



## **Access Dental Plan Individual Family Dental HMO**

Individual Essential Health Benefit Dental Program  
Combined Evidence of Coverage and Disclosure Form/Contract

Provided by:

DHMO Benefits Provided by Access Dental Plan  
8890 Cal Center Drive  
Sacramento, CA 95826  
Phone: (844) 561-5600  
Email: [info@premierlife.com](mailto:info@premierlife.com)  
Website: [www.premierlife.com](http://www.premierlife.com)

Welcome to Access Dental Plan! We are pleased you selected us as your dental plan.

Enclosed are the following:

- 1 – Information regarding your individual Plan benefits.
- 2 – Information on obtaining services during a dental emergency.
- 3 – Your Combined Evidence of Coverage and Disclosure Form/Contract.

Access Dental Plan is proud to provide you with dental coverage. Good oral health is essential for overall well-being. We believe that a balanced diet, routine brushing and regular check-ups are necessary ingredients in achieving good oral health.

Please review the information included in this packet and contact your primary care dentist to arrange your first appointment. If you have any questions, please call us at (844) 561-5600.

Again, thank you for selecting Access Dental. We look forward to serving you.

## COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM/ CONTRACT (“CONTRACT”)

This booklet is a Combined Evidence of Coverage and Disclosure Form/Contract (“Contract”) for your Access Dental Plan (Access Dental) Individual Dental Program (“Program”) provided by:

Access Dental Plan, Inc.  
8890 Cal Center Drive  
Sacramento, CA 95826

This booklet discloses the terms and conditions of the Program available in California. **PLEASE READ THE ENTIRE DOCUMENT COMPLETELY AND CAREFULLY.** You have a right to review this Contract prior to enrollment. Persons with special health care needs should read, completely and carefully, the section entitled “Special Needs.”

**PLEASE READ THE FOLLOWING INFORMATION SO THAT YOU WILL KNOW HOW TO OBTAIN DENTAL SERVICES. YOU MUST OBTAIN DENTAL BENEFITS FROM (OR BE REFERRED FOR SPECIALTY SERVICES BY) YOUR ASSIGNED CONTRACT DENTIST.** A matrix describing the Program’s major Benefits and coverage’s can be found on the following page.

**ADDITIONAL INFORMATION ABOUT YOUR BENEFITS IS AVAILABLE BY CALLING THE CUSTOMER SERVICE DEPARTMENT AT (844) 561-5600, 6AM TO 6PM, PACIFIC TIME, MONDAY THROUGH FRIDAY.**

### **Entire Contract**

Your enrollment form, this Combined Evidence of Coverage and Disclosure Form/Contract and any attachments or inserts including the Schedule of Benefits and Limitations and Exclusions, constitutes the entire agreement between the parties. To be valid, any changes in the contract must be approved by an officer of Access Dental and attached to it. No agent may change the Contract or waive any of the provisions.

If any provision of this contract is held to be illegal or invalid for any reason, such decisions 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.

**A STATEMENT DESCRIBING ACCESS DENTAL’S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS INCLUDED IN THIS COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM/ CONTRACT UNDER “PRIVACY PRACTICES”.**

## Dental Plan Covered Benefits Matrix

### Information Concerning Benefits Under the Access Dental Program

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THIS BENEFIT DESCRIPTION SECTION SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF PROGRAM BENEFITS AND LIMITATIONS. SEE ALSO, EXCLUDED BENEFITS AND THE SCHEDULE OF BENEFITS.**

Procedure Category	Child-ONLY* Copay Range	Adult-Only** Copay Range
<b><i>Diagnostic and Preventive</i></b> Oral Exam, Preventive Cleaning, Topical Fluoride Application, Sealants per Tooth, Preventive - X-rays and Space maintainers - Fixed	\$0	\$0
<b><i>Basic Services</i></b> Restorative Procedures, Periodontal Maintenance Services, Adult Periodontics (other than maintenance) Adult Endodontics (Group Dental Plans only)	\$0-\$25	\$0-\$25
<b><i>Major Services</i></b> Crowns & Casts, Prosthodontics, Endodontics, Periodontics (other than maintenance, and Oral Surgery)	\$0-\$350	\$0-\$400
<b><i>Orthodontia</i></b> (Only for pre-authorized Medically Necessary Orthodontia)	\$0-\$350	N/A
Individual Deductible (Waived for Diagnostic and Preventive)	\$0	N/A
Family Deductible (Waived for Diagnostic and Preventive)	\$0	N/A
Out of Pocket Maximum (OOP) (per person)	\$350	N/A
Out of Pocket Maximum (OOP) (2+ children)	\$700	N/A
Annual Maximum	None	N/A
Ortho Lifetime Maximum	None	N/A
Office Visit (Per Visit)	\$0	\$0
Waiting Period	None	N/A

\*Benefits are available for individuals up to age 19

\*\*Benefits are available for individuals ages 19 and over.

Benefits are provided if the plan determines the services to be medically necessary.

Each individual procedure within each category listed above, and which is covered under the Plan has a specific Copayment, which is shown in the *Schedule of Benefits* along with a benefit description and limitations. The Exclusions are also listed in the Schedule of Benefits.

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### **Using this Booklet**

This booklet, called the Combined Evidence of Coverage and Disclosure Form/ Contract, contains detailed information about Benefits, how to obtain Benefits, and your rights and responsibilities. Please read this booklet carefully and keep it on hand for future reference.

Throughout this booklet, “you,” “your,” and “Member” refers to the individual Enrollee(s) in the plan. “We,” “Us,” and “Our” always refers to Access Dental. “Primary Care Dentist” refers to the licensed dentist who is responsible for providing initial and primary care dental services to Enrollee(s), maintains the continuity of patient care, initiates referrals for specialist care, and coordinates the provision of all Benefits for you in accordance with this policy.

### **Welcome! About the Dental Plan**

Access Dental Plan (“Access Dental” or “the Plan”) is a prepaid dental plan. The Plan provides comprehensive dental coverage for Enrollees. The Plan has a panel of dentists from whom you select to receive necessary dental care. Many dental procedures covered require no Copayment. In addition, the Plan has made the process of dental treatment convenient by eliminating cumbersome claim forms when an Enrollee receives routine care from his or her Primary Care Dentist. Please review the information included in this document and contact your Primary Care Dentist to arrange your first appointment. If you move, you must contact Customer Service to select a new Primary Care Dentist if you prefer a dentist that is closer to your new home. If you temporarily move outside of the Service Area, such as to attend school, you may remain with the Plan and receive care from your Primary Care Dentist when returning to the Service Area. If you move temporarily, you may obtain Emergency Care or Urgent Care from any dentist and we will reimburse covered services, less applicable copayments, as described in the Emergency Care or Urgent Care Section. If you have any questions, please call Customer Service toll free at (844) 561-5600.

## Language Assistance Services

Access Dental’s Language Assistance Program provides language assistance services for our members with a non-English preferred language at no charge.

### **Interpreter and Translation Services at No Charge to the Enrollee**

Enrollees can call Access Dental’s Customer Service Line at (844) 561-5600 to access these free services. TDD/TTY for the hearing impaired is available through (800) 735-2929.

### **Speak to a Representative in Your Preferred Language**

Customer Service Representatives can answer your questions regarding benefits, eligibility, and how to use your dental plan.

### **Find a Provider Who Speaks Your Language**

Customer Service Representatives can help you find a provider who speaks your language or who has an interpreter available. If you cannot locate a provider to meet your language needs, you can request to have an interpreter available for discussions of dental information at no charge.

### **Assistance Filing a Grievance**

You have the right to file a grievance by mail or in person with Access Dental or obtain assistance from the Department of Managed Health Care (DMHC). You may request to speak with a representative in a specific language. The process for filing a grievance is described under the Grievances and Appeals section of this booklet.

## Vital Documents

This notice of available language assistance services will be included with all vital documents sent to the Enrollee. Standardized vital documents will be translated into Spanish at no charge to enrollees. For vital documents that are not standardized, but which contain enrollee-specific information, Access Dental shall provide the requested translation within 21 days of the receipt of the request for translation. It can be obtained by calling Customer Service at (844) 561-5600 (TDD/TTY for the hearing impaired at (800) 735-2929).

Standardized vital documents:

- Welcome packet
- Benefit and Copayment Schedule
- Exclusions and Limitations
- Grievance Form
- Enrollee notification of changes in Primary Care Dentist
- Privacy Notices
- HIPAA related forms

## Provider Office

If you have a preferred language other than English, please inform your Primary Care Dentist. Your Primary Care Dentist will work with Access Dental to provide language assistance services to you at no charge. You may request face to face interpreting service for an appointment by calling Access Dental's Customer Service Department. Access Dental will provide timely access to Language Assistance Services.

## Definitions

As used in this Combined Evidence of Coverage and Disclosure Form/ Contract:

**Acute Condition** means a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration.

**Applicant** means the individual responsible for contracting to obtain dental Benefits for his/her Children as the primary Enrollee. YOU or YOUR refers to the Applicant's Children.

**Benefits** mean those dental services that are provided under the terms of this Contract and described in this booklet.

**Benefits (Covered Services)** means dental services and supplies that an Enrollee is entitled to receive pursuant to the terms of this Contract. A service is not a benefit (even if described as a Covered Service) or benefit in this booklet if it is not Dentally Necessary, or if it is not provided by an Access Dental Plan provider with authorization as required.

**Child(ren)** means the Applicant's Child(ren), including any natural, adopted, or step-children, newborn Children, or any other Child(ren) as described in the "Eligibility & Enrollment" section of this Combined Evidence of Coverage and Disclosure Form/ Contract.

**Complaint** means a written or oral expression of dissatisfaction regarding the Plan and/or a provider, including quality of care concerns, and shall include a grievance, complaint, dispute, request for reconsideration, or appeal made by an Enrollee or the Enrollee's representative. Where the Plan is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance. Examples of a complaint include:

- You can't get a service or treatment that you need;
- Your plan denies a service and says it is not medically necessary;
- You have to wait too long for an appointment;
- You received poor care or were treated rudely;

- Your plan does not reimburse emergency or urgent care that you had to pay for;
- You get a bill that you believe you should not have to pay.

**Contract** means this agreement between Access Dental and the Applicant including the *Enrollment Form*, the attached schedules, and any appendices, endorsements or riders. This Contract constitutes the entire agreement between the parties.

**Contract Dentist** means a Dentist who provides services in general dentistry, and who has agreed to provide Benefits under this Program.

**Contract Orthodontist** means a Dentist who specializes in orthodontics, and who has agreed to provide Benefits under this Program.

**Contract Specialist** means a Dentist who provides Specialist Services, and who has agreed to provide Benefits to Enrollees under this Program.

**Contract Term** means the one-year period starting on the Effective Date and each annual renewal period during which the Contract remains in effect.

**Coordination of Benefits (COB)** means the provision that applies when an Enrollee is covered by more than one plan at the same time. COB designates the order in which plans are to pay benefits.

**Copayment** means the amount listed in the *Schedule of Benefits* paid by an Enrollee to a Contract Dentist or Contract Specialist for the Benefits provided under this Plan. Enrollees are responsible for payment of all Copayments at the time treatment is received.

**Dental Plan (Plan)** means Access Dental Plan.

**Dentally Necessary** means necessary and appropriate dental care for the diagnosis according to professional standards of practice generally accepted and provided in the community. The fact that a dentist may prescribe, order, recommend or approve a service or supply does not make it Dentally Necessary. The fact that a service or supply is Dentally Necessary does not, in and of itself, make it a Covered Service; however, all Covered Services must also be Dentally Necessary.

**Dentist** means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.

**DHMO** means Dental Health Maintenance Organization.

**Effective Date** means the first day of the month following Access Dental's timely receipt of premium and the Enrollment and Payment Authorization Form.

**Emergency Care (or Emergency Service)** means a dental condition, including severe pain, manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Placing the Enrollee's dental health in serious jeopardy; or
- Causing serious impairment to the Enrollee's dental functions; or
- Causing serious dysfunction of any of the Enrollee's bodily organs or parts.

**Enrollee (or Member)** means a person enrolled to receive Benefits.

**Exclusion** means any dental treatment or service for which the Plan offers no coverage.

**Experimental or Investigational Service** means any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supplies which are not recognized as being in accordance with generally accepted professional dental standards, or if safety and efficacy have not been determined for use in the treatment of a particular dental condition for which the item or service in question is recommended or prescribed.

**Grievance** means a written or oral expression of dissatisfaction regarding the Plan and/or a provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or



appeal made by an Enrollee or the Enrollee's representative. Where the Plan is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.

**Interpreting Service** means Access Dental's contracted vendor which provides phone and face-to-face language interpreting services.

**Language Assistance Services** means translation of standardized and Enrollee-specific vital documents into threshold languages and interpretation services at all points of contact.

**Limited English Proficient or LEP Enrollee** means an Enrollee who has an inability or a limited ability to speak, read, write, or understand the English language at a level that permits that individual to interact effectively with health care providers or plan employees.

**Non-Participating or Non-Contracted Provider** means a provider who has not contracted with Access Dental to provide services to Enrollees.

**Non-Covered Services** means a dental service that is not a covered benefit under this contract.

**IMPORTANT:** If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options you may call the Plan's Member Service at 1(844) 561-5600.

**Optional Benefit** means a dental benefit that you choose to have upgraded. For example, when a filling would correct the tooth but you choose to have a full crown instead.

**Out of Network** means treatment by a Dentist who has not signed an agreement with Access Dental to provide Benefits under the terms of this Contract.

**Out of Pocket Maximum** means the maximum amount of money that a pediatric enrollee must pay for benefits during a calendar year.

Out of Pocket Maximum applies only to Essential Health Benefits (EHB) for Pediatric Enrollees

If more than one pediatric enrollee is covered under the contract, the financial obligation for benefits is not more than the Out of Pocket Maximums for multiple pediatric enrollees.

Cost sharing payments made by each individual child for in-network covered services accrue to the child's out-of-pocket maximum.

Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.

In a plan with two or more children, cost sharing payments made by each individual child for out-of-network covered services contribute to the family out-of-network deductible, if applicable, and do not accumulate to the family out-of-pocket maximum. **Participating or Contracted Provider** means a dentist or dental facility licensed to provide Covered Services who or which at the time care is rendered to an Enrollee has a contract in effect with Access Dental to provide Covered Services to Enrollees.

**Preauthorization (or Prior Authorization)** means the process by which Access Dental determines if a procedure or treatment is a referable benefit under the Enrollee's plan.

**Premium** means the amount payable as provided in this Contract.

**Primary** means, for the purpose of Coordination of Benefits, the dental plan determined to be the plan which must pay for Benefits first when the Enrollee is covered by Us and another plan.

**Primary Care Dentist** means a duly licensed dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed. A dentist, who is responsible for providing initial and primary care to Enrollees, maintains the continuity of patient care, initiates referral for specialist care, and coordinates the provision of all Benefits to Enrollees in accordance with the Contract.

**Protected Health Information (PHI)** means information about you that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care to you or the payment for that care.

**Provider Directory** means the directory of Contracted Dentists for your Plan.

**Reasonable** means that an Enrollee exercises prudent judgment in determining that a dental emergency exists and makes at least one attempt to contact his/her Contract Dentist to obtain Emergency Services and, in the event the Dentist is not available, makes at least one attempt to contact Access Dental for assistance before seeking care from a Non-Contracted provider. .

**Second Opinion (or Second Attempt)** means the process of seeking an evaluation by another dentist, doctor or surgeon to confirm the diagnosis and treatment plan of a Primary Care Dentist or to offer an alternative diagnosis and/or treatment approach.

**Service Area** means the geographic area in the State of California where the Department of Managed Health Care Services (DMHC) has authorized Access Dental to provide Dental HMO services.

**Special Health Care Need** means a physical or mental impairment, limitation or condition that substantially interferes with an Enrollee's ability to obtain Benefits. Examples of such a Special Health Care Need are 1) the Enrollee's inability to obtain access to the assigned Contract Dentist's facility because of a physical disability and 2) the Enrollee's inability to comply with the Contract Dentist's instructions during examination or treatment because of physical disability or mental incapacity.

**Specialist (Specialty) Services** mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics, orthodontics or pediatric dentistry. Specialist Services must be preauthorized in writing by Access Dental.

**Treatment in Progress** means any single dental procedure, as defined by the CDT Code, which has been started while the Enrollee was eligible to receive Benefits, and for which multiple appointments are necessary to complete the procedure whether or not the Enrollee continues to be eligible for Benefits under Access Dental. Examples include: teeth that have been prepared for crowns, root canals where a working length has been established, full or partial dentures for which an impression has been taken and orthodontics when bands have been placed and tooth movement has begun.

**Urgent Care** means dental care needed to prevent serious deterioration of an Enrollee's health resulting from unforeseen illness or injury for which treatment cannot be delayed, including Out-of-Area dental services that cannot be delayed until the Enrollee returns to the Service Area.

**Usual Fee** means the fee usually charged by the Provider to his or her private patients for a given service or material.

**We, Us or Our** means Access Dental Plan.

**You or Your** means the member, enrollee or Applicant's Children.

## Enrollee Identification Card

You will be given an Enrollee Identification Card. This card contains important information for obtaining services. If you have not received your card or if you have lost your Enrollee Identification Card, please call us at (844) 561-5600 (TDD/TTY for the hearing impaired at (800) 735-2929) and we will send you a new card. Please show your Enrollee Identification Card to your provider when you receive dental care.

Only the Enrollee is authorized to obtain dental services using his or her Enrollee Identification Card. If a card is used by or for an individual other than the Enrollee, that individual will be billed for the service he or she receives. Additionally, if you let someone else use your Enrollee Identification Card, we may not be able to keep you in Our plan.

### What is the Access Dental Individual Dental Program?

The Access Dental Individual Dental Program includes commercial and exchange certified plans. For example our Access Dental Children's Dental HMO plan which provides comprehensive dental care to children under the age of 19 to satisfy the pediatric essential health benefit, which is required under the Affordable Care Act. Access Dental has a convenient network of Contracted Dentists in the State of California. These Dentists are screened to ensure that Our standards of quality, access and safety are maintained. The network is composed of established dental professionals. When you visit your assigned Primary Care Dentist, you pay only the applicable Copayment for Benefits. There are no deductibles, lifetime maximums or claim forms. Plans in this program include all ages.

### Enrollee Rights and Responsibilities

As an Access Dental DHMO member, you have the right to:

- Be treated with respect and dignity;
- Choose your Primary Care Dentist from Our Provider Directory;
- Get appointments within a reasonable amount of time
- Participate in candid discussions and decisions about your dental care needs, including appropriate or Dentally Necessary treatment options for your condition(s), regardless of cost or regardless of whether the treatment is covered by the Plan;
- Have your dental records kept confidential. This means that We will not share your dental care information without your written approval, unless it is required by law.
- Voice your concerns about the Plan, or about dental services you received to Access Dental .
- Receive information about Access Dental Plan, Our services and Our providers;
- Make recommendations about your rights and responsibilities.
- See your dental records.
- Get services from providers outside of Our network in an emergency.
- Request an interpreter at no charge to you.
- Use interpreters who are not your family members or friends.
- Receive Enrollee materials translated into your language.
- File a complaint if your linguistic needs are not met.

Your responsibilities are to:

- Give your providers and Access Dental correct information.
- Understand your oral health care needs and any dental problem(s) and participate in developing treatment goals, as much as possible, with your provider.
- Ask questions about any dental condition make certain that the explanations and instructions are understandable.
- Make and keep dental appointments. You should inform your provider at least 24 hours in advance when an appointment must be cancelled.
- Help Access Dental maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
- Notify Access Dental as soon as possible if a provider bills you inappropriately or if you have a complaint.
- Treat all Access Dental personnel and providers respectfully and courteously.

### Who is eligible for coverage?

- You, if you are over the age of 19 and live or work in the Access Dental HMO service area, regardless of whether you have a child.
- Your dependents, defined eligible as those who live or work in the Access Dental HMO service area:
  - Your lawful Spouse or Domestic Partner
  - Your unmarried children or grandchildren up to age 26 for whom You provide care, including adopted children, step-children, or other children for whom You are required to provide dental care pursuant to a court or administrative order. Any additional requirements, e.g. full-time students.
  - Your children who are incapable of self-sustaining employment because of a mental or physical handicap, illness, or condition and are chiefly dependent upon You for support and maintenance.

Coverage will begin for you and your enrolled children on the first day of the month following the date your premium payment is received.

### Service Area

The Service Area is the geographical area in which Access Dental has a panel of Contract Dentists and Contract Specialists who have agreed to provide care to Access Dental Enrollees. To enroll in Access Dental, you or the Applicant must reside, live or work in the Service Area and the permanent legal residence of any enrolled Child(ren) must also be in the Service Area.

### How do I enroll?

First, please read all the information contained in this Contract (particularly the *Schedule of Benefits and Limitations and Exclusions*). This way you will know what procedures are covered and what your Copayments and Premium will be. Second, from the network directory, choose a dental facility that is convenient for you and your family's treatment. Third, complete the *Enrollment and Payment Authorization Form* and indicate which Primary Care Dentist you have chosen.

### Renewal, Cancellation and Termination of Benefits

#### Termination for non-payment of premium

If the required Premium is not paid, your coverage may be terminated prior to the end of the Contract Term. If any applicable Premium payment due from you is not paid timely, your benefits may be cancelled not less than 30 days after the last day of paid coverage.

A Grace Period of three consecutive months will be given if you are receiving advance payments of the premium tax credit and have previously paid at least one full month's premium to Access Dental during the benefit year. Access Dental will pay all appropriate claims for services during the first month of the Grace Period and may pend claims for services rendered to you during the second and third months of the Grace Period. Payment must be received prior to the end of the grace period to reinstate individual to coverage.

Receipt by Access Dental of the proper premium 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.

Enrollment may be cancelled for reasons other than nonpayment of Premium, upon 30 days written notice if: We demonstrate that you committed fraud or an intentional misrepresentation of material fact under the terms of this contract. If We intend to rescind the contract because We can demonstrate that you committed fraud or an intentional misrepresentation of material fact under this contract, you will receive a thirty (30) day notice prior to the effective date of rescission. In addition, you will be notified of your right to appeal our decision.

Coverage for an Enrollee will terminate as of the date enrollment is cancelled under the terms of this Combined Evidence of Coverage and Disclosure Form/ Contract. However, we will continue to provide Benefits for completion of any treatment in progress (less any applicable Copayment).

An Enrollee who believes that enrollment has been canceled or not renewed because of dental condition or the need for dental care or improperly cancelled, rescinded or not renewed may request a review of the cancellation by the Director of the Department of Managed Health Care of the State of California. Please refer to Enrollee Complaint Procedure section of this booklet.

## How to use the Access Dental Program – Choice of Dentist

To access services in this Program, you must select a Primary Care Dentist from the list of dental facilities furnished with this Contract. If the selected facility is not available, non-contracted or closed to further enrollment, Access Dental reserves the right to assign you to another dental office that is as close as possible to your residence. You may call the Customer Service Department to select or change the assignment of a Primary Care Dentist at any time, for an effective date of the change on the first of the following month after you enroll in the Program. You must indicate the Primary Care Dentist's name and facility ID# on the Enrollment and Payment Authorization Form. You may obtain treatment from any contract dentist at that same facility. You may choose different primary care dentists from the list of dental facilities furnished with this contract.

Shortly after enrollment, you will receive a Access Dental membership packet that tells you the Effective date of your coverage. The packet will also show the address and telephone number of your Primary Care Dentist. You may obtain covered dental services any time after your Effective Date. To make an appointment, simply call your Primary Care Dentist's facility and identify yourself as a Access Dental Enrollee. Initial appointments should be scheduled within three weeks unless a specific time has been requested. Inquiries regarding availability of appointments and accessibility of Primary Care Dentists should be directed to the Customer Service department at (844) 561-5600.

**YOU MUST GO TO YOUR ASSIGNED PRIMARY CARE DENTIST TO OBTAIN BENEFITS EXCEPT FOR EMERGENCY SERVICES OR SPECIALIST SERVICES PREAUTHORIZED BY US AS DESCRIBED BELOW. ANY OTHER TREATMENT IS NOT COVERED UNDER THIS PROGRAM.**

### Facilities and Locations

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

The Plan's Primary Care Dentists are located close to where you or the Applicant work or live.

You may obtain a list of Access Dental's Contracted Dentists and their hours of availability by calling Us at (844) 561-5600. A list of Contracted Dentists can also be found online at [www.premierlife.com](http://www.premierlife.com).

### Choosing a Primary Care Dental Provider

Enrollees must select a Primary Care Dentist from the list of providers listed in the Provider Directory. The Enrollee should indicate his/her choice of Primary Care Dentist on the enrollment form. Enrollees from the same family may select different Primary Care Dentists. Each Enrollee's Primary Care Dentist (in coordination with the Plan) is responsible for coordination of the Enrollee's dental care. **Except for Emergency Dental Care, any services and supplies obtained from a Non-Participating Provider other than the Enrollee's Primary Care Dentist without an approved referral by Access Dental will not be paid by Access Dental.** To receive information, assistance, and the office hours of your Primary Care Dentist, contact Customer Service at (844) 561-5600 during regular business hours.

You should not receive a bill for a Covered Service from a Participating Provider (except for Copayments). However, if you do receive a bill, please contact Customer Service at (844) 561-5600. We will reimburse an Enrollee for Emergency Care or Urgent Care services (less any applicable Copayment). You will not be responsible for payments owed by Access Dental to Participating Providers. However, you will be liable for the costs of services to Non-Participating Providers if you receive care without Preauthorization (unless services are necessary as a result of an Emergency Care

condition). If you choose to receive services, which are not Covered Services, you will be responsible for those services.

### **Scheduling Appointments**

Participating Dentists are open during normal business hours and some offices are open Saturday on a limited basis. If you cannot keep your scheduled appointment, you are required to notify the dental office at least 24 hours in advance. A fee may be charged by your Primary Care Dentist for failure to cancel an appointment without 24 hours prior notification. Call the Primary Care Dentist directly to schedule an appointment. If you require specialty care, your Primary Care Dentist will contact Us to arrange for such care.

Appointments for routine and preventive care shall not exceed 4 weeks from the date of the request for an appointment. Wait time in the Participating Provider's office shall not exceed 30 minutes.

Appointments for initial specialist consultation shall not exceed six weeks from the request for an appointment.

### **Provider Reimbursement**

By statute, every contract between Access Dental and its providers state that, in the event Access Dental fails to pay the provider, you will not be liable to the provider for any sums owed by the plan. If you receive services from a Non-Contracted provider, you may be liable to the Non-Contracted provider for the cost of services rendered. If you receive emergency services from a Non-Contracted Provider, you are entitled to reimbursement, subject to the Emergency Services Reimbursement provision of this Combined Evidence of Coverage and Disclosure Form/ Contract.

Participating Dentists are compensated through a combination of per member, per month payments (or "capitated" basis) and may receive an additional fee for certain procedures performed (supplemental payments). Contracted Specialists are compensated on a discounted fee for service basis.

For additional information, you may contact Access Dental at (844) 561-5600 or speak directly with your provider.

**IMPORTANT:** If you opt to receive dental services that are not covered services under this plan, a Participating Dental Provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the provider should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call Member Services at (844) 561-5600 or your insurance broker. To fully understand your coverage, you may wish to carefully review this Contract.

### **Urgent Care**

Urgent Care services are services needed to prevent serious deterioration of your health resulting from an unforeseen illness or injury for which treatment cannot be delayed. The Plan covers Urgent Care services any time you are outside Our Service Area or on nights and weekends when you are inside Our Service Area. To be covered by the Plan, the Urgent Care service must be needed because the illness or injury will become much more serious, if you wait for an appointment with your Primary Care Dentist. On your first visit, talk to your Primary Care Dentist about what he or she wants you to do when the office is closed and you feel Urgent Care may be needed.

To obtain Urgent Care when you are inside the Plan's Service Area on nights and weekends, the Member must notify his or her Primary Care Dentist, describe the Urgent Condition, and make an appointment to see his or her Primary Care Dentist within 24 hours. If the Primary Care Dentist is unable to see the Member within the 24-hour period, the Member must immediately contact the Plan at (844) 561-5600 and the Plan will arrange alternative dental care.

To obtain Urgent Care when you are outside the Plan's Service Area, the Member should seek care from any Non-Participating Provider. Services that do not meet the definition of Urgent Care will not be covered if treatment was provided by a Non-Participating Provider. Non-Participating Providers may require the Member to make immediate full payment for services or may allow the Member to pay any applicable Copayments and bill the Plan for the unpaid balance. If the Member has to pay any portion of the bill, the Plan will reimburse the Member for services that meet the definition of Emergency Care or Urgent Care as defined above. If the Member pays a bill, a copy of the bill or invoice from the dentist who provided the care and a brief explanation of the circumstances that gave rise to the needed dental care should be submitted to the following address: Access Dental Plan, Attention: Claims Department, P. O. Box: 659005, Sacramento, CA 95865-9005.

Benefits for Urgent Care not provided by the Primary Care Dentist are limited to a maximum of \$100.00 per incident, less the applicable Copayment. If the maximum is exceeded, or the above conditions are not met, the Eligible enrollee is responsible for any charges for services by a provider other than their Primary Care Dentist.

If you seek Urgent Care from a provider located more than 25 miles away from your participating provider, you will receive emergency benefits coverage up to a maximum of \$100, less any applicable copayments.

If you receive Urgent Care dental services, you may be required to pay the provider who rendered such emergency dental service and submit a claim to the Plan for a reimbursement determination. Claims for Emergency Care should be sent to Access Dental Plan within 180 days of the end of treatment. Valid claims received after the 180-day period will be reviewed if the Eligible Enrollee can show that it was not reasonably possible to submit the claim within that time.

Decisions relating to payment or denial of the reimbursement request will be made within thirty (30) business days of the date of all information reasonably required to render such decision is received by the Plan.

Once the Member has received Urgent Care, the Member must contact his or her Primary Care Dentist (if the Member's own Primary Care Dentist did not perform the dental care) for follow-up care. The Member will receive all follow-up care from his or her own Primary Care Dentist.

## Emergency Services

Your assigned Primary Care Dentist maintains a 24-hour Emergency Services system seven days a week. If Emergency Services (see definitions: "Emergency Care") are needed, you should contact your Primary Care Dentist whenever possible. Benefits for Emergency Services by any other Dentist are limited to necessary care to stabilize the condition and/or provider palliative relief when you:

- 1) have made a Reasonable attempt to contact your Primary Care Dentist and the Primary Care Dentist is unavailable or unable to see you within 24 hours of making contact; or
- 2) have made a reasonable attempt to contact Access Dental prior to receiving Emergency Services, or it is Reasonable for you to access Emergency Services without prior contact with Access Dental ; or
- 3) reasonably believe that your condition makes it dentally/ medically inappropriate to travel to the Primary Care Dentist to receive Emergency Services.

Benefits for emergency services not provided by the Primary Care Dentist are limited to a maximum of \$100 per emergency, per enrollee, less the applicable Copayment. If the maximum is exceeded, you are responsible for any charges for services by a Dentist other than your Primary Care Dentist.

If you seek emergency dental services from a provider located more than 25 miles away from your participating provider, you will receive emergency benefits coverage up to a maximum of \$100, less any applicable copayments.

If you receive emergency dental services, you may be required to pay the provider who rendered such emergency dental service and submit a claim to the Plan for a reimbursement determination. Claims

for Emergency Care should be sent to Access Dental within 180 days of the end of treatment. Valid claims received after the 180-day period will be reviewed if the Eligible Enrollee can show that it was not reasonably possible to submit the claim within that time.

## Specialist Services

Specialist Services for oral surgery, endodontics, periodontics, or pediatric dentistry, must be 1) referred by the assigned Primary Care Dentist, and 2) preauthorized in writing by us. You pay the specified Copayment (Refer to Schedule of Benefits).

If you require Specialist Services and there is no Contract Specialist to provide these services within 30 miles of your home address, your assigned Contract Dentist must receive written Preauthorization from Access Dental to refer you to an Out-of-Network specialist to provide the Specialist Services. Specialist Services performed by an Out-of-Network specialist that are not preauthorized by Access Dental may not be covered.

## Preauthorization and Referrals to Specialists

### Specialty Care Referrals

During the course of treatment, Your Selected General Dentist may encounter situations that require the services of a Specialty Care Dentist. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are necessary. All referrals to Specialty Care Dentists require a Specialty Care Referral.

### Routine Care, Urgent and Emergency Referrals Timeframes

Routine Care Referrals are processed within five (5) business days from the date the request is received in our office. Urgent care referrals are processed within seventy-two (72) hours or less of the receipt of the necessary documentation. Copies of authorizations for regular referrals are sent to You, the Specialty Care Dentist and Your Selected General Dentist. Emergency referrals are processed immediately.

You are encouraged to contact Your Selected General Dentist to schedule a follow-up appointment after the completion of the treatment by the Specialty Care Dentist. If You have any questions about Specialty Care Referrals, please call Access Dental by dialing (844) 561-5600.

### Authorization, Modification, or Denial of Services

Decisions to approve, modify, or deny, based on dental necessity, prior to or concurrent with the provision of dental care services to You shall be made by us in a timely fashion appropriate for the nature of Your condition, not to exceed five (5) business days from our receipt of the information reasonably necessary and requested by us to make the determination. In the case of concurrent review, care shall not be discontinued until the enrollee's treating provider has been notified of the Access Dental's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of that patient.

### Urgent Requests

If Your condition is such that You face an imminent and serious threat to Your dental health including, but not limited to, the loss of major dental function, or if waiting in accordance with the timeframe

noted in the above paragraph could jeopardize Your ability to regain maximum function, our decision to approve, modify, or deny referral requests by Your Selected General Dentist prior to, or concurrent with, the provision of dental care services to You shall be made in a timely fashion appropriate for the nature of Your condition, not to exceed seventy-two (72) hours after the Plan's receipt of the information reasonably necessary and requested by us to make the determination.



We shall initially notify by telephone or fax Your Selected General Dentist of our decision to approve, modify, or deny requests for referral authorization within twenty-four (24) hours of our decision. We will also immediately inform Your Selected General Dentist in writing of the decision to approve, modify or deny the referral. If the referral is approved, we will specify in the notice the specific dental care service approved and we will specify in the notice, the clear and concise explanation of the reasons for the decisions, the criteria or guideline used, and the clinical reasons for the decisions regarding dental necessity. Additionally, we will include the name and direct telephone number of who made the decision.

If we cannot approve, modify, or deny the request for authorization within the timeframes specified above because we are not in receipt of all the information reasonably necessary and requested, because we require consultation by an expert reviewer, or because we asked for an additional examination or test be performed upon You, then we will immediately upon the expiration of the timeframes noted above, or as soon as we become aware we will not meet those timeframes, whichever occurs first, notify Your Selected General Dentist and You, in writing, that we cannot make a decision within the required timeframe and specify the information requested but not received, or the expert reviewer to be consulted or the additional examinations or tests required. Once we receive all the information reasonably necessary and requested, we will approve, modify, or deny the request for authorization in a timely fashion appropriate for the nature of Your condition, not to exceed seventy-two (72) hours or five (5) business days.

Information regarding the processes, criteria and procedures that we use to authorize, modify or deny dental services under the benefits provided by us are available to You, Your Selected General Dentist and the public upon request.

### **Second Opinion**

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

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

- If You question the reasonableness or necessity of recommended surgical procedures;
- 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;
- If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating Selected General Dentist is unable to diagnose the condition, and the Enrollee requests an additional diagnosis; or
- If the treatment plan in progress is not improving You 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 continuance of the treatment.

Requests for second opinions are processed within five (5) business days of our receipt of such request except when an expedited second opinion is warranted; in which case a decision will be made and

conveyed to You within twenty-four (24) hours. Upon approval, we will contact the consulting Selected General Dentist and make arrangements to enable You to schedule an appointment.

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

You may request a second opinion or obtain a copy of the second dental opinion policy by contacting Access Dental either by calling (844) 561-5600 or sending a written request to the following address:

Access Dental Plan  
Member Services  
PO Box 659032  
Sacramento, CA 95865-9032

### **Emergency Dental Care**

Emergency Dental Care means treatment to resolve an Emergency Dental Condition (see Definitions "Emergency Dental Condition". Emergency Dental Care is treatment and procedures administered in a Dentist's office, dental clinic, or other comparable facility, to evaluate and stabilize an Emergency Dental Condition.

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

Services for treatment of an Emergency Dental Condition will not be covered if treatment is provided by an Out-of-Network Dentist. If you seek Emergency Dental Care from an Out-of-Network Dentist, the Out-of-Network Dentist may require you to make immediate full payment for services or may allow you to pay any applicable Copayments. If you have to pay any portion of the bill, we will reimburse you for services that meet the definition of Emergency Dental Condition Care minus any applicable Copayments. If you pay a bill, please submit a copy of the bill to us for a benefits determination.

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

If You receive treatment for an Emergency Dental Condition from an Out-of-Network Dentist, the maximum reimbursement to you from Access Dental is limited to \$100.00, You will be required to pay all charges to the Out-of-Network Dentist and submit a claim to us for a benefits determination.

### **Urgent Care**

Urgent Care services are services needed to prevent serious deterioration of your health resulting from an unforeseen illness or injury for which treatment cannot be delayed. All Selected General Dental Offices provide treatment for Urgent Care services twenty-four (24) hours a day, seven (7) days a week. We encourage you to obtain Urgent Care from your Selected General Dentist/Office. If your Selected General Dentist is unable to see you within twenty-four (24) hours, you must immediately contact our Member Services Department at (844) 561-5600 and we will arrange alternative dental care for you.

Services that do not meet the definition of Urgent Care will not be covered if treatment is provided by an Out-of-Network Dentist. If you seek Urgent Care from an Out-of-Network Dentist, the Out-of-Network Dentist may require you to make immediate full payment for services or may allow you to pay any applicable Copayments. If you have to pay any portion of the bill, we will reimburse you for services that meet the definition of Urgent Care minus any applicable Copayments. If you pay a bill, please submit a copy of the bill to us for a benefits determination.

If You receive treatment for Urgent Dental Care from an Out-of-Network Dentist, the maximum reimbursement to you from Access Dental is limited to \$100.00, You will be required to pay all charges to the Out-of-Network Dentist and submit a claim to us for a benefits determination.

Once you have received Urgent Care, you must contact your Selected General Dentist (if your Selected General Dentist did not perform the service) for follow-up care. You will receive all follow-up care from your Selected General Dentist.

## Special Needs

If an Enrollee believes he or she has a Special Health Care need, the Enrollee should contact Access Dental's Customer Service department at (844) 561-5600 Access Dental will confirm that a Special Health Care Need exists and what arrangements can be made to assist the Enrollee in obtaining such Benefits. Access Dental shall not be responsible for the failure of any Contract Dentist to comply with any law or regulation concerning structural office requirements that apply to a Dentist treating persons with Special Health Care Needs.

## Accessing Care

Access Dental has made every effort to ensure that Our offices and the offices and facilities of the Contracted Dentists and Contracted Specialists are accessible for patients with mobility impairments. If you are not able to locate an accessible provider, please call Us toll-free at (844) 561-5600 and We will help you find an alternate provider.

People with hearing impairments may contact Us through Our TDD number at (844) 561-5600 for assistance.

This Combined Evidence of Coverage and Disclosure Form/ Contract and other important plan materials are available in large print, enlarged computer disk formats, and audiotape for people with vision impairments. For alternative formats, or for direct help in reading this document and other materials, please call Us at (844) 561-5600.

Access Dental complies with the Americans with Disabilities Act of 1990 (ADA). This Act prohibits discrimination based on disability.

## Facility Accessibility

Many dental facilities provide Access Dental with information about special features of their offices, including accessibility information for patients with mobility impairments. To obtain information regarding dental facility accessibility, contact Access Dental's Customer Service department at (844) 561-5600.

## What if I need to change Contract Dentists?

You may change your assigned Primary Care Dentist by directing a request to the Customer Service department or by visiting Our website at [www.premierlife.com](http://www.premierlife.com). In order to ensure that your Primary Care Dentist is notified and Our eligibility lists are correct, a change in Primary Care Dentist must be requested before the 15<sup>th</sup> day of the month to be effective on the first day of the following month. We will provide an Enrollee written notice of assignment to another Contract Dentist facility near the Enrollee's home, if 1) a selected facility is closed to further enrollment, 2) a chosen Contract Dentist withdraws from the Program, or 3) an assigned facility requests for good cause, that the Enrollee be re-assigned to another Contract Dentist. All Treatment in Progress must be completed before you change to another Contract Dentist. For example, this would include 1) partial or full dentures for which final impressions have been taken, 2) completion of root canals in progress and 3) delivery of crowns when teeth have been prepared.

If your assigned Primary Care Dentist terminates participation in this Program, that Contract Dentist will complete all Treatment in Progress as described above.

If your Primary Care Dentist or other dental care provider stops working with Access Dental , We will let you know by mail 60 days before the contract termination date.

### Continuity of Care

Current Enrollees may have the right to the benefit of completion of care with their Terminated Provider for certain specified dental conditions. Please call Access Dental at (844) 561-5600 to see if you may be eligible for this benefit. You may request a copy of Access Dental's Continuity of Care Policy. You must make a specific request to continue under the care of your Terminated Provider. We are not required to continue your care with that provider if you are not eligible under Our policy or if we cannot reach agreement with your Terminated Provider on the terms regarding your care in accordance with California law.

### Benefits, Limitations and Exclusions

This Program provides the Benefits described in the Schedule of Benefits subject to the limitations and exclusions also described in Schedule of Benefits. Benefits are only available in the state of California. The services are performed as deemed appropriate by your attending Primary Care Dentist.

### Copayments and Other Charges

You are required to pay any Copayments listed in the Schedule of Benefits. Copayments are paid directly to the Dentist who provides treatment.

In the event that we fail to pay a Contract Dentist or Contract Specialist, you will not be liable to that Dentist for any sums owed by us. By statute, every contract between Access Dental and our Contract Dentists and Contract Specialists contain a provision prohibiting a Contract Dentist or Contract Specialist from charging an Enrollee for any sums owed by Access Dental.

If you have not received Preauthorization for treatment from a Non-Participating Provider, and we fail to pay that Non-Participating Provider, you may be liable to that Non-Participating Provider for the cost of services. For further clarification see Emergency Services and Specialist Services.

### Obtaining a Second Opinion

Sometimes you may have questions about your condition or your Primary Care Dentist's recommended treatment plan. You may want to get a Second Opinion. You may request a Second Opinion for any reason, including the following:

- You question the reasonableness or necessity of a recommended procedure.
- You have questions about a diagnosis or a treatment plan for a chronic condition or a condition that could cause loss of life, loss of limb, loss of bodily function, or substantial impairment.
- Your provider's advice is not clear, or it is complex or confusing.
- Your provider is unable to diagnose the condition or the diagnosis is in doubt due to conflicting test results.
- The treatment plan in progress has not improved your dental condition within an appropriate period of time.

- You have attempted to follow the treatment plan or consulted with your initial provider regarding your concerns about the diagnosis or the treatment plan.

You or your Primary Care Dentist or Contracted Specialist may request a Second Opinion for Covered Services. After you or your Primary Care Dentist has requested permission to obtain a Second Opinion, We will authorize or deny your request in an expeditious manner. If your dental condition poses an imminent and serious threat to your health, including but not limited to, the potential loss of life, limb, or other major bodily function or if a delay would be detrimental to your ability to regain maximum function, your request for a Second Opinion will be processed within 72 hours after the Plan receives your request.

Access Dental may also request that an Enrollee obtain a second opinion to verify the necessity and appropriateness of dental treatment or the application of Benefits.

If your request to obtain a Second Opinion is authorized, you must receive services from a Contracted Dentist. If there is no qualified provider in Our network, We will authorize a Second Opinion from a Non-Participating Provider. You will be responsible for paying any applicable Copayments for a Second Opinion.

If your request to obtain a Second Opinion is denied and you would like to appeal Our decision, please refer to the Grievance and Appeals Process in this booklet.

This is a summary of Our Second Opinion policy. To obtain a copy of Our policy, please contact Us at (844) 561-8800.

## Claims for Reimbursement

Claims for covered Emergency Dental Services or preauthorized Specialist Services should be sent to us within 90 days of the end of treatment. Valid claims received after the 90-day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. The address for claims submission is Access Dental, P.O. Box 659005, Sacramento, CA 95865-9005.

## Processing Policies

The dental care guidelines for the Access Dental Program explain to Contract Dentists what services are covered under the dental Contract. Contract Dentists will use their professional judgment to determine which services are appropriate for the Enrollee. Services performed by the Contract Dentist that fall under the scope of Benefits of the dental Program are provided subject to any Copayments. If a Contract Dentist believes that an enrollee should seek treatment from a specialist, the Contract Dentist contacts Access Dental for a determination of whether the proposed treatment is a covered benefit. Access Dental will also determine whether the proposed treatment requires treatment by a specialist. An Enrollee may contact Access Dental's Customer Service department at (844) 561-5600 for information regarding the dental care guidelines for Access Dental.

In the event this policy is issued for a child under 19 enrolled through Covered California, this policy will serve as a second payor. All claims must go through the medical carrier including pediatric dental coverage first and then shall be submitted either by the medical plan or the member to Access Dental.

## Enrollee Complaint Procedure

For grievances involving the delay, denial, or modification of dental services, Our response will describe the criteria used by Us and the clinical reasons for Our decision, including all the criteria and reasons related to dental necessity. In the event that we issue a decision delaying, denying or modifying the dental services based in whole or in part on a finding that the proposed services are not a covered benefit under this contract, we will clearly specify the decision and the provisions in this contract that exclude the coverage.

If you have any complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Access Dental, or the quality of dental services performed by a Contract Dentist or Contract Specialist, you may call Access Dental's Customer Service department at (844) 561-5600, submit a complaint online through Our website at [www.premierlife.com](http://www.premierlife.com), or the complaint may be addressed in writing to:

Access Dental Plan, Inc.  
P.O. Box 255039  
Sacramento, CA 95865

Written communication must include 1) the name of the patient, 2) the name, address, telephone number and identification number of the primary Enrollee, and 3) the Dentist's name and facility location.

Within 5 calendar days of the receipt of any complaint, a Quality Management coordinator will forward to you an acknowledgement of receipt of the complaint. Certain complaints may require that you be referred to a regional dental consultant for clinical evaluation of the dental services provided. Access Dental will forward to you a determination in writing within 30 days of receipt of a complaint. If the complaint involves severe pain and/or imminent and serious threat to a patient's dental health, Access Dental will provide the Enrollee written notification regarding the disposition or pending status of the complaint within three days.

If you have completed Access Dental's grievance process, or you have been involved in Access Dental's grievance procedure for more than 30 days, you may file a complaint with the California Department of Managed Health Care. You may file a complaint with the Department immediately in an emergency situation, which is one involving severe pain and/or imminent and serious threat to your health.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(844) 561-5600** and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatment that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a **toll-free telephone number (1-888-HMO-2219)** and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The Department's Internet **Web site <http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.

IMR is generally not applicable to a dental plan, unless that dental plan covers services related to the practice of medicine or offered pursuant to a contract with a health plan providing medical, surgical or hospital services.

#### Entire Contract

This Combined Evidence of Coverage and Disclosure Form/ Contract, and any attached schedules, appendices, endorsements and riders, constitute the entire agreement governing the Program. No amendment is valid unless approved by an executive officer of Access Dental and attached to this booklet. No agent or broker has authority to amend this Contract or waive any of its provisions.

#### Public Policy Participation by Enrollees

Access Dental's Public Policy Committee includes Enrollees who participate in establishing Access Dental's public policy regarding Enrollees through periodic review of Access Dental's Quality

Management program reports and communications from Enrollees. Enrollees may submit any suggestions regarding Access Dental's public policy in writing to:

Access Dental Plan, Inc.  
P.O. Box 659005  
Sacramento, CA 95865-9005

## Governing Law

Any provision required to be included in this Disclosure Form/ Contract by California law and regulation binds the Plan whether or not stated.

Access Dental shall comply in all respects with all applicable federal, state, and local laws and regulations relating to administrative simplification, security, and privacy of individually identifiable enrollee information. Both parties agree that this Contract may be amended as necessary to comply with federal regulations issued under the Health Insurance Portability and Accountability Act of 1996 or to comply with any other enacted administrative simplification, security or privacy laws or regulations.

## Coordination of Benefits

Coordination of Benefits (COB) is a process, regulated by law, which determines the financial responsibility for payment when a Member has coverage under more than one plan. The primary carrier pays up to its maximum liability and the secondary carrier considers the remaining balance for covered services up to, but not exceeding, the benefits that are available and the dentist's actual charge.

Determination of primary coverage is as follows:

**For a Group Medical Insurance Qualified Health Plan:** A Group Medical Insurance Qualified Health plan providing pediatric dental essential health benefits is the primary carrier for such covered services. This applies to plans provided on the California Health Benefit Marketplace and to plans provided outside such Marketplace.

**For Dependent Children covered under Group Dental Plans:** The determination of primary and secondary coverage for Dependent children covered by two parents' plans follows the birthday rule. The plan of the parent with the earlier birthday (month and day, not year) is the primary coverage. Different rules apply for the children of divorced or legally separated parents; contact the Member Services Department if you have any questions.

**Coverage under Access Dental and another pre-paid dental plan:** When an Access Dental Member has coverage under another prepaid dental plan, whether Access Dental is the primary or the secondary coverage, PCD may not collect more than the applicable Patient Charge from the Member.

**Coverage under Access Dental and a traditional or PPO fee-for-service dental plan:** When a Member is covered by Access Dental and a fee-for-service plan, the following rules will apply:

When Access Dental is primary, Access Dental will pay the maximum amount required by its contract or policy with the Member when coordinating benefits with a secondary dental benefit plan.

When Access Dental is secondary, Access dental will pay the lesser of either the amount that we would have paid in the absence of any other dental benefit coverage or the Member's total out-of-pocket cost payable under the primary dental benefit plan for benefits covered under the secondary dental benefit plan.

Access Dental will not coordinate nor pay for the following:

Any condition for which benefits of any nature are paid, whether by adjudication or settlement, under any Workers' Compensation or Occupational Disease law.

Treatment provided by any public program, except Medicaid, or paid for or sponsored by any government body, unless we are legally required to provide benefits.

## General Provisions

### Notice and Proof of Claim

Written notice of any claim must be given to Access Dental within 180 days after the occurrence or commencement of any covered loss, or as soon thereafter as reasonably possible. Notice may be given to Access Dental, P.O. Box 659005, Sacramento, CA 95865-9005.

You may comply with notice 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. **Access Dental does not require claim forms.**

### Eligibility of Medicaid Not Considered

Access Dental shall not consider the availability or eligibility for medical assistance under Medicaid, when considering eligibility for coverage or making payments under this Combined Evidence of Coverage and Disclosure Form/ Contract.

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

## Confidentiality of Dental Records

A STATEMENT DESCRIBING ACCESS DENTAL'S POLICIES AND PROCEDURES REGARDING THE CONFIDENTIALITY OF DENTAL RECORDS IS INCLUDED IN THIS COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM/ CONTRACT UNDER THE "PRIVACY PRACTICES" SECTION.

## Organ and Tissue Donation

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

## Privacy Practices

Except as permitted by law, Enrollee information is not released without your or your authorized representative's consent. Enrollee-identifiable information is shared only with Our consent or as otherwise permitted by law. The Plan maintains policies regarding the confidentiality of Enrollee-identifiable information, including policies related to access to dental records, protection of personal health information in all settings, and the use of data for quality measurement. We may collect, use,



and share medical information when Dentally Necessary or for other purposes as permitted by law (such as for quality review and measurement and research.)

All of the Plan's employees and providers are required to maintain the confidentiality of Enrollee information. This obligation is addressed in policies, procedures, and confidentiality agreements. All providers with whom We contract are subject to Our confidentiality requirements.

In accordance with applicable law, you have the right to review your own medical information and you have the right to authorize the release of this information to others.

A STATEMENT DESCRIBING OUR POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS PROVIDED AS ATTACHMENT

IMPORTANT: CAN YOU READ THIS DOCUMENT? IF NOT, WE CAN HAVE SOMEBODY HELP YOU READ IT FOR FREE HELP, PLEASE CALL ACCESS DENTAL AT (844) 561-5600. YOU MAY ALSO BE ABLE TO RECEIVE THIS DOCUMENT IN SPANISH OR CHINESE.

#### EFFECTIVE DATES OF COVERAGE

The date of Access Dental coverage becomes effective is based on when we receive your application and payment. If you have questions after reviewing the following, please contact us at (844) 561-5600.

**Monthly Bank Draft:** If your payment are received by the 25<sup>th</sup> of the month, you will be able to use your benefits on the first day of the following month. (e.g., received by March 25, your benefits will be effective April 1. After the 25<sup>th</sup> of March, your benefits will be effective May 1.)

**Monthly Credit Card Draft:** If your application and payment is received by the 25<sup>th</sup>, you will be able to use your benefits on the first day of the following month. (e.g., received by March 25, your benefits will be effective April 1. After the 25<sup>th</sup> of March, your benefits will be effective May 1.)

Managed care benefits are provided by Access Dental Plan, Inc.

**NOTICE OF PRIVACY PRACTICES  
EFFECTIVE APRIL 14, 2003**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice tells you about the ways Access Dental Plan, Inc. (“*Access Dental*”) may collect, store, use and disclose your protected health information and your rights concerning your protected health information. “Protected Health Information” is information about you that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

Federal and state laws require us to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is still in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

**Uses and Disclosures of Your Protected Health Information**

We may use and disclose your protected health information for different purposes. The examples below are illustrations of the different types of uses and disclosures that we may make without obtaining your authorization.

- **Payment.** We may use and disclose your protected health information in order to pay for your covered health expenses. For example, we may use your protected health information to process claims or be reimbursed by another insurer that may be responsible for payment.
- **Treatment.** We may use and disclose your protected health information to assist your health care providers (dentists) in your diagnosis and treatment.
- **Health Care Operations.** We may use and disclose your protected health information in order to perform our plan activities, such as quality assessment activities, or administrative activities, including data management or customer service. In some cases, we may use or disclose the information for underwriting or determining premiums.
- **Enrolled Children.** We will mail explanation of benefits forms and other mailings containing protected health information to the address we have on record for the subscriber of the dental plan.

**Other Permitted or Required Disclosures**

- **As Required by Law.** We must disclose protected health information about you when required to do so by law.
- **Public Health Activities.** We may disclose your protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your protected health information to government agencies about abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose protected health information to government oversight agencies (e.g. state insurance departments) for activities authorized by law.
- **Judicial and Administrative Proceedings.** We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **Coroners or Funeral Directors.** We may release protected health information to coroners or funeral directors as necessary to allow them to carry out their duties.
- **Research.** Under certain circumstances, we may disclose protected health information about you for research purposes, provided certain measures have been taken to protect your privacy.

- **To Avert a Serious Threat to Health or Safety.** We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Special Government Functions.** We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- **Workers' Compensation.** We may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.

#### **Other Uses or Disclosures with an Authorization**

Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under the Plan.

#### **Your Rights Regarding Your Protected Health Information**

You may have certain rights regarding protected health information that the Plan maintains about you.

- **Right to Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment and case or medical management records. Your request to review and/or obtain a copy of your protected health information must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.
- **Right to Amend Your Protected Health Information.** If you feel that your protected health information maintained by Access Dental is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request, if for example, you ask us to amend information that was not created by Access Dental or you ask us to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.
- **Right to an Accounting of Disclosures.** You have the right request an accounting of disclosures we have made of your protected health information. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. This 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 (paper or electronically). For additional lists within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.
- **Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information.** You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. *We may not agree to your request.* If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.
- **Right to Receive Confidential Communications.** You have the right to request that we use a certain method to communicate with you or that we send information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.
- **Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting our Privacy Officer. See the end of this Notice for the contact information.

**Health Information Security**

Access Dental requires its employees to follow its security policies and procedures that limit access to health information about members to those employees who need it to perform their job responsibilities. In addition, Access Dental maintains physical, administrative and technical security measures to safeguard your protected health information.

**Changes to This Notice**

We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any other information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. Any time we make a material change to this Notice, we will promptly revise and issue the new Notice with the new effective date.

**Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may file a complaint with us by contacting the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. We support your right to protect the privacy of your protected health information. ***We will not retaliate against you or penalize you for filing a complaint.***

**Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:

Privacy Officer  
Access Dental Plan, Inc.  
P. O. Box: 659010  
Sacramento, CA 95865-9010

Phone: (916) 920-2500  
Fax: (916) 646-9000  
Email: [PrivacyOfficer@PremierLife.com](mailto:PrivacyOfficer@PremierLife.com)

**ATTACHMENT B – Authorization to Use & Disclose Health Information**

**AUTHORIZATION TO USE & DISCLOSE HEALTH INFORMATION**

Name of Member: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Address of Member: \_\_\_\_\_

I authorize **Access Dental Plan, Inc.** to use and disclose a copy of the specific health and dental information described below.

**Information consisting of:** *(Check all that apply.)*

- Eligibility       Benefits       Claims       Prior Authorizations/Specialty Referrals
- Other *(Please specify)* \_\_\_\_\_

**Name of the Person(s) or Organization(s) to whom you authorize us to use or disclose your information:**

Please check all that apply, and list the name or organization:

- Spouse \_\_\_\_\_  Mother \_\_\_\_\_
- Employer \_\_\_\_\_  Father \_\_\_\_\_
- Child \_\_\_\_\_  Other \_\_\_\_\_

**For the purpose of:** *(Describe intended use or purpose of this disclosure)*

\_\_\_\_\_  
\_\_\_\_\_

**Expiration of Authorization:** *(For how long do you wish this Authorization to last)*

- 1 year     3 years     5 years     No expiration     Other \_\_\_\_\_

If we are requesting this Authorization from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

- We cannot condition our provision of services or treatment to you on the receipt of this signed authorization;
- You may inspect a copy of the protected health information to be used or disclosed;
- You may refuse to sign this Authorization; and
- We must provide you with a copy of the signed authorization.

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the information in reliance on this Authorization.

Unless revoked earlier or otherwise indicated, this Authorization will expire one year from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

*I have reviewed and I understand this Authorization. I also understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law.*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Member *(or authorized representative, if Member is a minor)*

Printed Name of Authorized Representative \_\_\_\_\_

Relationship to Member \_\_\_\_\_

***Please mail this form to Access Dental, Attn: Customer Service, P.O. Box 659010, Sacramento, CA 95865-9010.  
You may also FAX the form to <sup>1</sup>[(916) 646-9000] to the Attention of Customer Service.***

**IMPORTANT NOTICE REGARDING LANGUAGE ASSISTANCE & DISCRIMINATION**  
**AVISO IMPORTANTE SOBRE LA ASISTENCIA DE IDIOMA Y DISCRIMINACIÓN**

<p><b>English</b></p>	<p>If you or the person you are helping has questions about your insurance benefits, claims, or coverage, you have the right to get help and information in your language at no cost. To talk to an interpreter: if you have insurance from your employer, call the telephone number on your identification card; for all other members, please call 844-561-5600.</p> <p>The Guardian and its subsidiaries* comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p>
<p><b>Spanish</b> <b>Español</b></p>	<p>Si usted o la persona que está ayudando tiene preguntas acerca de su seguro, las reclamaciones o cobertura, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete: si tiene seguro de su empleador, llame al número de teléfono que aparece en su tarjeta de identificación; para todos los demás miembros, por favor llame al 844-561-5600.</p> <p>The Guardian y sus subsidiarias * cumplir con las leyes federales aplicables de derechos civiles y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad, o sexo.</p>
<p><b>Chinese</b> <b>中文</b></p>	<p>如果你或你正在帮助的人拥有你的保险利益、索赔或覆盖的问题，你有没有成本，以获取帮助和信息在你的语言的权利。要交的解释：如果您从您的雇主有保险，打电话给你的身份证上的电话号码；所有其他成员，请致电 844-561-5600。</p> <p>卫报及其子公司*遵守适用的联邦民权法和种族，肤色，国籍，年龄，残疾，或性的基础上不歧视。</p>
<p><b>Vietnamese</b> <b>Tiếng Việt</b></p>	<p>Nếu bạn hoặc người bạn đang giúp đỡ có câu hỏi về quyền lợi bảo hiểm, yêu cầu của bạn, hoặc bảo hiểm, bạn có quyền được trợ giúp và thông tin trong ngôn ngữ của bạn miễn phí. Để nói chuyện với một thông dịch viên: nếu bạn có bảo hiểm từ công ty của bạn, hãy gọi số điện thoại trên thẻ nhận dạng của bạn; cho tất cả các thành viên khác, xin vui lòng gọi 844-561-5600.</p> <p>The Guardian và các công ty con của nó * tuân thủ pháp luật quyền dân sự liên bang áp dụng và không phân biệt đối xử trên cơ sở chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, khuyết tật, hoặc quan hệ tình dục.</p>
<p><b>Korean</b> <b>한국어</b></p>	<p>당신이나 당신이 도움이 되고 사람이 당신의 보험 혜택, 청구, 또는 범위에 대한 질문이 있는 경우, 당신은 무료로 귀하의 언어로 도움과 정보를 얻을 수 있는 권리가 있습니다. 통역 얘기하려면, 당신은 당신의 고용주로부터 보험이 있는 경우, 귀하의 ID 카드에 전화 번호로 전화; 다른 모든 구성원에 대해, 844-561-5600로 전화 해주십시오.</p> <p>가디언과 그 자회사는 해당 연방 민권법을 준수하고 인종, 피부색, 출신 국가, 연령, 장애, 또는 성별에 근거하여 차별하지 않습니다*.</p>
<p><b>Tagalog</b> <b>Tagalog</b></p>	<p>Kung ikaw o ang taong ikaw ay pagtulong ay may mga katanungan tungkol sa inyong mga benepisyo sa insurance, claims, o coverage, ikaw ay may karapatan upang makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makipag-usap sa isang interpreter: kung mayroon kang insurance mula sa iyong tagapag-empleyo, tawagan ang numero ng telepono sa iyong identification card; para sa lahat ng iba pang mga miyembro, mangyaring tumawag sa 844-561-5600.</p> <p>The Guardian at ang mga subsidiaries * sumusunod sa naaangkop na mga Pederal na batas sa mga karapatang sibil at hindi maaaring makita ang kaibhan sa batayan ng lahi, kulay, bansang pinagmulan, edad, kapansanan, o sex.</p>
<p><b>Russian</b> <b>Русский</b></p>	<p>Если вы или человек, которому вы помогаете есть вопросы по поводу вашего страховых выплат, претензий, или покрытия, вы имеете право получить помощь и информацию на вашем языке без каких-либо затрат. Для того, чтобы поговорить с переводчиком: если у вас есть страхование от Вашего работодателя, позвоните по номеру телефона на вашей идентификационной карточке; для всех остальных членов, просьба звонить по телефону 844-561-5600.</p> <p>The Guardian и его дочерние компании * соответствии с действующими федеральными законами о гражданских правах и не допускать дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, инвалидности или пола.</p>
<p><b>Arabic</b> <b>العربية</b></p>	<p>إذا كنت أنت أو الشخص الذي يساعد فيه أسئلة حول فوائد التأمين والمطالبات، أو تغطية، لديك الحق في الحصول على المساعدة والمعلومات في لغتك دون أي تكلفة. التحدث الى مترجم: إذا كان لديك التأمين من صاحب العمل الخاص بك، الاتصال على رقم الهاتف على بطاقة الهوية الخاصة بك. لجميع الأعضاء، يرجى الاتصال 844-561-5600.</p> <p>الجاردريان والشركات التابعة لها * الالتزام بالفوانين الاتحادية المطبقة الحقوق المدنية ولا تميز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة، أو الجنس..</p>
<p><b>French Creole-Haitian Creole</b> <b>Kreyòl Ayisyen</b></p>	<p>Si ou menm oswa moun nan w ap ede gen kesyon sou benefis asirans ou, reklamasyon, oswa pwoteksyon, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou a pa koute. Pou pale ak yon entèprèt: si ou gen asirans nan men anplwayè ou, rele nimewo telefòn sou kat idantifikasyon ou; pou tout lòt manm, tanpri rele 844-561-5600.</p> <p>The Guardian ak filiales li yo * konfòme yo avèk lwa sou dwa sivil Federal aplikab yo, epi pa fè diskriminasyon sou baz ras, koulè, orijin nasyonal, laj, andikap, oswa fè sèks.</p>
<p><b>Polish</b> <b>Polskie</b></p>	<p>Jeśli Ty lub osoba, do której pomoc ma pytania dotyczące świadczeń z ubezpieczenia, roszczenia lub pokrycia, masz prawo do uzyskania pomocy i informacji w swoim języku, bez żadnych kosztów. Aby rozmawiać z tłumacza: jeśli masz ubezpieczenie od pracodawcy, należy zadzwonić pod numer telefonu na karcie identyfikacyjnej; dla wszystkich pozostałych członków, zadzwoń 844-561-5600.</p> <p>The Guardian i jej spółek zależnych * przestrzegania obowiązujących przepisów federalnych praw obywatelskich i nie dyskryminacji ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność, czy płeć.</p>



<p><b>French</b> <b>Français</b></p>	<p>Si vous ou la personne que vous aidez a des questions sur vos prestations d'assurance, les prétentions ou la couverture, vous avez le droit d'obtenir de l'aide et de l'information dans votre langue, sans frais. Pour parler à un interprète: si vous avez l'assurance de votre employeur, appelez le numéro de téléphone sur votre carte d'identité; pour tous les autres membres, s'il vous plaît appelez 844-561-5600.</p> <p>The Guardian et ses filiales * sont conformes aux lois fédérales relatives aux droits civils applicables et ne fait pas de discrimination sur la base de la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe.</p>
<p><b>Italian</b> <b>Italiano</b></p>	<p>Se voi o la persona che state aiutando ha domande circa la vostra prestazioni assicurative, reclami, o la copertura, si ha il diritto di richiedere assistenza e informazioni nella propria lingua, senza alcun costo. Per parlare con un interprete: se avete l'assicurazione dal datore di lavoro, chiamare il numero di telefono sulla carta d'identità; per tutti gli altri membri, si prega di chiamare 844-561-5600.</p> <p>The Guardian e le sue controllate * conformi alle leggi federali vigenti diritti civili e non discrimina sulla base di razza, colore, nazionalità, età, disabilità, o di sesso.</p>
<p><b>Persian-Farsi</b> <b>فارسی-فارسی</b></p>	<p>اگر شما یا شخصی که شما در حال کمک به سوالات در مورد مزایای بیمه خود را، ادعا می کنید، و یا پوشش، شما حق دریافت کمک و اطلاعات به زبان خود را بدون هیچ هزینه داشته باشید. برای صحبت با یک مترجم: اگر بیمه از کارفرمای خود، تماس با شماره تلفن بر روی کارت شناسایی خود را. برای همه اعضای دیگر، لطفاً 844-561-5600 تماس بگیرید..</p> <p>گاردین و شرکتهای تابعه آن * * * * مطابق با قوانین فدرال حقوق مدنی قابل اجرا می کند و بر اساس نژاد، رنگ پوست، ملیت، سن، معلولیت و یا رابطه جنسی قائل نمی شود.</p>
<p><b>Armenian</b> <b>Հայերեն</b></p>	<p>Եթե դուք կամ այն անձը, դուք օգնում ունի հարցեր ձեր ապահովագրական հատուցումներից, պահանջների, կամ լուսաբանման, դուք իրավունք ունեք ստանալու օգնություն եւ տեղեկատվություն Ձեր լեզվով ոչ մի գնով: Խոսել է թարգմանչի: Եթե ունեք ապահովագրություն Ձեր գործատուի, զանգահարեք հեռախոսահամարը Ձեր նույնականացման քարտ. բոլոր մյուս անդամների համար, խնդրում ենք զանգահարել 844-561-5600.</p> <p>The Guardian եւ իր դուստր ձեռնարկություններն * համապատասխան են կիրառելի դաշնային քաղաքացիական իրավունքների օրենքների եւ չի խտրականություն հիման վրա ռասայի, մաշկի գույնի, ազգային ծագման, տարիքի, հաշմանդամության, կամ սեռից:</p>
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