

DentaQuest EPO for Individuals and Families Policy

DentaQuest EPO Pediatric High Plan

January 1, 2025



DentaQuest of Florida, Inc.
96 Worcester Street
Wellesley Hills, MA 02481

**DentaQuest EPO for Individuals and Families
Certificate of Coverage**

WELCOME

Dear Member:

You have joined the growing number of individuals who are enhancing their dental health by joining DentaQuest of Florida, Inc. (DentaQuest). We are proud to have you as our member.

We invite you to take full advantage of your dental benefits. DentaQuest is committed to giving you the widest range of high quality providers possible, so that you can obtain the best dental care.

Again, welcome to DentaQuest. This Certificate of Coverage explains how to use your dental benefits. Should you have questions at any time, our member services representatives, at our toll free number 877-453-8457 will be pleased to assist you.

Brett A Bostrack

President

DENTAQUEST is in compliance with the Federal Patient Protection and Affordable Coverage Act of 2010 (PPACA). If any provision of PPACA conflicts with any of the provisions of this Certificate of Coverage, the Certificate will be interpreted to be compliant with PPACA.

Visit our website:

www.dentaquest.com

**DentaQuest of Florida, Inc.
96 Worcester Street
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DentaQuest of Florida, Inc. provides benefits as a Prepaid Limited Health Service Organization as described in Chapter 636 of the Florida Statutes.

HOW TO USE YOUR DENTAL BENEFITS

CUSTOMER SERVICES DEPARTMENT

DentaQuest's Member Services Representatives are available to assist you. Our representatives are trained and educated on dental terminology and your plan benefits and can assist you with eligibility verification, finding a dentist, identification card replacements, explaining your benefits, understanding your treatment plan and providing information about dental specialists. English, Spanish, and Creole translation services are available.

DentaQuest of Florida, Inc.
96 Worcester Street.
Wellesley Hills, MA 02481
877-453-8457
Monday-Friday: 8 a.m.-7 p.m. EST

YOUR BENEFITS

Your plan benefit schedule lists all of the procedures that are covered, as well as the cost (if any) for each procedure and any limitations or exclusions. You are responsible for paying the cost for any procedures performed directly to the dental office at the time you receive the services. Payment for any services not listed on the applicable benefit schedule will be the sole responsibility of the member.

OBTAINING DENTAL SERVICES

DentaQuest contracts with dentists to provide dental services to our Members. You may schedule appointments by contacting a participating general dental office directly, at any time after your effective date of coverage. Please identify yourself as an DentaQuest Member. Make sure that you verify that the dental office is participating with DentaQuest before making each dental appointment and before receiving services. Pre-approval is required before obtaining covered services from a dental specialist.

INDEPENDENT DENTAL FACILITIES

DentaQuest contracts with independently owned dental offices. All participating dentists agree to perform their obligations in accordance with prevailing professional standards of the dental profession, to maintain in full force and effect professional liability (malpractice) insurance and to maintain general and premises liability insurance in reasonable

amounts of coverage to cover damage to person or property of Members. DentaQuest is not liable for any damage or injury to person or property resulting directly or indirectly from the negligent act or omission of or malpractice of a participating dentist or any other dentist or auxiliary providing service to a Member, whether of an emergency nature or any otherwise, or for any other damage or injury to person or property resulting from, arising out of or in any way connected with any defective or dangerous conditions in, on, around or about a participating dental office or such other office or dental facility which may provide a service to a Member. DentaQuest will not be liable or responsible for any financial agreements made between a participating dentist and a Member.

MEMBER GRIEVANCE PROCEDURE

Members are encouraged to attempt to resolve any issues or grievances with the participating dentist without initiating a grievance with DentaQuest. If the grievance cannot be resolved satisfactorily, you may submit a grievance to DentaQuest, in writing, within 12 months of the incident. The written grievance must be specifically identified as a grievance, and must include a summary of the incident and a statement of the action requested of DentaQuest. The Member's name, address, identification number, signature, the current date and a copy of the paid receipt, if available, if the grievance involves a payment issue, must also be included. Formal grievances should be forwarded to:

DentaQuest of Florida, Inc.
P.O. Box 2906
Milwaukee, WI 53201-2906
1-877-453-8457
Monday-Friday: 8 a.m.-7 p.m. EST

The grievance will be reviewed by DentaQuest, and the decision will be communicated to the member, in writing. All grievances shall be processed within 60 days of receipt. If members are not satisfied with the grievance resolution, a second level appeal may be requested. The second level appeal includes presentation to and review by the Grievance Committee. The determination of the Grievance Committee is final. Members also have the right to submit grievances to

the Department of Financial Services, Division of Consumer Services, 200 E. Gaines Street, Larson Building, Tallahassee, FL 32399, 1-877-693-5236.

THIRD PARTY INJURY

If the services rendered are required due to injury caused by the negligence of a third person, and if the Member receives a recovery against the negligent party, or if the Member receives Workers' Compensation or other insurance benefits, then any DentaQuest dentist shall be entitled to charge and collect from the Member, his/her usual, customary and reasonable fees for any dental services rendered up to the time and to the extent of recovery for such dental services.

DENTAL RECORDS

Participating dentists are required to keep records and charts of all dental services rendered to Members in accordance with the Florida Dental Practice Act and Regulations. These records are the property of the participating dentist. Upon enrollment the member authorizes DentaQuest to request and obtain, for use exclusively by DentaQuest, Member records, radiographs or any other information from any dentist that has rendered treatment to the Member. Upon the request of the Member, the participating dentist will furnish copies of x-rays and service records. The participating dentist has the right to charge the Member an amount not to exceed the amount charged by the Clerk of Courts for the specific county in which the dental office is located for photocopies of dental records and copies of x-rays requested by the Member. Neither any participating dentist nor DentaQuest will be required to transfer any original records or x-rays, unless required by law.

SPECIALIST SERVICES

DentaQuest contracts with dental specialists in all fields. Oral surgeons for extractions, periodontists for treatment of the gums, endodontists who specialize in root canals, pedodontists for children and orthodontists for braces.

Members are urged to visit their participating general dentist to determine if specialty care is required. You may call DentaQuest for a list of participating

specialists and assistance in accessing specialty care.

EMERGENCY SERVICES

Members are covered for emergency dental services at participating dental offices. If you have a dental emergency, please call a participating dental office. Emergency office visits may be subject to additional charges as stipulated in the applicable benefit schedule. Members are also covered for emergency dental services while temporarily more than 50 miles from a participating dentist. Palliative treatment should be obtained from a licensed dentist and payment made for services rendered. DentaQuest will reimburse Members the usual and customary fees for covered dental services, subject to any applicable fees, not exceeding \$100.00 per claim. To receive reimbursement, the Member must submit the following information to DentaQuest within ninety (90) days of the date of service:

1. Paid receipt;
2. Member's name, ID number, Address and Phone number;
3. Primary subscriber's name and ID number; and
4. Any other supporting documentation necessary to process the reimbursement.

ELIGIBILITY DETERMINATION

SUBSCRIBER ELIGIBILITY IS LIMITED TO RESIDENTS OF FLORIDA.

The Health Insurance Marketplace must accept an individual's application and make an eligibility determination at any point in time during the year in a prompt and timely manner. The Marketplace will provide timely written notification to an applicant of the eligibility determination.

SUBSCRIBER ELIGIBILITY

To be eligible to be enrolled as the Primary Subscriber in this plan, an individual must apply to the Health Insurance Marketplace. The Marketplace will notify DentaQuest if the applicant is a Qualified Individual. You may also apply to enroll any eligible dependent(s) as defined below and the Marketplace will determine each dependent's eligibility as a Qualified Individual.

ELIGIBLE DEPENDENTS

The Primary Subscriber may elect coverage for the following eligible dependents:

- The legal spouse of the Primary Subscriber.
- The domestic partner of the Primary Subscriber with proper legal documentation.
- The dependent child of the Primary Subscriber or spouse or domestic partner who is under the age of twenty-six.
- Any unmarried child who is currently covered will be eligible for benefits beyond the age of 26 if he or she:
 - a) is incapable of self-sustaining employment by reason of mental or physical handicap or disability
 - b) is predominately dependent upon the Primary Subscriber for support and maintenance.

Proof of domestic partnership, or physical or mental handicap may be requested by DentaQuest for continued coverage.

ENROLLMENT PROCEDURES

All initial and subsequent applications for coverage under a Qualified Health Plan must be sent to the Health Insurance marketplace. The Marketplace will notify DentaQuest whether each individual applicant is a Qualified Individual.

Individuals who are at least 18 years of age and residents of the State of Florida are eligible for enrollment with DentaQuest. The Primary Subscriber and any eligible dependents will be covered as of midnight on the coverage effective date of the application between DentaQuest and the Individual. DentaQuest's eligibility requirements strictly comply with all applicable federal and state laws, rules and regulations.

CHILD-ONLY COVERAGE

A dependent child who is under age 19 may apply to the Health Insurance Marketplace to obtain a Child-Only Qualified Health Plan. The Marketplace will determine eligibility and will notify DentaQuest if the child is a Qualified Individual. If eligible, the benefits the child will receive through this plan are set forth in the Pediatric Benefit Schedule.

A dependent child who is under age 19 may apply to DentaQuest to obtain a

Child-Only Qualified Health Plan. If eligible, the benefits the child will receive through this plan are set forth in the Pediatric Benefit Schedule.

ENROLLING DEPENDENTS

Eligible dependents must be included on the Primary Subscriber's initial application with DentaQuest sent to the Marketplace in order to be enrolled in the Plan. Other eligible dependents may be added to the Primary Subscriber's coverage only during the Annual Open Enrollment Period or if eligible, Special Enrollment Period.

Newly Eligible Dependents as defined above and acquired after initial enrollment may be added to the Primary Subscriber's coverage and enrollment must take place within thirty (30) days of the life change event (marriage, birth, etc.). If the newly acquired dependent is not enrolled during this time period, the dependent will not be eligible for coverage. Thirty (30) days prior to the Primary Subscriber's annual renewal date, the Primary Subscriber can enroll eligible dependents not previously covered. If an enrollment form and premium is received by us prior to renewal, coverage for the new enrollee will be effective at midnight on the Primary Subscriber's renewal date.

ANNUAL OPEN ENROLLMENT PERIOD

If an individual did not enroll in the Initial Enrollment Period but wants to enroll during the next Annual Open Enrollment Period, the individual must apply to the Marketplace who will determine whether the individual is a Qualified Individual. The Annual Open Enrollment Period will occur annually on dates established by the Marketplace. The Annual Open Enrollment for 2016 will begin November 1, 2015 and end January 31, 2016.

Qualified Individuals currently enrolled in a Qualified Health Plan may also change plans at this time and enrollees will be notified in writing about the Annual Open Enrollment Period in September of each Benefit Year.

AUTOMATIC ENROLLMENTS

The Marketplace may automatically enroll Qualified Individuals for good cause which will be determined by the Marketplace.

SPECIAL ENROLLMENT PERIOD

A Qualified Individual or Enrollee is allowed to enroll with DentaQuest or change from one Qualified Health Plan to another outside the Annual Open Enrollment Period if the individual qualifies as a Special Enrollee.

Application for enrollment with DentaQuest must be made to the Marketplace within sixty (60) days from any of the following events:

- a. Birth, adoption, or placement for adoption;
- b. Marriage; or
- c. Enrollee loses minimum essential coverage

If timely enrolled:

- a. Coverage will be effective on the date of birth, adoption or placement for adoption;
- b. Coverage will be effective no later than the first day of the following month or subsequent following month dependent on the time of the month the application is received by the Marketplace for marriage and loss of minimum essential coverage events.

Loss of minimum essential coverage is any event that triggers a loss of eligibility for other minimum essential coverage.

Triggering events include:

- a. End of dependent status;
- b. Legal separation or divorce ending eligibility of a spouse or step-child as a dependent;
- c. Death of the Primary Subscriber ending eligibility for covered dependents;
- d. Relocation outside the DentaQuest Service Area;
- e. Termination of employment or reduction in hours needed to maintain group coverage;
- f. Termination of employer contributions who has coverage that is not COBRA or Florida Continuation of Coverage;
- g. Exhaustion of COBRA continuation coverage;
- h. Reaching a lifetime limit on all benefits in a grandfather plan;
- i. Termination of Medicaid or CHIP
- j. Decertification of Qualified Health Plan outside of the Annual Open Enrollment Period;

- k. Addition of a dependent through marriage, birth, adoption or placement for adoption;
- l. An individual who was not previously a citizen, national or lawfully present, gains such status;
- m. Unintentional error in enrollment, non-enrollment or disenrollment through the Marketplace;
- n. An enrollee's Qualified Health Plan violates a material provision of its contract;
- o. Becoming newly eligible for premium tax credits or cost-sharing reductions due to an individual's employer-sponsored coverage becoming unaffordable or no longer provides minimum value;
- p. New Qualified Health Plans offered in the Marketplace become available to an individual as a result of a permanent move;
- q. Exceptional circumstances as determined by the Marketplace which prevents or impedes an individual's ability to enroll in a timely manner through no fault of his or her own (e.g. national disasters).

COVERAGE EFFECTIVE DATE

A Qualified Individual's enrollment in this plan during an Initial, Annual or Special Enrollment Period will be effective as of the date provided to Us by the Marketplace.

TERM OF AGREEMENT/ENROLLMENT

This contract shall be for a minimum period of 12 months, unless the Primary Subscriber requests, in writing, a shorter contract term. At the end of the initial contract term, the policy will automatically renew each Benefit Year unless terminated or non-renewed as provided for in this Certificate. Rates and plan design changes will occur on a Benefit Year basis.

RENEWAL OF COVERAGE

DentaQuest guarantees the Primary Subscriber the right to renew this plan each year. However, DentaQuest may refuse to renew this plan if one of the following circumstances has occurred:

- a. Failure to timely pay premium in accordance with the terms of this plan;
- b. DentaQuest discontinues a particular product or all coverage in the individual market in Florida in accordance with Florida law;
- c. The Primary Subscriber has performed an act or practice constituting fraud or misrepresentation of a material fact;
- d. The Primary Subscriber no longer lives in the DentaQuest Service Area;
- e. DentaQuest elects to discontinue offering dental coverage through the Health Insurance Marketplace.

DentaQuest will send the Primary Subscriber a renewal packet 60 days prior to the plan renewal date which must be signed and returned within 30 days of the renewal date in order to renew this plan.

GRACE PERIOD

If the Primary Subscriber is receiving premium subsidies, the following provision applies:

This plan has a 90 day grace period. A grace period means that if any requirement premium is not paid on or before the date it is due, it may be paid during the grace period immediately following that premium due date. This plan will stay in force during the grace period. Premiums must be paid and received directly by DentaQuest no later than the end of the grace period. The grace period does not apply to the premium due on the premium due date if the Primary Subscriber gave DentaQuest timely written notice that this plan is to be terminated prior to such premium due date. If the premiums are not paid and received directly by DentaQuest by the end of the grace period, coverage will terminate at midnight on the last day of the first month of the 3 month grace period. We will pay all appropriate claims during the first month of the grace period, but may pend claims in the second and third months of the grace period. Claims received during the second and third months of the grace period will be denied if the premium is not received by the end of the grace period.



DentaQuest of Florida, Inc.

96 Worcester Street
Wellesley Hills, MA 02481

BENEFIT SCHEDULE

DentaQuest EPO for Individuals and Families - Pediatric High
Option

<u>Coverage Type</u>	<u>Deductible</u>	<u>DentaQuest Pays</u>
Class I - Diagnostic & Preventive Services	Per Member: None	100%
Class II - Restorative and Other Basic Services	Per Member: \$50.00	80%
Class III - Complex and Major Restorative Dental Services	Per Member: \$50.00	50%
Class IV – Orthodontics (medically necessary)	Per Member None	50% under age 19

The following list of benefits applies only to Members under age nineteen (19).

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most Members receive during a routine preventive dental visit. Examples of these services include:

Comprehensive oral examination (including the initial dental history and charting of teeth); once every six months.

Periodic exam; once every six (6) months.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); once every six (6) months when oral conditions indicate need. Single tooth

x-rays; as needed.

Study models and casts used in planning treatment; once every sixty (60) months.

Routine cleaning, scaling and polishing of teeth; Once every six (6) months.

Fluoride treatment Topical Fluoride - Varnish - 2 every 12 months, Topical application of fluoride (excluding prophylaxis) - 2 every 12 months.

Space maintainers required due to the premature loss of teeth; not for the replacement of primary or permanent anterior teeth.

Sealants on unrestored permanent molars. 1 sealant per tooth every 36 months.

Palliative (emergency) treatment of dental pain – minor procedures.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth; (b) repair dentures or bridges; (c) rebase or reline dentures; (d) repair or recement bridges, crowns and onlays; and (e) remove diseased or damaged natural teeth. Examples of these services include:

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi- surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge.

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; 4 in 12 months. Periodontal scaling and root planing; once every twenty-four (24) months per quadrant.

Protective restorations.

Stainless steel crowns. Once per tooth per sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for covered surgical services only when provided by a licensed, practicing dentist.

Consultations.

Repair of dentures or fixed bridges. Recementing of fixed bridges.

Rebase or reline dentures; once every thirty-six (36) months. 6 months after initial installation.

Tissue conditioning.

Repair or recement crowns and onlays.

Adding teeth to existing partial or full dentures.

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth.

Vital pulpotomy and pulpal therapy is limited to deciduous teeth.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; and restore severely decayed or fractured teeth. Examples of these services include:

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). Periodontal benefits are determined according to our administrative "Periodontal Guidelines."

Endodontic services for root canal treatment of permanent teeth including the treatment of the nerve of a tooth, and the removal of dental pulp.

Inlays are paid as an alternative benefit of amalgam.

Implants- once every 60 months.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once each sixty (60) months.
- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.

Crowns and Onlays. Once per tooth per sixty (60) months, but only when the teeth cannot be restored with the fillings due to severe decay or fractures:

- Initial placement of crowns and onlays.
- Replacement of crowns and onlays; once each sixty (60) months per tooth.

ORTHODONTIC SERVICES

Medically Necessary Orthodonture means for enrollees under the age of 19, a severe handicapping malocclusion as defined by an IAF Score of 26 and/or one or more auto qualifier.

DEDUCTIBLES

Restorative and other Basic Services, and Complex and Major Restorative Dental Services described above are subject to a deductible for each Member in each calendar year. In the case of a family contract, the total deductible payment for all Members shall not exceed 3 times the individual deductible for Restorative and other Basic Services, and Complex and Major Restorative Dental Services.

ANNUAL MAXIMUM BENEFIT (applies only to Members age 19 and older)

No annual maximum benefit applies to Members under age 19.

For Members under age 19, the maximum out of pocket expense (a combination of deductibles and coinsurance) is \$400 for each calendar year.

WAITING PERIOD

There are no waiting periods for Members under age 19.

CHILD--ONLY COVERAGE

Dependent children under age 19 are eligible for coverage under this Benefit Schedule.

BENEFIT PAYMENTS

IN-NETWORK SERVICES:

For services performed by a Participating Dentist, the in-network benefit allowance is based on the fee schedule shown in the Benefit Schedule that the Participating Dentist has agreed to accept as payment in full. The Plan pays the Participating Dentist directly for covered services.

OUT-OF-NETWORK SERVICES:

No benefits are provided for dental services provided by Non-Participating Dentists, except in the case of an emergency dental condition.

CLAIMS SUBMISSION:

All claims for benefits under this Certificate of Coverage must be submitted within ninety (90) days of the date that the Member received the service.

If you have questions about this coverage, please contact our Customer Service Department at 1- 877-453-8457.

DentaQuest of Florida, Inc., provides benefits as a Prepaid Limited Health Service Organization as described in Chapter 636 of the Florida Statutes.

DentaQuest*

Foreign Language Assistance

English: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Español (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

繁體中文 (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 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Tagalog (Tagalog – Filipino): Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Tiếng Việt (Vietnamese): Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Français (French): Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-278-7310 (TTY: 1-800-466-7566 or 711)번으로 전화해 주십시오.

Deutsch (German): Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-278-7310 (TTY: 1-800-466-7566 or 711) an.

[*Products underwritten by DentaQuest National Insurance Company, Inc. in Arizona, Georgia, Illinois, Missouri, Ohio, Pennsylvania, and Virginia,] by DentaQuest of Florida, Inc. in Florida, and [by DentaQuest USA Insurance Company, Inc. in Indiana, Louisiana, Tennessee and Texas.]

Р у с с к и й (Russian): Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

م لحوظة: إذا ك نت ت تحدث اذك ر ال ل غة، ف إن خدمات ال م ساعدة ال ل غوي ة ت تواف (Arabic) ال عرب ة
7566-466-800-1: or ر ل ك ب ال مجان . ات صل ب رق م 7310-278-888-1)رق م هات ف ال صم وال ب كم : 1-800-466-7566
711).

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Kreyòl Ayisyen (French Creole): Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

हिंंदी (Hindi): जान कः यद आप द हिंंदी बोलते हैं तो आपके ललए मुः मः भाषा स ायता सेवाऱःउपलः हैं। 1-888-278-7310 (TTY: 1-800-466-7566 or 711) पर कॉल कः।

Italiano (Italian): In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenzalinguistica gratuiti. Chiamare il numero 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Polski (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Português (Portuguese): Se fala português, encontram-se disponíveis serviços linguísticos,grátis. Ligue para 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-278-7310 (TTY: 1-800-466-7566 or 711)まで、お電話にてご連絡ください。

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschteebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

*Products underwritten by DentaQuest National Insurance Company, Inc. in Arizona, Georgia, Illinois, Missouri, Ohio, Pennsylvania, and Virginia, by DentaQuest of Florida, Inc. in Florida, and by DentaQuest USA Insurance Company, Inc. in Indiana, Louisiana, Tennessee and Texas.