

Dear [First Name],

Welcome! You recently chose our **DeltaCare®** dental plan as part of your 2020 healthcare enrollment through the School Employees Benefits Board (SEBB) Program. By now, you may have received a letter from the Health Care Authority (HCA) confirming this new dental plan. If not, you should receive this shortly.

IMPORTANT NOTE: Our records indicate that either:

You were enrolled in a Delta Dental of Washington preferred-provider organization (PPO) plan last year. During the 2020 SEBB open enrollment, you chose DeltaCare (a managed-care plan), which is a much different plan with a specific network of dentists.

OR

There are no DeltaCare dental providers within 50 miles of your home.

If you were not aware of this when you enrolled, you may want to change your dental plan to the Uniform Dental Plan (also administered by Delta Dental of Washington).



Below are details of the DeltaCare plan. We want to help you understand your benefits, ensure it is the correct plan for your needs, and if not, assist you in making necessary changes.



How does DeltaCare differ from a PPO Plan?

- With DeltaCare, you are required to see a **primary care dentist** (PCD) from **within the DeltaCare network**.
- With DeltaCare, you are required to seek all primary care from your primary care dentist. All referrals to dental specialists **must** go through your chosen PCD.

How do I find a dentist?

Visit deltadentalwa.com/sebb and click **“Check if your dentist is in the DeltaCare Plan (purple button)”**. Choose ‘DeltaCare’ in the network option dropdown. This search tool also allows you to search for dental providers close to your home address.

What If I meant to choose a different plan?

Follow the HCA’s appeal instructions on the back of this letter. **The HCA must receive your appeal by December 31, 2019.** Make sure to clearly state that your intent was to enroll in the Uniform Dental Plan.

Where do I find more information?

For further details, visit deltadentalwa.com/sebb.

If you have additional questions or concerns you can contact us at 1-800-554-1907.

Sincerely,

Delta Dental of Washington

How to submit a SEBB appeal

Write a letter to the SEBB Program stating you disagree with this decision and would like to file an appeal. Make sure to clearly state that your intent was to enroll in the Uniform Dental Plan. Submit your appeal so the SEBB Appeals Unit receives it **no later than December 31, 2019**.

Your appeal should contain:

1. Your name and mailing address.
2. The name and mailing address of your representative, if any.
3. Documentation or reference to documentation of decisions previously provided through the appeal process, if any.
4. A statement identifying the specific portion of the decision you are appealing and clarifying what you believe to be unlawful or in error.
5. A statement of facts in support of your position.
6. Any information or documentation you would like considered that supports why the decision should be reversed. Information or documentation submitted later, unless specifically requested by the SEBB Appeals Unit, may not be considered in the appeal decision.
7. The type of relief you are seeking.
8. A statement that says you have read the notice of appeal and believe the contents to be true and correct.
9. Your signature or your representative's signature.

Submit your appeal by one of the following methods:

- Fax:** 360-586-9080
- Mail:** Health Care Authority
SEBB Appeals Unit
PO Box 45504
Olympia, WA 98504-5504
- Hand deliver:** Health Care Authority
626 8th Avenue SE
Olympia, WA 98501