

YOUR HEALTH CARE RIGHTS

If you are enrolled in the Medi-Cal and Denti-Cal Programs, you have the right to:



1 BE TREATED WITH RESPECT AND DIGNITY

2 GET DENTAL SERVICES

By an enrolled dentist of your choice.



3 REQUEST A QUALIFIED INTERPRETER

At no charge to you.

4 USE PROFESSIONAL INTERPRETERS RATHER THAN YOUR FRIEND OR FAMILY MEMBER



5 TELL SOMEONE IF YOUR DENTAL AND LANGUAGE NEEDS ARE NOT MET

You can call Denti-Cal at 1-800-322-6384 or the Office of the Ombudsman at 1-888-452-8609 to report any problems.



6 GET APPOINTMENTS WITHIN A REASONABLE TIME

According to the Department of Managed Health Care, from the time that you call and make an appointment:

- Urgent care appointments should be offered in 3 days.
- Non-urgent appointments must be provided in 36 working days.
- Preventive dental appointments must be provided in 40 working days.



7 PARTICIPATE IN MAKING DECISIONS REGARDING YOUR DENTAL NEEDS



8 HAVE YOUR DENTAL RECORDS AND PERSONAL INFORMATION BE KEPT CONFIDENTIAL



YOUR DENTAL SERVICES THROUGH MEDI-CAL



Did you know:

- Your dental health is connected to your overall health.
- Prevention is better than treatment.
- Early care could mean less pain, lower expenses, and less harm to your overall health!

This brochure gives you an overview of what you need to know about the dental services available to adults through Medi-Cal.



CONTACT US!

The Health Consumer Alliance offers free assistance over-the-phone or in-person to help people get the health care services they need.

Call 1-888-804-3536

Produced by:



USING YOUR DENTI-CAL

If you have full-scope Medi-Cal, you also have dental coverage called Denti-Cal.



1 MAKE AN APPOINTMENT

You can find a list of Denti-Cal providers by going to this website (<http://bit.ly/Medi-CalDentist>) or calling 1-800-322-6384.



2 ASK IF THE DENTIST ACCEPTS DENTI-CAL

Denti-Cal will only pay for services you receive from a Denti-Cal dentist. If you go to a non-Denti-Cal dentist, you will have to pay for the services you receive.

3 REQUEST A QUALIFIED INTERPRETER

If you do not speak English well, you can call 1-800-322-6384 to request an interpreter. If your dentist does not speak your language, your dentist is required to provide an interpreter for your visit, free of charge.

4 ON THE DAY OF YOUR APPOINTMENT

Bring your

- Benefits Identification Card (BIC)
- Photo Identification Card or Driver's License
- Denti-Cal Plan Card, if you joined a Denti-Cal plan

You do not need to provide any information on your own or your family's immigration status at your appointment.

5 PAYMENTS

Your provider must tell you which services are and are not covered by Denti-Cal. Your Denti-Cal provider cannot charge you for services that are covered by Denti-Cal.

6 PAY ATTENTION TO PAYMENT PLANS

Some dental offices might encourage you to sign up for a payment plan or credit card to pay for services not covered by Denti-Cal. Do not feel rushed to sign up. Be sure to have information explained to you in a language you understand before signing anything.

7 ASK YOUR DENTIST

It is important that you understand your health conditions and your treatment. Ask your dentist these three simple questions (From AskMe3):

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

YOUR DENTI-CAL BENEFITS



Beginning January 1, 2018, adults* with full-scope Medi-Cal will have more benefits through Denti-Cal.

**all pregnant women on Medi-Cal (full-scope or "pregnancy-related") get full dental benefits.*

1 MAJOR SERVICES COVERED

- Initial Exam
- Cleanings (prophylaxis)
- Fluoride Treatment
- X-Rays
- Fillings
- Prefabricated Crowns (Resin & Stainless Steel Only)
- Extractions
- Root Canals in Front Teeth
- Full Dentures
- Full Denture Adjustments & Repairs
- **NEW! Laboratory Processed Crowns**
- **NEW! Root Canals in Back Teeth**
- **NEW! Partial Dentures**
- **NEW! Partial Denture Adjustments, Repairs, and Relines**
- **NEW! Periodontics (Scaling and Root Planing)**

Learn more about your full benefits by visiting <https://www.denti-cal.ca.gov> or calling 1-800-322-6384



2 HOW MUCH IS COVERED BY DENTI-CAL?

Denti-Cal will provide up to \$1,800 in covered services per year. Your dental provider must check with Denti-Cal to find out if you have reached the \$1,800 limit before treating you. If shown to be medically necessary, dental services can go over the \$1,800 limit.

Some services do not count towards the \$1,800 limit, including dentures, emergency services, pregnancy related services, and services in long term care facilities.

3 YOU HAVE THE RIGHT TO APPEAL

You should receive a notice if service is denied and you have the right to appeal.

4 IF YOU HAVE RESTRICTED-SCOPE MEDI-CAL

If you have restricted-scope (also called emergency Medi-Cal), your dental benefits cover extractions and emergencies only (such as severe pain, fractured teeth, uncontrolled bleeding in the mouth, etc.).