

ABOUT THIS HANDBOOK

Welcome to LIBERTY Dental Plan (LIBERTY)! This handbook will guide you through your child's dental benefits and other services that are available to you through LIBERTY. If you have a question, please call us at the number listed below.

Contact Information

When you need help or more information about your child's plan, call or go online:

Help or Questions About	Call	Visit
<ul style="list-style-type: none"> • Status of your child's application • Eligibility for Florida Healthy Kids • Making payments • When your child's coverage starts • Florida KidCare letters or emails you receive for your child 	<p>Florida KidCare 1-888-540-KIDS (5437) TTY 1-800-955-8771 7:30 a.m. – 7:30 p.m. EST Monday through Friday</p>	<p>floridakidcare.org</p>
<ul style="list-style-type: none"> • If a dental service is covered • Cost of a dental service • Network dental providers • Appealing a service or claim denial • Filing a grievance or complaint 	<p>LIBERTY Dental Plan 1-877-550-4436 TTY: 1-877-855-8039 7:30 a.m. to 7:30 p.m. EST Monday through Friday</p>	<p>https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx</p>
<ul style="list-style-type: none"> • Information about Case Management <ul style="list-style-type: none"> ○ If your child has a medical or dental condition to require extra support. 	<p>LIBERTY Dental Plan 1-877-550-4436 TTY: 1-877-855-8039 7:30 a.m. to 7:30 p.m. EST Monday through Friday</p>	<p>https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx</p>

Help or Questions About	Call	Visit
<ul style="list-style-type: none"> Information about your child's medical benefits 	<p>Your specific health insurance company:</p> <p>Aetna Better Health of Florida 1-844-528-5815</p> <p>Simply Healthcare Plans 1-844-405-4298</p> <p>Community Care Plan 1-866-930-0944</p>	<p>Your health insurance company's website:</p> <p>www.aetnabetterhealth.com/florida</p> <p>https://www.simplyhealthcareplans.com/florida-medicaid/benefits/fhk-benefits.html</p> <p>https://ccpcares.org/Members/FloridaHealthyKids</p>

SENDING DOCUMENTS

Important: Please do not send any dental bills or claims for your child to the Florida Healthy Kids Corporation. If you need to send in a dental bill or claim for your child, call LIBERTY at 1-877-550-4436/ TTY 1-877-855-8039. When you send in any documents to Florida KidCare for your child, write your family account number on the top of each page. You can find your family account number on any letters sent from Florida KidCare, or by logging into your account at floridakidcare.org.

If you do need to submit income, identity, citizenship, or immigrant status documents to Florida KidCare for your child's account, please submit them one of these ways:

Secure upload:

- Scan your documents as one of these file types: .pdf, .jpeg, .jpg, .png, .tif, .tiff or gif.
- Each file must be less than 10MB.
- Log into your account at www.floridakidcare.org and click the green document upload button to upload documents to your account.

Email:

- Scan your documents as one of these file types: .pdf, .doc, .ppt, .jpeg, .jpg, .tif, .tiff, .txt, .rtf, .bmp or .gif.
- Each file must be less than 10MB, or possibly smaller, depending on your email service.
- Email your documents to contactus@healthykids.org.

Mail:

- Florida KidCare
P.O. Box 59
Tallahassee, FL 32302-0591

Fax:

- 1-866-867-0054

MAKING PREMIUM PAYMENTS

When you need to make a premium payment for your child's account, choose one of these ways:

Worry-free, automatic payments that will be taken from your account each month:

- **AutoPay:**
 - Go to floridakidcare.org and create or log into your Parent Portal account.
 - Enter your debit card, credit card, or bank information
 - Save your payment information

One-time payments for a single month or multiple months of coverage:

- **Online:**
 - Visit www.floridakidcare.org and click the "Pay Premium" button, select the "one-time payment"
 - Enter your debit card, credit card, or bank information (transaction fees apply)
- **Phone:**
 - Call Florida KidCare at 1-888-540-5437 to make a payment with your debit card or credit card (transaction fees apply)
- **Mail:**
 - Write your family account number on your check or money order
 - Make the check or money order payable to "Florida KidCare"
 - Sent payment to:
Florida KidCare, P.O. Box 31105, Tampa, FL 33631-3105
- **In Person:**
 - Go online to www.fidelityexpress.com to find a location to make a cash payment.

TABLE OF CONTENTS

About this Handbook	1
Getting Started: Program Basics	5
What Florida Healthy Kids covers and what it costs	8
Dental Benefits	11
Exclusion and Limitations	19
Other Member Programs and Services	21
The Provider Network	23
Coordination and Transition of Care	31
Grievances and Appeals.....	33
Eligibility and Enrollment Disputes	36
Fraud and Abuse	38
Quality and Performance	40
Definitions	44
Forms	47
Notices	53



GETTING STARTED: PROGRAM BASICS

What is Florida KidCare?

Florida KidCare is the state of Florida's high-quality, low-cost health and dental insurance program for your child. There are four Florida KidCare partners. Each partner provides insurance to different groups of children:

- The Agency for Health Care Administration runs Medicaid for children from birth up to age 1 and MediKids for children ages 1 up to 4.
- The Florida Healthy Kids Corporation runs Florida Healthy Kids for children ages 5 through the end of age 18.
- The Department of Health runs the Children's Medical Services Managed Care Plan for children from birth through the end of age 18 with special health care needs.
- The Department of Children and Families runs the Behavioral Health Network for children ages 5 through the end of age 18.

What is Florida Healthy Kids?

Florida Healthy Kids is health and dental insurance for children whose families meet certain income and other eligibility requirements. The health and dental insurance benefits are provided by insurance companies using a managed care model.

What is Managed Care?

The goal of managed care is to provide high-quality health care at low costs. LIBERTY provides high-quality dental care by creating a provider network. Network dentists and other health care providers agree to certain rules, like how quickly the dentist must give members an appointment or, if a specialty dentist is needed, the dentist must send the member to a network specialty dentist. Except for emergencies, your child must see a network provider and coverage will only apply for preventive and medically necessary services.

Is my child's insurance company Florida Healthy Kids?

No. Your child's dental insurance company is Florida KidCare. Florida KidCare is your main source of information about the covered benefits and services available to your child.

When and how can I change insurance companies?

You can change insurance companies only at certain times and for certain reasons. Go online to your account at www.floridakidcare.org to change insurance companies during your child's first 90 days of enrollment. Call Florida KidCare at 1-888-540-5437 to change companies if your child no longer lives in the Plan's service area.

You may also call Florida KidCare to change insurance companies for one of these reasons:

- Your child's dentist does not, because of moral or religious obligations, provide a service your child needs.
- Your child needs related services to be done at the same time and your child's primary dental provider believes that receiving the services separately would put your child at unnecessary risk, but not all related services are available in the dental Plan's network.
- Your child has an active relationship with a dental provider who is not in the Plan's network but is in network with another dental Plan in the area.
- The Plan is no longer available in the area where your child lives.
- The Florida Healthy Kids Corporation requires the insurance company to take action to improve quality of care.
- Other reasons determined by the Florida Healthy Kids Corporation, including, but not limited to, lack of access to services or providers with the proper experience to provide care to your child.

Can I pick any of the dental insurance companies?

Yes, the dental insurance companies are available statewide, so you can pick any option:

- DentaQuest of Florida, Inc.
- LIBERTY Dental Plan of Florida, Inc.
- MCNA Dental Plan

Can LIBERTY disenroll my child?

LIBERTY cannot disenroll your child directly. If LIBERTY believes that your child is not eligible for Florida Healthy Kids, LIBERTY can ask the Florida Healthy Kids Corporation to review and verify your child's eligibility. When an eligibility review request is made, LIBERTY must include the reason why the child may not be eligible and how the information was found. The Florida Healthy Kids Corporation will determine whether a child can remain enrolled.

How do I disenroll my child from Florida Healthy Kids?

Call Florida KidCare at 1-888-540-5437 and tell them you want to disenroll your child. Coverage ends at 11:59 p.m. EST on the last day of the month during which you call to cancel coverage. In other words, if you call on January 15th to cancel your child's coverage, your child will have coverage through January 31st.

If I cancel my child's coverage, can my child enroll in Florida Healthy Kids again later? Do I have to reapply?

You may enroll your child in Florida Healthy Kids again if eligibility requirements are met. Call Florida KidCare at 1-888-540-5437 to find out if you need to go through the application process again and when your child's coverage can start.



WHAT FLORIDA HEALTHY KIDS COVERS AND WHAT IT COSTS

We just moved from a different state where my child's plan didn't cover some services because of moral or religious objections. How do I obtain those services in Florida?

LIBERTY provides all covered benefits and does not rule out any services because of moral or religious objections. If your child's dentist will not provide services because of moral or religious objections, call Member Services at 1-877-550-4436 or TTY 1-877-855-8039.

Does my child have to see certain dentists?

Yes, except for emergency situations, your child must see a network primary dental provider for the services to be covered. You may also need to get a referral from your child's primary dental provider to see a specialty dentist. See the Provider Network section for more information about this rule.

Do I have to pay the dentist anything for my child's treatment?

No, you do not have to pay your child's network providers for covered services. The dental services covered by LIBERTY are free. Dental services must be preventive or medically necessary to be covered. Some dental services are limited to the number you can have within a certain amount of time and there are some services that are not covered under your plan. You should talk to your child's dentist about any services not covered by your plan. You will have to pay your child's dentist if you choose services that are not covered.

What is Dental Case Management and does my child need this service?

If your child has a medical or dental condition that requires extra support and coordination, you and your child may have a case manager with us. Your child may have a dental case manager or a health plan case manager, your child's case manager can help get the services need. Your child's health plan case manager may work with us to coordinate your child's dental care with your other health care services. If your child as a case manager assigned by your health plan, call Member Services and ask to speak to Case Management.

Your child's dental plan case manager is your go-to person. They will help you figure out how to get the dental services your child needs.

How do I change my child's Case Manager?

You can change your child's case manager at any time. To change your child's case manager, call Member Services at 1-877-550-4436 or TTY 1-877-855-8039. There may be a time when we need to change your child's case manager. If we do, we will send a letter to let you know and we may give you a call.

Important Things to Tell Your Case Manager:

If you don't like a service or provider, tell your case manager. You should tell your case manager if:

- You don't like a service for your child
- You have concerns about your child's provider
- Your child's services aren't right
- Your child get new health insurance
- Your child goes to the hospital or emergency room
- Your child's name, telephone number, address, or county changes

What is an Oral Health Risk Assessment (OHRA)?

When your child enrolls with LIBERTY, we collect information on the health of your child's teeth and mouth with the Oral Health Risk Assessment (OHRA) form. The information on the OHRA form lets us help our members who have dental needs that require case management.

We would like for you to complete the OHRA form online, through the QR code on the Welcome Letter or call Member Services at 1-877-550-4436 or TTY 1-877-855-8039. We ask all new members to complete the OHRA form so we can determine what kind of assistance and care your child may need.

Your Child's Member ID Card

Your child will get an identification (ID) card when he or she first starts with LIBERTY. You need to bring your child's LIBERTY ID card with you to all dentist appointments.

If you need to update the information on your child's ID card or if it is lost, call Member Services at 1-877-550-4436 or TTY 1-877-855-8039. You will also get a new ID card any time you change your child's network primary dental providers. LIBERTY will give you a new ID card free.

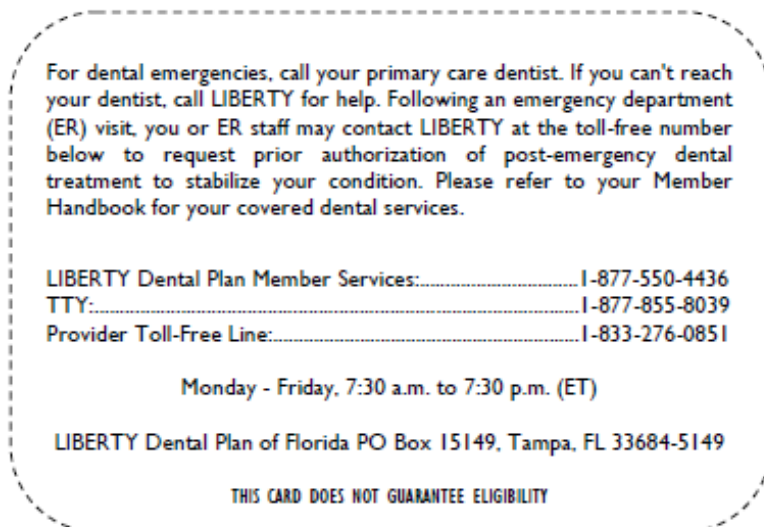
On the next page is a sample of your child's LIBERTY ID card.

Sample of what your LIBERTY ID Card will look like:

Front Side of ID Card



Back Side of ID Card





DENTAL BENEFITS

The list below shows you the dental services that we cover for your child. There are some services that are limited to the number you can have within a certain period of time and there are services that are not covered under you plan. You may need a referral from your child's, primary dental provider, or approval from us before you go to an appointment or use a service. Services must be medically necessary for us to pay for them.

What Does Medical Necessity mean?

Florida laws say the **medical necessity** means: The use of any medical treatment, service, equipment, or supply necessary to palliate the effects for a terminal condition or to prevent, diagnose, correct, cure, alleviate, or preclude deterioration of a condition that threatens life, causes pain or suffering, or results in illness or infirmity and which is:

- Consistent with the symptoms, diagnosis, and treatment of the member's condition
- Provided in accordance with generally accepted standard of medical practice
- Not primarily intended for the convenience of the member, the member's family, or the provider
- The most appropriate level of supply or service for the diagnosis and treatment of the member's condition; and
- Approved by the appropriate medical body or health care specialty involved as effective, appropriate, and essential for care and treatment of the member's condition.
- The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not make such care, goods or services medically necessary or a covered service.

The dental services under this plan are covered at no cost. Your primary care dentist can help you understand your child's dental benefits. If you choose to have services done that are not covered dental benefits, you will have to pay for them. Please talk to your child's primary dental provide before you agree to any services not covered under the plan.

If you have questions about your dental benefits, you can go online to <https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx> to look at your benefits, you can download our free LIBERTY Dental mobile app on your smartphone by texting *mobile* to 22925, or you can call Member Services 1-877-550-4436 or TTY 1-877-855-8039.

If there are changes in covered services or other changes that will affect your child, we will notify you in writing at least 30 days before the change will take place. If you have questions about any of the covered dental services, please call Member Services at 1-877-550-4436 or TTY 1-877-855-8039.

This list of **Diagnostic Dental Services** shows you the type of dental services that are used to find out the condition of your child's teeth and what kind of treatment your child needs.

Diagnostic Dental Services	
Dental Procedure Code	Dental Procedure Code Name
D0120	Periodic oral evaluation
D0140	Limited oral evaluation
D0145	Oral evaluation under age 3
D0150	Comprehensive oral evaluation
D0190	Patient Screening
D0191	Patient Assessment
D0210	Intra-oral, complete series or radiographic images
D0220	Intra-oral, periapical, first radiographic image
D0230	Intra-oral, periapical, each additional radiographic image
D0240	Intra-oral, occlusal radiographic image
D0250	Extra-oral, 2D projection radiographic image
D0251	Extra-oral, posterior dental radiographic image
D0270	Bitewing, single radiographic image
D0272	Bitewings, two radiographic images
D0274	Bitewings, four radiographic images
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image, measurement and analysis
D0350	2D oral/facial photographic image, intra-orally/extra-orally
D0470	Diagnostic casts
D0601	Caries risk assessment and documentation, low risk
D0602	Caries risk assessment and documentation, moderate risk
D0602	Caries risk assessment and documentation, high risk
D0999	Unspecified diagnostic procedure, by report

This list of **Preventative Dental Services** shows you the type of dental services that are used to keep your child's teeth in good health.

Preventative Dental Services	
Dental Procedure Code	Dental Procedure Code Name
D1110	Prophylaxis, adult
D1120	Prophylaxis, child
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride, excluding varnish
D1330	Oral hygiene instruction
D1351	Sealant, per tooth
D1354	Interim caries arresting medicament application, per tooth
D1355	Caries preventative medicament application, per tooth
D1510	Space maintainer, fixed, bilateral, mandibular
D1516	Space maintainer, fixed, bilateral, maxillary
D1517	Space maintainer, fixed, bilateral, mandibular
D1551	Re-cement or re-bond bilateral space maintainer, maxillary
D1552	Re-cement or re-bond bilateral space maintainer, mandibular
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant
D1556	Removal of fixed unilateral space maintainer, per quadrant
D1557	Removal of fixed bilateral space maintainer, maxillary
D1558	Removal of fixed bilateral space maintainer, mandibular
D1575	Distal shoe space maintainer, fixed, per quadrant

This list of **Restorative Dental Services** shows you the type of dental services that are used to fix your child's teeth back to good health.

Restorative Dental Services	
Dental Procedure Code	Dental Procedure Code Name
D2140	Amalgam, one surface, primary or permanent
D2150	Amalgam, two surfaces, primary or permanent
D2160	Amalgam, three surfaces, primary or permanent
D2161	Amalgam, four or more surfaces, primary or permanent
D2330	Resin-based composite, one surface, anterior
D2331	Resin-based composite, two surfaces, anterior
D2332	Resin-based composite, three surfaces, anterior
D2335	Resin-based composite, four or more surfaces or involving incisal angle
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite, one surface, posterior
D2392	Resin-based composite, two surfaces, posterior
D2393	Resin-based composite, three surfaces, posterior

Restorative Dental Services

Dental Procedure Code	Dental Procedure Code Name
D2394	Resin-based composite, four or more surfaces, posterior
D2710	Crown, resin-based composite (indirect)
D2721	Crown, resin with predominantly base metal
D2740	Crown, porcelain/ceramic
D2751	Crown, porcelain fused to predominantly base metal
D2920	Recement or re-bond crown
D2928	Prefabricated porcelain/ceramic crown, permanent tooth
D2930	Prefabricated stainless-steel crown, primary tooth
D2931	Prefabricated stainless-steel crown, permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless-steel crown with resin window
D2934	Prefabricated esthetic coated stainless steel crown primary tooth
D2940	Protective restoration
D2950	Core build-up, including any pins when required
D2951	Pin retention, per tooth, in addition to restoration
D2954	Prefabricated post and core in addition to crown

This list of **Endodontic Dental Services** shows you the type of dental services that are used to fix your child's teeth back to good health. **Restorative Dental Services** are usually done after these types of services.

Endodontic Dental Services

Dental Procedure Code	Dental Procedure Code Name
D3110	Pulp cap, direct (excluding final restoration)
D3120	Pulp cap, indirect (excluding final restoration)
D3220	Therapeutic pulpotomy (excluding final restoration)
D3221	Pulpal debridement, primary and permanent teeth
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)
D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3320	Endodontic therapy, premolar tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)
D3331	Treatment of root canal obstruction, non-surgical access
D3333	Internal root repair of perforation defects
D3351	Apexification/recalcification, initial visit
D3352	Apexification/recalcification, interim medication replacement

Endodontic Dental Services

Dental Procedure Code	Dental Procedure Code Name
D3353	Apexification/recalcification, final visit
D3410	Apicoectomy, anterior
D3430	Retrograde filling, per root

This list of **Periodontal Dental Services** shows you the type of dental services used to take care of your child's gums and bone that support the teeth.

Periodontal Dental Services

Dental Procedure Code	Dental Procedure Code Name
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or tooth bounded spaces per quadrant
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant
D4240	Gingival flap procedure, four or more teeth per quadrant
D4241	Gingival flap procedure, one to three teeth per quadrant
D4260	Osseous surgery, four or more teeth per quadrant
D4261	Osseous surgery, one to three teeth per quadrant
D4341	Periodontal scaling and root planning, four or more teeth per quadrant
D4342	Periodontal scaling and root planning, one to three teeth per quadrant
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit

This list of **Prosthodontic Dental Services** shows you the type of dental service that can be used to replace your child's missing teeth.

Prosthodontic Dental Services

Dental Procedure Code	Dental Procedure Code Name
D5110	Complete denture, maxillary
D5120	Complete denture, mandibular
D5211	Maxillary partial denture, resin base
D5212	Mandibular partial denture, resin base
D5213	Maxillary partial denture, cast metal, resin base
D5214	Mandibular partial denture, cast metal, resin base
D5410	Adjust complete denture, maxillary
D5411	Adjust complete denture, mandibular
D5421	Adjust partial denture, maxillary
D5422	Adjust partial denture, mandibular

Prosthodontic Dental Services	
Dental Procedure Code	Dental Procedure Code Name
D5511	Repair broken complete denture base, mandibular
D5512	Repair broken complete denture base, maxillary
D5520	Replace missing or broken teeth, complete denture
D5611	Repair resin partial denture base, mandibular
D5612	Repair resin partial denture base, maxillary
D5621	Repair cast partial framework, mandibular
D5622	Repair cast partial framework, maxillary
D5630	Repair or replace broken retentive clasping materials, per tooth
D5640	Replace broken teeth, per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture, per tooth
D5730	Reline complete maxillary denture, chairside
D5731	Reline complete mandibular denture, chairside
D5740	Reline maxillary partial denture, chairside
D5741	Reline mandibular partial denture, chairside
D5750	Reline complete maxillary denture, laboratory
D5751	Reline complete mandibular denture, laboratory
D5760	Reline maxillary partial denture, laboratory
D5761	Reline mandibular partial denture, laboratory
D5820	Interim partial denture, maxillary
D5821	Interim partial denture, mandibular
D6096	Remove broken implant retaining screw
D6985	Pediatric partial denture, fixed

This list of **Oral and Maxillofacial Dental Services** shows you the type of dental service that used for surgery on your child's teeth, gums or jaw.

Oral and Maxillofacial Dental Services	
Dental Procedure Code	Dental Procedure Code Name
D7111	Extraction, coronal remnants, primary tooth
D7140	Extraction, erupted tooth or exposed root
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth
D7220	Removal of impacted tooth, soft tissue
D7230	Removal of impacted tooth, partially bony
D7240	Removal of impacted tooth, completely bony
D7241	Removal of impacted tooth completely bony, complication
D7250	Removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure

Oral and Maxillofacial Dental Services

Dental Procedure Code	Dental Procedure Code Name
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization, accident
D7280	Exposure of an unerupted tooth
D7283	Placement, device to facilitate eruption, impaction
D7296	Corticotomy, one to three teeth or tooth spaces, per quadrant
D7297	Corticotomy, four or more teeth or tooth spaces, per quadrant
D7310	Alveoloplasty with extractions, four or more teeth per quadrant
D7320	Alveoloplasty without extractions, four or more teeth per quadrant
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7510	Incision & drainage of abscess, intra-oral soft tissue
D7520	Incision & drainage of abscess, extra-oral soft tissue
D7880	Occlusal orthotic device, by report
D7881	Occlusal orthotic device adjustment
D7961	Buccal/labial frenectomy
D7962	Lingual frenectomy
D7970	Excision of hyperplastic tissue, per arch

This list of **Orthodontic Dental Services** shows you the type of dental service that used to straighten your child's teeth or the way the teeth bite together. These services must be pre-approved.

Orthodontic Dental Services

Dental Procedure Code	Dental Procedure Code Name
D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8660	Pre-orthodontic treatment examination to monitor growth and development
D8670	Periodic orthodontic treatment visit
D8680	Orthodontic retention (removal of appliances)
D8703	Replacement of lost or broken retainer, maxillary
D8704	Replacement of lost or broken retainer, mandibular

This list of **Adjunctive General Dental Services** is a list of the type of services that are sued with other covered dental services for child.

Adjunctive General Services	
Dental Procedure Code	Dental Procedure Code Name
D9110	Palliative (emergency) treatment, minor procedure
D9222	Deep sedation/general anesthesia, first 15-minute increment
D9223	Deep sedation/general anesthesia, each subsequent 15-minute increment
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15-minute increment
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15-minute increment
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation
D9310	Consultation, other than requesting dentist
D9420	Hospital or ambulatory surgical center call
D9920	Behavior management, by report
D9986	Missed appointment
D9995	Teledentistry, asynchronous, real-time encounter
D9996	Teledentistry, asynchronous, information stored and forwarded to dentist for subsequent review



EXCLUSION AND LIMITATIONS

There are some services that are limited to the number you can have within a certain period of time and there are services that are not covered under your plan. LIBERTY will pay for all your child's services that are medically necessary, at no cost to you.

The following limitations apply to the services covered under your plan:

- Complete oral exams (D0150) are covered 1 every 3 years
- Check-up oral exams (D0120/D0145) are covered 2 every 1 year
- Dental screenings (D0190/D0191) are covered 2 every 1 year
- Full mouth x-rays (D0210) are covered 1 every 3 years
- Panoramic x-ray (D0330) is covered 1 every 3 years
- Caries risk assessment (D0601-D0603) is covered 1 every year, per provider
- Oral hygiene instructions (D1330) is covered 2 every 1 year
- Teeth cleanings (D1110/D1120) are covered 2 every 1 year
- Fluoride varnish (D1206) is covered 1 every 90 days for ages 0-6 and 2 every 1 year for ages 6 and over
- Sealants (D1351) are covered 1 every 3 years only on adult molar (back) teeth
- Fillings (D2140-D2335/D2391-D2394) are covered 1 per tooth surface every 3 years
- Crowns (D2390/D2710-2934) are covered 1 per tooth every 5 years
- Periodontal scaling and root planing (D4341/D4342) 1 per quadrants (site) every 3 years. Only 2 sites can be done on one date of service.
- Gingival surgeries (D4210-D4261) 1 per site every 3 years. Only 2 sites can be done on one date of service.
- Scaling in presence of moderate to severe inflammation (D4346) is covered 1 every 2 years
- Full mouth debridement (D4355) is covered 1 every 2 years
- Full and partial dentures (D5110-5214/D5820-D5821), are covered 1 per lifetime
- Full and partial dentures adjustments (D5410-5422) and relines (D5730-5761), are included within the first 6 months after receiving the denture, and 1 per arch every 1 year that.
- Alveoloplasty (D7310-D7320) is covered 1 per site, per lifetime, when getting ready for full dentures.

- Frenulectomy (D7961-7962) is covered 1 per arch per lifetime
- Orthodontic treatment (D8070-D8090/D8660-8670) is covered for 24 units within a 36 month period
- Replacement of orthodontic retainers (D8703-D8704) is covered 1 per arch
- Deep sedation (D9222-D9223) is covered 3 times per 1 year
- Nitrous oxide (D9230) is covered 4 times per 1 year
- Intravenous (D9239-D9243) and non-intravenous sedation (D9248) is covered 3 times per 1 year
- Hospital or surgical center (D9420) covered 1 time per 1 year
- Behavior management (D9920) covered 3 times every 1 year
- Tele-dentistry (D9995-D9996) 2 per 1 year

The following services are excluded and are not covered under your child's plan:

- Any service not specifically listed as a covered dental procedure under this plan
- Any service that is found to be experimental or investigational by LIBERTY
- Any service found not to be medically necessary, in accordance with professional dental practice standards, by a LIBERTY.
- Any service that is found to be only for cosmetic purposes by LIBERTY
- Any service performed by an out-of-network provider, unless approved by LIBERTY, or due to a dental emergency.
- Any services related to dental implants
- The removal of wisdom teeth (third molars) when there are no signs of active infection.
- The removal of primary teeth (baby teeth) that are falling out on their own.
- The replacement of lost full or partial removable dentures
- Orthodontic Services (D8070-D8704) for children who do not qualify as having "handicapping malocclusion" based on the Florida Medicaid Orthodontic Initial Assessment Form, the Florida Medicaid Definitions Policy, and Florida Medicaid Dental Coverage Policy.
- Consultations for services not covered under this plan
- Any treatment started prior to the member's effective date with Florida KidCare. Treatment in progress will be reviewed on a case-by-case basis.
- The restoration of a tooth when the tooth is too damaged or in poor condition to be restored.

Notice of Adverse Benefit Determination

LIBERTY must send you and your child a Notice of Adverse Benefit Determination (NABD) to tell you if we deny, terminate, delay, or modify your child's benefits. If you disagree with our decision, you can ask for an appeal with LIBERTY. You can ask for a copy of LIBERTY's Clinical Criteria and Guidelines used to make our decision, at no cost. Requests can be sent in writing or over the phone. LIBERTY's Clinical Criteria and Guidelines are also available on our website at <https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx>.



OTHER MEMBER PROGRAMS AND SERVICES

LIBERTY offers special programs to our members. If you sign up for our special programs, you and your child may qualify for rewards.

LIBERTY's Community Smiles Program

LIBERTY's Community Smiles Program is a self-referral program to connect our members to free and low-cost community resources to address needs such as food insecurity, housing, lack of transportation. Members can also self-search for programs on our website using the find help platform to help to look at any programs they may be interested in. Members can access this program on LIBERTY's website at <https://communityresources.libertydentalplan.com/> or by cell phone by agreeing to text message outreach (Text LDPSMILES for more info on our Community Smiles program).

LIBERTY's Healthy Behaviors Program

LIBERTY's Health Behaviors Program is reward program for children ages 5-18 who have not seen their primary dental provider in the last 12 months. LIBERTY members who schedule and complete an appointment with their primary dental provider, either in person or by video call, will qualify for a free gift card.

Joining the Healthy Behaviors Program is easy, all you need to do is:

1. Schedule a dental check-up for your child with their primary dental provider, either in person or by video call.
2. Agree to be a part of LIBERTY's text message program, provide a working cell phone number and email address.
3. Make sure you take your child for the scheduled appointment with their primary dental provider.
4. DONE. A reward will be mailed or emailed to you.

To join the Healthy Behaviors Program, you can:

- Text HBP to 22925 from your cellphone for help requesting an in person or video call appointment.

- Call Member Services 1-877-550-4436/TTY 1-877-855-8039 and let them know you want to join the Healthy Behaviors Program
- Scan this QR Code on your smartphone to make an appointment for your child to see his or her primary dental provider.



LIBERTY's Member Advisory Committee

We have a group called the Member Advisory Committee. This group is made up of members, support staff, and our Dental Director. The group talks about LIBERTY policies and is responsible for:

- Recommending ways to better serve our members
- Suggesting ways to improve LIBERTY's programs
- Reviewing quality reports to make sure our members are happy
- Reviewing LIBERTY's financial reports

Joining this group is voluntary and you will be paid for each meeting you attend. If you would like to take part in LIBERTY's Member Advisory Committee, please fill out the form included in your child's Member Handbook and send it back to us at:

- Mail: LIBERTY Dental Plan, QM Department, PO Box 26110, Santa Ana, CA 92799
- Fax: 1-888-334-6027
- Email: QM@libertydentalplan.com
- Call: 1-877-550-4436 or TTY 1-877-855-8039



THE PROVIDER NETWORK

Making Sure Your Child's Benefits Are Covered

LIBERTY pays for covered services only when your child sees a network primary dental provider. Your child will have a primary dental provider who will coordinate your child's dental care. If your child needs to see a specialty dentist (a dentist who focuses on one type of medicine), your child's primary dental provider will send in a referral. Emergency services are an exception to these rules. Your child may see any provider for emergency services and a referral is not needed.

What is a network provider?

A network dental provider is a primary dental provider, specialty dentist, hospital, other health care facility, that has a contract with LIBERTY to see and provide services to Florida Healthy Kids members.

How do I know if my child's dentist is a network provider?

LIBERTY has a provider directory on its website so you can search for network providers for your child's primary dental provider in your area by name or provider type. The online provider directory is updated regularly when LIBERTY receives new information.

LIBERTY also has a printable copy of the provider directory available. You can find this document on LIBERTY's website at <https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx>, you can download our free LIBERTY Dental mobile app on your smartphone by texting *mobile* to 22925, msg&data rates may apply, or you can call Member Services at 1-877-550-4436 or TTY 1-877-855-8039 and request a copy.

LIBERTY will mail a copy of the provider directory to you for free. The copy is updated at least monthly, but it may not be as accurate as the online provider directory.

Remember to ask your dentist's office if they still accept LIBERTY. Be sure to say LIBERTY Dental and Florida Healthy Kids, not just Florida Healthy Kids.

I looked at the provider directory, but I still need help.

If you still need help locating a network primary dental provider, call Member Services at 1-877-550-4436 or TTY 1-877-855-8039. We are here to help.

My child has a dentist I really like, but the dentist is not in the network with LIBERTY.

What can I do?

When your child first starts with in our plan, he or she may already be getting services from a provider through Florida Healthy Kids. We will make sure your child can keep getting the care from that provider for up to 60 days. Before the 60 days ends, your child's provider must check with us to keep giving services to you.

If your child's provider is not in our network, we will help you find your child a new primary dental provider that is in our network. We will also help you schedule an appointment and move your child's dental records to the new primary dental provider.

If you choose to stay with the provider that is not in our network, you will have to pay for any services your child has done, except for emergency care. If you have any questions, please call Member Services at 1-877-550-4436 or TTY 1-877-855-8039.

How do I choose a primary dental provider for my child?

You can choose any network primary dental provider to see your child.

To find a primary dental provider for your child, go online to

<https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx>, or

download our free LIBERTY Dental mobile app on your smartphone by

texting *mobile* to 22925. Msg & data rates may apply. You can also call us at

1-877-550-4436 or TTY 1-877-855-8039, Monday through Friday, 7:30 a.m. to 7:30 p.m. EST.



Can I change my child's primary dental provider?

Yes, you can change your child's primary dental provider at any time. You can ask for an office transfer by going online to <https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx> or by download our free LIBERTY Dental mobile app on your smartphone by texting *mobile* to 22925. Msg & data rates may apply. You can also call LIBERTY's Member Services at 1-877-550-4436 or TTY 1-877-855-8039 for help changing your child's primary dental provider.

Can I choose any primary dental provider for my child?

You can choose any network primary dental provider that is accepting new patients. If your child already sees a network primary dental provider who is not accepting new patients, your child's primary dental provider may be willing to continue seeing your child.

Call and ask the primary dental provider's office. If your primary dental provider agrees, call LIBERTY we can check with the dentist and assign your child to the primary dental provider.

Not all dentists are able to do this. If your child's dentist is not able to continue seeing your child, you must choose a new primary dental provider who is in the LIBERTY network.

How do I make an appointment?

Remember to take your child's LIBERTY ID card with you to the appointment. Your child's dentist needs this card and may not see your child if you do not have it with you. Have your schedule in front of you when you call so you know which days and times an appointment will work for you. You should schedule your child's appointment with his or her new primary dental provider within 180 days of enrollment.

Call the dentist's office and tell them:

- You want to make an appointment for your child;
- If your child is a new patient;
- Why your child needs to see the dentist; and
- The name of your child's dental plan which is Florida Healthy Kids and LIBERTY

Ask these questions:

- Do I need to bring anything to the appointment for my child?
- Are there forms I can fill out ahead of time?
- What do I do if I need to change or cancel my child's appointment?
- Is there a fee if I cancel my child's appointment?

Tele-Dentistry

We offer our members tele-dentistry as an option for video call dental services. Tele-dentistry is available 24 hours a day, 7 days a week, to help you take care of your child's dental health, even if you and the child cannot be at the same physical location as the provider. LIBERTY network providers are available by phone and computer from anywhere to help your if your child has an emergency and urgent dental need.

There is no difference in your child's dental benefits for tele-dentistry. The same benefits are available with tele-dentistry as it would be for an in-person visit. You can set up an appointment with your child's primary dental provider, by phone or video call to discuss regular dental services, dental problems, and instructions on how to treat conditions. Contact your child's primary dental provider if your child is having dental pain or a potential dental emergency.

If your child's primary dental provider is not available, call Member Services at 1-877-550-4436 or TTY 877-855-8039 for help. If an in-person visit is required, tele-dentistry emergency dental visits are coordinated by LIBERTY's Member Services, at no cost to you. If your child is experiencing a life-threatening medical emergency, immediately contact 911.

My child needs to see a specialty dentist. What do I do?

Usually, your child will need a referral from his or her primary dental provider. You must contact your primary dental provider so he or she can direct your child to a specialty dentist for care.

Why does my child need a referral?

Your child's primary dental provider can provide most of your child's dental services. He or she is the person who can help you make the best decisions about your child's care, including when your child should see a specialty dentist. Florida Healthy Kids requires a referral for most services that are not provided by your primary dental provider because this helps ensure your child receives the most appropriate care. Plus, your primary dental provider is the most informed about your child's dental health. You can call LIBERTY's Member Services at 1-877-550-4436 or TTY 1-877-855-8039 if you have any questions about the referral process.

How do I get a referral?

Call your child's primary dental provider. Sometimes you will need to make an appointment for your child to see the primary dental provider first. Depending on the type of specialty dentist your child needs and how familiar the primary dental provider is with your child's issue, your child may not need to be seen first.

If your child's primary dental provider thinks your child should see a specialty dentist, he or she will send a referral request to LIBERTY for approval. LIBERTY will process the request for a standard, non-emergency, referral within 5 business days of receipt. You will receive LIBERTY's decision to approve, modify or deny the request for the referral in writing. If you do not agree with our decision on your child's referral, you ask for an appeal. See the Grievances and Appeals section for more information.

Emergency referral requests

If your child's primary dental provider feels that a referral is needed, and the normal timeframe for processing a standard request could put your child's health or life at risk, he or she can ask for an emergency referral or pre-estimate from LIBERTY. LIBERTY will respond to the emergency referral request within 72 hours from the time we receive the request and all the needed information.

Pended referral requests

There are times when LIBERTY needs more information from your primary dental provider to process a request for a referral.

When a more information is needed, LIBERTY will send you and your child's primary dental provider a letter that says why the request for the referral was pended, what kind of more information is needed, and when the information is needed to make a decision.

A referral can stay pending for up to 14 days. If LIBERTY does not receive the information asked for from your primary dental provider, a decision will be made on the documents available.

Does my child always need to get a referral?

Your child will need a referral for most services not provided by your child's primary dental provider. You should always make sure you have an approved referral from LIBERTY, before your child sees a specialty dentist. If your child sees a specialty dentist without a referral, you may have to pay the full cost of that visit, which is much higher than your copayment.

Are there other rules like referrals that I need to know about?

Yes, your child's provider may need to get pre-estimate (pre-approval) from LIBERTY before specific services can be paid. Your child's provider is responsible for requesting a pre-approval of services, so you do not need to do anything. If LIBERTY does not approve or cover a service for your child, you can still choose to have the services done, but you will have to pay the full cost. You can call Member Services at 1-877-550-4436 or TTY 1-877-855-8039 if you have questions or concerns.

My child needs services from a specialty dentist, but there are no network specialty dentists in my area.

Call LIBERTY's Member Services at 1-877-550-4436 or TTY 1-877-855-8039 and ask for help. Florida Healthy Kids Plans are required to make sure your child gets the services he or she needs. If there are no network specialty dentists, LIBERTY we help find a provider for your child to receive medically necessary covered services.

What happens after I take my child to see the specialty dentist?

Once you and your child complete the first visit with the specialty dentist, called a consultation, a treatment plan will be made showing you what kind of services your child needs, if any. The specialty dentist office will send a pre-estimate to LIBERTY to determine medical necessity and benefits. If you chose to have any services done for your child that were denied by LIBERTY, you will have to pay the specialty dentist fee for those services.

Specialty dentist pre-estimates that are approved by LIBERTY, are only available to the specialty dentist who ask for the services. Specialty dentist pre-estimates cannot be moved from one provider to another unless both specialty dentists agree on the proposed services.

What if I have concerns about my child's treatment or treatment plan?

You can ask for a second opinion about your child's care. A second opinion is when you take your child to a different provider to look at the same issue. This may help you decide if some services or treatments are best for your child. There is no cost for your child to get a second opinion.

LIBERTY's Member Services will help find a network provider for your child's second opinion. If your child needs to see a provider that is not in our network for the second opinion, we must give you approval before your child can see them. Call Member Services at 1-877-550-4436 or TTY 1-877-855-8039 if you would like to ask for a second opinion for your child or if you have questions.

You should feel comfortable discussing your child's health and treatment options with your child's provider. Ask questions when you do not understand something and ask about the pros and cons of a treatment option. If you often do not feel comfortable asking questions or you do not get the information you need, you should think about getting a new provider for your child.

What rules does LIBERTY's network have to meet?

LIBERTY is required to have a network with enough providers to make sure our members have timely access to covered services. Sometimes it is not possible for LIBERTY to meet these rules. This can happen when there are not enough providers in the area. Other times, not enough providers will see children or accept the plans offered through Florida Healthy Kids.

If your child needs services from a certain type of provider, LIBERTY can help you find one in your area. If there are no providers in the network, LIBERTY will make plans for your child to see an out-of-network provider. You must get approval from LIBERTY for your child to see an out-of-network provider unless your child requires emergency services. LIBERTY will make sure most members can get to their provider within a certain amount of time or a certain distance from their home. For example, if you live in a city (urban), you should be able to get to a network primary dental provider in about 20 minutes or within 20 miles of your home.

The Florida Healthy Kids network access standards are:

Type of Dentist	Time Standards –in minutes		Distance Standards –in miles	
	Rural (Countryside)	Urban (City)	Rural (Countryside)	Urban (City)
Dental – primary dental provider	30	20	30	20
Specialty dentist	40	20	30	20

I always wait a long time to get an appointment at my child's dentist's office. What can I do?

Network providers agree to provide Florida Healthy Kids members with appointments within the timeframes listed below. If a network provider tells your child must wait longer than these timeframes, please call Member Services at 1-877-550-4436 or TTY 1-877-855-8039.

If your child is **experiencing a life-threatening emergency** and needs immediate care, please go to the nearest emergency department or call 911.

Appointment Scheduling		
Type of Appointment	Reason for Appointment	Appointment Wait Time
Emergency Dental Care (A dental problem that could harm your child's health or life)	Serious pain, swelling, bleeding	Immediately 24 hours a day, 7 days a week
Urgent Dental Care* (Care needed to treat a dental problem before it becomes an emergency)	Broken filling or lost crown	Within 24 hours
Routine Preventive Care (Non-emergency care with the primary dental provider, even when your child is not having problems with his or her teeth)	Cleanings	4 weeks
Follow-up Care (Care needed after treatment of a dental problem or condition)	After seeing a specialty dentist, going to urgent care, or the emergency room	As directed by your provider and as medically necessary

* **Know where the closest urgent care center for this type of care is located. Urgent care centers are often open late and on weekends.**

How can my child get care after normal business hours?

There are a few ways to access care after normal business hours, depending on your child's needs:

- **Providers with extended hours**
 - Some primary dental providers offer evening or weekend office hours.
 - Call the primary dental provider's office or visit their website to find out when they are open.
- **Urgent care centers**
 - Urgent care centers see patients who need immediate, but not emergency, attention and their primary dental provider is not available.
 - Some urgent care centers require you to make an appointment while others allow walk-ins. Be sure to call ahead and ask.
 - Urgent care centers usually focus on medical problems and may not treat dental problems. Be sure to call ahead and ask.
- **Emergency room**
 - If your child experiences a **life-threatening emergency**, call 911 or go to your nearest emergency room.

When should I take my child to the emergency room?

Call 911 or take your child to the emergency room if he or she has an emergency medical condition. This means an injury or illness, including severe pain, that needs care right away to avoid harm to your child's life or health.

Avoid taking your child to the emergency room for tooth or gum pain. Your child's primary dental provider can effectively treat most childhood dental issues. Your child's primary dental provider knows the most about your child's dental health so they can help you make the best medical decisions. Using your child's health history and regular exams results, will help your child's primary dental provider catch and treat any dental issues before they may be a problem.



COORDINATION AND TRANSITION OF CARE

What happens to my child's scheduled services and appointments when my child changes Plans?

If your child moves from one Florida Healthy Kids Plan to another Florida Healthy Kids Plan without a break in coverage (this means your child did not go a month or more without Florida Healthy Kids coverage in between changing insurance companies), the Plans will follow a standard transition of care policy to ensure your child gets the care he or she needs.

Your child's new Plan will cover any ongoing course of treatment the previous Plan authorized for 60 days. This means your child can:

- Receive planned services or treatment;
- Continue to see the same provider, even if the provider isn't in the new Plan's network; and
- Continue to take the same prescription. You may be required to use a network pharmacy.

The best way to make sure this transition goes smoothly is to call your child's new Plan to tell them about the types of continued care your child needs.

I made an appointment with my child's specialty dentist before changing plans, but the appointment is more than 60 days away. Do I need to schedule a new appointment?

It depends. The new Plan will have your child's primary dental provider, or another appropriate provider review your child's treatment plan during the first 60 days after the plan change. This review will help ensure that services continue to be authorized. Your child may be required to see a network provider unless authorized by your child's new Plan.

Are there any exceptions to the 60-day transition of care period?

Yes. Exceptions to the standard 60 days are:

- Maternity care: including prenatal and postpartum care through completion of postpartum care (6 weeks after birth);
- Transplant services: through the first post-transplant year;
- Radiation and chemotherapy: through the current round of treatment;
- Orthodontia: services will be continued without interruption until completed (or the benefit is exhausted, whichever comes first), but your child may be required to see a network orthodontist after the first 60 days;
- Controlled substance prescriptions: if a new, printed paper prescription is required by Florida law, the new plan will help you schedule an appointment with the original prescribing provider, or a new provider if needed, so your child can get a new prescription without a medication gap.

Do I have to coordinate sending my child's medical records and getting bills paid myself?

No. Your child's previous Plan and new Plan are responsible for coordinating the transfer of medical records and other necessary information between one another and can assist your child's providers with getting necessary medical records. In some situations, you may need to ask your child's previous providers to send medical records to the new providers just like you would if your child were changing providers for any other reason.

Your child's new Plan will cover care performed by certain out-of-network providers during the transition of care period, as described in this section. If you receive a bill from one of these providers, call your child's new Plan and be prepared to send them a copy of the bill.



GRIEVANCES AND APPEALS

You have the right to file a grievance or an appeal if you have a problem with your child's care or coverage. Although you have this right, you may want to call LIBERTY's Member Services team first. The Member Services team is often able to help resolve problems over the phone. LIBERTY will not discriminate or retaliate against you for filing a grievance or appeal. Letting us know about your problem help us improve care for all members.

What are grievances and appeals?

- A grievance is a formal complaint you make to LIBERTY about any part of your child's health care services.
- An appeal is a request you make to LIBERTY to review the Plan's decision to deny a service or payment for your child.

When can I file a grievance?

You can file a grievance when you are unhappy about something other than your child's benefits, such as:

- The way a provider and/or office staff acted with you and your child;
- The quality of care or services your child receives; or
- Long office waiting times

How do I file a grievance?

You can call or write us at any time if you have a grievance on behalf of your child. LIBERTY will review your grievance and send you a letter letting you know of our findings. You can give us information and documents about your grievance at any time during the process. We will accept new information about your grievance either other the phone or through the mail. You can also have a dentist, friend, or a family member help you file a grievance, as long as you give them written approval. You can send LIBERTY your grievance by:

- Going online to <https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx>
- Using the LIBERTY Dental mobile app on your smartphone

- Mail or fax a written grievance to: LIBERTY Dental Plan, PO Box 26110, Santa Ana, CA 92799, 1-833-250-1814
- Call Member Services at 1-877-550-4436 or TTY 1-877-855-8039

How long does the grievance process take?

Within 5 calendar days of getting your verbal or written grievance, LIBERTY will send you a letter letting you know we received it. Within 90 days of receiving your grievance, LIBERTY will send you a letter telling you what we found and how we resolved your grievance.

When can I file an appeal?

You must file an appeal within 60 calendar days after the date you received a Notice of Adverse Benefit Determination (denial letter). This happens when:

- A request for your child's services has been limited or denied;
- An existing service for your child has been decreased or discontinued; or
- LIBERTY has issued a denial of payment for your child's benefits

How do I file an appeal?

You can call or write us at any time if you have an appeal on behalf of your child. LIBERTY will review your appeal and send you a letter letting you know of our findings. You can give us information and documents about your appeal at any time during the process. We will accept new information about your appeal either over the phone or through the mail. You can also have a dentist, friend, or a family member help you file an appeal, as long as you give them written approval. You can send LIBERTY your appeal by:

- Going online to <https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx>
- Using the LIBERTY Dental mobile app on your smartphone
- Mail or fax a written appeal to: LIBERTY Dental Plan, PO Box 26110, Santa Ana, CA 92799, 1-833-250-1814
- Call Member Services at 1-877-550-4436 or TTY 1-877-855-8039

How long does the appeal process take?

Within 5 calendar days of getting your verbal or written appeal, LIBERTY will send you a letter letting you know we received it. Within 30 days of receiving your appeal, LIBERTY will send you a letter telling you how we resolved your appeal.

If LIBERTY doesn't have enough information to process your appeal and the delay is in your child's best interest, we can ask for more time, no more than 14 days. We will send you a letter telling you why we need more time and what information is needed to review your appeal. If you are not happy with our request for more time, you can file a grievance. You can also ask for more time for your appeal over the phone or in writing.

What if I need help filing a grievance or an appeal?

You can pick another person, friend, family member, or a provider to act on your behalf. This is called an authorized representative.

You must give the authorized representative and LIBERTY approval in writing for someone else to act on your behalf. Call Member Services at 1-877-550-4436 or TTY 1-877-855-8039, they can help you with forms and questions you about the grievances and appeals process.

What if it's an emergency?

You, your child's primary dental provider or specialty dentist, can ask for an expedited (fast) appeal, if waiting the standard 30 calendar days for an appeal decision would put your child's life or health at risk.

If LIBERTY agrees that the appeal needs to be fast, LIBERTY will make a decision and inform you within 72 hours after receiving the appeal. If LIBERTY does not agree with the request for an expedited appeal, LIBERTY will let you know, and the timeframe will go back to the standard appeal timeframe of 30 calendar days.

What if I'm unhappy with my appeal results?

If you disagree with LIBERTY's decision on your child's appeal, you have the right to ask for an Independent External Review by an Independent Review Organization (IRO). The IRO LIBERTY uses to complete Independent External Review is Dane Street, LLC. Dane Street is not a part of LIBERTY.

Dane Street will review your child's full appeal case file along with any additional information that you may want to provide. Dane Street will make a decision within the allowed timeframes. Once a decision is made, you will receive a written letter of the outcome. The decision from Dane Street applies to you, your child, LIBERTY and is the final level of appeal.

When you ask for an IRO review, a qualified dentist contracted by Dane Street, reviews LIBERTY's decision made on your child's plan appeal. You can ask for a review by the IRO any time, up to 120 calendar days, after you get the Notice of Plan Appeal Resolution form LIBERTY.

You **must** finish the plan appeal process with LIBERTY before you can ask for a review by the IRO.

How do I ask for an Independent External Review?

You can ask for a review by the IRO by going online, calling or writing LIBERTY (you can also use the form included in this Member Handbook but it is not required).

Please include any information that you want submitted to the IRO for review on your behalf and send to:

Online: <https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx>

Mail to:

LIBERTY Dental Plan

Attn: Grievances and Appeals Department

P.O. Box 26110

Santa Ana, CA 92602-26110

Fax to: 1-833-250-1814

Call: 1-877-550-4436 or TTY 877-855-8039

If you have any questions, call us at the number listed above. For more information on your rights, review the Grievance and Appeals section in this Member Handbook. You can also find a copy of your child's Member Handbook online at:

<https://libertydentalplan.com/Florida/Florida-Healthy-Kids.aspx>



Eligibility and Enrollment Disputes

Florida KidCare will tell you about any decisions made regarding your child's eligibility for and enrollment in coverage. If you think Florida KidCare made an error, you can dispute the decision. State of Florida rules allow you to dispute for one of the following reasons:

- Florida KidCare says your child does not meet the eligibility rules (for example, household income, Florida residency, or legal immigrant status), but you think he or she does.
- Florida KidCare temporarily suspends your child's enrollment (usually for failure to pay for one month), but you think enrollment should continue because you paid on time;
- Florida KidCare ends your child's enrollment (usually for failure to pay or failure to provide renewal documents), but you think enrollment should continue because you provided payment or documents on time; and
- Your premium increases because your income or household size changed, but you think the information is incorrect or needs to be recalculated

How do I dispute a decision?

Send a letter or an email to the Florida Healthy Kids Corporation with the reasons you think the decision is wrong. Your dispute must be received within 90 days from the date on the decision notice (letter or email from Florida KidCare). You can:

- Email the letter to resolve@healthykids.org; or
- Mail the letter to Florida KidCare, P.O. Box 591, Tallahassee, Florida 32301-0591.
- Remember to put your family account number in your letter.

What happens next?

The Florida Healthy Kids Corporation will respond to your dispute in writing. If the decision is not in your favor, you can send a second dispute to senior management at the Florida Healthy Kids Corporation. If that decision is not in your favor, you can send your dispute to the Agency for Health Care Administration. Each of these steps will be described in detail in any denial letters sent to you.



FRAUD AND ABUSE

The Florida Healthy Kids supported program is funded by state and federal tax dollars in addition to the premiums and copayments families pay. LIBERTY and the Florida Healthy Kids Corporation are committed to stopping fraud and abuse.

What is fraud and abuse?

“Fraud” and “abuse” have specific meanings for Florida Healthy Kids.

Fraud means:

- An intentional deception or misrepresentation made by a person who knows that the deception could result in some unauthorized benefit to himself or herself, or another person.
- Any act that constitutes fraud under state or federal law.

Abuse means:

- Provider practices that are inconsistent with sound fiscal, business or medical practices; and
- Result in an unnecessary cost to LIBERTY; or
- Result in reimbursement for services that are not medically necessary or that do not meet professionally recognized standards for health care.
- Member practices that result in unnecessary costs to Florida Healthy Kids or LIBERTY.

What is an example of fraud?

Anna notices that documents from her son’s medical insurance company show that he received an MRI two weeks ago. Anna is sure that her child did not receive an MRI. If the doctor intentionally billed the plan for an MRI that her child did not receive, the doctor committed fraud.

What is an example of abuse?

Anna's son had his yearly well-child check-up last month, which included a routine basic metabolic panel (a blood test that evaluates important measurements like blood sugar and calcium levels). The results came back great. Today Anna's son has a sore throat, and she takes him to the doctor to be tested for strep throat. The doctor orders the strep test and another basic metabolic panel. The doctor might be committing abuse since Anna's son recently had good results and the metabolic panel test will not help the doctor figure out the cause of a sore throat.

Why is being aware of fraud and abuse important?

Most Florida Healthy Kids families pay monthly premiums of \$15 or \$20, but the total cost of coverage is much higher. The rest of your child's Florida Healthy Kids coverage is paid for with state and federal tax dollars. When providers or members receive payments or benefits, they should not, those tax dollars are wasted instead of going to children who need services.

What should I do if I think someone has committed fraud or abuse?

If you think a dentist, someone else who works at a dental office, or a facility like a hospital or surgical center, may have committed fraud or abuse, you can report it to LIBERTY by phone, e-mail, or mail:

- Special Investigations Unit: 1-888-704-9833 or TTY 1-877-855-8039
- E-mail: SIU@libertydentalplan.com
- Mail: LIBERTY Dental Plan Compliance Department P.O. Box 15149 Tampa, FL 33684
- If you think LIBERTY has committed fraud or abuse, please report the details to the Florida Healthy Kids Corporation by calling 1-850-701-6108 or emailing resolve@healthykids.org.



QUALITY AND PERFORMANCE

Access to quality health care is critical for Florida families. The Florida Healthy Kids and LIBERTY Dental Plan's mission is to ensure the availability of child-centered health plans that provide comprehensive, quality health care services. The Corporation looks at many different quality and performance indicators to ensure Florida Healthy Kids members are receiving quality care.

Florida Healthy Kids Performance Measures

A set of performance measures, many of which allow for national comparisons, are calculated yearly. You can find the most recent report on the Florida Healthy Kids website, healthykids.org.

Florida KidCare Performance Measures

A similar set of performance measures is calculated for Florida KidCare on a yearly basis. This report also includes Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results for Florida KidCare. CAHPS measures member satisfaction in a standardized way. You can find the most recent report at

http://www.ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/index.shtml.

Accreditation

Accreditation means that an independent accrediting organization thoroughly evaluates the Plan's ability to meet certain high-quality standards. LIBERTY is accredited through the National Committee for Quality Assurance (NCQA) and the Utilization Review Accreditation Commission (URAC).

Performance Improvement Projects

Florida Healthy Kids plans conduct and report on yearly performance improvement projects, which are also reviewed by an external quality review organization. These performance improvement projects are meant to improve a specified performance measurement in a real and sustained way. You can find the most recent performance improvement project report on the Florida Healthy Kids website at:

<https://www.healthykids.org/resources/quality/external-review/>.

Network Adequacy

Section 24.9 of Florida law explain the Florida Healthy Kids network adequacy standards. You can find more information on how each Plan is meeting those standards on the Florida Healthy Kids website at <https://www.healthykids.org/resources/quality/external-review/>. Please keep in mind that the network adequacy results are not updated in real time. Actual results may vary.



MEMBER RIGHTS AND RESPONSIBILITIES

As a member of LIBERTY, you also have certain rights. You have the right to:

- Be treated with courtesy and respect
- Always have your dignity and privacy respected
- Receive a quick and useful response to your questions and requests
- Know who is providing dental services and who is responsible for your care
- Know what member services are available, including if an interpreter is available if you do not speak English.
- Know what rules and laws apply to have you act
- Be given information about your diagnosis, the treatment you need, and openly discuss choices of treatments, the risks of treatments, and how these treatments will help you.
- Take part in making choices with your provider about your dental care, including the right to say no to any treatment, except as otherwise provided by law.
- Be given full information about other ways to help pay for your dental care
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get dental treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any dental emergency that will get worse if you do not get treatment.
- Know if dental treatment is for experimental research and to say yes or no to participating in such research.
- Make a complaint when your rights are not respected
- Ask for another provider when you do not agree with your provider (second opinion)
- Get a copy of your dental records and ask to have information added or corrected in your record, if needed.
- Have your dental records kept private and shared only when required by law or with your approval.
- Decide how you want medical and dental decisions made if you can't make them yourself (advanced directive).

- To file a grievance about any matter other than a Plan's decision about your benefits.
- To appeal a Plan's decision about your benefits.
- Receive services from a provider that is not part of our plan (out-of-network) if we cannot find a provider for you that is part of our LIBERTY network.
- Speak freely about your health care and concerns without any bad results
- Freely exercise your rights without the Plan or its network providers treating you badly
- Get care without fear of any form of restraint or seclusion used as a means of coercion, discipline, inconvenience, or retaliation.
- Request and receive a copy of your dental records and ask for them to be amended or corrected.

As a member of LIBERTY Dental Plan, you also have certain responsibilities.

You have the responsibility to:

- Give accurate information about your health to your Plan and providers
- Tell your provider about unexpected changes in your health condition
- Talk to your provider to understand your dental problems and agree on a treatment plan.
- Make sure you understand a course of action and what is expected of you
- Listen to your provider, follow instructions for care, and ask questions
- Keep your appointments and notify your provider if you will not be able to keep an appointment.
- Be responsible for your actions if you refuse treatment or if you do not follow the health care provider's instructions.
- Make sure payment is made for any non-covered services you receive
- Follow health care facility rules on your conduct and state laws
- Treat health care staff and case managers with respect
- Tell us if you have problems with any health care staff
- Use the emergency room only for real life-threatening emergencies
- Notify your case manager if you have a change in information (address, phone number, etc.)
- Have a plan for emergencies and access this plan if necessary for your safety
- Report fraud, abuse, and overpayment



DEFINITIONS

Insurance companies and health care professionals, like primary care dentist and specialty dentists, sometimes use uncommon words. They also sometimes use common words in different ways than you would normally hear in everyday conversation. This section explains some words and phrases you may come across when you:

- * Read this handbook;
 - * Call Member Services; or
 - * Take your child to see the primary care dentist
-
- **Appeal** is a written request that you make to your child's health or dental insurance company to review the insurance company's decision to deny a service or payment.
 - **Copayment or Copay** is a specified amount you pay to a health care provider, like a primary care dentist, when your child receives services.
 - **Covered Benefits or Covered Services** are services, supplies, devices, and other products a health or dental plan pays for as part of Florida Healthy Kids coverage.
 - **Dental insurance** is coverage that pays for some or all members dental care services in exchange for a monthly premium.
 - **Durable medical equipment (DME)** are supplies and devices intended for repeated or continuous use over a long time that a provider prescribes to help treat a medical condition.
 - **Emergency medical or dental condition** is an injury or illness, including severe pain, that needs care right away to avoid danger to your child's life or pregnancy, or to avoid serious damage to your child's health.
 - **Emergency medical transportation** is ambulance rides to a nearby hospital or medical facility to treat an emergency medical condition.
 - **Emergency room care or emergency department care** are services received at the emergency room of a hospital or at a standalone emergency room facility.
 - **Emergency services** are medical services your child receives to treat an emergency medical or dental condition.

- **Enrollee** is a child who is enrolled in a health or dental plan through Florida Healthy Kids. LIBERTY considers an enrollee the same as a member.
- **Excluded services** are health care services, supplies, devices, and other products that a health or dental Plan do not pay for because they are not a covered benefit under your child's plan.
- **Grievance** is a formal complaint you make to your child's health or dental insurance company about some part of your child's health care services.
- **Health insurance** is coverage that pays for some or all costs of health care services for a member in exchange for a monthly premium.
- **Hospital outpatient care** is care provided in a hospital that does not require staying overnight or admission as an inpatient.
- **Independent Review Organization (IRO)** is a third party company, who is not a part of the Plan, that uses independent medical/dental professionals to review specific decision made by your dental insurance plan.
- **Medically necessary** is treatment, services, equipment, or supplies needed to diagnose, prevent or treat an injury or illness and which is:
 - Consistent with the symptoms, diagnosis and treatment of a member's condition;
 - Provided in accordance with generally accepted professional medical standards and the health or dental plan's medical coverage guidelines;
 - The most appropriate level of supply or service for the diagnosis and treatment of the member's condition;
 - Not primarily intended for the convenience of the member, the member's family, or the health care provider; and
 - Approved by the appropriate medical body or health care specialty involved as effective, appropriate, and essential for the care and treatment of an member's condition.
- **Member** is a child who is enrolled in a health or dental plan through Florida Healthy Kids. LIBERTY considers a member the same as an enrollee.
- **Network** is the primary dental providers, specialty dentists, other health care professionals, hospitals, or other health care facilities that a health or dental plan has contracted with to provide covered benefits to Florida Healthy Kids members.
- **Non-participating provider or out-of-network provider** is a primary dental provider, specialty dentist, other health care professional, hospital, or other health care facility, that a health or dental plan has not contracted with to provide covered benefits to Florida Healthy Kids members. Care provided by out-of-network providers is only covered for the treatment of emergency medical conditions.
- **Physician services** are services provided by a primary care physician (doctor).
- **Plan** is the dental insurance policy an insurance company offers to members to provide Florida Healthy Kids coverage.

- **Pre-estimate or pre-approval** is approval from the health or dental insurance company that is required before services can be provided; otherwise, the insurance company will not pay for those services.
- **Participating provider or network provider** is a primary dental provider, specialty dentist, other health care professional, hospital, or other health care facility, that has a contract with a health or dental plan to provide covered benefits to Florida Healthy Kids members.
- **Premium** is the dollar amount you pay every month to keep your child enrolled in Florida Healthy Kids coverage.
- **Preventive care** is routine dental care that includes screenings and check-ups to prevent or detect illness or disease before symptoms are noticed.
- **Primary dental provider** is the health care professional your child sees for basic dental care and most dental problems. The primary dental provider sends your child to specialty dentists when special care is needed and coordinates your child's treatment.
- **Provider** is an appropriately licensed individual or entity providing dental care services.
- **Referral** is a written approval from your child's primary dental provider for your child to see a specialty dentist or receive certain services. The health plan, dental plan, or the specialty dentist may require a referral for your child to be seen.
- **Specialty dentist** is a dentist with extra training who only treats certain dental problems, body parts or age ranges and who does not act as a primary dental provider.
- **Urgent Care** is treatment for an injury or illness needed within 24 hours before it becomes an emergency.



FORMS

MEMBER GRIEVANCE AND APPEAL FORM PG. 1

Your concerns are important to LIBERTY Dental Plan (LIBERTY). If you disagree with our decision on your requested or completed services, you can ask for an appeal. If you are not happy with your dental provider, services, or how you were treated, you can ask for a grievance (complaint).

You can file a grievance or appeal with LIBERTY:

- Fill out this form and:
 - Mail it to us at: Attn: **Grievances/Appeals P.O. Box 15149, Tampa, FL 33684**
 - Fax it to us at: **1-833-250-1814**
- Go online at:
 - <https://www.libertydentalplan.com/Members/File-a-Grievance-or-Appeal.aspx>
- Call:
 - Member Services
 - **1-877-550-4436**
 - **TTY: 1-877-855-8039**

IMPORTANT INFORMATION

- Please see your Member Handbook or Evidence of Coverage for more details on the filing limits for grievances and appeals.
- You can have someone ask for a grievance or appeal for you. We must have your written approval to let someone ask for a grievance or appeal for you.
- We will mail you a letter acknowledging receipt of your grievance/appeal.
- We will mail you a letter with our response to your grievance/appeal.
- Urgent (expedited) review is available for cases that involve serious threat to your dental health.

MEMBER GRIEVANCE AND APPEAL FORM PG. 2

- You can ask for an additional time on your case, or we can ask for additional time if it is in your best interest.
- We will give you an interpreter at no cost.
- You or someone you authorization have the right to review your case file at any time.
- We will give you copies of your records at no cost.
- Please call our Member Services at the numbers listed above, if you need help filling out this form.

The acknowledgement and response letters will have the name and phone number of the person who is handling your case. You can call the that person to ask questions or add details to your case at any time.

The person handling your case will try to get more information to help resolved your case, including asking the dental office for records or a written response to your concerns.

PART 1: ENROLLEE INFORMATION (PLEASE PRINT)	
<i>First and Last Name</i>	<i>Today's date</i>
<i>Enrollee identification number</i>	<i>Date of Birth</i>
<i>Daytime Phone Number</i>	<i>Evening Phone Number</i>
<i>Preferred method of contact</i> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	<i>Email address</i>
<i>Best time to contact</i> _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<i>Name and relation of person filing grievance/appeal (if other than the member)</i>
<i>Full mailing address</i>	

MEMBER GRIEVANCE AND APPEAL FORM PG. 3

PART 2: DENTAL OFFICE/PROVIDER INFORMATION (PLEASE PRINT)

I am authorizing LIBERTY to request my information from the following office:

Dental office, provider, or staff member name

Phone Number

Full street address

PART 3: SUMMARY OF GRIEVANCE OR APPEAL

Please give us as many details as you can, if possible please provide the dates, names and any treatment. Include copies for all bills, checks, or other information related to your concerns.

Enrollee Signature

Date

*Encl: Notice of Language Assistance
Non-Discrimination Notice
State Regulatory Language*



LIBERTY Dental Plan Email Authorization Form

If you would like to get information about your child's dental plan by email, please fill out this form and send it back to LIBERTY to give us approval so to contact you by email about your child's dental plan. If you have questions about this form, please call Member Services at **1-888-550-4436 or TTY1 - 877-855-8039.**

Child's ID #:

Child's Name:

Legal Representative Name:

Email Address:

By checking this box, you agree to have LIBERTY contact you by the email address provided above.



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

SECTION 1: MEMBER INFORMATION

Member last name	Member first name	Member date of birth __/__/____	
Member street address	City	State	ZIP Code
Member phone number	Member identification number (see identification card)		

SECTION 2: INDIVIDUAL OR COMPANY AUTHORIZED TO RECEIVE MEMBER INFORMATION

I am authorizing the individual or company named below to receive my information:

<i>Individual name (first and last name)</i>	<i>Company name (if applicable)</i>		
<i>Street address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Relationship to the Member (e.g., parent, spouse, domestic partner, adult child, insurance broker or agent, attorney, etc.)

Purpose of the disclosure

SECTION 3: MEMBER INFORMATION TO BE DISCLOSED

I am authorizing the individual or company named in Section 2 to receive the following types of my information:

<input type="checkbox"/> All of my information (including, but not limited to, dental records, claims and information regarding eligibility, financial and billing, benefits, provider/dental office assignment, pre-treatment authorizations and specialty referrals, etc.	<input type="checkbox"/> <u>Only</u> the following types of my information (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Eligibility information <input type="checkbox"/> Benefits <input type="checkbox"/> Claims <input type="checkbox"/> Dental records (including x-rays)
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- Provider/dental office assignment information
- Pre-treatment authorizations and specialty referrals
- Financial and billing information
- Other (*please specify*):

SECTION 4: EXPIRATION OF AUTHORIZATION

Unless I revoke my authorization in accordance with the procedures in Section 5, my authorization will expire on:

Two (2) years from the date of my signature in Section 5 OR the earlier date of: ___/___/___

SECTION 5: ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I hereby authorize LIBERTY Dental Plan and/or its affiliates or designees to disclose the types of information identified in Section 3 to the individual or company identified in Section 2. In addition, by signing below, I acknowledge and agree to the following:

I have fully reviewed this Member Authorization Form (the "Form"), and I understand the contents of this Form. My authorization is being given voluntarily, and I understand that I can revoke my authorization at any time by providing written notice of my revocation to LIBERTY Dental Plan at (888) 703-6999 but that revocation of my authorization will not affect any action that has already been taken or any of my information that was released prior to LIBERTY Dental Plan's receipt of written revocation. I further understand that information disclosed to the individual or company identified in Section 2 could be further disclosed by that individual or company and that the Health Insurance Portability and Accountability Act and/or privacy laws may no longer protect such information.

<u>Member</u> signature: (<u>must</u> be age 18 or over)	Print <u>Member</u> name:	Date: ___/___/___
<u>Parent</u> signature: (IF member is a minor = age 17 or under)	Print <u>Parent</u> name:	Date: ___/___/___

PLEASE SEND COMPLETED FORM TO:

340 Commerce, Suite 100, Irvine, CA 92602

Or FAX to: 888-334-6027



NOTICES

HIPAA JOINT PRIVACY NOTICE

THIS JOINT NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSE. ALSO, IT DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

INTRODUCTION

This Joint Notice is being provided to you on behalf of LIBERTY Dental Plan (the "Plan") (collectively referred to herein as "We" or "Our"). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of "protected health information." or "PHI." This includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We will share PHI as needed, to carry out payment or health care operations relating to the services to be provided at the Plan facilities.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect. We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from the Privacy Officer at the Plan. You can also access it on our website at: <https://www.libertydentalplan.com/About-LIBERTY/Compliance/HIPAA-Privacy-Notice.aspx>

PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of *treatment, payment and health care operations*. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every use or disclosure will be listed.

- **Treatment** means the provision, coordination or management of your health care. This includes consultations between health care providers relating to your care and referrals for health care from one health care provider to another. For example, we may release information to a provider to manage your care.
- **Payment** means the activities we undertake to reimburse providers for the health care provided to you. This includes billing, collections, claims management, and other utilization review activities. For example, we may need to obtain PHI from your provider to determine whether the proposed course of treatment will be covered or if needed to obtain payment.
- **Health care operations** means the support functions of the Plan, related to *treatment and payment*, such as quality assurance activities, case management, responding to patient complaints, compliance programs, audits, business planning, development, management and administrative activities. For example, we may combine PHI about many patients to decide what additional services we should offer. In addition, we may remove information that identifies you. Others can use the de-identified information to study health care and health care delivery without learning who you are.

OTHER USES AND DISCLOSURES OF PHI

We may also use your PHI in the following ways:

- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or help in the report of, a person responsible for your care, of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object.
- When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- We may disclose information to the sponsor of our plan.
- We may use your information for underwriting purposes.
- We will not disclose genetic information for this purpose.
- We may contact you as part of our advertising efforts as allowed by applicable law.
- We will use or disclose PHI about you when needed to do so by applicable law.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise allowed uses or disclosures which are limited in nature and cannot be reasonably prevented.

SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

- Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Public Health Activities. We may disclose PHI about you for public health activities, including disclosures:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- Health Oversight Activities. We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, and civil rights).
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may release PHI subject to certain limitations.
- Law Enforcement. We may release PHI if asked to do so by a law enforcement official:
 - In response to a court order, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime under certain limited circumstances;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct on our properties; or
 - In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as needed to carry out their duties.
- National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.
- Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Also, if it is needed for law enforcement authorities to identify or apprehend an individual.

Note: information related to treatment of HIV, substance abuse, or mental health diseases or genetic information may enjoy certain special protections under applicable state and federal law.

OTHER USES OF YOUR PHI

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time. By providing that the revocation is in writing, except to the extent that we already have acted in support on your authorization.

YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of PHI. However, we are not required to agree to your request. To request a restriction, you may make your request in writing to the Privacy Officer.
2. You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer.
3. You have the right to inspect and copy the PHI contained in our Plan records, except:
 - a. for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - b. if you are a prison inmate, and access would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, any officer, employee, or other person at the correctional institution or person responsible for transporting you;
 - c. for PHI contained in records kept by a federal agency or contractor when your access is restricted by law; and
 - d. for PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

To inspect or obtain a copy your PHI, you may submit your request in writing to the Privacy Officer. If you request a copy, we may charge you a fee for the costs of copying and mailing your records, or other costs associated with your request.

We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request an amendment to your PHI but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request:
 - a. was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
 - b. is not part of your medical or billing records or other records used to make decisions about you;
 - c. is not available for inspection as set forth above; or
 - d. is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. To request an amendment to your PHI, you must submit your request in writing to the Privacy Officer, along with a description of the reason for your request.

5. You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for certain routine disclosures. To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.
6. You have the right to receive a notice, if there is a breach of your unsecured PHI, which requires a notice under the Privacy Rule.

COMPLAINTS/CONTACT PERSON

If you believe that your privacy rights have been violated, you should immediately contact the Privacy Officer at

- Phone: 888-704-9833
- Email: compliancehotline@libertydentalplan.com
- Fax: 888-273-2718
- Online: <https://www.libertydentalplan.com/About-LIBERTY/Compliance/Report-Compliance-Concerns.aspx>

We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services.

If you have any questions or would like further information about this notice, please contact the Privacy Officer as noted above. This notice became effective on November 1, 2016 and was last reviewed and approved on October 14, 2020.

ORGANIZATIONS COVERED BY JOINT NOTICE

This Joint Notice describes the privacy practices of LIBERTY Dental Plan Corporation, its affiliated entities, divisions, programs, departments, and units, including, but not limited to:

- LIBERTY Dental Plan Corporation, a Nevada Corporation
- LIBERTY Dental Plan of California, Inc., a California Corporation
- LIBERTY Benefits Administrators, Inc., a California Corporation
- LIBERTY Dental Plan of Nevada, Inc., a Nevada Corporation
- LIBERTY Dental Plan of the Southeast, Inc., a Nevada Corporation
- LIBERTY Dental Plan of Texas, Inc., a Nevada Corporation
- LIBERTY Dental, P.A., a Texas Professional Association
- LIBERTY Dental Plan of Florida, Inc., a Florida Corporation
- LIBERTY Dental New York, Inc., a New York Corporation
- LIBERTY Dental and Vision, Inc., a Nevada Corporation
- LIBERTY Dental Plan of Missouri, Inc., a Missouri Corporation
- LIBERTY Dental Plan Reinsurance Company, Ltd.
- LIBERTY Dental Plan of New Jersey, Inc., a New Jersey Corporation
- LIBERTY Dental Plan East, LLC, a New Jersey Limited Liability Company
- LIBERTY Dental New York, LLC (LIBERTY Dental New York IPA, LLC in NJ and NY)

NON-DISCRIMINATION NOTICE

Discrimination is against the law. LIBERTY Dental Plan ("LIBERTY") complies with all applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

LIBERTY provides free aids and services to people with disabilities to help them communicate better, such as:

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

Free language services to people whose primary language is not English, such as:

- Qualified interpreters, including sign language interpreters
- Information written in other languages

If you need these services, please contact us between 7:30 a.m. to 7:30 p.m. (EST) by calling 877-550-4436. Or if you cannot hear or speak well, please call 877-855-8039.

HOW TO FILE A GRIEVANCE

If you believe that LIBERTY has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with LIBERTY's Civil Rights Coordinator.

You can file a grievance by phone, in writing, in person, or electronically:

- Phone: 888-704-9833
- TTY: 877-855-8039
- Fax: 833-250-1814
- Email: CivilRightsComplaint@libertydentalplan.com
- Online: <https://www.libertydentalplan.com/Members/File-a-Grievance-or-Appeal.aspx>

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- In writing: Fill out a complaint form and send a letter to:
 - U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

- By Phone: 1-800-368-1019, 800-537-7697 (TDD)
- Online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

LIBERTY's HIPAA Privacy Notice provides you with information about your rights and our legal duties and privacy practices with respect to Protected Health Information (PHI), including how we use and disclose your PHI. You can always request a written copy of our most current privacy notice from LIBERTY's Privacy Officer by calling 888.704.9833, or online at: www.libertydentalplan.com/HIPAA-Privacy-Notice.

NOTICE OF LANGUAGE ASSISTANCE

LIBERTY Dental Plan complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (877) 550-4436 (TTY: (877) 855-8039). (English)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (877) 550-4436 (TTY: (877) 855-8039). (Spanish)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (877) 550-4436 (TTY: (877) 855-8039). (French Creole)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (877) 550-4436 (TTY: (877) 855-8039).