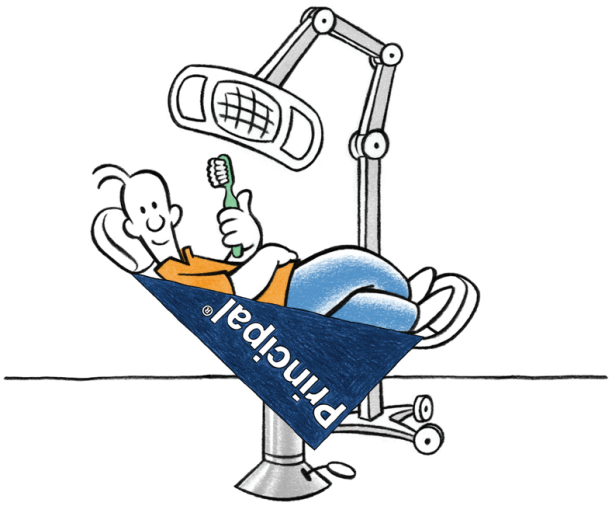
EDS 700R

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

Did you know?

- Each year dental-related illness accounts for:[1]
  - 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.[2]
- Diabetes sufferers are more likely to have gum disease, and it may make it more difficult for diabetics to control their blood sugar.[3]

[1] cdc.gov/OralHealth/publications/factsheets, viewed January 2014
[2] mayoclinic.com/health/dental/DE00001, viewed January 2014
[3] perio.org/consumer/mbc.diabetes.htm, viewed January 2014

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Employers Dental Services

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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
- Prescription 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

Enrollment

- Please read this Enrollment & Coverage Guide carefully.
- Select a dentist from the EDS Directory of Participating Dentists and Specialists for you and your family. You and your enrolled dependents will be seen by the dental office you choose.
- Complete all sections of your enrollment form.
- Return your completed enrollment form to your benefits administrator.
- You will receive an ID card after your effective date. Your ID card is not required for dental appointments.
- You are eligible after you have met your employer's waiting period or during your employer's annual open enrollment.

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 at each appointment.
- All fees will be paid to the dental office at the time services are rendered.
- Your member costs, listed on the following pages of this booklet, are for procedures performed by your chosen EDS general dentist.
- The column listed as average costs 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

You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent. All newly eligible dependents must be added within 31 days of change. Dependent children must be removed from enrollment when they are no longer eligible.

EDS conversion plan

When your EDS coverage terminates, you have the option of converting to an EDS conversion plan. Please call our customer service department at 800-722-9772 for information. Enrollment forms are accepted within 31 days of coverage termination.

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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
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

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ADA* Code	CDT - Procedure description	Average cost	Member cost
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	Recement inlay, onlay or partial coverage restoration	85.00	20.00
D2920	Recement 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

ADA* Code	CDT - Procedure description	Average cost	Member cost
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
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
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

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ADA* Code	CDT - Procedure description	Average cost	Member cost
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

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

ADA* Code	CDT - Procedure description	Average cost	Member cost
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

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	Alveoloplasty in conjunction with extractions - per quadrant	250.00	110.00
D7320	Alveoloplasty 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, anxiolysis, 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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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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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®.

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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, January 2014)

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.

Employers Dental Services
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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.

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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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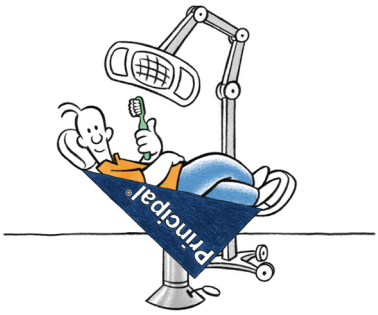
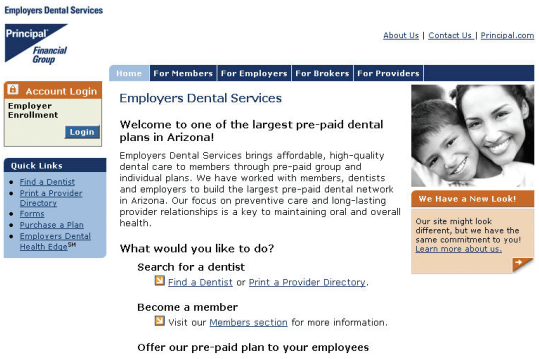
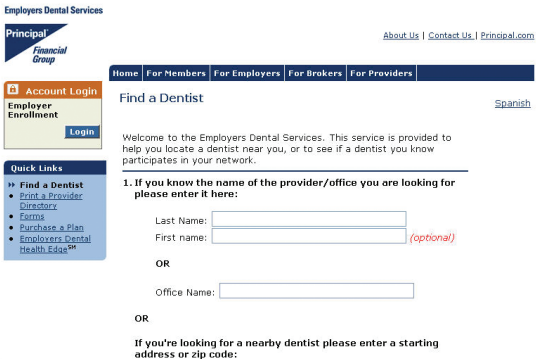
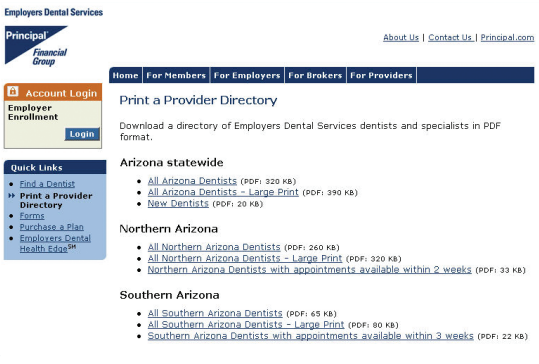
SERVICE	DISCOUNT
Eye Exam	20% discount on the VSP doctor's fee
Prescription Glasses (Lenses & Frame)	20% discount on complete pairs of glasses from any VSP doctor within 12 months of the last covered eye exam
Lens Options	20% savings on lens options such as progressive, scratch coatings and anti-reflective 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

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**.

1	Visit our Web site at **www.mydentalplan.net** • To Find a Dentist, go to either Quick Links on the left side or Search for a Dentist in the middle of the screen. • 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.	
2	To Find a Dentist: • Search by dentist name/office name. • Or find a nearby dentist by address or ZIP code. • Enter a specialty, if desired.	
3	To Print a Provider Directory, choose from: • Arizona statewide directory • Northern Arizona • Southern Arizona • You can also get a regional list of dental offices with two- or three-week appointment availability for initial appointments.	

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

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

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

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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.

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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 15th, 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 *(For urgently needed service you have not yet received)*	Standard Appeals *(For non-urgent services or denied claims)*
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.

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Employers Dental Services
A member of
Principal Financial Group
Marketing Department
P.O. Box 36600
Tucson, AZ 85740-6600

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