Evidence of Coverage

and Disclosure Statement

Group Dental Plan

Benefits Provided by
SafeGuard Health Plans, Inc.
Evidence of Coverage and Disclosure Statement

This Evidence of Coverage provides a detailed summary of how your SafeGuard dental plan operates, your entitlements, and the plan’s restrictions and limitations. SafeGuard is an affiliate of MetLife. However, this combined Evidence of Coverage and Disclosure Statement constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage. You may obtain a copy of the health plan contract by requesting it from your Organization, or by writing to SafeGuard Health Plans, Inc., Attn: Legal Department, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656, or by calling (800) 936-5315, (954) 590-9560 or (954) 308-5562.

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

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

Table of Contents

WHO MAY ENROLL..................................................................................................................................... 4
SERVICE AREA .............................................................................................................................................. 4
DEPENDENT COVERAGE .......................................................................................................................... 4
WHEN COVERAGE BEGINS....................................................................................................................... 5
CHOICE OF PROVIDER ............................................................................................................................ 5
MAKING AN APPOINTMENT .................................................................................................................... 5
SPECIALTY CARE...................................................................................................................................... 6
CHANGING YOUR SELECTED GENERAL DENTAL OFFICE ............................................................... 6
SECOND OPINIONS ................................................................................................................................... 6
PREPAYMENT FEE ..................................................................................................................................... 7
CO-PAYMENTS......................................................................................................................................... 7
CUSTOMER SERVICE............................................................................................................................... 7
EMERGENCY DENTAL SERVICES ............................................................................................................ 7
GRIEVANCE PROCEDURES .................................................................................................................... 8
APPEALS .................................................................................................................................................. 9
ARBITRATION .......................................................................................................................................... 9
RENEWAL PROVISIONS.......................................................................................................................... 9
CANCELLATION OF BENEFITS ............................................................................................................. 10
TERMINATION OF CONTRACT ............................................................................................................... 10
TERMINATION OF YOUR COVERAGE .................................................................................................... 11
CONVERSION PRIVILEGE/CONTINUATION OF COVERAGE ........................................................... 11
ERISA .................................................................................................................................................... 12
MEMBER RIGHTS.................................................................................................................................. 13
MEMBER RESPONSIBILITIES................................................................................................................ 14
DEFINITIONS ......................................................................................................................................... 15
Evidence of Coverage
This Enrollment Kit contains your Evidence of Coverage, which provides a detailed summary of how your SafeGuard dental plan operates, your entitlements and the plan’s restrictions and limitations. However, this Evidence of Coverage constitutes only a summary of the dental plan. Your Organization’s dental plan contract must be consulted to determine the exact terms and conditions of coverage.

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

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

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

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

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

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

• Other dependents if your Organization provides benefits for these dependents.

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

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

Choice of Provider
When you enroll in the SafeGuard plan, you and each enrolled family member must choose a Selected General Dental Office from our SafeGuard network. Each family member may select a different dental office. Please refer to the Directory of Participating Dentists for a complete listing of Selected General Dental Offices. Or you may access our website at www.metlife.com/mybenefits 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) 936-5315, (954) 590-9560 or (954) 308-5562. 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) 936-5315, (954) 590-9560 or (954) 308-5562 or sending a written request to the following address:

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

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

Requests for second opinions are processed within five (5) business days of receipt by SafeGuard of such request, except when an expedited second opinion is warranted; in which case a decision will be made and conveyed to you within 24 hours. Upon approval, SafeGuard will contact the consulting dentist and make arrangements to enable you to schedule an appointment. All second opinion consultations will be completed by a contracted dentist with qualifications in the same area of expertise as the referring dentist or dentist who provided the initial examination or dental care services. You may obtain a copy of the second dental opinion policy by contacting SafeGuard’s Customer Service Department by telephone at the toll-free number indicated above, or by writing to SafeGuard at the above address.
No co-payment is required for a second opinion consultation. Some plans do require a co-payment for an office visit.

**Your Financial Responsibility:**

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

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

**Customer Service**
SafeGuard provides toll-free access to our Customer Service Associates to assist you with benefit coverage questions, resolving problems or changing your dental office. SafeGuard’s Customer Service can be reached Monday through Friday at **(800) 936-5315, (954) 590-9560 or (954) 308-5562** from 8:00 a.m. to 11:00 p.m. Eastern 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) 936-5315, (954) 590-9560 or (954) 308-5562 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) 936-5315, (954) 590-9560 or (954) 308-5562 or our website www.melife.com/mybenefits. Go to “Members” and “Grievance Forms.” Or, you may submit a completed Written Grievance Form (available by calling the Customer Service number) or a detailed summary of your grievance to SafeGuard at:

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

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

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

**Appeals**

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

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

**Arbitration**

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

**Changes To Your Coverage:**

**Renewal Provisions**

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

**Cancellation of Benefits**

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

- Non-payment of amounts due under the contract, except no written notice will be required for failure to pay premium.

- Failure to establish a satisfactory dentist-patient relationship and if it is shown that SafeGuard has, in good faith, provided you with the opportunity to select an alternative dentist.

- Neither residing, living, or working in the service area or area for which SafeGuard is authorized to do business.

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

- An intentional misrepresentation, except as limited by statute.

- Fraud in the use of services or facilities.

- Such other good cause as is agreed upon in the contract.

Your coverage may be cancelled immediately:

- Subject to continuation of coverage and conversion privilege provisions, if applicable, if you do not meet eligibility requirements other than the requirements that you live or work in the service area.

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

**Termination of Contract**

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

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

**Termination of Your Coverage**

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

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

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

**Conversion Privilege/Continuation of Coverage**

Contact SafeGuard’s Customer Service at (800) 936-5315, (954) 590-9560 or (954) 308-5562 to check availability of a conversion plan in your area. In addition, you and your eligible dependents are eligible to retain coverage in accordance with COBRA (Consolidated Omnibus Budget Reconciliation Act) requirements. You and your dependents may be eligible for Medicare benefits.

In addition, you and your eligible dependents are eligible to retain coverage in accordance with COBRA (Consolidated Omnibus Budget Reconciliation Act) requirements. If you go through a divorce or legal separation, have a death in the family, or have a child who is no longer an eligible dependent, you must notify your employer within 60 days of such event, or will lose your right to COBRA coverage. See your organization for more details. You and your dependents may be eligible for Medicare benefits.
SafeGuard will offer a converted contract with coverage and benefits similar to those contained in this Plan to any member or covered dependent whose coverage has been terminated for any reason, and who has been continuously covered under this Plan for at least three (3) months immediately prior to termination. SafeGuard will not offer a converted contract to any member or covered dependent if the treatment occurred for any of the following reasons: 1) failure to pay any required premium; 2) replacement of any discontinued coverage by similar coverage within thirty-one (31) days; 3) fraud or other material misrepresentation in applying for any benefits under the Plan; 4) willful and knowing misuse of the SafeGuard member handbook or certificate by member; 5) willful and knowingly furnishing to SafeGuard by member of incomplete or incorrect information for the purpose of fraudulently obtaining coverage or benefits from SafeGuard; 6) member has left the geographical area of SafeGuard’s area of coverage contained within the Florida Plan with the intent to relocate or establish a new residence outside that area; or 7) disenrollment for cause. SafeGuard may disenroll you for cause so long as, a) it makes a serious effort to resolve the problem, including the use or attempted use of member grievance procedures; b) SafeGuard must ascertain that a member’s behavior does not directly result from an existing medical condition; and c) SafeGuard must document the problems, efforts, and medical conditions.

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

Please contact your Organization for further information and details.

**ERISA**

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

- Examine without charge, at the Employer’s office, all plan documents, including insurance contracts and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.

- Obtain copies of all Plan documents and other plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan’s annual financial report. The Employer is required by law to furnish each participant with a copy of the summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called “fiduciaries”, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.
No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

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

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

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

**Member Rights**

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

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

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

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

- Be treated with respect, dignity and recognition of your need for privacy and confidentiality.
• Express complaints and be informed of the complaint process.

• Have access and availability to care and access to and copies of your dental records.

• Participate in decision-making regarding your course of treatment.

• Be provided information regarding Selected General Dental Offices.

• Be provided information regarding the services, benefits and specialty referral process provided by SafeGuard.

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

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

• Identify yourself to your Selected General Dental Office as a SafeGuard member.

• Treat the dentist and his or her office staff with respect and courtesy.

• Keep scheduled appointments or contact the dental office twenty-four (24) hours in advance to cancel an appointment.

• Cooperate with your dentist in following a prescribed course of treatment.

• Make co-payments at the time of service.

• Notify SafeGuard of changes in family status.

• Be aware of and follow your Organization’s guidelines in seeking dental care.
Definitions
The following definitions are used in this Evidence of Coverage.

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

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

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

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

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

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

**Member**
An individual enrolled in the SafeGuard dental plan.

**Organization**
An employer or other entity that has contracted with SafeGuard to arrange for the provision of dental care benefits.
Plan
Coverage for specified dental care services purchased by an Organization for its members for a fixed, periodic payment made in advance of treatment. Such plans often include the use of fixed co-payments to clarify the financial obligation of covered dental care, and are subject to Exclusions and Limitations.

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

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

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

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

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