

**It's time to  
enroll for your  
benefits**



Dental HMO/Managed Care Plans  
**MET 100-CALIFORNIA**  
Enrollment Kit



**Dear MEA Represented Employees:**

A good dental benefits plan can be an important part of good oral health. That's why the San Diego Municipal Employees Association provides MEA represented employees access to this Dental HMO/Managed Care 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** on hundreds of procedures that are generally less than you would pay without the plan.<sup>1</sup>
- ✓ **Broad network** of participating dentists and specialty care providers.<sup>2</sup> Visit our online Find A Dentist directory at [www.metlife.com/dental](http://www.metlife.com/dental) to locate a participating dentist near you.
- ✓ **A commitment to your oral health** means educational tools and resources that help you and your dentist make informed choices.
- ✓ **No deductibles** 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 when you enroll. 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.

<b>Active Employees Enroll Online</b>	Active employees enroll online on the SAP Employee Self-Service Portal – no forms are required
<b>Enroll by Mail, Fax or Email</b>	MEA Retirees may enroll by completing the SDPEBA enrollment form and sending the form by mail, fax or email to: <b>Mail:</b> SDPEBA Benefits 9620 Chesapeake Dr., Suite 203-B San Diego, CA 92163 <b>Fax:</b> 1-619-431-3078 <b>Email:</b> <a href="mailto:info@sdpeba.org">info@sdpeba.org</a>
<b>Phone</b>	<b>For questions about the plans, please call your dental plan administrator: 1-888-315-8027</b>

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.

<sup>1</sup>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.

<sup>2</sup>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.

Dental Managed Care plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation, in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc. a California corporation, in CA; SafeGuard Health Plans, Inc. a Florida corporation, in FL; SafeGuard Health Plans, Inc., a Texas corporation, in TX; and MetLife Health Plans, Inc., a Delaware corporation, and Metropolitan Life Insurance Company, a New York corporation, in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. "DHMO" is used to refer to product designs 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; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

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



**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166  
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# Understanding your dental benefits

It's important to get the dental coverage you and your family need. This Dental HMO/Managed Care 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.
- No deductibles or claim forms

## **Lower out-of-pocket costs on hundreds of procedures.**

This benefits plan provides you with access to essential dental care while helping to protect you against the rising costs of dental services. Here are some of the services included in this plan:<sup>1</sup>

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Preventive Services (exams, sealants, x-rays)</li><li>• White fillings on back (posterior) teeth</li><li>• Porcelain and gold crowns</li><li>• Adult &amp; child orthodontics</li><li>• Osseous surgery, periodontal maintenance</li><li>• Root canals and retreatment</li><li>• Extractions</li></ul> | <ul style="list-style-type: none"><li>• General anesthesia, IV sedation &amp; nitrous oxide</li><li>• Up to 4 yearly cleanings</li><li>• Veneers</li><li>• Cancer screenings (brush biopsies)</li><li>• Implants</li></ul> |
|--|--|

For a full listing of all covered services and the co-payment for each, 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.

### **No deductibles or claim forms.**

With this benefits plan, you don't have to worry about deductibles, annual 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 listed in the Schedule of Benefits 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>2</sup>

1. Certain limitations apply to some services; please review your Schedule of Benefits for full details.
2. 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.

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Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.



# Frequently asked questions

## **How does this plan work?**

This Dental HMO/Managed Care plan is designed to support you in maintaining and improving your oral health, providing coverage on hundreds of procedures. There are no deductibles or annual maximum, making it easier for you to receive the preventive care you need to help avoid more costly procedures.

With this plan, you are responsible for the co-payment associated with each covered procedure when you visit a participating (network) dentist. Please refer to the Schedule of Benefits for a full list of covered services including information on any limitations and additional charges for certain procedures as well as what is not covered by the plan.

## **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 in the directory included with your enrollment material or 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.

## **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.

### **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 occur effective the first of the following month (e.g., a facility request change made 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.

### **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.\* 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.

\*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 and provide them with an application to join our dental network.

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

**Direct Referral Dental Plan\***

**MET100**

This SCHEDULE OF BENEFITS lists the Covered Services available to You and Your Dependents under Your dental plan, as well as Your and Your Dependent's costs for each Covered Service. Your and Your Dependent's costs may include Co-Payments for a Covered Service.

\*Care under this plan is provided through a network of Selected General Dentists. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and Your Dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in Your or Your Dependent's Service Area.

Missed Appointments: If You or Your Dependents need to cancel or reschedule an appointment, please notify the Selected General Dental Office as far in advance as possible. This will allow the Selected General Dental Office to accommodate another person in need of attention. If You or Your Dependents fail to do this in a timely fashion, You or Your Dependents may be charged a missed appointment fee.

	Service	Your and Your Dependent's Co-Payment	
•	Office visit - per visit ( <i>including all fees for sterilization and/or infection control</i> )	\$5	
<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 ( <i>established patient; not post-operative visit</i> )	\$0	
D0171	Re-evaluation – post-operative office visit	\$0	
D0180	Comprehensive periodontal evaluation - new or established patient	\$0	
D0190	Screening of a patient	\$0	
D0191	Assessment of a patient	\$0	

**Radiographs / Diagnostic Imaging (X-rays)**

D0210	Intraoral – complete series of radiographic images	\$0
D0220	Intraoral – periapical first radiographic image	\$0
D0230	Intraoral – periapical each additional radiographic image	\$0
D0240	Intraoral – occlusal radiographic image	\$0
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$0
D0251	Extra-oral posterior dental radiographic image	\$0
D0270	Bitewing – single radiographic image	\$0
D0272	Bitewings – two radiographic images	\$0
D0273	Bitewings – three radiographic images	\$0
D0274	Bitewings – four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D0330	Panoramic radiographic image	\$0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	\$180
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	\$180
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	\$180
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$180
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	\$180
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	\$180
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	\$180
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$180
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0
<b>Tests and Examinations</b>		
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
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
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$0

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D0502	Other oral pathology procedures, by report	\$0
<b>Preventive Services</b>		
D1110	Prophylaxis – adult	\$0
	• Additional-adult prophylaxis ( <i>maximum of 2 additional per year</i> )	\$20
D1120	Prophylaxis – child	\$0
	• Additional-child prophylaxis ( <i>maximum of 2 additional per year</i> )	\$15
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride – excluding varnish	\$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
	• Includes periodontal hygiene instruction	
D1351	Sealant – per tooth	\$0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$0
D1353	Sealant repair - per tooth	\$0
D1354	Interim caries arresting medicament application	\$0
D1510	Space maintainer – fixed – unilateral	\$0
D1515	Space maintainer – fixed – bilateral	\$0
D1520	Space maintainer – removable – unilateral	\$0
D1525	Space maintainer – removable – bilateral	\$0
D1550	Re-cement or re-bond space maintainer	\$5
D1555	Removal of fixed space maintainer	\$5
D1575	Distal shoe space maintainer – fixed – unilateral	\$0
<b>Restorative Treatment</b>		
D2140	Amalgam – one surface, primary or permanent	\$0
D2150	Amalgam – two surfaces, primary or permanent	\$0
D2160	Amalgam – three surfaces, primary or permanent	\$0
D2161	Amalgam – four or more surfaces, primary or permanent	\$0
D2330	Resin-based composite – one surface, anterior	\$0
D2331	Resin-based composite – two surfaces, anterior	\$0
D2332	Resin-based composite – three surfaces, anterior	\$0
D2335	Resin-based composite – four or more surfaces or involving incisal angle ( <i>anterior</i> )	\$0
D2390	Resin-based composite crown, anterior	\$20
D2391	Resin-based composite – one surface, posterior	\$25
D2392	Resin-based composite – two surfaces, posterior	\$30
D2393	Resin-based composite – three surfaces, posterior	\$35
D2394	Resin-based composite – four or more surfaces, posterior	\$40
<b>Crowns</b>		
<ul style="list-style-type: none"> <li>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 molar, for the use of porcelain.</li> <li>Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.</li> </ul>		
D2510	Inlay – metallic – one surface	\$100
D2520	Inlay – metallic – two surfaces	\$100

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D2530	Inlay – metallic – three or more surfaces	\$100
D2542	Onlay – metallic – two surfaces	\$100
D2543	Onlay – metallic – three surfaces	\$100
D2544	Onlay – metallic – four or more surfaces	\$100
D2610	Inlay – porcelain/ceramic – one surface	\$100
D2620	Inlay – porcelain/ceramic – two surfaces	\$100
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$100
D2642	Onlay – porcelain/ceramic – two surfaces	\$100
D2643	Onlay – porcelain/ceramic – three surfaces	\$100
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$100
D2650	Inlay – resin-based composite – one surface	\$100
D2651	Inlay – resin-based composite – two surfaces	\$100
D2652	Inlay – resin-based composite – three or more surfaces	\$100
D2662	Onlay – resin-based composite – two surfaces	\$100
D2663	Onlay – resin-based composite – three surfaces	\$100
D2664	Onlay – resin-based composite – four or more surfaces	\$100
D2710	Crown – resin-based composite ( <i>indirect</i> )	\$100
D2712	Crown – $\frac{3}{4}$ resin-based composite ( <i>indirect</i> )	\$100
D2720	Crown – resin with high noble metal	\$100
D2721	Crown – resin with predominantly base metal	\$100
D2722	Crown – resin with noble metal	\$100
D2740	Crown – porcelain/ceramic substrate	\$225
D2750	Crown – porcelain fused to high noble metal	\$100
D2751	Crown – porcelain fused to predominantly base metal	\$100
D2752	Crown – porcelain fused to noble metal	\$100
D2780	Crown – $\frac{3}{4}$ cast high noble metal	\$100
D2781	Crown – $\frac{3}{4}$ cast predominantly base metal	\$100
D2782	Crown – $\frac{3}{4}$ cast noble metal	\$100
D2783	Crown – $\frac{3}{4}$ porcelain/ceramic	\$100
D2790	Crown – full cast high noble metal	\$100
D2791	Crown – full cast predominantly base metal	\$100
D2792	Crown – full cast noble metal	\$100
D2794	Crown – titanium	\$100
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	\$30
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0
D2920	Re-cement or re-bond crown	\$0
D2930	Prefabricated stainless steel crown – primary tooth	\$0
D2931	Prefabricated stainless steel crown – permanent tooth	\$0
D2932	Prefabricated resin crown	\$0
D2933	Prefabricated stainless steel crown with resin window	\$0
D2940	Protective restoration	\$0
D2941	Interim therapeutic restoration - primary dentition	\$0

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D2950	Core buildup, including any pins when required	\$15
D2951	Pin retention – per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$40
D2953	Each additional indirectly fabricated post – same tooth	\$40
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal	\$10
D2957	Each additional prefabricated post – same tooth	\$25
D2960	Labial veneer ( <i>resin laminate</i> ) – chairside	\$250
D2961	Labial veneer ( <i>resin laminate</i> ) – laboratory	\$300
D2962	Labial veneer ( <i>porcelain laminate</i> ) – laboratory	\$350
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair necessitated by restorative material failure	\$0
D2981	Inlay repair necessitated by restorative material failure	\$0
D2982	Onlay repair necessitated by restorative material failure	\$0
D2983	Veneer repair necessitated by restorative material failure	\$0
D2990	Resin infiltration of incipient smooth surface lesions	\$0

#### **Endodontics**

- All procedures exclude final restoration.

D3110	Pulp cap – direct ( <i>excluding final restoration</i> )	\$0
D3120	Pulp cap – indirect ( <i>excluding final restoration</i> )	\$0
D3220	Therapeutic pulpotomy ( <i>excluding final restoration</i> ) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$20
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$0
D3230	Pulpal therapy ( <i>resorbable filling</i> ) – anterior, primary tooth ( <i>excluding final restoration</i> )	\$5
D3240	Pulpal therapy ( <i>resorbable filling</i> ) – posterior, primary tooth ( <i>excluding final restoration</i> )	\$10
D3310	Endodontic therapy, anterior tooth ( <i>excluding final restoration</i> )	\$40
D3320	Endodontic therapy, bicuspid tooth ( <i>excluding final restoration</i> )	\$65
D3330	Endodontic therapy, molar tooth ( <i>excluding final restoration</i> )	\$95
D3331	Treatment of root canal obstruction; non-surgical access	\$55
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$50
D3333	Internal root repair of perforation defects	\$55
D3346	Retreatment of previous root canal therapy – anterior	\$65
D3347	Retreatment of previous root canal therapy – bicuspid	\$90
D3348	Retreatment of previous root canal therapy – molar	\$160
D3351	Apexification/recalcification – initial visit ( <i>apical closure / calcific repair of perforations, root resorption, etc.</i> )	\$65
D3352	Apexification/recalcification – interim medication replacement	\$65

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D3353	Apexification/recalcification – final visit ( <i>includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.</i> )	\$65
D3355	Pulpal regeneration - initial visit	\$65
D3356	Pulpal regeneration - interim medication replacement	\$32
D3357	Pulpal regeneration - completion of treatment	\$65
D3410	Apicoectomy – anterior	\$95
D3421	Apicoectomy – bicuspid ( <i>first root</i> )	\$95
D3425	Apicoectomy – molar ( <i>first root</i> )	\$95
D3426	Apicoectomy ( <i>each additional root</i> )	\$60
D3427	Periradicular surgery without apicoectomy	\$71
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	\$180
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	\$95
D3430	Retrograde filling – per root	\$10
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$95
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$215
D3450	Root amputation – per root	\$95
D3460	Endodontic endosseous implant	\$555
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3920	Hemisection ( <i>including any root removal</i> ), not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

#### **Periodontics**

- Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$50
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$38
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$12
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$100
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$78
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening – hard tissue	\$120
D4260	Osseous surgery ( <i>including elevation of a full thickness flap and closure</i> ) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$260
D4261	Osseous surgery ( <i>including elevation of a full thickness flap and closure</i> ) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$198
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$180

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D4264	Bone replacement graft – retained natural tooth – 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 ( <i>includes membrane removal</i> )	\$255
D4268	Surgical revision procedure, per tooth	\$0
D4270	Pedicle soft tissue graft procedure	\$195
D4273	Autogenous connective tissue graft procedure ( <i>including donor and recipient surgical sites</i> ) first tooth, implant, or edentulous tooth position in graft	\$75
D4274	Mesial/distal wedge procedure, single tooth ( <i>when not performed in conjunction with surgical procedures in the same anatomical area</i> )	\$70
D4275	Non-autogenous connective tissue graft ( <i>including recipient site and donor material</i> ) first tooth, implant, or edentulous tooth position in graft	\$265
D4276	Combined connective tissue and double pedicle graft, per tooth	\$75
D4277	Free soft tissue graft procedure ( <i>including recipient and donor surgical sites</i> ) first tooth, implant or edentulous tooth position in graft	\$195
D4278	Free soft tissue graft procedure ( <i>including recipient and donor surgical sites</i> ) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$98
D4283	Autogenous connective tissue graft procedure ( <i>including donor and recipient surgical sites</i> ) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$38
D4285	Non-autogenous connective tissue graft procedure ( <i>including recipient surgical site and donor material</i> ) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$133
D4320	Provisional splinting – intracoronal	\$85
D4321	Provisional splinting – extracoronal	\$75
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$25
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$19
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$15
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$60
D4910	Periodontal maintenance	\$15
D4920	Unscheduled dressing change ( <i>by someone other than treating dentist or their staff</i> )	\$0
• Additional periodontal maintenance procedures ( <i>beyond 2 per 12 months</i> )		\$40

#### **Removable Prosthodontics**

- Delivery of removable and fixed Prosthodontics includes up to 3 adjustments within 6 months of delivery date of service.

D5110	Complete denture – maxillary	\$125
D5120	Complete denture – mandibular	\$125
D5130	Immediate denture – maxillary	\$125
D5140	Immediate denture – mandibular	\$125
D5211	Maxillary partial denture – resin base ( <i>including any conventional clasps, rests and teeth</i> )	\$110

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D5212	Mandibular partial denture – resin base ( <i>including any conventional clasps, rests and teeth</i> )	\$110
D5213	Maxillary partial denture – cast metal framework with resin denture bases ( <i>including any conventional clasps, rests and teeth</i> )	\$150
D5214	Mandibular partial denture – cast metal framework with resin denture bases ( <i>including any conventional clasps, rests and teeth</i> )	\$150
D5221	Immediate maxillary partial denture – resin base ( <i>including any conventional clasps, rests and teeth</i> )	\$110
D5222	Immediate mandibular partial denture – resin base ( <i>including any conventional clasps, rests and teeth</i> )	\$110
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases ( <i>including any conventional clasps, rests and teeth</i> )	\$150
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases ( <i>including any conventional clasps, rests and teeth</i> )	\$150
D5225	Maxillary partial denture – flexible base ( <i>including any clasps, rests and teeth</i> )	\$365
D5226	Mandibular partial denture – flexible base ( <i>including any clasps, rests and teeth</i> )	\$365
D5281	Removable unilateral partial denture – one piece cast metal ( <i>including clasps and teeth</i> )	\$150
D5410	Adjust complete denture – maxillary	\$0
D5411	Adjust complete denture – mandibular	\$0
D5421	Adjust partial denture – maxillary	\$0
D5422	Adjust partial denture – mandibular	\$0
D5511	Repair broken complete denture base, mandibular	\$15
D5512	Repair broken complete denture base, maxillary	\$15
D5520	Replace missing or broken teeth – complete denture ( <i>each tooth</i> )	\$15
D5611	Repair resin partial denture base, mandibular	\$15
D5612	Repair resin partial denture base, maxillary	\$15
D5621	Repair cast partial framework, mandibular	\$15
D5622	Repair cast partial framework, maxillary	\$15
D5630	Repair or replace broken clasp - per tooth	\$15
D5640	Replace broken teeth – per tooth	\$15
D5650	Add tooth to existing partial denture	\$15
D5660	Add clasp to existing partial denture - per tooth	\$15
D5670	Replace all teeth and acrylic on cast metal framework ( <i>maxillary</i> )	\$165
D5671	Replace all teeth and acrylic on cast metal framework ( <i>mandibular</i> )	\$165
D5710	Rebase complete maxillary denture	\$50
D5711	Rebase complete mandibular denture	\$50
D5720	Rebase maxillary partial denture	\$50
D5721	Rebase mandibular partial denture	\$50
D5730	Reline complete maxillary denture ( <i>chairside</i> )	\$35
D5731	Reline complete mandibular denture ( <i>chairside</i> )	\$35
D5740	Reline maxillary partial denture ( <i>chairside</i> )	\$35
D5741	Reline mandibular partial denture ( <i>chairside</i> )	\$35
D5750	Reline complete maxillary denture ( <i>laboratory</i> )	\$40
D5751	Reline complete mandibular denture ( <i>laboratory</i> )	\$40
D5760	Reline maxillary partial denture ( <i>laboratory</i> )	\$40
D5761	Reline mandibular partial denture ( <i>laboratory</i> )	\$40

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D5810	Interim complete denture ( <i>maxillary</i> )	\$130
D5811	Interim complete denture ( <i>mandibular</i> )	\$130
D5820	Interim partial denture ( <i>maxillary</i> )	\$40
D5821	Interim partial denture ( <i>mandibular</i> )	\$40
D5850	Tissue conditioning, maxillary	\$10
D5851	Tissue conditioning, mandibular	\$10
D5862	Precision attachment, by report	\$160

#### **Implant Services**

##### **Pre-Surgical Services**

D6190	Radiographic/surgical implant index, by report	\$130
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##### **Surgical Services**

D6010	Surgical placement of implant body: endosteal implant	\$1,005
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$770
D6013	Surgical placement of mini implant	\$1,005
D6040	Surgical placement: eposteal implant	\$1,860
D6050	Surgical placement: transosteal implant	\$1,170
D6051	Interim abutment	\$123
D6052	Semi-precision attachment abutment	\$335
D6100	Implant removal, by report	\$240
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$24
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$60
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	\$100
D6104	Bone graft at time of implant placement	\$100

##### **Implant Supported Prosthetics**

- 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 molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.

D6055	Connecting bar – implant supported or abutment supported	\$345
D6056	Prefabricated abutment – includes modification and placement	\$245
D6057	Custom fabricated abutment – includes placement	\$335
D6058	Abutment supported porcelain/ceramic crown	\$685
D6059	Abutment supported porcelain fused to metal crown ( <i>high noble metal</i> )	\$660
D6060	Abutment supported porcelain fused to metal crown ( <i>predominantly base metal</i> )	\$640
D6061	Abutment supported porcelain fused to metal crown ( <i>noble metal</i> )	\$645
D6062	Abutment supported cast metal crown ( <i>high noble metal</i> )	\$655
D6063	Abutment supported cast metal crown ( <i>predominantly base metal</i> )	\$640

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D6064	Abutment supported cast metal crown ( <i>noble metal</i> )	\$720
D6065	Implant supported porcelain/ceramic crown	\$725
D6066	Implant supported porcelain fused to metal crown ( <i>titanium, titanium alloy, high noble metal</i> )	\$700
D6067	Implant supported metal crown ( <i>titanium, titanium alloy, high noble metal</i> )	\$725
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$680
D6069	Abutment supported retainer for porcelain fused to metal FPD ( <i>high noble metal</i> )	\$680
D6070	Abutment supported retainer for porcelain fused to metal FPD ( <i>predominantly base metal</i> )	\$595
D6071	Abutment supported retainer for porcelain fused to metal FPD ( <i>noble metal</i> )	\$635
D6072	Abutment supported retainer for cast metal FPD ( <i>high noble metal</i> )	\$625
D6073	Abutment supported retainer for cast metal FPD ( <i>predominantly base metal</i> )	\$445
D6074	Abutment supported retainer for cast metal FPD ( <i>noble metal</i> )	\$640
D6075	Implant supported retainer for ceramic FPD	\$720
D6076	Implant supported retainer for porcelain fused to metal FPD ( <i>titanium, titanium alloy, or high noble metal</i> )	\$700
D6077	Implant supported retainer for cast metal FPD ( <i>titanium, titanium alloy, or high noble metal</i> )	\$510
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prosthesis and abutments	\$55
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$12
D6090	Repair implant supported prosthesis, by report	\$190
D6091	Replacement of semi-precision or precision attachment ( <i>male or female component</i> ) of implant/abutment supported prosthesis, per attachment	\$170
D6092	Re-cement or re-bond implant/abutment supported crown	\$50
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$70
D6094	Abutment supported crown ( <i>titanium</i> )	\$650
D6095	Repair implant abutment, by report	\$140
D6096	Remove broken implant retaining screw	\$24
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	\$995
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular	\$995
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary	\$945
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	\$945
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	\$2,380
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	\$2,380
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	\$1,410
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular	\$1,410

Code	Service	Your and Your Dependent's Co-Payment
D6194	Abutment supported retainer crown for FPD ( <i>titanium</i> )	\$520
<b>Crowns/Fixed Bridges - Per Unit</b>		
<ul style="list-style-type: none"> <li>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 molar, for the use of porcelain.</li> <li>Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.</li> </ul>		
D6205	Pontic – indirect resin based composite	\$100
D6210	Pontic – cast high noble metal	\$100
D6211	Pontic – cast predominantly base metal	\$100
D6212	Pontic – cast noble metal	\$100
D6214	Pontic – titanium	\$100
D6240	Pontic – porcelain fused to high noble metal	\$100
D6241	Pontic – porcelain fused to predominantly base metal	\$100
D6242	Pontic – porcelain fused to noble metal	\$100
D6245	Pontic – porcelain/ceramic	\$120
D6250	Pontic – resin with high noble metal	\$100
D6251	Pontic – resin with predominantly base metal	\$100
D6252	Pontic – resin with noble metal	\$100
D6253	Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	\$30
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$40
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$40
D6549	Resin retainer – for resin bonded fixed prosthesis	\$30
D6600	Retainer inlay – porcelain/ceramic, two surfaces	\$100
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$100
D6602	Retainer inlay – cast high noble metal, two surfaces	\$100
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$100
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$100
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$100
D6606	Retainer inlay – cast noble metal, two surfaces	\$100
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$100
D6608	Retainer onlay – porcelain/ceramic, two surfaces	\$100
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	\$100
D6610	Retainer onlay – cast high noble metal, two surfaces	\$100
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$100
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$100
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$100
D6614	Retainer onlay – cast noble metal, two surfaces	\$100
D6615	Retainer onlay – cast noble metal, three or more surfaces	\$100
D6624	Retainer inlay – titanium	\$100
D6634	Retainer onlay – titanium	\$100
D6710	Retainer crown – indirect resin based composite	\$100
D6720	Retainer crown – resin with high noble metal	\$100
D6721	Retainer crown – resin with predominantly base metal	\$100

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D6722	Retainer crown – resin with noble metal	\$100
D6740	Retainer crown – porcelain/ceramic	\$100
D6750	Retainer crown – porcelain fused to high noble metal	\$100
D6751	Retainer crown – porcelain fused to predominantly base metal	\$100
D6752	Retainer crown – porcelain fused to noble metal	\$100
D6780	Retainer crown – $\frac{3}{4}$ cast high noble metal	\$100
D6781	Retainer crown – $\frac{3}{4}$ cast predominantly base metal	\$100
D6782	Retainer crown – $\frac{3}{4}$ cast noble metal	\$100
D6783	Retainer crown – $\frac{3}{4}$ porcelain/ceramic	\$100
D6790	Retainer crown – full cast high noble metal	\$100
D6791	Retainer crown – full cast predominantly base metal	\$100
D6792	Retainer crown – full cast noble metal	\$100
D6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	\$30
D6794	Retainer crown – titanium	\$100
D6930	Re-cement or re-bond fixed partial denture	\$0
D6940	Stress breaker	\$110
D6950	Precision attachment	\$195
D6980	Fixed partial denture repair necessitated by restorative material failure	\$45

#### **Oral Surgery**

- Includes routine post operative visits/treatment.
- The removal of asymptomatic third molars is not a Covered Service unless pathology (*disease*) exists.

D7111	Extraction, coronal remnants – deciduous tooth	\$0
D7140	Extraction, erupted tooth or exposed root ( <i>elevation and/or forceps removal</i> )	\$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	\$15
D7220	Removal of impacted tooth – soft tissue	\$20
D7230	Removal of impacted tooth – partially bony	\$40
D7240	Removal of impacted tooth – completely bony	\$75
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$90
D7250	Removal of residual tooth roots ( <i>cutting procedure</i> )	\$5
D7251	Coronectomy – intentional partial tooth removal	\$75
D7260	Oroantral fistula closure	\$250
D7261	Primary closure of a sinus perforation	\$255
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$15
D7280	Exposure of an unerupted tooth	\$15
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$15
D7283	Placement of device to facilitate eruption of impacted tooth	\$15
D7285	Incisional biopsy of oral tissue – hard ( <i>bone, tooth</i> )	\$0
D7286	Incisional biopsy of oral tissue – soft	\$0
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy – transepithelial sample collection	\$50
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$30

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$0
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$0
D7340	Vestibuloplasty – ridge extension ( <i>secondary epithelialization</i> )	\$350
D7350	Vestibuloplasty – ridge extension ( <i>including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue</i> )	\$970
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$110
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$315
D7471	Removal of lateral exostosis ( <i>maxilla or mandible</i> )	\$80
D7472	Removal of torus palatinus	\$15
D7473	Removal of torus mandibularis	\$15
D7485	Surgical reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$15
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated ( <i>includes drainage of multiple fascial spaces</i> )	\$15
D7520	Incision and drainage of abscess – extraoral soft tissue	\$15
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated ( <i>includes drainage of multiple fascial spaces</i> )	\$15
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$105
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$485
D7910	Suture of recent small wounds up to 5 cm	\$15
D7921	Collection and application of autologous blood concentrate product	\$95
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$600
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$825
D7952	Sinus augmentation via a vertical approach	\$825
D7953	Bone replacement graft for ridge preservation – per site	\$100
D7960	Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure	\$0
D7963	Frenuloplasty	\$0
D7970	Excision of hyperplastic tissue – per arch	\$55
D7971	Excision of pericoronal gingiva	\$35
D7972	Surgical reduction of fibrous tuberosity	\$125

Code	Service	Your and Your Dependent's Co-Payment
<b>Orthodontics</b>		
<ul style="list-style-type: none"> <li>Benefits cover twenty-four (24) months of usual &amp; customary Orthodontic treatment and an additional twenty four (24) months of retention.</li> <li>Comprehensive Orthodontic benefits include all phases of treatment and fixed/removable appliances.</li> </ul>		
D8010	Limited orthodontic treatment of the primary dentition	\$725
D8020	Limited orthodontic treatment of the transitional dentition	\$725
D8030	Limited orthodontic treatment of the adolescent dentition	\$725
D8040	Limited orthodontic treatment of the adult dentition	\$725
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,450
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,450
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,450
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$0
D8670	Periodic orthodontic treatment visit	\$0
D8680	Orthodontic retention ( <i>removal of appliances, construction and placement of retainer(s)</i> )	\$250
D8681	Removable orthodontic retainer adjustment	\$0
D8693	Re-cement or re-bond fixed retainers	\$0
D8694	Repair of fixed retainers, includes reattachment	\$0
<ul style="list-style-type: none"> <li>There is a Co-Payment of \$250 for Orthodontic treatment planning and records (<i>pre/post x-rays (cephalometric, panoramic, etc.), photos, study models</i>).</li> <li>There is a Co-Payment of \$25 per visit for Orthodontic visits beyond twenty-four (24) months of active treatment or retention.</li> </ul>		
<b>Adjunctive General Services</b>		
D9110	Palliative ( <i>emergency</i> ) treatment of dental pain – minor procedure	\$0
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 in conjunction with operative or surgical procedures	\$0
D9219	Evaluation for deep sedation or general anesthesia	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes	\$60
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$60
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15
D9239	Intravenous moderate ( <i>conscious</i> ) sedation/analgesia- first 15 minutes	\$60
D9243	Intravenous moderate ( <i>conscious</i> ) sedation/analgesia – each 15 minute increment	\$60
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9311	Drugs or medicaments dispensed in the office for home use	\$0
D9430	Office visit for observation ( <i>during regularly scheduled hours</i> ) – no other services performed	\$0
D9440	Office visit – after regularly scheduled hours	\$15
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	Drugs or medicaments dispensed in the office for home use	\$15
D9910	Application of desensitizing medicament	\$15

<b>Code</b>	<b>Service</b>	<b>Your and Your Dependent's Co-Payment</b>
D9930	Treatment of complication ( <i>post-surgical</i> ) – unusual circumstances, by report	\$0
D9932	Cleaning and inspection of removable complete denture, maxillary	\$55
D9933	Cleaning and inspection of removable complete denture, mandibular	\$55
D9934	Cleaning and inspection of removable partial denture, maxillary	\$55
D9935	Cleaning and inspection of removable partial denture, mandibular	\$55
D9940	Occlusal guard, by report	\$85
D9942	Repair and/or reline of occlusal guard	\$40
D9943	Occlusal guard adjustment	\$10
D9951	Occlusal adjustment – limited	\$0
D9952	Occlusal adjustment – complete	\$0
D9986	Missed appointment ( <i>less than 24-hr notice</i> )	Not to exceed \$10
D9987	Cancelled appointment ( <i>if less than 24-hr notice, see D9986</i> )	\$0

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## Dental benefits: Limitations and additional charges

### General

1. Specialty Care Dentists will accept the contracted fee for all Covered Services.
2. General anesthesia or IV sedation is a Covered Service only if it is provided in a Selected General Dental Office, administered by the Selected General Dentist or Specialty Care Dentist, and is in conjunction with covered oral and periodontal surgical procedures or when deemed necessary by the Selected General Dentist or Specialty Care Dentist.
3. Sterilization and infection control are not billable to Us or You or Your Dependent and are included within the charges for other services provided on that date of service.
  - a. Local Anesthetic is included in all restorative and surgical procedure fees.
  - b. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.

### Diagnostic

1. Panoramic or full mouth x-rays (*including bitewings*): once every three (3) years, unless Dentally Necessary for a specific dental problem.
2. All costs for additional periapical and bitewing x-rays provided on the same day that a full mouth x-ray is provided to You or Your Dependent are included in the costs for the full mouth x-ray.

### Preventive

1. Routine cleanings (*oral Prophylaxis*), periodontal maintenance services (*following active periodontal therapy*) and fluoride treatments are limited to twice a year. Two (2) additional cleanings (*routine and periodontal*) are available at the Co-Payment listed in the SCHEDULE OF BENEFITS. Additional Prophylaxis are available, if Dentally Necessary.
2. Sealants and/or preventive resin restorations: Plan benefit applies to primary and permanent molar teeth, limited to age 19, one (1) per tooth, per thirty-six (36) months, unless Dentally Necessary.
3. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.

### Restorative Treatment

#### Crowns, Implants and Fixed Bridges

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
2. Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.
3. There is a \$75 Co-Payment per molar, for the use of porcelain.
4. Prefabricated stainless steel Crowns or prefabricated resin Crowns are limited to no more than one (1) replacement for the same tooth surface within five (5) years.
5. Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration.
6. Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
7. Replacement of any Cast Restorations with the same or a different type of Cast Restoration are limited to no more than once every five (5) years.
8. Core buildups are limited to no more than once per tooth in a period of five (5) years.
9. Post and cores are limited to no more than once per tooth in a period of five (5) years.
10. Labial veneers are limited to no more than once per tooth in a period of five (5) years.

#### Prosthodontics

1. Relinings and rebasings 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 tooth which cannot be added to the existing partial. 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 Selected General Dentist or Specialty Care Dentist.
3. Replacement of an immediate full Denture with a permanent full Denture if the immediate full Denture cannot be made permanent and such replacement is done within twelve (12) months of the installation of the immediate full Denture.
4. Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture.
5. Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
6. Tissue conditioning eligible one (1) per appliance each twenty-four (24) months.

7. Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

#### **Implant Services**

1. Implants are limited to no more than once for the same tooth position in a five (5) year period.
2. Repairs of implants are limited to not more than once in a twelve (12) month period.
3. Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period:
  - when needed to replace congenitally missing teeth; or
  - when needed to replace natural teeth.
4. The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.

#### **Endodontics**

1. The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration.
2. Materials used for canal irrigation are included in the Endodontic procedure fees.

#### **Oral Surgery**

1. The removal of asymptomatic third molars is not a Covered Service. Pathology (*disease*) must exist for it to be covered by the program.
2. Includes routine post operative visits/treatments.

#### **Periodontics**

1. Irrigation (*such as Chlorhexidine*), is included with the other services rendered that day.
2. Local chemotherapeutic agents are limited to no more than six (6) teeth per arch. Treatment plans involving more than six (6) teeth per arch, require prior Plan approval.
3. Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc.
4. Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period.
5. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, is limited to no more than one surgical procedure per Quadrant in any thirty-six (36) month period.
6. Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

#### **Orthodontics**

1. If You or Your Dependent require the services of an orthodontist, a referral must first be facilitated by Your Selected General Dentist. If a referral is not obtained before the Orthodontic treatment begins, You will be responsible for all costs associated with any Orthodontic treatment.
2. If You or Your Dependent 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.
3. Orthodontic treatment must be provided by a Selected General Dentist or Specialty Care Dentist whose specialty is orthodontics or pediatric dentistry for the Co-Payments listed in this SCHEDULE OF BENEFITS to apply.
4. 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.
5. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
6. If You or Your Dependent started orthodontic treatment before Your coverage for Yourself or that Dependent started under this group contract, Continuing Orthodontic treatment is available under this group contract for You or Your Dependent under any of the following circumstances:
  - a. You were covered under the terms of a dental plan provided by SafeGuard and, due to an acquisition, are now covered under the terms of this group contract;
  - b. You were covered under the terms of a dental plan provided by a carrier other than SafeGuard and are now covered under the terms of this group contract because the Contractholder subsequently contracts with SafeGuard;
  - c. You become eligible for DHMO benefits under the terms of this group contract because of Your status as a new employee; or
  - d. You were covered under the terms of a dental plan and received orthodontic services which were not covered because that dental plan did not offer orthodontic coverage.

Upon receipt of a completed Continuing Orthodontic Form by Us, with all supporting documentation, We will accept liability for continuing payment of the remaining balance owed, up to a maximum of \$1,500 times the percentage of the total treatment remaining as of this group contract's Effective Date, subject to the section titled DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES and DENTAL BENEFITS: EXCLUSIONS. Continuing Orthodontic treatment will be available if You enroll within 30 days of the date You become eligible for benefits under the terms of this group contract.

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## Dental benefits: Exclusions

1. Any procedures not specifically listed as a Covered Service in this SCHEDULE OF BENEFITS or dental procedures or services performed solely for Cosmetic purposes (unless specifically listed as a Covered Service in this SCHEDULE OF BENEFITS), are not covered.
2. Covered Services must be performed by Your Selected General Dental Office or a SafeGuard Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS. Services performed by any Dentist not contracted with SafeGuard are not Covered Services, without prior approval by SafeGuard or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS (except for out-of-area emergency services).
3. Dental procedures started prior to Your or Your Dependent's eligibility under this SCHEDULE OF BENEFITS or started after Your or Your Dependent's benefits have ended. For example, teeth prepared for Crowns, root canals in progress (the tooth has been opened into the pulp (nerve chamber)), or full or partial Dentures for which an impression has been taken.
4. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving You or Your Dependent's dental health, as determined by the Selected General Dentist, and Us based on generally accepted dental standards of care.
5. Orthognathic surgery.
6. Inpatient/outpatient hospital charges of any kind, including prescriptions or medications. General anesthesia or IV sedation is not covered for any reason if rendered in an out patient facility or hospital. Dental charges will be covered, if the procedure performed is covered by the Plan.
7. Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged.
8. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a Covered Service in the SCHEDULE OF BENEFITS. Any services related to pathology laboratory fees.
9. Procedures, appliances, or restorations whose primary purpose is to change the vertical dimension of occlusion, correct congenital malformation, 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 Service in this SCHEDULE OF BENEFITS.
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. Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS.
14. The following are not included as Orthodontic benefits:
  - Repair or replacement of lost or broken appliances;
  - Retreatment of Orthodontic cases;
  - Treatment involving:
    - Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
    - Hormonal imbalances or other factors affecting growth or developmental abnormalities;
    - Treatment related to temporomandibular joint disorders;
  - Composite or ceramic brackets, lingual adaptation of Orthodontic bands and other specialized or Cosmetic alternatives to standard fixed and removable Orthodontic appliances.
  - Invisalign services are excluded.

## 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 language assistance or would like to inform SafeGuard of your preferred language, please contact SafeGuard at (800) 880-1800.

Como miembro de SafeGuard usted tiene derecho a recibir servicios gratuitos de asistencia en idiomas. Esto incluye servicios de interpretación y traducción. SafeGuard recaba la información sobre sus preferencias de idioma, raza, y etnia de manera que nos podamos comunicar eficazmente con nuestros afiliados. Si necesita asistencia en su idioma o quiere informarle a SafeGuard sobre su idioma de preferencia, comuníquese con SafeGuard al (800) 880-1800.

作為**SafeGuard**的會員，您有權獲得免費語言服務，包括口譯和筆譯。**SafeGuard**收集並保存有關您的語言選擇、人種和族裔方面的資料，以便我們更有效地與會員溝通。如果您需要語言方面的協助，或希望將您選擇的語言告訴**SafeGuard**，可通過電話或網站與**SafeGuard**聯絡，電話是**(800) 880-1800**。



Benefits Provided by SafeGuard Health Plans, Inc., a MetLife company  
200 Park Avenue, New York, New York 10166-0188

## **COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE STATEMENT**

SafeGuard Health Plans, Inc. ("SafeGuard"), a MetLife company, certifies that You and Your dependents are covered for the benefits described in this evidence of coverage and disclosure statement , subject to the provisions of this evidence of coverage. This evidence of coverage is issued to You under the group contract and it includes the terms and provisions of the group contract that describe Your benefits. **PLEASE READ THIS EVIDENCE OF COVERAGE CAREFULLY.**

This evidence of coverage is part of the group contract. The group contract is a contract between SafeGuard and Your Organization and may be changed or ended without Your consent or notice to You.

**THIS EVIDENCE OF COVERAGE ONLY DESCRIBES DENTAL BENEFITS.**

**REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON YOUR EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.**

**WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.**

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## **NOTICE FOR RESIDENTS OF CALIFORNIA**

This evidence of coverage provides a detailed summary of how your SafeGuard dental contract operates, Your entitlements, and the contract's restrictions and limitations. **This combined evidence of coverage and disclosure statement constitutes only a summary of the contract. The contract must be consulted to determine the exact terms and conditions of coverage.** If You have special health care needs, You should read carefully those sections that apply to You. You may obtain a copy of the contract by requesting it from the Organization, or by writing to SafeGuard Health Plans, Inc., Attn: Legal Department, 5 Park Plaza, Suite 1850, Irvine, CA, 92614-2533, 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.

Pursuant to Section 1365(b) of the Knox-Keene Health Care Service Plan Act of 1975, as amended, an enrollee or subscriber who alleges that his or her enrollment has been canceled or not renewed because of his or her health status or requirements for health care services may request a review by the Director of California Department of Managed Health Care. If the Director determines that a proper complaint exists, the Director shall notify SafeGuard. Within 15 days after receipt of such notice, SafeGuard shall either request a hearing or reinstate the enrollee or subscriber. If, after hearing, the Director determines that the cancellation or failure to renew is improper, the Director shall order SafeGuard to reinstate the enrollee or subscriber. A reinstatement pursuant to this provision shall be retroactive to the time of cancellation or failure to renew and SafeGuard shall be liable for the expenses incurred by the subscriber or enrollee for covered health care services from the date of cancellation or non-renewal to and including the date of reinstatement.

### **Confidentiality of Dental Records**

A STATEMENT DESCRIBING SAFEGUARD'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF DENTAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

### **Organ Donation**

Donating organs and tissues provides many societal benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If You are interested in organ donation, please speak with Your physician. Organ donation begins at the hospital when a person is pronounced brain dead and is identified as a potential organ donor. An organ procurement group will become involved to coordinate the activities.

### **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.

作為**SafeGuard**的會員，您有權獲得免費語言服務，包括口譯和筆譯。**SafeGuard**收集並保存有關您的語言選擇、人種和族裔方面的資料，以便我們更有效地與會員溝通。如果您需要語言方面的協助，或希望將您選擇的語言告訴**SafeGuard**，可通過電話或網站與**SafeGuard**聯絡，電話是**(800) 880-1800**。

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## **NOTICE FOR RESIDENTS OF ALL STATES**

### **Notice Regarding Your Rights and Responsibilities**

#### ***Rights:***

- During the term of the group contract between SafeGuard and Your Organization, SafeGuard will not decrease any benefits, increase any Co-Payment, or the Prepayment Fee, or change any exclusion or limitation, except after at least 30 days Written notice to Your Organization.
- We will provide Written notice within a reasonable time to Your Organization of any termination or breach of contract by, or inability to perform of, any contracting provider if Your Organization may be materially and adversely affected.
- We will not cancel or fail to renew Your enrollment in this group contract because of your health condition or your requirements for dental care.
- We will treat communications, financial records and records pertaining to Your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of You and Your Selected General Dentist. We neither require nor prohibit any specified treatment. However:
  - Only certain specified services are Covered Services. Please see the Schedule of Benefits. Please also review the DENTAL BENEFITS section of this evidence of coverage for more details.
  - 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 Dentist ends, Your Selected General Dentist must complete any and all treatment in progress. SafeGuard will arrange a transfer for You to another Selected General Dentist to provide for continued coverage under the group contract. As indicated on Your enrollment form, Your signature authorizes SafeGuard to obtain copies of your dental records, if necessary.
- You may request a response from SafeGuard to any Written concern or complaint.

#### ***Responsibilities:***

- You should identify Yourself to Your Selected General Dentist as a covered person under the group contract. If You fail to do so, You may be charged the Selected General Dentist's usual and customary fees instead of the applicable Co-Payment, if any.
- You should treat the Selected General Dentist and his or her office staff with respect and courtesy and cooperate with the prescribed course of treatment. If You continually refuse a prescribed course of treatment, Your Selected General Dentist or Specialty Care Dentist has the right to refuse to treat You. SafeGuard will facilitate second opinions and will permit You to change Your Selected General Dental Office; however, SafeGuard will not interfere with the dentist-patient relationship and cannot require a particular dentist to perform particular services.
- You should contact the Selected General Dental Office twenty-four (24) hours in advance to cancel an appointment. If You do not, You may be charged a missed appointment fee.
- You are responsible for the prompt payment of any charges for services performed by the Selected General Dentist. If the Selected General Dentist agrees to accept part of the payment directly from SafeGuard, You are responsible for prompt payment of the remaining part of the Selected General Dentist's charge.

- You should notify SafeGuard of changes in family status. If You do not, SafeGuard will be unable to authorize dental care for You and/or Your dependents.
- You should consult with Your Selected General Dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with Your Selected General Dentist the most current, complete and accurate information about Your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by Your Selected General Dentist.

## **DENTAL BENEFITS**

The group contract provides access to You and Your dependents to dental benefits through the use of Selected General Dentists. When You or a dependent receive dental services, You and not Us or Your Organization are solely responsible for payment of all Co-Payments and other charges listed in the Schedule of Benefits and for any excluded procedure, and must make payment directly to the Selected General Dentist rendering such services.

### **Dentist-Patient Relationship**

We do not provide dental services. Whether or not benefits are available for a particular service does not mean You or Your dependents should or should not receive the service. You and Your dependents, along with the Selected General Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed.

The relationship between You and Your dependents and the Selected General Dentist rendering services or treatment shall be subject to the rules, limitations and privileges incident to the professional relationship, and SafeGuard's Peer Review Committee and Public Policy Committees. The Selected General Dentist shall be solely responsible to You or Your dependent, without interference from SafeGuard or Your Organization, for all services or treatment within the professional relationship. The Selected General Dentist shall have the right to refuse treatment if You or Your dependents continually fail to follow a prescribed course of treatment, use the relationship for illegal purposes, or make the professional relationship onerous.

While SafeGuard desires and will actively seek to contract with the most modern dental facilities available in the profession, it is understood and agreed that the operation and maintenance of the Selected General Dentist's facility, equipment and the rendition of all professional services shall be solely and exclusively under the control and supervision of the Selected General Dentist, including all authority and control over the selection of staff, supervision of personnel, and operation of the professional practice and/or the rendition of any particular professional service or treatment.

SafeGuard will undertake to see that the services provided to You or Your dependents by Selected General Dentists shall be performed in accordance with professional standards of reasonable competence and skill of dental practitioners, as applicable, prevailing in the community in which each Selected General Dentist practices.

Upon termination of a provider contract with a Selected General Dentist, SafeGuard is liable for Covered Services rendered by such provider (other than for Co-Payments) to You or Your dependents who remain under the care of such provider at the time of such termination until the services being rendered are completed, unless We make reasonable and medically appropriate provision for the assumption of such services by another Selected General Dentist.

In the event of termination of this group contract, each Selected General Dentist shall complete all dental procedures which have been started prior to the date of termination, pursuant to the terms and conditions of this group contract.

### **Who May Enroll**

Your Organization is responsible for determining eligibility. 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**

SafeGuard's service area is the geographic region in the state of California where SafeGuard is authorized by the California Department of Managed Health Care to provide Covered Services to Members and in which SafeGuard has a panel of Selected General Dentists and Specialty Care Dentists who have agreed to provide care to SafeGuard members. To enroll in the SafeGuard plan, You and Your dependents 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 as:

- Your lawful Spouse or domestic partner;
- Your children or grandchildren up to age 26 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; and
- 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 are covered the day of birth as long as You are enrolled; legally adopted children, foster children and stepchildren are covered the first day of the month following placement as long as SafeGuard is notified within ninety (90) days.

Your coverage will begin on the date determined by Your Organization. Waiting periods for eligibility, if applicable, are determined by Your Organization.

Adopted child are covered from the earlier of the moment the child is placed in Your residence, and the child's birth, if You have entered into a written agreement to adopt the child prior to its birth. Newborn children are covered the first day of the month following the date of birth, and foster children and stepchildren are covered the first day of the month following placement as long as Your Organization is notified within 90 days and any Prepayment Fee is paid within that period.

Check with Your Organization if You have any questions about when Your coverage begins.

## **Choice of Dentists**

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED.

When enrolling for dental benefits, You and Your dependents must choose a Selected General Dental Office from Our network. You and Your dependents each may select a different Selected General Dental Office. If You do not select a Selected General Dental Office or the one you chose is not available, SafeGuard may do so for You. Please refer to the Directory of Participating Providers for a complete listing of Selected General Dental Offices. You may obtain a Directory of Participating Providers from Our website [www.metlife.com\mybenefits](http://www.metlife.com\mybenefits) or by calling (800) 880-1800.

## **Facilities**

You may obtain a list of SafeGuard's Selected General Dental Offices and their hours of availability by calling SafeGuard at (800) 880-1800. A list of SafeGuard's participating General Dental Offices can be found it is Directory of Participating Providers or online at [www.metlife.com\mybenefits](http://www.metlife.com\mybenefits).

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

You or Your dependent may change Selected General Dental Offices at any time. To do so, please contact Us at (800) 880-1800. We will help You locate a convenient Selected General Dental Office. The transfer will be effective on the first day of the month following the transfer request. There is no limit to how often You or Your dependent may change Selected General Dental Offices. You must pay all outstanding charges owed to Your or Your dependent's Selected General Dental Office before transferring to a new Selected General Dental Office. You may also have to pay a fee for the cost of duplicating x-rays and dental records.

## **Provider Reimbursement**

By statute, every contract between SafeGuard and its providers state that, in the event SafeGuard fails to pay the provider, You shall not be liable to the provider for any sums owed by SafeGuard. Selected General Dental Offices will collect all applicable co-payments from you directly at the time of service and then bill SafeGuard for reimbursement according to the contracted plan provisions.

Selected General Dental Offices are paid on a per member, per month, or "capitated" basis for members that have selected the Selected General Dental Office and may receive an additional or supplemental fee for certain procedures performed. Specialty Care Dentists are compensated according to a negotiated fee schedule. No bonuses or incentives are paid to Selected General Dental Offices or Specialty Care Dentists. For additional information, you may contact SafeGuard at (800) 880-1800 or speak directly with Your provider.

## **Liability of Subscriber or Enrollee for Payment**

Covered Services must be performed by Your Selected General Dental Office or a Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and Schedule of Benefits. Services performed by any Out-of-Network Dentist are not Covered Services, without prior approval by SafeGuard or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and Schedule of Benefits (except for out-of-area emergency services). If You or Your dependent self-refer to a Selected General Dentist (other than Your or Your dependent's Selected General Dentist) or an Out-of-Network Dentist, You are responsible for the cost of those services.

## **Prepayment Fee**

Your Organization prepays Us for Your and Your dependent's coverage. 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 group contract. The Prepayment Fee is not the same as a Co-Payment.

The exact Prepayment Fee is contained in the group contract between Us and Your Organization. You may obtain a copy of the group contract from Your Organization, or by writing to SafeGuard Health Plans, Inc., Attn: Legal Department, 5 Park Plaza, Suite 1850, Irvine, CA 92614-2533, or by calling (800) 880-1800.

## **Co-Payments**

When You or Your dependent receive care from either a Selected General Dentist or a Specialty Care Dentist, You must pay the Co-Payment. The Co-Payment is a fixed dollar amount or a fixed percentage of the Maximum Allowed Charge of the Covered Services performed by Your Selected General Dentist for which We are not responsible, as shown in the Schedule of Benefits. When You or Your dependent are referred to a Specialty Care Dentist, the Co-Payment may be either a fixed dollar amount, or a percentage of the Maximum Allowed Charge. 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 We fail to pay the Selected General Dentist, You will not be liable to the Selected General Dentist for any sums owed by Us. If You or Your dependent choose to receive services from an Out-of-Network Dentist, You will be liable to the Out-of-Network Dentist for the cost of services unless specifically authorized by Us or in accordance with Emergency Dental Condition provisions of this evidence of coverage. We do not require claim forms.

## **Orthodontic Covered Services**

Orthodontic treatment is governed by the Schedule of Benefits. If Dental Benefits terminate after the start of Orthodontic treatment, You will be responsible for any additional incurred charges for any remaining Orthodontic treatment.

## **Yearly Maximums**

The Schedule of Benefits lists the Yearly maximums for Covered Services, if applicable.

## **Covered Services After Dental Coverage Ends**

Dental services received after You or Your dependent's coverage terminates are not covered. Your Selected General Dentist must complete any dental procedure started on you before your termination, abiding by the terms and conditions of the plan.

Orthodontic treatment is governed by the Orthodontic limitations listed in the Schedule of Benefits. If coverage from the plan ends after the start of Orthodontic treatment, You or Your dependent will be responsible for any costs Orthodontic treatment after coverage ends.

## **Non-Covered Services**

**IMPORTANT:** If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call member services at (800) 880-1800 or your insurance broker. To fully understand your coverage, you may wish to carefully review this evidence of coverage.

## **Other Charges**

All other charges You may be required to pay under this evidence of coverage are listed in the Schedule of Benefits. You must pay all Co-Payments, or the percentage of the Maximum Allowed Charge that We are not responsible for under the group contract.

## **Reimbursement Provisions**

You are financially responsible for the cost of any services received from Out-of-Network Dentist unless those services were arranged by Your or Your dependent's Selected General Dentist or were required to treat an Emergency Dental Condition.

When You or Your dependent receive a Covered Service from an Out-of-Network Dentist for an Emergency Dental Condition, You should request that the Out-of-Network Dentist bill Us. If the Dentist refuses to bill Us but agrees to bill You, You should immediately submit the bill to Us in accordance with the sub-section titled Emergency Dental Care.

If you receive a bill or have paid for a Covered Service and seek reimbursement, please contact SafeGuard at (800) 880-1800. Once you have paid your Co-Payments for Covered Services at Your Selected General Dentist Office, you are no responsible for any other payments for Covered Services.

## **Specialty Care Referrals**

During the course of treatment, Your Selected General Dentist may encounter situations that require the services of a Specialty Care Dentist. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are necessary. 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 the Schedule of Benefits for full information.

## **Second Opinion**

You or Your dependent may request a second opinion if there are unanswered questions about diagnosis, treatment plans, and/or the results achieved by such dental treatment. In addition, We or You or Your dependent's Selected General Dentist may also request a second opinion. There is no second opinion consultation charge. You or Your dependent will be responsible for the office visit Co-Payment as listed in the Schedule of Benefits.

Reasons for a second opinion to be provided or authorized shall include, but are not limited to, the following:

- (1) If You or Your dependent question the reasonableness or necessity of recommended surgical procedures.
- (2) If You or Your dependent question a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.
- (3) If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating Selected General Dentist is unable to diagnose the condition, and the enrollee requests an additional diagnosis.
- (4) If the treatment plan in progress is not improving Your or Your dependent's dental condition within an appropriate period of time given the diagnosis and plan of care, and You or Your dependent request a second opinion regarding the diagnosis or continuance of the treatment.

Requests for second opinions are processed within five (5) business days of Our receipt of such request, except when an expedited second opinion is warranted; in which case a decision will be made and conveyed to You within twenty-four (24) hours. Upon approval, We will contact the consulting Selected General Dentist and make arrangements to enable You or Your dependent to schedule an appointment.

All second opinion consultations will be completed by a Selected General Dentist with qualifications in the same area of expertise as the referring Selected General Dentist or Selected General Dentist who provided the initial examination or dental care services.

You or Your dependent may request a second opinion or obtain a copy of the second dental opinion policy by contacting Us 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

## **Emergency Dental Care**

Emergency Dental Care means dental screening, examination, and evaluation by a Dentist, or, to the extent permitted by applicable law, by appropriate personnel under the supervision of a Dentist to determine if an Emergency Dental Condition exists, and, if it does, the care and treatment necessary to relieve or eliminate the Emergency Dental Condition.

All Selected General Dental Offices provide treatment for Emergency Dental Conditions twenty-four (24) hours a day, seven (7) days a week and We encourage You or Your dependent to seek care from Your Selected General Dental Office. If treatment for an Emergency Dental Condition is required, You or Your dependent may go to any dental provider, go to the closest emergency room, or call 911 for assistance, as necessary. Prior authorization is not required.

Your reimbursement from Us for treatment for an Emergency Dental Condition, if any, is limited to the extent the treatment You or Your dependent received directly relates to the evaluation and stabilization of the Emergency Dental Condition. All reimbursements will be allocated in accordance with the group contract, subject to any exclusions and limitations. Hospital charges and/or other charges for care received at any hospital or outpatient care facility are not Covered Services.

If You or Your dependent receive treatment for an Emergency Dental Condition, You will be required to pay the charges to the Dentist and submit a claim to Us for a benefits determination. If You or Your dependent seek treatment for an Emergency Dental Condition from a provider located more than fifty (50) miles away

from Your or Your dependent's Selected General Dentist, You or Your dependent will receive coverage for the treatment of the Emergency Dental Condition up to a maximum of fifty dollars (\$50).

To be reimbursed for treatment of an Emergency Dental Condition, You must notify Us after receiving such treatment. If You or Your dependent's 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, ID number of the person who received treatment, address and telephone number on all requests for reimbursement.

If You or Your dependent do not have an Emergency Dental Condition and a delay in receiving treatment would not be detrimental to Your or Your dependent's health, please contact Your or Your dependent's Selected General Dental Office or Our Customer Service Department at (800) 880-1800 to make reasonable arrangements for Your or Your dependent's care.

## **TERMINATION OF BENEFITS**

### **Cancellation of Benefits**

Your coverage may be cancelled for any reason, after not less than sixty (60) days Written notice by either SafeGuard or Your Organization.

Your coverage may be cancelled after not less than thirty (30) 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.
- Failure to reside, live or work in the Service Area.

Your coverage may be cancelled for not less than fifteen (15) days Written notice for:

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

Your coverage may be cancelled immediately:

- Subject to any continuation of coverage and conversion privilege provisions, if applicable, if You do not meet eligibility requirements other than the requirements that You live, work or reside in the Service Area.
- Upon termination of the group contract between SafeGuard and Your Organization, if expired and not renewed.

If Your Organization fails to pay the Prepayment Fees through and including the final month of the group contract, all coverage may be terminated at the end of the group contract's grace period, and You may be responsible for the usual and customary fees for any services received from Your Selected General Dentist or Specialty Care Dentist during the period the Prepayment Fees went unpaid, including the group contract's grace period.

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. Your Selected General Dentist must complete any dental procedures started on You before Your termination, abiding by the terms and conditions of the plan.

Your and Your dependents' enrollment will be cancelled as of the last day for which Prepayment Fees have been received, subject to compliance with notice requirements.

In the event Your and Your dependents' enrollment is cancelled, SafeGuard will send such notification to Your Organization, which will, in turn, notify You. Your Organization will also send You notice when Your actual coverage is terminated.

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.

## **Renewal Provisions**

Your Organization has contracted with SafeGuard to provide services for the time period specified in the group contract. Your coverage under the plan is guaranteed for that time period so long as You meet the eligibility requirements under the plan. When the group contract expires, it may be renewed. If renewed, it is possible that the terms of the plan may have been changed. If changes to Covered Services, Co-payments or Your contribution to the Prepayment Fees have been made to a renewed contract, Your Organization will notify You not less than thirty (30) days before the effective date.

## **Reinstatement**

Receipt by SafeGuard of the proper prepaid or periodic payment after cancellation of the contract for non-payment shall reinstate the contract as though it had never been cancelled if such payment is received on or before the due date of the succeeding payment.

A Member who alleges that his or her enrollment has been cancelled or not renewed because of his or her health status or requirements for health care services may request a review by the Director of the California Department of Managed Health Care. If the Director determines that a proper complaint exists, the Director shall notify SafeGuard. Within fifteen (15) days after receipt of such notice, SafeGuard shall either request a hearing or reinstate the person as a Member. If, after the hearing, the Director determines that the cancellation or failure to renew is improper, the Director shall order SafeGuard to reinstate the person as a Member. A reinstatement pursuant to this provision shall be retroactive to the time of cancellation or failure to renew and SafeGuard shall be liable for the expenses incurred by the subscriber or enrollee for covered health care services from the date of cancellation or non-renewal to and including the date of reinstatement.

## **Disenrollment**

You may disenroll from the plan at the end of the term of the group contract. Please contact Your Organization for more information.

## **CONTINUITY OF CARE**

### **Current Members**

If You are a current Member of SafeGuard, You may be eligible to temporarily continue receiving Covered Services for You and/or Your dependents from a former Selected General Dentist Office or Specialty Care Dentist whose contract with SafeGuard is terminated (a "Terminated Provider") for treatment of certain specified dental conditions. Please call SafeGuard at (800) 880-1800 to see if You are eligible for this benefit. You may request a copy of SafeGuard's Continuity of Care Policy from SafeGuard. You must make a specific request to continue under the care of a Terminated Provider. SafeGuard is not required to continue Your care with Your Terminated Provider if You are not eligible under SafeGuard's Continuity of Care Policy or if SafeGuard cannot reach agreement with the Terminated Provider on the terms regarding Your and/or Your dependents' care in accordance with California law.

### **New Members**

If You are a new Member of SafeGuard, You may be eligible to temporarily continue receiving Covered Services for You and Your dependents from an Out-of-Network Dentist for treatment of certain specified conditions if the services were being provided by an Out-of-Network Dentist at the time the Your coverage becomes effective. Please call SafeGuard at (800) 880-1800 to see if You may be eligible for this benefit. You may request a copy of SafeGuard's Continuity of Care Policy from SafeGuard. You must make a specific request to continue under the care of the Out-of-Network Dentist. SafeGuard is not required to continue care with the Out-of-Network Dentist if You are not eligible under SafeGuard's Continuity of Care Policy or if SafeGuard cannot reach an agreement with the Out-of-Network Dentist on the terms regarding Your for You and Your dependents care in accordance with California law.

## **DENTAL BENEFITS: INQUIRIES AND GRIEVANCE PROCEDURES**

### **Routine Questions About Dental Benefits**

If You have any questions about dental benefits provided by the group contract, please call Us at (800) 880-1800.

### **Grievance Procedures**

If You or Your dependents have a grievance with Us or Your Selected General Dentist, You may submit such grievance by calling Our customer service department at (800) 880-1800. When You call, You may:

- submit the grievance orally, or
- request a grievance form to submit the grievance in Writing.

To submit the grievance in Writing, complete the grievance form, or provide a detailed summary of Your grievance to:

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

You may also file a Written grievance via our website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). Please click on Members, then "Forms to Print," and then "Grievance Forms".

In all Written correspondence, please be sure to include at least the following information:

- Your name,
- Name of the Plan,
- Identification Number of the person You are Writing about; and
- Facility (or Selected General Dental Office) name and number.

We agree to investigate and try to resolve complaints received. We will confirm receipt of Your complaint in writing within five (5) calendar days of receipt. We will resolve the complaint and communicate the resolution in writing within thirty (30) calendar days. A grievance must be filed within one hundred and eighty (180) days of the occurrence or incident that is the subject of the grievance.

If Your grievance involves an imminent and serious threat to Your health, including but not limited to severe pain, potential loss of life, limb or major bodily function, You or Your provider may request an expedited review, and if Your grievance qualifies as an urgent grievance, We will process Your grievance within three (3) calendar days from receipt of Your request. You are not required to file a grievance with SafeGuard before asking the California Department of Managed Health Care ("Department") to review Your case on an expedited basis. The Department may be contacted at **(1-888-HMO-2219)**, TDD line **(1-877-688-9891)** for the hearing and speech impaired, or <http://www.hmohelp.ca.gov>.

The California Department of Managed Health Care ("Department") is responsible for regulating health care service plans. If You have a grievance against Your health plan, You should first telephone Your health plan at (800) 880-1800 and use Your health plan's grievance process before contacting the Department. Using this grievance procedure does not prohibit any potential legal rights or remedies that may be available to You. If You need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by Your health plan, or a grievance that has remained unresolved for more than sixty (60) days, You may call the Department for assistance. You may also be eligible for an Independent Medical Review ("IMR"). If You are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-**

**877-688-9891**) for the hearing and speech impaired. The Department's Internet Web Site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

## **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 complaint procedures, arising between the Organization, a Member or the heir-at-law or personal representative of such person, as the case may be, and SafeGuard, its employees, officers or directors, or Selected General Dentist or their dental groups, partners, agents, or employees, may be voluntarily submitted to arbitration in accordance with the American Arbitration Association 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 SafeGuard at 5 Park Plaza, Suite 1850, Irvine, CA, 92614-2533.

## **Coordination of Benefits**

We do not coordinate benefits with any other carrier. If You have coverage with another carrier, please contact that carrier to determine whether coordination of benefits is available.

## **Third Party Liability**

If benefits covered by the group contract or evidence of coverage are provided to treat an injury or illness caused by the wrongful act or omission of another person or third party, provided that You are made whole for all other damages resulting from the wrongful act or omission before SafeGuard is entitled to reimbursement. You shall:

- Reimburse SafeGuard for the reasonable cost of services paid by SafeGuard to the extent permitted under California Civil Code section 3040 immediately upon collection of damages by You, whether by action or law, settlement or otherwise; and
- Fully cooperate with SafeGuard's effectuation of its lien rights for the reasonable value of services provided by SafeGuard to the extent permitted under California Civil Code section 3040. SafeGuard's lien may be filed with the person whose act caused the injuries, his or her agent, or the court.

SafeGuard shall be entitled to payment, reimbursement, and subrogation in third party recoveries and You shall cooperate to fully and completely effectuate and protect the rights of SafeGuard, including prompt notification of a case involving possible recovery from a third party.

## **Assignment of Benefits**

By accepting coverage under the group contract, You agree to cooperate in protecting the interest of SafeGuard under this provision and to execute and deliver to SafeGuard or its nominee any and all assignments or other documents which may be necessary or proper to fully and completely effectuate and protect the rights of SafeGuard or its nominee. You also agree to fully cooperate with SafeGuard and not take any action that would prejudice the rights of SafeGuard under this provision.

## **INDIVIDUAL CONTINUATION OF DENTAL BENEFITS WITH PAYMENT OF THE PREPAYMENT FEE**

### **For Mentally Or Physically Handicapped Children**

Benefits for a dependent child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap

must be sent to Us within thirty-one (31) days after the date the child attains the age limit and at reasonable intervals after such date.

Subject to the TERMINATION OF BENEFITS section, benefits will continue while such child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a child, except for the age limit.

## **For Family And Medical Leave**

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) for continuation of benefits. Please contact the Organization for information regarding the FMLA.

## **At The Organization's Option**

Your Organization may elect to continue benefits by paying the Prepayment Fee for any of the reasons specified below. Please check with Your Organization if You have questions regarding continuation. If Your benefits are continued, benefits for Your dependents may also be continued. You will be notified by Your Organization how much You will be required to contribute.

1. For the period You are laid off, up to two (2) months.
2. For the period You are not at work due to injury or sickness, up to nine (9) months.
3. For the period You are not at work due to any other Organization approved leave of absence; up to two (2) months.

At the end of any of the continuation periods listed above, Your benefits will be affected as follows:

- if You return to work within these time periods, Your coverage will continue under the group contract;
- if You do not return to work within these time periods, Your employment will be considered to end and Your benefits will end.

If Your benefits end, Your dependents' benefits will also end.

## **COBRA CONTINUATION FOR DENTAL BENEFITS**

**The following applies to employers with 20 or more employees that are not church or government plans:**

If Dental Benefits for You or a dependent end, You or Your dependent may qualify for continuation of such benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA).

Please contact Your Organization for information regarding continuation of insurance under COBRA.

## **Cal-Cobra Continuation For Dental Benefits**

If dental benefits for You or a dependent ends, You or Your dependent may qualify for continuation of such benefits under Cal-Cobra, section 1366.20 of the California Health and Safety Code.

## **Events that Allow Continuation, and Length of Continuation**

You and Your dependent may continue dental benefits under this plan for a period of up to thirty-six (36) months, if Your dental benefits would otherwise end because:

1. Your employment ends for any reason other than Your gross misconduct, or
2. Your hours worked are reduced.

Your Organization must notify us of Your termination or reduction of hours within thirty-one (31) days after Your termination or reduction of hours.

Your dependent may continue coverage under this plan for up to thirty-six (36) months if Your dependent's dental benefits would otherwise end because of:

1. Your divorce,
2. Your legal separation,
3. Your death or
4. Your becoming eligible for Medicare.

Also, Your dependent child may continue coverage under this plan for up to thirty-six (36) months if such child's benefits would otherwise end because that child no longer qualifies as a dependent under the terms of this plan.

## **New Dependents**

During the continuation period, a child of Yours that is:

1. born;
2. adopted by You; or
3. placed with You for adoption;

will be treated as if the child were a dependent at the time benefits were lost due to an event described above. To obtain benefits for the child, You must enroll the child for coverage within thirty (30) days of birth, adoption or placement for adoption.

## **Termination of Coverage**

With respect to each person who continues benefits, the continued benefits will end on the earliest of:

1. the end of the thirty-six (36) month continuation period;
2. the date of expiration of the last period for which the required payment was made;
3. the date this plan or coverage for Your class is cancelled;
4. the date the person becomes entitled to Medicare;
5. the date the person becomes covered by another group benefit plan that does not have an exclusion or limitation for preexisting conditions that applies to the person;
6. the date the person becomes covered or could become covered by Federal Cobra (Section 4980B of the United States Internal Revenue Code);
7. the date the person becomes covered or could become covered under a plan governed by Chapter 6A of the Public Health Service Act, 42 U.S.C. Section 300bb-1 et seq., relating to Requirements for Certain Group Health Plans for Certain State and Local Employees;
8. The first day of the first month that begins more than thirty-one (31) days after the date of final determination under Title I or Title XVI of the Social Security Act that the person is no longer disabled.

## **Notice and Election of Coverage**

When You or Your dependents become entitled to continue benefits under the plan because of:

1. Your termination or
2. Your reduction of hours worked,

We will send You, at Your last known address, the necessary Prepayment Fee information and enrollment forms and disclosures within fourteen (14) days. You or Your dependents, will then have sixty (60) days to elect to continue benefits from the latest of:

1. the date of the event that gives a right to continue coverage;

2. the date You are given notice of a right to continue coverage; and
3. the date coverage under this plan ends.

When You or Your dependents become entitled to continue benefits under the plan because of:

1. Your or Your dependent's receipt of determination of disability under the terms of the Social Security Act;
2. Your dependent child's ceasing to qualify as a dependent under this plan;
3. Your divorce;
4. Your legal separation;
5. Your death; or
6. Your becoming eligible for Medicare;

You or Your dependent must notify us within sixty (60) days. If We do not receive notice within sixty (60) days, the person or persons who would otherwise have been entitled to continued benefits will be disqualified from having dental benefits continued. You or Your dependent's notice and request for continued benefits must be in Writing and delivered to Us by first class mail or other reliable means of delivery including personal delivery, express mail, or private courier company.

## **Cost of Continued Coverage**

Any person who elects to continue coverage under the plan must pay not more than one-hundred and ten percent (110%) of the full cost of that benefits (including both the share You now pay and the share Your Organization now pays).

## **Payment of the Prepayment Fees**

The first Prepayment Fee must be paid within forty-five (45) days of Your election to continue benefits. Your first payment of the Prepayment Fee must be sufficient to pay all required Prepayment Fees and all Prepayment Fees due. The Prepayment Fee payment must be sent to Us by first class mail, certified mail or other reliable means of delivery, including personal delivery, express mail or private courier company. After the first Prepayment Fee payment, Your payments for continued coverage must be made on the first day of each month in advance. Failure to submit the correct Prepayment Fee amount within the forty-five (45) day period will disqualify the person(s) to whom the Prepayment Fee relates from receiving continuation coverage.

## **Exceptions**

This right to continue coverage under this plan does not apply:

1. to a person who is not a resident of California;
2. to a person who is covered by or eligible to be covered by Medicare;
3. to a person who is covered or who becomes covered by another group benefit plan that does not have an exclusion or limitation for preexisting conditions that applies to the person;
4. to a person who is covered, becomes covered, or could become covered by Federal Cobra (Section 4980B of the United States Internal Revenue Code);
5. to a person who is covered, becomes covered, or could become covered under a plan governed by Chapter 6A of the Public Health Service Act, 42 U.S.C. Section 300bb-1 et seq., relating to Requirements for Certain Group Health Plans for Certain State and Local Employees;
6. to a person who fails to meet any one or more of the time limits set forth above for notice and election of coverage;
7. to a person who fails to submit the correct Prepayment Fee when or before it is due;
8. if at the time coverage under this plan ends Your Organization has twenty (20) or more employees; or
9. if Your Organization fails to notify Us of Your termination or reduction in hours within thirty-one (31) days.

## **Continuation under a New Plan**

Your Organization must notify each person who has continued benefits under this plan if this plan ends for any reason and is replaced by Your Organization with a new group plan. The notice must be given thirty (30) days before this plan ends. The notice will be sent to the last known address of the person who has continued coverage under this plan. If this plan ends, continued benefits under this plan will end. A person who has continued benefits under this plan may then elect similar coverage under Your Organization's new group plan, if any, for the balance of the period that the person would have remained covered under this plan. Continued benefits will end for that person if the person does not, within thirty (30) days of receiving notice that this plan has ended, enroll in the new plan and pay any required contribution to the cost of the new plan. Your Organization will provide benefit and contribution information, enrollment forms and instructions for enrolling in the new plan. This information will be sent to the last known address of the person who has a right to continue benefits. If Your Organization or any successor Organization or purchaser of Your Organization ceases to provide a similar group benefit plan to active employees, the right to continue benefits ends.

## **GENERAL PROVISIONS**

### **Entire Contract**

Your dental benefits are provided under a group contract with Your Organization. The entire contract with Your Organization is made up of the following:

1. the group contract and its Exhibits, which include the evidence of coverage and Schedules of Benefits;
2. Your Organization's application; and
3. any amendments and/or endorsements to the group contract.

### **Incontestability: Statements Made by You**

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid or reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

### **Misstatement of Age**

If Your or Your dependent's age is misstated, the correct age will be used to determine eligibility for dental benefits and, as appropriate, We will adjust the benefits and/or premiums.

### **Conformity with Law**

If the terms and provisions of this evidence of coverage do not conform to any applicable law, this evidence of coverage shall be interpreted to so conform.

### **Public Policy Committee**

The Public Policy Committee ("Committee") provides Our clients with the opportunity to participate in the review of quality improvement activities. Representatives of group contractholders, Selected General Dentists and Specialty Care Dentists, and Our employees, meet quarterly to discuss quality improvement activities and policies. If You are interested in being a representative to the Committee meeting, please contact Us at (800) 880-1800 and ask for the Director of Quality Management.

## **DEFINITIONS**

As used in this evidence of coverage, the terms listed below will have the meanings set forth below. When defined terms are used in this evidence of coverage, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Amalgam** means a silver filling material usually used on posterior teeth.

**Anterior** means teeth located in the front of the mouth – upper and lower six (6) teeth with three in each Quadrant of the mouth; twelve (12) teeth in total.

**Asymptomatic** means without symptoms, the absence of any indication of disease, surrounding pathology or impaired function.

**Bicuspid** means teeth located immediately in front of the molar teeth – upper and lower with two in each Quadrant of the mouth; eight (8) teeth in total.

**Bridge or Bridgework** means a fixed replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).

**Cast Restoration** means an inlay, onlay, or crown.

**Co-Payment or Co-Pay** means a fixed dollar amount or a fixed percentage of the Maximum Allowed Charge of the Covered Services performed by Your Selected General Dentist, for which We are not responsible, as shown in the Schedule of Benefits. You must pay Your Co-Payment at the time of delivery of supplies or services.

**Cosmetic** means services performed solely for appearance. Treatment of decay, disease or injury to the teeth or supporting tissues of the teeth is not evident. Cosmetic means any procedure which is directed at improving the patient's appearance and does not meaningfully promote the proper function or prevent or treat illness or disease.

**Covered Service** means a dental service used to treat Your or Your dependent's dental condition which is:

- prescribed or performed by a Dentist while such person is covered for dental benefits;
- Dentally Necessary to treat the condition; and
- described in the Schedule of Benefits, or
- Dental Benefits sections of this evidence of coverage.

**Crown** means a restoration placed over a tooth to strengthen and/or replace missing tooth structure. A crown can be made of different materials, for example, noble, high noble, and base metals, or porcelain or porcelain and metal.

**Dental Hygienist** means a person trained to:

- remove calcareous deposits and stains from the surfaces of teeth; and
- provide information on the prevention of oral disease.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's parents; children (natural, step or adopted); siblings; grandparents; or grandchildren.

**Dentally Necessary** means that a dental service or treatment is performed in accordance with generally accepted dental standards and is:

- necessary to treat decay, disease or injury of the teeth; or
- essential for the care of the teeth and supporting tissues of the teeth.

**Dentist** means:

- a person licensed to practice dentistry in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of the group contract. Each such person must be licensed in the jurisdiction where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required by such jurisdiction.
- For purposes of dental benefits, the term will include a physician who performs a Covered Service.

The term does not include:

- You;
- Your spouse; or
- any member of Your immediate family including Your and/or Your spouse's parents; children (natural, step or adopted); siblings; grandparents; or grandchildren.

**Dentures** means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.

**Directory of Participating Providers** means the list of Selected General Dentists from whom You must select to receive Covered Services.

**Domestic Partner** means each of two people, of the same or opposite sex, one of whom is an employee of Your Organization, who represent themselves publicly as each other's domestic partner and have:

- registered as domestic partners with a government agency or office where such registration is available; or
- submitted a domestic partner declaration to Your Organization.

The domestic partner declaration must establish that:

- each person is 18 years of age or older;
- neither person is married;
- neither person has had another domestic partner within 6 months prior to the date they enrolled for insurance for the Domestic Partner under the Group Policy;
- they have shared the same residence for at least 6 months prior to the date they enrolled for insurance for the Domestic Partner under the Group Policy;
- they are not related by blood in a manner that would bar their marriage in the jurisdiction in which they reside;
- they have an exclusive mutual commitment to share the responsibility for each other's welfare and financial obligations which commitment existed for at least 6 months prior to the date they enrolled for insurance for the Domestic Partner under the Group Policy, and such commitment is expected to last indefinitely; and
- 2 or more of the following exist as evidence of joint responsibility for basic financial obligations:
  - a joint mortgage or lease;
  - designation of the Domestic Partner as beneficiary for life insurance or retirement benefits;
  - joint wills or designation of the Domestic Partner as executor and/or primary beneficiary;
  - designation of the Domestic Partner as durable power of attorney or health care proxy;
  - ownership of a joint bank account, joint credit cards or other evidence of joint financial responsibility; or
  - other evidence of economic interdependence.

Your Organization will review the declaration and determine whether to accept the request to insure the Domestic Partner.

Your Organization will inform the employee of its decision.

**Emergency Dental Condition** means a dental condition the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including, but not limited to, bleeding, swelling or severe pain, that a prudent layperson, possessing an average knowledge of dentistry and health, could reasonably expect the absence of immediate dental attention to result in:

- placing the health of the person afflicted with such condition in serious jeopardy;
- serious impairment to such person's bodily functions;
- serious impairment or dysfunction of any bodily organ or part of such person; or
- serious disfigurement of such person.

**Endodontics** means procedures that treat the nerve or the pulp of the tooth. These procedures are usually needed due to injury or infection of the tooth.

**Experimental** means services that do not have endorsement from professional organizations whose role is to evaluate such items. Services that are either unproven for the diagnosis or treatment of a condition or not generally recognized by the professional community as effective or appropriate for the diagnosis or treatment of a condition.

**Maximum Allowed Charge** means the lesser of:

- the amount charged by the Selected General Dentist or;
- the maximum amount which the Selected General Dentist has agreed with Us to accept as payment in full for the dental service.

**Member** means an individual enrolled in the Safeguard dental plan.

**Oral Surgery** means surgery performed in and around the mouth, to remove teeth, reshape portions of the bone or soft tissue, or biopsy suspect areas of the mouth.

**Organization** means an employer or other entity that has contracted with Us to arrange for the provision of dental care benefits.

**Orthodontics** means braces and other procedures or appliances to help align the upper and lower teeth.

**Out-of-Network Dentist** means a Dentist who does not have a contractual agreement with Us to provide Covered Services to You or a dependent.

**Periodontics** means procedures related to treatment of the supporting structures of the teeth, such as gums and underlying bone.

**Posterior** means teeth that have flat chewing surfaces, located in the back of the mouth - upper and lower twenty (20) teeth, including molars, bicuspids (premolars), and wisdom teeth.

**Prepayment Fee** means the monthly fee paid to Us by Your Organization. The prepayment fee is not the same as a Co-Payment.

**Primary Teeth** means the first set of teeth ("baby" teeth).

**Prophylaxis** means a standard cleaning, the scaling and polishing of teeth to remove plaque and tarter above the gum line.

**Prosthodontics** means the replacement of missing teeth with artificial substitutes. The appliances can be fixed (bridge or implant) or removable (dentures).

**Quadrant** means one of the four equal sections into which Your mouth can be divided.

**Reasonable and Customary Charge** means the least of:

- the amount charged by the Selected General Dentist for a Covered Service;
- the usual amount charged by the Selected General Dentist for dental services which are the same as, or similar to, the Covered Service; or
- the usual amount charged by other Selected General Dentist in the same geographic area for dental services which are the same as, or similar to, the Covered Service.

**Resin-based Composite** means tooth-colored (white) fillings.

**Selected General Dentist** means a SafeGuard contracted dentist who agrees in Writing to provide dental services under special terms, conditions and financial reimbursement arrangements with SafeGuard.

**Selected General Dental Office** means a dental office contracted with SafeGuard consisting of dentists who agree in Writing to provide dental services under special terms, conditions and financial reimbursement arrangements with SafeGuard.

**Service Area** means the geographical area in which SafeGuard has a panel of Selected General Dentists and Specialty Care Dentists who have agreed to provide care to SafeGuard customers. To enroll in the SafeGuard plan, You and Your dependents (except dependent children) must, reside, live, or work in the Service Area.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media, which is acceptable to Us and consistent with applicable law.

**Specialty Care** means services provided by an endodontist, periodontist, pediatric Dentist, oral surgeon, or orthodontist. These services may be covered at a Co-Payment, or at 75% of the Dentist's Reasonable and Customary Charge.

**Specialty Care Dentist** means a SafeGuard contracted dentist who agrees in Writing to provide Specialty Care services under special terms, conditions and financial reimbursement arrangements with SafeGuard.

**We, Us and Our** mean SafeGuard Health Plans, Inc.

**Written or Writing** means a record on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Year or Yearly** means the 12 month period that begins January 1.

**You and Your** mean a person, other than a dependent, who is covered under the group contract for the dental benefits described in this evidence of coverage.



## 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.

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

### Sharing Your Information With Others

We may share your personal information without your consent if 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

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We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at [www.MetLife.com](http://www.MetLife.com). Select “Privacy Policy” at the bottom of the home page. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at [HIPAAprivacyAmericasUS@metlife.com](mailto:HIPAAprivacyAmericasUS@metlife.com), or call us at telephone number (212) 578-0299.

## Accessing and Correcting Your Information

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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

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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**  
**MetLife Insurance Company USA**  
**SafeGuard Health Plans, Inc.**

**MetLife Health Plans, Inc.**  
**General American Life Insurance Company**  
**SafeHealth Life Insurance Company**

# We're here to help

## 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.

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.

## 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) or [www.metlife.com](http://www.metlife.com) 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.

## Finding a participating dentist

To locate a participating dentist, refer to the enclosed directory or visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) where the most current information may be found.

- Click on “Find a Dentist”
- Select “Dental HMO/Managed Care” for the Network 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<sup>1</sup>. Just call Customer Service , or 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 and provide them with an application to join the dental network.

## Did You Know?

*Dental care is an important part of maintaining your overall health, and insurance can help reduce the skyrocketing price of services. It can protect against unexpected expenses, and reduce preventive care to low or no cost.*

## **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 the covered percentage for each covered service
- 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. 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 any time 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).

<sup>1</sup> Due to contractual requirements, MetLife is prevented from soliciting certain providers.

Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. "DHMO" is used to refer to product designs 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; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.





[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

## You Can Benefit from MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information including planning tools and oral health awareness material.\* MetLife is able to deliver services that empower you to manage your benefits. As a first time user, you will need to register on MyBenefits, requiring you to follow the steps outlined below.

### Registration Process for MyBenefits

#### Provide Your Group Name- San Diego Municipal Employees Association

Access MyBenefits at  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and enter your group name and click '**Submit.**'

#### The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on '**Register Now**' and perform the one-time registration process. Going forward, you will be able to log-in directly.

### Step 1: Enter Personal Information

Enter your first and last name, identifying data and e-mail address.

### Step 2: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name and Password requirements may vary by company setup. General setup includes a User Name between 8-20 characters, containing at least one letter and one number, and a password between 6-20 characters, containing at least one letter and one number.

### Step 3: Security Verification Questions

Now, you will need to choose and answer three identity verification questions to be utilized in the event you forget your password.

### Step 4: Terms of Use

Finally, you will be asked to read and agree to the website's Terms of Use.

### Step 5: Process Complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the e-mail address you provided during registration.

\* Available only to dental benefits participants.

\* Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies.

"DHMO" is used to refer to product designs 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; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey.

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.

**MetLife Health Plans, Inc.**

**Metropolitan Life Insurance Company**  
200 Park Avenue  
New York, NY 10166  
[www.metlife.com](http://www.metlife.com)

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

# METLIFE U.S. CONSUMER PRIVACY NOTICE — GROUP BUSINESS & SPECIALIZED BENEFIT RESOURCES

Facts:	What Do the MetLife Companies Do With Your Personal Information?
<b>Plan Sponsors and Group Insurance Contract Holders</b>	This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, "you" refers to these individuals.
<b>Why?</b>	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> <li>• Social Security number and employment information</li> <li>• credit information and other consumer report information</li> <li>• medical information and insurance history</li> <li>• information about any business you have with us, our affiliates, or other companies</li> </ul>
<b>How Does MetLife Get Your Information?</b>	We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don't control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including: <ul style="list-style-type: none"> <li>• reputation</li> <li>• finances</li> <li>• work history</li> <li>• hobbies and dangerous activities</li> <li>• driving record</li> </ul> In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.
<b>How Does MetLife Use Your Information?</b>	We collect personal information to help decide if you're eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to: <ul style="list-style-type: none"> <li>• administer your products and services</li> <li>• confirm or correct your information</li> <li>• process claims and other transactions</li> <li>• perform business research</li> <li>• market new products to you</li> <li>• help us run our business</li> <li>• comply with applicable laws</li> </ul>
<b>How Does MetLife Protect Your Information?</b>	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 service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
<b>Reasons MetLife Shares Your Information</b>	All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Information	Does MetLife share?*	Can you limit this sharing?		
<b>For our everyday business purposes</b> – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No		
<b>For our marketing purposes</b> – with service providers we use to offer our products and services to you	Yes	No		
<b>For joint marketing with other financial companies</b>	No	Not Applicable		
<b>For our affiliates' everyday business purposes</b> – Information about your transactions and experiences	No	Not Applicable		
<b>For our affiliates' everyday business purposes</b> – Information about your creditworthiness	No	Not Applicable		
<b>For our affiliates to market to you</b>	No	Not Applicable		
<b>For non-affiliates to market to you</b>	No	Not Applicable		
<b>How Does MetLife Handle Your Health Information?</b>	The Health Insurance Portability and Accountability Act ("HIPAA") protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. We will provide information about your rights under HIPAA with any dental, vision, long- term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our website at <a href="http://www.MetLife.com">www.MetLife.com</a> . Select "Privacy Policy" at the bottom of the home page. For additional information about your rights under HIPAA or to have a HIPAA Privacy Notice mailed to you, contact us at <a href="mailto:HIPAAprivacyAmericasUS@metlife.com">HIPAAprivacyAmericasUS@metlife.com</a> , or call us at (212) 578-0299.			
<b>Definitions:</b>				
<b>Affiliates</b>	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may have affiliates in other businesses.			
<b>Non-affiliates</b>	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.			
<b>Joint Marketing</b>	A formal agreement between non-affiliated financial companies that together market financial products or services to you.			
<b>How Can I Access and Correct Information?</b>				
You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to 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. We will include your statement whenever we give your disputed information to anyone outside MetLife.				
<b>Who is Providing This Notice?</b>	Metropolitan Life Insurance Company Delaware American Life Insurance Company Safeguard Health Plans, Inc. MetLife Health Plans, Inc. General American Life Insurance Company SafeHealth Life Insurance Company Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of American; Business Men's Assurance Company of America; Employer's Reinsurance Corporation; and Teachers Insurance and Annuity Association of America			
<b>How Will I Know if This Notice is Changed?</b>	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.			
<b>Questions?</b>	Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to <a href="http://www.metlife.com">www.metlife.com</a>			

\*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.

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## **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。







Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  
1706 874213 1900032310(0717) L0717497129[exp0918][All States] © 2017 METLIFE, INC