

## METLIFE Dental Preferred Provider Organization "DPPO" Dental Summary

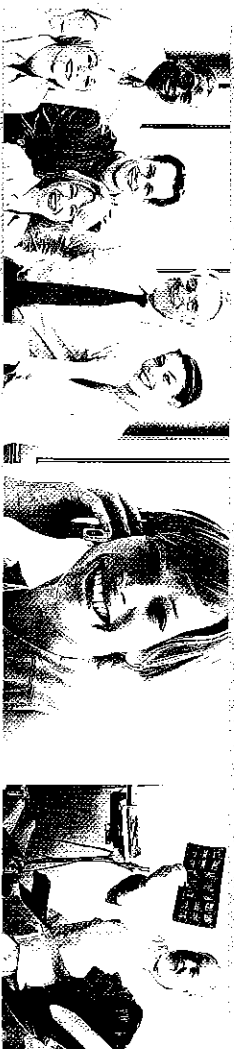
MetLife <sup>(1)</sup>		
Preferred Dentist Program "PDP Plan"		
Benefits and Services	In Network	Out of Network
Individual Deductible	\$50	\$50
Family Deductible	\$100	\$100
Deductible Waived for Preventive	Yes	
Annual Maximum	\$1,000	\$1,000
<b>Preventive</b>		
Comprehensive Oral Exam	0%	0%*
Routine Oral Exam Limit	Two times per year	
Prophylaxis (cleaning, scaling and polish)	0%	0%*
Prophylaxis Limit	Two times per year	
Sealants	20%	20%*
Sealant Limit	Covered children through age 16	
Fluoride Treatments	0%	0%*
Fluoride Treatment Limit	Covered children under age 14 two times per year	
<b>Basic</b>		
Bitewings	0%	0%*
Bitewing X-ray Limit	Once per plan year	
Amalgams	20%	20%*
Extraction - Single Tooth	20%	20%*
Endodontics	20%	20%*
Periodontics	20%	20%*
<b>Major</b>		
Dentures	50%	50%*
Crowns	50%	50%*
Bridge	50%	50%*
<b>Orthodontics</b>		
Benefit	Not covered	
<b>Implants</b>		
Implants	50%	50%*
<b>Policy Information</b>		
Reasonable & Customary	Negotiated PDP schedule	Maximum allowable charge
<b>Monthly Rates</b>		
	<b>Total Cost</b>	<b>Employee Cost</b>
<b>Employee Only</b>	\$17.51	\$8.25
<b>Employee and Spouse</b>	\$36.57	\$27.31
<b>Employee and Child(ren)</b>	\$36.93	\$27.67
<b>Family</b>	\$61.24	\$51.98

\*Out of Network providers may balance bill.

Dental Providers can be found at <http://www.metlife.com/individual/employee-benefits/group-dental/group-dental-plans.html#basics>

This summary is a brief overview for comparison purposes. Employees should refer to their plan documents for detailed descriptions, additional covered services, exclusions and limitations.

# SGX



**Safeguard**  
Call 800.880.1800  
or visit [www.safeguard.net](http://www.safeguard.net)

**Dental Plan  
SGX290-FL  
Enrollment Kit**

# SGX

## The Ultimate in Dental Managed Care

from  
**Safeguard**

### Congratulations!

You have the opportunity to enroll in one of the most comprehensive dental managed care plans offered today. Safeguard's SGX plans cover more than 330 dental procedures ... and, in addition, many procedures that do not appear on the Schedule of Benefits are available at a reduced fee!

Safeguard SGX plans are the ultimate in dental managed care.

- More than 330 procedures at co-payment!
- Extra yearly cleanings!
- Choose from hundreds of contracted dental care professionals!

Bleaching treatment - **COVERED!**

General anesthesia, IV sedation & nitrous oxide - **COVERED!**

White fillings, veneers, porcelain crowns - **ALL COVERED!**

With MetLife's recent acquisition of Safeguard Health Enterprises Inc., Safeguard Health Plans, Inc. is now part of the MetLife family of Companies.

### How It Works

This plan will provide you with dental benefits at a cost considerably lower than you would pay without this plan.

For example, an exam, x-ray and cleaning can cost more than \$100 in some areas... with an SGX plan, there would be no charge other than a \$5 office visit fee.

When you enroll, select a Safeguard contracted general dentist using the online directory at [www.safeguard.net](http://www.safeguard.net). This is the dentist that will provide your day-to-day care. Remember that each enrolled family member may select a different contracted general dentist.

There are no claim forms, no deductible, no maximums... Just call the Safeguard dentist you selected, and make an appointment. It's that easy.

An identification card is not necessary to access benefits on this plan, but you will receive a card shortly after your enrollment has been processed. In the meantime, if you choose to enroll, this temporary ID Card can be used if you see your dentist after the effective date of the program.



**Safeguard**

TEMPORARY ID CARD

### Dental Managed Care

Subscriber's Name \_\_\_\_\_

Group Name \_\_\_\_\_

Group Effective Date \_\_\_\_\_

Signature \_\_\_\_\_



# Safeguard<sup>®</sup> SCHEDULE OF BENEFITS

## DIRECT REFERRAL DENTAL PLAN SGX290-FL

### Online Access

Safeguard's interactive website provides you with instant Internet access to your account. You can:

- Print a Schedule of Benefits
- Search for a new dentist
- Change dentists
- Print a temporary ID card
- Order a new ID card
- Contact Safeguard by email

To register go to [www.safeguard.net](http://www.safeguard.net) and click on the "Login" button in the lower left portion of the screen. It's easy to register and it's available 24/7!

This booklet contains important information about this benefit plan. Review the information in the Evidence of Coverage before you enroll to ensure you know how to access care and what your rights are under this Safeguard plan.

**Please bring this book or a copy of the Schedule of Benefits with you to your first appointment to ensure your Safeguard dentist has all the necessary information about your plan.**

If you have any questions, you can call Customer Service at 800.880.1800.

This Schedule of Benefits lists the services available to you under your Safeguard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations. During the course of treatment, your Safeguard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted Safeguard specialty care provider; no referral or pre-authorization from Safeguard is required.

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

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

### Benefits provided by Safeguard Health Plans, Inc.

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

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

Code	Service	Co-payment
<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 crown/bridge unit in addition to regular co-payments for porcelain on molars.</li> <li>Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.</li> </ul>		
D2510	Inlay - metallic - one surface	\$270
D2520	Inlay - metallic - two surfaces	\$270
D2530	Inlay - metallic - three or more surfaces	\$270
D2542	Onlay - metallic - two surfaces	\$270
D2543	Onlay - metallic - three surfaces	\$270
D2544	Onlay - metallic - four or more surfaces	\$270
D2610	Inlay - porcelain/ceramic - one surface	\$290
D2620	Inlay - porcelain/ceramic - two surfaces	\$290
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$290
D2642	Onlay - porcelain/ceramic - two surfaces	\$290
D2643	Onlay - porcelain/ceramic - three surfaces	\$290
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$290
D2650	Inlay - resin-based composite - one surface	\$290
D2651	Inlay - resin-based composite - two surfaces	\$290
D2652	Inlay - resin-based composite - three or more surfaces	\$290
D2662	Onlay - resin-based composite - two surfaces	\$290
D2663	Onlay - resin-based composite - three surfaces	\$290
D2664	Onlay - resin-based composite - four or more surfaces	\$290
D2710	Crown - resin-based composite (indirect)	\$290
D2712	Crown - ¾ resin-based composite (indirect)	\$290
D2720	Crown - resin with high noble metal	\$290
D2721	Crown - resin with predominantly base metal	\$290
D2722	Crown - resin with noble metal	\$290
D2740	Crown - porcelain/ceramic substrate	\$310
D2750	Crown - porcelain fused to high noble metal	\$290
D2751	Crown - porcelain fused to predominantly base metal	\$290
D2752	Crown - porcelain fused to noble metal	\$290
D2780	Crown - ¾ cast high noble metal	\$290
D2781	Crown - ¾ cast predominantly base metal	\$290
D2782	Crown - ¾ cast noble metal	\$290
D2783	Crown - ¾ porcelain/ceramic	\$290
D2790	Crown - full cast high noble metal	\$290
D2791	Crown - full cast predominantly base metal	\$290
D2792	Crown - full cast noble metal	\$290
D2794	Crown - titanium	\$290
D2799	Provisional crown	\$0
D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$25
D2931	Prefabricated stainless steel crown - permanent tooth	\$25
D2932	Prefabricated resin crown	\$45
D2933	Prefabricated stainless steel crown with resin window	\$45
D2940	Sedative filling	\$0
D2950	Core buildup, including any pins	\$75
D2951	Pin retention - per tooth, in addition to restoration	\$10

Code	Service	Co-payment
D2952	Post and core in addition to crown, indirectly fabricated	\$50
D2953	Each additional indirectly fabricated post - same tooth	\$50
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal (not in conjunction with endodontic therapy)	\$10
D2957	Each additional prefabricated post - same tooth	\$30
D2960	Labial veneer (resin laminate) - chairside	\$250
D2961	Labial veneer (resin laminate) - laboratory	\$300
D2962	Labial veneer (porcelain laminate) - laboratory	\$350
D2970	Temporary crown (fractured tooth)	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair; by report	\$0

**Endodontics**

<i>All procedures exclude final restoration.</i>		
D3110	Pulp cap - direct (excluding final restoration)	\$5
D3120	Pulp cap - indirect (excluding final restoration)	\$5
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40
D3221	Pulpal debridement; primary and permanent teeth	\$55
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$40
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40
D3310	Anterior (excluding final restoration)	\$40
D3320	Bicuspid (excluding final restoration)	\$115
D3330	Molar (excluding final restoration)	\$185
D3331	Treatment of root canal obstruction; non-surgical access	\$265
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$85
D3333	Internal root repair of perforation defects	\$110
D3346	Retreatment of previous root canal therapy - anterior	\$85
D3347	Retreatment of previous root canal therapy - bicuspid	\$230
D3348	Retreatment of previous root canal therapy - molar	\$280
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	\$325
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.)	\$70
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	\$70
D3410	Apicoectomy/periradicular surgery - anterior	\$70
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$95
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$95
D3426	Apicoectomy/periradicular surgery (each additional root)	\$95
D3430	Retrograde filling - per root	\$80
D3450	Root amputation - per root	\$60
D3910	Surgical procedure for isolation of tooth with rubber dam	\$110
D3920	Hemisection (including any root removal), not including root canal therapy	\$19
D3950	Canal preparation and fitting of preformed dowel or post	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

**Periodontics**

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$150
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$100

**Code Service**

**Co-payment**

D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$170
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$130
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening - hard tissue	\$160
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$330
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$248
D4263	Bone replacement graft - first site in quadrant	\$180
D4264	Bone replacement graft - each additional site in quadrant	\$180
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$255
D4270	Pedicle soft tissue graft procedure	\$250
D4271	Free soft tissue graft procedure (including donor site surgery)	\$250
D4273	Subepithelial connective tissue graft procedures, per tooth	\$260
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$75
D4275	Soft tissue allograft	\$100
D4320	Provisional splinting - intracoronar	\$380
D4321	Provisional splinting - extracoronar	\$95
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$85
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$50
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$38
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$50
D4910	Periodontal maintenance	\$65
	Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$40
	Periodontal charting for planning treatment of periodontal disease	\$55
	Periodontal hygiene instruction	\$0

**Removable Prosthodontics**

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

D5110	Complete denture - maxillary	\$440
D5120	Complete denture - mandibular	\$440
D5130	Immediate denture - maxillary	\$440
D5140	Immediate denture - mandibular	\$440
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$440
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$405
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$405
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$480
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$480
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$480

Code	Service	Co-payment
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$360
D5410	Adjust complete denture - maxillary	\$20
D5411	Adjust complete denture - mandibular	\$20
D5421	Adjust partial denture - maxillary	\$20
D5422	Adjust partial denture - mandibular	\$20
D5510	Repair broken complete denture base	\$50
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$40
D5610	Repair resin denture base	\$50
D5620	Repair cast framework	\$50
D5630	Repair or replace broken clasp	\$70
D5640	Replace broken teeth - per tooth	\$40
D5650	Add tooth to existing partial denture	\$60
D5660	Add clasp to existing partial denture	\$70
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165
D5710	Rebase complete maxillary denture	\$125
D5711	Rebase complete mandibular denture	\$125
D5720	Rebase maxillary partial denture	\$125
D5721	Rebase mandibular partial denture	\$125
D5730	Reline complete maxillary denture (chairside)	\$100
D5731	Reline complete mandibular denture (chairside)	\$100
D5740	Reline maxillary partial denture (chairside)	\$90
D5741	Reline mandibular partial denture (chairside)	\$90
D5750	Reline complete maxillary denture (laboratory)	\$130
D5751	Reline complete mandibular denture (laboratory)	\$130
D5760	Reline maxillary partial denture (laboratory)	\$130
D5761	Reline mandibular partial denture (laboratory)	\$130
D5810	Interim complete denture (maxillary)	\$230
D5811	Interim complete denture (mandibular)	\$230
D5820	Interim partial denture (maxillary)	\$160
D5821	Interim partial denture (mandibular)	\$170
D5850	Tissue conditioning, maxillary	\$40
D5851	Tissue conditioning, mandibular	\$40
D5862	Precision attachment, by report	\$160

**Crowns/Fixed Bridges - Per Unit**

An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.

Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.

D6210	Pontic - cast high noble metal	\$290
D6211	Pontic - cast predominantly base metal	\$290
D6212	Pontic - cast noble metal	\$290
D6214	Pontic - titanium	\$290
D6240	Pontic - porcelain fused to high noble metal	\$290
D6241	Pontic - porcelain fused to predominantly base metal	\$290
D6242	Pontic - porcelain fused to noble metal	\$290
D6245	Pontic - porcelain/ceramic	\$310
D6250	Pontic - resin with high noble metal	\$290
D6251	Pontic - resin with predominantly base metal	\$290

9/26/2006  
1/09

Customer Service (800) 880-1800

9/26/2006  
1/09

Code Service

Co-payment

D6252	Pontic - resin with noble metal	\$290
D6253	Provisional pontic	\$0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$150
D6600	Inlay - porcelain/ceramic, two surfaces	\$290
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$290
D6602	Inlay - cast high noble metal, two surfaces	\$290
D6603	Inlay - cast high noble metal, three or more surfaces	\$290
D6604	Inlay - cast predominantly base metal, two surfaces	\$290
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$290
D6606	Inlay - cast noble metal, two surfaces	\$290
D6607	Inlay - cast noble metal, three or more surfaces	\$290
D6608	Inlay - porcelain/ceramic, two surfaces	\$290
D6609	Inlay - porcelain/ceramic, three or more surfaces	\$290
D6610	Inlay - cast high noble metal, two surfaces	\$290
D6611	Inlay - cast high noble metal, three or more surfaces	\$290
D6612	Inlay - cast predominantly base metal, two surfaces	\$290
D6613	Inlay - cast predominantly base metal, three or more surfaces	\$290
D6614	Inlay - cast noble metal, two surfaces	\$290
D6615	Inlay - cast noble metal, three or more surfaces	\$290
D6710	Crown - indirect resin based composite	\$290
D6720	Crown - resin with high noble metal	\$290
D6721	Crown - resin with predominantly base metal	\$290
D6722	Crown - resin with noble metal	\$290
D6740	Crown - porcelain/ceramic	\$290
D6750	Crown - porcelain fused to high noble metal	\$290
D6751	Crown - porcelain fused to predominantly base metal	\$290
D6780	Crown - 3/4 cast high noble metal	\$290
D6781	Crown - 3/4 cast predominantly base metal	\$290
D6782	Crown - 3/4 cast noble metal	\$290
D6783	Crown - 3/4 porcelain/ceramic	\$290
D6790	Crown - full cast high noble metal	\$290
D6791	Crown - full cast predominantly base metal	\$290
D6792	Crown - full cast noble metal	\$290
D6794	Crown - titanium	\$290
D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$110
D6950	Precision attachment	\$195
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$50
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$30
D6973	Core build up for retainer, including any pins	\$10
D6976	Each additional indirectly fabricated post - same tooth	\$40
D6977	Each additional prefabricated post - same tooth	\$40
D6980	Fixed partial denture repair, by report	\$45

**Oral Surgery**

Includes routine post operative visits/treatment.

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

D7111	Extraction, coronal remnants - deciduous tooth	\$5
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$5

Customer Service (800) 880-1800

9/26/2006  
1/09

**Code Service Co-payment**

<b>D7210</b>	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$50
<b>D7220</b>	Removal of impacted tooth - soft tissue	\$50
<b>D7230</b>	Removal of impacted tooth - partially bony	\$65
<b>D7240</b>	Removal of impacted tooth - completely bony	\$135
<b>D7241</b>	Removal of impacted tooth - completely bony, with unusual surgical complications	\$150
<b>D7250</b>	Surgical removal of residual tooth roots (cutting procedure)	\$40
<b>D7270</b>	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	\$80
<b>D7280</b>	Surgical access of an unerupted tooth	\$100
<b>D7282</b>	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
<b>D7283</b>	Placement of device to facilitate eruption of impacted tooth	\$90
<b>D7285</b>	Biopsy of oral tissue - hard (bone, tooth)	\$150
<b>D7286</b>	Biopsy of oral tissue - soft	\$60
<b>D7287</b>	Exfoliative cytological sample collection	\$50
<b>D7288</b>	Brush biopsy - transepithelial sample collection	\$50
<b>D7310</b>	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$40
<b>D7311</b>	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
<b>D7320</b>	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$190
<b>D7321</b>	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65
<b>D7471</b>	Removal of lateral exostosis (maxilla or mandible)	\$80
<b>D7472</b>	Removal of torus palatinus	\$60
<b>D7473</b>	Removal of torus mandibularis	\$60
<b>D7485</b>	Surgical reduction of osseous tuberosity	\$60
<b>D7510</b>	Incision and drainage of abscess - intraoral soft tissue	\$35
<b>D7511</b>	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$35
<b>D7520</b>	Incision and drainage of abscess - extraoral soft tissue	\$35
<b>D7521</b>	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$35
<b>D7910</b>	Suture of recent small wounds up to 5 cm	\$25
<b>D7960</b>	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$90
<b>D7963</b>	Frenuloplasty	\$90
<b>D7970</b>	Excision of hyperplastic tissue - per arch	\$55
<b>D7971</b>	Excision of pericoronal gingiva	\$40

**Orthodontics**

Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.

Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.

<b>D8010</b>	Limited orthodontic treatment of the primary dentition	\$1,095
<b>D8020</b>	Limited orthodontic treatment of the transitional dentition	\$1,095
<b>D8030</b>	Limited orthodontic treatment of the adolescent dentition	\$1,095
<b>D8040</b>	Limited orthodontic treatment of the adult dentition	\$1,095
<b>D8050</b>	Interceptive orthodontic treatment of the primary dentition	25% Discount
<b>D8060</b>	Interceptive orthodontic treatment of the transitional dentition	25% Discount
<b>D8070</b>	Comprehensive orthodontic treatment of the transitional dentition	\$2,095

**Code Service Co-payment**

<b>D8080</b>	Comprehensive orthodontic treatment of the adolescent dentition	\$2,095
<b>D8090</b>	Comprehensive orthodontic treatment of the adult dentition	\$2,095
<b>D8210</b>	Removable appliance therapy	25% Discount
<b>D8220</b>	Fixed appliance therapy	25% Discount
<b>D8660</b>	Pre-orthodontic treatment visit	\$35
<b>D8670</b>	Periodic orthodontic treatment visit (as part of contract)	\$35
<b>D8680</b>	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300
<b>D8693</b>	Rebonding or re cementing; and/or repair, as required, of fixed retainers	\$0
	Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
	Ortho visits beyond 24 months of active treatment or retention	\$25 per visit

**Adjunctive General Services**

<b>D9110</b>	Palliative (emergency) treatment of dental pain - minor procedure	\$10
<b>D9120</b>	Fixed partial denture sectioning	\$0
<b>D9210</b>	Local anesthesia not in conjunction with operative or surgical procedures	\$0
<b>D9211</b>	Regional block anesthesia	\$0
<b>D9212</b>	Trigeminal division block anesthesia	\$0
<b>D9215</b>	Local anesthesia	\$0
<b>D9220</b>	Deep sedation/general anesthesia - first 30 minutes	\$150
<b>D9221</b>	Deep sedation/general anesthesia - each additional 15 minutes	\$45
<b>D9230</b>	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
<b>D9241</b>	Intravenous conscious sedation/analgesia - first 30 minutes	\$150
<b>D9242</b>	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$45
<b>D9248</b>	Non-intravenous conscious sedation	\$15
<b>D9310</b>	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
<b>D9430</b>	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
<b>D9440</b>	Office visit - after regularly scheduled hours	\$30
<b>D9450</b>	Case presentation, detailed and extensive treatment planning	\$0
<b>D9610</b>	Therapeutic parenteral drug, single administration	\$15
<b>D9612</b>	Therapeutic parenteral drugs, two or more administrations, different medications	\$25
<b>D9630</b>	Other drugs and/or medications, by report	\$15
<b>D9910</b>	Application of desensitizing medicament	\$15
<b>D9940</b>	Occlusal guard, by report	\$85
<b>D9942</b>	Repair and/or reline of occlusal guard	\$40
<b>D9951</b>	Occlusal adjustment - limited	\$30
<b>D9952</b>	Occlusal adjustment - complete	\$100
<b>D9972</b>	External bleaching - per arch	\$125
	Broken appointment (less than 24 hour notice)	Not to exceed \$25

Current Dental Terminology © American Dental Association

## Dental Terminology Definitions

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

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

## Limitations

### General

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

### Preventive

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

### Diagnostic

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

### Restorative

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

### Prosthodontics

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

### Endodontics

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

### Oral Surgery

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

### General Exclusions

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

### Orthodontic Exclusions & Limitations

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

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

1. Orthodontic treatment must be provided by a Safeguard selected general dentist or Safeguard contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.

3. The following are not included as orthodontic benefits:
  - A. Repair or replacement of lost or broken appliances;
  - B. Retreatment of orthodontic cases;
  - C. Treatment involving:
    - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
    - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
    - iii. Treatment related to temporomandibular joint disorders;
    - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.



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

### **Evidence of Coverage and Disclosure Statement**

This Evidence of Coverage provides a detailed summary of how your Safeguard dental plan operates, your entitlements, and the plan's restrictions and limitations. **However, this combined Evidence of Coverage and Disclosure Statement constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.** You may obtain a copy of the health plan contract by requesting it from your Organization, or by writing to Safeguard Health Plans, Inc., Attn: Legal Department, 95 Enterprise, Suite 100, Aliso Viejo, CA 92656, or by calling **(800) 880-1800**.

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

#### **Entire Contract**

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

# Evidence of Coverage and Disclosure Statement

## Table of Contents

Who May Enroll .....	4
Service Area .....	4
Dependent Coverage .....	4
When Coverage Begins .....	5
Choice of Provider .....	5
Making an Appointment .....	5
Specialty Care .....	6
Changing Your Selected General Dental Office .....	6
Second Opinions .....	6
Prepayment Fee .....	7
Co-payments .....	7
Customer Service .....	8
Emergency Dental Services .....	8
Grievance Procedures .....	9
Appeals .....	9
Arbitration .....	10
Renewal Provisions .....	10
Cancellation of Benefits .....	10
Termination of Contract .....	11
Termination of Your Coverage .....	12
Conversion Privilege/Continuation of Coverage .....	12
ERISA .....	13
Member Rights .....	14
Member Responsibilities .....	15
Definitions .....	16

## Evidence of Coverage

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

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

### Entire Contract

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

### Who May Enroll

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

### Service Area

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

### Dependent Coverage

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

- Your lawful spouse or domestic partner, if your Organization provides such coverage.
- Your unmarried children or grandchildren through the age of 25 for whom you provide care (including adopted children, step-children, or other children for whom you are required to provide dental care pursuant to a court or administrative order).
- Your children who are incapable of self-sustaining employment and support due to a developmental disability or physical handicap.
- Other dependents if your Organization provides benefits for these dependents.

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

### **When Coverage Begins**

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

### **Choice of Provider**

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

### **Making an Appointment**

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

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

first, your dentist can establish your treatment plan according to your overall health needs.

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

### **Specialty Care**

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

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

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

### **Second Opinions**

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

**[Safeguard  
c/o Customer Service  
PO Box 3594  
Laguna Hills, CA 92654-3594]**

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

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

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

### **Your Financial Responsibility:**

#### **Prepayment Fee**

Your Organization prepays Safeguard for your coverage on a monthly basis. If you are responsible for any portion of this prepayment fee, your Organization will advise you of the amount and how it is to be paid. The prepayment fee is not the same as a co-payment.

#### **Co-payments**

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

#### **Customer Service**

Safeguard provides toll-free access to our Customer Service Associates to assist you with benefit coverage questions, resolving problems or changing your dental office. Safeguard's Customer Service can be reached Monday through Friday at **[(800) 890-1800]** from 5:00 a.m. to 6:00 p.m. Pacific Time. Automated service is also provided after hours for eligibility verification and dental office transfers.

### **Emergency Dental Services**

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

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

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

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

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

If you do not require emergency dental services and a delay in receiving treatment would not be detrimental to your health, please contact your Selected General Dental Office or Safeguard's Customer Service Department at (800) 890-1800 to make reasonable arrangements for your care.

#### **Grievance Procedures**

If you or one of your eligible dependents has a grievance with Safeguard or your dentist, you may obtain Safeguard's Member Grievance Forms by calling our Customer Service Department at **[(800) 890-1800]** or visit our website

at [www.safeguard.net](http://www.safeguard.net). Go to "Members" and "Grievance Forms." Or, you may submit a completed Written Grievance Form (available by calling the Customer Service number) or a detailed summary of your grievance to Safeguard at:

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

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

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

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

### **Appeals**

If the action taken by Safeguard is not satisfactory, you may appeal the matter to Safeguard within fifteen (15) days after receiving notice of resolution. Your request must be in writing and should be directed to your Safeguard Quality Management Department. All appeals will be acknowledged within five (5) business days of receipt by Safeguard and resolved within thirty (30) calendar days. Safeguard will notify you by mail within five (5) days of determination of appeal. For urgent health care claims, Safeguard will provide you with notice of its decision as soon as possible considering the medical situation, but in no event later than 72 hours.

### **Arbitration**

Each and every disagreement, dispute or controversy, which remains unresolved, concerning the construction, interpretation, performance or breach of this Contract, or the provision of dental services under this contract after exhausting Safeguard's Grievance Procedures, arising between the

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

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

Your Organization has contracted with Safeguard to provide services for the time period specified in the contract between the parties. Your coverage under the plan is guaranteed for that time period so long as you meet the eligibility requirements under the plan. When the contract expires, it may be renewed. If renewed, it is possible that the terms of the contract may have been changed. If changes to benefits, co-payments or premiums have been made to a renewed contract, your Organization will notify you not less than 45 days before the effective date.

### **Cancellation of Benefits**

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

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

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

- An intentional misrepresentation, except as limited by statute.

- Fraud in the use of services or facilities.
- Such other good cause as is agreed upon in the contract.

Your coverage may be cancelled immediately:

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

### **Termination of Contract**

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

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

### **Termination of Your Coverage**

If you terminate from the plan while the contract between SafeGuard and your Organization is in effect, your coverage will extend to the end of the

month following notice of termination of coverage. Your Selected General Dentist must complete any dental procedure started on you before your termination, abiding by the terms and conditions of the plan.

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

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

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

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

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

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

attempted use of member grievance procedures; b) Safeguard must ascertain that a member's behavior does not directly result from an existing medical condition; and c) Safeguard must document the problems, efforts, and medical conditions.

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

Please contact your Organization for further information and details.

## **ERISA**

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

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

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

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

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

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

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

## **Member Rights**

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

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

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

- Be treated with respect, dignity and recognition of your need for privacy and confidentiality.
- Express complaints and be informed of the complaint process.
- Have access and availability to care and access to and copies of your dental records.
- Participate in decision-making regarding your course of treatment.
- Be provided information regarding Selected General Dental Offices.
- Be provided information regarding the services, benefits and specialty referral process provided by Safeguard.

## **Member Responsibilities**

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

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

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

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

### **Arbitration**

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

### **Co-payment**

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

### **Dental Records**

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

### **Dependent**

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

### **Emergency Dental Services**

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

### **Medically Necessary**

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

### **Member**

An individual enrolled in the SafeGuard dental plan.

### **Organization**

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

**Plan**

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

**Prepayment Fee**

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

**Selected General Dentist**

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

**Service Area**

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

**Subscriber**

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

**Termination of Benefits**

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

**SAFEGUARD DENTAL & VISION HIPAA NOTICE OF PRIVACY PRACTICES  
FOR PERSONAL HEALTH INFORMATION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU  
CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Dear SafeGuard Customer:

This is your Health Information Privacy Notice from SafeGuard Health Plans, Inc. and/or SafeHealth Life Insurance Company doing business as SafeGuard Dental & Vision ("SafeGuard"), part of the MetLife, Inc. family of companies. Please read it carefully. You have received this notice because of your dental and/or vision coverage with us (the "Plan"). SafeGuard and each member of the SafeGuard family of companies (an "Affiliate") strongly believe in protecting the confidentiality and security of information we collect about you. This notice refers to SafeGuard by using the terms "us," "we," or "our."

This notice describes how we protect the personal health information we have about you which relates to your SafeGuard Plan coverage ("Personal Health Information"), and how we may use and disclose this information. Personal Health Information includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the Personal Health Information and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA"). For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please see the privacy notices contained at our website, [www.safeguard.net](http://www.safeguard.net). You may submit questions to us there or you may write to us directly at MetLife/SafeGuard, Institutional Business HIPAA Privacy Office, P.O. Box 6896, Bridgewater, NJ 08807-6896.

We are required by law to:

- maintain the privacy of your Personal Health Information;
- provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information; and
- follow the terms of this notice.

We protect your Personal Health Information from inappropriate use or disclosure. Our employees, and those of companies that help us service your SafeGuard Plan, are required to comply with our requirements that protect the confidentiality of Personal Health Information. They may look at your Personal

Health Information only when there is an appropriate reason to do so, such as to administer our products or services.

We will not disclose your Personal Health Information to any other company for their use in marketing their products to you. However, as described below, we will use and disclose Personal Health Information about you for business purposes relating to your Safeguard Plan coverage.

The main reasons for which we may use and may disclose your Personal Health Information are to evaluate and process any requests for coverage and claims for benefits you may make, or in connection with other health-related benefits or services that may be of interest to you. The following describe these and other uses and disclosures, together with some examples.

- **For Payment:** We may use and disclose Personal Health Information to pay for benefits under your Safeguard Plan coverage. For example, we may review Personal Health Information contained on claims to reimburse providers for services rendered. We may also disclose Personal Health Information to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, we may disclose Personal Health Information to a health plan or an administrator of an employee welfare benefit plan for various payment-related functions, such as eligibility determination, audit and review, or to assist you with your inquiries or disputes.

- **For Health Care Operations:** We may also use and disclose Personal Health Information for our insurance operations. These purposes include evaluating a request for Safeguard Plan products or services, administering those products or services, and processing transactions requested by you.

We may also disclose Personal Health Information to Affiliates, and to business associates outside of the Safeguard family of companies, if they need to receive Personal Health Information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of Personal Health Information. Examples of business associates are: billing companies, data processing companies, or companies that provide general administrative services. Personal Health Information may be disclosed to reinsurers for underwriting, audit or claim review reasons. Personal Health Information may also be disclosed as part of a potential merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.

- **Where Required by Law or for Public Health Activities:** We disclose Personal Health Information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing Personal Health Information to a governmental agency or regulator with health care oversight responsibilities. We may also release Personal Health

Information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.

- **To Avert a Serious Threat to Health or Safety:** We may disclose Personal Health Information to avert a serious threat to someone's health or safety. We may also disclose Personal Health Information to federal, state or local agencies engaged in disaster relief, as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.

- **For Health-Related Benefits or Services:** We may use Personal Health Information to provide you with information about benefits available to you under your current Safeguard Plan coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.

- **For Law Enforcement or Specific Government Functions:** We may disclose Personal Health Information in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose Personal Health Information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose Personal Health Information about you in response to a court or administrative order. We may also disclose Personal Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the Personal Health Information requested. We may disclose Personal Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

- **Other Uses of Personal Health Information:** Other uses and disclosures of Personal Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose Personal Health Information about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization. You should understand that we will not be able to take back any disclosures we have already made with authorization.

## **YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION WE MAINTAIN ABOUT YOU**

The following are your various rights as a consumer under HIPAA concerning your Personal Health Information. Should you have questions about a specific right, please write to us at the location listed in our discussion of that right.

- **Right to Inspect and Copy Your Personal Health Information:** In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that we maintain about you. To inspect and copy Personal Health Information, you must submit your request in writing to *SafeGuard Dental & Vision, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656*. To receive a copy of your Personal Health Information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of Personal Health Information will not be made available for inspection and copying. This includes Personal Health Information collected by us in connection with, or in reasonable anticipation of, any claim or legal proceeding. In very limited circumstances, we may deny your request to inspect and obtain a copy of your Personal Health Information. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

- **Right to Amend Your Personal Health Information:** If you believe that your Personal Health Information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Personal Health Information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to *SafeGuard Dental & Vision, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656*. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend Personal Health Information that:

- is accurate and complete;
- was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment;
- is not part of the Personal Health Information kept by or for us; or
- is not part of the Personal Health Information which you would be permitted to inspect and copy.

- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of Personal Health Information about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel, or made pursuant to your authorization or to corrections to you. To request this list, you must submit your request in writing to *SafeGuard Dental & Vision, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656*. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or

electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to *SafeGuard Dental & Vision, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656*. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on Personal Health Information uses or disclosures that are legally required, or which are necessary to administer our business.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about Personal Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to *SafeGuard Dental & Vision, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656* and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact *MettLife/SafeGuard, Institutional Business HIPAA Privacy Office, P.O. Box 6896, Bridgewater, NJ 08807-6896*. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint, please contact us at (908) 253-2706.

## **ADDITIONAL INFORMATION**

**Changes to This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Personal Health Information we already have about you, as well as any Personal Health Information we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, at the bottom right-hand corner of the notice. You will receive a copy of any revised

notice from Safeguard by mail or by e-mail, but only if e-mail delivery is offered by Safeguard and you agree to such delivery.

Further Information: You may have additional rights under other applicable laws. For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact us at (908) 253-2706 or write to us at MetLife/Safeguard, Institutional Business HIPAA Privacy Office, P.O. Box 6896, Bridgewater, NJ 08807-6896