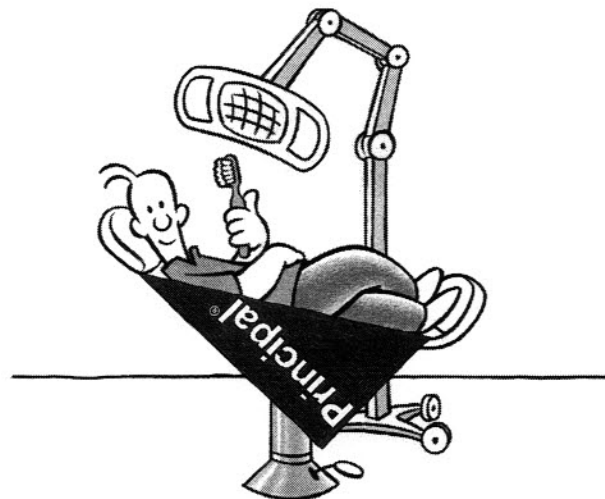


Dental Enrollment & Coverage Guide

# Employers Dental Services



## Questions? Contact Customer Service

- Select a dentist
- Change your current dentist (changes received by the 24th of the month will be effective the first of the following month)
- Request an ID card
- Resolve and report a concern
- Explain the formal grievance process
- Explain benefits and your costs
- Process a change of address
- Facilitate care for a dental emergency

### Phone:

Tucson: 520-696-4343

Statewide: 800-722-9772

*Spanish speaking representatives available*

### Mailing Address:

P.O. Box 36600

Tucson, AZ 85740-6600

**[www.mydentalplan.net](http://www.mydentalplan.net)**

## Did you know?

- Each year dental-related illness accounts for:<sup>1</sup>
  - 164 million lost work hours
  - 51 million lost school hours
- According to MayoClinic.com, some diseases and conditions may be impacted by poor oral health, including cardiovascular disease, premature birth and diabetes. Others like HIV/AIDS, osteoporosis, certain cancers, eating disorders and substance abuse can often be detected in the mouth before other symptoms are evident.<sup>2</sup>
- Diabetes sufferers are more likely to have gum disease, and it may make it more difficult for diabetics to control their blood sugar.<sup>3</sup>

<sup>1</sup> [cdc.gov/OralHealth/publications/factsheets](http://cdc.gov/OralHealth/publications/factsheets), viewed January 2014

<sup>2</sup> [mayoclinic.com/health/dental/DE00001](http://mayoclinic.com/health/dental/DE00001), viewed January 2014

<sup>3</sup> [perio.org/consumer/mbc.diabetes.htm](http://perio.org/consumer/mbc.diabetes.htm), viewed January 2014

# Employers Dental Services

A company of the Principal Financial Group®

*Employers Dental Services (EDS) is a prepaid 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 10<sup>th</sup>.
- 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.

## 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 service. 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.

## 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 prepaid dental plan as described in this Enrollment & Coverage Guide. The subscriber and eligible dependents will be accepted as members of the EDS prepaid 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 prepaid 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 supercedes 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 subscribers of any changes to the EDS prepaid dental plan, which will be effective for the next annual period. Payment of the renewal premium indicates acceptance of these changes.

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

Reimbursement of premium provisions –  
None available.

# Schedule of Benefits EDS 700N

**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	2011 Average cost	Member cost	ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
<b>DIAGNOSTIC</b> — <i>Procedures that aid the dentist in evaluating existing conditions and determining required dental care.</i>				D1520	Space maintainer-removable-unilateral	223.00	150.00
D9431	Office visit-per patient/per visit	35.00	5.00	D1525	Space maintainer-removable-bilateral	368.00	175.00
D0120	Periodic oral evaluation	42.00	No charge	D1550	Re-cementation of space maintainer	64.00	25.00
D0140	Limited oral evaluation-problem focused	64.00	25.00	D1555	Removal of fixed space maintainer-by dentist who did not place appliance	53.00	35.00
D0145	Oral evaluation -new or established patient under age 3/counseling with primary caregiver	49.00	No charge	<b>RESTORATIVE</b> — <i>Procedures for restoring lost tooth structure.</i>			
D0150	Comprehensive oral evaluation	65.00	No charge	D2140	Amalgam filling-one surface, primary or permanent	122.00	15.00
D0160	Detailed and extensive oral evaluation-problem focused, by report	95.00	55.00	D2150	Amalgam filling-two surfaces, primary or permanent	152.00	19.00
D0170	Re-evaluation-limited, problem focused	56.00	17.00	D2160	Amalgam filling-three surfaces, primary or permanent	187.00	25.00
D0180	Comprehensive periodontal evaluation new or established patient	79.00	No charge	D2161	Amalgam filling-four or more surfaces, primary or permanent	214.00	30.00
D0210	Intraoral-complete series (including bitewings)	103.00	25.00	D2330	Resin filling-one surface, anterior	129.00	35.00
D0220	Intraoral-periapical-first film	22.00	No charge	D2331	Resin filling-two surfaces, anterior	160.00	45.00
D0230	Intraoral-periapical-each additional film	18.00	No charge	D2332	Resin filling-three surfaces, anterior	187.00	55.00
D0240	Intraoral-occlusal film	30.00	No charge	D2335	Resin filling-four or more surfaces or involving incisal angle (anterior)	204.00	65.00
D0270	Bitewing-single film	22.00	No charge	D2390	Resin based composite crown, anterior	249.00	75.00
D0272	Bitewings-two films	35.00	No charge	D2391	Resin filling-one surface, posterior	139.00	40.00
D0273	Bitewings-three films	43.00	No charge	D2392	Resin filling-two surfaces, posterior	177.00	47.00
D0274	Bitewings-four films	49.00	No charge	D2393	Resin filling-three surfaces, posterior	218.00	57.00
D0277	Vertical bitewings	70.00	50.00	D2394	Resin filling-four or more surfaces, posterior	252.00	60.00
D0330	Panoramic film	89.00	25.00	D2510	Inlay-metallic-one surface	712.00	250.00
D0431	Prediagnostic test that aids in detection of mucosal abnormalities	50.00	40.00	D2520	Inlay-metallic-two surfaces	744.00	265.00
D0460	Pulp vitality tests	40.00	No charge	D2530	Inlay-metallic-three surfaces	816.00	285.00
D0470	Diagnostic casts	84.00	11.00	D2542	Onlay-metallic two surfaces	919.00	847.00
<b>PREVENTIVE</b> — <i>Procedures that prevent the occurrence of oral diseases.</i>				D2543	Onlay metallic three surfaces	966.00	895.00
D1110	Prophylaxis (cleaning) adult	77.00	7.00	D2544	Onlay metallic four or more surfaces	960.00	832.00
D1120	Prophylaxis (cleaning) child	57.00	7.00	D2721	Crown-resin with predominantly base metal	915.00	485.00
D1203	Topical application of fluoride (excluding prophylaxis)-child	28.00	No charge	D2722	Crown-resin with noble metal	847.00	305.00 + Lab
D1204	Topical application of fluoride (excluding prophylaxis)-adult	26.00	No charge	D2740	Crown-porcelain ceramic substrate	1007.00	485.00
D1206	Topical fluoride varnish-therapeutic application	34.00	17.00	D2750	Crown-porcelain fused to high noble metal	880.00	305.00 + Lab
D1310	Nutritional counseling for control of dental disease	49.00	No charge	D2751	Crown-porcelain fused to predominantly base metal	845.00	485.00
D1320	Tobacco counseling for the control and prevention of oral disease	60.00	No charge	D2752	Crown-porcelain fused to noble metal	847.00	305.00 + Lab
D1330	Oral hygiene instructions	40.00	No charge	D2780	Crown 3/4 cast high noble metal	983.00	305.00 + Lab
D1351	Sealant-per tooth	43.00	15.00	D2781	Crown 3/4 cast predominantly base metal	1027.00	485.00
D1510	Space maintainer-fixed-unilateral	253.00	150.00	D2782	Crown 3/4 cast noble metal	990.00	305.00 + Lab
D1515	Space maintainer-fixed-bilateral	429.00	175.00	D2783	Crown 3/4 cast porcelain/ceramic	970.00	485.00
				D2790	Crown-full cast high noble metal	900.00	305.00 + Lab
				D2791	Crown-full cast predominantly base metal	942.00	485.00

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
D2792	Crown-full cast noble metal	875.00	305.00 + Lab
D2794	Crown-titanium	832.00	485.00
D2799	Provisional crown-temporary restoration of at least six months	271.00	42.00
D2910	Re-cement inlay	89.00	23.00
D2920	Re-cement crown	80.00	23.00
D2930	Prefabricated stainless steel crown-primary tooth	205.00	65.00
D2931	Prefabricated stainless steel crown-permanent tooth	235.00	65.00
D2932	Prefabricated resin crown	257.00	85.00
D2933	Prefabricated stainless steel crown with resin window	246.00	90.00
D2940	Sedative filling temporary filling to relieve pain	81.00	27.00
D2950	Core buildup including pins	203.00	42.00
D2951	Pin retention-per tooth, in addition to restoration	51.00	42.00
D2952	Cast post and core in addition to crown	298.00	180.00
D2953	Each additional cast post-same tooth	230.00	150.00
D2954	Prefabricated post and core in addition to crown	250.00	75.00
D2957	Each additional prefabricated post-same tooth	131.00	60.00
D2960	Labial veneer (resin laminate)-chairside	449.00	325.00
D2961	Labial veneer (resin laminate)-laboratory	806.00	575.00
D2962	Labial veneer (porcelain laminate)-laboratory	1038.00	650.00
D2970	Temporary crown (fractured tooth)	194.00	45.00
D2980	Crown repair, by report	218.00	150.00

**ENDODONTICS (Root Canal Therapy) — Procedures for treating diseases of the dental pulp (nerve).**

D3110	Pulp cap-direct (excluding final restoration)	62.00	9.00
D3120	Pulp cap-indirect (excluding final restoration)	59.00	9.00
D3220	Therapeutic pulpotomy (excluding final restoration)	139.00	65.00
D3221	Pulpal debridement primary and permanent	162.00	60.00
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	183.00	80.00
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	240.00	95.00
D3310	Anterior (excluding final restoration)	617.00	195.00
D3320	Bicuspid (excluding final restoration)	720.00	230.00
D3330	Molar (excluding final restoration)	937.00	315.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	325.00	95.00
D3346	Retreatment of previous root canal therapy-anterior	818.00	335.00
D3347	Retreatment of previous root canal therapy-bicuspid	943.00	365.00
D3348	Retreatment of previous root canal therapy-molar	1147.00	461.00

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	296.00	95.00
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	223.00	95.00
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	652.00	95.00
D3410	Apicoectomy/periradicular surgery-anterior	725.00	180.00
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	805.00	180.00
D3425	Apicoectomy/periradicular surgery-molar (first root)	915.00	180.00
D3426	Apicoectomy/periradicular surgery-(each additional root)	272.00	135.00
D3430	Retrograde filling-per root	216.00	105.00
D3450	Root amputation-per root	494.00	105.00
D3920	Hemisection (including any root removal) not including root canal therapy	355.00	95.00

**PERIODONTICS — Procedures for treating diseases of the gingival tissues (gums) and periodontal membrane.**

D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or bounded teeth spaces-per quadrant	394.00	235.00
D4211	Gingivectomy or gingivoplasty-one-three teeth, per quadrant	228.00	160.00
D4240	Gingival flap procedures, including root planing-four or more contiguous teeth or bounded teeth spaces-per quadrant	631.00	265.00
D4241	Gingival flap procedures, including root planing-one-three teeth per quadrant	468.00	215.00
D4249	Clinical crown lengthening-hard tissue	665.00	265.00
D4260	Osseous surgery including flap entry & closure-four or more contiguous teeth or bounded teeth spaces-per quadrant	1019.00	385.00
D4261	Osseous surgery including flap entry & closure-one-three teeth per quadrant	836.00	315.00
D4320	Provisional splinting-intracoronal	240.00	85.00
D4321	Provisional splinting-extracoronal	237.00	90.00
D4341	Periodontal scaling and root planing-four or more contiguous teeth or bounded teeth spaces-per quadrant	204.00	95.00
D4342	Periodontal scaling and root planing-one-three teeth per quadrant	139.00	80.00
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	148.00	85.00
D4381	Localized delivery of periodontal irrigation agents (per site)	57.00	30.00
D4910	Periodontal maintenance procedures (following active therapy)	115.00	65.00

**PROSTHODONTICS — Procedures for providing artificial replacements of missing natural teeth.**

D5110	Complete denture-upper	1187.00	595.00
D5120	Complete denture-lower	1149.00	595.00

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost	ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
D5130	Immediate denture-upper	1333.00	595.00	D6059	Abutment supported porcelain fused to metal crown-high noble metal	1180.00	585.00 + Lab
D5140	Immediate denture-lower	1350.00	595.00	D6060	Abutment supported porcelain fused to metal crown-predominantly base metal	1196.00	785.00
D5211	Upper partial-resin base (including any conventional clasps,rests and teeth)	909.00	510.00	D6061	Abutment supported porcelain fused to metal crown-noble metal	1147.00	585.00 + Lab
D5212	Lower partial-resin base (including any conventional clasps, rests and teeth)	967.00	510.00	D6062	Abutment supported cast metal crown-high noble metal	1066.00	585.00 + Lab
D5213	Upper partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1237.00	535.00	D6063	Abutment supported cast metal crown-predominantly base metal	1343.00	785.00
D5214	Lower partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1254.00	535.00	D6064	Abutment supported cast metal crown-noble metal	1232.00	585.00 + Lab
D5281	Removable unilateral partial denture-1 piece cast metal (including clasps and teeth)	709.00	340.00	D6065	Implant supported porcelain/ceramic crown	1350.00	785.00
D5410	Adjust complete denture-upper	66.00	35.00	D6066	Implant supported porcelain fused to metal crown	1255.00	785.00
D5411	Adjust complete denture-lower	67.00	35.00	D6067	Implant supported metal crown	1381.00	785.00
D5421	Adjust partial denture-upper	71.00	35.00	D6068	Abutment supported retainer for porcelain/ceramic	974.00	575.00
D5422	Adjust partial denture-lower	64.00	35.00	D6069	Abutment supported retainer for porcelain fused to metal	1240.00	575.00
D5510	Repair broken complete denture base	143.00	75.00	D6070	Abutment supported retainer for porcelain fused to metal-predominantly base metal	1100.00	575.00
D5520	Replace missing or broken teeth-complete denture (each tooth)	115.00	75.00	D6071	Abutment supported retainer for porcelain fused to metal-noble metal	1010.00	450.00 + Lab
D5610	Repair resin denture base	142.00	75.00	D6072	Abutment supported retainer for cast metal-high noble metal	1170.00	450.00 + Lab
D5620	Repair cast framework	199.00	75.00	D6073	Abutment supported retainer for cast metal-predominantly base metal	1245.00	575.00
D5630	Repair or replace broken clasp	171.00	75.00	D6074	Abutment supported retainer for cast metal-noble metal	1232.00	450.00 + Lab
D5640	Replace broken teeth-per tooth	129.00	75.00	D6075	Implant supported retainer for ceramic	1216.00	575.00
D5650	Add tooth to existing partial denture	157.00	75.00	D6076	Implant supported retainer for porcelain fused to metal	1040.00	575.00
D5660	Add clasp to existing partial denture	183.00	75.00	D6077	Implant supported retainer for cast metal	1343.00	575.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	608.00	389.00	D6078	Implant/abutment supported fixed denture for completely edentulous arch	5500.00	3900.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	608.00	389.00	D6079	Implant/abutment supported fixed denture for partially edentulous arch	5000.00	3550.00
D5710	Rebase complete upper denture	484.00	75.00	D6080	Implant maintenance procedures	1700.00	950.00
D5711	Rebase complete lower denture	443.00	75.00	D6090	Repair implant supported prosthesis, by report	2500.00	1500.00
D5720	Rebase upper partial denture	588.00	75.00	D6210	Pontic-cast high noble metal	924.00	305.00 + Lab
D5721	Rebase lower partial denture	448.00	75.00	D6211	Pontic-cast predominantly base metal	874.00	480.00
D5730	Reline complete upper denture (chairside)	257.00	75.00	D6212	Pontic-cast noble metal	775.00	305.00 + Lab
D5731	Reline complete lower denture (chairside)	247.00	75.00	D6240	Pontic-porcelain fused to high noble metal	880.00	305.00 + Lab
D5740	Reline upper partial denture (chairside)	213.00	75.00	D6241	Pontic-porcelain fused to predominantly base metal	845.00	480.00
D5741	Reline lower partial denture (chairside)	223.00	75.00	D6242	Pontic-porcelain fused to noble metal	847.00	305.00 + Lab
D5750	Reline complete upper denture (laboratory)	340.00	150.00	D6245	Pontic-porcelain/ceramic	1030.00	485.00
D5751	Reline complete lower denture (laboratory)	345.00	150.00	D6250	Pontic-resin with high noble metal	880.00	305.00 + Lab
D5760	Reline upper partial denture (laboratory)	355.00	150.00	D6251	Pontic-resin fused to predominantly base metal	915.00	485.00
D5761	Reline lower partial denture (laboratory)	345.00	150.00	D6252	Pontic-resin with noble metal	874.00	305.00 + Lab
D5820	Interim partial denture (upper)	440.00	350.00	D6545	Retainer-cast metal for resin bonded fixed	339.00	290.00
D5821	Interim partial denture (lower)	460.00	350.00	D6720	Crown-resin with high noble metal	880.00	305.00 + Lab
D5850	Tissue conditioning, upper	112.00	30.00	D6721	Crown-resin fused to predominantly base metal	1027.00	485.00
D5851	Tissue conditioning, lower	122.00	30.00	D6722	Crown-resin with noble metal	874.00	305.00 + Lab
D6055	Dental implant supported connecting bar	392.00	275.00				
D6056	Prefabricated abutment	515.00	475.00				
D6057	Custom abutment	686.00	450.00				
D6058	Abutment supported porcelain/ceramic crown	1216.00	785.00				

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
D6740	Crown-porcelain	1042.00	485.00
D6750	Crown-porcelain fused to high noble metal	880.00	305.00 + Lab
D6751	Crown-porcelain fused to predominantly base metal	853.00	485.00
D6752	Crown-porcelain fused to noble metal	847.00	310.00 + Lab
D6780	Crown-3/4 cast high noble metal	1003.00	305.00 + Lab
D6781	Crown-3/4 cast predominantly base metal	1027.00	485.00
D6782	Crown-3/4 cast noble metal	960.00	310.00 + Lab
D6783	Crown-3/4 cast porcelain/ceramic	889.00	485.00
D6790	Crown-full cast high noble metal	884.00	305.00 + Lab
D6791	Crown-full cast predominantly base metal	967.00	485.00
D6792	Crown-full cast noble metal	983.00	310.00 + Lab
D6920	Connector bar	177.00	70.00
D6930	Re-cement fixed partial denture	119.00	35.00
D6940	Stress breaker	242.00	150.00
D6950	Precision attachment	400.00	200.00
D6970	Cast post/core add to retainer per tooth	263.00	100.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	249.00	75.00
D6973	Core buildup including any pins per tooth	192.00	70.00
D6977	Each additional prefabricated post-same tooth	200.00	60.00
D6980	Fixed partial repair by report	178.00	90.00

**ORAL SURGERY** — Procedures for treating nonrestorable teeth and diseases or injury in the oral cavity.

D7111	Coronal remnants-deciduous tooth	94.00	35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	122.00	65.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	214.00	70.00
D7220	Removal of impacted tooth-soft tissue	250.00	95.00
D7230	Removal of impacted tooth-partially bony	312.00	110.00
D7240	Removal of impacted tooth-completely bony	376.00	130.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	231.00	80.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	357.00	160.00
D7280	Surgical exposure of impacted tooth	406.00	150.00
D7286	Biopsy of oral tissue soft	303.00	200.00
D7310	Alveoloplasty in conjunction with extractions-per quadrant	240.00	115.00
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	199.00	105.00
D7320	Alveoloplasty not in conjunction with extractions-per quadrant	299.00	115.00
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	216.00	115.00

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
D7471	Removal of lateral exostosis	540.00	390.00
D7510	Incision and drainage of abscess-intraoral soft tissue	950.00	85.00
D7960	Frenulectomy (frenectomy or frenotomy)-separate procedure	445.00	95.00
D7971	Excision of pericoronal gingiva	168.00	95.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	175.00	25.00

**OTHER SERVICES**

D9110	Palliative (emergency) treatment of dental pain-minor procedures	95.00	5.00
D9210	Local anesthetic	45.00	35.00
D9215	Local anesthetic	29.00	15.00
D9220	Deep sedation/general anesthesia-first thirty (30) minutes	335.00	165.00
D9221	Deep sedation/general anesthesia-each additional fifteen (15) minutes	123.00	65.00
D9230	Analgesia (nitrous oxide)-per 15 minute unit	54.00	30.00
D9310	Consultation (diagnostic service provided by a dentist other than requesting dentist)	90.00	60.00
D9430	Office visit for observation during regularly scheduled hours-no other services performed	40.00	No charge
D9431	Office visit-per patient/per visit	35.00	5.00
D9440	Office visit-after regularly scheduled hours	90.00	45.00
D9450	Case presentation, detailed and extensive treatment planning-separate visit	50.00	No charge
D9630	Other drugs and/or medicaments, by report	34.00	UCR
D9630	Other drugs and/or medicaments, Peridex	34.00	15.00
D9910	Application of desensitizing medicament-per visit; not to be used for bases, liners or adhesives used under restorations.	36.00	30.00
D9911	Application of desensitizing resin for cervical and/or root surface-per tooth	45.00	30.00
D9920	Behavior management	136.00	35.00
D9940	Occlusal guard, by report	422.00	90.00 + Lab
D9951	Occlusal adjustment limited	100.00	50.00
D9952	Occlusal adjustment complete	415.00	125.00
D9970	Enamel microabrasion (per treatment visit)	67.00	35.00
D9972	External bleaching-per arch	206.00	150.00
D9973	External bleaching-per tooth	156.00	60.00
D9974	Internal bleaching-per tooth	219.00	60.00
D9988	Missed appointment-first	25.00	25.00
D9988	Missed appointment-additional	20.00	20.00
	Records transfer-duplication fee	20.00	UCR

\* Current Dental Terminology © American Dental Association. All rights reserved.

UCR: Usual customary and reasonable or normal office fees

Lab Fee: 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.



## Arizona Prescription Network

# Prescription Drug Discount Program

As a member of Employers Dental Services, you are eligible for a prescription drug discount through Arizona Prescription Network. This program offers substantial discounts on prescription drugs purchased through affiliated pharmacies.

### How the program works

When you need to fill a prescription, go to one of the participating pharmacies and present your Employers Dental Services identification card with the prescription to receive the following discount:

- **Brand name drugs** – Offered at the average wholesale price less 15%, plus a \$3.00 dispensing fee.
- **Generic substitutes** – Offered at the average wholesale price less 30%, plus a \$3.00 dispensing fee.

The program is not valid in combination with other discount programs, Health Maintenance Organization prescription benefits or prescription cards.

The program is available to Employers Dental Services members and their families. Family members do not have to be enrolled in prepaid benefits to use the prescription drug discount program. This benefit is good on medical and dental prescriptions.

### Participating pharmacies

Currently, pharmacies located in these stores participate in the prescription drug discount program. Participation may vary.

- Bashas'
- Fry's
- Safeway

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Arizona  
[www.mydentalplan.net](http://www.mydentalplan.net)

Employers Dental Services has arranged with the Arizona Prescription Network to make this prescription drug discount program available to members enrolled in prepaid dental benefits. This discount drug program is not prescription drug insurance. This program is not part of any insurance contract and may be changed or discontinued at any time. Arizona Prescription Network is responsible for the goods and services provided through this program. Arizona Prescription Network is not a member of the Principal Financial Group®.





VSP<sup>®</sup> Vision Savings Pass<sup>™</sup>

## 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 program offered by VSP. The VSP Vision Savings Pass is available to you and your family at no extra cost.

The VSP Vision Savings Pass provides discounts on exams, glasses and sunglasses from doctors in VSP's national network. Select a doctor from more than 67,000 total access points nationwide.

### Services and discounts

You and your dependents receive these discounted services through a VSP provider, plus Exclusive Member Extras like rebates and special offers.

SERVICE	REDUCED PRICES AND DISCOUNTS*
Eye Exam	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Retinal Screening	Routine screening guaranteed to not exceed \$39.
Lenses	With purchase of a complete pair of glasses: <ul style="list-style-type: none"> <li>• Single vision \$40</li> <li>• Lined trifocal \$75</li> <li>• Lined bifocal \$60</li> <li>• Lenticular \$75</li> </ul>
Lens Enhancements	Average savings of 20-25% off lens enhancements such as progressive, scratch-resistant and anti-reflective coatings.
Frames	25% off the cost with purchase of a complete pair of glasses.
Sunglasses	20% off unlimited non-prescription sunglasses from any VSP provider within 12 months of the last covered eye exam.
Contact Lenses	15% off contact lens exam.
Laser Vision Correction	Discounts available through VSP-contracted facilities.

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

\*Based on applicable laws, benefits may vary by location.

This discount program is not vision insurance.

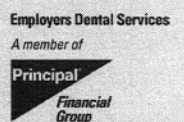


### USING VSP IS AS EASY AS 1 - 2 - 3

You and your dependents can receive discounts on eye exams and eyewear through the VSP<sup>®</sup> Vision Savings Pass.<sup>™</sup>

- 1. Locate a VSP doctor.** Visit [www.principal.com/vsp](http://www.principal.com/vsp) and select VSP Choice 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 program 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](http://www.principal.com/vsp) by selecting the VSP Choice 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 Vision Savings Pass 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



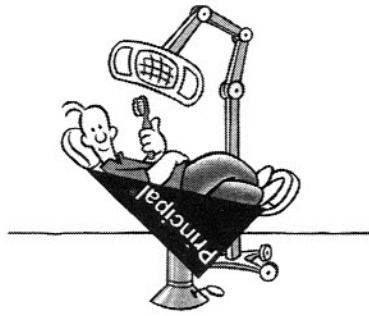
Employers Dental Services  
Tucson • Phoenix  
Arizona  
[www.mydentalplan.net](http://www.mydentalplan.net)

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. The VSP Vision Savings Pass is not vision insurance. This discount is not a part of any Principal Life policy or 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®. Insurance underwritten by and administrative services provided by Principal Life insurance Company.

GP52464-11 (SP1789-01 Spanish) | 11/2014 | © 2014 Principal Financial Services, Inc.

SERVICE	REDUCED PRICES AND DISCOUNTS*
Eye Exam	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
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Contact Lenses	15% off contact lens exam.
Laser Vision Correction	Discounts available through VSP-contracted facilities.

\*Based on applicable laws, benefits may vary by location.



## Employers Dental Services

# Finding Providers

At Employers Dental Services (EDS), we try to make life simpler for our customers. Follow these easy steps to find EDS dentists and specialists listed on our Internet Web site, [www.mydentalplan.net](http://www.mydentalplan.net).

<p style="font-size: 2em; font-weight: bold; text-align: center;">1</p>	<p>Visit our Web site at <a href="http://www.mydentalplan.net">www.mydentalplan.net</a></p> <ul style="list-style-type: none"> <li>To Find a Dentist, go to either Quick Links on the left side or Search for a Dentist in the middle of the screen.</li> <li>To Print a Provider Directory, go to either Quick Links on the left side or Print a Provider Directory in the middle of the screen.</li> </ul>	
<p style="font-size: 2em; font-weight: bold; text-align: center;">2</p>	<p>To Find a Dentist:</p> <ul style="list-style-type: none"> <li>Search by dentist name/office name.</li> <li>Or find a nearby dentist by address or ZIP code.</li> <li>Enter a specialty, if desired.</li> </ul>	
<p style="font-size: 2em; font-weight: bold; text-align: center;">3</p>	<p>To Print a Provider Directory, choose from:</p> <ul style="list-style-type: none"> <li>Arizona statewide directory</li> <li>Northern Arizona</li> <li>Southern Arizona</li> <li>You can also get a regional list of dental offices with two- or three-week appointment availability for initial appointments.</li> </ul>	

Requests to change your dentist received by the 25<sup>th</sup> of the month are effective the 1<sup>st</sup> of the following month.

**Employers Dental Services**

*A member of*



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Tucson • Phoenix  
Arizona  
[www.mydentalplan.net](http://www.mydentalplan.net)

This summary is not a complete statement of the rights, benefits, exclusions or limitations of the coverage described here.

## 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.



**Employers Dental Services**

A member of



**Return this form to EDS**

- New Enrollment
- Payment Method – Monthly Pay
- Payment Method – Year Pay

**2015 – 700N  
EDS Enrollment  
Application & Agreement**

**Enrollment Information**

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

(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**

BROKER name ASSURANCE BENEFITS	EDS Rep
Broker # 776	EDS#

**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. EDS coverage is continuous and the subscriber (you) must notify EDS in writing to terminate the coverage. Reimbursement of premium is not available.** I certify that the above information is correct.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_  
(Member or Parent/Guardian)

**Mailing address:** EDS, P.O. Box 36600 Tucson, AZ 85740 [EDSCS@mydentalplan.net](mailto:EDSCS@mydentalplan.net) 1-800-722-9772

<b>How did you hear about us?</b>				
<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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**Devuelva este formulario a EDS**

- Inscripción nueva
- Método de pago: mensual
- Método de pago: anual

**2015 – 700N  
Solicitud de inscripción y  
acuerdo de EDS**

**Información de inscripción**

(1) Apellidos	(2) Primer nombre e inicial del segundo nombre	(6) Teléfono de día
(3) Dirección postal		(7) Teléfono celular o del trabajo
(4) Ciudad, estado	Código postal	(8) Número de Seguro Social
(5) Centro dental seleccionado:		(9) Fecha de nacimiento
Número de identificación _____ Nombre del consultorio: _____		
(10) ¿Desea cobertura para sus dependientes elegibles? <input type="checkbox"/> Sí <input type="checkbox"/> No (11) Número total de dependientes _____		

**(12) Enumere todos los dependientes elegibles que desea inscribir**

Apellidos	Nombre	Inicial del segundo nombre	Fecha de nacimiento (mm/dd/aaaa)
<input type="checkbox"/> Pareja doméstica <input type="checkbox"/> Cónyuge			
Hijo			
Hijo			
Hijo			
Hijo			

**(13) Información del agente/corredor**

Nombre del CORREDOR	Representante de EDS
N° de corredor	N° de EDS

**Elegibilidad:**

Los dependientes elegibles incluyen al cónyuge legal, pareja doméstica e hijos hasta los 26 años de edad. Se requiere que las parejas domésticas firmen un formulario de declaración jurada para parejas domésticas (*Affidavit of Domestic Partners*, en inglés); (llame a EDS para solicitarlo). Los miembros pueden agregar dependientes a mediados del año si contraen matrimonio. El dependiente recién nacido o los hijos adoptados serán elegibles inmediatamente al nacer o cuando sean entregados en adopción. Se deben agregar todos los nuevos dependientes elegibles dentro del plazo de 31 días a partir del cambio. Se deben eliminar los hijos dependientes cuando ya no son elegibles. **Puede disponer de los beneficios únicamente en el centro dental contratado que seleccionó.**

**Por la presente, afirmo estar de acuerdo con los términos del plan individual prepagado de EDS como se indica en la Guía de inscripción y cobertura dental para miembros de EDS. Estoy de acuerdo en permanecer en este plan durante un mínimo de un (1) año. La cobertura de EDS es continua; para terminarla el suscriptor (usted) debe notificar a EDS por escrito. No se hace reembolso de primas.** Certifico que la información mencionada anteriormente es correcta.

Firma **X** \_\_\_\_\_ Fecha \_\_\_\_\_  
(Miembro o padre/tutor)

**Dirección postal:** EDS, P.O. Box 36600 Tucson, AZ 85740 [EDSCS@mydentalplan.net](mailto:EDSCS@mydentalplan.net) 1-800-722-9772

¿Cómo se enteró de nosotros?				
<input type="checkbox"/> Familiar o amigo	<input type="checkbox"/> Dentista	<input type="checkbox"/> Empleador	<input type="checkbox"/> Miembro anterior de EDS	<input type="checkbox"/> Otro _____

Exclusivo para uso interno Fecha de entrada en vigor

**Employers Dental Services**

A member of



**Return this form to EDS**

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

**2015 - Employers Dental Services  
Bank Draft Authorization**

**Please print legibly**

**Bank Draft Authorization:**

Monthly payments by credit card are not available.

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 above and the depository named above, hereinafter called DEPOSITORY, to debit the same to such account.

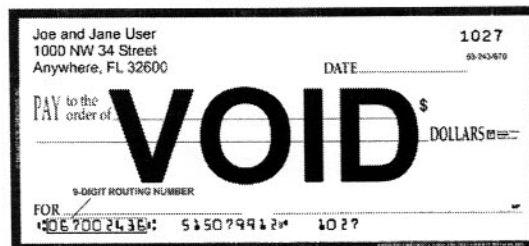
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment 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 deductions will be made from your savings or checking account between the 15<sup>th</sup> and 20<sup>th</sup> of each month. A return item charge will be accessed 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 \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Please write VOID on a blank check and attach here

Example



For assistance call Customer Service at 800-722-9772



Devuelva este formulario a EDS

Dirección postal:
P.O. Box 36600
Tucson, AZ 85740-6600

2015 - Employers Dental Services
Autorización de giro bancario

Por favor, escriba con letra legible

Autorización de giro bancario:

No se pueden hacer pagos mensuales con tarjeta de crédito.

Por favor, complete esta sección para comenzar la deducción mensual de su cuenta bancaria.

Nombre del banco Cuenta de cheques Cuenta de ahorros

Número de ruta (número de tránsito bancario o ABA)

Número de cuenta

Débitos ACH: Employers Dental Services Número de identificación: 1860328922

Yo (nosotros) por la presente autorizo a Employers Dental Services, en adelante denominada COMPAÑÍA, a iniciar débitos de mi (nuestra) cuenta bancaria y el depositario indicados anteriormente, en adelante denominado DEPOSITARIO, para deducir este importe de dicha cuenta.

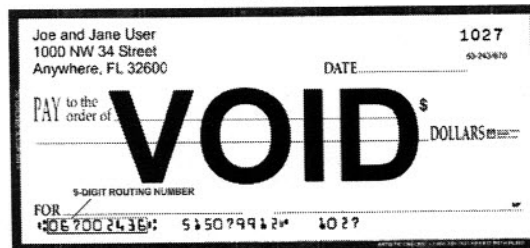
Esta autorización permanecerá en pleno vigor y efecto hasta que la COMPAÑÍA y el DEPOSITARIO hayan recibido una notificación por escrito de mi parte (o de cualquiera de nosotros) de su terminación a fin de proveer a la COMPAÑÍA y al DEPOSITARIO una oportunidad razonable para actuar en consecuencia. Yo (o cualquiera de nosotros) tengo el derecho de suspender el pago de un débito de mi cuenta bancaria mediante notificación al DEPOSITARIO, a fin de proveerle una oportunidad razonable para actuar antes de que se deduzca dicho importe de la cuenta. Una vez realizado el débito a mi cuenta bancaria, tengo el derecho a que cualquier cantidad debitada por error se acredite inmediatamente a mi cuenta de depósito, siempre y cuando yo (o nosotros) envíe una notificación por escrito al DEPOSITARIO del débito realizado por error en un plazo de 15 días después de la emisión del estado de cuenta o 45 días posteriores a su registro por parte del banco, lo que ocurra primero. Todas las deducciones se harán de su cuenta de ahorros o cuenta de cheques entre el 15 y el 20 de cada mes. Se aplicará un cargo por devolución de artículo si una deducción automática fuera devuelta sin pagar; el importe del cargo se fijará según la tasa en vigor al momento en que se devolvió el artículo a EDS.

Firma Fecha

Nombre con letra de imprenta Teléfono

Por favor, escriba "VOID" en un cheque en blanco y adjúntelo aquí.

Ejemplo



Para obtener ayuda, llame a nuestro Servicio de atención al cliente al 800-722-9772



**Yearly Payment**

700N	Cost for 1 year
Adult Only	\$209.28
Adult + 1 dependent	\$344.16
Adult + 2 dependents	\$447.72
Adult + 3 or more dependents	\$555.24
Child Only (to age 18)	\$140.88
<b>Payment MUST be enclosed</b>	<b>\$</b>

Pay yearly premium with credit card, check or money order payable to EDS.

Charge my credit card:  M/C  Visa  Am Ex  Discover

Account # \_\_\_\_\_

Expiration \_\_\_\_ / \_\_\_\_ Signature Code \_\_\_\_\_

Signature of card holder \_\_\_\_\_ Date: \_\_\_\_\_

**Print** name & address of credit card holder:

\_\_\_\_\_  
Name Daytime telephone

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**Send Payment**

Mail to **EDS, P.O. Box 36600, Tucson, AZ 85740-6600**

For assistance, call EDS Customer Service 800-722-9772.



**Pago anual**

700N	Costo por 1 año
Adulto solamente	\$209.28
Adulto + 1 dependiente	\$344.16
Adulto + 2 dependientes	\$447.72
Adulto + 3 o más dependientes	\$555.24
Niño solamente (hasta los 18 años de edad)	\$140.88
<b>El pago TIENE que estar adjunto</b>	<b>\$</b>

Pague la prima anual con tarjeta de crédito, cheque o giro postal pagadero a EDS.

Cargue a mi tarjeta de crédito:  M/C  Visa  Am Ex  Discover

Número de cuenta \_\_\_\_\_

Vencimiento \_\_\_\_ / \_\_\_\_ Código de firma \_\_\_\_\_

Firma del titular de la tarjeta \_\_\_\_\_ Fecha: \_\_\_\_\_

**Escriba en letra de imprenta** el nombre y dirección del titular de la tarjeta de crédito:

Nombre \_\_\_\_\_ Número de teléfono de día \_\_\_\_\_

Calle \_\_\_\_\_

Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_

**Envíe el pago**  
 por correo a **EDS, P.O. Box 36600, Tucson, AZ 85740-6600**

Para cualquier pregunta por favor llame a Servicio al Cliente de EDS al 800-722-9772.



**Monthly Payment – Bank Draft**

700N	Cost for 1 <sup>st</sup> month*	Cost after 1 <sup>st</sup> month
Adult Only	<b>\$28.36</b>	\$18.36
Adult + 1 dependent	<b>\$40.19</b>	\$30.19
Adult + 2 dependents	<b>\$49.27</b>	\$39.27
Adult + 3 or more dependents	<b>\$58.71</b>	\$48.71
Child Only (to age 18)	<b>\$22.14</b>	\$12.14
<b>1<sup>st</sup> month's payment MUST be enclosed</b>	<b>\$</b>	

\*1<sup>st</sup> month's rates include a one-time \$10 administrative fee.

Pay 1<sup>st</sup> month's premium with credit card, check or money order payable to EDS.

Charge my credit card:  M/C  Visa  Am Ex  Discover

Account # \_\_\_\_\_

Expiration \_\_\_\_ / \_\_\_\_ Signature Code \_\_\_\_\_

Signature of card holder \_\_\_\_\_ Date: \_\_\_\_\_

**Print name & address of credit card holder:**

\_\_\_\_\_  
Name Daytime telephone

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**Send Payment**

Mail to **EDS, P.O. Box 36600, Tucson, AZ 85740-6600**

For assistance, call EDS Customer Service 800-722-9772.



**Pago mensual – Giro bancario**

700N	Costo por el 1 <sup>er</sup> mes*	Costo después del 1 <sup>er</sup> mes
Adulto solamente	<b>\$28.36</b>	\$18.36
Adulto + 1 dependiente	<b>\$40.19</b>	\$30.19
Adulto + 2 dependientes	<b>\$49.27</b>	\$39.27
Adulto + 3 o más dependientes	<b>\$58.71</b>	\$48.71
Niño solamente (hasta los 18 años de edad)	<b>\$22.14</b>	\$12.14
<b>El pago del 1<sup>er</sup> mes TIENE que estar adjunto</b>	<b>\$</b>	

\* Las tasas del 1<sup>er</sup> mes incluyen un cargo administrativo único de \$10.

Pague la prima del 1<sup>er</sup> mes con tarjeta de crédito, cheque o giro postal pagadero a EDS.

Cargue a mi tarjeta de crédito:  M/C  Visa  Am Ex  Discover

Número de cuenta \_\_\_\_\_

Vencimiento \_\_\_\_ / \_\_\_\_ Código de firma \_\_\_\_\_

Firma del titular de la tarjeta \_\_\_\_\_ Fecha: \_\_\_\_\_

**Escriba en letra de imprenta** el nombre y dirección del titular de la tarjeta de crédito:

Nombre \_\_\_\_\_ Número de teléfono de día \_\_\_\_\_

Calle \_\_\_\_\_

Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_

**Envíe el pago**

por correo a **EDS, P.O. Box 36600, Tucson, AZ 85740-6600**

Para cualquier pregunta por favor llame a Servicio al Cliente de EDS al 800-722-9772.



## Notice of Privacy Practices for Health Information

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

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group medical expense, group dental expense and/or group vision care expense insurance with us ("insurance"). As used in this Notice, the term "health information" means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective July 15<sup>th</sup>, 2013.

We are required by law to maintain the privacy of our members' and dependents' health information and to provide notice of our legal duties and privacy practices with respect to their health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all health information maintained by us. Copies of revised Notices will be mailed to plan sponsors for distribution to the members then covered by our insurance. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

### Uses and Disclosures of Your Health Information

**Authorization.** Except as explained below, we will not use or disclose your health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, Des Moines, IA 50392-0002. A form to revoke an authorization can be obtained from the Health Information Protection Analyst.

**Disclosures for Treatment.** We may disclose your health information as necessary for your treatment. For instance, a doctor or healthcare facility involved in your care may request your health information in our possession to assist in your care.

**Uses and Disclosures for Payment.** We will use and disclose your health information as necessary for payment purposes. For instance, we may use your health information to process or pay claims, for subrogation, to perform a hospital admission review to determine whether services are for medically necessary care or to perform prospective reviews. We may also forward information to another insurer in order for it to process or pay claims on your behalf. Unless we agree in writing to do otherwise, we will send all mail regarding a member's spouse or dependents to the member, including information about the payment or denial of insurance claims.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your health information as necessary for health care operations. For instance, we may use or disclose your health information for quality assessment and quality improvement, credentialing health care providers, premium rating, conducting or arranging for medical review or compliance. We may also disclose your health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We participate in an organized health care arrangement with the health plan of a member's employer. We may disclose your health information to the health plan for certain functions of its health care operations. This Privacy Notice does not cover the privacy practices of that plan. We may contact your health care providers concerning prescription drug or treatment alternatives.

**Other Health-Related Uses and Disclosures.** We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you.

**Information Received Pre-enrollment.** We may request and receive from you and your health care providers health information prior to your enrollment under the insurance. We will use this information to determine whether you are eligible to enroll under the insurance and to determine the rates. We will not use or disclose any genetic information we obtain about you or provided from your family history. If you do not enroll, we will not use or disclose the information we obtained about you for any other purpose. Information provided on enrollment forms or applications will be utilized for all coverages being applied for, some of which may be protected by the state, not federal, privacy laws.

**Business Associate.** Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your health information. Principal Life Insurance Company may itself be a business associate of your health plan or health insurance company. We may disclose your health information to your health plan or insurance company and its business associates as needed to fulfill our contractual obligations to them. Please see the notice of privacy practices issued by your plan or insurance company for information about how it uses and discloses your health information.

**Plan Sponsor.** When permitted by law, we may disclose to the plan sponsor the minimum necessary amount of your health information that it needs to perform administrative functions on behalf of the plan (if any), provided that the plan sponsor certifies that the information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

**Family, Friends, and Personal Representatives.** With your approval, we may disclose to family members, close personal friends, or another person you identify, your health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your health information without your approval. We may also disclose your health information to public or private entities to assist in disaster relief efforts.

**Other Uses and Disclosures.** We are permitted or required by law to use or disclose your health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We are prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of determining eligibility for coverage, the amount of benefits or premiums or discounts, including rebates, payments in kind, or other premium or benefit differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program. We will not request, use or disclose psychotherapy notes without your authorization (except to defend ourselves in a legal action brought by you.) We will not sell your protected health information or use or disclose it for marketing purposes without your authorization, except as permitted by law. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

## Your Rights

**Restrictions on Use and Disclosure of Your Health Information.** You have the right to request restrictions on how we use or disclose your health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a restriction can be obtained from the Health Information Protection Analyst. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

**Receiving Confidential Communications of Your Health Information.** You have the right to request communications regarding your health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests. To request a confidential communication, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a confidential communication can be obtained from the Health Information Protection Analyst.

**Access to Your Health Information.** You have the right to inspect and/or obtain a copy of your health information we maintain in your designated record set, subject to certain exceptions. To request access to your information, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request access to your health information can be obtained from the Health Information Protection Analyst. A fee will be charged for copying and postage.

**Amendment of Your Health Information.** You have the right to request an amendment to your health information to correct inaccuracies. To request an amendment, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an amendment to your health information can be obtained from the Health Information Protection Analyst. We are not required to grant the request in certain circumstances.

**Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. To request an accounting, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an accounting of your health information can be obtained from the Health Information Protection Analyst. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

**Complaints.** If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002 or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may contact the Group Call Center at Principal Life Insurance Company at (800) 843-1371.

## 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:

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).

The group policy and/or the individual enrollment and coverage guide determines all of the rights, benefits, qualifications and exclusions of the insurance described here. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. This coverage is only available in Arizona.