subject of the organization determination or reconsideration. For after hours, weekend, or holiday delivery please contact the Molina Healthcare Nurse Advice Line which is available 24 hours a day 7 days a week.

**Standard Grievance Procedure:**

For all other grievances, Molina Healthcare will make a decision and notify you of their decision as your case requires based on your health status, but not later than 30 calendar days after receiving your complaint. They may extend the timeframe by up to 14 calendar days if you request the extension, or if they justify a need for additional information and the delay is in your best interest.

**10.2 Appeal**

If you receive a denial letter from Delta Dental and do not like the choice we made, you can file an appeal. An appeal is a request to review an action or denial. An action is any denial that is:

- Limited
- Reduced
- Suspended
- Terminated, or
- Payment is denied

**Filing an Appeal:**

All appeals must be filed in 60 days from the day of the denial. If you call, you may be asked to send more information in writing. To file your appeal for dental services, you can contact Delta Dental or Molina Healthcare of Iowa.

File an Appeal with Molina Healthcare

- Call Member Services at [\(844\) 236-0894](tel:844-236-0894) (TTY/TDD: [711](tel:711))



- Write a letter to:  
Molina Healthcare of Iowa  
PO Box 3010  
Des Moines, IA 50393
- Send a fax to (888)-832-1922
- or, Send an email  
to [lowamemberappealsgrievances@MolinaHealthcare.com](mailto:lowamemberappealsgrievances@MolinaHealthcare.com)

#### File an Appeal with Delta Dental

- Call Delta Dental Member Services: 1-888-300-9186 (TTY: 711)
- Write a letter to Delta Dental:  
Delta Dental of Iowa D-SNP  
P.O. Box 9040  
Johnston, IA 50131-9040
- Send a fax to (888) 264-1440
- Or, Send an email to: [MAMembers@deltadentalia.com](mailto:MAMembers@deltadentalia.com)

If you need a copy of the [Appeal Request Form](#) you can call Delta Dental or Molina Healthcare Member Services or download and print a copy. We can help you write your appeal. Your appeal request needs:

- Your first and last name
- Your Molina Healthcare ID number on the front of your Member ID Card
- Your address and telephone number
- An explanation of the problem

Molina Healthcare will try to solve your appeal right away. Your appeal is looked at by the Grievance and Appeals Department at Molina Healthcare. A letter is mailed to you in three (3) days from Molina Healthcare. This letter lets you know we have received your appeal and we will tell you when they expect to resolve your appeal. The reviewer will note and take care of your appeal. The reviewer will work with the right departments to solve your appeal. For standard appeals, Molina Healthcare will mail their decision in 30 days from the day we received it or as expeditiously as your health requires. The timeframe to resolve your appeal may be extended by an additional 14 days if you request



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an extension or if additional information is needed. Molina Healthcare will write you and tell you that they have requested an additional 14 days and the reason for requesting the additional time. For expedited appeals, Molina Healthcare will mail their decision in 72 hours from the day we receive the request.

To be fair, cases will not be looked at by the same person that made the first decision. All appeals about dental services will be reviewed by dental staff.

### **Expedited or Rushed Appeals**

An expedited or a rushed appeal is when waiting for a regular appeal may risk your life or health. All rushed appeals will be solved in 72 hours or as quickly as your health condition requires but no more than 72 hours from the date of the request for a rushed appeal.

### **Filing a Rushed Appeal**

You, your doctor or someone else, with your approval in writing, may call or write to Delta Dental or Molina Healthcare ask for an appeal to be rushed. We can help you with this. Molina Healthcare will decide if your appeal meets the requirements for a rushed review.

You, your Provider or an Authorized Representative may file a rushed appeal within 10 calendar days of the date the adverse benefit determination was received. Molina Healthcare will give you a verbal decision on a rushed appeal within 72 hours. Molina Healthcare will follow up in writing in 2 days of receiving it.

To file an expedited appeal please follow the same process outlined above under "Filling an Appeal".



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## 11 Application Programming Interface (API) Information

The Interoperability and Patient Access rule (CMS-9115-F) makes it easier for members to get their health records. Delta Dental of Iowa can connect with special third-party apps to provide you your health records. These applications are available on mobile devices, such as a mobile phone or tablet. Third-party apps are not affiliated with Delta Dental, and we encourage you to read their notice of privacy practices. If they do not have a notice of privacy practices, we suggest you choose another app.

If you would like access to this information, please call Delta Dental's Member Services at 1-888-300-9186.

You can find the most up-to-date information about API on our website: [www.deltadentalia.com/dwp/api/](http://www.deltadentalia.com/dwp/api/)

The following information may be accessed by members:

- Your demographic information
- Dental services received
- Claims (paid and denied)
- Dental Provider Directories
- Specific parts of your clinical data

### 11.1 How many years will my health information go back?

You will have access to health information from January 1, 2016 or later.

### 11.2 Why is this information important?

- To have a better understanding of your health.
- To help you make decisions.
- Helps you communicate with your dental and health providers.
- You have access to your information if you switch dental plans or carriers.

### 11.3 Keeping your Protected Health Information (PHI) safe:

Delta Dental prioritizes the privacy and security of your PHI. Your health records and information are only available to you (the member), your responsible parties or guardians, and those you have authorized may have access. Please contact us if you have questions about your PHI privacy with Delta Dental: 1-888-300-9186.

Most of the time, third-party applications are not covered by HIPAA. When applications are not covered by HIPAA, they are covered by the Federal Trade Commission (FTC). The FTC Act helps protect your information. For example, it protects your information from being shared without your permission.



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You can find more information about applications covered by HIPPA here:  
<https://www.hhs.gov/hipaa/for-individuals/faq/index.html>

You can find more information from the FTC about keeping your information safe here: <https://consumer.ftc.gov/articles/how-websites-and-apps-collect-and-use-your-information>

These applications are not affiliated with Delta Dental. We suggest you review the privacy policy for the application before you choose to use it.

If you feel your information or privacy has not been protected by an application you are using, you have the right to file a complaint with the Federal Trade Commission and/or the Office of Civil Rights.

Learn more about filing a complaint with the Federal Trade Commission:  
<https://www.ftc.gov/media/71268>

Learn more about filing a complaint with the Office of Civil Rights:  
<https://www.ojp.gov/program/civil-rights-office/filing-civil-rights-complaint>



## 12 Your Rights and Responsibilities

Getting dental health services is a private matter. We respect your right to privacy. You have the rights and duties listed below.

### 12.1 Member Rights:

You have rights if you get services through the Dental Wellness Plan. These rights are listed below. You have the right to:

- Be treated with dignity and respect. Your privacy will be respected.
- Receive care no matter your race, color, nationality, disability, sex, religion or age.
- Get correct, easy to understand information from Delta Dental and your dentist.
- File a grievance (complaint) about us, a dentist, or the care you receive. See section 10.1 of this Handbook to learn how to file a grievance.
- File an appeal about an action or decision we made. See section 10.2 of this Handbook to learn how to file an appeal.
- You have a right to know:
  - How Delta Dental decides whether a service is covered and/or dentally necessary.
  - Who at Delta Dental makes those decisions.
- You have the right to get information about dentists in your plan's network. This includes the dentist's name, address, contact information, and accessibility information.
- Pick from a list of dentists that is large enough that you can get the right kind of care when you need it.
- Take part in all the choices about your dental care.
- Speak for yourself in all treatment choices including the right to refuse treatment.
- Be treated fairly by Network dentists and other dentists.
- You have the right to:
  - Talk to your dentist in private
  - Have your dental records kept private
  - Request a copy of your dental records
  - Ask for our changes to those records
- The dentist who provides you with care can give your information about:
  - Health status
  - Dental care
  - Dental treatment



- You are not responsible for paying for covered services. Network Dentists cannot require you to pay any other amount for covered services. See “When Do I Pay for Services”, section 5 of this handbook.
- Receive information in other formats such as in another language, larger font, Braille, etc. Please contact us toll-free at 1-888-300-9186 or email MAMembers@deltadentalia.com to ask for this. You can get a spoken translation for most languages at no cost.
- Recommend changes to policies and services under your plan. You can write us, or call toll-free 1-888-300-9186, or email MAMembers@deltadentalia.com.
- Receive services free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

## 12.2 Member Responsibilities

There are things you need to do as a Dental Wellness Plan member. Agreeing to them helps you get the most out of your dental services. It also helps us work with you better.

There are things you need to do as a Dental Wellness Plan member. Agreeing to them helps you get the most out of your dental services. It also helps us work with you better.

- You must present your Molina Medicare Complete Care member ID card when getting services from your dentist.
- You should try to follow healthy habits, such as exercising, staying away from tobacco, and eating a healthy diet.
- You should work together with your dentist to pick a treatment that you have agreed upon.
- If you have a disagreement with Delta Dental, you should try first to resolve it using Delta Dental’s Grievance Process beginning in section 10.1 of this handbook.
- You should learn about what the Molina Medicare Complete Care does and does not cover.
- You should read your Member Handbook to understand your benefits and the rules.
- If you make an appointment, you should try to get to the dentist’s office on time. If you cannot keep the appointment, be sure to call and cancel it.
- You should report waste, abuse and fraud immediately. This may be about Delta Dental, or other dental or medical plans. See section 13 of this handbook on how to report waste, abuse or fraud.



## 13 Fraud, Waste and Abuse

### 13.1 Fraud, Waste, Abuse, and Overpayments

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, waste, abuse or overpayment, which is against the law. Delta Dental of Iowa is dedicated to conducting business in an ethical and legal manner.

### 13.2 Definitions

**Abuse** refers to overused or unneeded services. Abuse also includes member actions that result in unneeded costs to the Dental Wellness Plan.

**Fraud** is a false action used to get something of value.

**Waste** is the misuse of services.

**Overpayment** refers to any amount that is not approved to be paid by the Dental Wellness Plan. This may be a result of:

- Wrong or improper cost reporting
- Improper claims
- Unacceptable practices
- Fraud
- Abuse
- Waste
- A mistake

Examples of Fraud, Waste, Abuse, and Overpayment:

- Getting paid for Dental Wellness Plan services that weren't given or necessary.
- Not telling the truth, such as about a medical condition to get medical treatment.
- Letting someone use your dental ID card.
- Using someone else's dental ID card.
- Giving false or misleading information about services.
- Completing an enrollment application with false information.
- Enrolling as a member when you are not eligible for coverage.
- A dentist offers you valuable gifts or favors to become their patient.

### 13.3 Report Fraud, Waste and Abuse and Overpayments

#### 13.3.1 Report to Delta Dental

If you suspect fraud, waste, or abuse, immediately report it directly to Delta Dental of Iowa.

- Call us toll-free at 1-888-300-9186



- 
- Email: MAmembers@deltadentalia.com

### 13.3.2 Report to the Federal Government

Contact the U.S. Department of Health and Human Services, Office of the Inspector General. Contact this office by phone, fax, online or mail.

U.S. Department of Health and Human Services Office of the Inspector General

Attn: OIG HOTLINE OPERATIONS

P.O. Box 23489 Washington, D. C. 20026

Phone: 1-800-HHS-TIPS (1-800-447-8477)

Fax: 1-800-223-8164

TTY: 1-800-337-4950

Online: <https://tips.oig.hhs.gov>



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## 14 Notice of Privacy Practices

# Delta Dental of Iowa Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

Effective: February 16, 2026

Delta Dental of Iowa Privacy Official

P.O. Box 9040

Johnston, IA 50131-9040

1-888-300-9186



## 14.1 Our Uses and Disclosures

Your health information can be used or shared at different times without you agreeing to it being shared. This section lists the following ways we can use or share your health information without your permission or authorization:

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Help manage the health care treatment you receive: | <ul style="list-style-type: none"> <li>• We can use your health information and share it with professionals who are treating you.</li> </ul> <p>Example: A dentist sends us information about your treatment plan to further explain why services are needed.</p> <ul style="list-style-type: none"> <li>• We can contact you to remind you of appointments. We may also provide recommendations for the other treatment options and additional benefits and services that may be of interest to you.</li> </ul> |
| Health care operations:                            | <ul style="list-style-type: none"> <li>• We can use and disclose your information for health care operations and contact you when necessary.</li> <li>• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</li> </ul> <p>Example: We use health information about you to develop better services for you.</p>                                                                                                                             |
| Payment for your services:                         | <ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services.</li> </ul> <p>Example: We share information about you with your dentist to coordinate payment for your dental work.</p>                                                                                                                                                                                                                                                             |
| Help with public health and safety issues:         | <p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing or controlling disease</li> <li>• Helping with product recalls</li> </ul>                                                                                                                                                                                                                                                                                                   |



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|                                                                                                                                   | <ul style="list-style-type: none"> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Helping with a work-related injury</li> <li>• Proof of immunization records</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul> |
| For research purposes:                                                                                                            | <ul style="list-style-type: none"> <li>• We can use or share your information for health research</li> </ul>                                                                                                                                                                                                                              |
| Comply with the law:                                                                                                              | <ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if the Department wants to see that we're complying with federal privacy law.</li> </ul>                                                                     |
| Respond to requests and work with a medical examiner or funeral director and requests for organ, eye or tissue donation purposes: | <ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies. Also, your information may be shared with an organ procurement organization for organ donation purposes.</li> </ul>                                                               |
| Address workers' compensation, law enforcement, and other government requests:                                                    | <ul style="list-style-type: none"> <li>• We can use or share health information about you:</li> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with law enforcement officials</li> <li>• With health oversight agencies for activities authorized by law</li> </ul>                                    |



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|                                                                           | <ul style="list-style-type: none"> <li>• For special government functions such as military, national security, and presidential protective services</li> <li>• With correctional institutions, if you are an inmate</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Respond to lawsuits and legal actions:                                    | <ul style="list-style-type: none"> <li>• We can share health information about you in response to court or administrative orders, or in response to a subpoena.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Using and sharing your Substance Use Disorder (SUD) treatment information | <ul style="list-style-type: none"> <li>• We may get information about you from a SUD program. We will only use or share this information in the ways you told the SUD program it could be used or shared.</li> <li>• We may use or share this information to help manage your care, run our plan, and pay for services. We will not use or share the information for any reason unless you have agreed to it or the law allows it.</li> <li>• We cannot use or share your SUD records in legal cases against you unless you give us written consent. We may have to share them if a court orders it. The court must give you notice if they order it and a chance to respond.</li> </ul> |
| How else can we use or share your health information?                     | <ul style="list-style-type: none"> <li>• We are permitted or required to share your information in other ways, typically in ways that benefit the public, such as supporting public health, administering your plan, or conducting research. We have to meet many conditions in the law before we can share your information for these purposes. These additional ways may relate to the following:</li> <li>• Fundraising Activities: we may disclose your health information for fundraising activities, such as raising money for a charitable foundation. If</li> </ul>                                                                                                              |



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|                                                              | <p>we contact you for use of your information, you will have the chance to opt- out or stop receiving these communications if you wish.</p> <ul style="list-style-type: none"> <li>• <b>Administering Your Plan:</b> We may disclose your health information to your health plan sponsor for plan administration. For example, the Iowa Department of Health and Human Services contracts with us to provide dental benefits, and we provide them information regarding the services you received.</li> <li>• <b>Underwriting Purposes:</b> If we use your health information for underwriting purposes, such as to make a determination about coverage application, we are unable to use any health information that relates to genetic information during the process.</li> <li>• <b>For more information see:</b><br/> <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/index.html</a> </li> </ul> |
| <b>What happens after your health information is shared?</b> | <ul style="list-style-type: none"> <li>• If we share your health information as allowed by this Notice, the person who gets it may share it again. If they share it, it may no longer be protected by federal privacy laws.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

## 14.2 Your Choices

For certain health information, you can tell us your choices with what we share. This is your right. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

|                                                          |                                                                                                                                     |
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| Here are examples where you can tell us your choice with | <ul style="list-style-type: none"> <li>• Share information with your family, or others involved in payment or your care.</li> </ul> |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|



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| whether information is shared or not:                                                                  | <ul style="list-style-type: none"> <li>Share information in a disaster relief situation.</li> </ul>                                                                                                                                                                                                                                           |
| Here are examples of when you would not be able to share your choice, and we would have to decide:     | <ul style="list-style-type: none"> <li>If you are not able to tell us your preference, for example you are unconscious, we may go ahead and share your information if we believe it is in your best interest.</li> <li>We may also share your information when needed to lessen a serious and imminent threat to health or safety.</li> </ul> |
| Here are examples of when we would never share your information unless you give us written permission: | <ul style="list-style-type: none"> <li>Marketing purposes.</li> <li>Sale of your information.</li> <li>Psychotherapy notes.</li> </ul> <p>If you provide authorization for any of the above, you may revoke that authorization at any time.</p>                                                                                               |

### 3. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Right to ask for a copy of health and claims records: | <ul style="list-style-type: none"> <li>You can ask to see or get a copy of your health and claims records and other health information we have about you. Your request must be in writing. It must include a reason to support the request.</li> <li>We will provide a copy or a summary of your health and claims records, within 30 days of your request. We may charge a reasonable, cost- based fee.</li> <li>To review or request a copy of your records, send a written request to:</li> </ul> <p><b>Delta Dental of Iowa Privacy Official</b></p> |
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|                                                                                      | <p>P.O. Box 9040</p> <p>Johnston, IA 50131-9040</p> <ul style="list-style-type: none"> <li>We may say “no” to your request but will tell you why in writing within 30 days of your request. If we say “no”, you may have the denied request reviewed and/or submit a complaint.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Right to ask us to correct health and claims records:                                | <ul style="list-style-type: none"> <li>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Your request must be in writing. It must include a reason to support the request. We will respond to your request within 60 days.</li> <li>Send your written request with the reasons for the change to:</li> </ul> <p><b>Delta Dental of Iowa Privacy Official</b></p> <p>P.O. Box 9040</p> <p>Johnston, IA 50131-9040</p> <ul style="list-style-type: none"> <li>We may say “no” to your request but will tell you why in writing within 30 days of your request. If we say “no”, you may have the denied request reviewed and/or submit a complaint.</li> </ul> |
| Right to request confidential communications: unless you give us written permission: | <ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way. For example, you can ask that we only contact you by home or office phone or send mail to a different address.</li> <li>We will consider all reasonable requests. We must say “yes” if you tell us you would be in danger if we do not say “yes”. Your request must be in writing. It must include how or where you wish to be contacted.</li> <li>Send your written request to:</li> </ul> <p><b>Delta Dental of Iowa Privacy Official</b></p>                                                                                                                                                                           |



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|                                                                         | <p>P.O. Box 9040</p> <p>Johnston, IA 50131-9040</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Right to ask us to limit what we use or share:</p>                   | <ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>Your request must be in writing. It should tell us: <ul style="list-style-type: none"> <li>What information to limit</li> <li>If we are to limit our use, disclosure, or both</li> <li>To whom you want the limits applied to. For example, disclosures to your spouse.</li> </ul> </li> <li>Send your written request to:</li> </ul> <p><b>Delta Dental of Iowa Privacy Official</b></p> <p>P.O. Box 9040</p> <p>Johnston, IA 50131-9040</p> <ul style="list-style-type: none"> <li>We are not required to agree to your request, and we may say “no” if it would affect your care and/or the need of emergency treatment.</li> </ul> |
| <p>Right to get a list of those with whom we’ve shared information:</p> | <ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for the last six years prior to the date you ask. You can also request a list for a period of time less than six years prior to the date you ask. Your request must be in writing. The list you will receive from us will include the following information: <ul style="list-style-type: none"> <li>The date the information was shared</li> <li>The name and address of who we shared the information with</li> <li>A summary of what information was shared</li> <li>A summary of why the information was shared</li> </ul> </li> </ul>                                                                                                                          |



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|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                             | <ul style="list-style-type: none"> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).</li> <li>Send your written request to:</li> </ul> <p><b>Delta Dental of Iowa Privacy Official</b></p> <p><b>P.O. Box 9040</b></p> <p><b>Johnston, IA 50131-9040</b></p> <ul style="list-style-type: none"> <li>We will provide a list within 60 days of your request. We will provide one list within a 12-month period for free. We may charge a reasonable, cost-based fee if you ask for another list within the 12-month period.</li> <li>We will notify you of this cost. You may choose to withdraw or modify your request before you are charged.</li> </ul> |
| Right to get a copy of this privacy notice: | <ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> <li>You may get a copy of this Notice at our website: <a href="https://www.deltadentalia.com/dwp/resources">https://www.deltadentalia.com/dwp/resources</a>.</li> <li>To get a paper copy, contact:</li> </ul> <p><b>Delta Dental of Iowa Privacy Official</b></p> <p><b>P.O. Box 9040</b></p> <p><b>Johnston, IA 50131-9040</b></p>                                                                                                                                                                                                                                 |
| Choose someone to act for you:              | <ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        | <ul style="list-style-type: none"> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| File a complaint if you feel your rights are violated: | <ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by sending a letter to:<br/><b>Delta Dental of Iowa Privacy Official</b><br/><b>P.O. Box 9040</b><br/><b>Johnston, IA 50131-9040</b></li> <li>You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Send a letter to:               <ul style="list-style-type: none"> <li>U.S. Department of Health and Human Services</li> <li>Office of Civil Rights</li> <li>200 Independence Avenue, S.W. Washington, D.C. 20201</li> <li>Phone: 1-877-696-6775 or by visiting:<br/><a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a></li> </ul> </li> <li><b>WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.</b></li> </ul> |

### 14.3 Our Responsibilities

We are responsible and committed to protecting your health information. This Notice is available for your viewing at all times in your Delta Dental D-SNP Member Handbook. Here is our commitment to you:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.



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- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
  - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

#### **14.4 Changes to the Terms of this Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, on our website, and we will mail a copy to you. The Notice will contain the effective date on the first page, in the bottom left-hand corner.

#### **14.5 Contact Information**

If you have any questions regarding this Notice or your rights to your health information, please contact us in writing or by phone using the information listed below.

Address:

**Delta Dental of Iowa Privacy Official**

**P.O. Box 9040**

**Johnston, IA 50131-9040**



## 15 Glossary of Terms

### Adverse Organization Determination

This means Delta Dental has denied, reduced, delayed, or stopped payment or services that you believe should be covered or provided. This can include:

- Not paying for emergency, urgent, post-stabilization, or temporary out-of-area dialysis care
- Not paying for services you believe are covered by Medicare, or that Delta Dental should cover or arrange
- Refusing to provide or pay for part or all of a service, including the type or level of care
- Reducing or ending approved treatment earlier than expected
- Delays in approving, providing, or paying for care that could harm your health

Delta Dental will send you something in writing when an Adverse Organization Determination has been made.

### Annual Benefit Maximum (ABM)

This is the maximum dollar amount a dental benefit plan will pay toward the cost of dental care within a specific benefit period, usually one year.

Most dental plans have an annual dollar maximum. The patient is personally responsible for paying costs above the annual maximum.

### Appeal

An appeal is a request for a review of an action. A member or member's authorized representative may request an appeal following a decision made by Delta Dental of Iowa.

Actions that a member may choose to appeal:

- Denial of or limits on a service.
- Reduction or termination of a service that had been authorized.
- Denial in whole or in part of payment for a service.
- Failure to provide services in a timely manner.
- Failure of Delta Dental of Iowa to act within required time frames.
- For a resident of a rural area with only one Dental Carrier, the denial of services Outside the network.

Members may file an appeal directly with Delta Dental of Iowa or Molina Healthcare.

### Benefit Period



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The length of time during which a benefit is paid, usually over one year. The benefit period for this program is January 1 to December 31. It begins on the day your insurance coverage goes into effect and starts over each January 1. This is true for as long as you have coverage.

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### Clinical Criteria

Clinical Criteria is used to determine what services or supplies are needed for the diagnosis and treatment of a condition. They must meet the standards of good dental and medical practice.

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### Dental Home

This is the dentist or dental office who provides a majority of your dental services. This includes cleanings and exams. You should contact your dental home first when you are having a dental emergency.

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### Dentist

A person qualified to treat conditions that affect the teeth and gums.

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may be to stop bleeding, relieve severe pain, or get rid of an infection.

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### Emergency Services

Emergency Services are provided when you have an emergency dental condition.

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### Endodontist

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A type of dentist who focuses on services related to the soft tissue inside of a tooth (dental pulp).

### **Excluded Services**

Excluded services are services that your plan does not cover. The member may have to pay for these services.

### **Grievance**

You have the right to file a grievance with Delta Dental of Iowa or Molina Healthcare. A grievance is an expression of dissatisfaction about any matter other than a decision. You, your representative or provider who is acting on your behalf and has your written consent may file a grievance.

Examples include, but are not limited to:

- You are unhappy with the quality of your care.
- The dentist who you want to see is not a Delta Dental of Iowa dentist.
- You are not able to receive culturally competent care.
- You got a bill from a provider for a service that should be covered by Delta Dental.
- Rights and dignity.
- Any other access to care issues.

### **Necessary Dental Services**

Necessary Dental Services are services which are needed to preserve and maintain your oral health.

### **Network**

Delta Dental of Iowa has a network of providers across Iowa who you may see for care. These providers may be called D-SNP providers or in-network providers. You don't need to call us before seeing one of these providers. Before getting services from your providers, please show them your Molina Medicare Complete Care ID card to ensure they are in our network.

### **Non-covered Services**

Non-covered services are services that your plan does not cover. You may have to pay for these services.

### **Non-participating Provider**

A provider who does not have a contract with Delta Dental of Iowa to provide services to you. Before receiving services from your providers, please show them your Molina Medicare Complete Care ID card. This may also be called an out of network provider.



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**Oral Surgeon**

A type of dentist who focuses on surgery of the mouth and jaw. Oral Surgeons are specialists.

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**Orthodontist**

A type of dentist who focuses on dental and facial irregularities. Services may include braces. Orthodontists are specialists.

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**Periodontist**

A type of dentist who focuses on the gums and jawbones. Periodontists are specialists.

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**Plan**

Delta Dental of Iowa is your dental plan which pays for and coordinates your dental services.

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**Prior Authorization**

Some services require approval from Delta Dental of Iowa for them to be covered. This must be done before you get that service.

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**Prosthodontist**

A type of dentist who focuses on making prostheses, including dentures, crowns, and bridges. Prosthodontists are specialists.

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**Provider**

A dental professional who offers dental services and support.

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**Specialist**

A dentist who has additional training in a specific area. This includes oral surgeons, orthodontists, prosthodontists, periodontists, endodontists, and pediatric dentists.

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**Urgent Care**

The treatment of an injury or illness that is not life threatening but needs to be treated within 24 hours.

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\*Attach Molina Taglines at the end in final production\*

[Notice of Availability](#): required on all non-small-format materials (8.5" x 11") for all Medicare plans.

Mailing statement: Important Molina Medicare Complete Care information.

Other Pharmacies/Physicians/Providers are available in our network.

# Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

## English

**ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

## Spanish

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma.

También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles.

Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

## Simplified Chinese

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供商。

## Traditional Chinese

注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

## Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

## Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

## Korean

주의:한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

## Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

## Yiddish

אַכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פאָסטיקע אידס און באַדינונגס פֿאָר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

## Bengali

মনোযোগ দিন: দি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

## Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

## Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

## French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d'adhérent, ou adressez-vous à votre prestataire.

## Urdu

اردو  
توجہ فرمائیے: اگر آپ اردو بولتے ہیں تو آپ کے لیے مفت خدمات دستیاب ہیں۔ یہاں پر فارمیٹ میں معلومات فراہم کر کے لیے مناسب معاونہ اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا ایسے فراہم کنندہ سے بات کریں۔

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

## Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

## Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në

numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

### **German**

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

### **Pennsylvania Dutch**

GEB ACHT: Wann du Pennsylvanisch Deutsch schwetzst, Schprooch Hilfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

### **Vietnamese**

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

### **Somali**

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa.

Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan.

Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

### **Japanese**

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

### **Ukrainian**

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби

підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

### Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

### Amharic

ማስታወሻ፡ አማርኛ የምናገሩ ከሆነ፡ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፡ በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመረጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

### Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

### Persian

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

### Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa'aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua i limits e faigofie ona maua o loo maua foi e le totogia. Vala'au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

### Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

### Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

### Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

### Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

### Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

### Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫ ລຸກກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

### Karen

ဟ်သ့ဟ်သး- နမံကတၢ ကညီကျိ အဃ, တၢ်အၢ်ဒး ကျိတ်ဆၢ်ထွဲမၤစၢၤ လ တလ် ဘ်လ် စၢၤ လၢနဂီၢ်လီၤ. တၢ်အၢ်ဒး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူပးလီၤဒး တၢ်မၤစၢၤတၢ်မၤ လၢအကြးအဘၣ် လၢကဟ့ၣ် တၢ်ဂံၢ်တၢ်ကၤ လ တၢ်မၤန့ၢ်အၤသတဖၣ် လ တလ် ဘ်လ် စၢၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖတၢ်မၤစၢၤတၢ်မၤ အလီၤတဲစိနီၣ်ဂံၢ်လၢ အၢ်ဖဲန့ၢ်လံာ်အုၣ်သး (ID) ခးက့အလီၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပၤလၢအဟ့ၣ်နၤတၢ်ကၢ်ထဲန့ၢ် တက့ၢ်.

### **Swahili**

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

### **Serbian**

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup. Pozovite broj za usluge za članove koji se nalazi na poledini vaše ID kartice ili se obratite pružaocu usluge.

### **Croatian**

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite broj Službe za članove na poledini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

### **Nepali**

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

### **Yoruba**

ÀKÍYÈSÍ: Bí o bá ní sọ èdè Yorùbá, àwọn isẹ̀ ìrànlọ̀wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò ìrànlọ̀wọ́ àti àwọn isẹ̀ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọ̀rùn ló wà lẹ́fẹ́. Pe nọmbà Àwọn isẹ̀ Ọmọ ẹgbẹ́ tó wà ní ẹ̀yìn káàdì ìdánimọ́ rẹ̀ tàbí bá olùpèsè rẹ̀ sọrọ̀.

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக்ேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

SHOOH: Diné bizaad yinílti', t'áá jiik'ehgo saad bee áká'ánída'awo'ígíí t'áá hadoohkáát nihá kée' hólq. T'áá ajitii íiyisí át'éego nihá át'éego bee haz'ánígíí dóó t'áá ádáhodoonígíí biniiyé t'áá jíík'eh nihá kée' hólq Member Services béesh bee hane'í bikáá' dah naaznil doo ID card ni' dooleet ná'ádoolwoígíí bikáá' nihá át'é.

NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnkuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipah.

**KULLÓSHI:** Chi Chahta anumpa ish anumpuli hosh, aiittola towa la hosh chi chiahullo li. Himona, achukma ut ish anumpuli hinla ia, il im anumpuli holisso kapvchi shulush isht ia, towa la hosh chi. Chi ID holisso okpulo bok aiittola na isht ia hosh pisa, il chi isht ia isht iachi pisa.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਤੁਹਾਡੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਤੁਹਾਡੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

[illegible]