



**Combined
Evidence of Coverage
and Disclosure Statement
Individual Dental Plan**

Dental Benefits provided by SafeGuard Health Plans, Inc.

NOTICE OF TEN (10) DAY RIGHT TO EXAMINE POLICY

You may return this Policy for cancellation within ten (10) days of its delivery to you and your premium will be fully refunded, if after examination of the Policy, you are not satisfied with it for any reason.

If you return the Policy to the Company it shall be void from the beginning and you and the Company will be in the same position as if no Policy had been issued.

Evidence of Coverage and Disclosure Statement

This Individual Membership contract and Evidence of Coverage, along with the Schedule of Benefits, provides a complete description of how your SafeGuard Dental Plan operates, your entitlements and the Plan's restrictions and limitations. **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 directly with an individual, such as you to provide benefits. Your application, 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.

If any provision of this contract is held to be illegal or invalid for any reason, such decision shall not affect the validity of the remaining provisions of this contract, but such remaining provisions shall continue in full force and effect unless the illegality and invalidity prevent the accomplishment of the objectives and purposes of this contract.

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Who May Enroll

You may enroll yourself and your dependents, provided each meets 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 must reside, live, or work in the Service Area and the permanent legal residence of any enrolled dependents must be:

- The same as yours;
- In the Service Area with the person having temporary or permanent conservatorship or guardianship of such dependents, where the Subscriber has legal responsibility for the health care of such dependents;
- In the Service Area under other circumstances where you are legally responsible for the health care of such dependents; or
- In the service area with your Spouse.

Dependent Coverage

SafeGuard defines eligible dependents to be:

- Your lawful spouse or domestic partner;
- Your unmarried children or grandchildren through age 25 for whom you provide care (including adopted children, step-children, or other children for whom you are required to provide dental care pursuant to a court or administrative order);
- Your children who are incapable of self-sustaining employment and support due to a developmental disability or physical handicap and who are dependent on you for their support and maintenance.

The term “Dependent” does not include any spouse or child who resides outside of the United States, or who is a member of the armed forces of any country.

You must furnish SafeGuard with proof of dependent status, as provided by law.

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

When Coverage Begins

Coverage for you and your enrolled dependents will begin on the first day of the month following SafeGuard's receipt of your application, enrollment fee, and premium if received prior to the fifteenth (15th) of the prior month. If the application, enrollment fee, and premium is not received by the fifteenth (15th) of the month, coverage will begin on the first day of the subsequent following month.

New spouses are covered the first (1st) of the month following the date of marriage. Newborn children, newborn adopted children, adopted children and foster children are covered from the moment of birth or from the moment of placement. However, you must advise us of any new dependents, including those due to birth or the placement of an adopted child within thirty (30) days of acquiring that dependent. If notice is given within 60 days of the birth or placement of the child, SafeGuard shall not deny coverage for the child due to the failure of the insured to timely notify SafeGuard of the birth or placement of the child. Check with SafeGuard if you have any questions about when your coverage begins or to whom benefits under your policy may apply.

Choice of Dental Provider/ Receiving Care

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 to view SafeGuard General Dentists in your home or work zip codes. The dentists in the directory may not accept all plans. Please check with your Selected General Dental Office to verify that your plan is accepted.

Facilities

A complete list of contracted facilities is contained in the Directory of Participating Dentists.

New Patient and Routine Services Making a Dental Appointment

As a SafeGuard member, you have the right to expect that the first available appointment time for new patient or routine dental care services is within four (4) weeks of your initial request. If your schedule requires that an appointment be scheduled on a specific date, day of the week, or time of day, the Selected General Dentist may need additional time to meet your special request.

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 a charge for missing your appointments. Your first visit to your Selected General 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 you take this booklet 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.

Referrals for Dental Specialty Care

You may choose to receive benefits from any SafeGuard contracted specialty care provider. A list may be found online at www.safeguard.net or you may call Customer Service (800-880-1800) for assistance. Treatment by a non-participating dentist or Specialist will not be covered. Specialists are available only when the dental procedure cannot be performed by the Selected General Dentist due to the severity of the problem and when they are performed by a SafeGuard contracted provider whose practice is limited to specialty care. Fees will be seventy-five percent (75%) of the Specialist's usual and customary fees and paid by the member.

Authorization and Referral Process

Upon request, SafeGuard will make available to all members, a description of the authorization and referral process for services or a description of the process used to analyze the qualifications and credentials of providers under contract with SafeGuard.

Changing your SafeGuard Selected General Dentist

You have control over the choice of Selected General Dental Office, and you can request changes at any time. If you need or desire to change your Selected General Dental Office, please contact Customer Service. Our associates will help you locate a Selected General 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.

Customer Service

SafeGuard provides toll-free access to our Customer Service Associates to assist you with benefit coverage questions, resolving problems, or changing your Selected General Dentist. SafeGuard's Customer Service can be reached Monday through Friday from 8:00 am to 9:00 pm, Eastern Time. Automated service is also provided after hours for eligibility verification and dental office transfers.

Second Opinions for Dental Services

At no cost to you, a second opinion may be requested if you have unanswered questions about diagnosis, treatment plans, and/or the results achieved by such dental treatment. Contact SafeGuard's Customer Service Department

**SafeGuard
c/o Customer Service
PO Box 30900
Laguna Hills, CA 92654-0900**

In addition, your Selected General Dentist or SafeGuard may also request a second opinion on your behalf. There is no second opinion consultation charge to you. You will be responsible for the office visit co-payment as listed on your *Dental 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 question the reasonableness or necessity of recommended surgical procedures.
- (2) If you 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 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 dental condition within an appropriate period of time given the diagnosis and plan of care, and you request a second opinion regarding the diagnosis or continuation of the treatment.

All requests for second opinion are processed within five (5) 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 SafeGuard Contracting 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 previously, 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/ Premium

You are responsible for paying SafeGuard for your coverage on a monthly or annual basis, as may be applicable. The Prepayment Fee (also known as "premium payment") is not the same as a co-payment.

Dental Co-payments

When you receive care from a Selected General Dentist, you will pay the co-payment described on your Schedule of Benefits enclosed with this Evidence of Coverage. When you are referred to a Specialist, your co-payment is a percentage of the dentist's usual 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. SafeGuard's Selected General Dentists have agreed to look only to SafeGuard and not to its enrollees for payment of covered services. If SafeGuard fails to pay the contracted provider, you will 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.**

Plan benefits will be based on the most current dental terminology. From time to time, SafeGuard reserves the right to update the plan to reflect the most current dental terminology.

Other Charges

All other charges you may be required to pay under this plan are listed in the Schedule of Benefits.

Coordination of Benefits

If you are covered for benefits by more than one plan, SafeGuard will always pay eligible benefits as the primary plan without regard to payments to be made by another plan.

General Provisions: Notice and Proof of Claim

Written notice of any claim must be given to SafeGuard within 90 days after the occurrence or commencement of any covered loss (or 180 days if services are received by a non-contracted Provider), or as soon thereafter as reasonably possible. Notice may be given to SafeGuard Dental & Vision, 95 Enterprise, Suite 100, Aliso Viejo, CA 92656.

Upon enrollment SafeGuard will furnish you with forms for filing proof of loss. If SafeGuard does not furnish you with the usual form, you can comply with the requirements for furnishing proof of loss by giving written proof. Such written proof must cover the occurrence, the character and the extent of the loss. **SafeGuard does not require claim forms.**

Eligibility of Medicaid Not Considered

SafeGuard shall not consider the availability or eligibility for medical assistance under Medicaid, when considering eligibility for coverage or making payments under this Policy.

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 facilities that are not related to the actual dental condition are not covered benefits.

If you receive emergency dental services from a provider other than your Selected General Dentist, 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 reasonably possible to do so. Please include your name, family ID number, address and telephone number on all requests for reimbursement. In the event of a dental emergency and you are within twenty-five (25) miles of your Selected General Dental Office, simply contact your dentist who will make reasonable arrangements for such emergency dental care. If your dentist isn't available, you must contact SafeGuard's Customer Service Department for assistance.

If you are more than twenty-five (25) miles from your chosen Selected General Dental Office, or you cannot reach your dentist or SafeGuard's Customer Service, you may obtain emergency dental services from any licensed dentist. To be reimbursed for a dental emergency, you must notify Customer Service within forty-eight (48) hours after receiving dental emergency care services. If your physical condition does not permit such notification within the prescribed time, the member must make the notification as soon as it is reasonably possible to do so.

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 to make reasonable arrangements for your care.

Complaint Procedures

If you or one of your eligible dependents has a grievance with SafeGuard or your dentist, you may register a grievance by calling SafeGuard's Customer Services . Or, you may submit a completed Complaint Form (available by calling the Customer Service number or at www.safeguard.net) or a detailed summary of your grievance to SafeGuard to the following address:

**Safeguard
c/o Quality Management Dept.
PO Box 3532
Laguna Hills, CA 92654-3532**

A complaint 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, Division of Consumer Services, State Capitol Larson Building, 200 East Gaines Street, Room 637, Tallahassee, FL 32399-0300 or call (800) 342-2762.

Please be sure to include your Name, Family Identification Number, Facility (or Selected General Dental Office) Name and Number on all written correspondence.

SafeGuard agrees, subject to its Grievance Procedures, to duly investigate and endeavor to resolve any and all grievances received from Members regarding the Plan.

SafeGuard will confirm receipt of your grievance in writing within five (5) days of receipt. We will communicate the resolution in writing within thirty (30) days.

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 office. All appeals will be acknowledged within five (5) days of receipt by SafeGuard and resolved within thirty (30) days. SafeGuard will notify you by mail within five (5) days of determination of appeal.

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, or 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 to arbitration in accordance with the Florida, Chapter 682 of the Florida Statutes rules and regulations and 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 and 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 Termination of Benefits

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

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.
- 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.
- For any misconduct detrimental to safe plan operations and the delivery of services.

If you fail 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 fees for any services received from your Selected General Dentist or Specialist during the period the prepayment

fees went unpaid, including the grace period.

Enrollment will be cancelled as of the last day for which payment has been received, subject to compliance with notice requirements.

If you terminate from the Plan while dental care is being provided to you, your dentist must complete any treatment started on you before your termination, abiding by the terms and conditions of the Plan.

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.

Renewing Your Coverage

Your contract with SafeGuard to provide services is for a minimum period of twelve (12) consecutive months and renews automatically for twelve (12) additional months and until you or SafeGuard notifies the other of termination in writing. Your coverage under the Plan is guaranteed for that time period so long as you meet the eligibility requirements under the Plan. If the Contract expires, it may be renewed. If renewed, it is possible that the terms of the Plan may have been changed. If changes to benefits, co-payments or premiums have been made to a renewed contract, SafeGuard will notify you not less than thirty (30) days before the effective date of the change.

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.

Cancellation of Benefits

If the required premium is not paid, your coverage may be terminated. Your coverage may be cancelled by SafeGuard upon fifteen (15) days written notice for fraud or misrepresentation or fraud in use of services or facilities. In the absence of fraud, all statements made by a Subscriber are considered representations and not warranties.

During the first two (2) years, coverage can be voided for a material misrepresentation contained in the Enrollment Form. After two (2) years, coverage can be voided only in the event of a fraudulent misstatement contained in the Enrollment Form. Coverage may be canceled immediately in the case of misconduct which is detrimental to safe plan operations and the delivery of services. If you and your dentist fail to establish a satisfactory patient-dentist relationship, you may transfer to another Selected General Dental

Office to provide for continued coverage under the Plan. SafeGuard reserves the right to terminate a member's enrollment in SafeGuard if the member is unable to establish and maintain a satisfactory doctor/patient relationship with a dentist. Reasons for proceeding with termination include, but are not limited to, threats or actual physical abuse, theft from the dental office, deceit or forgery, property damage, or harassment. SafeGuard established a fair process for review and determination of such issues.

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 versions for cancellation at such time other than the renewed period (other than for nonpayment 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 continued participation seriously impairs SafeGuard's ability to provide services to other members; 2) fraud or material misrepresentation in applying for or presenting any claim for benefits under 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 Contract

Your contract with Safeguard is for a period of twelve (12) months and automatically renews as described previously. If your contract is terminated, your membership in the Plan will be terminated. In the event of contract termination, no further benefits will be provided to you and none of the Plan provisions will apply. If you fail 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 fees for any services received from your Selected General Dentist or specialist during the period the Prepayment Fees went unpaid, including the grace period.

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

Incontestability

All statements made on your Enrollment Form shall be considered representations and not warranties. The statements are considered to be truthful and are made to the best of your knowledge and belief. A statement may not be used in a contest to void, cancel, or non-renew your coverage or reduce benefits unless: (1) it is in a written enrollment application signed by you; and (2) a signed copy of the enrollment application is or has been furnished to you or your representative. This contract may only be contested for fraud or intentional misrepresentation of material fact made on the enrollment application.

The statements and information contained in the Member's Enrollment Form are represented by Member to be true and correct and incorporated into this contract. The member also recognizes that SafeGuard has issued this contract in reliance on those statements and information. This contract replaces and cancels all other contracts, if any, issued to the Member.

Conversion Privilege/Continuation of Coverage

Contact SafeGuard's Customer Service _____ to check availability of a Plan in your area and for further information and details.

Member Rights

During the term of the contract between SafeGuard and you, SafeGuard guarantees that it will not decrease any benefits; increase any co-payment; or materially change any Limitation or Exclusion. 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.

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 Dentist 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 copies of your dental records;
- Participate in decision-making regarding your course of treatment;
- Be provided information regarding Selected General Dental Offices; and
- Be provided information regarding the services, benefits and specialty referral process provided by SafeGuard.

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

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 Dentist whose practice is limited to Specialty Care 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 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. If you fail to do so, you may be charged the dentist's usual and customary fees instead of the applicable co-payment, if any.
- Treat the Selected General Dentist, office staff and SafeGuard 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 Specialist 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.
- Keep scheduled appointments or contact the dental office twenty-four (24) hours in advance to cancel an appointment. If you do not, you may be charged a missed appointment fee.
- Make co-payments at the time of service. If you do not, the dentist may collect those co-payments from you at subsequent appointments and in accordance with their policies and procedures.
- Notify SafeGuard of changes in family status. If you do not, SafeGuard will be unable to authorize dental care for you and/or your family members.

Definitions

These definitions apply when the following terms are used, unless otherwise defined where they are used. Not all defined terms are used in their usual meaning and some have meanings that limit their application; therefore, please refer to this Definitions section for a helpful understanding of the defined terms that are capitalized.

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.

Calendar Year

A twelve (12) month period beginning on January 1 and ending on December 31 of that same year.

Company

SafeGuard Dental & Vision. Dental benefits are provided by SafeGuard Health Plans, Inc.

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.

Covered Person

You or your dependent(s) who is/are covered under the Plan.

Dental Records

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

Dependent

Eligible family member 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 medically be inadvisable.

Medically Necessary

Covered services that are necessary and meet with professionally recognized standards of practice. The fact that a provider 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.

With respect to a prophylaxis or fluoride treatment, those required by patients who are under MEDICAL supervision and whose medical condition precipitates gingivitis or other conditions which may require additional prophylaxis or fluoride treatment.

Member

An individual enrolled in the SafeGuard dental plan, including the Policyholder or his or her Dependent(s) covered under the Plan.

Plan

Coverage for specified dental care services purchased by you, or 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 coverage dental care, and are subject to Exclusions and Limitations.

Prepayment Fee

The monthly or annual fee paid to SafeGuard by you. The Prepayment fee (also known as “premium payment”) is not the same as a co-payment.

Selected General Dentist/Selected General Dental Office

A SafeGuard contracting dentist who agrees in writing to provide dental care 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 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(s) for termination of benefits are detailed within this document.

Usual Fee

The fee usually charged by the Provider to his or her private patients for a given service or material.