



UnitedHealthcare Rite Smiles

Dental care for kids

Annual Notification 2022



Thank you for being a UnitedHealthcare—Rite Smiles member.

We're happy to have you as a member. This notification contains important information about your Rite Smiles dental coverage.

We want to make sure you understand the dental benefits, programs and services available to you or your eligible child. We value our members and hope you find this information helpful.

The information is also in the UnitedHealthcare Rite Smiles Member Handbook, Rite Smiles website at uhc.com/Ritesmiles and on the **Rite Smiles Mobile app**. If you have any questions, please call us at **1-866-375- 3257, TTY 711**.

How to tell of changes:

It's very important to inform HealthSourceRI of any changes. Contact Healthsource RI to report changes listed below:

- Name, address, phone number
- If you move out of state
- If you get married and if you change your last name
- If you become pregnant
- Family size (adding a new baby or adopting a child, death of a family member who is enrolled, etc.)
- Change in income that could affect eligibility for Medicaid

If you have other health insurance, you are required to report changes to Healthsource RI or the RI Department of Human Services (DHS) within 10 days of the change.

Contact Healthsource RI to report any of these changes. If you have an account at Healthsource RI, you can visit www.healthsourceri.com or call 1-855-840-4774 to make a change. You can also visit the Healthsource RI walk-in center at 401 Wampanoag Trail, East Providence, RI 02915. Business hours are 8:00 a.m. – 6:00 p.m., Monday – Friday.

If you, your child, or another family member has SSI or became eligible for Medicaid due to a disability, please call the RI Department of Human Services (DHS) at 1-855-697-4347. You can also contact your local DHS Office to report changes. Business hours are 8:30 a.m. – 4:00 p.m., Monday – Friday.

How the Rite Smiles Dental Program Works:

You must choose a dental provider in the UnitedHealthcare Rite Smiles network. You can find dental providers in the network by looking in the UnitedHealthcare online Provider Directory at uhc.com/Ritesmiles, **download the Rite Smiles Mobile app**, or call **Rite Smiles Member Services at 1-866-375-3257, TTY 711 8 a.m. – 6 p.m., Monday - Friday**

The Provider Directory includes the following information:

- Provider Name, Address and Phone Number.
- Languages spoken by the Provider and office staff.
- Handicap Access to the office.
- If the Provider is accepting new patients.

The Rite Smiles plan covers a wide range of dental treatments and services. These services include medically necessary preventative and diagnostic care, and treatment for dental and gum disease. There is no member copay, deductible, or coinsurance. There is no annual maximum benefit. Some services do require prior authorization before services can be provided. **Questions? Call Member Services at 1-866-375-3257, TTY 711 8 a.m. – 6 p.m., Monday – Friday, visit uhc.com/Ritesmiles or download the Rite Smiles Mobile app**

Rite Smiles In plan benefits summary

Service Type	Service Description	How Often and Description
Preventive Services	Routine dental exams Cleanings Fluoride treatments Sealants	2 per calendar year 2 per calendar year 2 per calendar year One treatment per permanent molars excluding third molars. One treatment per tooth every 5 years
Diagnostic Services	X-rays	Intraoral/complete series and Panoramic Films - once every 4 years Bitewing - Once every calendar year
Restorative Services	Fillings Crowns Dentures, partial or complete	As medically needed As medically necessary As medically necessary. Prior Auth required.
Orthodontic Services	Orthodontia (braces)	As medically necessary to correct a severe handicapping condition. Prior Auth required.
Oral Surgery	Extractions or other mouth surgery	As medically necessary. Prior Auth required.
Other Dental Services	Emergency dental care services & Other services	As medically necessary

Emergencies and Urgent Care:

An emergency is a life-threatening illness or injury. It requires immediate care. You should call 911 or go to the nearest emergency room. You should also call your child's primary care provider (PCP). If your child has a dental emergency, you should call their dental provider right away.

Urgent Care is when your child has a dental problem that is not life threatening. An example might be pain or an infection. You should call your child's dentist. The dentist can tell you what to do. Your child's dentist is required to see all urgent care dental problems within 48 hours.

You can also call UnitedHealthcare Member Services at 1-866-375-3257, TTY 711, 8:00 a.m. – 6:00 p.m., Monday – Friday. They can help you find a dental provider if you need one. **If the injury to your child is life-threatening you should call 911 or take your child to the emergency room immediately.** Emergency services do not require a prior authorization.

As a member of Rlte Smiles, you have a right:

- To receive information about Rlte Smiles, its services, providers and members' rights and responsibilities.
- To be treated with respect, dignity, and the right to privacy.
- To participate with your provider(s) in making decisions about your health care, including the right to refuse treatment.
- To privacy of all records and communications as required by law. (Rlte Smiles employees follow a strict confidentiality policy regarding all member information.) Visit uhc.com/ritesmiles or download the Rlte Smiles Mobile app to view privacy policy information.
- To respectful, personal attention without regard to your race, national origin, gender, gender identity, age, sexual orientation, religious affiliation, or preexisting conditions.
- To an open discussion of appropriate home and community services or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To get a second medical opinion for medical and surgical concerns.
- To voice grievances, complaints or appeals about Rlte Smiles or the care provided by UHC Dental providers and/or agencies.
- To make recommendations about Rlte Smile's Member Rights and Responsibilities policies.
- To receive information on available treatment options and alternatives.
- To be free from any form of coercion, discipline, or retaliation.
- To request and receive a copy of your medical records, and request that they be amended or corrected.
- To be given health care services.
- To exercise your rights, and that the exercise of those rights does not negatively affect the way Rlte Smiles and its providers treat you.

Appeal Rights

You can request an appeal if we denied or let you have less services than you or your dental provider (or other health care provider) feel you need. The service must be medically necessary and not having it would cause you harm. You have a right to appeal our decision. The appeal process is a way to ask that services be put back in place or extended. It means that you don't agree with our decision.



Internal Appeal

You can ask for an appeal through UnitedHealthcare Dental about the services that were denied or the coverage decision that was made. You must ask for an appeal within 60 calendar days of our decision to deny a service or supply. You can ask for it in writing or by calling UnitedHealthcare Rlte Smiles Member Services at 1-866-375-3257, TTY 711, 8:00 a.m. – 6:00 p.m., Monday – Friday.

Send written appeals to:

UnitedHealthcare-Rlte Smiles
Grievance and Appeals Unit
P.O. Box 170
Milwaukee, WI 53201

We will let you know that we received your request for an appeal within 5 calendar days. Call UnitedHealthcare-Rlte Smiles if you have any questions about the appeal process. Qualified dental professionals will make a fair decision about your appeal within 30 calendar days of receiving it.

You Have a Right...

You have a right to ask for and get copies of all documents related to your appeal. You may add information about the appeal to your file in writing or by calling UnitedHealthcare Rlte Smiles Member Services at 1-866-375-3257, TTY 711, 8:00 a.m. – 6:00 p.m., Monday – Friday.

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You have a right to continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must call UnitedHealthcare Rlte Smiles Member Services at 1-866-375-3257, TTY 711, 8:00 a.m. – 6:00 p.m., Monday – Friday.

- within 10 calendar days of the denial. If your appeal is denied, you may have to pay for the cost of any continued benefits you received during the decision-making period. If your appeal is approved and you did not request that your services be continued while your appeal was being decided, we will authorize or provide services within 72 hours.
- You have a right to a fast (expedited) appeal if your provider feels a delay in your care or treatment might be a risk to your life or cause you severe pain. You or your provider should call UnitedHealthcare Rlte-Smiles Member Services to request a fast appeal. We will decide about your fast appeal within 72 hours of receiving your request. If more

information is needed, we will call you within 2 calendar days to let you know that we need more time to review your appeal. We may extend our review time for up to 14 calendar days. If you disagree with our decision to take more time, you may file a grievance with us. If we deny your request for a fast appeal, we will answer your appeal within 30 calendar days.

Can Someone Else Appeal for You?

Yes, your doctor, provider, or someone else can ask for an appeal for you. First, fill out an *Authorized Representative Form*. Get this form from **uhc.com/Rltesmiles** or UnitedHealthcare-Rltes Smiles Member Services by calling 1-866-375-3257, TTY 711. We must get the completed form before we can talk to the person you've asked to handle your appeal. The Authorized Representative Form is valid for one year from the date you sign it and must be submitted with the appeal.

State Fair Hearing

You also have the right to request a State Fair Hearing within one hundred and twenty (120) calendar days of the appeal decision at no charge and after you exhaust the Internal appeal process. If the State Fair Hearing appeal is denied, you may have to pay for the continued benefits you received. A State Fair Hearing and an External Appeal can be filed at the same time.

To request a State Fair Hearing:

- Call 401-462-2132 (TDD 401-462-3363), after you have finished UnitedHealthcare's internal process, or
- Fax your request to 401-462-0458, or
- Email your request to OHHS.AppealsOffice@ohhs.ri.gov or
- Mail your request to EOHHS Appeals Office, Virks Building, 3 West Road, Cranston, RI 02920.

External Appeals

If you disagree with UnitedHealthcare's appeal decision, you can ask for an external appeal through an Independent Review Organization (IRO). Requests for an external appeal by an Independent Review Organization must be received within four (4) months of the decision of your appeal. Call UnitedHealthcare-Rltes Smiles Member Services for help with or instructions on how to file an external appeal.

You Can File a Complaint about the Appeals Process

You can also file a complaint at any time during the appeal process with the Office of the Health Insurance Commissioner (OHIC) through their consumer helpline:



RIREACH

1210 Pontiac Avenue Cranston, RI 02920

Telephone: 1-855-747-3224 (1-855-RIREACH)

Website: www.rireach.org

Email: rireach@ripin.org

For help with your complaint, grievance, or appeal, you may also call RI Legal Services at 401-274-2652.

UnitedHealthcare—Rlte Smiles does not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to:

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, Utah 84130
Online: **UHC_Civil_Rights@uhc.com**
Phone: **1-866-375-3257**, TTY **711**

A decision will be sent to you within 30 calendar days. If you disagree with the decision, you have 15 calendar days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your identification card, **1-866-375-3257**, TTY **711**, 8 a.m. – 6 p.m., Monday – Friday.

You can also file a complaint with the U.S. Department of Health and Human Services.

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW



Room 509F, HHH Building
Washington, D.C. 20201
Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at:
http://www.hhs.gov/ocr/office/file/index.html
Phone: Toll free at **1-800-368-1019, 1-800-537-7697** (TDD)

If you need help with your complaint, please call the toll-free phone number listed on your member identification card.

We will provide free services to help you communicate with us such as letters in other languages or large print. Or, you can ask for a language interpreter or sign language interpreter if you need one. To ask for help, please call the toll-free phone number listed on your member identification card, **1-866-375-3257**, TTY **711**, 8 a.m. – 6 p.m., Monday – Friday.

ATTENTION: Language assistance services are available to you free of charge.
Call **1-866-375-3257**, TTY **711**.

Spanish:

ATENCION: si habla espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica.
Llame al **1-866-270-5785**, TTY: **711**.

Portuguese:

ATENCAO: Se fala portugues, encontram-se disponiveis servicos linguisticos, gratis.
Ligue para **1-866-375-3257**, TTY **711**.

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-270-5785**, TTY: **711**

Haitian:

ATANSYON: Si w pale Kreyol Ayisyen, gen sevis ed pou lang ki disponib gratis pou ou.
Rele **1-866-375-3257**, TTY **711**.

Khmer:

មានសេវាជំនួយភាសាជូនចំពោះសាក្សីកម្ពុជាសោយភតតិកថ្លែង។ ទូរស័ព្ទដេញសេវាសេខ **1-866-375-3257**, TTY **711**.

French:

ATTENTION : Si vous parlez francais, des services d'aide linguistique vous sont proposes gratuitement.
Appelez le 1-866-600-4985 (TTY **711**).

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-866-375-3257**, TTY **711**.

Laotian:



ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີມາພ້ອມໃຫ້ທ່ານ.

ໂທສ **1-866-270-5785**, TTY: **711**

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-270-5785**, TTY: **711**.

Vietnamese:

CHÚ : Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-270-5785**, TTY: **711**.

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-866-375-3257**, TTY **711**.

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-866-270-5785, TTY: **711**번으로 전화해 주십시오.

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-270-5785**, TTY: **711**.

Bassa:

Dè dɛ̀ nìà kɛ̀ dyéɔ́ɔ́ gbo: ɔ̀ jṹ kɛ́ m̀ [Bàsɔ́ ɔ́ -wùdù-po-nyɔ́] jṹ ní, níí, à wuɔ̀ kà kò dò po-po

ɔ́ɛ́ in m̀ gbo kpáa. Đá **1-866-270-5785**, TTY: **711**.

Arabic: 711 -866-270- 5785 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

English

If you have questions, call the Medicare-Medicaid Plan Enrollment Line at **1-866-375-3257**, TTY **711**, 8:30 a.m. – 7:00 p.m., Monday – Friday. The call is free. You can get this information for free in other languages and formats, like large print, braille and audio.

Spanish

Si desea más información, llame al servicio telefónico de inscripción, Medicare-Medicaid Plan Enrollment Line, al **1-866-375-3257**, TTY **711** de 8:30 a.m. a 7:00 p.m., de lunes a viernes. La llamada es gratis. Puede obtener esta información gratuitamente en otros idiomas y formatos como, por ejemplo, en letra grande, braille o audio.

Portuguese

Se tiver perguntas, ligue para a Linha de Inscrição do Plano de Medicare-Medicaid no número **1-866-375-3257**, TTY **711**, 8:30 – 19:00, Segunda a Sexta-feira. A chamada é gratuita. Pode obter esta informação grátis noutros idiomas e formatos, como imprimido em formato grande, braille e áudio.

English — Non-Discrimination Notice

The EOHHS and the Department of Human Services (DHS) does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or

gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, EOHHS/DHS does not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 206 Elmwood Avenue, Providence, RI 02907, telephone number 401-415-8500 (for deaf/hearing impaired 1-800-745-6575 voice; TTY 711).

Spanish — No Discriminación

La Oficina Ejecutiva de Salud y Servicios Humanos (EOHHS, Executive Office of Health and Human Services) y el DHS no discriminan por motivos de raza, color, nacionalidad, discapacidad, religión, creencias políticas, edad o sexo en la aceptación o la prestación de servicios, empleo o trato, así como en sus actividades y programas educativos o de otra índole. En virtud de otras disposiciones de la legislación pertinente, la EOHHS y el DHS no discriminan por motivos de orientación sexual, identidad de género o expresión de género. Para obtener más información sobre estas leyes y reglamentaciones contra la discriminación y los procedimientos para la resolución de reclamos por discriminación, comuníquese con el DHS a la siguiente dirección: 206 Elmwood Avenue, Providence, RI 02907, número de teléfono 401-415-8500 (para personas sordas o con problemas de audición 1-800-745-6575, voz; TTY 711).

Portuguese — Não Discriminação

O EOHHS e o Departamento de Serviços Humanos (DHS), não discrimina com base em raça, cor, nacionalidade, deficiência, religião, crenças políticas, idade, religião ou sexo em aceitação para ou prestação de serviços, emprego ou tratamento, em sua educação ou outras atividades do programa. Sob outras provisões da lei aplicável, o EOHHS/DHS não discrimina com base em orientação sexual, identidade de gênero ou expressão. Para obter mais informações sobre estas leis de não discriminação, regulamentos e procedimentos para a resolução de queixas contra discriminação, entre em contato com o DHS em 206 Elmwood Avenue, Providence, RI 02907; telefone 401-415-8500 (para surdos/ deficientes auditivos 1-800-745-6575 Voz; TTY 711).