



Benefits Provided by SafeGuard Health Plans, Inc. a MetLife company
200 Park Avenue, New York, New York 10166-0188

COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE STATEMENT

SafeGuard Health Plans, Inc. ("SafeGuard"), a MetLife company, certifies that You and Your Dependents are covered for the benefits described in this evidence of coverage and disclosure statement, subject to the provisions of this evidence of coverage. This evidence of coverage is issued to You under the group contract and it includes the terms and provisions of the group contract that describe Your benefits. **PLEASE READ THIS EVIDENCE OF COVERAGE CAREFULLY.**

This evidence of coverage is part of the group contract. The group contract is a contract between SafeGuard and Your Organization and may be changed or ended without Your consent or notice to You.

Organization:	Pasadena City College
Group Contract Number:	242420
Type of Benefits:	Dental Benefits
Plan Name:	SafeGuard
SafeGuard Toll Free Number(s): For General Information	1-800-880-1800
Student Name:	
Effective Date of Dental Benefits:	August 1, 2022
Dependent Dental Benefits Included?	Yes

THIS EVIDENCE OF COVERAGE ONLY DESCRIBES DENTAL BENEFITS.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(S) NOTICE(S) CAREFULLY.

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NOTICE FOR RESIDENTS OF CALIFORNIA

This evidence of coverage provides a detailed summary of how your SafeGuard dental contract operates, Your entitlements, and the contract's restrictions and limitations. **This combined evidence of coverage and disclosure statement constitutes only a summary of the contract. The contract must be consulted to determine the exact terms and conditions of coverage.** If You have special health care needs, You should read carefully those sections that apply to You. You may obtain a copy of the contract by requesting it from the Organization, or by writing to SafeGuard Health Plans, Inc., Attn: Legal Department, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656, or by calling 1-(800)-880-1800.

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

Pursuant to Section 1365(b) of the Knox-Keene Health Care Service Plan Act of 1975, as amended, an enrollee or subscriber who alleges that his or her enrollment has been canceled or not renewed because of his or her health status or requirements for health care services may request a review by the Director of California Department of Managed Health Care. If the Director determines that a proper complaint exists, the Director shall notify SafeGuard. Within 15 days after receipt of such notice, SafeGuard shall either request a hearing or reinstate the enrollee or subscriber. If, after hearing, the Director determines that the cancellation or failure to renew is improper, the Director shall order SafeGuard to reinstate the enrollee or subscriber. A reinstatement pursuant to this provision shall be retroactive to the time of cancellation or failure to renew and SafeGuard shall be liable for the expenses incurred by the subscriber or enrollee for covered health care services from the date of cancellation or non-renewal to and including the date of reinstatement.

Confidentiality of Dental Records

A STATEMENT DESCRIBING SAFEGUARD'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF DENTAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Organ Donation

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

Language Assistance

As a SafeGuard member you have a right to free language assistance services, including interpretation and translation services. SafeGuard collects and maintains your language preferences, race, and ethnicity so that we can communicate more effectively with our members. If you require spoken or written language assistance or would like to inform SafeGuard of your preferred language, please contact us at 1-(800)-880-1800

作為**SafeGuard**的會員，您有權獲得免費語言服務，包括口譯和筆譯。**SafeGuard**收集並保存有關您的語言選擇、人種和族裔方面的資料，以便我們更有效地與會員溝通。如果您需要語言方面的協助，或希望將您選擇的語言告訴**SafeGuard**，可通過電話或網站與**SafeGuard**聯絡，電話是**(800) 880-1800**。

Como miembro de SafeGuard usted tiene derecho a recibir servicios gratuitos de asistencia en idiomas. Esto incluye servicios de interpretación y traducción. SafeGuard recaba la información sobre sus preferencias de idioma, raza, y etnia de manera que nos podamos comunicar eficazmente con nuestros afiliados. Si necesita asistencia verbal o escrita en su idioma o quiere informarle a SafeGuard sobre su idioma de preferencia, comuníquese con nosotros al 1-(800) 880-1800.

NOTICE FOR RESIDENTS OF ALL STATES

Notice Regarding Your Rights and Responsibilities

Rights:

- During the term of the group contract between SafeGuard and Your Organization, SafeGuard will not decrease any benefits, increase any fixed dollar amount of Co-Payment or the Prepayment Fee, or change any exclusion or limitation, except after at least 30 days Written notice to Your Organization.
- We will provide Written notice within a reasonable time to Your Organization of any termination or breach of contract by, or inability to perform of, any contracting provider if Your Organization may be materially and adversely affected.
- We will not cancel or fail to renew Your enrollment in this group contract because of your health condition or your requirements for dental care.
- We will treat communications, financial records and records pertaining to Your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of You and Your Selected General Dentist. We neither require nor prohibit any specified treatment. However:
 - Only certain specified services are Covered Services. Please see the Schedule of Benefits. Please also review the DENTAL BENEFITS section of this evidence of coverage for more details.
 - Your Selected General Dentist must follow the rules and limitations set up by SafeGuard and conduct his or her professional relationship with You within the guidelines established by SafeGuard. If SafeGuard's relationship with Your Selected General Dentist ends, Your Selected General Dentist must complete any and all treatment in progress. SafeGuard will arrange a transfer for You to another Selected General Dentist to provide for continued coverage under the group contract. As indicated on Your enrollment form, Your signature authorizes SafeGuard to obtain copies of your dental records, if necessary.
- You may request a response from SafeGuard to any Written concern or complaint.

Responsibilities:

- You should identify Yourself to Your Selected General Dentist as a covered person under the group contract. If you fail to do so, you may be charged the Selected General Dentist's usual and customary fees instead of the applicable Co-Payment, if any.
- You should treat the Selected General Dentist and his or her office staff with respect and courtesy and cooperate with the prescribed course of treatment. If You continually refuse a prescribed course of treatment, Your Selected General Dentist or Specialty Care Dentist has the right to refuse to treat You. SafeGuard will facilitate second opinions and will permit You to change Your Selected General

Dental Office; however, SafeGuard will not interfere with the dentist-patient relationship and cannot require a particular dentist to perform particular services.

- You should scheduled appointments or contact the Selected General Dental Office twenty-four hours in advance to cancel an appointment. If You do not, You may be charged a missed appointment fee.
- You are responsible for the prompt payment of any charges for services performed by the Selected General Dentist. If the Selected General Dentist agrees to accept part of the payment directly from SafeGuard, You are responsible for prompt payment of the remaining part of the Selected General Dentist’s charge.
- You should notify SafeGuard of changes in family status. If You do not, SafeGuard will be unable to authorize dental care for You.
- You should consult with Your Selected General Dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with Your Selected General Dentist the most current, complete and accurate information about Your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by Your Selected General Dentist.

TABLE OF BENEFITS

This TABLE OF BENEFITS shows a summary of the dental benefits that are available under the group contract. You and Your Dependents will only receive dental benefits:

- for which You and Your Dependents become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

For All Full-Time Students

BENEFIT	Co-Payment
MAXIMUM AMOUNTS	
Yearly Maximum	None (Individual) None (Family)
DIAGNOSTIC TREATMENT	
Office Visit Copay	\$5
Periodic Oral Evaluation	\$0
Comprehensive Oral Evaluation	\$0
Intraoral – Complete Series of Radiographic Images	\$0
Bitewings – Four Radiographic Images	\$0
Panoramic Radiographic Image	\$0
PREVENTIVE SERVICES	
Prophylaxis	\$5

BENEFIT	Co-Payment
Sealants (Per tooth)	\$0
RESTORATIVE TREATMENT	
Amalgam – One Surface, Primary or Permanent	\$12
Resin-Based Composite – One Surface Anterior	\$12
Resin-Based Composite – One Surface Posterior	\$30
ENDODONTICS	
Endodontic Therapy, Molar (excluding final restoration)	\$305
Therapeutic Pulpotomy (excluding final restoration)	\$40
PROSTHODONTICS – DENTURES	
Complete Denture – Maxillary	\$505
Complete Denture – Mandibular	\$505
Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$405
Mandibular partial denture – resin base (including, retentive/clasping material, rests, and teeth)	\$465
CROWNS AND BRIDGES	
Crown-Porcelain Fused to High Nobel Metal	\$335
Crown-Porcelain Fused to Predominantly Base Metal	\$335
Pontic – Porcelain Fused to Predominantly Base Metal	\$335
Retainer Crown – Porcelain Fused to High Noble Metal	\$335
PERIODONTICS	
Osseous Surgery (Including Flap Entry and closure) – Four or more contiguous teeth or tooth bounded spaces per quadrant	\$330
Periodontal scaling and root planing – Four or more teeth per quadrant	\$60
Localized delivery of antimicrobial agents via controlled release vehicle into disease crevicular tissue, per tooth	\$65
Periodontal Maintenance	\$45
IMPLANTS	
Surgical placement of implant body; endosteal implant	\$1,005
Abutment supported porcelain fused to metal crown (high noble metal)	\$660

BENEFIT	Co-Payment
ORAL SURGERY	
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$5
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$50
Removal of impacted tooth – soft tissue	\$60
Removal of impacted tooth – completely bony	\$135
ORTHODONTICS	
Limited orthodontic treatment of the transitional dentition	\$1,260
Limited orthodontic treatment of the adolescent dentition	\$1,260
Limited orthodontic treatment of the adult dentition	\$1,260
Comprehensive orthodontic treatment of the transitional dentition	\$2,410
Comprehensive orthodontic treatment of the adolescent dentition	\$2,410
Comprehensive orthodontic treatment of the adult dentition	\$2,410
ADJUNCTIVE GENERAL SERVICES	
Palliative (emergency) treatment of dental pain – minor procedure	\$10
Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0

This TABLE OF BENEFITS provides a benefit summary. Please review the Schedule of Benefits and group contract for complete details of Your dental benefits.

DENTAL BENEFITS

The group contract provides access to You and Your Dependents to dental benefits through the use of Selected General Dentists. When You or a Dependent receive dental services, You and not Us or Your Organization are solely responsible for payment of all Co-Payments and other charges listed in the Schedule of Benefits and for any excluded procedure, and must make payment directly to the Selected General Dentist rendering such services.

Dentist-Patient Relationship

We do not provide dental services. Whether or not benefits are available for a particular service does not mean You or Your Dependents should or should not receive the service. You and Your Dependents, along with the Selected General Dentist have the right and are responsible at all times for choosing the course of treatment and services to be performed.

The relationship between You and Your Dependents and the Selected General Dentist rendering services or treatment shall be subject to the rules, limitations and privileges incident to the professional relationship, and SafeGuard's Peer Review and Public Policy Committees. The Selected General Dentist shall be solely responsible to You or Your Dependent, without interference from SafeGuard or Your Organization, for all services or treatment within the professional relationship. The Selected General Dentist shall have the right to refuse treatment if You or Your Dependents continually fail to follow a

prescribed course of treatment, use the relationship for illegal purposes, or make the professional relationship onerous.

While SafeGuard desires and will actively seek to contract with the most modern dental facilities available in the profession, it is understood and agreed that the operation and maintenance of the Selected General Dentist's facility, equipment and the rendition of all professional services shall be solely and exclusively under the control and supervision of the Selected General Dentist, including all authority and control over the selection of staff, supervision of personnel, and operation of the professional practice and/or the rendition of any particular professional service or treatment.

SafeGuard will undertake to see that the services provided to You or Your Dependents by Selected General Dentists shall be performed in accordance with professional standards of reasonable competence and skill of dental practitioners, as applicable, prevailing in the community in which each Selected General Dentist practices.

Upon termination of a provider contract with a Selected General Dentist, SafeGuard is liable for Covered Services rendered by such provider (other than for Co-Payments) to You or Your Dependents who remain under the care of such provider at the time of such termination until the services being rendered are completed, unless We make reasonable and medically appropriate provision for the assumption of such services by another Selected General Dentist.

In the event of termination of this group contract, each Selected General Dentist shall complete all dental procedures which have been started prior to the date of termination, pursuant to the terms and conditions of this group contract.

Who May Enroll

Your Organization responsible for determining eligibility. You may enroll Yourself and Your dependents, provided each meets Your Organization's eligibility requirements and/or the Service Area and Dependent Coverage requirements listed below.

SERVICE AREA

SafeGuard's service area is the geographic region in the state of California where SafeGuard is authorized by the California Department of Managed Health Care to provide Covered Services to Students and in which SafeGuard has a panel of Selected General Dentists and Specialists who have agreed to provide care to SafeGuard members. To enroll in the SafeGuard plan, You and Your dependents must reside, live, or work in the Service Area.

DEPENDENT COVERAGE

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

- Your lawful spouse or Your domestic partner.
- Your unmarried children or grandchildren up to age 26 for whom You provide care, including adopted children, step-children, or other children for whom You are required to provide dental care pursuant to a court or administrative order.
- Your children who are incapable of self-sustaining employment and support due to a developmental disability or physical handicap.
- Other dependents if Your Organization provides benefits for these dependents.

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

WHEN COVERAGE BEGINS

Your coverage will begin on August 1, 2022. Waiting periods for eligibility, if applicable, are determined by Pasadena City College.

Newborn children are covered the first day of the month following the date of birth and legally adopted children, foster children and stepchildren are covered the first day of the month following placement as long as SafeGuard is notified within 30 days and any prepayment fee is paid within that period.

Check with Pasadena City College if you have any questions about when your coverage begins.

Choice of Dentists

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

When enrolling for dental benefits, You and Your Dependents must choose a Selected General Dental Office from Our network. You and Your Dependents each may select a different Selected General Dental Office. If you do not select a Selected General Dental Office or the one you chose is not available, SafeGuard may do so for you. Please refer to the Directory of Participating Providers for a complete listing of Selected General Dental Offices. You may obtain a Directory of Participating Providers from Our website www.metlife.com/mybenefits or by calling 1-800-880-1800.

Facilities

You may obtain a list of SafeGuard's Selected General Dental Offices and their hours of availability by calling SafeGuard at 1-(800)-880-1800. A list of SafeGuard's participating General Dental Offices can be found in its Directory of Participating Providers or online at www.metlife.com/mybenefits.

Changing Your Selected General Dental Office

You or Your Dependent may change Selected General Dental Offices at any time. To do so, please contact Us at 1-(800)-880-1800. We will help You locate a convenient Selected General Dental Office. The transfer will be effective on the first day of the month following the transfer request. There is no limit to how often You or Your Dependent may change Selected General Dental Offices. You must pay all outstanding charges owed to Your or Your Dependent's Selected General Dental Office before transferring to a new Selected General Dental Office. You may also have to pay a fee for the cost of duplicating x-rays and dental records.

Provider Reimbursement

By statute, every contract between SafeGuard and its providers state that, in the event SafeGuard fails to pay the provider, the Student shall not be liable to the provider for any sums owed by SafeGuard. Selected General Dental Offices will collect all applicable co-payments from you directly at the time of service and then bill SafeGuard for reimbursement according to the contracted plan provisions.

Selected General Dental Offices are paid on a per Student, per month, or "capitated" basis for Students that have selected the Selected General Dental Office and may receive an additional or supplemental fee for certain procedures performed. Specialty Care Dentists are compensated according to a negotiated fee schedule. No bonuses or incentives are paid to Selected General Dental Offices or Specialty Care Dentists. For additional information, you may contact SafeGuard at 1-(800)-880-1800 or speak directly with your provider.

SafeGuard shall provide coverage for dental consultation and treatment services that are appropriately delivered through telehealth services. SafeGuard will reimburse the provider on the same basis and to the same extent had the consultation and treatment services been performed in-person.

Liability of Subscriber or Enrollee for Payment

Covered Services must be performed by Your Selected General Dental Office or a Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and Schedule of Benefits. Services performed by any Out-of-Network Dentist are not Covered Services, without prior approval by SafeGuard or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and Schedule of Benefits (except for out-of-area emergency services). If You or Your Dependent self-refer to a Selected General Dentist (other than Your or Your Dependent's Selected General Dentist) or an Out-of-Network Dentist, You are responsible for the cost of those services.

Prepayment Fee

Your Organization prepays Us for Your and Your Dependent's coverage. If You are responsible for any portion of this Prepayment Fee, Your Organization will advise You of the amount and how it is to be paid. Please refer to the Co-Payment section, below, for information relating to Your Co-Payments under this group contract. The Prepayment Fee is not the same as a Co-Payment.

The exact Prepayment Fee is contained in the group contract between Us and Your Organization. You may obtain a copy of the group contract from Your Organization, or by writing to SafeGuard Health Plans, Inc., Attn: Legal Department, 95 Enterprise, Suite 200, Aliso Viejo, CA 92656, or by calling 1-(800)-880-1800.

Co-Payments

When You or Your Dependent receive care from either a Selected General Dentist or a Specialty Care Dentist, You must pay the Co-Payment. The Co-Payment is a fixed dollar amount as shown in the Schedule of Benefits. When You or Your Dependent are referred to a Specialty Care Dentist, the Co-Payment may be either a fixed dollar amount, or a percentage of the Maximum Allowed Charge. Please refer to the Schedule of Benefits for specific details. When You have paid the required Co-Payment, if any, You have paid in full. If We fail to pay the Selected General Dentist, You will not be liable to the Selected General Dentist for any sums owed by Us. If You or Your Dependent choose to receive services from an Out-of-Network Dentist, You will be liable to the Out-of-Network Dentist for the cost of services unless specifically authorized by Us or in accordance with Emergency Dental Condition provisions of this evidence of coverage. We do not require claim forms.

Orthodontic Covered Services

Orthodontic treatment is governed by the Schedule of Benefits. If Dental Benefits terminate after the start of Orthodontic treatment, You will be responsible for any additional incurred charges for any remaining Orthodontic treatment.

Covered Services After Dental Coverage Ends

Dental services received after You or Your Dependent's coverage terminates are not covered. Your Selected General Dentist must complete any dental procedure started on you before your termination, abiding by the terms and conditions of the plan.

Orthodontic treatment is governed by the Orthodontic limitations listed in the Schedule of Benefits. If coverage from the plan ends after the start of Orthodontic treatment, You or Your Dependent will be responsible for any costs Orthodontic treatment after coverage ends.

Non-Covered Services

IMPORTANT: If You opt to receive dental services that are not Covered Services, a Selected General Dentist or Specialty Care Dentist may charge You his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a Covered Service, the dentist should provide

to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call SafeGuard at 1-(800)-880-1800. To fully understand your coverage, you may wish to carefully review this evidence of coverage.

Other Charges

All other charges You may be required to pay under this evidence of coverage are listed in the Schedule of Benefits. You must pay all Co-Payments, or the percentage of the Maximum Allowed Charge that We are not responsible for under the group contract.

Reimbursement Provisions

You are financially responsible for the cost of any services received from Out-of-Network Dentist unless those services were arranged by Your or Your Dependent's Selected General Dentist or were required to treat an Emergency Dental Condition.

When You or Your Dependent receive a Covered Service from an Out-of-Network Dentist for an Emergency Dental Condition, You should request that the Out-of-Network Dentist bill Us. If the Dentist refuses to bill Us but agrees to bill You, You should immediately submit the bill to Us in accordance with the sub-section titled Emergency Dental Care.

If you receive a bill or have paid for a Covered Service and seek reimbursement, please contact SafeGuard at 1-(800)-880-1800. Once you have paid your Co-Payments for Covered Services at your Selected General Dentist Office, you are no responsible for any other payments for Covered Services.

Specialty Care Referrals

During the course of treatment, Your Selected General Dentist may encounter situations that require the services of a Specialty Care Dentist. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are necessary. How Specialty Care is accessed is determined by Your plan. Some plans allow self-referral while others require that Your Selected General Dentist refer You directly to a provider whose practice is limited to Specialty Care. Please consult the Schedule of Benefits for full information.

Second Opinion

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

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

- (1) If You or Your Dependent question the reasonableness or necessity of recommended surgical procedures.
- (2) If You or Your Dependent question a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.
- (3) If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating Selected General Dentist is unable to diagnose the condition, and the enrollee requests an additional diagnosis.

- (4) If the treatment plan in progress is not improving Your or Your Dependent's dental condition within an appropriate period of time given the diagnosis and plan of care, and You or Your Dependent request a second opinion regarding the diagnosis or continuance of the treatment.

Requests for second opinions are processed within five business days of Our receipt of such request, except when an expedited second opinion is warranted; in which case a decision will be made and conveyed to You within 24 hours. Upon approval, We will contact the consulting Selected General Dentist and make arrangements to enable You or Your Dependent to schedule an appointment.

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

You or Your Dependent may request a second opinion or obtain a copy of the second dental opinion policy by contacting Us either by calling 1-(800)-880-1800 or sending a written request to the following address:

SafeGuard
c/o Customer Service
PO Box 3532
Laguna Hills, CA 92654- 3532

Emergency Dental Care

Emergency Dental Care means dental screening, examination, and evaluation by a dentist, or, to the extent permitted by applicable law, by appropriate personnel under the supervision of a dentist to determine if an Emergency Dental Condition exists, and, if it does, the care and treatment necessary to relieve or eliminate the emergency dental condition.

All Selected General Dental Offices provide treatment for Emergency Dental Conditions twenty-four hours a day, seven days a week and We encourage You or Your Dependent to seek care from Your Selected General Dental Office. If treatment for an Emergency Dental Condition is required, You or Your Dependent may go to any dental provider, go to the closest emergency room, or call 911 for assistance, as necessary. Prior authorization is not required.

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

If You or Your Dependent receive treatment for an Emergency Dental Condition, You will be required to pay the charges to the Dentist and submit a claim to Us for a benefits determination. If You or Your Dependent seek treatment for an Emergency Dental Condition from a provider located more than **25** miles away from Your or Your Dependent's Selected General Dentist, You or Your Dependent will receive coverage for the treatment of the Emergency Dental Condition up to a maximum of **\$500**.

To be reimbursed for treatment of an Emergency Dental Condition, You must notify Us after receiving such treatment. If You or Your Dependent's physical condition does not permit such notification, You must make the notification as soon as it is reasonably possible to do so. Please include your name, family ID number, address and telephone number on all requests for reimbursement.

If You or Your Dependent do not have an Emergency Dental Condition and a delay in receiving treatment would not be detrimental to Your or Your Dependent's health, please contact Your or Your Dependent's Selected General Dental Office or Our Customer Service Department at 1-(800)-880-1800 to make reasonable arrangements for Your or Your Dependent's care.

TERMINATION OF BENEFITS

Cancellation of Benefits

Your coverage may be cancelled for any reason, after not less than 60 days' written notice by either SafeGuard or Your Organization.

Your coverage may be cancelled after not less than 30 days written notice for:

- Non-payment of amounts due under the contract, except no written notice will be required for failure to pay premium.
- Failure to establish a satisfactory dentist-patient relationship and if it is shown that SafeGuard has, in good faith, provided you with the opportunity to select an alternative dentist.
- Failure to reside, live or work in the Service Area.

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

- An intentional misrepresentation, except as limited by statute
- Fraud in the use of services or facilities, or on the part of Your Organization
- Such other good cause as agreed upon in the group contract.
- Abusive or Disruptive Behavior – Behavior that substantially impairs SafeGuard's ability to furnish or arranges services for You or other enrollees or a provider's ability to provide services to other patients.

Your coverage may be cancelled immediately:

- Subject to continuation of coverage and conversion privilege provisions, if applicable, if you do not meet eligibility requirements other than the requirements that you live or work in the service area.
- For any misconduct detrimental to safe plan operations and the delivery of services.
- Upon termination of the group contract between SafeGuard and Your Organization, if expired and not renewed.

If Your Organization fails to pay the prepayment fees through and including the final month of the group contract, all coverage may be terminated at the end of the grace period, and You may be responsible for the usual and customary fees for any services received from Your Selected General Dentist or Specialist during the period the prepayment fees went unpaid, including the grace period.

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

Enrollment will be cancelled as of the last day for which payment has been received, subject to compliance with notice requirements.

In the event Your enrollment is cancelled, SafeGuard will send such notification to Your Organization, which will, in turn, notify You. Your Organization will also send You notice when Your actual coverage is terminated.

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

Renewal Provisions

Your Organization has contracted with SafeGuard to provide services for the time period specified in the group contract. Your coverage under the plan is guaranteed for that time period so long as you meet the eligibility requirements under the plan. When the group contract expires, it may be renewed. If renewed, it is possible that the terms of the plan may have been changed. If changes to benefits, co-payments or premiums have been made to a renewed contract, Your Organization will notify you not less than thirty (30) days before the effective date.

Reinstatement

Receipt by SafeGuard of the proper prepaid or periodic payment after cancellation of the contract for non-payment shall reinstate the contract as though it had never been cancelled if such payment is received on or before the due date of the succeeding payment.

An enrollee or subscriber who alleges that his or her enrollment has been cancelled or not renewed because of his or her health status or requirements for health care services may request a review by the Director of the California Department of Managed Health Care. If the Director determines that a proper complaint exists, the Director shall notify SafeGuard. Within 15 days after receipt of such notice, SafeGuard shall either request a hearing or reinstate the enrollee or subscriber. If, after a hearing, the Director determines that the cancellation or failure to renew is improper, the Director shall order SafeGuard to reinstate the enrollee or subscriber. A reinstatement pursuant to this provision shall be retroactive to the time of cancellation or failure to renew and SafeGuard shall be liable for the expenses incurred by the subscriber or enrollee for covered health care services from the date of cancellation or non-renewal to and including the date of reinstatement.

Disenrollment

You may disenroll from the plan at the end of the term of the group contract. Please contact Your Organization for more information.

CONTINUITY OF CARE

Current Members

If you are a current member of SafeGuard, you may be eligible to temporarily continue receiving Covered Services from a former Selected General Dentist Office or Specialty Care Dentist whose contract with SafeGuard is terminated (a "Terminated Provider") for treatment of certain specified dental conditions. Please call SafeGuard at 1-(800)-880-1800 to see if you are eligible for this benefit. You may request a copy of SafeGuard's Continuity of Care Policy from SafeGuard. You must make a specific request to continue under the care of your Terminated Provider. SafeGuard is not required to continue your care with your terminated provider if you are not eligible under SafeGuard's Continuity of Care Policy or if SafeGuard cannot reach agreement with your Terminated Provider on the terms regarding your care in accordance with California law.

New Members

If you are a new member of SafeGuard, you may be eligible to temporarily continue receiving Covered Services from an Out-of-Network Dentist for treatment of certain specified conditions if the services were being provided by a non-participating provider at the time the Your coverage becomes effective. Please call SafeGuard at 1-(800)-880-1800 to see if you may be eligible for this benefit. You may request a copy of SafeGuard's Continuity of Care Policy from SafeGuard. You must make a specific request to continue under the care of your Out-of-Network Dentist. SafeGuard is not required to continue your care with your Out-of-Network Dentist if you are not eligible under SafeGuard's Continuity of Care Policy or if SafeGuard cannot reach agreement with your Out-of-Network Dentist on the terms regarding your care in accordance with California law.

DENTAL BENEFITS: INQUIRIES AND GRIEVANCE PROCEDURES

Routine Questions About Dental Benefits

If You have any questions about dental benefits provided by the group contract, please call Us by dialing 1-800-880-1800.

Grievance Procedures

If You or Your Dependents have a grievance with Us or Your Selected General Dentist, You may submit such grievance by calling Our customer service department at 1-(800) 880-1800. When You call, You may:

- submit the grievance orally, or
- request a grievance form to submit the grievance in Writing.

To submit the grievance in Writing, complete the grievance form, or provide a detailed summary of Your grievance to:

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

You may also file a written grievance via our website at www.metlife.com/mybenefits. Please click on Members, then Forms to Print, and then Grievance Forms.

In all Written correspondence, please be sure to include at least the following information:

- Name of Student
- Name of the Plan
- Identification Number of the person You are Writing about; and
- Facility (or selected general Dental office) name and number.

We agree to investigate and try to resolve complaints received. We will confirm receipt of Your complaint in writing within 5 calendar days of receipt. We will resolve the complaint and communicate the resolution in writing within 30 calendar days. A grievance must be filed within 180 days of the occurrence or incident that is the subject of the grievance.

If your grievance involves an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb or major bodily function, you or your provider may request an expedited review, and if your grievance qualifies as an urgent grievance, we will process your grievance within three (3) calendar days from receipt of your request. You are not required to file a grievance with SafeGuard before asking the California Department of Managed Health Care ("Department") to review your case on an expedited basis. The Department may be contacted at **(1-888-HMO-2219)**, TDD line **(1-877-688-9891)** for the hearing and speech impaired, or <http://www.hmohelp.ca.gov>.

The California Department of Managed Health Care ("Department") is responsible for regulating health care service plans. If You have a grievance against your health plan, You should first telephone Your health plan at **1-800-880-1800** and use Your health plan's grievance process before contacting the Department. Using this grievance procedure does not prohibit any potential legal rights or remedies that may be available to You. If You need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by Your health plan, or a grievance that has remained unresolved for more than 60 days, You may call the Department for assistance. You may also be eligible for an

Independent Medical Review (“IMR”). If You are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The Department’s Internet Web Site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

Arbitration

Each and every disagreement, dispute or controversy which remains unresolved concerning the construction, interpretation, performance or breach of this contract, or the provision of dental services under this contract after exhausting SafeGuard’s complaint procedures, arising between the Organization, a Student or the heir-at-law or personal representative of such person, as the case may be, and SafeGuard, its employees, officers or directors, or participating dentist or their dental groups, partners, agents, or employees, may be voluntarily submitted to arbitration in accordance with the American Arbitration Association rules and regulations, whether such dispute involves a claim in tort, contract or otherwise. This includes, without limitation, all disputes as to professional liability or malpractice, that is as to whether any dental services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered. It also includes, without limitation, any act or omission which occurs during the term of this contract but which gives rise to a claim after the termination of this contract. Arbitration shall be initiated by written notice to SafeGuard at 95 Enterprise, Suite 200, Aliso Viejo, CA 92656.

Coordination of Benefits

We do not coordinate benefits with any other carrier. If you have coverage with another carrier, please contact that carrier to determine whether coordination of benefits is available.

Third Party Liability

If benefits covered by the group contract or evidence of coverage are provided to treat an injury or illness caused by the wrongful act or omission of another person or third party, provided that You are made whole for all other damages resulting from the wrongful act or omission before SafeGuard is entitled to reimbursement. You shall:

- Reimburse SafeGuard for the reasonable cost of services paid by SafeGuard to the extent permitted under California Civil Code section 3040 immediately upon collection of damages by You, whether by action or law, settlement or otherwise; and
- Fully cooperate with SafeGuard’s effectuation of its lien rights for the reasonable value of services provided by SafeGuard to the extent permitted under California Civil Code section 3040. SafeGuard’s lien may be filed with the person whose act caused the injuries, his or her agent, or the court.

SafeGuard shall be entitled to payment, reimbursement, and subrogation in third party recoveries and You shall cooperate to fully and completely effectuate and protect the rights of SafeGuard, including prompt notification of a case involving possible recovery from a third party.

Assignment of Benefits

By accepting coverage under the group contract, you agree to cooperate in protecting the interest of SafeGuard under this provision and to execute and deliver to SafeGuard or its nominee any and all assignments or other documents which may be necessary or proper to fully and completely effectuate and protect the rights of SafeGuard or its nominee. You also agree to fully cooperate with SafeGuard and not take any action that would prejudice the rights of SafeGuard under this provision.

INDIVIDUAL CONTINUATION OF DENTAL BENEFITS WITH PAYMENT OF THE PREPAYMENT FEE

For Mentally Or Physically Handicapped Children

Benefits for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the TERMINATION OF DEPENDENT BENEFITS subsection of the section entitled ELIGIBILITY PROVISIONS: BENEFITS FOR YOUR DEPENDENTS, benefits will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

GENERAL PROVISIONS

Entire Contract

Your dental benefits are provided under a group contract with Your Organization. The entire contract with Your Organization is made up of the following:

1. the group contract and its Exhibits, which include the evidence of coverage and summaries of benefits;
2. Your Organization's application and acknowledgment; and
3. any amendments and/or endorsements to the group contract.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid or reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

Misstatement of Age

If Your or Your Dependent's age is misstated, the correct age will be used to determine eligibility for dental benefits and, as appropriate, We will adjust the benefits and/or premiums.

Conformity with Law

If the terms and provisions of this evidence of coverage do not conform to any applicable law, this evidence of coverage shall be interpreted to so conform.

DEFINITIONS

As used in this evidence of coverage, the terms listed below will have the meanings set forth below. When defined terms are used in this evidence of coverage, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Amalgam means a silver filling material usually used on posterior teeth.

Anterior means teeth located in the front of the mouth – upper and lower 6 teeth with three in each quadrant of the mouth 12 teeth in total.

Asymptomatic means without symptoms, the absence of any indication of disease, surrounding pathology or impaired function.

Bicuspid means teeth located immediately in front of the molar teeth – upper and lower with two in each quadrant of the mouth 8 teeth in total.

Bridge or **Bridgework** means a fixed replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).

Cast Restoration means an inlay, onlay, or crown.

Child means the following:

- for Dental Benefits, Your natural or adopted child; Your stepchild who resides with You; or a child who resides with and is fully supported by You (including the child of a Domestic Partner), and who, in each case, is under age **26**, and
- unmarried;
- supported by You;
- not employed on a full-time basis; and
- a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

The term does not include any person who:

- is in the military of any country or subdivision of any country;
- lives outside of the United States or Canada; or
- is covered under the group contract as a Student.

Must cover adopted child from the earlier of:

- the moment the child is placed in Your residence, and
- the child's birth, if You have entered into a written agreement to adopt the child prior to its birth.

Co-Payment or Co-Pay means a fixed dollar amount as shown in the Schedule of Benefits. You must pay Your Co-Payment at the time of delivery of supplies or services.

Cosmetic means services performed solely for appearance. Treatment of decay, disease or injury to the teeth or supporting tissues of the teeth is not evident. Cosmetic means any procedure which is directed at improving the patient's appearance and does not meaningfully promote the proper function or prevent or treat illness or disease.

Covered Service means a dental service used to treat Your or Your Dependent's dental condition which is:

- prescribed or performed by a Dentist while such person is covered for dental benefits;
- Dentally Necessary to treat the condition;

- described in the Schedule of Benefits; or
- Dental Benefits sections of this evidence of coverage.

Crown means a restoration placed over a tooth to strengthen and/or replace missing tooth structure. A crown can be made of different materials, for example, noble, high noble, and base metals, or porcelain or porcelain and metal.

Dental Hygienist means a person trained to:

- remove calcareous deposits and stains from the surfaces of teeth; and
- provide information on the prevention of oral disease.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's parents; children (natural, step or adopted); siblings; grandparents; or grandchildren.

Dentally Necessary means that a dental service or treatment is performed in accordance with generally accepted dental standards and is:

- necessary to treat decay, disease or injury of the teeth; or
- essential for the care of the teeth and supporting tissues of the teeth.

Dentist means:

- a person licensed to practice dentistry in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of the group contract. Each such person must be licensed in the jurisdiction where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required by such jurisdiction.
- For purposes of dental benefits, the term will include a Physician who performs a Covered Service.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's parents; children (natural, step or adopted); siblings; grandparents; or grandchildren.

Dentures means fixed partial dentures (bridgework), removable partial dentures and removable full dentures.

Dependent(s) means Your Spouse, Domestic Partner and/or Child.

Directory of Participating Providers means the list of Selected General Dentists from whom You must select to receive Covered Services.

Domestic Partner means each of two people, one of whom is a Student of Your Organization, who have:

- registered as domestic partners or members of a civil union with a government agency or office where such registration is available; or
- submitted a domestic partner declaration to Your Organization.

The domestic partner declaration must be signed by both parties, and establish that:

- each person is 18 years of age or older;
- neither person is married;
- neither person has had another domestic partner within 1-24 months prior to the date they enroll for benefits for the Domestic Partner under the group contract;
- they have shared the same residence for at least 1-24 months prior to the date they enroll for benefits for the Domestic Partner under the group contract;
- they are not related by blood in a manner that would bar their marriage in the jurisdiction in which they reside;
- they have an exclusive mutual commitment to share the responsibility for each other's welfare and financial obligations which commitment existed for at least 1-24 months prior to the date they enroll for benefits for the Domestic Partner under the group contract, and such commitment is expected to last indefinitely; and
- 2 or more of the following exist as evidence of joint responsibility for basic financial obligations:
 - a joint mortgage or lease;
 - designation of the Domestic Partner as beneficiary for life insurance or retirement benefits;
 - joint wills or designation of the Domestic Partner as executor and/or primary beneficiary;
 - designation of the Domestic Partner as durable power of attorney or health care proxy;
 - ownership of a joint bank account, joint credit cards or other evidence of joint financial responsibility; or
 - other evidence of economic interdependence.

Your Organization will review the affidavit and determine whether to accept the request to insure the Domestic Partner.

Emergency Dental Condition means a dental condition the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including, but not limited to, bleeding, swelling or severe pain, that a prudent layperson, possessing an average knowledge of dentistry and health, could reasonably expect the absence of immediate dental attention to result in:

- placing the health of the person afflicted with such condition in serious jeopardy;
- serious impairment to such person's bodily functions;
- serious impairment or dysfunction of any bodily organ or part of such person; or
- serious disfigurement of such person.

Endodontics means procedures that treat the nerve or the pulp of the tooth. Usually needed due to injury or infection of the tooth.

Experimental means services that do not have endorsement from professional organizations whose role is to evaluate such items. Services that are either unproven for the diagnosis or treatment of a condition or not generally recognized by the professional community as effective or appropriate for the diagnosis or treatment of a condition.

Full-Time means a minimum of 12 semester units for the fall and spring semesters and a minimum of 4.5 semester units for the summer semester.

Maximum Allowed Charge means the lesser of:

- the amount charged by the Selected General Dentist or
- the maximum amount which the Selected General Dentist has agreed with Us to accept as payment in full for the dental service.

Oral Surgery means surgery performed in and around the mouth, to remove teeth, reshape portions of the bone or soft tissue, or biopsy suspect areas of the mouth.

Orthodontics means braces and other procedures or appliances to help align the upper and lower teeth.

Out-of-Network Dentist means a Dentist who does not have a contractual agreement with Us to provide Covered Services to You or a Dependent.

Periodontics means procedures related to treatment of the supporting structures of the teeth (e.g., gums and underlying bone).

Posterior means teeth that have flat chewing surfaces, located in the back of the mouth, upper and lower includes molars and bicuspid (premolars) 20 teeth including wisdom teeth.

Prepayment Fee means the monthly fee paid to Us by Your Organization. The prepayment fee is not the same as a Co-Payment.

Primary Teeth means the first set of teeth ("baby" teeth).

Prophylaxis means a standard cleaning, the scaling and polishing of teeth to remove plaque and tartar above the gum line.

Prosthodontics means the replacement of missing teeth with artificial substitutes. The appliances can be fixed (bridge or implant) or removable (dentures).

Proof means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this evidence of coverage. When a claim is made for any benefit described in this evidence of coverage, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

Quadrant means one of the four equal sections into which Your mouth can be divided.

Reasonable and Customary Charge means the least of:

- the amount charged by the Selected General Dentist for a Covered Service;
- the usual amount charged by the Selected General Dentist for dental services which are the same as, or similar to, the Covered Service; or

- the usual amount charged by other Selected General Dentist in the same geographic area for dental services which are the same as, or similar to, the Covered Service.

Resin-based Composite means tooth-colored (white) fillings.

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

Selected General Dental Office means a dental office contracted with SafeGuard consisting of dentists who agree in Writing to provide dental services under special terms, conditions and financial reimbursement arrangements with SafeGuard.

Specialty Care means services provided by an endodontist, periodontist, pediatric Dentist, oral surgeon, or orthodontist. These services may be covered at a co-payment, or at 75% of the Dentist's Reasonable and Customary Charge. If they are not Covered Services, they may be available at 75% of the Dentist's Reasonable and Customary Charge.

Specialty Care Dentist means a SafeGuard contracted dentist who agrees in Writing to provide Specialty Care services under special terms, conditions and financial reimbursement arrangements with SafeGuard.

Service Area means the geographical area in which SafeGuard has a panel of Selected General Dentists and Specialty Care Dentists who have agreed to provide care to SafeGuard customers. To enroll in the SafeGuard plan, You and Your Dependents (except Dependent Children) must, reside, live, or work in the Service Area.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Spouse means Your lawful spouse. The term also includes Your Domestic Partner. **The term does not include** any person who:

- is in the military of any country or subdivision of any country;
- lives outside of the United States or Canada; or
- is covered under the group contract as a Student.

Student means a member of the Organization.

We, Us and Our mean SafeGuard Health Plans, Inc.

Written or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Year or **Yearly** means the 12 month period that begins January 1.

You and **Your** mean a Student who is covered under the group contract for the dental benefits described in this evidence of coverage.