



**750 Medical Center Court, Suite 2
Chula Vista, CA 91911**

**Combined Evidence of Coverage & Disclosure Form
For Dental Plans
Effective 01/01/2026**

**This Health Plan may be limited in benefits, rights and
remedies under U.S. Federal and State Law.**

**Este Plan de Salud puede tener limitaciones en sus beneficios,
derechos y resoluciones bajo las leyes federales y estatales de
los Estados Unidos.**

www.mediexcel.com

SECTION 1: Combined Evidence of Coverage and Disclosure Form (EOC)

PLEASE READ THESE IMPORTANT NOTICES ABOUT THIS DENTAL PLAN

This EOC constitutes only a summary of the dental plan. The dental plan contract must be consulted to determine the exact terms and conditions of coverage.

Notice About This Group Dental Plan: MediExcel Dental Plan makes this plan available to Employees through a contract with the Employer. The Group Subscriber Agreement (Contract) includes the terms in this EOC, as well as other terms. A copy of the Contract is available upon request. A Summary of Benefits is incorporated as part of the EOC. The Summary of Benefits sets forth the member's share-of-cost for Covered Services under the benefit Plan.

Please read this EOC carefully and completely to understand which services are Covered Services, and the limitations and exclusions that apply to the Plan.

MediExcel Health Plan provides a matrix summarizing key elements of this MediExcel Dental Plan at the time of enrollment. This matrix allows individuals to compare the dental plans available to them. The EOC is available for review prior to enrollment in the Plan.

For questions about this Plan, please contact Member Services at (619) 365-4346, or at (664) 633-8555 if dialing from México.

Notice About Plan Benefits: no member has the right to receive benefits for services or supplies furnished following termination of coverage, except as specifically provided under the Extension of Benefits provision and the Continuation of Group Coverage provision in this EOC.

Benefits are available only for services and supplies furnished during the term this dental plan is in effect and while the individual claiming benefits is covered by this group contract.

Benefits may be modified during the term as specifically provided under the terms of this EOC, the group contract or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or the elimination of benefits) apply for services or supplies furnished on or after the effective date of modification.

Notice About Contracted Providers: MediExcel Dental Plan contracts with dental professionals to provide services to members for specified rates. This contractual arrangement may include incentives to manage all services provided to members in an appropriate manner consistent with the contract. To learn more about this payment system, contact Member Services.

Notice of Going Green - Paperless Initiatives and Member Communications: MediExcel Health Plan has incorporated workflow processes and digital forms to improve efficiency, reduce paper and postal expenses by using electronic distribution (Email) and pdf files of documents. The member is assumed to consent to these paperless workflow processes and formats. The member can opt out of one or more of these processes and digital forms by notifying Member Services.

MediExcel Health Plan has established a Patient Portal for secure electronic communications between the member and MediExcel Health Plan. An electronic file of member's benefit plans, EOC, SBC, IRS 1095B Tax Form and all applicable health plan notices shall be placed in the Patient Portal for easy retrieval by the member. To register, please go to the following link:

<https://saludexcel.com/mediexcel/signup/> or contact Member Services at (619) 365-4346, (664) 633-8555 if dialing from México, or by email at memberservices@mediexcel.com.

Notice About Medical Necessity: Benefits are only available for services and supplies that are Medically Necessary. MediExcel Health Plan reserves the right to review all claims to determine if a service or supply is medically necessary. A physician or other health care provider's decision to prescribe, order, recommend, or approve a service or supply does not, in itself, make it medically necessary.

Notice About Confidentiality of Personal and Health Information: MediExcel Health Plan protects the privacy of individually-identifiable personal information, including protected health information. Individually-identifiable personal information includes health, financial, and/or demographic information, such as name, address, and social security number. MediExcel Health Plan will not disclose this information without authorization, except as permitted or required by law.

A STATEMENT DESCRIBING MEDIEXCEL HEALTH PLAN'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

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SECTION 3: HOW TO USE YOUR MEDIEXCEL DENTAL PLAN

This booklet is your Dental Plan Evidence of Coverage. It explains what MediExcel Dental Plan covers and does not cover. Please read this booklet carefully, including the sections that apply to your special dental care needs. Also, read your Summary of Benefits on page A-1] which lists copays and other fees. There are many references to “health care” and “Health Plan” in this booklet which have a similar meaning as “dental care” and “Dental Plan.”

MediExcel Health Plan is a licensed HMO Plan that has received regulatory approval to offer dental coverage, which is known as MediExcel Dental Plan. MediExcel Dental Plan is *a type of group dental insurance*. *Group dental insurance* is insurance that you get through a group, such as an employer. MediExcel is special as you receive your dental care in México, except for emergencies and urgent care services. Even if you have belonged to a dental plan before, take some time to learn about MediExcel Dental Plan. This chapter tells you about:

- How to contact MediExcel Dental Plan
- Your MediExcel Member I.D. card
- The MediExcel Dental Plan service area
- The MediExcel Dental Plan provider network
- Your primary care dentist and dental group
- Language and communication assistance
- How to get dental care when you need it
- Referrals and pre-approval (prior authorization)
- Emergency and urgent dental care
- Dental Care when you are way from home
- Costs
- If you have a problem

How to Contact MediExcel Dental Plan

Our Member Services team is available to help you 24/7. Our staff is bilingual (English and Spanish) and have translators available for any other language. Call us if:

- You have a question or a problem.
- You need a new primary care dentist.
- You need to replace your Membership I.D. Card.
- You are billed the wrong amount by the provider.

MediExcel Health Plan Member Services

- **Telephone:** (619) 365-4346, or (664) 633-8555 if dialing from México. For the hearing impaired, call MediExcel Health Plan’s TTY toll-free number at (800) 735-2929.
- **Email:** memberservices@mediexcel.com
- **Mail:** MediExcel Health Plan

750 Medical Center Court, Suite 2
Chula Vista, CA 91911

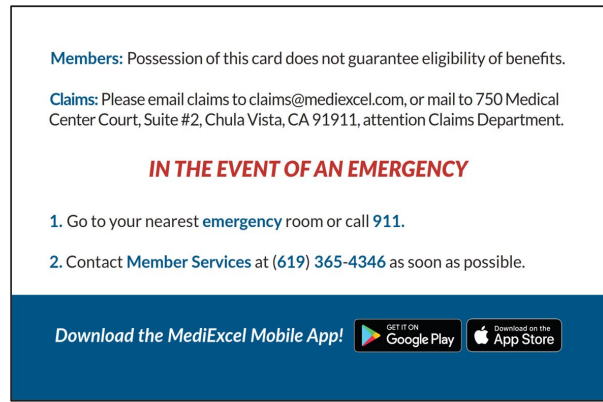
- **In Person:** MediExcel Health Plan Administrative Office
750 Medical Center Court, Suite 2 Chula Vista, CA 91911
Monday – Friday 8:00 am -5:00 pm PST
- **Online:** www.mediexcel.com

Your MediExcel Member ID Card

Your MediExcel temporary ID will arrive inside your new member packet. During your first visit to our facilities in Mexico, each enrolled member can get a permanent ID. You may also visit our Member Enrollment Center in Chula Vista. Show your ID Card whenever you get health care.



Front Side



Reverse Side

The MediExcel Dental Plan Service Area and General Qualifications

MediExcel Dental Plan has a service area. This is the area in which MediExcel Dental Plan provides dental care coverage which consists of the border cities of Tijuana, Tecate and Mexicali, Baja California, Mexico. You (the employee) must be a Mexican National and work with the County of San Diego or Imperial to become a member of MediExcel Dental Plan. You must receive all dental care services within the MediExcel Dental Plan service area unless you need emergency or urgent dental care. **If you reside in the U.S. and you and your enrolling dependents do not have the proper documentation to cross into Mexico and return to the U.S., you cannot enroll in MediExcel Dental Plan.** If you no longer work in San Diego or Imperial County, you must tell MediExcel Dental Plan. Your dependents regardless of their nationality may also enroll in MediExcel Dental Plan (*see Section 8*). If your dependents do not reside with you, they must reside within the MediExcel Health Plan service area in order to be eligible to enroll.

Mexican Dental Care Standards

Legal requirements for and generally accepted practice standards of dental care in Mexico are different than those of California or elsewhere in the United States. Therefore, the dental care to be received through providers in Mexico with MediExcel Dental Plan will be care that is consistent with generally accepted dental care standards of Mexico, not of California. MediExcel Dental Plan contracts only with providers who meet all applicable laws, licensing requirements, and professional standards of Mexico and who provide their services in accordance with the generally accepted dental care standards of the organized dental community relating to professional dental care services in Mexico. Any member who is not completely comfortable with the standards of

care for the practice of medicine and dental care in Mexico should not enroll in the MediExcel Dental Plan.

The MediExcel Dental Plan Provider Network

Our dental network is all the dentists and other dental providers that MediExcel Dental Plan has contracts with.

- You must get your dental care from your primary care dentist and other dental providers who are within the network. Our *Provider Directory* is available on our website at www.mediexcel.com. If you require a printed copy, call Member Services at (619) 365-4346, or (664) 633-8555 if dialing from México.
- If you go to providers outside the network, you will have to pay all of the cost, unless you received pre-approval from MediExcel Dental Plan *or* you had an emergency *or* you needed urgent dental care away from home.
- If you are new to MediExcel Dental Plan or MediExcel Dental Plan ends your dental provider's contract, you can continue to see your current dental provider in some cases. This is called *continuity of care* (see Section 5.)

Your Primary Care Dentist and Dental Group (see Section 5)

When you join MediExcel Dental Plan, you need to choose a primary care dentist (also called a PCD). This dentist provides your basic dental care and coordinates the dental care you need from other dental providers.

Your primary care dentist and most of the specialty dentists you see are usually within the same dental group. A *dental group* is a group of dental providers who have a business together.

Language and Communication Assistance (see Section 5)

Good communication with MediExcel Dental Plan and with your providers is important. All MediExcel Health Plan Member Services Representatives are fully bilingual in Spanish and English. If Spanish is not your first language, MediExcel Health Plan provides interpretation services and translation of certain written materials at no cost to the member.

- To ask for language services, call MediExcel Health Plan at (619) 365-4346, or at (664) 633-8555 if dialing from México.
- If you have a preferred language to communicate in, other than Spanish or English, MediExcel Health Plan will arrange for interpreter services during your telephone call or visit to MediExcel Health Plan. Call (619) 365-4346, or (664) 633-8555 if dialing from México for assistance.
- If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling the Deaf and Disabled Telecommunications Program at 711, which can facilitate communications with MediExcel Health Plan. See Section 15.

How to Get Dental Care When You Need It

Call your primary care dentist first for all your dental care unless it is an emergency.

- You usually need a referral and pre-approval to get dental care from a provider other than your primary care dentist. See the next section.
- The care must be medically necessary for your health. Your dentist and MediExcel Dental Plan follow guidelines and policies to decide if the care is medically necessary. If you disagree with MediExcel Dental Plan about whether a service you want is medically

necessary, you can request an Independent Medical Review. *See Section 11.*

- The care must be a service that MediExcel Dental Plan covers. (Covered Services are also called *Benefits*.) To see what services MediExcel Dental Plan covers, see the section on “Your Benefits” in *Section 6*.

Referrals and Pre-approvals (*see Section 5*)

You need a referral from your primary care dentist and pre-approval from MediExcel Dental Plan for most services. Pre-approval is also called *prior authorization*.

- Make sure your dentist gives you a referral and gets pre-approval if it is required.
- If you do not have a referral and pre-approval when it is required, you will have to pay all the cost of the service.

You usually need a referral and pre-approval to:

- See a dental specialist.
- Get most tests, treatments, and procedures.
- Go to a non-network dental provider—unless it is an emergency.
- Get a second opinion about a diagnosis or treatment.
- See a dentist who is not within the MediExcel Dental Plan Network.

You do **NOT** need a referral and pre-approval to:

- See your primary care dentist.
- Go to dental facility for emergency dental care.
- Get urgent dental care.

Emergency Dental Care (*see Section 6*)

Emergency dental care is covered anywhere in the world.

- It is an emergency if you reasonably believe that not getting immediate dental care could be dangerous to your life or part of your body.
- If you have an emergency, go to the nearest emergency dental facility or hospital regardless of whether the emergency care facility is in Mexico or in the United States.
- If you can, go to a dental facility in the MediExcel Dental Plan network.
- If you receive emergency dental services outside the MediExcel Dental Plan provider network, you must let MediExcel Dental Plan know within 48 hours, or as soon as you can.
- Go to your primary care dentist for follow-up care. Do not go back to the dentist who provided you emergency dental services for follow-up care.

Urgent Dental Care (*see Section 6*)

Urgent dental care is care that you need soon to prevent a serious dental problem. Urgent care is covered anywhere in the world.

- For Urgent Dental Care needs while you are within the Plan Service Area, go to a Plan Dental Center. All Plan Dental Centers are open 7 days a week.
- For Urgent Dental Care needs outside the Plan Service Area, these urgent care facilities

require higher copays and may have limitations in services and hours of operation.

- If you have an urgent dental care matter and want to speak with a MediExcel Dental Plan Dentist over the telephone, call (619)365-4346, or (664) 633-8555 if dialing from Mexico. You will talk with an urgent care representative who will coordinate your telephone call with a dentist. There is no copay for this service.

Care When You Are Away from Home *(see Section 3)*

- Only emergency and urgent dental care services are covered.
- If you receive emergency dental care or urgent dental care, you must let MediExcel Dental Plan know within 48 hours, or as soon as you can.
- If special circumstances arise, call MediExcel Dental Plan at (619)365-4346, or (664) 633-8555 if dialing from Mexico.

Costs *(see the “Summary of Benefits” on page A-1 and “What You Pay” in Section 4)*

- The **premium** is what you and/or your employer pays each month to MediExcel Dental Plan to keep coverage.
- Copay (copayment) is the amount that you must pay each time you see a dentist or get other covered services.
- After you pay your copay, MediExcel Dental Plan pays the rest of the cost of the service, as long as the service you get is a covered benefit.

If You Have a Problem with MediExcel Dental Plan *(see Section 11)*

- If you have a problem with MediExcel Dental Plan, you can file a complaint *(also called an appeal or a grievance)* with MediExcel Dental Plan.
- If you disagree with MediExcel Dental Plan’s decision about your complaint, you can get help from the State of California Department of Managed Health Care HMO Help Center. The HMO Help Center can help you file a complaint.

SECTION 4: WHAT YOU PAY

This chapter tells you about your costs in MediExcel Dental Plan. The costs you pay may include:

- Premiums
- Copays (copayments)

This chapter also tells you what you need to do if:

- You have to pay for care at the time you get it.
- You have more than one dental plan (Coordination of Benefits).

Premiums

A *premium* is the amount that MediExcel Dental Plan charges each month for dental care. Usually your employer pays part of the premium and you pay the rest.

- The amount you pay is usually taken out of your paycheck each month. If you have questions about your premium, ask your employer, or call MediExcel Dental Plan at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.
- If the premium changes, MediExcel Dental Plan will let your employer know in writing at least 30 days before the change. Usually, the premium changes only when your employer renews its contract with MediExcel Dental Plan.

Copays (Copayments)

Copay is the amount that you pay each time you see a doctor in the MediExcel Dental Plan network or get services. You have to pay a copay for most dental care services you get.

- You must pay the copay when you get the service.
- Different kinds of services may have different copay amounts.
- The copay amounts are listed in the “**Summary of Benefits**” on page A-1.

If You Have to Pay for Care at the Time You Receive It (Reimbursement Provisions)

There may be times when you have to pay for your dental care at the time you receive it. For example, if you get emergency or urgent dental care from a provider who is not within the MediExcel Dental Plan network, you may have to pay for the service at the time you get dental care.

Ask the provider to bill MediExcel Dental Plan directly. If that is not possible, you will have to pay and then ask MediExcel Dental Plan to reimburse you (pay you back). MediExcel Dental Plan will reimburse you as long as the dental care you get is a covered service and you can present substantiating documentation.

How to Get Reimbursed:

You must ask MediExcel Dental Plan to reimburse you.

- We must receive your request no later than 180 days after you get the services unless you show that you could not reasonably file your request within this time period.
- Only covered benefit services will be considered for reimbursement.
- You must include a copy of the bill, a receipt for your payment, and supporting documentation such as medical records that annotates the dental services rendered.
- If reimbursement request is for services rendered in Mexico, please include a copy of the “factura” and ensure that the “factura” is made out in the name of “Medi-Excel, SA de CV with RFC# “MED091108FY4” and the official address, “Avenida Paseo de Los Héroes 2507, Zona Río Tijuana, Baja California 22320”.
- Under Mexican law, all businesses, including health care providers, are required to provide the client a “factura” for all financial transactions. If you are uncertain or have any questions while you are with the Mexican provider, please call Member Services at (664) 633-8555 and we can help you explain it to the provider.
- Send your request to:

MediExcel Dental Plan
750 Medical Center Court, Suite 2
Chula Vista, CA 91911

- You may also email your request to: claims@mediexcel.com
- You still have to pay the normal copay for the dental care you received.
- Reimbursement for approved charges will be mailed within 30 calendar days of receipt of complete documentation.

If You Have More Than One Dental Plan (Coordination of Benefits)

Some people have more than one dental plan or health insurance policy. If you do, MediExcel Dental Plan must coordinate your benefits with your other policy. Contact MediExcel Dental Plan and your other policy before you receive services to let each plan know about the other.

- You must tell your dentists and other health care providers about any other dental plan you or members of your family have.
- The total amount paid by all of the plans together will never be more than the total cost of the services.
- You still need to follow each plan’s policies for using network providers and getting referrals and pre-approvals.

Contracted Dental Providers

All of the dental providers within the MediExcel Dental Plan Dental Provider Network are contracted by MediExcel Dental Plan and obligated to provide professional dental care services to members in accordance with professional standards. Additionally, in the event that MediExcel Dental Plan fails to pay the contracted provider for any claims for covered benefits services by members, the members shall not be liable to the contracted provider for any sums owed by MediExcel Dental Plan.

SECTION 5: SEEING A DENTIST AND OTHER DENTAL PROVIDERS

MediExcel Dental Plan has a dental provider network that includes primary care dentists and specialty dentists. Your primary care dentist coordinates most of your dental care. Your primary care dentist will refer you to dental specialists.

This chapter tells you about:

- Your choice of dentists and dental providers
- Language and communication assistance
- Choosing a primary care dentist
- Referrals and pre-approval (prior authorization)
- Getting a second opinion
- Keeping a dentist or other provider you go to now (continuity of care)

Your Choice of Dentists and Dental Providers—*Your MediExcel Dental Plan Provider Directory*

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

The *Provider Directory* lists all the dentists and other dental providers within the MediExcel Dental Plan dental network.

- You must get all of your dental care from the providers within the MediExcel Dental Plan provider network, unless you get emergency or urgent dental care or MediExcel Dental Plan pre-approves a visit to a dental provider who is not in our network.
- The *Provider Directory* (www.mediexcel.com) is updated on a daily basis or whenever there are any provider changes.
- MediExcel Dental Plan makes sure that there are always enough dental providers within the network, so you can get the dental care you need.
- To get the latest *Provider Directory*, visit our website at www.mediexcel.com, click on the *Member* tab and scroll to *Find a Doctor*, or call Member Services at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.

Language and Communication Assistance

Good communication with MediExcel Dental Plan and with your providers is important. All MediExcel Health Plan Member Services Representatives are fully bilingual in Spanish and English. If Spanish is not your first language, MediExcel Health Plan provides interpretation services and translation of certain written materials.

- To ask for language services call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.
- If you have a preferred language to communicate in, other than Spanish or English, MediExcel Health Plan will arrange for interpreter services during your telephone call or

visit to MediExcel Health Plan. Call (619) 365-4346, or (664) 633-8555 if dialing from México.

- MediExcel Health Plan provides aids and services at no cost to people with disabilities to communicate effectively with us such as qualified sign language interpreters and written information in other formats (including large print, audio, accessible electronic formats, and other formats).
- If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling the Deaf and Disabled Telecommunications Program at 711 which can facilitate communications with MediExcel Health Plan. *See Section 15.*

Choosing a Primary Care Dentist

Your primary care dentist gives you your basic dental care and coordinates the care you need from other providers. When you join MediExcel Dental Plan, you may choose a primary care dentist (also called a PCD). This dentist provides your basic dental care and coordinates the care you need from other providers.

- When you need to see a dental specialist, your primary care dentist gives you a referral.
- When you need dental care, call your primary care dentist first, unless it is an emergency.
- If your primary care dentist cannot see you, another primary care dentist in the provider directory will see you.
- Each family member may have a primary care dentist. Each family member can choose a different primary care dentist.
- If you do not choose a primary care dentist, MediExcel Dental Plan will choose one for you. You can change your primary care dentist at any time for any reason.
- The on-line *Provider Directory* (www.mediexcel.com) has an updated listing of all MediExcel Health Plan providers.

Tips: Selecting a Primary Care Dentist:

- Look for a primary care dentist you feel comfortable with and can talk to about all of your dental health concerns. Think of your dentist as your partner in your dental care.
- Ask friends for the names of primary care dentists they like.

How to Change Your Primary Care Dentist:

To change your dentist, call Member Services at (619) 365-4346, or (664) 633-8555 if dialing from México.

- Give the dentist's name and say why you want to change dentists.
- Say which dentist you want. Or ask Member Services to choose a new dentist for you.
- You can start seeing your new dentist immediately.

Referrals and Pre-approvals (Prior Authorization)

- To see a dental specialist or another provider, you usually need a referral from your primary care dentist and you may need pre-approval from MediExcel Dental Plan.

- If you do not get the required referral and pre-approval and you get the service or treatment from a specialist or another provider, you will have to pay all of the cost.

The Pre-Approval Process:

Your primary care dentist usually asks MediExcel Dental Plan for pre-approval. The dental care you want must be a covered benefit, and it must be medically necessary for your health. MediExcel Dental Plan uses dental guidelines and policies to decide whether to approve or deny a referral.

- It can take up to 2 business days to get pre-approval, depending on your dental condition and the treatment you need.
- If your dental problem is urgent, MediExcel Dental Plan may take up to (24 hours) to decide, depending on your dental condition and the treatment you need.
- MediExcel Dental Plan will tell your provider what we decide within 24 hours after making a decision.
- MediExcel Dental Plan will send you and your provider a letter within 2 business days after MediExcel Dental Plan has decided whether to approve or deny your request.
- Sometimes more information or other tests are needed before MediExcel Dental Plan can make a decision. MediExcel Dental Plan will tell your provider as soon as we know that more information or tests are needed. We will tell your provider no later than 2 business days after we receive the request for pre-approval (or within 24 hours if your dental problem is urgent).

Your Primary Care Dentist Makes a Referral:

- Your dentist may give you a written referral or may send the referral directly to the other dental provider. Your dentist will give you the name and phone number of the specialist or other provider you will see.
- To make the appointment, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.

You Do NOT Need a Referral or Pre-Approval to:

- See your primary care dentist.
- Get emergency or urgent dental care. See “Emergency Dental Care” and “Urgent Dental Care” in *Section 6*.
- Get dental preventive care for a cleaning and fluoride treatment.

Getting a Second Opinion

You may ask for a second opinion from another dentist about a condition that your dentist diagnoses or about a treatment that your dentist recommends. Below are some reasons you may want to ask for a second opinion:

- You have questions about a treatment your dentist recommends.
- You have questions about a diagnosis for a serious chronic dental or medical condition.
- There is disagreement regarding your diagnosis or test results.
- Your dental health is not improving with your current treatment plan.

- Your dentist is unable to diagnose your problem.

How to Request a Second Opinion:

You must request pre-approval from MediExcel Dental Plan to get a second opinion. Your request will automatically be approved.

- You can ask for a second opinion from another primary care dentist in your dentist's dental group or from any dental specialist within the MediExcel Dental Plan provider network.
- The section called "The Pre-Approval Process" in *Section 5* explains how to request pre-approval.

Keeping a Dentist or Other Provider You Go to Now (Continuity of Care)

You may have to find a new dental provider when you join MediExcel Dental Plan if the dental provider you have now is not in the network. Or, you may have to find a new dental provider if you are already a member of MediExcel Dental Plan and your provider's contract with MediExcel Dental Plan ends.

However, in some cases, you may be able to keep going to the same dental provider to complete a treatment or to have treatment that was already scheduled.

- This is called *Continuity of Care*.
- You can keep your provider **ONLY** if you have certain health problems or conditions.
- To keep a provider, you must call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if calling from Mexico and ask for Continuity of Care. Your provider must agree to keep you as a patient. The provider must also agree to MediExcel Dental Plan's usual terms and conditions for contracting providers.
- For more information about whether you may request Continuity of Care, or to obtain a copy of the MediExcel Dental Plan Continuity of Care policy, call MediExcel Health Plan at (619) 365-4346 or (664) 633-8555 if dialing from Mexico.
- If you are new to MediExcel Dental Plan, you may not be eligible for Continuity of Care with your provider if:
 - You were offered a dental plan (such as a PPO) where you can see out-of-network providers, or
 - You had the option to continue with your previous health plan or provider and you voluntarily chose to change to MediExcel Dental Plan.

Timely Access to Care

MediExcel Health Plan commits to provide you your covered dental care services in a timely manner appropriate for the nature of your condition consistent with good professional practice. We will ensure that all processes necessary to provide your covered dental care services are completed in a timely manner appropriate for your dental condition. When it is necessary for a provider to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for your dental care needs.

MediExcel Health Plan commits to providing availability of licensed dental care providers to offer enrollees appointments that meet the following timeframe standards:

| Service Category | Standard |
|--|-----------------|
| Urgent appointments for covered dental services: | Same day |

Notice of the Availability of Interpreter Services: All MediExcel Health Plan Member Services Representatives and Telephone Triage/Screening Services Representatives are fluent in Spanish and English. If you have a preferred language to communicate in, other than Spanish or English, MediExcel Health Plan will arrange for interpreter services during your telephone call to MediExcel Health Plan. Please call (619) 365-4346, or (664) 633-8555 if dialing from México.

SECTION 6: YOUR DENTAL BENEFITS

This section tells you about the dental care benefits, also called services, that MediExcel Dental Plan covers. It also tells you what you need to do before you get your dental care.

- **For many dental specialty services, you must get a referral from your primary care dentist. For some services, you also need pre-approval from MediExcel Dental Plan.**
- **Make sure that your primary care dentist gets a referral and pre-approval from MediExcel Dental Plan for services that require them.** If you do **NOT** have the required referral and pre-approval, you will have to pay all of the cost of the dentist visit, test, or treatment.

Dental Benefits Discussed in this Chapter:

| | |
|--|---|
| 1. Diagnostic Dental Services 2. Preventive Dental Services 3. Restorative Dental Services 4. Endodontic Dental Services 5. Periodontics Dental Services | 6. Prosthodontics Dental Services 7. Oral Surgery 8. Adjunctive Dental Services 9. Orthodontic Services 10. Emergency Dental Care 11. Urgent Dental Care |
|--|---|

1. Diagnostic Dental Services

Diagnostic dental services are those that are used to diagnose your dental condition and evaluate necessary dental treatment. See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers These Services:

- Office visits to your primary care dentists
- Diagnostic dental services when they are necessary for your dental health in accordance with professionally recognized standards of practice.
- Dental Treatment Plan
- Dental x-rays

MediExcel Dental Plan Does NOT Cover These Services:

- Diagnostic dental services that are exclusively for non-covered services.

Limitations

- Bitewing x-rays are limited to no more than one series of four films in any six-month period.
- Full Mouth x-rays are limited to once every 24 consecutive months.

2. Preventive Dental Care

Preventive dental care services are those that are used to maintain good dental condition or to prevent deterioration of dental condition. See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers Periodic Checkups and Care to Prevent Problems.

- You do not need a referral from your dentist or pre-approval from MediExcel Dental Plan for most of these services.
- You can make an appointment for these services any time you think you need dental care.

MediExcel Dental Plan Covers These Services:

- Office visits to your primary care dentist.
- Preventive checkups and periodic screenings.
- Dental preventive services consisting of a cleaning, fluoride treatment, and oral hygiene instruction.
- Space Maintainers – passive appliances designed to prevent tooth movement.

MediExcel Dental Plan Does NOT Cover These Services:

- Exams that you need only to get work, go to school, play a sport, or get a license or professional certification.

- Services that are ordered for you by a court unless they are medically necessary and covered by MediExcel Dental Plan.

Limitations:

- Fluoride Treatments are covered with up to two treatments per calendar year, up to the 18th birthday.

3. Restorative Dental Care

Restorative dental care services are those that are used to repair and restore the natural teeth to healthy condition. See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers These Services:

- Amalgam and Resin-Based Composite Restorations
- Crowns – Single Restoration Only
- Other Restorative Services
 - Re-cementation of crowns
 - Prefabricated Stainless Steel and Resin Crowns
 - Sedative filling – Temporary restoration intended to relieve pain.
 - Post and core buildup.

MediExcel Dental Plan Does NOT Cover These Services:

- Cosmetic dental care.
- Replacement of amalgam restorations with different materials, solely to eliminate the presence of amalgam.
- Restorations of natural teeth other than those noted herein.
- Consultations for non-covered benefits.

Limitations:

- Crowns, Jackets, Inlays and Onlays are benefits on the same tooth only once every five years, and consistent with professionally recognized standards of dental practice.
- Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

4. Endodontic Dental Care

Endodontic dental services are procedures that involve treatment of the pulp, root canal, and roots. See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers These Services:

- Pulp Capping – Procedure in which exposed or nearly exposed pulp is covered with a dressing that protects the pulp and promotes healing and repair.

- Pulpotomy – Removal of a portion of the pulp to maintain the vitality of the remaining portion by means of a dressing.
- Root Canal Therapy – The treatment of diseases and injuries of pulp and the root canal, and placement of the root canal filling.
- Apicoectomy – A surgical procedure to repair the damages to the root surface.

MediExcel Dental Plan Does NOT Cover These Services:

- Root Canal on deciduous teeth

Limitations:

- For Pulpotomy – benefits are allowed only on primary and permanent teeth
- Root Canal therapy on primary teeth is not a covered benefit unless there is no permanent successor

5. Periodontic Dental Care

Periodontic dental services are those procedures that involve the treatment of the gum and bone supporting the teeth and the management of gingivitis (gum inflammation) and periodontitis (gum disease). See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers These Services:

- Periodontal Scaling and Root Planing
- Gingivectomy
- Osseous Surgery
- Periodontal maintenance

MediExcel Dental Plan Does NOT Cover These Services:

- Periodontal splinting/grafting is not covered.

Limitations:

- Periodontal Scaling and Root Planing are allowable only when the need can be demonstrated radiographically and/or by pocket charting. There is a maximum benefit of four quadrants per calendar year.
- Periodontal maintenance is allowed following active periodontal therapy once every six months.

6. Prosthodontics Dental Care

Removable prosthodontics is the replacement of lost teeth by a removable prosthesis and the maintenance of those appliances. *Fixed prosthodontics* is the replacement of lost teeth by a fixed prosthesis. See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers These Services:

Removable Prosthesis

- Complete and Partial Dentures
- Tooth Additions and Repair to Existing Dentures
- Replacement of missing or broken denture teeth, and repairs to the denture base.
- Denture Reline and Rebase
- Interim Prosthesis

Fixed Partial Prosthesis

- Fixed Partial Denture Pontics (an artificial tooth on the Fixed Partial Denture).
- Abutment Crowns (an artificial crown made to support a Fixed Partial Denture).
- Fixed Partial Denture Services.
 - Recementation of Fixed Partial Dentures.
 - Post and Core Buildup.

MediExcel Dental Plan Does NOT Cover These Services:

- Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances.
- Crowns, or bridgework that are lost, stolen, or damaged due to member abuse, misuse, or neglect.
- Appliances needed to increase vertical dimension or restore occlusion.
- Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, and precision abutments for removable partials or fixed partial dentures.

Limitations:

- Replacement of an existing appliance will be covered if the appliance is over five years old.
- The replacement of permanent tooth/teeth for children under 16 years of age.
- Fixed bridges are not a benefit for Enrollees under the age of 16. A fixed bridge under these circumstances is not considered medically necessary treatment.

7. Oral Surgery

Oral surgery services are procedures that involve the extraction of teeth and other surgical procedures. See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers These Services:

- Surgical removal of erupted tooth

- Removal of impacted tooth
- Incision and drainage of abscess
- Biopsy of oral tissue

MediExcel Dental Plan Does NOT Cover These Services:

- Oral surgery requiring the setting of bone fractures or bone dislocations.
- Hospitalization
- Oral surgery and procedures performed in connection with orthodontic treatment.
- Extraction of teeth when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection).
- Surgical removal of dental implants

8. Adjunctive Dental Services

Adjunctive Dental Services are ancillary services such as anesthesia during dental services, bleaching, etc. See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers These Services:

- Palliative Treatment of dental pain
- Sedation/analgesia
- Occlusal adjustment.

MediExcel Dental Plan Does NOT Cover These Services:

- Adjunctive dental services that are performed solely to facilitate the performance of another non-covered service.

9. Orthodontic Dental Services

Orthodontic Dental Services are treatment to resolve malocclusion and establish optimal dental and facial esthetics. Orthodontic treatment may involve the transitional or permanent dentition. See the Summary of Benefits on Page A-1 for the services and copays.

MediExcel Dental Plan Covers These Services:

- Orthodontic Screening exam
- Diagnostic Records
- Comprehensive Orthodontic treatment for adolescents and adults

MediExcel Dental Plan Does NOT Cover These Services:

- Lost, stolen, or broken appliances

- Extractions for orthodontic purposes (will not be applied if extraction is consistent with professionally recognized standards of dental practice or arises in the context of an emergency dental condition).
- Temporomandibular joint syndrome (TMJ) surgical orthodontics
- Myofunctional therapy
- Treatment of cleft palate
- Treatment of micrognathia
- Treatment of macroglossia
- Orthodontic treatment started prior to member's effective date of coverage.
- Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances.
- Retreatment of orthodontic cases
- Changes in orthodontic treatment necessitated by accident of any kind.
- Phase I Orthodontics, as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.
- Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- Transfer after banding has been initiated

Limitations:

- All orthodontic services must be provided by a Participating Provider to be covered.
- The cost to the member receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on a maximum of \$1,400.00 for the treatment plan. The Participating Provider Orthodontist will prorate the amount for the number of months remaining to complete treatment. The member makes payment directly to the Participating Provider Orthodontist as arranged. Should this contract be terminated by either party due to breach or non-renewal at the end of any applicable term, the provision of the above paragraph shall apply with respect to the member being treated for orthodontic work which is not completed at the date of termination. The member's payment shall be no more than \$1,000.00.
- Orthodontic treatment in progress is limited to new MediExcel Dental Plan members who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan and continue to be eligible under MediExcel Dental Plan.
- Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are benefits.

- Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the member's occlusion as ideal as possible.

10. Emergency Dental Care

Emergency dental care is care that you need right away.

- MediExcel Dental Plan covers emergency dental care anywhere in the world.
- It is an emergency if you reasonably believe that not getting immediate care could be dangerous to your life or a part of your body.

What To Do In An Emergency:

- In an emergency, go to the nearest emergency dental facility, regardless of whether the emergency care facility is in Mexico or in the United States.
- If you can, go to a dental facility that is within the MediExcel Dental Plan network.
- Always show your MediExcel Dental Plan member ID card when you get emergency dental care.

If You Go to A Dental Facility That Is Not In the MediExcel Dental Plan Network:

- Emergency dental care is covered at any dental facility, no matter where you are.
- Contact MediExcel Dental Plan within 48 hours or as soon as possible at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.

What You Pay For Emergency Dental Care:

- If you go to an Emergency Dental Facility, you will have a copay. See the “Summary of Benefits” on page A-1.
- If MediExcel Dental Plan decides that in your case a reasonable person would not seek emergency dental care, you will have to pay all of the cost. If you disagree with MediExcel Dental Plan, you can file a complaint. See “If You Have a Problem with MediExcel Dental Plan” on Section 11.

How To Get Follow-Up Dental Care After An Emergency:

- Call your primary care dentist for follow-up care. If you need to see a specialist for follow-up dental care, your primary care dentist will give you a referral.
- **Do NOT** go back to the emergency dental facility for follow-up dental care. If you get follow-up dental care from the emergency dental facility, you will have to pay all of the cost of the follow-up care.
- **Do NOT** get follow-up dental care from a dentist who is not within the MediExcel Dental Plan network unless you have pre-approval from MediExcel Dental Plan. If you do not have the required pre-approval from MediExcel Dental Plan, you will have to pay all of the cost of the follow-up care.

11. Urgent Dental Care

Urgent dental care is care that you need soon to prevent a serious dental problem.

- MediExcel Dental Plan covers urgent dental care anywhere you are in the world.

How To Get Urgent Dental Care Within the MediExcel Dental Plan Service Area:

- If you cannot reach your primary care dentist, go to a Plan Hospital. All plan hospitals operate a 24 hour urgent care center for MediExcel Health Plan members.
- If you have an urgent dental care matter and want to speak with a dentist over the telephone, call MediExcel Dental Plan at (619) 365-4346, or (664) 633-8555 if dialing from Mexico. MediExcel Dental Plan will arrange your telephone call with an urgent care doctor. There is no copay for this service.

How To Get Urgent Care Outside the MediExcel Dental Plan Service Area:

- You can go to any urgent dental care center, even if it is not listed within the provider directory.
- Always show your MediExcel Dental Plan member ID card when you get urgent dental care.
- The dentist or urgent care center may bill MediExcel Dental Plan for the cost. Or they may ask you to pay the bill. If you pay the bill, you must ask MediExcel Dental Plan to reimburse you. You will have to pay the regular copay for urgent care. See “If You Have to Pay for Care at the Time You Get It” on Section 4.
- You should **NOT** go to an urgent care provider for preventive or routine services, unless pre-approved by MediExcel Health Plan.
- If MediExcel Dental Plan decides that you did not need urgent care, you will have to pay all of the cost of the rendered dental care services.
- If you disagree with MediExcel Dental Plan, you can file an appeal. See “If You Have a Problem with MediExcel Dental Plan” in Section 11.
- If you have an urgent care matter and want to speak with a doctor over the telephone, call MediExcel Dental Plan at (619) 365-4346, or (664) 633-8555 if dialing from Mexico. MediExcel Dental Plan will arrange your telephone call with an urgent care doctor. There is no copayment for this service.

How To Get Follow-Up Dental Care After Urgent Care:

- Call your primary care dentist for follow-up dental care. If you need to see a specialist for follow-up dental care, your primary care dentist will give you a referral.
- **Do NOT** get follow-up dental care from a dentist who is not within the MediExcel Dental Plan network unless you have pre-approval from MediExcel Dental Plan. If you do not have the required pre-approval from MediExcel Dental Plan, you will have to pay all of the cost of the rendered dental care services.

SECTION 7: GENERAL EXCLUSIONS AND LIMITATIONS

Exclusions and limitations are services and expenses that MediExcel Dental Plan does NOT cover. The exclusions and limitations for each kind of benefit are also listed under the benefit in the chapter “Your Benefits” in Section 6.

This chapter tells you about:

- General exclusions and limitations
- Experimental and investigational treatments

General Exclusions and Limitations

MediExcel Dental Plan will NOT cover:

- Any procedure not specifically listed as a Covered Benefit.
- Care you get from a non-network dentist, unless you have pre-approval from MediExcel Dental Plan, or you need urgent dental care and are outside the MediExcel Dental Plan service area.
- Dental services that are ordered for you by a court unless they are necessary and covered by MediExcel Dental Plan.
- The cost of copying your dental records. (This cost is usually a small fee per page)
- Expenses for travel, such as taxis and bus fare, to see a dentist or get dental care.
- Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit.
- Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or the member’s home are not covered.
- Treatment started before the member was eligible, or after the member was no longer eligible.
- Procedures, appliances, or restorations to correct congenital, developmental, or medically induced dental disorder, including but not limited to myofunctional (e.g., speech therapy), myoskeletal, or temporomandibular joint dysfunctions (e.g., adjustments/corrections to the facial bones) unless otherwise covered as an orthodontic benefit.
- Procedures which are determined not to be medically necessary consistent with professionally recognized standards of dental practice.
- Treatment of malignancies, cysts, or neoplasms.
- Any procedure that in the professional opinion of the Contract Dentist has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures.
- Prescription drugs
- Ambulance
- Procedures, appliances, or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under MediExcel Dental

Plan. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the benefit for other covered services.

- Myofunctional therapy

General Limitations

- If a porcelain margin is also chosen by the member for a covered porcelain fused-to metal crown, the maximum additional cost for this laboratory upgrade is \$75.00.
- The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when the existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, **and** either of the following:
 - The existing non-functional restoration/bridge/denture was placed three or more years prior to its replacement, **or**
 - If an existing partial denture is less than three years old but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
- A fixed bridge is considered standard dental treatment when it is necessary to replace one missing permanent anterior tooth in a person 16 years old or older. Such treatment will be covered if the patient's oral health and general dental condition permits. Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are medically sound and would be crowned only for the purpose of supporting a pontic.
- A fixed bridge used under these circumstances is considered optional dental treatment. Fixed bridges are not a benefit when provided in connection with a partial denture on the same arch. If provided, it is considered optional treatment. Replacement of an existing nonfunctional bridge is limited to once in a three year period and shall be covered only when the replacement duplicates the original bridge.
- Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture **or**
- Benefits provided by a pediatric dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by MediExcel Dental Plan, less applicable copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- An optional procedure is defined as any alternative procedure presented by the Participating Provider that satisfies the same dental need as a covered procedure, is chosen by the member, and is subject to the limitations and exclusions of the program. The applicable charge to the member is the difference between the Participating Provider's "filed fee" for the optional procedure and the "filed fees" for the covered procedure, plus any applicable copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits.

- General anesthesia/intravenous conscious sedation and the services of a special anesthesiologist except upon preauthorization by MediExcel Dental Plan for covered services only and receipt of a written authorization from the member's physician for members who have a disability (such as Down's Syndrome, Autism, Ausperger's Syndrome, etc.) that necessitates the use of anesthesia to provide treatment.
- The Participating Provider shall have the right to refuse treatment to a member who continually fails to follow a prescribed course of treatment.
- If implants are utilized, MediExcel Dental Plan will allow the cost of a standard full or partial denture toward the cost of appliances constructed thereon (optional treatment formula.) The patient is responsible for the optional treatment fee if implants are used.

Experimental and Investigational Treatments

An *experimental* or *investigational* treatment is a treatment that is not currently accepted as standard health care practice.

- **In general**, MediExcel Dental Plan does NOT cover experimental or investigational treatments. If you request a treatment and MediExcel Dental Plan decides that the treatment is experimental or investigational, we will send you a denial letter within 5 days of your request.
- **However**, you may have the right to an Independent Medical Review (IMR) of MediExcel Dental Plan's denial. If the review is decided in your favor, MediExcel Dental Plan must cover the treatment you want.
 - The treatment you want must be for a life-threatening or seriously debilitating condition.
 - You do not have to file a complaint with MediExcel Dental Plan before you apply for an IMR.
 - The California Department of Managed Health Care (DMHC) oversees the IMR.
 - The IMR takes 30 days from the time DMHC receives your application and supporting documentation.
 - If your need for the treatment is urgent, ask DMHC for an expedited review. The IMR will take up to 7 days.

To Apply for An IMR Contact the DMHC's Health Plan Help Center:

- Call: **1-888-466-2219**
- Staff is available 24-hours-a-day, every day, and can help you in many languages.
- There is no charge to call.
- Go to **www.dmhc.ca.gov**. The website has Independent Medical Review and complaint forms and instructions.
- Be advised that IMR is only available for medical services or services that are available due to enrollment in a related full-service medical plan, such as MediExcel Health Plan.

SECTION 8: ENROLLING IN MEDIEXCEL DENTAL PLAN AND ADDING DEPENDENTS

Your MediExcel Dental Plan coverage is a group dental plan you get through your employer. This chapter tells you about:

- When you can join MediExcel Dental Plan
- Who can be on your dental plan (who can be your dependent)
- Adding new dependents
- Additional times you and your dependents can join MediExcel Dental Plan
- MediExcel Dental Plan (pre-existing conditions)
- Renewal of coverage (renewal provisions)

When You Can Join MediExcel Dental Plan

As an employee you can enroll yourself and your dependents:

- At the end of any waiting period your employer requires.
- Once each year during the Open Enrollment period.
- Other special times during the year. See “Special Times You and Your Dependents Can Join MediExcel Dental Plan” on Section 8.
- If you do not enroll yourself and your dependents when you first qualify for dental plan benefits, you may have to wait until the next Open Enrollment period to join.

Who Can Be on Your Dental Plan (Who Can Be Your Dependent)

You can enroll the following family members on your dental plan. They are called your *dependents*. Talk to your employer to find out how much it costs to add dependents to your dental plan.

- **Your spouse**
- **Your domestic partner.** You must file a Declaration of Domestic Partnership with the Secretary of State.
- **Your children:** your own or those of your spouse or domestic partner
 - The children must be under the age of 26 who are not otherwise eligible for coverage on their own under an employer program. They may be your natural children, legally adopted children, or stepchildren.
 - A disabled child can be covered past age 26 if the child is unable to work, because of a physically or mentally disabling injury, illness, or condition. You must be the main source of support and maintenance of the child.
 - At least 90 days before coverage will end for a disabled child, MediExcel Dental Plan will send you a written notice. You must show proof of disability and support within 60 days after you receive this notice. MediExcel Dental Plan will tell you if the child can continue to be covered. You may be asked to show proof again once a year, starting two years after the child reaches 26.

- MediExcel Dental Plan may also request proof if you are enrolling a disabled child for new coverage. You must provide the requested information within 60 days of the request. The child must have been covered as a dependent of you or your spouse under a previous health plan at the time the child reached age 25. You may be asked to show proof again no more than once a year.
 - Additionally, a child or children under 19 years of age must not be enrolled in a MediExcel Health Plan Small Group Product. Such enrolled child or children already have superior dental benefits under the Pediatric Dental Coverage component of their Essential Health Benefits in the MediExcel Health Plan Small Group Product.
- **Service Area Eligibility.** If your dependents do not reside with you, your dependents must reside or work in the MediExcel Health Plan service area in order to be qualified to enroll.

Adding New Dependents

You can add the following new dependents any time during the year:

- **A spouse.** If you marry, you can put your spouse on your dental plan.
 - MediExcel Dental Plan must receive a completed enrollment form within 30 days of the date of your marriage.
 - Ask your employer when benefits for your spouse will begin. It will be either on the date of your marriage or the first day of the month following the date MediExcel Dental Plan receives the completed enrollment form.
- **A domestic partner.** If you enter a domestic partnership, you can enroll your domestic partner on your dental plan.
 - MediExcel Dental Plan must receive a completed enrollment form within 30 days of the date you file a Declaration of Domestic Partnership with the Secretary of State, or within 30 days after you form the partnership according to your employer's rules.
 - Ask your employer when benefits for your domestic partner will begin. It will be either on the date your Declaration of Domestic Partnership is filed or the first day of the month following the date MediExcel Dental Plan receives the completed enrollment form.
- **A newborn child.** Your newborn child is covered on your dental plan for the first 30 days after birth.
 - To keep your newborn on your health plan, MediExcel Dental Plan must receive a completed enrollment form within 60 days after the birth.
 - If you miss this deadline, your newborn will not have dental benefits after the first 30 days.
- **An adopted child.** A child that you and your spouse or domestic partner adopt or is placed for adoption is covered on your dental plan for the first 30 days after the adoption is

complete or child is placed for adoption with you.

- To keep your adopted child on your dental plan, MediExcel Dental Plan must receive a completed enrollment form within 60 days after the adoption or after the child is placed for adoption with you.
- If you miss this deadline, your adopted child or the child placed for adoption with you will not have health benefits after the first 30 days.
- **A stepchild.** You may put a child of your spouse or domestic partner on your Dental plan.
 - You must complete an enrollment form and send it to MediExcel Dental Plan within 30 days after the date of your marriage or your Declaration of Domestic Partnership with your stepchild's parent.
 - Ask your employer when benefits for your stepchild will begin. It is either on the date of your marriage or domestic partnership or the first day of the month following the date MediExcel Dental Plan receives the completed enrollment form.

Please note: Even if you are serving as a legal guardian for others, such as a parent, sibling, relative or another child(ren), these individuals are not eligible for coverage.

Special Enrollment Periods You and Your Dependents Can Join MediExcel Dental Plan

If you experience a triggering event, you may qualify for a Special Enrollment Period, during which you can enroll in MediExcel Health Plan or change coverage for you and your eligible Dependent(s), instead of waiting for the next Annual Open Enrollment Period.

Triggering Events for a Special Enrollment Period can be categorized into the following groups:

- Loss of qualifying health coverage.
- Change in household size.
- Change in primary place of living.
- Enrollment or plan error.
- Other qualifying changes.

“Loss of qualifying health coverage” includes:

- You or your dependent have lost minimum essential coverage during the coverage year.
- You had Cal-COBRA or COBRA coverage, and now that coverage has ended.
- You are no longer eligible to be covered as a dependent due to reaching the limiting age.
- You or your dependent were covered by another group health plan and now that coverage has ended.
- You or your dependents had Healthy Families or Medi-Cal with no share-of-cost, and now no longer qualify for it.
- You, your spouse, or child loses coverage under another group health plan due to the employee's becoming entitled to Medicare, divorce or legal separation of the covered employee, or death of the covered employee.

“Change in household size” includes:

- You gain a dependent or become a dependent through marriage, through birth, adoption, placement for adoption, placement in foster care, or through a child support order or other court order.
- You lose a dependent due to divorce, legal separation, or death.

“Change in primary place of living” includes:

- You or your dependent gain access to new plans as a result of a permanent move.

“Enrollment or plan error” includes:

- You or your dependent’s enrollment or non-enrollment in a Plan or inaccurate eligibility determination is a result of a technical error; and
- You or your dependent applied for coverage through the Covered California Exchange either during the annual open enrollment period or due to a qualifying event and are determined ineligible either after Open Enrollment has ended or more than 60 days after the qualifying event.

“Other qualifying changes” includes:

- You or your dependent are survivors of domestic abuse or spousal abandonment; been released from incarceration; have a loss of minimum essential coverage.
- You or your dependent is a member of the reserve forces of the United States military returning from active duty or a member of the California National Guard returning from active duty service.

You can also enroll in MediExcel Health Plan when MediExcel Health Plan cannot produce, a form showing that you said you did not want to enroll because you had other health care coverage.

Triggering Events do not include loss of coverage due to failure to make premium payments on a timely basis.

Special Enrollment Periods begin on the date the triggering event occurs, and end on the 61st day afterwards. Note that for “Loss of qualifying health coverage” and “Change in primary place of living” categories of triggering event, you may also submit an application within the 60 days leading up to the event. Persons who enroll during a Special Enrollment Period will have their coverage Effective Dates determined as follows:

- In the case of birth, adoption, placement for adoption, placement in foster care, or a child support order or other court order, your coverage is effective on the date of the event.
- In the case of marriage, or in the case where you lose minimum essential coverage, coverage is effective on the first day of the following month.

In the case where the application is submitted before the event, coverage is effective the first day of the month following the event.

How to Apply at These Additional Times:

- MediExcel Dental Plan must receive a completed enrollment form from you within 30 days of that date on which you no longer have coverage.
- Your coverage will be in effect the first day of the month following receipt of the completed enrollment application.

Renewal Provisions

- Your MediExcel Dental Plan coverage is subject to all the terms agreed to between MediExcel Dental Plan and your employer.
- This agreement is renewed annually.
- MediExcel Dental Plan may change your Dental plan benefits or premium at the time your employer renews its contract with MediExcel Dental Plan, as allowed by law. If this happens, you will receive notice through your employer at least 30 days before the change takes effect.

SECTION 9: WHEN YOUR MEDIEXCEL DENTAL PLAN DENTAL COVERAGE ENDS (TERMINATION OF BENEFITS)

Your dental coverage with MediExcel Dental Plan can end for several reasons. If this happens, you may be able to continue your dental coverage. See “Continuation of Health Coverage” in Section 10. This section tells you about:

- Why your MediExcel Dental Plan Dental coverage can end
- When a dependent no longer qualifies as a dependent
- If you are totally disabled when your dental coverage ends

Why Your MediExcel Dental Plan Dental Coverage Can End

MediExcel Dental Plan cannot end your dental benefits because of your dental health needs or medical condition. But MediExcel Dental Plan can end (terminate) your dental coverage for one of the reasons below.

If Your Employer No Longer Offers MediExcel Dental Plan, Or Stops Offering Any Dental Plan:

- Your dental benefits with MediExcel Dental Plan can end 30 days after your employer provides you written notice that coverage will be discontinued.
- Coverage for your dependents also ends.

If You or Your Employer Does Not Pay the Premium:

- MediExcel Dental Plan will send a notice to your employer saying that the premium is overdue.
- The full amount that is due must be paid within 30 days of the date on the notice.
- If the premium is not paid by the due date, your dental benefits end at midnight on the 30th day after the notice was sent to the employer.
- If you do not pay the premiums and are disenrolled, you and your dependents may apply for re-enrollment during your employer’s next open enrollment period, provided you still satisfy the employer and MediExcel Dental Plan eligibility requirements.

If You Commit Fraud:

- This means that you intentionally deceive MediExcel Dental Plan, or you misrepresent yourself or allow someone else to do so in order to get Dental care services. If this happens, your coverage can be rescinded or cancelled by MediExcel Dental Plan. Rescinded (rescission) means that the coverage can be voided retroactively where MediExcel Health Plan will return your premium and you will be financially responsible for your incurred health care services. In either case, MediExcel Health Plan will send you a notice of the rescission or cancellation of your health benefits along with an explanation of the effective date and your right to appeal.

If You Lose Your MediExcel Health Plan Eligibility:

- This means that you no longer meet the eligibility requirements described under “The

MediExcel Health Plan Service Area and General Qualifications” on Section 3.

- You lose your eligibility if you:
 - No longer work in San Diego County or Imperial County.
 - No longer reside in the service area.
 - If residing in the U.S., no longer have valid documentation to cross the border into Mexico and return to the U.S.
- Upon loss of eligibility for the above conditions, MediExcel Health Plan shall send you a Notice of Termination due to Loss of Eligibility at least 30 days before the prospective termination date.
- The Notice of Termination due to Loss of Eligibility will contain important elements including, but not limited to, the specific eligibility requirement, grievance rights, effective date of termination, and other health coverage options.

If You Think MediExcel Dental Plan Should NOT Have Ended (Terminated) Your Benefits:

- MediExcel Dental Plan cannot end your dental benefits because of your dental needs or medical condition.
- If you think that MediExcel Dental Plan wrongly ended your benefits, you can file a complaint with the State of California Health Plan Help Center at 1-888-HMO-2219.

When a Dependent No Longer Qualifies As a Dependent

You must tell MediExcel Dental Plan and your employer as soon as a family member no longer qualifies as a dependent on your dental plan. Family members may no longer qualify as dependents in the following situations:

- **You** and your spouse get a divorce or a legal separation.
- **You** legally end your domestic partnership.
- **Your children** stop qualifying as your dependents.
 - When they turn 26 years of age.
 - When they are covered in their own employer sponsored dental plan.
 - When they are 26 or older and no longer have a physical or mental handicap that prevents them from working, or you are no longer supporting them.

If You Are Totally Disabled When Your Dental Coverage Ends

If you are getting care for a medical condition that makes you totally disabled, MediExcel Dental Plan will cover care for that condition for a limited time. MediExcel Dental Plan will not cover care for any other illness or medical condition.

You can continue to get care for this medical condition until:

- You are no longer totally disabled, or
- You enroll in a new dental plan that will cover your disability, or
- 12 months after your MediExcel Dental Plan coverage ends, whichever happens first.

SECTION 10: INDIVIDUAL CONTINUATION OF DENTAL COVERAGE (COBRA and CAL-COBRA)

U.S. and California laws protect your right and your dependents' right to continue your dental coverage under certain circumstances or qualifying events. This is called *continuation health coverage* or *continuation of benefits*. California law requires that we include the following statement about continuation health coverage:

Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely.

This section tells you about:

- Understanding your choices
- Your Certificate of Creditable Coverage
- The two kinds of continuation health coverage:
 - COBRA
 - Cal-COBRA

Understanding Your Choices

Look at all of your choices carefully before you decide what to do.

- You may be able to buy continuation of coverage with MediExcel Dental Plan. You cannot be denied continuation coverage because of your medical history.

Or

- You can decide not to buy any dental coverage. In this case, you will have to pay all of the cost of any dental care you need. This can be thousands of dollars.

If You Choose Continuation Dental Coverage:

- You have to pay all the premiums.
- You cannot be refused coverage because of your medical/dental history.
- After you use up one kind of continuation coverage, you may be eligible for another kind. This is explained below.
- There are deadlines and other requirements that you have to meet to buy each kind of continuation coverage. Call MediExcel Dental Plan at (619) 365-4346 or (664) 633-8555 if dialing from Mexico for more information.

Certificate of Creditable Coverage

When you leave MediExcel Dental Plan, we will send you a letter that says how long you were in MediExcel Dental Plan.

- This is called a Certificate of Creditable Coverage.
- Be sure to keep this letter. You may need it if you get health benefits through another

employer.

COBRA

For more information on COBRA, call the Federal Employee Benefits Security Administration (EBSA), toll-free, at 1-866-444-3272.

- COBRA is a U.S. law that applies to employers who have 20 or more employees in their group dental plan.
- COBRA may allow you and your dependents to keep MediExcel Dental Plan coverage for up to 18 or 36 months, depending on the qualifying event and other circumstances. If you are no longer eligible for COBRA after 18 months, you may be able to keep your benefits through Cal- COBRA. See below.
- Each qualified person may independently elect/enroll in COBRA coverage. A parent or legal guardian may elect COBRA for a minor child.
- With COBRA, you have the same benefits as current employees in MediExcel Dental Plan.
- You have to pay all of the monthly premium.

Important Deadlines for Electing/Enrolling in COBRA with MediExcel Dental Plan:

It is important to meet the following deadlines. If you do not, you lose your right to COBRA coverage.

1. Notification of Qualifying Event:

- Employers must notify MediExcel Dental Plan within 30 days after the following qualifying events:
 - The employee's job ends
 - The employee's hours of employment are reduced
 - The employee becomes eligible to receive Medicare benefits
 - The employee dies
- You or your dependent must notify MediExcel Dental Plan in writing within 60 days after any of the following qualifying events:
 - The employee divorces or legally separates
 - A child or other dependent no longer qualifies as a dependent under plan rules

2. **Election Notice:** Generally, you must be sent an election notice not later than 14 days after MediExcel Dental Plan receives notice that a qualifying event has occurred.

3. **Election Period:** You have 60 days to notify MediExcel Dental Plan in writing that you want to elect/enroll in COBRA coverage. The 60 days starts on the later of the following two dates:

- The date you receive the election notice.
- The date your coverage ended.

4. **Premium Payment:** You must pay the premiums for your COBRA coverage. MediExcel Dental Plan must receive your first premium within 45 days after you enroll in COBRA. This first

premium covers the time from the date your coverage ended because of the qualifying event up to the day you signed up for COBRA. You must then pay a monthly premium as long as you stay on COBRA.

If Your COBRA is Ending, You May Be Able to Elect/Enroll in Cal-COBRA:

When your 18 months of COBRA ends, you may be able to keep MediExcel Dental Plan coverage for up to 18 more months under Cal-COBRA. If you were on COBRA for 36 months, you cannot get Cal-COBRA for any additional period of time.

- Your employer should send you an enrollment form. Or you can call MediExcel Dental Plan at (619) 365-4346, (664) 633-8555 if dialing from Mexico and ask for information.
- You must fill out the enrollment form, send it to MediExcel Dental Plan, and pay your premium no more than 30 days after you receive the enrollment form.

You Will Lose COBRA If:

- You do not pay your premiums on time.
- You move outside the MediExcel Dental Plan service area.
- Your former employer no longer offers any Dental plan.
- You become eligible for Medicare.
- You sign up for another Dental plan. (However, if your new plan has a waiting period for pre-existing conditions and you have not used up all of your COBRA, you can keep COBRA until the waiting period is over.)
- You commit fraud, which means that you intentionally deceive MediExcel Dental Plan or you misrepresent yourself or allow someone else to do so in order to get Dental care services.

Cal-COBRA

Cal-COBRA is a California law that applies to employers who have between 2 and 19 employees in their group Dental plan.

- Cal-COBRA may allow you, your dependents, and former dependents to keep MediExcel Dental Plan coverage for up to 36 months.
- You have the same benefits as current employees in MediExcel Dental Plan.
- You have to pay the entire monthly premium.

Important deadlines for electing/enrolling in Cal-COBRA with MediExcel Dental Plan:

It is important to meet the following deadlines. If you do not, you lose your right to Cal-COBRA coverage.

1. Notification of Qualifying Event:

- Employers must notify MediExcel Dental Plan within 30 days after the following qualifying events:

- The employee's job ends
- The employee's hours of employment are reduced
- You or your dependent must notify MediExcel Dental Plan in writing within 60 days after any of the following qualifying events:
 - The employee dies
 - The employee divorces or legally separates
 - A child or other dependent no longer qualifies as a dependent under plan rules
 - The employee becomes eligible to receive Medicare benefits
- 2. Election Notice:** Generally, you must be sent an election notice not later than 14 days after MediExcel Dental Plan receives notice that a qualifying event has occurred.
- 3. Election Period:** You have 60 days to notify MediExcel Dental Plan in writing that you want to elect/enroll in Cal-COBRA continuation coverage. The 60 days starts on the later of the following two dates:
 - The date you receive the election notice.
 - The date your coverage ended.
- 4. Premium Payment:** You must pay the premiums for your Cal-COBRA coverage. MediExcel Dental Plan must receive your first premium within 45 days after you enroll in Cal-COBRA. This first premium covers the time from the date your coverage ended because of the qualifying event up to the day you signed up for Cal-COBRA. You must then pay a monthly premium as long as you stay on Cal-COBRA.

If Your Former Employer Stops Offering MediExcel Dental Plan When You Are on Cal-COBRA:

- You can elect/enroll in Cal-COBRA with the new Dental plan offered by your employer.
- You must enroll and pay your first premium with the new Dental plan no more than 30 days after you receive notice that MediExcel Dental Plan is no longer being offered. If you do not meet this deadline, your Cal-COBRA benefits end.

You Will Lose Cal-COBRA If:

- You do not pay your premiums on time.
- You move outside the MediExcel Dental Plan service area.
- Your former employer no longer offers any Dental plan.
- You sign up for another Dental plan. (However, if your new plan has a waiting period for pre-existing conditions and you have not used up all of your Cal-COBRA, you can keep your Cal-COBRA until the waiting period is over.)
- You commit fraud, which means that you intentionally deceive MediExcel Dental Plan or you misrepresent yourself or allow someone else to do so in order to get Dental care services.

SECTION 11: IF YOU HAVE A PROBLEM WITH MEDIEXCEL DENTAL PLAN

MediExcel Dental Plan is committed to meeting the needs of our members. Our Member Services staff is available to answer questions and help you get the dental care you need. If you have a problem with MediExcel Dental Plan, you have the right to file a complaint. A complaint is also called a grievance or an appeal. This section tells you what you can do if you have a complaint with MediExcel Dental Plan:

- File a complaint with MediExcel Dental Plan
- If you still need help, contact the State of California Health Plan Help Center.
- Independent Medical Review (IMR)
- Binding arbitration

File a Complaint with MediExcel Dental Plan

You have a right to file a complaint with MediExcel Dental Plan if you have any problem related to care or service. A complaint is also called a grievance or an appeal. Here are some examples of when you can file a complaint with MediExcel Dental Plan:

- You have been denied a service, treatment, or dental care.
- You have been denied a referral.
- MediExcel Dental Plan cancels your dental benefits.
- MediExcel Dental Plan does not reimburse you for a covered service that you paid for and received.
- MediExcel Dental Plan does not pay for emergency dental care you needed.
- You cannot get an appointment as soon as you need it.
- You think you received poor care or service.

If you have a problem with MediExcel Dental Plan, you have the right to file a complaint. A complaint is also called a grievance or an appeal.

First, File Your Complaint with MediExcel Dental Plan Member Services

- If your problem is urgent, MediExcel Dental Plan must give you a decision within 3 days. An urgent problem is an immediate and serious threat to your health as well as grievances involving including cancellations, rescissions and nonrenewal of coverage.
- If your problem is not urgent, MediExcel Dental Plan must give you a decision within 30 days.
- You must file your complaint within 6 months after the incident or action that is the cause of your problem with MediExcel Dental Plan.

How to contact MediExcel Dental Plan Member Services:

Telephone: Call (619) 365-4346, or (664) 633-8555 if dialing from México.

Email: memberservices@mediexcel.com

If You Still Need Help, Contact the Department of Managed Health Care:

The Department of Managed Health Care (DMHC) is the California regulatory authority that protects the rights of HMO members.

- If you do not agree with MediExcel Dental Plan's decision, or you do not receive the decision within the required time, you can take your problem to the DMHC. See the contact information below.
- The DMHC will look at your case and decide if you qualify for an Independent Medical Review (see "Independent Medical Review (IMR) below).
- If you do not qualify for an Independent Medical Review, the DMHC will review your case as a complaint against your Dental plan.
- If your problem is urgent, you can call the DMHC at any time.

How To Contact the Department of Managed Health Care:

- Call: 1-888-466-2219 in the US
- Website: www.dmhc.ca.gov. The website has Independent Medical Review and complaint forms and instructions.
- Staff are available 24-hours-a-day, every day, in many languages, to help you solve problems with your dental plan. There is no charge to call.

Independent Medical Review (IMR)

IMR is a California program where certain denied services may be subject to an external review. IMR is only available for medical services or services that are available due to enrollment in a related full-service medical plan. IMR is a review of your case by one or more doctors who are not part of your health plan. You do not pay anything for an IMR. If the IMR is decided in your favor, MediExcel Dental Plan must give you the service or treatment you requested.

You may qualify for an IMR if MediExcel Dental Plan does one of the following:

- Denies, changes, or delays a service or treatment because MediExcel Dental Plan determines it is not medically necessary.
- Denies an experimental or investigational treatment for a serious condition.
- Will not pay for emergency or urgent care that you already received.

More Information About IMR:

- If MediExcel Dental Plan denies a treatment because it is experimental or investigational, you can apply for an IMR right away. You do not have to file a complaint with MediExcel Dental Plan first.
- In all other cases, you have to file a complaint with MediExcel Dental Plan first and wait for MediExcel Dental Plan's decision.
- You must apply for an IMR within 6 months after MediExcel Dental Plan sends you a decision about your complaint, unless you had a good reason for the delay.
- If you decide not to participate in the IMR process, you may be giving up your right, as stated in California law, to take other legal action against MediExcel Dental Plan regarding the service or treatment you are requesting.

California Law Requires That We Include the Following Statements:

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(619) 365-4346**, or at **(664) 633-8555** if dialing from Mexico and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website www.dmhca.gov has complaint forms, IMR application forms and instructions online.

Please note that grievances involving rescissions, cancellations and nonrenewal grievances are treated as expedited grievances and the enrollee does not need to submit a grievance first to the health plan. **If you believe your health coverage has been, or will be improperly cancelled, rescinded, or not renewed, you may also call the Department for assistance.**

This Combined Evidence of Coverage and Disclosure form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.

Employee Retirement Income Security Act (ERISA) Notification

If your employer's health plan is governed by the Employee Retirement Income Security Act ("ERISA"), you may have the right to bring a civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved.

You are entitled to, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits. Additionally, you and your plan may have other voluntary alternative dispute resolution options, such as mediation.

Binding Arbitration

If you cannot solve your problem through the complaint processes listed above, you can ask for binding arbitration (see below). Binding arbitration is the final step you can take to resolve your complaint with MediExcel Dental Plan.

When you became a member of MediExcel Dental Plan, you agreed to submit all unresolved complaints to binding arbitration, including complaints about medical malpractice. This means that you have agreed to give up your right to a trial by jury and other legal proceedings.

- Arbitration is usually less expensive and takes less time than a lawsuit.
- Arbitration can be requested by either the MediExcel Dental Plan or the MediExcel Dental Plan member.

Definition of Binding Arbitration:

Arbitration is a way to solve disputes, disagreements, or problems without filing a formal lawsuit.

- One or more people, called arbitrators, who are not connected with you or with MediExcel Dental Plan make the final decision on your case.
- Together, you and MediExcel Dental Plan choose and approve the arbitrator(s).
- The arbitrator(s) review the case and then write a decision, called an *opinion*.
- Both you and MediExcel Dental Plan must accept (be bound by) the decision of the arbitrators.

How To Request Arbitration:

Send a written request (also called a *demand*) for arbitration to:

MediExcel Dental Plan

Attention: Arbitration Requests

750 Medical Center Court, Suite 2

Chula Vista, CA 91911

Location of Arbitration

- For matters of arbitration against MediExcel Dental Plan, the location will be in San Diego County using California and U.S. Federal law
- For matters of arbitration against a Mexican healthcare provider, the location will be in Baja California under the jurisdiction of Mexico.

Paying for Arbitration:

Attorney(s) Fees: You must pay your own attorney's fees if you choose to have an attorney. MediExcel Dental Plan pays its attorney's fees.

Arbitrator(s) Fees: You and MediExcel Dental Plan share equally the fees and expenses of the arbitrator(s). If you cannot pay your part of the arbitrator's fees and expenses, you may ask MediExcel Dental Plan to pay. Write to Member Services and ask for a hardship application. MediExcel Dental Plan will send your application to an independent organization or person to decide if MediExcel Dental Plan should pay for some or all of your part of the arbitrator's fees and expenses.

SECTION 12: YOUR RIGHTS AND RESPONSIBILITIES AS A MEMBER OF MEDIEXCEL DENTAL PLAN

As a member of MediExcel Dental Plan you have rights to:

- Receive information about your rights and responsibilities.
- Receive information about your Plan, the services your Plan offers you, and the health care providers available to care for you.
- Make recommendations regarding the Plan's member rights and responsibilities policy.
- Receive information about all health care services available to you, including a clear explanation of how to obtain them and whether the Plan may impose certain limitations on those services.
- Know the costs for your care, and whether your deductible or out-of-pocket maximum have been met.
- Choose a health care provider in your Plan's network, and change to another doctor in your Plan's network if you are not satisfied.
- Receive timely and geographically accessible health care.
- Have a timely appointment with a Health Care Provider in your Plan's network, including one with a specialist.
- Have an appointment with a Health Care Provider outside of your Plan's network when your Plan cannot provide timely access to care with an in-network Health Care Provider.
- Certain accommodations for your disability, including:
 - o Equal access to medical services, which includes accessible examination rooms and medical equipment at a Health Care Provider's office or facility.
 - o Full and equal access, as other members of the public, to medical facilities.
 - o Extra time for visits if you need it.
 - o Taking your service animal into exam rooms with you.
- Purchase health insurance or determine Medi-Cal eligibility through the California Health Benefit Exchange, Covered California.
- Receive considerate and courteous care and be treated with respect and dignity.
- Receive culturally competent care, including but not limited to:
 - o Trans-Inclusive Health Care, which includes all Medically Necessary services to treat gender dysphoria or intersex conditions.
 - o To be addressed by your preferred name and pronoun.
- Receive from your Health Care Provider, upon request, all appropriate information regarding your health problem or medical condition, treatment plan, and any proposed appropriate or Medically Necessary treatment alternatives. This information includes available expected outcomes information, regardless of cost or benefit coverage, so you can make an informed decision before you receive treatment.
- Participate with your Health Care Providers in making decisions about your health care, including giving informed consent when you receive treatment. To the extent permitted by law, you also have the right to refuse treatment.
- A discussion of appropriate or Medically Necessary treatment options for your condition, regardless of cost or benefit coverage.

- Receive health care coverage even if you have a pre-existing condition.
- Receive Medically Necessary Treatment of a Mental Health or Substance Use Disorder.
- Receive certain preventive health services, including many without a co-pay, co-insurance, or deductible.
- Have no annual or lifetime dollar limits on basic health care services.
- Keep eligible dependent(s) on your Plan.
- Be notified of an unreasonable rate increase or change, as applicable.
- Protection from illegal balance billing by a Health Care Provider.
- Request from your Plan a second opinion by an Appropriately Qualified Health Care Provider.
- Expect your Plan to keep your personal health information private by following its privacy policies and state and federal laws.
- Ask most Health Care Providers for information regarding who has received your personal health information.
- Ask your Plan or your doctor to contact you only in certain ways or at certain locations.
- Have your medical information related to sensitive services protected.
- Get a copy of your records and add your own notes. You may ask your doctor or health plan to change information about you in your medical records if it is not correct or complete. Your doctor or health plan may deny your request. If this happens, you may add a statement to your file explaining the information.
- Have an interpreter who speaks your language at all points of contact when you receive health care services.
- Have an interpreter provided at no cost to you.
- Receive written materials in your preferred language where required by law.
- Have health information provided in a usable format if you are blind, deaf, or have low vision.
- Request continuity of care if your Health Care Provider or medical group leaves your Plan or you are a new Plan member.
- Have an Advanced Health Care Directive.
- Be fully informed about your Plan's grievances procedure and understand how to use it without fear of interruption to your health care.
- File a complaint, grievance, or appeal in your preferred language about:
 - o Your Plan or Health Care Provider.
 - o Any care you receive, or access to care you seek.
 - o Any covered service or benefit decision that your Plan makes.
 - o Any improper charges or bills for care.
 - o Any allegations of discrimination on the basis of gender identity or gender expression, or for improper denials, delays, or modifications of Trans-Inclusive Health Care, including Medically Necessary services to treat gender dysphoria or intersex conditions.
 - o Not meeting your language needs.
- Know why your Plan denies a service or treatment.
- Contact the Department of Managed Health Care if you are having difficulty accessing health care services or have questions about your Plan.
- To ask for an Independent Medical Review if your Plan denied, modified, or delayed a

health care service.

You Have the Right to Be Treated Equally:

MediExcel Dental Plan and our providers cannot discriminate against you based on your:

- Age, sex, race, skin color, religion, or sexual orientation.
- The country you or your ancestors came from.
- Marital status (married, divorced, single, or in a domestic partnership.)
- Health care needs and how often you use services.
- History as a victim of domestic violence.

You Have the Right to Have a Copy of Your Dental Records:

- You may be charged a nominal fee for copies of your dental records.
- To get a copy of your dental records, call your doctor's office or call MediExcel Health Plan at (619) 365-4346, (664) 633-8555 if dialing from México, for assistance. MediExcel Health Plan does not maintain your dental records.

You Have the Right to Keep Your Dental Records Private:

You can ask MediExcel Dental Plan to send you a statement that describes our policies and procedures for keeping dental records private and confidential. Call MediExcel Dental Plan at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.

A STATEMENT DESCRIBING MEDIEXCEL DENTAL PLAN'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

You Have the Right to Have An Advance Health Care Directive:

An Advance Health Care Directive is a form you fill out to tell MediExcel Dental Plan, your dentist, family, and friends about the health care you want if you can no longer make decisions for yourself.

- It explains the types of treatment you want or do not want.
- It allows you to name a person to be your health care agent. This person can be a spouse, family member, friend, or other person you choose. This person can make decisions for you if you can no longer make them for yourself. Your rights as a member of MediExcel Dental Plan apply to your health care agent.

To Make An Advance Health Care Directive:

- Fill out an Advance Care Health Directive form. Take time to think about what kind of treatment you do or do not want.
 - Many organizations provide simple forms that you can use to make your Advance Health Care Directive.
 - To get a form, call MediExcel Dental Plan at (619) 365.4346, (664) 633-8555 if dialing from Mexico, or call Family Caregiver Alliance at 1-800-445-8106.
 - You can hire a lawyer to make your directive if you wish.

- Sign the form and have two other people sign it. Or take it to a Notary Public to witness your signature.
- Keep the original in a safe place. Give copies to your dentist and to your health care agent.
- Talk with your dentist and agent, as well as with family and close friends, to make sure they understand your wishes and will follow them.

You Have the Right To Get Information About How MediExcel Dental Plan Does Business:

- MediExcel Dental Plan may use bonuses and other financial incentives when paying our dentists and other providers. you have the right to request information about these practices. Call MediExcel Dental Plan at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.
- You have the right to request a copy of the employer group contract between MediExcel Dental Plan and your Employer. Call MediExcel Dental Plan at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.

Freedom from Discrimination:

- Federal and state law requires MediExcel Dental Plan to not refuse enrollment for coverage for several protected categories
- This includes a member's race, color, religion, national origin, ancestry, sex, marital status, sexual orientation, age, or health status of any person who can expect to benefit from this coverage.
- MediExcel will not discriminate against any member for filing a grievance.
- If you feel you have been discriminated by MediExcel, call MediExcel Dental Plan at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.
- You also have the right to file your discrimination complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the [Office for Civil Rights Complaint Portal](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf) [<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>] or by mail or phone at:

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

As a Plan Member, You Have The Responsibility To:

- Treat all health care providers, health care provider staff, and plan staff with respect and dignity.
- Share the information needed with your Plan and health care providers, to the extent possible, to help you get appropriate care.
- Participate in developing mutually agreed-upon treatment goals with your health care providers and follow the treatment plans and instructions to the degree possible.
- To the extent possible, keep all scheduled appointments, and call your health care provider if you may be late or need to cancel.

- Refrain from submitting false, fraudulent, or misleading claims or information to your Plan or health care providers.
- Notify your Plan if you have any changes to your name, address, or family members covered under your Plan.
- Timely pay any premiums, copayments, and charges for non-covered services.
- Notify your Plan as soon as reasonably possible if you are billed inappropriately.

SECTION 13: NOTICE OF PRIVACY PRACTICES ("NOTICE") FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION ("PHI")

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Protecting Your Privacy

At MediExcel Health Plan, we understand the importance of keeping your health information confidential and we are committed to using your health information consistent with State and Federal law. MediExcel Health Plan protects your electronic, written, and oral health information throughout our organization.

Protected Health Information

For the purposes of this notice, "health information" or "information" refers to PHI. PHI is defined as information that identifies who you are and relates to your past, present, or future physical or mental health or condition, the provision of health care, or payment for health care. The information we receive, use and share includes, but is not limited to:

- your name, address, and other demographic information
- personal information about your circumstances (example: medical information for purposes of diagnosis or treatment with or from physicians, nurses, and facilities)

Your Rights

When It Comes to Your Health Information, You Have Certain Rights.

This section explains your rights and some of our responsibilities to help you.

Get a Copy of Health and Claims Records

- You can ask to see or get a copy of your health and claims records and other health information we have about you, except psychotherapy notes and information to be used in a lawsuit or administrative proceedings. You can ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask Us To Correct Health and Claims Records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. You can ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request Confidential Communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to

send mail to a different address.

- We will consider all reasonable requests and will say “yes” if you tell us you would be in danger if we do not.

Ask Us To Limit What We Use or Share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get A List of Those With Whom We’ve Shared Information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a Copy of this Privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically, by contacting MediExcel Health Plan Member Services. We will provide you with a paper copy promptly. You can also download a copy of this Notice.

Choose Someone To Act For You

- If you have given someone power of attorney or if someone is your legal guardian or personal representative, that person can exercise your rights and make choices about your health information.
- We will make sure the person has authority to act for you before we take any action.

File a Complaint If You Feel Your Rights Are Violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can also file a complaint with the federal government, by writing or calling or online, using the information at the end of this notice.
- We will not retaliate against you for filing a complaint.

Your Choices

For Certain Health Information, You Can Tell Us Your Choices About What We Share.

If you have a clear preference for how we share your information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to authorize us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In all situations other than those described in the next section, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization for:

- Marketing purposes
- Sale of your information

In the case of sensitive information, like HIV test results or psychotherapy notes, your written authorization will be secured.

Our Uses and Disclosures

We must disclose your PHI:

- To you or your personal representative; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

You have the right to authorize or deny the release of PHI for purposes beyond treatment, payment, and health care operations. We may use and disclose your health information without your authorization as permitted or required by Federal, State, or local law. In instances where your health information is not used for such purposes, we would secure your written authorization prior to sharing it.

How Do We Typically Use Or Share Your Health Information?

Help Manage the Health Care Treatment You Receive

We can use your health information and share it with professionals who are treating you.

Example: a doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run Our Organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
- We can send you communications regarding our fundraising activities. You have the right

to choose not to receive such communications.

Example: we use health information about you to develop better services, including member satisfaction surveys, compliance and regulatory activities, and grievance and appeals activities.

Pay For Your Health Services

We can use and disclose your health information as we pay for your health services.

Example: we share information about you with a hospital or other health care provider to coordinate payment for health services provided to you. We may also provide information to the subscriber of a family policy or another individual for the purpose of handling or understanding medical bills, managing claims, reconciling your deductibles or out of pocket maximum payments.

Administer Your Plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: your company/employer contracts with us to provide a health plan, and we provide your company/employer with certain information (excluding medical information) to explain the premiums we charge.

How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information, without your written authorization, in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help With Public Health and Safety Issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Disaster relief

Do Research

We can use or share your information for health research.

Comply with the Law

We will share information about you if State or Federal (for both United States and Mexico) laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with Federal privacy law.

Respond to Organ and Tissue Donation Requests and Work With A Medical Examiner or Funeral Director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, funeral director, or forensic pathologist when an individual dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law such as licensing and quality of care
- For special government functions such as military, national security, and presidential protective services

Respond to Lawsuits and Legal Actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena. For more information, please review your rights under HIPAA.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you authorize us in writing (or by telephone for requesting confidential communications for sensitive services). If you tell us we can, you may change your mind at any time. Let us know in writing (or by telephone for requesting confidential communication for sensitive services) if you change your mind.

As part of normal business, MediExcel Health Plan shares your information with contracted providers (e.g., medical groups, hospitals, social service providers, etc.) or business associates that perform functions on our behalf or with whom we have organized health care arrangements. We may share your contact information (such as your phone number or email) with contracted providers or business associates for communications on your health, or health-related products or services provided by, or included in a plan of benefits of MediExcel Health Plan, its business associates, or its contracted providers. In all cases where your PHI is shared with providers, plan sponsors, and business associates, including those who may have databases stored or accessed outside of the United States, we have a written contract that contains language designed to protect the privacy of your health information.

All of these entities are required to keep your health information confidential and protect the privacy of your information in accordance with State and Federal laws.

For more information, please review this explanation of the [Notice of Privacy Practices](#)

*****IMPORTANT*****

MediExcel Health Plan does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or medical group.

This notice applies to members in all MediExcel Health Plan coverage plans.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our web site at www.mediexcel.com, or upon request, we will mail a copy to you.

This Notice is effective August 1, 2022, and remains in effect until changed.

If You Want to File a Complaint

You Can Write to Us At:

MediExcel Health Plan
Attention: Privacy Officer
750 Medical Center Ct, Suite 2
Chula Vista, CA 91911

You Can Also Email or Call Us At:

memberservices@mediexcel.com
(619) 421-1659, TDD/TTY 711

For Complaints to the Federal Government

Go to the web address below, call or write to:

Online: <https://www.hhs.gov/ocr/index.html>

Mail: U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

Telephone: (877) 696-6775

If you, or someone you're helping, have questions about MediExcel Health Plan, you have the right to get help and information in your language at no cost. To learn more, please view our Notice of Language Assistance in the Member Section of our website **mediexcel.com**.

MediExcel Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. To learn more, please view our Notice of Non-Discrimination in the Member Section of our website, **mediexcel.com**.

SECTION 14: DEFINITIONS

Advance Health Care Directive: a legal document that tells your doctor, family, and friends about the health care you want if you can no longer make decisions for yourself. It explains the types of special treatment you want or do not want. For more information, contact MediExcel Health Plan or the California Attorney General's Office.

Appeal (*an appeal is sometimes also called a complaint or a grievance*): means a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by a member or the member's representative. Where the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

Benefits: dental care services covered by MediExcel Dental Plan.

Binding arbitration: a way to solve disputes between health plans and patients without filing a formal lawsuit and going to court, (in arbitration, the health plan and the patient select an independent person to settle the dispute, instead of a judge or jury.)

Cal-COBRA: a California Law that lets you keep your group health plan when your job ends or your hours are cut. It may also be available to people who have exhausted their Federal COBRA.

Certificate of Creditable Coverage: a document that provides the amount of time you were covered by a previous health plan (you can reduce your new plan's pre-existing condition exclusion by one month for every month you had creditable coverage, as long as the gap in coverage between your previous plan and your new plan is 62 days or less.).

COBRA: a federal law that lets you keep your group health plan when your job ends or your hours are cut.

Complaint: a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by an enrollee or the enrollee's representative.

Copay (copayment): a fee you pay each time you see a dentist or get other services.

Covered Services (benefits): dental care services that are medically necessary and supplies that you are entitled to receive under a group agreement, and which are described in this Evidence of Coverage or under California health plan law.

Deductible: the amount you must pay for covered dental services each year before your dental plan starts to pay. Your MediExcel Dental Plan has no deductible.

Department of Managed Health Care (DMHC): the DMHC oversees HMOs and some other health plans in California, including MediExcel Dental Plan.

Dependent: a person who is covered by another person's health plan, such as a child or a spouse or domestic partner.

Diagnosis: identifying the cause of a disease or injury through examining the patient.

Dental Group: a group of dentists who have a business together and contract with a health plan to provide services to the plan's members

Domestic Partner: a subscriber's legal domestic partner.

Emergency Dental Care: It is dental care that you need right away.

Evidence of Coverage and Disclosure Form ("EOC"): any certificate, agreement, contract, brochure, or letter of entitlement issued to a member setting forth the coverage to which the member is entitled.

Exclusion: a dental service that is not a covered benefit.

FDA (*Food and Drug Administration*): an agency of the U.S. that regulates medical drugs.

Generic Drug: A drug that is no longer owned and patented by one company, (a generic drug has the same active ingredients as the brand name drug, but it costs less. For example, Valium is the brand name version and Diazepam is the generic version of the same tranquilizer.)

Grievance: a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by an enrollee or the enrollee's representative.

Group Contract: also known as Group Subscriber Agreement and Plan Contract, it is the agreement between MediExcel Dental Plan and the Employer that allows employees to obtain the group dental plan coverage.

Group Health Plan: insurance that is provided by your employer such as your MediExcel Insurance Plan.

Health Care Provider: a professional person, dental/medical group, clinic, lab, hospital, or other health facility licensed to provide health care services

HIPAA (*Health Insurance Portability and Accountability Act*): a law that protects your rights to get health insurance and to keep your dental and medical records private.

HMO: Health Maintenance Organization

Health Care Service Plan (*also known as Dental Plan or Plan*): a company, such as MediExcel Health Plan, which is licensed by the California Department of Managed Health Care to provide healthcare insurance coverage.

Health Plan Help Center: the Help Center is a part of the Department of Managed Health Care (DMHC). The Help Center can help you with grievances, appeals, and complaints you may have against your health plan.

Independent Medical Review (IMR): a review of your Plan's denial, modification, or delay of your request for health care services or treatment. The review is provided by the Department of Managed Health Care and conducted by independent medical experts. If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by your Plan related to medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. Your Plan must pay for the services if an IMR decides you need it.

Medically Necessary: previously referred to as "Dentally Necessary," a service or supply provided by a dentist or other provider that has been determined by MediExcel Dental Plan as generally accepted dental practice for the member's diagnosis and treatment.

Member: a subscriber, enrollee, enrolled employee, or dependent of a subscriber or an enrolled employee, who has enrolled in the MediExcel Health Plan and for whom coverage is active or live.

Network Providers: all the doctors, dentists, labs, hospitals, and other providers that have contracts with a health plan to provide health care services to the plan's members

Non-Network Providers: all the doctors, dentists, labs, hospitals, and other providers who are **not contracted** with a health plan to provide health care services to the plan's members.

Open Enrollment: the time period when you must decide either to stay in your current health plan or to join another health plan that your employer offers, (many employers offer open enrollment for a month every year in the fall.)

Outpatient: health care that does not require an overnight stay in a hospital

Out-of-Network: health care providers, including doctors, labs, hospitals, and other providers that do not have contracts with MediExcel Dental Plan to provide services to the Plan's members. Out-of-network services are not covered unless they are emergency or urgent dental care services or if they are pre-approved by MediExcel Dental Plan.

Pre-Approval (also referred to as Prior Authorization): the process of getting approval from MediExcel Dental Plan that is required before you get certain Covered Services. Services that require pre-approval that are received by a member without pre-approval are not Covered Services.

Premium: a monthly fee your dental plan charges for your dental plan coverage, (you may pay part of the premium and your employer or union may pay the rest.)

Preventive Care: dental care to help promote good dental health such as dental cleanings and oral hygiene instructions.

Primary Dental Care: general dental care services, such as a check-ups, preventive, or restorative dental care.

Primary Care Dentist: your main dentist, who provides or coordinates all your dental care services and treatments and sends you to a specialist when you need one.

Pre-existing Condition: a health or dental condition for which you received medical advice, diagnosis, or care in a specific period before you joined a health plan.

Provider: a professional person, dental group, clinic, lab, hospital, or other health facility licensed to provide dental care services.

Referral: when your doctor sends you to another health care provider or facility for more specialized care.

Second Opinion: advice you get from a second dentist after the first dentist has made a diagnosis or recommended a certain treatment and you want to make sure it is the right diagnosis or decision for you.

Service Area: the geographic area designated by the plan within which a plan shall provide health care services.

Specialist: a dentist who has extra training in a certain dental field, such as periodontics (for gum disease) or an orthodontist.

Standing Referral: a referral to a dentist or other provider for on-going treatment for a long-term disabling or life-threatening illness.

Urgent Care: immediate dental treatment required to prevent serious deterioration of member's dental health resulting from unforeseen illness or injury for which treatment cannot be delayed until member returns to the Service Area.



SECTION 15: Assistance Guide for Deaf and/or Disabled Members to Better Communicate with MediExcel Health Plan

MediExcel Health Plan Member Services Representatives are available by telephone 24/7, are fully bilingual in Spanish and English and can be contact by calling **(619) 365-4346** or **(664) 633-8555** if dialing from Mexico.

If you are deaf, hard of hearing or have a speech impairment, real time assistance services to communicate with MediExcel Health Plan and are available at **no cost** by calling the California Deaf and Disabled Telecommunications Program (DDTP) at **711**. The DDTP serves as a one phone call service in California to provide telephonic communications access for Deaf and Disabled members. DDTP is a free program.

If you have limitations hearing or speaking, a DDTP specially-trained Communications Assistant (CA) can relay telephone conversations for all of your calls, including your communications with Member Services.

You are encouraged to visit the DDTP website [<http://ddtp.cpuc.ca.gov>] to learn more about the various services that make things easier for you to communicate. You may also be eligible for free specialized phones or equipment that make it easier to hear, easier to dial, and easier to call.

The table below also provides direct telephone numbers for other related communication assistance services.

| Type of Call | Language | Toll Free Number |
|-----------------------------|-------------------|------------------|
| TTY/VCO/HCO to Voice | English | 1-800-735-2929 |
| | Spanish | 1-800-855-3000 |
| Voice to TTY/VCO/HCO | English | 1-800-735-2922 |
| | Spanish | 1-800-855-3000 |
| From or to Speech-to-speech | English & Spanish | 1-800-854-7784 |

TTY stands for Text Telephone. It is also sometimes called a TDD, or Telecommunication Device for the Deaf.

VCO stands for Voice Carry-Over which allows a user who is deaf or hard of hearing to speak directly to the other person on their call.

HCO stands for Hearing Carry-Over which allows people with significant difficulty speaking to call anyone and vice versa.

SECTION 16: Notice of the Availability of Language Assistance Services for MediExcel Health Plan Members

English:

ATTENTION: Language assistance services, free of charge, are available to you. Call (619) 365-4346. (TTY: 711).

Español (Spanish):

ATENCIÓN: si hablas español, tienes a tu disposición servicios gratuitos de asistencia lingüística. Llama al (619) 365-4346 (TTY: 711).