



December 8, 2011

Important Notice About Changes to Your Dental Benefits

Do these changes apply to me?

AmeriHealth Mercy members **21 years of age and older** will have a change in their dental benefits beginning January 8, 2012.

These changes **do not apply** if you are under 21, or if you live in a nursing home or an intermediate care facility.

What are the changes?

Your AmeriHealth Mercy dental benefits continue to include:

- 1 dental exam and 1 cleaning every 180 days (6 months) per provider.
- Re-cementing of crowns (re-gluing the crown).

Your AmeriHealth Mercy dental benefits will also include:

- Pulpotomies (removal of pulp) for pain relief.
- Dentures: In your lifetime, you can get:
 - 1 partial upper denture or one full upper denture; **and**
 - 1 partial lower denture or one full lower denture.

If you had a partial or full denture since March 1, 2004, you must get special approval to get another partial or full upper denture. This is a benefit limit exception.



The information in this notice is available in other languages and formats by calling Member Services at **1-888-991-7200** or **1-888-987-5704** (TTY).

Esta información también se ofrece en otros idiomas y formatos. Llame a Servicios para Miembros al **1-888-991-7200** o al **1-888-987-5704** (TTY).

Muốn đọc thông tin trong thông báo này dưới hình thức và ngôn ngữ khác, xin gọi Ban Dịch Vụ Hội Viên số **1-888-991-7200** hay số dành cho người khiếm thính giác **1-888-987-5704** (TTY).

ព័ត៌មាននៅក្នុងសំបុត្រនេះមានជាភាសានិងទម្រង់ផ្សេងៗទៀត ដោយទូរស័ព្ទទៅក្រសួងជំនួយសមាជិកលេខ **1-888-991-7200** ឬ **1-888-987-5704** (TTY) សំរាប់អ្នកផ្ទះ។

Для получения сведений, содержащихся в данном уведомлении, на других языках звоните в Отдел обслуживания по телефону **1-888-991-7200** или **1-888-987-5704** (TTY).

此通知的资料包括其他语言及格式，如需要提供，请致电 **1-888-991-7200** 或 **1-888-987-5704** (TTY) 联系会员服务处。



You can also get the following services only if you get special approval, called a benefit limit exception:

- Crowns and related services
- Root canals and other endodontic services
- Periodontal (gum) services
- Additional cleanings and exams

What if I need dental services that require a benefit limit exception?

Your dentist must ask for the benefit limit exception. AmeriHealth Mercy can give a benefit limit exception if:

- You have a serious chronic illness or health condition **and** without the additional service, your life would be in danger; or
- You have a serious chronic illness or health condition **and** without the additional service, your health would get much worse; or
- You would need more expensive services if the exception is not granted; or
- It would be against federal law for AmeriHealth Mercy to deny the exception.

**If you have any questions about your dental benefit,
please call member services at 1-888-991-7200.**

How do I get a benefit limit exception?

Your dentist must ask for the exception. This can happen before the services start or after they are finished. Your dentist can ask for an exception up to 60 days after your dental services are finished. Your dentist must send a written request by mail to:

AmeriHealth Mercy Health Plan
DentaQuest Authorizations
12121 N Corporate Parkway
Mequon, WI 53092

The benefit limit exception submitted by your dentist must include:

- Your name, address and Member ID number
- The dental service that is needed
- The reason the exception is needed
- The dentist's name and phone number

If your dentist asks for a benefit limit exception **before** the dental service begins, you and your dentist will get an answer within 21 days.

If your dentist asks for a quick response because you have an urgent need **before** the dental service begins, you and your dentist will get an answer within 48 hours.



If your dentist asks **after** the dental service is finished, you and your dentist will get an answer within 30 days.

What if my benefit limit exception request is denied?

If a request for a benefit limit exception is denied, you and your dentist will get the decision in writing. You can file a complaint or grievance with AmeriHealth Mercy or ask for a Fair Hearing with the Department of Public Welfare if your request for a benefit limit exception is denied. We will tell you how and when to file and where to send the papers.

Your Right to Appeal this Change

What are my rights to appeal?

Because these changes are caused by changes in state law, you cannot appeal the changes. If you think these changes do not apply to you or if you think we do not have the right facts about you, such as your age or where you live, and the changes should not apply to you, you may file an appeal and ask for a fair hearing by February 8, 2012

If you want to talk to a lawyer about these changes, call:

MidPenn Legal Services	800-326-9177
North Penn Legal Services	877-953-4250
Pennsylvania Health Law Project	800-274-3258
Pennsylvania Legal Aid Network	800-322-7572

How do I file an appeal?

If you think these changes do not apply to you or if you think we do not have the right facts about you, such as your age or where you live, and the changes should not apply to you, you may file an appeal and ask for a hearing by February 8, 2012.

If you want to have a hearing, you may call your caseworker, but you must also fill out and sign the form included with this letter. After you have filled out the form, mail it or take it to your county assistance office.

If your request is not postmarked or received by February 8, 2012, your appeal will be dismissed without a hearing.

Because these changes are caused by State law, you will not be granted a hearing unless you are appealing the correctness of your case information. If you are only appealing the changes, your appeal will be dismissed.



Whether or not you file an appeal now, you can always ask your caseworker to see if these changes should apply to you.

At the hearing, you can tell the hearing official why you think the facts we have about you are wrong. You may present evidence and bring witnesses. You may represent yourself or have someone else represent you. You can get free legal help by calling one of the phone numbers listed on the notice.

If you speak a language other than English and need an interpreter, and ask us in advance, we will help you get an interpreter at no charge to you.

If you or your representative would like to meet with us to discuss the issue under appeal informally or to give us information which might change the decision on your benefits, please call your caseworker. This informal meeting will not delay or cancel your hearing.

A hearing will be scheduled for you either over the telephone or in person, whichever you choose. If you ask to appear in person for the hearing, it will be held in the city listed below for your county.

If you live in:

- Adams, Cumberland, Dauphin, Lancaster, Lebanon, Perry, York, your hearing will be in Harrisburg.
- Carbon, Lackawanna, Luzerne, Monroe, Pike, your hearing will be in Plymouth.
- Berks, Lehigh, Northampton, your hearing will be in Reading.

To file a complaint:

You can also file a complaint with AmeriHealth Mercy within 45 days from the date of this notice.

- Call AmeriHealth Mercy at 1-888-991-7200 and tell us your complaint, or
- Write down your complaint and send it to us at:

**Attention: Member Advocate
AmeriHealth Mercy Health Plan
200 Stevens Drive
Philadelphia, PA 19113-1570**

If you have any questions about the dental benefit changes, please call **1-888-991-7200**.

These changes are authorized by 62 P.S. § 443.6, as amended by Act 2011-22

Sincerely,

AmeriHealth Mercy Health Plan



If you want to file a request for a fair hearing, please fill out the form below, and mail or take it to your County Assistance Office by February 8, 2012.

I WANT A HEARING BECAUSE:	
<small>(attach additional pages, if necessary)</small>	
DO YOU WANT A TELEPHONE HEARING, OR AN IN-PERSON HEARING? <small>(circle one)</small>	
TELEPHONE	IN-PERSON
DO YOU NEED AN INTERPRETER? <small>(circle one)</small> YES NO	
If you circled YES, what language?	
_____	_____
<small>Date</small>	
_____	_____
<small>Representative's Signature</small>	<small>Representative's Telephone Number</small>
_____	_____
<small>Your Signature</small>	<small>Your Telephone Number</small>
YOUR ADDRESS	