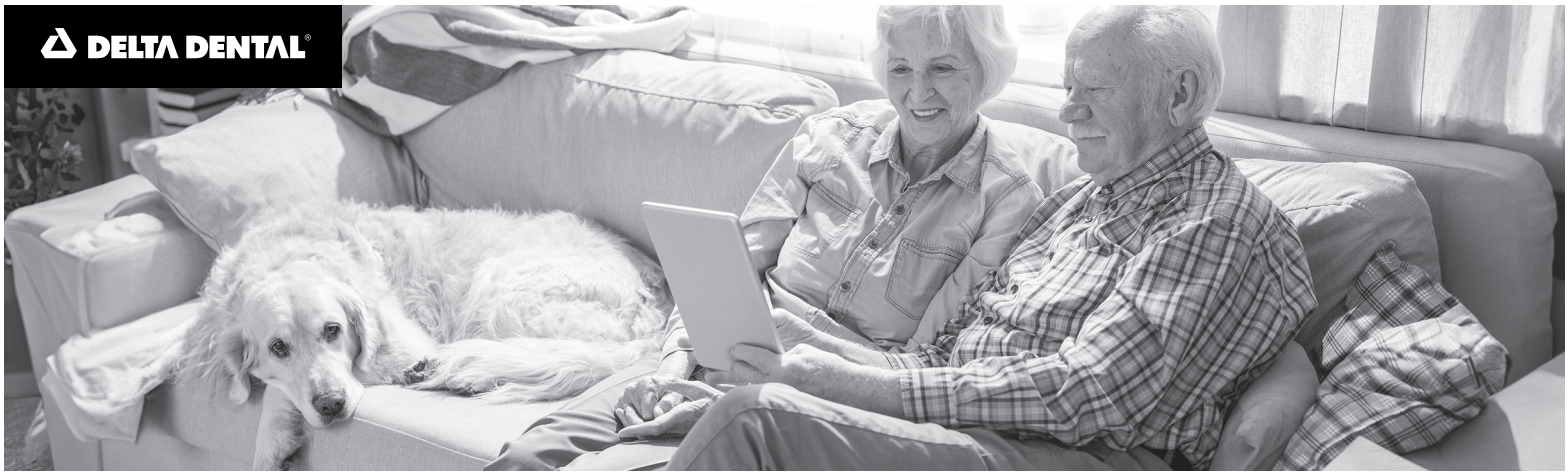
DELTA DENTAL®



Frequently asked questions about Delta Dental DHMO plan

Kern Family Health Care Medicare (HMO D-SNP)

Getting started

1. **How do I start using my Delta Dental DHMO dental plan?**
   Once we process your enrollment, we'll send you welcome materials in the mail that include access to:
   - **How to select your dentist.** To receive benefits under your plan, you must visit your in-network general dentist for all services. This dentist will also coordinate a referral for you if you require treatment from a specialist.
   - **Your Evidence/Certificate of Coverage (plan booklet).** This helpful document explains how to use your benefits, including covered services, and any limitations and exclusions of your plan.
   - **Your ID card.** This card is for your records only. You don't need it to receive treatment. Tell the dental office you have Delta Dental coverage and provide your name and date of birth. You can print an ID card by logging into your online account.

2. **How long will it take to get an appointment with my selected or assigned primary care network dentist?**

   It may take two to four weeks for a routine, non-urgent appointment. Your wait may be longer if you need a specific day and time. Most Dental Dental DHMO network dentists are in private group practices that usually offer greater appointment availability and extended office hours.

3. **How much will my dental treatments cost and how do I pay?**

   Your dental plan covers some services at no cost. Visit **www1.deltadentalins.com/kfhcmedicare** and refer to the **Evidence of Coverage** for a list of covered services.

   To find this document, click "About your plan" in the top right corner of the page. All plan documents can be found in the "Review your benefits" section.

   It's a good idea to bring your **Evidence of Coverage** to your appointment in case you need to discuss your copayment for a service with your dentist.

4. What if I don't understand my dentist's Treatment Plan for me?

If your dentist recommends extensive and possibly expensive treatment, ask the dental office for a Treatment Plan outlining all codes, procedures and costs. Also ask that they submit a pre-treatment estimate to Delta Dental to receive a cost estimate.

Delta Dental will send you a Confirmation of Treatment and Costs. The Confirmation includes your dentist's specific Treatment Plan, what your benefits pay, and an out-of-pocket estimate. If you have questions about the costs, please contact Customer Service. **Ask your dentist to review the cost with you. You do not have to agree to the recommended Treatment Plan.**

Selecting a dentist

5. How do I select my Delta Dental DHMO network general dentist?

To use your benefits, you must select an in-network general dentist within the Delta Dental Medicare Advantage Medi-Cal Wrap Plan network. To search for a dentist, use the **"Find a dentist" tool at www1.deltadentalins.com/kfhcmedicare.**

6. Can I change my selected dentist?

Yes, you can request to change your general dentist at any time. Selections made by the 15th of the month are effective immediately. Selections made on or after the 16th of the month will be effective on the first day of the following month. To change your selection visit **www1.deltadentalins.com/kfhcmedicare** to log on to your online account or call Delta Dental Customer Service at **844-275-8754**.

7. My dentist said they are a Delta Dental dentist, but their name isn't in the Delta Dental DHMO directory. Can I still visit them for services?

No, to receive benefits under your plan, you must visit your selected Delta Dental Medicare Advantage Medi-Cal Wrap Plan network general dentist. This network includes dentists that participate in both the Delta Dental and Medi-Cal provider networks. Not all Delta Dental dentists are part of the Delta Dental Medicare Advantage Medi-Cal Wrap Plan network.

8. What should I do if I need to see a specialist?

If you require specialty dental care contact your selected in-network general dentist to request a referral. Delta Dental must authorize specialty dental services not performed by your selected in-network general dentist.

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Other common questions

9. Can I access my plan online?

Yes, you may create a free, secure online account at **www1.deltadentalins.com/kfhcmedicare**, where you can access your plan benefits and ID card, select or change your in-network general dentist and more.

10. Does my plan have any limitations and exclusions?

Visit **www1.deltadentalins.com/kfhcmedicare**. Select "About your plan" on the top right corner of the page. Under "Review your benefits," refer to your plan's Evidence of Coverage for your plan details, including benefits, and applicable limitations.

11. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Yes, your plan covers treatment for pre-existing conditions (except work in progress, including missing or extracted teeth. Treatment in progress, including services such as preparations for crowns or root canals and impressions for dentures, isn't covered. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs.

12. What if I have additional questions about my plan?

Please call Delta Dental Customer Service at **844-275-8754**. Agents can answer benefits questions, help you change your in-network general dentist and arrange for urgent care referrals.

We make it easy for you.

Review your preventive care benefits

Make an appointment with your selected or assigned dentist

Receive dental care

Pay only your copayment (if any) to dentist

Kern Family Health Care Medicare is a HMO D-SNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Kern Family Health Care Medicare (HMO D-SNP) depends on contract renewal.

DeltaCare® USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.