UnitedHealthcare RIte Smiles

Dental care for kids

Annual Notification

2026

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 and the RIte Smiles website at **uhc.com/RItesmiles**. If you have any questions, please call us at **1-866-375- 3257, TTY 711**.

Update your information:

- **Online or mobile app**: To access your account online visit healthyrhode.ri.gov or download the **HealthyRhode mobile app** on your smart phone.
- **Call**: HSRI at 1-855-840-4774 (Monday through Friday, except holidays, from 8 a.m. to 6 p.m.).
- **In person**: Visit staff at the Rhode Island Department of Human Services (DHS). For locations visit: DHS Offices | RI Department of Human Services

It's very important to report any of the life 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, adopting a child, death)
- 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.

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.

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.

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 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.

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.

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, or visit uhc.com/Ritesmiles.**

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

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 RIte Smiles, you have a right:

• To receive information about RIte 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. (UHC Dental employees follow a strict confidentiality policy regarding all member information.) Visit uhc.com/ritesmiles 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 RIte Smiles or the care provided by UHC Dental providers and/or agencies. • To make recommendations about RIte 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 RIte 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 RIte 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-RIte 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-RIte 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 RIte Smiles Member Services at 1-866-375-3257, TTY 711, 8:00 a.m. – 6:00 p.m., Monday – Friday.

- 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 RIte 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 RIte-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/RItesmiles or** UnitedHealthcare-RIte Smiles Member Services by calling 1-866-375-3257, TTY 711. UnitedHealthcare 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-RIte Smiles Member Services for help with or instructions on how to file an external appeal.

You Can File a Grievance 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.

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, creed, religious affiliation, political beliefs, sex, gender identity or expression, or sexual orientation.

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by us. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
Email: UHC_Civil_Rights@uhc.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online:	**hhs.gov/civil-rights/filing-a-complaint/index.html**
By mail:	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, D.C. 20201
By phone:	**1-800-368-1019** (TDD **1-800-537-7697**)

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-866-375-3257**, TTY **711**, 8 a.m.–6 p.m. EST, Monday–Friday.

1-866-375-3257, TTY 711

Spanish: ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número que se indica arriba.

Portuguese: ATENÇÃO: a tradução e outros serviços de assistência linguística estão disponíveis sem qualquer custo para si. Se precisar de ajuda, contacte o número indicado acima.

Chinese: 注意：您可以免費獲得翻譯及其他語言協助服務。如果您需要協助，請致電上列電話號碼。

Haitian Creole: ATANSYON: Gen tradiksyon ak lòt sèvis èd pou lang ki disponib gratis pou ou. Si w bezwen èd, tanpri rele nimewo ki mansyone anwo a.

Khmer: សម្គាល់៖ ប្រតិបត្តិការ និងសេវាជំនួយភាសាផ្សេងទៀត
គឺអាចរកបានដោយឥតគិតថ្លៃចំពោះរូបអ្នក។ ប្រសិនបើអ្នកត្រូវការជំនួយ
សូមហៅទូរសព្ទទៅលេខខាងលើ។

French: ATTENTION : la traduction et d'autres services d'assistance linguistique sont disponibles sans frais pour vous. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus.

Italian: ATTENZIONE: il servizio di traduzione e altri servizi di assistenza linguistica sono disponibili gratuitamente. Se serve aiuto, si prega di chiamare il numero sopra indicato.

Laotian: ໂຊັນຊາບ: ມີບໍລິການຊ່ວຍເຫຼືອໃນການແປພາສາ ແລະ
ພາສາອື່ນໆໃຫ້ແກ່ທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍໃດໆ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອ,
ກະລຸນາໂທຫາເບີຂ້າງເທິງ.

Arabic: تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجانًا. إذا كنت بحاجة إلى المساعدة، يُرجى الاتصال بالرقم أعلاه.

Russian: ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если вам требуется помощь, пожалуйста, позвоните по указанному выше номеру.

Vietnamese: CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên.

Igbo: GEE NTỊ: Ntụgharị asụsụ na ọrụ enyemaka asụsụ ndị ọzọ dịirị gị n'akwụghị ụgwọ. Ọ bụrụ na ịchọrọ enyemaka, biko kpọọ nọmba dị n'elu

Polish: UWAGA: tłumaczenia i inne formy pomocy językowej są dostępne bezpłatnie. Aby uzyskać pomoc, proszę zadzwonić pod numer powyżej.

Korean: 참고: 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 위에 명시된 번호로 전화해 주십시오.

Tagalog: ATENSYON: Ang pagsasalin at iba pang mga serbisyong tulong sa wika ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas.