



Benefits provided by SafeGuard Health Plans, Inc.  
A MetLife company

**CO-PAY DENTAL PLAN/DHMO \***  
RATES IN EFFECT FOR 2012 GROUP PLAN YEAR (01/01/12 – 12/31/12)

ALL REGIONS	
	Monthly Rates
Enrollee Only	\$17.89
Enrollee + One Dependent	\$28.21
Enrollee + Two or More Dependents	\$40.78

- \* Above rates include \$2.00 AOP monthly dues
- \* Rates do not include the one-time \$20.00 non-refundable processing fee due at the time of enrollment when selecting the Annual Direct Billing payment method. (Processing fee is waived when enrolling 5 or more participants from the same firm).
- \* Rates are guaranteed not to change before 12/31/12 and are subject to change thereafter.

# ENROLLMENT INSTRUCTIONS

## CO-PAY DENTAL PLAN/DHMO

### 1. COMPLETE ENROLLMENT FORM

Make sure to complete the form in its entirety. Monthly rates for available options are included in kit. Omissions and illegible print may delay issuance of coverage. Do not forget to indicate your selected SafeGuard network provider. See network listing for providers and their provider #.

### 2. PAYMENT OPTIONS

#### **Payment Option 1 - Monthly Auto Pay**

If you elect to pay by Monthly Bank Draft (ACH), you do not need to send any premium. Upon approval of your enrollment form, we will automatically draft your account on a monthly basis. Make sure to complete the Authorization section and include a VOIDED check.

#### **Payment Option 2 - Direct Annual Billing**

If you elect this method, **please make check or money order written out to BPC Financial**, for the pro-premium required to pay your coverage through the end of the plan year (December 31st) plus the one-time \$20.00 non-refundable processing fee\*.

**For example**, if you are enrolling for the 7/1 enrollment date, you will need to submit 6 months premium plus the one-time \$20.00 Direct Billing fee. You will be invoiced on an annual basis thereafter.

\*The \$20.00 Direct Billing fee is required for each primary enrollee that selects the Direct Billing payment method. The Direct Billing fee is waived when enrolling with a firm of 5 or more primary enrollees or when selecting Monthly Auto Pay. Contact administrator for Firm list billing options.

### 3. FAX OR MAIL FORMS TO:

You may use this form as a FAX COVER

Fax to: (904) 396-2091

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Attn: Enrollment/Processing

Or Mail to:

Program Administrator  
BPC Financial  
7645 Gate Parkway, Suite 101  
Jacksonville, FL 32256

**IMPORTANT: All requirements must be received by BPC Financial no later than the last day of the month preceding your requested enrollment date.** Please note that failure to include all necessary requirements and correct payment amount or voided check could result in a delay of your policy effective date. Upon approval you will receive written notification of your effective date along with your ID cards and instructions on how to view your Certificate of Insurance (COI). Make sure to review the COI carefully. Be sure to understand all of your rights and benefits under the plan. If you are not completely satisfied, please notify us immediately.

**ANY QUESTIONS? CALL TOLL-FREE: 1-800-282-8626**



Fax or Mail Forms to BPC Financial  
7645 Gate Parkway, #101, Jacksonville, FL 32256  
Facsimile (904) 396-2091

Co-Pay Dental Plan/DHMO  
Enrollment Form

Benefits provided by SafeGuard Health Plans, Inc., A MetLife company

PLEASE CHECK REASON FOR COMPLETING: <input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> COVERAGE CHANGE					
<b>APPLICANT'S INFORMATION:</b>					
Primary Enrollee's Name (Last, First, Middle Initial)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Social Security #	Phone #:
Applicant's Street Address			City	State	Zip
E-mail Address: (important, your certificate of coverage & temporary ID cards will be emailed to this address.)			Employer Name:		Occupation /Job Title
<b>DESIRED QUARTERLY ENROLLMENT DATE</b>					
<input type="checkbox"/> January 1 <sup>st</sup>		<input type="checkbox"/> April 1 <sup>st</sup>	<input type="checkbox"/> July 1 <sup>st</sup>	<input type="checkbox"/> October 1 <sup>st</sup>	Please note, all requirements must be received prior to your selected quarterly enrollment date. Otherwise, your enrollment will automatically take place on the following quarterly enrollment date.
<b>SELECT PRIMARY PROVIDER</b> You must select a provider from the SafeGuard Directory of Participating Dentists. Unless indicated otherwise in Dependents section below, your selected provider will apply for all family members.					
Facility #:		Facility Name:			
<b>DEPENDENT ENROLLEE INFORMATION</b> To add additional dependents, please attach a separate sheet.					
Spouse: (Last, First, Middle Initial)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Facility #: (if different than primary)	
Dependent Child: (Last, First, Middle Initial)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Facility #: (if different than primary)	
Dependent Child: (Last, First, Middle Initial)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Facility #: (if different than primary)	
Dependent Child: (Last, First, Middle Initial)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Facility #: (if different than primary)	
Dependent Child: (Last, First, Middle Initial)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Facility #: (if different than primary)	
<b>SELECT PAYMENT METHOD</b>					
<input type="checkbox"/> <b>Monthly Auto-Pay</b> <u>Include a VOID check and complete the Authorization below.</u>					
I hereby authorize BPC Financial to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debit entries in error to my Checking account and the Financial Institution named below to debit and/or credit the same account. BPC Financial will not be held responsible for a policy lapse or cancellation due to nonpayment if withdrawal is prepared and not honored for any reason and amount due is not paid. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority is to remain in full force and effective until BPC Financial and the Financial Institution have received written notice from me of its termination in such time and manner as to afford BPC Financial and the Financial Institution a reasonable opportunity to act on it.					
Signature of Accountholder <b>X</b>		Date	Name of Financial Institution		
<input type="checkbox"/> <b>Direct Annual Billing</b> Please make check or money order written out to BPC Financial for payment required to pay your coverage through the end of plan year (December 31st) plus the one-time \$20.00, non-refundable Direct Billing processing fee.					

**AOP Membership Agreement:** I hereby enroll for membership in the ASSOCIATION OF PROFESSIONALS (AOP). Upon completion of this enrollment form and payment of initial dues, I understand that: (a) I will be entitled to AOP's benefits; (b) these benefits may change from time to time; (c) my membership will become effective on the day this enrollment form is dated, signed, and my initial dues payment is received; (d) I am eligible to apply for association group insurance; and (e) I authorize the release of my name and address listed on this Application for Insurance to AOP.

**Enrollment Agreement:** As a member of AOP, I hereby apply for group insurance, for which I am eligible or may become eligible. I understand that I am enrolling as a participant in a group plan. The plan provider, costs, and plan benefits may change. I have read and understand the conditions and limitations as described in the enrollment kit. I understand that coverage is effective on the next enrollment date following approval of my enrollment form and receipt of my initial payment. I understand that any dispute or controversy which may arise between SafeGuard and my Organization or between myself and SafeGuard Health Plans, Inc., may be submitted to binding arbitration in lieu of a jury or court trial. This may not apply in all states. I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental records which pertain to me or any member of my family, maintained by my chosen Selected General Dentist and/or Specialist, to SafeGuard and/or any designated agent or representative for the purposes of dental treatment, care and for SafeGuard's quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage. Florida residents only: Any person who knowingly and with intent to insure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature of Primary Enrollee <b>X</b>	Date
---	------

# Dental HMO\* Benefits

Savings, convenience and service. For healthier smiles.



**MetLife**<sup>®</sup>

**If** I want to be at my best,  
a good dental plan  
will be refreshing.



**SafeGuard DHMO  
SGX 290-FL  
Enrollment Kit**

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company.



A lot of emphasis has been put on healthy living, and oral health is an essential part of that. This dental benefits plan offers you valuable coverage that can help you and your family keep a healthy regimen. Plus, you'll get service you can count on. Now that's refreshing.

- Lower out-of-pocket costs on hundreds of dental procedures.<sup>1</sup>
- Broad network of participating dentists.
- Hassle-free benefits.
- A commitment to your oral health.

<sup>1</sup> Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit the dentist and the cost of services rendered.



# Table of Contents

Allow Us to Introduce Ourselves

Understanding Your Dental Plan

Frequently Asked Questions

Schedule of Benefits

Evidence of Coverage

The Dental Education Center

We're Here to Help

Temporary Identification Card

**A good dental benefits plan can be an important part of good oral health. That's why you have access to this SafeGuard Dental HMO\* plan — so you and your family can receive the dental coverage you need and get all of these valuable features:**

- **Lower out-of-pocket costs** with co-payments on more than 340 procedures that will save you on out-of-pocket costs because they may be less than you would pay without the plan.\*\* The co-payment for each covered procedure is listed in the Schedule of Benefits.
- **Broad network** of participating dentists and specialty care providers. Just logon to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to find a participating dentist.
- **A commitment to your oral health** means educational tools and resources that help you and your dentist make informed choices.
- **Hassle-free benefits** that make your life easier with no deductibles or yearly maximums to keep track of and no claim forms to complete.

**It's easy to get this valuable dental benefits plan.**

- Review your enclosed Dental Benefits Guide that contains details on the plan including the Schedule of Benefits and Evidence of Coverage.
- Please be sure to select two participating dentists. If your first choice is unable to accept new members at this time, you will have an alternate to help ensure your access to care is not delayed. Each covered dependent may select different participating dentists.
- You may schedule an appointment with your dentist anytime after your effective date. Please bring a copy of the Schedule of Benefits with you to your first appointment to ensure your dentist has all the necessary information about your plan.

**Be sure to take advantage of this important coverage.  
For more information, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-880-1800.**

Sincerely,

*SafeGuard, a MetLife company*

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

\*Dental HMO plans are available in CA, FL and TX only, through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. "Dental HMO" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; and "Single Service Health Maintenance Organizations" in Texas.

\*\* Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

## Understanding Your Dental Benefits

It's important to get the dental coverage you and your family need. This Dental HMO\* plan offers you valuable features that are sure to keep you smiling:

- Lower out-of-pocket costs.
- Broad network of participating dentists.
- A commitment to your oral health.
- Hassle-free benefits.

### **Lower out-of-pocket costs on more than 340 procedures.**

This benefits plan provides you with access to essential dental care while helping to protect you against the rising costs of dental services. The co-payments may be considerably lower than your cost would be without this dental plan. Here are some of the services included in this plan<sup>1</sup> ... all of which will help you lower your out-of-pocket dental care costs<sup>2</sup>:

- Preventive Services (exams, sealants, x-rays)
- White fillings on rear (posterior) teeth
- Porcelain and titanium crowns
- Adult & child orthodontics
- Osseous surgery, periodontal maintenance
- Root canals and retreatment
- Extractions
- Bleaching treatment
- General anesthesia, IV sedation & nitrous oxide
- Up to 4 yearly cleanings
- Veneers
- Cancer screenings

Plus, many procedures that are not listed on the Schedule of Benefits are available at a reduced fee. For a full listing of all covered services and co-payments, please refer to the Schedule of Benefits.

### **Broad network of participating dentists.**

Participating general dentists and specialists must meet well-established credentialing standards. Each dentist and specialist is pre-screened and subject to regular audits, including onsite visits to the dental offices. Remember that each enrolled family member may select a different participating general dentist.

### **Commitment to your oral health.**

Because dental care can be an important part of good overall health, we provide you access to valuable tools that can help you and your dentist make informed decisions about your dental benefits and oral health.

Today, the Academy of General Dentistry tells us that more than 90% of all diseases produce oral signs and symptoms. Dentists can play a key role in screening for conditions such as cancer, diabetes, leukemia, heart disease, and kidney disease.<sup>3</sup>

## Understanding Your Dental Benefits (continued)

### **Hassle-free benefits.**

With this benefits plan, you don't have to worry about deductibles, yearly maximums or filling out paperwork for claims. All you have to do is select a participating dentist at enrollment. Then just call to schedule your appointment after your plan's effective date. When you receive dental services from your selected dentist, you are only responsible for the co-payment for any covered services received.

Plus, if you need specialty care, no problem. Your selected participating dentist will provide you with the name of a participating specialist. Just call that specialist to schedule your appointment<sup>4</sup>. Any co-payment amount for services is listed on your Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating general dentist or by a participating specialist.

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

\*Dental HMO plans are available in CA, FL and TX only, through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. "Dental HMO" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; and "Single Service Health Maintenance Organizations" in Texas.

1. Certain limitations apply to some services; please review your Schedule of Benefits for full details.
2. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
3. Academy of General Dentistry. The Importance of Oral Health to Overall Health.  
<http://www.agd.org/public/oralhealth/default.asp?IssID=320&Topic=O&ArtID=1289#body>, updated October 2008.
4. In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

L0609043639[exp0610][CA,FL,TX]

## DHMO\* Frequently Asked Questions

### **Do I need to select a dentist who participates in the network when I enroll?**

Yes. At the time of enrollment, you will select two participating dentists. This will help ensure you are able to receive the care you need if your first choice is unable to accept new members. The participating dentist you select at enrollment will provide your routine dental care. You may schedule an appointment with your dentist anytime after your plan's effective date.

### **Who are the dentists who participate in your network?**

This plan's network includes both private practice dentists and those who are in a clinic environment. Every dentist in the network has been thoroughly screened prior to acceptance. Participating dentists are also subject to regular audits, including onsite visits to the dental offices. You can find the names, addresses, languages spoken and telephone numbers of participating dentists by searching our online "Find a Dentist" directory at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for the most up to date information.

### **Can I change dentists?**

Yes. You and your enrolled dependents may each select different participating dentists and may change dentists as often as once per month. You can change dentists for you and your enrolled dependents online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or by calling Customer Service. Your transfer will be effective the first of the following month. Please note: any requests made after the 25<sup>th</sup> of the month will change effective the first of the following month (e.g., a facility request changed on March 28<sup>th</sup> will go into effect on May 1<sup>st</sup>). Please note: you should ensure any dental work-in-progress is completed prior to transferring to a new dentist. Refer to your Evidence of Coverage included with your enrollment materials for more information.

### **What if I need emergency care?**

All participating dental offices in our network provide emergency access 24 hours a day, 7 days a week. If you cannot reach your selected participating dentist, you may receive emergency care from any licensed dental care professional. The definition of what is considered "emergency care" and other specifics can be found in the Evidence of Coverage located in your enrollment booklet.

### **I noticed some dental offices in your directory appear to be closed to new members. What if one of them is my current dentist?**

While these facilities cannot accept new patients, you may not have to change dentists if you are currently a patient in one of those offices. It is important that you contact Customer Service in order to ensure that you can continue using your current facility under the plan.

## DHMO\* Frequently Asked Questions (continued)

### **What if I need to see a specialist?**

This is a “direct referral” plan which means your selected participating dentist will refer you to a participating specialist in your area – there is no need to wait for approval.<sup>1</sup> Any co-payment amount for services is listed on your Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating general dentist or by a participating specialist.

1. In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

### **Do these plans cover second opinions?**

Yes. Just contact Customer Service to let us know that you would like another clinical opinion and we will provide the name of a dentist for you to see.

### **If my dentist does not participate in my plan’s network, can he/she apply for participation?**

Yes. If your current dentist does not participate in the network, we will be happy to accept your nomination. Just call Customer Service, or to submit your nomination online, visit the MyBenefits website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and click the “Find a Dentist” link. Once submitted, we will contact that dentist with an invitation to join our dental network.

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

\*Dental HMO plans are available in CA, FL and TX only, through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. “Dental HMO” is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: “Specialized Health Care Service Plans” in California; “Prepaid Limited Health Service Organizations” as described in Chapter 636 of the Florida statutes in Florida; and “Single Service Health Maintenance Organizations” in Texas.

L0709047259[exp0710][CA,FL,TX]



# SCHEDULE OF BENEFITS

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

## DIRECT REFERRAL DENTAL PLAN

## SGX290-FL

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations. SafeGuard is an affiliate of MetLife.

During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your SafeGuard selected general dentist may refer you directly to a contracted SafeGuard specialty care provider; no referral or pre-authorization from SafeGuard is required.

In addition, non-listed services are available with your SafeGuard selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention.

Code	Service	Co-payment
<b>Diagnostic Treatment</b>		
D0120	Periodic oral evaluation – established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
•	Office visit - per visit (including all fees for sterilization and/or infection control)	\$5
<b>Radiographs / Diagnostic Imaging (X-rays)</b>		
D0210	Intraoral - complete series (including bitewings)	\$0
D0220	Intraoral - periapical first film	\$0
D0230	Intraoral - periapical each additional film	\$0
D0240	Intraoral - occlusal film	\$0
D0250	Extraoral - first film	\$0
D0260	Extraoral - each additional film	\$0
D0270	Bitewing - single film	\$0
D0272	Bitewings - two films	\$0
D0273	Bitewings- three films	\$0
D0274	Bitewings - four films	\$0
D0277	Vertical bitewings – 7 to 8 films	\$0
D0330	Panoramic film	\$0
D0350	Oral/facial photographic images	\$0
<b>Tests and Examinations</b>		
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0
<b>Preventive Services</b>		
D1110	Prophylaxis - adult	\$5
•	Additional - adult prophylaxis (maximum of 2 additional per year)	\$45
D1120	Prophylaxis – child	\$5
•	Additional - child prophylaxis (maximum of 2 additional per year)	\$35
D1203	Topical application of fluoride - child	\$0
D1204	Topical application of fluoride - adult	\$0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$0
D1510	Space maintainer - fixed - unilateral	\$25
D1515	Space maintainer - fixed - bilateral	\$25
D1520	Space maintainer - removable - unilateral	\$35
D1525	Space maintainer - removable - bilateral	\$35
D1550	Re-cementation of space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15
<b>Restorative Treatment</b>		
D2140	Amalgam - one surface, primary or permanent	\$12
D2150	Amalgam - two surfaces, primary or permanent	\$20
D2160	Amalgam - three surfaces, primary or permanent	\$23
D2161	Amalgam - four or more surfaces, primary or permanent	\$25
D2330	Resin-based composite - one surface, anterior	\$12
D2331	Resin-based composite - two surfaces, anterior	\$20
D2332	Resin-based composite - three surfaces, anterior	\$23
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$25
D2390	Resin-based composite crown, anterior	\$30
D2391	Resin-based composite - one surface, posterior	\$30
D2392	Resin-based composite - two surfaces, posterior	\$45
D2393	Resin-based composite - three surfaces, posterior	\$65
D2394	Resin-based composite - four or more surfaces, posterior	\$65

### **Crowns**

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.
- Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
	additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.	
D2510	Inlay - metallic - one surface	\$270
D2520	Inlay - metallic - two surfaces	\$270
D2530	Inlay - metallic - three or more surfaces	\$270
D2542	Onlay - metallic - two surfaces	\$270
D2543	Onlay - metallic - three surfaces	\$270
D2544	Onlay - metallic - four or more surfaces	\$270
D2610	Inlay - porcelain/ceramic - one surface	\$290
D2620	Inlay - porcelain/ceramic - two surfaces	\$290
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$290
D2642	Onlay - porcelain/ceramic - two surfaces	\$290
D2643	Onlay - porcelain/ceramic - three surfaces	\$290
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$290
D2650	Inlay - resin-based composite - one surface	\$290
D2651	Inlay - resin-based composite - two surfaces	\$290
D2652	Inlay - resin-based composite - three or more surfaces	\$290
D2662	Onlay - resin-based composite - two surfaces	\$290
D2663	Onlay - resin-based composite - three surfaces	\$290
D2664	Onlay - resin-based composite - four or more surfaces	\$290
D2710	Crown - resin-based composite (indirect)	\$290
D2712	Crown - ¾ resin-based composite (indirect)	\$290
D2720	Crown - resin with high noble metal	\$290
D2721	Crown - resin with predominantly base metal	\$290
D2722	Crown - resin with noble metal	\$290
D2740	Crown - porcelain/ceramic substrate	\$310
D2750	Crown - porcelain fused to high noble metal	\$290
D2751	Crown - porcelain fused to predominantly base metal	\$290
D2752	Crown - porcelain fused to noble metal	\$290
D2780	Crown - ¾ cast high noble metal	\$290
D2781	Crown - ¾ cast predominantly base metal	\$290
D2782	Crown - ¾ cast noble metal	\$290
D2783	Crown - ¾ porcelain/ceramic	\$290
D2790	Crown - full cast high noble metal	\$290
D2791	Crown - full cast predominantly base metal	\$290
D2792	Crown - full cast noble metal	\$290
D2794	Crown - titanium	\$290
D2799	Provisional crown	\$0
D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$25
D2931	Prefabricated stainless steel crown - permanent tooth	\$25
D2932	Prefabricated resin crown	\$45
D2933	Prefabricated stainless steel crown with resin window	\$45
D2940	Sedative filling	\$0
D2950	Core buildup, including any pins	\$75
D2951	Pin retention - per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$50
D2953	Each additional indirectly fabricated post - same tooth	\$50
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal (not in conjunction with endodontic therapy)	\$10
D2957	Each additional prefabricated post - same tooth	\$30
D2960	Labial veneer (resin laminate) - chairside	\$250
D2961	Labial veneer (resin laminate) - laboratory	\$300
D2962	Labial veneer (porcelain laminate) - laboratory	\$350
D2970	Temporary crown (fractured tooth)	\$0

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair, by report	\$0
<b>Endodontics</b>		
<i>All procedures exclude final restoration</i>		
D3110	Pulp cap - direct (excluding final restoration)	\$5
D3120	Pulp cap - indirect (excluding final restoration)	\$5
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40
D3221	Pulpal debridement, primary and permanent teeth	\$55
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$40
D3230	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	\$40
D3240	Pulpal therapy (resorbable filling) posterior, primary tooth (excluding final restoration)	\$40
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$115
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$185
D3330	Endodontic therapy, molar (excluding final restoration)	\$265
D3331	Treatment of root canal obstruction; non-surgical access	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$110
D3333	Internal root repair of perforation defects	\$85
D3346	Retreatment of previous root canal therapy – anterior	\$230
D3347	Retreatment of previous root canal therapy – bicuspid	\$280
D3348	Retreatment of previous root canal therapy – molar	\$325
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3410	Apicoectomy/periradicular surgery – anterior	\$95
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$95
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$95
D3426	Apicoectomy/periradicular surgery (each additional root)	\$80
D3430	Retrograde filling - per root	\$60
D3450	Root amputation - per root	\$110
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19
D3920	Hemisection (including any root removal) not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15
<b>Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$170
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$130
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening - hard tissue	\$160
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$330
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$248
D4263	Bone replacement graft - first site in quadrant	\$180

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D4264	Bone replacement graft - each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$255
D4270	Pedicle soft tissue graft procedure	\$250
D4271	Free soft tissue graft procedure (including donor site surgery)	\$260
D4273	Subepithelial connective tissue graft procedure, per tooth	\$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100
D4275	Soft tissue allograft	\$380
D4320	Provisional splinting – intracoronal	\$95
D4321	Provisional splinting – extracoronal	\$85
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$50
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$38
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$50
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$65
D4910	Periodontal maintenance	\$40
	• Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$55
	• Periodontal charting for planning treatment of periodontal disease	\$0
	• Periodontal hygiene instruction	\$0

### **Removable Prosthodontics**

*Includes up to 3 adjustments within 6 months of delivery.*

D5110	Complete denture – maxillary	\$440
D5120	Complete denture - mandibular	\$440
D5130	Immediate denture - maxillary	\$440
D5140	Immediate denture - mandibular	\$440
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$405
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$405
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$480
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$480
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$480
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$480
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$360
D5410	Adjust complete denture – maxillary	\$20
D5411	Adjust complete denture – mandibular	\$20
D5421	Adjust partial denture – maxillary	\$20
D5422	Adjust partial denture – mandibular	\$20
D5510	Repair broken complete denture base	\$50
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$40
D5610	Repair resin denture base	\$50
D5620	Repair cast framework	\$50
D5630	Repair or replace broken clasp	\$70
D5640	Replace broken teeth - per tooth	\$40
D5650	Add tooth to existing partial denture	\$60
D5660	Add clasp to existing partial denture	\$70
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165
D5710	Rebase complete maxillary denture	\$125

Code	Service	Co-payment
D5711	Rebase complete mandibular denture	\$125
D5720	Rebase maxillary partial denture	\$125
D5721	Rebase mandibular partial denture	\$125
D5730	Reline complete maxillary denture (chairside)	\$100
D5731	Reline complete mandibular denture (chairside)	\$100
D5740	Reline maxillary partial denture (chairside)	\$90
D5741	Reline mandibular partial denture (chairside)	\$90
D5750	Reline complete maxillary denture (laboratory)	\$130
D5751	Reline complete mandibular denture (laboratory)	\$130
D5760	Reline maxillary partial denture (laboratory)	\$130
D5761	Reline mandibular partial denture (laboratory)	\$130
D5810	Interim complete denture (maxillary)	\$230
D5811	Interim complete denture (mandibular)	\$230
D5820	Interim partial denture (maxillary)	\$160
D5821	Interim partial denture (mandibular)	\$170
D5850	Tissue conditioning, maxillary	\$40
D5851	Tissue conditioning, mandibular	\$40
D5862	Precision attachment, by report	\$160

### Crowns/Fixed Bridges - Per Unit

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown bridge unit in addition to regular co-payments for porcelain on molars.
- Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.

D6210	Pontic - cast high noble metal	\$290
D6211	Pontic - cast predominantly base metal	\$290
D6212	Pontic - cast noble metal	\$290
D6214	Pontic - titanium	\$290
D6240	Pontic - porcelain fused to high noble metal	\$290
D6241	Pontic - porcelain fused to predominantly base metal	\$290
D6242	Pontic - porcelain fused to noble metal	\$290
D6245	Pontic - porcelain/ceramic	\$310
D6250	Pontic - resin with high noble metal	\$290
D6251	Pontic - resin with predominantly base metal	\$290
D6252	Pontic - resin with noble metal	\$290
D6253	Provisional pontic	\$0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$150
D6600	Inlay - porcelain/ceramic, two surfaces	\$290
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$290
D6602	Inlay - cast high noble metal, two surfaces	\$290
D6603	Inlay - cast high noble metal, three or more surfaces	\$290
D6604	Inlay - cast predominantly base metal, two surfaces	\$290
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$290
D6606	Inlay - cast noble metal, two surfaces	\$290
D6607	Inlay - cast noble metal, three or more surfaces	\$290
D6608	Onlay - porcelain/ceramic, two surfaces	\$290
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$290
D6610	Onlay - cast high noble metal, two surfaces	\$290
D6611	Onlay - cast high noble metal, three or more surfaces	\$290
D6612	Onlay - cast predominantly base metal, two surfaces	\$290
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$290
D6614	Onlay - cast noble metal, two surfaces	\$290
D6615	Onlay - cast noble metal, three or more surfaces	\$290
D6710	Crown - indirect resin based composite	\$290
D6720	Crown - resin with high noble metal	\$290

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D6721	Crown - resin with predominantly base metal	\$290
D6722	Crown - resin with noble metal	\$290
D6740	Crown - porcelain/ceramic	\$290
D6750	Crown - porcelain fused to high noble metal	\$290
D6751	Crown - porcelain fused to predominantly base metal	\$290
D6752	Crown - porcelain fused to noble metal	\$290
D6780	Crown - ¾ cast high noble metal	\$290
D6781	Crown - ¾ cast predominantly base metal	\$290
D6782	Crown - ¾ cast noble metal	\$290
D6783	Crown - ¾ porcelain/ceramic	\$290
D6790	Crown - full cast high noble metal	\$290
D6791	Crown - full cast predominantly base metal	\$290
D6792	Crown - full cast noble metal	\$290
D6794	Crown - titanium	\$290
D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$110
D6950	Precision attachment	\$195
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$50
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$30
D6973	Core build up for retainer, including any pins	\$10
D6976	Each additional indirectly fabricated post - same tooth	\$40
D6977	Each additional prefabricated post - same tooth	\$40
D6980	Fixed partial denture repair, by report	\$45

### **Oral Surgery**

- Includes routine post operative visits/treatment.
- The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.

D7111	Extraction, coronal remnants - deciduous tooth	\$5
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$5
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$50
D7220	Removal of impacted tooth - soft tissue	\$50
D7230	Removal of impacted tooth - partially bony	\$65
D7240	Removal of impacted tooth - completely bony	\$135
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$150
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$40
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$80
D7280	Surgical access of an unerupted tooth	\$100
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
D7283	Placement of device to facilitate eruption of impacted tooth	\$90
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$150
D7286	Biopsy of oral tissue - soft	\$60
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy - transepithelial sample collection	\$50
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$190
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80
D7472	Removal of torus palatinus	\$60

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D7473	Removal of torus mandibularis	\$60
D7485	Surgical reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35
D7511	Incision and drainage of abscess - intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$35
D7520	Incision and drainage of abscess - extraoral soft tissue	\$35
D7521	Incision and drainage of abscess - extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$35
D7910	Suture of recent small wounds up to 5 cm	\$25
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$90
D7963	Frenuloplasty	\$90
D7970	Excision of hyperplastic tissue - per arch	\$55
D7971	Excision of pericoronal gingiva	\$40

### **Orthodontics**

- Benefits cover 24 months of usual and customary orthodontic treatment and an additional 24 months of retention.
- Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.

D8010	Limited orthodontic treatment of the primary dentition	\$1,095
D8020	Limited orthodontic treatment of the transitional dentition	\$1,095
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,095
D8040	Limited orthodontic treatment of the adult dentition	\$1,095
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2,095
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,095
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,095
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment visit	\$35
D8670	Periodic orthodontic treatment visit (as part of contract)	\$35
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0
	• Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
	• Orthodontic visits beyond 24 months of active treatment or retention	\$25 per visit

### **Adjunctive General Services**

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9220	Deep sedation/general anesthesia - first 30 minutes	\$150
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$45
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$150
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$45
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9430	Office visit for observation (during regularly scheduled hours) -no other services performed	\$0
D9440	Office visit - after regularly scheduled hours	\$30

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drug, single administration	\$15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9940	Occlusal guard, by report	\$85
D9942	Repair and/or relines of occlusal guard	\$40
D9951	Occlusal adjustment - limited	\$30
D9952	Occlusal adjustment - complete	\$100
D9972	External bleaching - per arch	\$125
•	Broken appointment (less than 24 hour notice)	Not to exceed \$25

Current Dental Terminology © American Dental Association

## Dental Terminology Definitions

These definitions are designed to give you a “layman’s understanding” of some dental terminology in order for you to better understand your plan; they are not full descriptions.

<b>Amalgam:</b>	A silver filling
<b>Anterior:</b>	Teeth that are in the front of the mouth
<b>Bicuspid:</b>	Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.
<b>Bridge:</b>	A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).
<b>Crown:</b>	A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal.
<b>Endodontics:</b>	Procedures that treat the nerve or the pulp of the tooth due to injury or infection.
<b>Oral Surgery:</b>	Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.
<b>Orthodontics:</b>	Braces and other procedures to straighten the teeth.
<b>Periodontics:</b>	Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).
<b>Posterior:</b>	Teeth that set towards the back of the mouth, including molars and bicuspid (premolars).
<b>Primary Teeth:</b>	The first set of teeth (“baby” teeth).
<b>Prophylaxis:</b>	Scaling and polishing of teeth by removal of the plaque above the gum line.
<b>Prosthodontics:</b>	The restoration of natural and/or the replacement of missing teeth with artificial substitutes.
<b>Quadrant:</b>	One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).
<b>Resin-based Composite:</b>	Tooth-colored (white) fillings

## Exclusions and Limitations

### Limitations

#### General

1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are available at 75% of the usual and customary fees of the treating SafeGuard selected general dentist or specialty care dentist, provided the services are included in the treatment plan and are not specifically excluded.
2. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the usual and customary fees of the treating SafeGuard selected general dentist or specialty care dentist, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits.
3. General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.

#### Preventive

1. Routine Cleanings (prophylaxis), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
2. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

#### Diagnostic

1. Panoramic or full-mouth X-rays: Once every three (3) years, unless medically necessary.

#### Restorative

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble, or titanium metal.
2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
4. There is a \$75 co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.

#### Prosthodontics

1. Relines are limited to one (1) every twelve (12) months.
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a SafeGuard Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating SafeGuard general dentist.
3. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.

#### Endodontics

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

## Exclusions and Limitations

### Oral Surgery

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.

### General Exclusions

1. Services performed by any dentist not contracted with SafeGuard, without prior approval by SafeGuard (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the SafeGuard selected general dentist.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits.
9. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the Armed Forces of any country or international authority.
12. Dental services considered experimental in nature.
13. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.

### Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment.

If you terminate coverage from the SafeGuard Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. Orthodontic treatment must be provided by a SafeGuard general dentist or SafeGuard contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.

## **Exclusions and Limitations**

2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
3. The following are not included as orthodontic benefits:
  - A. Repair or replacement of lost or broken appliances;
  - B. Retreatment of orthodontic cases;
  - C. Treatment involving:
    - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
    - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
    - iii. Treatment related to temporomandibular joint disorders;
    - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.



**Evidence of Coverage  
and Disclosure Statement  
Group Dental Plan**

Benefits Provided by  
SafeGuard Health Plans, Inc.

## Evidence of Coverage and Disclosure Statement

This Evidence of Coverage provides a detailed summary of how your SafeGuard dental plan operates, your entitlements, and the plan's restrictions and limitations. SafeGuard is an affiliate of MetLife. **However, this combined Evidence of Coverage and Disclosure Statement constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.** You may obtain a copy of the health plan contract by requesting it from your Organization, or by writing to SafeGuard Health Plans, Inc., Attn: Legal Department, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656, or by calling **(800) 880-1800**.

This Evidence of Coverage and Disclosure Statement is subject to Chapter 2.2 of Division 2 of the California Health and Safety Code (commonly referred to as the Knox-Keene Act) and the regulations issued thereto by the Department of Managed Health Care. Should either the law or the regulations be amended, such amendments shall automatically be deemed to be a part of this document and shall take precedence over any inconsistent provision of this contract. Any provision required to be in this Evidence of Coverage and Disclosure Statement by either law or the regulation shall automatically bind SafeGuard.

### Entire Contract

SafeGuard typically contracts with an Organization, such as your employer or association, to offer benefits to its employees or members. Your Organization's contract with SafeGuard, together with the application, acceptance agreement, Enrollment Form, this Evidence of Coverage and any attachments or inserts including the Schedule of Benefits with Exclusions and Limitations, constitutes the entire agreement between the parties. To be valid, any change in the contract must be approved by an officer of SafeGuard and attached to it. No agent may change the Contract or waive any of the provisions. Should any provision herein not conform to applicable laws, it shall be construed as if it were in full compliance thereof.

# Evidence of Coverage and Disclosure Statement

## Table of Contents

WHO MAY ENROLL.....	4
SERVICE AREA .....	4
DEPENDENT COVERAGE .....	4
WHEN COVERAGE BEGINS.....	5
CHOICE OF PROVIDER .....	5
MAKING AN APPOINTMENT .....	5
SPECIALTY CARE.....	6
CHANGING YOUR SELECTED GENERAL DENTAL OFFICE .....	6
SECOND OPINIONS .....	6
PREPAYMENT FEE .....	7
CO-PAYMENTS.....	7
CUSTOMER SERVICE.....	7
EMERGENCY DENTAL SERVICES .....	7
GRIEVANCE PROCEDURES .....	8
APPEALS .....	9
ARBITRATION .....	9
RENEWAL PROVISIONS.....	9
CANCELLATION OF BENEFITS.....	10
TERMINATION OF CONTRACT .....	10
TERMINATION OF YOUR COVERAGE .....	11
CONVERSION PRIVILEGE/CONTINUATION OF COVERAGE .....	11
ERISA .....	12
MEMBER RIGHTS.....	13
MEMBER RESPONSIBILITIES.....	14
DEFINITIONS .....	15

## **Evidence of Coverage**

This Enrollment Kit contains your Evidence of Coverage, which provides a detailed summary of how your SafeGuard dental plan operates, your entitlements and the plan's restrictions and limitations. However, this Evidence of Coverage constitutes only a summary of the dental plan. **Your Organization's dental plan contract must be consulted to determine the exact terms and conditions of coverage.**

**SafeGuard is licensed as a pre-paid limited health service organization licensed under the Prepaid Limited Health Service Organization Act, Chapter 636 of Florida Statutes.**

## **Entire Contract**

SafeGuard typically contracts with an Organization, such as your employer or association, to offer benefits to its employees or members. Your Organization's contract with SafeGuard, together with the application, acceptance agreement, Enrollment Form, this Evidence of Coverage and any attachments or inserts including the Schedule of Benefits with Exclusions and Limitations, constitutes the entire agreement between the parties. To be valid, any change in the contract must be approved by an officer of SafeGuard and attached to it. No agent may change the Contract or waive any of the provisions. Should any provision herein not conform to applicable laws, it shall be construed as if it were in full compliance thereof.

## **Who May Enroll**

Your Organization determines how you may become eligible to join the Plan. You may enroll yourself and your dependents, provided each meets your Organization's eligibility requirements and/or the Service Area and Dependent Coverage requirements listed below.

## **Service Area**

The Service Area is the geographical area in which SafeGuard has a panel of Selected General Dentists and Specialists who have agreed to provide care to SafeGuard members. To enroll in the SafeGuard plan, you and your dependents (except dependant children) must, reside, live, or work in the Service Area.

## **Dependent Coverage**

Your Organization is responsible for determining dependent eligibility. In the absence of such a determination, SafeGuard defines eligible dependents to be:

- Your lawful spouse or registered domestic partner, if your Organization provides such coverage.
- Your unmarried children or grandchildren up to age 25 for whom you provide care (including adopted children, step-children, or other children for whom you are required to provide dental care pursuant to a court or administrative order).

- Your children who are incapable of self-sustaining employment and support due to a developmental disability or physical handicap.
- Other dependents if your Organization provides benefits for these dependents.

Please check with your Organization if you have questions regarding your eligibility requirements.

## **When Coverage Begins**

Coverage for you and your enrolled dependents will begin on the date determined by your Organization. Newborn children, newborn adopted children and adopted children are covered from the moment of birth. Check with your Organization if you have any questions about when your coverage begins.

## **Choice of Provider**

When you enroll in the SafeGuard plan, you and each enrolled family member must choose a Selected General Dental Office from our SafeGuard network. Each family member may select a different dental office. Please refer to the Directory of Participating Dentists for a complete listing of Selected General Dental Offices. Or you may access our website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to view SafeGuard General Dentists in your home or work zip codes.

## **Making an Appointment**

Once your coverage begins, you may contact the Selected General Dental Office you selected at enrollment to schedule an appointment. SafeGuard Selected General Dental Offices are open in accordance with their individual practice needs. When scheduling an appointment, please identify yourself as a SafeGuard member. Your Selected General Dental Office will also need to know your chief dental concern and basic personal data.

Arrive early for your first appointment to complete any paperwork. There is an office visit co-payment on some plans and also be aware that there is a charge for missing your appointment. Your first visit to your dentist will usually consist of x-rays and an examination only. By performing these procedures first, your dentist can establish your treatment plan according to your overall health needs.

We recommend that you take this brochure with you on your appointment, along with the enclosed Schedule of Benefits. Remember, only dental services listed as covered benefits in the Schedule of Benefits and provided by a SafeGuard Dentist are covered.

## **Specialty Care**

During the course of treatment, your Selected General Dentist may encounter situations that require the services of a provider whose practice is limited to specialty care, as defined in this document. These services are available only when the dental procedure cannot be performed by your Selected General Dentist due to the severity of the problem. Specialty care includes oral surgery, periodontics, endodontics, pedodontics, and orthodontics. How specialty care is accessed is determined by your plan. Some plans allow self-referral while others require that your Selected General Dentist refer you directly to a provider whose practice is limited to specialty care. Please consult your Schedule of Benefits for full information.

## **Changing Your Selected General Dental Office**

You have control over your choice of dental offices, and you can make changes at any time. If you would like to change your Selected General Dental Office, please contact Customer Service at **(800) 880-1800**. Our associates will help you locate a dental office most convenient to you. The transfer will be effective on the first day of the month following the transfer request. You must pay all outstanding charges owed to your dentist before you transfer to a new dentist. In addition, you may have to pay a fee for the cost of duplicating your x-rays and dental records.

## **Second Opinions**

You may request a second opinion if you have unanswered questions about diagnosis, treatment plans, and/or the results achieved by such dental treatment. Contact SafeGuard's Customer Service Department either by calling **(800) 880-1800** or sending a written request to the following address:

**SafeGuard  
c/o Customer Service  
PO Box 3594  
Laguna Hills, CA 92654-3594**

In addition, your Selected General Dentist or SafeGuard may also request a second opinion on your behalf.

Requests for second opinions are processed within five (5) business days of receipt by SafeGuard of such request, except when an expedited second opinion is warranted; in which case a decision will be made and conveyed to you within 24 hours. Upon approval, SafeGuard will contact the consulting dentist and make arrangements to enable you to schedule an appointment. All second opinion consultations will be completed by a contracted dentist with qualifications in the same area of expertise as the referring dentist or dentist who provided the initial examination or dental care services. You may obtain a copy of the second dental opinion policy by contacting SafeGuard's Customer Service Department by telephone at the toll-free number indicated above, or by writing to SafeGuard at the above address.

No co-payment is required for a second opinion consultation. Some plans do require a co-payment for an office visit.

## ***Your Financial Responsibility:***

### **Prepayment Fee**

Your Organization prepays SafeGuard for your coverage on a monthly basis. If you are responsible for any portion of this prepayment fee, your Organization will advise you of the amount and how it is to be paid. Please refer to the co-payment section, below, for information relating to your co-payments under this plan. The prepayment fee is not the same as a co-payment.

### **Co-payments**

When you receive care from either a Selected General Dentist or Specialist, you will pay the co-payment described on your Schedule of Benefits enclosed with this brochure. When you are referred to a Specialist, your co-payment may be either a fixed dollar amount, or a percentage of the dentist's usual and customary fee. Please refer to the Schedule of Benefits for specific details. When you have paid the required co-payment, if any, you have paid in full. If SafeGuard fails to pay the contracted provider, the member shall not be liable to the provider for any sums owed by SafeGuard. If you choose to receive services from a non-contracted provider, you may be liable to the non-contracted provider for the cost of services unless specifically authorized by SafeGuard or in accordance with emergency care provisions. SafeGuard does not require claim forms.

### **Customer Service**

SafeGuard provides toll-free access to our Customer Service Associates to assist you with benefit coverage questions, resolving problems or changing your dental office. SafeGuard's Customer Service can be reached Monday through Friday at **(800) 880-1800** from 5:00 a.m. to 6:00 p.m. Pacific Time. Automated service is also provided after hours for eligibility verification and dental office transfers.

### **Emergency Dental Services**

Emergency dental services are dental procedures administered in a dentist's office, dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a reasonably prudent lay person possessing average knowledge of dentistry to believe that immediate care is needed.

All Selected General Dental Offices provide emergency dental services twenty-four (24) hours a day, seven (7) days a week and SafeGuard encourages you to seek care from your Selected General Dentist. **If you require emergency dental services, you may go to any dental provider, go to the closest emergency room, or call 911 for assistance, as necessary. Prior Authorization for emergency dental services is not required.**

Your reimbursement from SafeGuard for emergency dental services, if any, is limited to the extent the treatment you received directly relates to emergency dental services – i.e. to evaluate and stabilize the dental condition. All reimbursements will be allocated in accordance with your plan benefits, subject to any exclusions and limitations. Hospital charges and/or other charges for care received at any hospital or outpatient care facility that are not related to treatment of the actual dental condition are not covered benefits.

If you receive emergency dental services, you will be required to pay the charges to the dentist and submit a claim to SafeGuard for a benefits determination. If you seek emergency dental services from a provider located more than 25 miles away from your Selected General Dentist, you will receive emergency benefits coverage up to a maximum of \$50, less any applicable co-payments.

To be reimbursed for emergency dental services, you must notify Customer Service within forty-eight (48) hours after receiving such services. If your physical condition does not permit such notification, you must make the notification as soon as it is reasonably possible to do so. Please include your name, family ID number, address and telephone number on all requests for reimbursement.

If you do not require emergency dental services and a delay in receiving treatment would not be detrimental to your health, please contact your Selected General Dental Office or SafeGuard's Customer Service Department at **(800) 880-1800** to make reasonable arrangements for your care.

## **Grievance Procedures**

If you or one of your eligible dependents has a grievance with SafeGuard or your dentist, you may obtain SafeGuard's Member Grievance Forms by calling our Customer Service Department at **(800) 880-1800** or our website **[www.melife.com/mybenefits](http://www.melife.com/mybenefits)**. Go to "Members" and "Grievance Forms." Or, you may submit a completed Written Grievance Form (available by calling the Customer Service number) or a detailed summary of your grievance to SafeGuard at:

**SafeGuard**  
**c/o Quality Management Department**  
**PO Box 3532**  
**Laguna Hills, CA 92654-3532**

Please be sure to include your name (patient's name, if different), Family Identification Number, facility (or Selected General Dental Office) name and number on all written correspondence.

SafeGuard agrees, subject to our Complaint Procedure, to duly investigate and endeavor to resolve any and all complaints received from Members regarding the plan.

SafeGuard will confirm receipt of your complaint in writing within five (5) business days of receipt of a complaint. We will resolve the complaint and communicate the resolution in writing within thirty (30) calendar days. A grievance is not considered formal until a written complaint has been received by SafeGuard. Members always have the right to file a complaint with or seek assistance from the Florida Department of Financial Services, Consumer Complaints Division, State Capitol Larson Building, 200 East Gaines Street, Room 637, Tallahassee, FL 32399-0300 or by calling (800) 342-2762.

## **Appeals**

If the action taken by SafeGuard is not satisfactory, you may appeal the matter to SafeGuard within fifteen (15) days after receiving notice of resolution. Your request must be in writing and should be directed to your SafeGuard Quality Management Department. All appeals will be acknowledged within five (5) business days of receipt by SafeGuard and resolved within thirty (30) calendar days. SafeGuard will notify you by mail within five (5) days of determination of appeal.

For urgent health care claims, SafeGuard will provide you with notice of its decision as soon as possible considering the medical situation, but in no event later than 72 hours.

## **Arbitration**

Each and every disagreement, dispute or controversy, which remains unresolved, concerning the construction, interpretation, performance or breach of this Contract, or the provision of dental services under this contract after exhausting SafeGuard's Grievance Procedures, arising between the Organization, a member of the heir-at-law or personal representative of such person, as the case may be, and SafeGuard, its employees, officers or directors, or participating dentist or their dental groups, partners, agents, or employees, may be voluntarily submitted by the subscriber or member in accordance with Chapter 682 of the Florida Statutes Rules and Regulations, whether such dispute involves a claim in tort, contract or otherwise. This includes, without limitation, all disputes as to professional liability or malpractice, that is as to whether any dental services rendered under this Contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered. It also includes, without limitation, any act or omission which occurs during the term of this contract but which gives rise to a claim after the termination of this contract. Arbitration shall be initiated by written notice to the President, **SafeGuard Health Plans, Inc., PO Box 30900, Laguna Hills, California 92654-0900**. The notice shall include a detailed description of the matter to be arbitrated.

## ***Changes To Your Coverage:*** **Renewal Provisions**

Your Organization has contracted with SafeGuard to provide services for the time period specified in the contract between the parties. Your coverage under the plan is guaranteed for that time period so long as you meet the eligibility requirements under the plan. When the contract expires, it may be renewed. If renewed, it is possible that

the terms of the plan may have been changed. If changes to benefits, co-payments or premiums have been made to a renewed contract, your Organization will notify you not less than 45 days before the effective date.

## **Cancellation of Benefits**

Your coverage may be cancelled after not less than 45 days written notice for:

- Non-payment of amounts due under the contract, except no written notice will be required for failure to pay premium.
- Failure to establish a satisfactory dentist-patient relationship and if it is shown that SafeGuard has, in good faith, provided you with the opportunity to select an alternative dentist.
- Neither residing, living, or working in the service area or area for which SafeGuard is authorized to do business.

Your coverage may be cancelled after not less than 15 days written notice for:

- An intentional misrepresentation, except as limited by statute.
- Fraud in the use of services or facilities.
- Such other good cause as is agreed upon in the contract.

Your coverage may be cancelled immediately:

- Subject to continuation of coverage and conversion privilege provisions, if applicable, if you do not meet eligibility requirements other than the requirements that you live or work in the service area.
- Any misconduct detrimental to safe plan operations and the delivery of services.

## **Termination of Contract**

When your employment with your Organization ends, your coverage ceases according to the rules of your Organization. Either SafeGuard or your Organization may terminate the contract upon sixty (60) days written notice or upon its expiration date. If this happens, or the contract is not renewed, your membership in the plan will be terminated according to the terms of the contract. In the event of contract termination, no further benefits will be provided to you and none of the plan provisions will apply. If your Organization fails to pay the prepayment fees through and including the final month of the contract, all coverage may be terminated at the end of the grace period, and you may be responsible for the usual and customary fees for any services received from your Selected General Dentist or Specialist during the period the prepayment fees went unpaid, including the grace period. Upon fifteen (15) days written notice to your

Organization, your coverage may be terminated in the event of fraud on the part of the Organization.

Your coverage may be cancelled for reasons other than for non-payment of premium or termination of eligibility, with forty-five (45) days written notice. The only reasons for cancellation at such time other than the renewed period (other than for non-payment of premium or termination of eligibility) shall be as follows: 1) your behavior is disruptive, unruly, abusive, unlawful, fraudulent, or uncooperative to the extent that your continuing participation seriously impairs SafeGuard's ability to provide services to other members; 2) fraud or material representation in applying for or presenting any claim for benefits under the contract; 3) misuse of this Evidence of Coverage; or 4) furnishing SafeGuard with incorrect or incomplete information for the purposes of fraudulently obtaining services.

## **Termination of Your Coverage**

If you terminate from the plan while the contract between SafeGuard and your Organization is in effect, your coverage will extend to the end of the month following notice of termination of coverage. Your Selected General Dentist must complete any dental procedure started on you before your termination, abiding by the terms and conditions of the plan.

Extension of benefits will be until the completion of the procedure in process, or ninety (90) days, whichever is sooner.

Orthodontic treatment is governed by the orthodontic limitations listed on your schedule of benefits. If you terminate coverage from the plan after the start of orthodontic treatment, you will be responsible for any additional incurred charges for any remaining orthodontic treatment.

## **Conversion Privilege/Continuation of Coverage**

Contact SafeGuard's Customer Service at **(800) 880-1800** to check availability of a conversion plan in your area. In addition, you and your eligible dependents are eligible to retain coverage in accordance with COBRA (Consolidated Omnibus Budget Reconciliation Act) requirements. You and your dependents may be eligible for Medicare benefits.

In addition, you and your eligible dependents are eligible to retain coverage in accordance with COBRA (Consolidated Omnibus Budget Reconciliation Act) requirements. If you go through a divorce or legal separation, have a death in the family, or have a child who is no longer an eligible dependent, you must notify your employer within 60 days of such event, or will lose your right to COBRA coverage. See your organization for more details. You and your dependents may be eligible for Medicare benefits.

SafeGuard will offer a converted contract with coverage and benefits similar to those contained in this Plan to any member or covered dependent whose coverage has been terminated for any reason, and who has been continuously covered under this Plan for at least three (3) months immediately prior to termination. SafeGuard will not offer a converted contract to any member or covered dependent if the treatment occurred for any of the following reasons: 1) failure to pay any required premium; 2) replacement of any discontinued coverage by similar coverage within thirty-one (31) days; 3) fraud or other material misrepresentation in applying for any benefits under the Plan; 4) willful and knowing misuse of the SafeGuard member handbook or certificate by member; 5) willful and knowingly furnishing to SafeGuard by member of incomplete or incorrect information for the purpose of fraudulently obtaining coverage or benefits from SafeGuard; 6) member has left the geographical area of SafeGuard's area of coverage contained within the Florida Plan with the intent to relocate or establish a new residence outside that area; or 7) disenrollment for cause. SafeGuard may disenroll you for cause so long as, a) it makes a serious effort to resolve the problem, including the use or attempted use of member grievance procedures; b) SafeGuard must ascertain that a member's behavior does not directly result from an existing medical condition; and c) SafeGuard must document the problems, efforts, and medical conditions.

SafeGuard will also offer a converted contract to surviving spouses and ex-spouses only under the conditions set forth in F.A.C. Section 4.203.029(3).

Please contact your Organization for further information and details.

## **ERISA**

As a participant in the Plan, you may be entitled to certain rights and protection under the Employee Retirement and Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to:

- Examine without charge, at the Employer's office, all plan documents, including insurance contracts and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
- Obtain copies of all Plan documents and other plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Employer is required by law to furnish each participant with a copy of the summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries", have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the plan review your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim is frivolous.

If you have any questions about this statement of about your rights under ERISA, you should contact the nearest Area Office of the U.S. Labor Management Service Administration, Department of Labor.

## **Member Rights**

During the term of the contract between SafeGuard and your Organization, SafeGuard guarantees that it will not decrease any benefits, increase any co-payment, or change any exclusion or limitation. SafeGuard will not cancel or fail to renew your enrollment in this Plan because of your health condition or your requirements for dental care. Your Selected General Dental Office is responsible to you for all treatment and services, without interference from SafeGuard.

Prior to any disenrollment, SafeGuard will make an effort to resolve any problem with the member through the Complaint Procedure and must determine that your behavior is not due to the services provided or mental illness.

However, your Selected General Dentist must follow the rules and limitations set up by SafeGuard and conduct his or her professional relationship with you within the guidelines established by SafeGuard. If SafeGuard's relationship with your Selected General Dental Office ends, your dentist is obligated to complete any and all treatment in progress. SafeGuard will arrange a transfer for you to another dentist to provide for continued coverage under the Plan. As indicated on your enrollment form, your signature authorizes SafeGuard to obtain copies of your dental records, if necessary.

As a member, you have the right to...

- Be treated with respect, dignity and recognition of your need for privacy and confidentiality.

- Express complaints and be informed of the complaint process.
- Have access and availability to care and access to and copies of your dental records.
- Participate in decision-making regarding your course of treatment.
- Be provided information regarding Selected General Dental Offices.
- Be provided information regarding the services, benefits and specialty referral process provided by SafeGuard.

## **Member Responsibilities**

If you continually refuse a prescribed course of treatment, use the professional relationship for illegal means, or abuse the professional relationship, your Selected General Dentist or Specialist has the right to refuse to treat you. If you receive dental care during a time you are not eligible under the plan, you will be responsible to pay the dentist the usual and customary fee for that care. You have the responsibility to pay the co-payment associated with specific procedures you may undergo in the course of your treatment.

As a member, you have the responsibility to...

- Identify yourself to your Selected General Dental Office as a SafeGuard member
- Treat the dentist and his or her office staff with respect and courtesy.
- Keep scheduled appointments or contact the dental office twenty-four (24) hours in advance to cancel an appointment.
- Cooperate with your dentist in following a prescribed course of treatment.
- Make co-payments at the time of service.
- Notify SafeGuard of changes in family status.
- Be aware of and follow your Organization's guidelines in seeking dental care.

## **Definitions**

**The following definitions are used in this Evidence of Coverage.**

### **Arbitration**

A non-court proceeding which is used to solve legal disputes. It is usually held before an attorney or judge who weighs the evidence and renders a binding decision, which has the force of law. Arbitration is an efficient alternative to a trial court proceeding for resolving legal disputes.

### **Co-payment**

The amount listed on the Schedule of Benefits for covered services that the member is required to pay at the time of treatment.

### **Dental Records**

A single complete record kept at the site of your dental care. Dental records refers to diagnostic aids, such as intra-oral and extra-oral radiographs, written treatment records including, but not limited to, progress notes, dental or periodontal chartings, treatment plans, specialty referrals, consultation reports or other written material relating to an individual's medical and dental history, diagnosis, condition, treatment and/or evaluation.

### **Dependent**

Eligible family members of a subscriber who is enrolled in SafeGuard. (See **Dependent Coverage**).

### **Emergency Dental Services**

Dental services rendered for the relief of acute pain, bleeding, infection, fever, or for conditions that may result in disability or death, and where delay of treatment would be medically inadvisable.

### **Medically Necessary**

Covered services that are necessary and meet with professionally recognized standards of practice. The fact that a dentist may prescribe, order, recommend or approve a service or material does not, in itself, make it medically necessary, or make it a covered service and material even though it is not listed in this Policy or the Schedule of Benefits as an exclusion.

### **Member**

An individual enrolled in the SafeGuard dental plan.

### **Organization**

An employer or other entity that has contracted with SafeGuard to arrange for the provision of dental care benefits.

**Plan**

Coverage for specified dental care services purchased by an Organization for its members for a fixed, periodic payment made in advance of treatment. Such plans often include the use of fixed co-payments to clarify the financial obligation of covered dental care, and are subject to Exclusions and Limitations.

**Prepayment Fee**

The monthly fee paid to SafeGuard by your Organization. The prepayment fee is not the same as a co-payment.

**Selected General Dentist**

A SafeGuard contracted dentist who agrees in writing to provide dental services under special terms, conditions and financial reimbursement arrangements with SafeGuard.

**Service Area**

The Service Area is the geographical area in which SafeGuard has a panel of Selected General Dentists and Specialists who have agreed to provide care to SafeGuard members.

**Subscriber**

The person, usually the employee, who represents the family unit in relation to the dental benefit program. Also known as: certificate holder, enrollee.

**Termination of Benefits**

A member's loss of program eligibility and disenrollment from the plan. Reason for termination of benefits may be termination of the group contract, termination of the subscriber's employment with the Organization or dependent status change as set forth herein.

## The Dental Education Center

### **Focus on Oral Health: Why Having the Right Dental Coverage is Good for Your Health.**

Maybe you have good oral health now, but have you considered how unexpected dental problems can affect you or your family members? Although much emphasis has been put on healthy living these days, you may not have thought to include your mouth as part of your health regimen. The fact is, more and more studies are finding links between your oral health and your overall health. According to the U.S. Department of Health and Human Services, research has revealed an association between dental disease and a person's increased risk for systemic conditions.<sup>1</sup>

When you consider how dental problems can affect people of all ages — and how costly they can be to treat — you may want to carefully consider whether you have the right dental coverage. This plan provides you with easy-to-understand coverage while helping to protect you against the rising costs of dental care.<sup>2</sup>

### *Did You Know?*

*According to the National Institute of Health, tooth decay is one of the most common health problems among Americans, second only to the common cold.<sup>3</sup>*

*Studies suggest that periodontal (gum) disease during pregnancy may be a factor in premature births.<sup>4</sup>*

*There are over 400 medications (prescription and over-the-counter) that can cause "dry mouth" (xerostomia) which can lead to plaque build-up, tooth decay and gum disease.<sup>5</sup>*

*An estimated 35,000 Americans will be diagnosed with oral cancer in 2008 — over 7,500 expected to die of the disease during a twelve-month period.<sup>6</sup>*

### **Want to know if you or your family is at risk for dental disease?**

Visit the dental education website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for important tools and resources to help you become more informed about dental care. The site contains Risk Assessment Guides and information on many oral health topics.

1. U.S. Dept. of Health and Human Services. Oral Health in America: A Report of the Surgeon General — Executive Summary. Rockville, MD: U.S. Dept. of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

2. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

3. U.S. National Library of Medicine and the National Institutes of Health. Medical Encyclopedia: Dental Cavities. Accessed February 2006. <http://www.nlm.nih.gov/medlineplus/print/ency/article/001055.htm>

4. J. N. Vergnes and M. Sixou. Preterm low birth weight and maternal periodontal status: a meta-analysis. *Am J Obstet Gynecol.* 2007. 196(2): p. 135 e1-7.

5. Academy of General Dentistry. What Is Dry Mouth? <http://www.agd.org/public/oralhealth/Default.asp?IssID=187&Topic=D&ArtID=1235#body>, updated January 2007.

6. American Cancer Society. Cancer Facts & Figures 2008. Atlanta: American Cancer Society; 2008.

## We're Here to Help

### **Finding a participating dentist**

To locate a participating dentist, logon to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) where the most current information can be found.

- Click on the "Find a Dentist" page
- Select "DHMO" for the Plan Type
- Complete all required information (Please refer to the Schedule of Benefits for the plan name)

If your current dentist does not participate in the network, we will be happy to accept your nomination. Just call Customer Service, or to submit your nomination conveniently online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and click the "Find a Dentist" link. Once submitted, we will contact that dentist with an invitation to join the dental network

### **Online Registration Overview: [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)**

The MetLife website provides you with a personalized, integrated and secure view of your dental benefits plan. You can take advantage of self-service capabilities such as:

- View your Schedule of Benefits and check co-payment amounts
- Locate a participating dentist
- Change dentist facility for you and your enrolled dependents
- Print ID cards
- Access oral health education

Simply go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits), and follow the easy registration instructions.

### **Dental Identification Cards**

Your ID cards will be mailed to you after receipt of your enrollment information. In the meantime, you may use the temporary cards on the last page of this booklet. Please note that you are not required to show an ID card to your dentist as proof of coverage. Just call your selected participating dentist to schedule an appointment anytime after your effective date. If this is the first time you are visiting your selected dentist, your first appointment may include an exam and a treatment plan. *Please bring a copy of the Schedule of Benefits with you to your first appointment to ensure your dentist has all the necessary information about your plan.*

### **Still have questions?**

Call 1-800-880-1800 or visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).



## Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

### Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

### Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

### Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

### How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB Group, Inc. ("MIB"). It is a non-profit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from another member of MIB, or claim benefits from another member company, MIB will give that company any information that it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, by calling MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired), or by contacting MIB at [www.mib.com](http://www.mib.com).

### Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on

what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

## Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our "Using Your Information" section above

## HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long term care, or medical insurance from us, the Health Insurance Portability and Accountability Act ("HIPAA") may further limit how we may use and share your information.

## Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

## Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

**Send privacy questions to:**

MetLife Privacy Office, P. O. Box 489, Warwick, RI 02887-9954  
[privacy@metlife.com](mailto:privacy@metlife.com)

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

**Metropolitan Life Insurance Company**  
**General American Life Insurance Company**  
**SafeGuard Life Insurance Company**

**MetLife Insurance Company of Connecticut**  
**SafeGuard Health Plans Inc.**

## Language Assistance

As a SafeGuard member you have a right to free language assistance services, including interpretation and translation services. SafeGuard collects and maintains your language preferences, race, and ethnicity so that we can communicate more effectively with our members. If you require spoken or written language assistance or would like to inform SafeGuard of your preferred language, please contact us at (800) 880-1800.

Como miembro de SafeGuard, tiene derecho a servicios gratuitos de ayuda con idiomas, que incluyen servicios de interpretación y traducción. SafeGuard recopila y conserva sus preferencias de idioma, raza y origen étnico para poder comunicarnos más eficazmente con nuestros miembros. Si necesita ayuda oral o escrita con un idioma, o si desea informar a SafeGuard su idioma de preferencia, comuníquese con nosotros al (800) 880-1800.

作為 SafeGuard 的會員，您有權享受免費語言協助服務，包括口譯及翻譯服務。SafeGuard 將搜集並保留您的語言偏好、種族及民族的相關資料，以便於我們更有效地與會員溝通。如需口頭或書面語言協助，或樂意告知 SafeGuard 您的首選語言，請致電(800) 880-1800 聯絡我們。





## Creating your personal safety net

We understand how important it is for you to create your own safety net to protect you and your family—and your group dental benefits are an important part of that plan.

SafeGuard is part of the MetLife family of companies.

Together, MetLife and SafeGuard have over 75 years of experience in the dental benefits industry, so we understand what matters most to you. That's why we make it a priority to provide you with the tools and resources you need to make informed choices about your benefits. When you choose a MetLife company, you choose a partner that makes it easier for you and your family to achieve your oral health goals.



\*Dental HMO plans are available in CA, FL and TX only, through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. "Dental HMO" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; and "Single Service Health Maintenance Organizations" in Texas. Please contact MetLife or your plan administrator for complete details.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Benefits for the **if in life**<sup>SM</sup>

0903-1081 1900030830(0709)  
L0709047257(exp0710)(CA,FL,TX)  
© 2009 METLIFE, INC. PEANUTS © United Feature Syndicate, Inc.

**MetLife**<sup>®</sup>

**SafeGuard Health Plans, Inc.**  
95 Enterprise, Suite 200  
Aliso Viejo, CA 92656  
[www.metlife.com](http://www.metlife.com)

