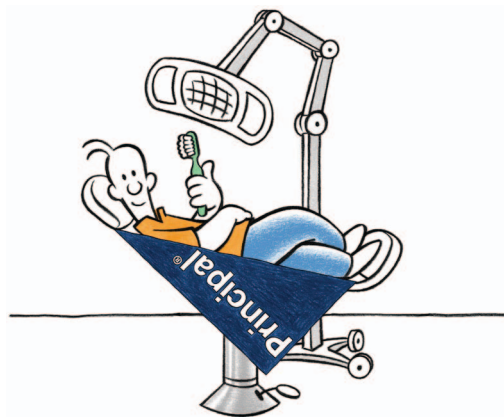


Dental Enrollment & Coverage Guide

Employers Dental Services



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Dear EDS Customer:

Thank you for your interest in an Employers Dental Services (EDS) individual plan. This guide provides a detailed explanation of the plan benefits.

The EDS individual plan offers comprehensive dental benefits at a low monthly cost. And you can choose your general dentist from one of Arizona’s largest pre-paid networks.

A detailed list of covered procedures and the related member cost can help you determine out-of-pocket expenses when treated by your EDS general dentist.

Our network of specialists includes endodontists, oral surgeons, pediatric dentists, periodontists and prosthodontists. These specialists discount their fees for our members.

Enrollment is fast and easy. Simply complete the Enrollment Application & Agreement and the Payment Method Form. We offer two payment options. You may pay the entire yearly premium for additional savings or authorize a monthly bank deduction. Return both forms to EDS with your premium payment and we will take care of the rest. After your effective date, you can begin to enjoy the benefits of your pre-paid dental plan.

We are proud of our success in bringing affordable dental benefits to Arizonans since 1974. Our customer service department is located in Arizona to answer your questions.

Customer Service

Phoenix: 602-248-8912 | Tucson: 520-696-4343 | Statewide: 800-722-9772

Spanish speaking representatives available

P.O. Box 36600
Tucson, AZ 85740-6600
www.mydentalplan.net

Employers Dental Services

A company of the Principal Financial Group®

Employers Dental Services (EDS) is a pre-paid dental care organization that has been committed to delivering dental care at an affordable cost since 1974.

Advantages

- No deductibles
- No claim forms
- No yearly maximums
- No missing tooth clause
- No waiting period for Basic, Preventive or Major services
- Coverage for pre-existing conditions, except procedures in progress
- Orthodontic benefits for children and adults
- Vision discount program
- Prescription drug discount program
- Customer service department based in Arizona
- Large network of participating dentists
- Emergency benefit 24 hours a day
- EDS dentists participate in our quality management and peer review programs
- Value and affordability with focus on preventive procedures
- EDS offers child only coverage to age 18

Enrollment

- Please read this Enrollment & Coverage Guide carefully.
- Coverage is effective on the first of the current month when application and payment are received on or before the 10th.
- Coverage is available on an annual basis.
- Select a general dentist from the EDS Directory of Participating Dentists and Specialists. You and your enrolled dependents will be seen by your chosen dentist.
- Complete all sections of the enclosed EDS Enrollment Application & Agreement. The signature of a parent or guardian is required to enroll a minor child under age 18.
- Sign and return the Enrollment Application & Agreement with the appropriate premium payable to: EDS, P.O. Box 36600, Tucson, AZ 85740-6600
- EDS accepts VISA, Master Card, Discover and American Express.
- You will receive an ID card after your effective date. Your ID card is not required for dental appointments.

Appointments

- Schedule your appointment with your chosen dental office after your effective date.
- Your first appointment will be to meet the dentist and receive an evaluation of your oral health.
- If you are unable to keep your scheduled appointment, please notify the dental office at least 24 hours in advance or a missed appointment fee will be charged.
- Office policies and practices vary by dental office. Not all dentists perform all procedures.
- Your dentist will answer questions about your treatment plan.

Member costs

- An office visit fee will be charged per patient/per visit.
- All fees will be paid to the dental office at the time services are rendered.
- Your member costs, listed in this booklet, are for procedures performed by your chosen EDS general dentist.
- The column named "Average cost" represents what you could expect to pay without any dental coverage.

Schedule of Benefits EDS 700R

General dentists: Member costs listed below are for services provided by your chosen EDS general dentist.

Specialists: Endodontists, oral surgeons, pediatric dentists, periodontists, prosthodontists and TMD dentists. EDS specialists offer up to 25% off their normal fees for services specifically described in this schedule of benefits. All fees will be paid to the specialist at the time of treatment. A referral is not required.

ADA* Code	CDT - Procedure description	Average cost	Member cost
DIAGNOSTIC — Procedures that aid the dentist in evaluating existing conditions and determining required dental care.			
09431	Office visit – per patient/per visit		5.00
D0120	Periodic oral evaluation	40.00	No charge
D0140	Limited oral evaluation - problem focused	65.00	20.00
D0145	Comprehensive oral evaluation - new or established patient under age 3		No charge
D0150	Comprehensive oral evaluation - new or established patient	70.00	No charge
D0160	Detailed and extensive oral evaluation - problem focused, by periodontist's report		55.00
D0170	Re-evaluation - limited, problem focused (established patient)	72.00	15.00
D0180	Comprehensive periodontal evaluation - new or established patient	90.00	No charge
D0210	X-rays - complete series (including bitewings)	105.00	No charge
D0220	X-rays - first film	22.00	No charge
D0230	X-rays - each additional film	18.00	No charge
D0240	X-rays - occlusal	30.00	No charge
D0270	X-rays - bitewing - single film	24.00	No charge
D0272	X-rays - bitewings - two films	34.00	No charge
D0273	X-rays - bitewings - three films	42.00	No charge
D0274	X-rays - bitewings - four films	49.00	No charge
D0330	X-rays - panoramic film	88.00	No charge
D0460	Pulp vitality tests	45.00	No charge
D0470	Diagnostic casts	85.00	10.00

ADA* Code	CDT - Procedure description	Average cost	Member cost
PREVENTIVE — Procedures that prevent the occurrence of oral diseases.			
D1110	Cleaning adult (prophylaxis)	74.00	7.00
D1120	Cleaning child (prophylaxis)	56.00	5.00
D1203	Topical application of fluoride (prophylaxis not included) - child	26.00	No charge
D1204	Topical application of fluoride (prophylaxis not included) - adult	26.00	No charge
D1310	Nutritional counseling for control of dental disease	30.00	No charge
D1330	Oral hygiene instructions	48.00	No charge
D1351	Sealant - per tooth	43.00	12.00
D1510	Space maintainer - fixed - unilateral	321.00	25.00+Lab
D1515	Space maintainer - fixed - bilateral	450.00	25.00+Lab
D1520	Space maintainer - removable - unilateral	225.00	25.00+Lab
D1525	Space maintainer - removable - bilateral	389.00	25.00+Lab
D1550	Recementation of space maintainer	50.00	20.00
D1555	Removal of fixed space maintainer by dentist who did not place	45.00	25.00

ADA* Code	CDT - Procedure description	Average cost	Member cost
RESTORATIVE — Procedures for restoring lost tooth structure.			
D2140	Amalgam filling - one surface, primary or permanent	125.00	13.00
D2150	Amalgam filling - two surfaces, primary or permanent	160.00	17.00
D2160	Amalgam filling - three surfaces, primary or permanent	185.00	21.00
D2161	Amalgam filling - four or more surfaces, primary or permanent	215.00	30.00
D2330	Resin-based composite filling - one surface, anterior	130.00	30.00
D2331	Resin-based composite filling - two surfaces, anterior	161.00	40.00
D2332	Resin-based composite filling - three surfaces, anterior	192.00	50.00
D2335	Resin-based composite filling - four or more surfaces or involving incisal angle (anterior)	227.00	60.00
D2390	Resin-based composite crown - anterior	260.00	70.00
D2391	Resin-based composite filling - one surface, posterior	141.00	35.00
D2392	Resin-based composite filling - two surfaces, posterior	180.00	42.00
D2393	Resin-based composite filling - three surfaces, posterior	223.00	52.00
D2394	Resin-based composite filling - four or more surfaces, posterior	260.00	55.00
D2510	Inlay-metallic - one surface	700.00	135.00+Lab
D2520	Inlay-metallic - two surfaces	810.00	150.00+Lab
D2530	Inlay-metallic - three surfaces	900.00	170.00+Lab
D2721	Crown-resin with predominantly base metal	600.00	280.00+Lab
D2740	Crown-porcelain/ceramic substrate	930.00	280.00+Lab
D2750	Crown-porcelain fused to high noble metal	880.00	280.00+Lab
D2751	Crown-porcelain fused to predominantly base metal	840.00	280.00+Lab
D2752	Crown-porcelain fused to noble metal	855.00	280.00+Lab
D2780	Crown - 3/4 cast high noble metal	850.00	280.00+Lab
D2781	Crown - 3/4 cast predominantly base metal	700.00	280.00+Lab
D2782	Crown - 3/4 cast predominantly noble metal	827.00	280.00+Lab
D2783	Crown - 3/4 porcelain/ceramic	940.00	280.00+Lab
D2790	Crown - full cast high noble metal	885.00	280.00+Lab
D2791	Crown - full cast predominantly base metal	840.00	280.00+Lab
D2792	Crown - full cast noble metal	860.00	280.00+Lab
D2799	Provisional - crown - used as an interim restoration of at least 6 months	250.00	38.00
D2910	Recent inlay, onlay or partial coverage restoration	85.00	20.00
D2920	Recent crown	85.00	20.00
D2930	Prefabricated stainless steel crown - primary tooth	226.00	60.00
D2931	Prefabricated stainless steel crown - permanent tooth	280.00	60.00
D2940	Sedative filling	85.00	25.00
D2950	Core buildup including pins	205.00	40.00
D2951	Pin retention - per tooth, in addition to restoration	60.00	40.00
D2952	Cast post and core in addition to crown	345.00	70.00+Lab
D2953	Each additional cast post - same tooth	150.00	45.00+Lab
D2954	Prefabricated post and core in addition to crown	250.00	70.00
D2960	Labial veneer (resin laminate) - chairside	470.00	260.00
D2961	Labial veneer (resin laminate) - laboratory	495.00	260.00+Lab
D2962	Labial veneer (porcelain laminate) - laboratory	1,000.00	260.00+Lab
D2970	Temporary crown (fractured tooth)	160.00	40.00

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ADA* Code	CDT - Procedure description	Average cost	Member cost
ENDODONTICS (Root Canal Therapy) — Procedures for treating diseases of the dental pulp (nerve).			
D3110	Pulp cap - direct (excluding final restoration)	60.00	5.00
D3120	Pulp cap - indirect (excluding final restoration)	60.00	5.00
D3220	Therapeutic pulpotomy (excluding final restoration)	155.00	30.00
D3221	Pulpal debridement, primary and permanent teeth	90.00	55.00
D3230	Pulpal therapy (resorbable filling) - anterior primary tooth	211.00	75.00
D3240	Pulpal therapy (resorbable filling) - posterior primary tooth	264.00	85.00
D3310	Root canal - anterior	620.00	185.00
D3320	Root canal - bicuspid	735.00	220.00
D3330	Root canal - molar	900.00	305.00
D3346	Retreatment of previous root canal - anterior	785.00	320.00
D3347	Retreatment of previous root canal - bicuspid	850.00	350.00
D3348	Retreatment of previous root canal - molar	1,025.00	450.00
D3351	Apexification/recalcification - initial visit	283.00	90.00
D3352	Apexification/recalcification - interim medication replacement	142.00	90.00
D3353	Apexification/recalcification - final visit	575.00	90.00
D3410	Apicoectomy/periradicular surgery - anterior	725.00	170.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	750.00	170.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	895.00	170.00
D3426	Apicoectomy/periradicular surgery - (each additional root)	250.00	125.00
D3430	Retrograde filling - per root	200.00	90.00
D3450	Root amputation - per root	421.00	90.00
D3920	Hemisection (including any root removal)	285.00	90.00

ADA* Code	CDT - Procedure description	Average cost	Member cost
PERIODONTICS — Procedures for treating diseases of the gingival tissues (gums) and periodontal membrane.			
D4210	Gingivectomy or gingivoplasty - four or more teeth or bounded teeth spaces per quadrant	700.00	225.00
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	205.00	150.00
D4240	Gingival flap procedures, including root planing - four or more teeth per quadrant	750.00	250.00
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	500.00	200.00
D4249	Clinical crown lengthening - hard tissue	825.00	250.00
D4260	Osseous surgery (including flap entry & closure) - four or more teeth per quadrant	1,000.00	365.00
D4261	Osseous surgery - one to three teeth, per quadrant	950.00	300.00
D4320	Provisional splinting - intracoronal	300.00	75.00
D4321	Provisional splinting - extracoronal	320.00	80.00
D4341	Periodontal scaling and root planing - four or more teeth, per quadrant	225.00	90.00
D4342	Periodontal scaling & root planing - one to three teeth, per quadrant	165.00	75.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	155.00	80.00
D4381	Localized delivery of antimicrobial agents via a controlled release (per tooth) - BR	106.00	25.00
D4910	Periodontal maintenance	110.00	60.00

ADA* Code	CDT - Procedure description	Average cost	Member cost
PROSTHODONTICS — Procedures for providing artificial replacements of missing natural teeth.			
D5110	Complete denture - upper	1,320.00	325.00+Lab
D5120	Complete denture - lower	1,320.00	325.00+Lab
D5130	Immediate denture - upper	1,500.00	325.00+Lab
D5140	Immediate denture - lower	1,500.00	325.00+Lab
D5211	Upper partial denture - resin base	1,275.00	375.00+Lab
D5212	Lower partial denture - resin base	1,150.00	375.00+Lab
D5213	Upper partial denture - cast metal framework with resin denture bases	1,400.00	400.00+Lab
D5214	Lower partial denture - cast metal framework with resin denture bases	1,370.00	400.00+Lab
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	490.00	160.00+Lab
D5410	Adjust complete denture - upper	70.00	25.00
D5411	Adjust complete denture - lower	70.00	25.00
D5421	Adjust partial denture - upper	75.00	25.00
D5422	Adjust partial denture - lower	75.00	25.00
D5510	Repair broken complete denture base	173.00	20.00+Lab
D5520	Replace missing or broken teeth - complete denture (each tooth)	140.00	20.00+Lab
D5610	Repair resin denture base	155.00	20.00+Lab
D5620	Repair cast framework	155.00	20.00+Lab
D5630	Repair or replace broken clasp	180.00	20.00+Lab
D5640	Replace broken teeth-per tooth	150.00	20.00+Lab
D5650	Add tooth to existing partial denture	175.00	20.00+Lab
D5660	Add clasp to existing partial denture	180.00	20.00+Lab
D5710	Rebase complete upper denture	350.00	20.00+Lab
D5711	Rebase complete lower denture	350.00	20.00+Lab
D5720	Rebase upper partial denture	350.00	20.00+Lab
D5721	Rebase lower partial denture	350.00	20.00+Lab
D5730	Reline complete upper denture (chairside)	300.00	69.00
D5731	Reline complete lower denture (chairside)	300.00	69.00
D5740	Reline upper partial denture (chairside)	300.00	69.00
D5741	Reline lower partial denture (chairside)	300.00	69.00
D5750	Reline complete upper denture (laboratory)	360.00	25.00+Lab
D5751	Reline complete lower denture (laboratory)	360.00	25.00+Lab
D5760	Reline upper partial denture (laboratory)	370.00	25.00+Lab
D5761	Reline lower partial denture (laboratory)	370.00	25.00+Lab
D5820	Interim partial denture (upper)	475.00	150.00+Lab
D5821	Interim partial denture (lower)	505.00	150.00+Lab
D5850	Tissue conditioning, upper	150.00	20.00
D5851	Tissue conditioning, lower	130.00	20.00
D6210	Pontic - cast high noble metal	895.00	280.00+Lab
D6211	Pontic - cast predominantly base metal	780.00	280.00+Lab
D6212	Pontic - cast noble metal	850.00	280.00+Lab
D6240	Pontic - porcelain fused to high noble metal	890.00	280.00+Lab
D6241	Pontic - porcelain fused to predominantly base metal	850.00	280.00+Lab
D6242	Pontic - porcelain fused to noble metal	870.00	280.00+Lab
D6245	Pontic - porcelain/ceramic	1,000.00	280.00+Lab
D6251	Pontic - resin fused to predominantly base metal	725.00	280.00+Lab
D6545	Retainer - cast metal for resin bonded fixed prosthesis	435.00	175.00+Lab
D6721	Crown - resin fused to predominantly base metal	600.00	280.00+Lab
D6740	Crown - porcelain/ceramic	930.00	280.00+Lab
D6750	Crown - porcelain fused to high noble metal	880.00	280.00+Lab
D6751	Crown - porcelain fused to predominantly base metal	840.00	280.00+Lab
D6752	Crown - porcelain fused to noble metal	855.00	280.00+Lab
D6780	Crown - 3/4 cast high noble metal	835.00	280.00+Lab
D6781	Crown - 3/4 cast predominantly base metal	665.00	280.00+Lab
D6782	Crown - 3/4 cast noble metal	827.00	280.00+Lab
D6783	Crown - 3/4 porcelain/ceramic	900.00	280.00+Lab
D6790	Crown - full cast high noble metal	885.00	280.00+Lab
D6791	Crown - full cast predominantly base metal	840.00	280.00+Lab
D6792	Crown - full cast noble metal	860.00	280.00+Lab
D6930	Recement fixed partial denture	125.00	30.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	250.00	60.00

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ADA* Code	CDT - Procedure description	Average cost	Member cost
ORAL SURGERY — Procedures for treating nonrestorable teeth and diseases or injury in the oral cavity.			
D7111	Coronal remnants - deciduous tooth	115.00	35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	140.00	55.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	250.00	60.00
D7220	Removal of impacted tooth - soft tissue	235.00	85.00
D7230	Removal of impacted tooth - partially bony	300.00	100.00
D7240	Removal of impacted tooth - completely bony	345.00	120.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	295.00	70.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	285.00	150.00
D7310	Alveoplasty in conjunction with extractions - per quadrant	250.00	110.00
D7320	Alveoplasty not in conjunction with extractions - per quadrant	300.00	110.00
D7510	Incision and drainage of abscess - intraoral soft tissue	205.00	80.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	375.00	90.00
D7971	Excision of pericoronal gingiva	179.00	90.00

ADA* Code	CDT - Procedure description	Average cost	Member cost
OTHER SERVICES			
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100.00	5.00
D9220	General anesthesia - first thirty (30) minutes	300.00	150.00
D9221	General anesthesia - each additional fifteen (15) minutes	150.00	75.00
D9230	Analgesia, anxietyolysis, nitrous oxide	52.00	25.00
D9430	Office visit for observation during regularly scheduled hours - no other services performed	60.00	No charge
D9431	Office visit - per patient/per visit	7.00	5.00
D9440	Office visit - after regularly scheduled hours	110.00	45.00
D9630	Other drugs and/or medicaments	45.00	UCR
D9630	Peridex (periodontal home care)	12.00	12.00
D9920	Behavior management, by report	200.00	35.00
D9940	Occlusal guard, by report	500.00	90.00+Lab
D9951	Occlusal adjustment limited	90.00	45.00
D9952	Occlusal adjustment complete	350.00	120.00
D9972	External bleaching - per arch	150.00	145.00
D9973	External bleaching - per tooth	175.00	60.00
D9974	Internal bleaching - per tooth	110.00	60.00
D9988	Missed appointment - first	25.00	25.00
D9988	Missed appointment - additional	35.00	25.00
	Records transfer - duplication fee	20.00	UCR

UCR: Usual customary and reasonable or normal office fees

LAB: Fees charged by the dental laboratory to fabricate certain dental products, including crowns, dentures or bridges. This fee varies depending on the dental laboratory and materials used.

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Find an EDS dentist or specialist

EDS dentists and specialists are listed on our Internet Web site.

Follow these easy steps to choose a provider or specialist:

1. Visit the EDS Web site at: www.mydentalplan.net
2. Under the **Quick links** menu on the left side of the page, choose an option:
 - Click **Find a Dentist** to search for a provider based on location and specialty.
 - Click **Print a Provider Directory** to access a directory in PDF format. Directory options include all network providers, regional providers, new dentists, and dentists with two- or three-week appointment availability. Click the directory that meets your needs.

Orthodontics for children and adults

EDS orthodontic coverage includes:

- No waiting period
- No referral required
- No lifetime benefit maximum

EDS orthodontists offer 25% off their normal and customary fees.

Treatment plan and payment terms are defined by the contract you sign with your chosen EDS orthodontist. EDS coverage must be maintained for the duration of treatment to avoid normal and customary fees.

Individuals receiving orthodontic treatment under another program are not eligible to participate. This is considered treatment in progress and is therefore excluded.

Temporomandibular Joint Dysfunction – TMD

EDS provides coverage for the treatment of TMD as a part of your dental care benefit. Procedures and services for the treatment of TMD will be charged at up to 25% off the TMD dentist's office fees. You may call an EDS TMD dentist at any time. Please consult the list of EDS TMD dentists in your area. Referral from general dentist not required.

Emergency care benefit

EDS provides coverage for dental emergencies. Please contact your EDS general dentist first. If you are unable to reach your EDS general dentist, you may seek care immediately from any licensed dentist. EDS will provide coverage for the temporary relief of:

- Pain (palliative treatments to control pain)
- Bleeding
- Infection

The maximum allowable reimbursement is \$200 minus any member costs that are listed in this booklet.

After emergency treatment, you may receive your reimbursement by submitting a copy of your paid itemized receipt to: EDS, P.O. Box 36600, Tucson, AZ 85740-6600

All receipts must be received by EDS within 90 days of the date of receipt. Follow-up or additional treatment must be done by your EDS general dentist.

Eligible dependents

Eligible dependents will include lawful spouse and children to age 26. Coverage for domestic partners is available if all conditions of the EDS Declaration of Domestic Partnership are met and attested to.

Members may add dependents mid-year if a marriage occurs. Dependent newborns, adopted children or children placed for adoption will be eligible immediately upon birth or upon adoption or placement for adoption. All newly eligible dependents must be added within 31 days of change. Additional premium and an Enrollment Change Form must be received by EDS prior to dependent coverage becoming effective. Dependent children must be removed from enrollment when they are no longer eligible.

Reimbursement of premium provisions

None available.

Terms and conditions

The individual whose signature appears on the EDS Enrollment Application & Agreement (hereinafter "subscriber"), and all covered dependents shall be bound by all the terms and conditions of the EDS pre-paid dental plan as described in this Enrollment & Coverage Guide. The subscriber and eligible dependents will be accepted as members of the EDS pre-paid dental plan effective upon:

1. Payment of the appropriate premium and
2. Returning a completed and signed Enrollment Application & Agreement to EDS

EDS will charge a fee if premium payment is returned unpaid from your bank/depository.

EDS has the right to terminate this agreement at such time it does not have sufficient providers under contract to provide the services and benefits intended, or to comply with governmental regulations and laws relating to pre-paid dental plans.

In the event of such termination, any unearned premium shall be returned to the subscriber on a prorated basis.

This agreement consists of all terms and conditions as set forth in this Enrollment & Coverage Guide, and supersedes any and all prior agreement between the parties.

Benefits

The subscriber and eligible dependents, for whom premium has been paid, shall receive the professional services described in this Enrollment & Coverage Guide at their chosen EDS general dentist.

Renewal

The subscriber may renew for another 12-month period by paying the premium in effect.

EDS shall, prior to the annual renewal date, advise the subscriber of any changes to the EDS pre-paid dental plan, which will be effective for the next annual period. Payment of the renewal premium indicates acceptance of these changes.

The subscriber must notify EDS in writing of their intent to terminate coverage prior to the renewal effective date. Coverage must be continuous.

Prescription drug discount program¹

You and your entire family can save money by using a prescription drug discount program available through Employers Dental Services. The discount program, provided by OneBeacon Services®, is easy to use. There are no enrollment or periodic fees and no forms to complete. You only pay for the cost of your medication – at a discount! Begin using the program today and get the most value for your money.

Advantages

Significant savings on medications – Save an average of 40 percent on generic drugs and 15 percent on brand-name drugs.

Wide variety of medications – More than 11,000 generic and 5,000 brand-name prescription drugs are available.

Pharmacy locations nationwide – More than 53,000 pharmacies, including most chain and independent pharmacies, participate in this program.

Who benefits

Your entire family has access to the prescription drug discount program, including:

Individuals with limited or no coverage² – They can save money whenever they purchase prescription drugs.

Individuals with prescription drug coverage² – Those with existing coverage may still find benefit from this program. After verifying how this program works with their existing coverage, they can compare the price of a prescription drug under their current program to the OneBeacon Services discounted price and select the most cost-effective solution.

How it works

Using the prescription drug discount program is as easy as 1, 2, 3:

- 1** Print a prescription drug discount card at: www.mydentalplan.net/prescriptiondrug
- 2** Give your prescription and discount card to the pharmacist each time. The discount card contains instructions for the pharmacy about the discounted rate.
- 3** Pay the discounted price based on the pharmacy's negotiated rate.

Online features

To learn more, visit www.mydentalplan.net/prescriptiondrug. No login is required. Share the website with your entire family to:

- Locate participating pharmacies
- Compare medication costs
- Place a mail order
- Print additional discount cards

Start saving today! Take advantage of this added benefit for you and your entire family.

This discount program is not insurance.

¹ This discount drug program is not part of any insurance contract and may be changed or discontinued at any time. This discount drug program is not available to individuals with medical coverage insured or with third party administrative services provided by Principal Life. This discount program is NOT insurance or a Medicare prescription drug program. OneBeacon Services® is a member of OneBeacon. OneBeacon Services may provide its services through third parties. The third party providers are solely responsible for their products or services. The Principal Financial Group® is not liable for product defects, provider negligence or other errors in the delivery of health care products and services. OneBeacon Services is not a member of the Principal Financial Group.

² The use of the word coverage does not refer to the Discount Prescription Drug Plan provided by OneBeacon Services.

Member rights

You have the right to:

1. Have an initial appointment (non-emergency) scheduled within 63 days of your request.
2. Have access to emergency dental health services 24 hours a day, 365 days a year.
3. Obtain appropriate care from your EDS participating dentist.
4. Considerate and respectful care from all participating primary care dentists and staff members in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap, or national origin.
5. Be informed about your current dental health, treatment options, possible risks, and likely outcomes, and participate in decision-making with your participating dentist. This may include, but is not limited to, obtaining a second opinion from another participating primary care dentist.
6. Voice recommendations for changes in policies and services to our company.
7. Voice grievances concerning our company, or the care delivered by our company's participating dentists.
8. Receive information regarding our company's appeals, complaint and grievance process and to receive a Formal Appeals and Grievance Brochure.
9. Receive information concerning changes in benefits or termination of any covered services or participating dentists that may affect you.
10. Receive information regarding your member cost and payment of charges for which you will be responsible before your dentist begins any procedure.
11. Expect that our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, participating primary care dentists, how to obtain dental health care services, and your member rights and responsibilities.
12. Expect that information concerning your dental records and the dentist/patient relationship is kept confidential unless you have given written permission to release such information, except when otherwise required or permitted by law.
13. Review your dental records, treatment plan, and progress report on treatment that has already been provided, and have the information explained to you except when restricted by law.
14. Change your participating primary care dentist by calling our customer service department at 800-722-9772 by the 24th of any month. The change will be effective on the first day of the following month.
15. Have a recall appointment, at an interval specified by your dentist, to have your teeth cleaned and/or an oral examination.
16. Obtain care while temporarily out of the service area for infection, temporary relief of dental pain and the control of bleeding due to dental problems by going to the dentist of your choice.
17. Continue your dental health care coverage upon disenrollment through COBRA, where available.
18. Have a customer service representative assist you in getting an appointment and/or resolving problems by calling 800-722-9772.

Member responsibilities

You are responsible for:

1. Recognizing the effect of your lifestyle on your personal dental health.
2. Calling us at 800-722-9772 and reporting to our customer service department any situation where you perceive that your rights are violated.
3. Providing, to the extent possible, accurate information needed by participating primary care dentists to provide care for your dental health, including past illnesses, medical history and use of medicines.
4. Providing a copy of any written directives from another healthcare provider to your participating dentist.
5. Selecting a participating primary care dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
6. Following our company's guidelines for obtaining referrals and/or authorizations to participating specialists for care.
7. Asking questions of your dental health professional when you do not understand information or instruction.
8. Seeking support from our customer service department by calling 800-722-9772 when you need assistance to access your dental health care benefits.
9. Letting your dentist know if you feel that you will not be able to follow through with a recommended treatment plan or post-operative instructions.
10. Obtaining and following through with dental health care that is prescribed, or directed by your participating dentist that you agree to, and is authorized by our company.
11. Showing courtesy, consideration and respect to participating dentists, their staff and to our company's representatives.
12. Knowing what is covered and excluded from your dental benefit.
13. Understanding and paying, at the time of service, any required member costs for dental procedures as indicated in your schedule of benefits.
14. Contacting your participating primary care dentist for follow-up dental care instructions after any emergency dental treatment.
15. Staying in the dental office if you are the parent or legal guardian of minor dependent children while they receive dental treatment.
16. Providing 24 hours notice of cancellation on any appointment you are unable to keep. Failure to do so will result in a missed appointment fee being charged.
17. Following our guidelines as described above and in your enrollment and coverage brochure. If you are unable to do so, it will result in termination of the dental benefit.

Exclusions and limitations

1. Visits or services performed by a dentist, specialist or professional not contracted with Employers Dental Services except in connection with dental emergencies.
2. Any dental services which, in the judgment of the dentist, are not reasonable and necessary for the prevention, correction or improvement of a condition that is subject to treatment by the practice of dentistry.
3. Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member.
4. Any dental services related to any sickness or injury arising out of, or in the course of any occupation or unemployment for remuneration or profit. Also, any dental services for which the member is reimbursed, entitled to reimbursement, or is in any way indemnified for such expenses by, or through any public, state, federal or local program, or any program of medical benefits sponsored and paid for by the federal, state, county or municipal government or any program of medical benefits sponsored and paid for by the federal government or any agency thereof.
5. Any dental service not specifically described in the schedule of benefits.
6. Any dental services, other than emergency dental services, that are related to accidents or accidental injury.
7. Any costs or expenses incurred in the event the member desires to be or is involuntarily hospitalized for any dental procedures or services, except in connection with dental emergencies.
8. Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the schedule of benefits.
9. Any dental services, other than emergency dental services, which are necessitated as a result of an intentionally self-inflicted condition.
10. Oral surgery or extractions that are solely for orthodontic purposes or requiring the setting of fractures or dislocations.
11. Treatment of malignancies, cysts, neoplasm or congenital defects.
12. Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion, except as may be specifically provided for in the schedule of benefits.
13. Any general anesthetic charges or services of an anesthetist or anesthesiologist.
14. Gold foil restoration.
15. Any dental services requiring, or pertaining to, cosmetic surgery for beautification, treatment of obesity and appliances or restoration necessary to increase vertical dimension, restore an occlusion or correct a congenital condition.
16. Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation.
17. If a member continually fails to follow prescribed course of treatment, the treating EDS dentist may refuse to continue that course of treatment at any time.



VSP Access Plan

Vision Care Discounts and Savings

You and your family can save on eye exams, glasses and sunglasses. If you have enrolled in the Employers Dental Services dental benefit, you're eligible for a vision discount plan offered by VSP. The VSP Access Plan is available to you and your family at no extra cost.

The VSP Access Plan provides discounts on exams, glasses and sunglasses from doctors in VSP's national network. The VSP network is so extensive that 90% of Americans live within 10 miles of a VSP provider. (www.vsp.com, March 2011)

Services and discounts

You and your dependents receive these discounted services through a VSP provider:

SERVICE	DISCOUNT
Eye Exam	20% discount on the VSP doctor's fee
Prescription Glasses (Lenses & Frame) Discount	20% discount on complete pairs of glasses from any VSP doctor within 12 months of the last covered eye exam
Lens Options	20% savings on lens options such as progressive, scratch coatings and anti-reflective coatings
Non-Prescription Sunglasses	20% discount on complete pairs of non-prescription sunglasses from any VSP doctor within 12 months of the last covered eye exam
Contact Lens Exam	15% discount on contact lens exam, fittings and follow-up visits
Laser Vision Correction	Special discounts available through contracted LASIK and PRK surgery facilities

Cut out and keep this card as a **reminder** of the VSP discounts available to you.

This discount plan is not vision insurance.



USING VSP IS AS EASY As 1 - 2 - 3

You and your dependents can receive discounts on eye exams and eyewear through the VSP Access Plan.

1. Locate a VSP doctor. Visit www.principal.com/vsp and select the VSP Signature Network or call 800-877-7195.

2. Make the appointment. Tell the doctor you are a VSP member.

3. Your VSP doctor will handle the rest.

This discount plan is not vision insurance.

How to use VSP

Accessing discounts from VSP providers is easy.

- **Locate a VSP doctor near you.** Find a VSP network doctor at www.principal.com/vsp by selecting the VSP Signature Network or call 800-877-7195.
 - **Make the appointment.** To receive the VSP discounted services, you and your dependents just identify yourselves as VSP members.
 - **VSP will take it from there.** VSP and your VSP doctor will handle the rest. Fees are automatically reduced at the point of service.
 - **Keep the card.** The attached wallet card outlines your VSP discounts and how to access them. While you don't need to present the card to the VSP provider to receive the discount, it's a great reminder of the VSP Access Plan and the discounts it provides.
- Start saving today! Take advantage of the discounts available to you and your family.

Employers Dental Services

A member of



Employers Dental Services
Tucson • Phoenix
Arizona
www.mydentalplan.net

The VSP Access Plan is not vision insurance. This discount is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. VSP is solely responsible for the goods and services provided through this program. VSP is not a member of the Principal Financial Group®.

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SERVICE	DISCOUNT
Eye Exam	20% discount on the VSP doctor's fee
Prescription Glasses (Lenses & Frame)	20% discount on complete pairs of glasses from any VSP doctor within 12 months of the last covered eye exam
Lens Options	20% savings on lens options such as progressive, scratch coatings and anti-reflective coatings
Non-Prescription Sunglasses	20% discount on complete pairs of non-prescription sunglasses from any VSP doctor within 12 months of the last covered eye exam
Contact Lens Exam	15% discount on contact lens exam, fittings and follow-up visits
Laser Vision Correction	Special discounts available through contracted LASIK and PRK surgery facilities

Employers Dental Services

A member of



- New Enrollment
- Payment Method – Bank Draft
- Payment Method – Year Pay

EDS Enrollment Application & Agreement

Enrollment Information

(1) Last Name	(2) First Name, MI	(6) Home Telephone
(3) Mailing Address		(7) Work Telephone
(4) City, State	ZIP Code	(8) Social Security Number
(5) Dental Facility Selected: ID number _____ Name of office _____		(9) Date of Birth

(10) Do you wish to cover your eligible dependents? Yes No (11) Total number of dependents _____

(12) Dependents List all eligible dependents you wish to cover

Last Name	First Name	Initial	Date of Birth (mm/dd/yyyy)
<input type="checkbox"/> Domestic Partner <input type="checkbox"/> Spouse			
Child			
Child			
Child			
Child			

(13) Agent/Broker Information

EDS Rep	EDS#
Broker Name	Broker#

Eligibility:

Eligible dependents include lawful spouse, domestic partner and children to age 26. Domestic Partners are required to sign an *Affidavit of Domestic Partners* (call EDS to obtain a form). Members may add dependents mid-year if a marriage occurs. Dependent's newborn or adopted children will be eligible immediately upon birth or placement of adoption. All newly eligible dependents must be added within 31 days of change. Dependent children must be removed when they are no longer eligible. **Benefits are available at your selected contracted dental facility only.**

I hereby agree to be bound by the terms of the EDS Individual Pre-paid Plan as set forth in the Dental Enrollment & Coverage Guide for EDS Individuals. **I agree to remain in this plan for a minimum of one (1) year.** I certify that the above information is correct.

Signature **X** _____ Date _____
(Member or Parent/Guardian)

How did you hear about us?				
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Dentist	<input type="checkbox"/> Employer	<input type="checkbox"/> Prior EDS Member	<input type="checkbox"/> Other _____

Internal Use Only	Effective Date
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To locate a dentist, visit
mydentalplan.net

Employers Dental Services

A member of



Mailing Address:
P.O. Box 36600
Tucson, AZ 85740-6600

**Employers Dental Services
Bank Draft Authorization**

Please print legibly.

Bank Draft Authorization:

Please complete this section to initiate monthly deduction from your bank account.

Bank name _____ Checking account Savings account

Routing number (Transit/ABA number) _____ Account number _____

ACH Debits: Employers Dental Services

ID Number: 1860328922

I (we) hereby authorize Employers Dental Services, hereinafter called COMPANY, to initiate debit entries to my (our) bank account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

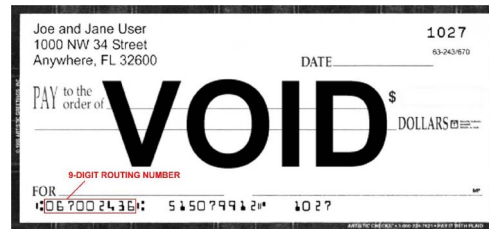
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. All deduction will be made from your savings or checking account between the 15th and 20th of each month. A return item charge will be assessed if an automatic deduction is returned unpaid; the amount of the charge will be at the rate in effect at the time the item is returned to EDS.

Signature _____ Date _____

**Please write VOID on a blank check
and attach here.
(See Example)**

—————→

Example



Deadline: Coverage is effective on the first of the current month, when application and payment are received prior to the 10th.

For assistance call Customer Service at 800-722-9772

Employers Dental Services
P.O. Box 36600
Tucson, AZ 85740-6600

Employers Dental Services

A member of



**2012-2013 Payment Method Form
EDS 700R**

BANK DRAFT (Monthly automatic deduction from personal bank account)

	Monthly deduction	One time set up fee	Circle selection and pay this amount
Adult Only	\$18.00	\$10.00	\$28.00
Adult + 1 dependent	\$29.60	\$10.00	\$39.60
Adult + 2 dependents	\$38.50	\$10.00	\$48.50
Adult + 3 or more dependents	\$47.75	\$10.00	\$57.75
Child Only (to age 18)	\$11.90	\$10.00	\$21.90
Enclose payment for first month's premium. Future months' premium will be deducted from your bank account.			\$

YEAR PAY (Pay for 12 months in advance)

	Year pay	Set up fee	Circle selection and pay this amount
Adult Only	\$205.20	No charge	\$205.20
Adult + 1 dependent	\$337.44	No charge	\$337.44
Adult + 2 dependents	\$438.96	No charge	\$438.96
Adult + 3 or more dependents	\$544.32	No charge	\$544.32
Child Only	\$138.12	No charge	\$138.12
Enclose payment for one year			\$

- Credit card payments are available for INITIAL ENROLLMENT only. EDS cannot deduct monthly premiums from a credit card.
- Method payment: check or money order
- Charge my credit card: Visa M/C Am Ex Discover

Account # _____ Expiration _____ / _____

Signature Code _____ (last 3 digits of number in the signature field on the back of the credit card)

Signature of card holder _____ Date: _____

Check List

1. Enrollment Application & Agreement
2. Check, money order (payable to EDS) or credit card for first month's premium (Bank Draft is for future months' premium)
3. Payment Method Form
4. If Bank Draft, include a *Bank Draft Authorization Form* and a VOIDED check

**Return all items listed on Check List above to EDS,
P.O. Box 36600, Tucson, AZ 85740-6600**

Formal grievance and appeals process

EDS members can ask EDS to review its decisions involving their requests for services or requests to have claims paid. EDS members have two levels of review available to them.* They are Standard Appeals Level 2 (formal appeal) and Level 3 (external independent dental review).

There are two types of appeals: an expedited appeal for urgent matters and a standard appeal. Each type of appeal has 3 levels. The appeals operate in similar fashion, except that expedited appeals are processed much faster because of a patient's condition.

Levels	Expedited Appeals <i>(For urgently needed service you have not yet received)</i>	Standard Appeals <i>(For non-urgent services or denied claims)</i>
Level 1	Expedited dental review	Informal reconsideration
Level 2	Expedited appeal	Formal appeal
Level 3	Expedited external independent dental review	External independent dental review

To submit a request for formal appeal, please send a written request to:

EDS Grievance and Appeals Coordinator

P.O. Box 36600

Tucson, AZ 85740-6600

Phone: 800-722-9772

Fax: 520-696-4311

Need more information?

After you enroll, a complete Formal Grievance and Appeals brochure will be mailed to your home with your ID card. To receive a copy, call our customer service department at:

Phoenix: 602-248-8912 | Tucson: 520-696-4343 | Statewide: 800-722-9772

*The Arizona state legislature has established six levels of review. Companies that perform utilization review activities after services are provided (EDS is in this category) are not required to provide the Expedited Appeals Level 1 (expedited dental review), Level 2 (expedited Appeal) or Level 3 (expedited external independent dental review), or Standard Appeals Level 1 (informal reconsideration).

Employers Dental Services

A member of



Marketing Department
P.O. Box 36600
Tucson, AZ 85740-6600