

# Prepaid Dental

## News about dental benefits for employees of **ARIZONA STATE RETIREMENT SYSTEM**

### A Dental Plan Means Healthy Smiles

This prepaid dental plan offers benefits through a network of Plan Dentists. When you enroll for benefits, treatments you receive from your selected Plan Dentist will be provided at reduced fees called copayments. For your information, a list of frequently used dental treatments is included.

### Plan Features

- No Claim Forms to File for Plan Dentist and Plan Specialist Services
- No Referrals Required for Specialist Services
- No Deductibles
- No Waiting Periods
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- No Annual Maximum for Plan Dentist and Plan Specialist Services

### Important Enrollment Information

To enroll, follow two these steps:

1. Select a general dentist from the Directory of Dentists for yourself and every eligible member of your family. Each family member may choose a different Plan Dentist. You must select a Plan Dentist to receive services. Except for certain specialist services, all services must be performed by this selected Plan Dentist. You may change your Plan Dentist(s) throughout the Plan Year in accordance with the provisions of the group agreement. However, all services must be performed by a Plan Provider, to be covered.
2. Complete the ASRS enrollment form, being sure to include the Dental Facility Number of each Plan Dentist selected.

### Finding a Provider

You can find a dental provider in the United Dental Care Provider Network by visiting [www.sunlife.com/ASRS](http://www.sunlife.com/ASRS). Availability of Plan Dentists and Plan Specialists varies depending on location.

**If you have any questions, call Customer Service at 800.443.2995.**

Prepaid dental products are provided by UDC Dental California, Inc., an affiliate of Sun Life Assurance Company of Canada (Wellesley Hills, MA), under Form Series UDC-CA-GA06.

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# Savings You Can See

## Monthly Deduction†

Retiree .....	<b>\$10.21</b>
Retiree + 1 .....	<b>\$17.27</b>
Retiree + 2 or more.....	<b>\$27.24</b>

†May be changed according to the terms of the Group Dental Service Agreement.

The following is a list of commonly used dental treatments. It is not the Combined Evidence of Coverage and Disclosure Form. After you enroll, a complete list of copayments will be provided to you along with your Combined Evidence of Coverage and Disclosure Form. The Combined Evidence of Coverage and Disclosure Form controls the coverage provided by the Plan the member purchases.

## Secure Plan

### 1. Plan Dentist Services

The dental services listed in the following schedule are covered only when provided by the Member's selected Plan Dentist. The Member will be responsible for paying the amount listed in the "Member Copayment" column at the time the service is received, or in accordance with the selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, the Member should consult the Combined Evidence of Coverage and Disclosure Form.

Services marked with a single asterisk (\*) below may also require separate payment for the cost of any precious or semi-precious alloy used in their fabrication. The additional precious or semi-precious alloy charges must be paid to the Plan Dentist in addition to any applicable copayment for the service. Services marked with a quadruple asterisk (\*\*\*\*) below are subject to a separate Copayment for restorations and endodontic posts and cores placed after root canal therapy.

*Payment for each service of a Non-Plan Dentist (at that dentist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.*

### 2. Plan Specialist Services

Should the Member require dental services that his or her selected Plan Dentist is unable to provide, he or she may obtain those services from a Plan Specialist. No referral is needed from the selected Plan Dentist in order for the Member to obtain services from a Plan Specialist.

There is an applicable copayment amount for a Plan Specialist's service. The Member is responsible for paying the entire copayment amount at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

*Payment for each service of a Non-Plan Specialist (at that specialist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.*

ADA Code**	Service Description**	Plan General Dentist Member Copayment	Plan Specialist Member Copayment
<b>Appointments</b>			
None	Routine Office Visit*** .....	5.00 .....	N/A
D0120	Periodic oral evaluation - established patient .....	No Charge .....	N/A
D0140	Limited oral evaluation - problem focused .....	10.00 .....	10.00
D0150	Comprehensive oral evaluation - new or established patient .....	No Charge .....	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient .....	No Charge .....	No Charge

ADA Code**	Service Description**	Plan General Dentist Member Copayment	Plan Specialist Member Copayment
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	No Charge .....	No Charge
D9440	Office visit - after regularly scheduled hours.....	35.00 .....	N/A
<b>Diagnostic Dentistry</b>			
D0210	Intraoral-complete series of radiographic images .....	No Charge .....	25.00
D0220	Intraoral-periapical first radiographic image.....	No Charge .....	No Charge
D0230	Intraoral-periapical each additional radiographic image .....	No Charge .....	No Charge
D0240	Intraoral-occlusal radiographic image .....	No Charge .....	No Charge
D0250	Extraoral-2D projection radiographic image created using a stationary radiation source, and detector .....	No Charge .....	No Charge
D0260	Extraoral-each additional radiographic image .....	No Charge .....	No Charge
D0270	Bitewing-single radiographic image .....	No Charge .....	N/A
D0272	Bitewing-two radiographic images .....	No Charge .....	N/A
D0274	Bitewing-four radiographic images .....	No Charge .....	N/A
D0330	Panoramic radiographic image .....	No Charge .....	25.00
D0415	Collection of microorganisms for culture and sensitivity .....	No Charge .....	No Charge
D0425	Caries susceptibility tests.....	No Charge .....	No Charge
D0460	Pulp vitality tests .....	No Charge .....	No Charge
D0470	Diagnostic casts.....	No Charge .....	No Charge
None	Periodontal probing in the presence of periodontal disease*** .....	10.00 .....	10.00
<b>Preventive Dentistry</b>			
D1110	Prophylaxis - adult .....	No Charge .....	No Charge
	(once every 6 months)		
D1120	Prophylaxis - child.....	No Charge .....	No Charge
	(once every 6 months)		
D1203	Topical application of fluoride (prophylaxis not included) - child.....	No Charge .....	No Charge
D1310	Nutritional counseling for control of dental disease .....	No Charge .....	N/A
D1330	Oral hygiene instructions .....	No Charge .....	N/A
D1351	Sealant - per tooth .....	10.00 .....	10.00
D1510	Space maintainer - fixed - unilateral .....	70.00 .....	70.00
D1515	Space maintainer - fixed - bilateral .....	70.00 .....	70.00
D1520	Space maintainer - removable - unilateral .....	80.00 .....	80.00
D1525	Space maintainer - removable - bilateral .....	80.00 .....	80.00
D1550	Re-cement or re-bond space maintainer .....	No Charge .....	No Charge
<b>Restorative Dentistry</b>			
D2140	Amalgam - one surface, primary or permanent**** .....	No Charge .....	No Charge
D2150	Amalgam - two surfaces, primary or permanent**** .....	No Charge .....	No Charge
D2160	Amalgam - three surfaces, primary or permanent**** .....	No Charge .....	No Charge
D2161	Amalgam - four or more surfaces, primary or permanent**** .....	No Charge .....	No Charge
D2330	Resin-based composite - one surface, anterior**** .....	17.00 .....	17.00
D2331	Resin-based composite - two surfaces, anterior**** .....	23.00 .....	23.00
D2332	Resin-based composite - three surfaces, anterior**** .....	25.00 .....	25.00
D2391	Resin-based composite - one surface, posterior .....	65.00 .....	N/A
D2392	Resin-based composite - two surfaces, posterior .....	70.00 .....	N/A
D2393	Resin-based composite - three surfaces, posterior .....	85.00 .....	N/A
D2740	Crown - porcelain/ceramic substrate .....	185.00 .....	N/A
D2750	Crown - porcelain fused to high noble metal* .....	195.00 .....	N/A
D2751	Crown - porcelain fused to predominantly base metal.....	195.00 .....	N/A
D2752	Crown - porcelain fused to noble metal* .....	195.00 .....	N/A
D2790	Crown - full cast high noble metal* .....	185.00 .....	N/A
D2791	Crown - full cast predominantly base metal.....	185.00 .....	N/A
D2792	Crown - full cast noble metal.....	185.00 .....	N/A
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration.....	5.00 .....	N/A
D2920	Re-cement or re-bond crown .....	5.00 .....	N/A
D2930	Prefabricated stainless steel crown - primary tooth .....	40.00 .....	40.00
D2940	Protective restoration.....	No Charge .....	No Charge
D2950	Core buildup, including any pins .....	50.00 .....	N/A
D2951	Pin retention - per tooth, in addition to restoration.....	10.00 .....	N/A

ADA Code**	Service Description**	Plan General Dentist Member Copayment	Plan Specialist Member Copayment
D2952	Cast post and core in addition to crown****	50.00	N/A
D2954	Prefabricated post and core in addition to crown****	50.00	N/A
D2960	Labial veneer (resin laminate) - chairside	100.00	N/A
D2980	Crown repair necessitated by restorative material failure	25.00	N/A
None	Temporary filling***	No Charge	N/A
<b>Endodontics</b>			
D3110	Pulp cap - direct (excluding final restoration)	No Charge	N/A
D3120	Pulp cap - indirect (excluding final restoration)	No Charge	N/A
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	20.00	20.00
D3310	Anterior (excluding final restoration)	135.00	135.00
D3320	Bicuspid (excluding final restoration)	195.00	195.00
D3330	Molar (excluding final restoration)	265.00	265.00
D3346	Retreatment of previous root canal therapy - anterior	135.00	135.00
D3347	Retreatment of previous root canal therapy - bicuspid	195.00	195.00
D3348	Retreatment of previous root canal therapy - molar	265.00	265.00
D3410	Apicoectomy-Anterior	180.00	180.00
D3421	Apicoectomy-Bicuspid (first root)	185.00	185.00
D3425	Apicoectomy-Molar (first root)	225.00	225.00
D3426	Apicoectomy-Each additional root	120.00	120.00
D3430	Retrograde filling - per root	80.00	80.00
D3450	Root amputation - per root	75.00	75.00
D3920	Hemisection (including any root removal), not including root canal therapy	100.00	100.00
<b>Periodontics</b>			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	100.00	100.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	60.00	60.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	300.00	300.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	185.00	185.00
D4320	Provisional splinting - intracoronal	60.00	60.00
D4321	Provisional splinting - extracoronal	50.00	50.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	55.00	55.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	35.00	35.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	40.00	40.00
D4910	Periodontal maintenance	50.00	50.00
None	Periodontal hygiene instructions***	No Charge	No Charge
<b>Prosthodontics, removable</b>			
D5110	Complete denture - maxillary	215.00	N/A
D5120	Complete denture - mandibular	215.00	N/A
D5130	Immediate denture - maxillary	225.00	N/A
D5140	Immediate denture - mandibular	225.00	N/A
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	300.00	N/A
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	300.00	N/A
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	300.00	N/A
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	300.00	N/A
D5410	Adjust complete denture - maxillary	10.00	N/A
D5411	Adjust complete denture - mandibular	10.00	N/A
D5421	Adjust partial denture - maxillary	10.00	N/A
D5422	Adjust partial denture - mandibular	10.00	N/A
D5510	Repair broken complete denture base	30.00	N/A
D5610	Repair resin denture base	30.00	N/A

ADA Code**	Service Description**	Plan General Dentist Member Copayment	Plan Specialist Member Copayment
D5620	Repair cast framework.....	45.00	N/A
D5630	Repair or replace broken clasp - per tooth .....	35.00	N/A
D5640	Replace broken teeth - per tooth .....	30.00	N/A
D5650	Add tooth to existing partial denture .....	30.00	N/A
D5730	Reline complete maxillary denture (chairside).....	50.00	N/A
D5731	Reline complete mandibular denture (chairside).....	50.00	N/A
D5740	Reline maxillary partial denture (chairside).....	50.00	N/A
D5741	Reline mandibular partial denture (chairside).....	50.00	N/A
D5750	Reline complete maxillary denture (laboratory).....	65.00	N/A
D5751	Reline complete mandibular denture (laboratory).....	65.00	N/A
D5760	Reline maxillary partial denture (laboratory).....	65.00	N/A
D5761	Reline mandibular partial denture (laboratory).....	65.00	N/A
D5850	Tissue conditioning, maxillary.....	10.00	10.00
D5851	Tissue conditioning, mandibular .....	10.00	10.00
<b>Prosthodontics, fixed</b>			
D6210	Pontic - cast high noble metal* .....	185.00	N/A
D6211	Pontic - cast predominantly base metal .....	185.00	N/A
D6212	Pontic - cast noble metal* .....	185.00	N/A
D6240	Pontic - porcelain fused to high noble metal* .....	215.00	N/A
D6241	Pontic - porcelain fused to predominantly base metal .....	215.00	N/A
D6242	Pontic - porcelain fused to noble metal* .....	215.00	N/A
D6721	Retainer crown - resin with predominantly base metal .....	90.00	N/A
D6750	Retainer crown - porcelain fused to high noble metal* .....	215.00	N/A
D6751	Retainer crown - porcelain fused to predominantly base metal .....	215.00	N/A
D6752	Retainer crown - porcelain fused to noble metal* .....	215.00	N/A
D6790	Retainer crown - full cast high noble metal* .....	185.00	N/A
D6791	Retainer crown - full cast predominantly base metal .....	185.00	N/A
D6792	Retainer crown - full cast noble metal* .....	185.00	N/A
D6930	Re-cement or re-bond fixed partial denture .....	10.00	N/A
D6940	Stress breaker.....	90.00	N/A
D6980	Fixed partial denture repair, by report.....	40.00	N/A
<b>Oral Surgery</b>			
D7111	Extraction, coronal remnants - deciduous tooth .....	25.00	N/A
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	38.00	N/A
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	50.00	50.00
D7220	Removal of impacted tooth - soft tissue.....	75.00	75.00
D7230	Removal of impacted tooth - partially bony.....	100.00	100.00
D7240	Removal of impacted tooth - completely bony.....	125.00	125.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	130.00	130.00
D7250	Removal of residual tooth roots (cutting procedure).....	75.00	75.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .....	110.00	110.00
D7280	Exposure of an erupted tooth .....	200.00	200.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	45.00	45.00
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant.....	80.00	80.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	100.00	100.00
D7510	Incision and drainage of abscess - intraoral soft tissue .....	35.00	35.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.....	80.00	80.00
<b>Other Services</b>			
D9215	Local anesthesia .....	No Charge	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	15.00	15.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes.....	120.00	120.00
D9940	Occlusal guard, by report.....	100.00	N/A
D9972	External bleaching-per arch-performed in office.....	175.00	N/A
None	External bleaching, both arches*** .....	300.00	N/A

ADA Code**	Service Description**	Plan General Dentist Member Copayment	Plan Specialist Member Copayment
<b>Orthodontics</b>			
None	Diagnostic Workup with Radiographs/Model***	195.00	195.00
D8030	Limited orthodontic treatment of the adolescent dentition	950.00	950.00
D8040	Limited orthodontic treatment of the adult dentition	1100.00	1100.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1795.00	1795.00
D8090	Comprehensive orthodontic treatment of the adult dentition	1995.00	1995.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	35.00	35.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	95.00	95.00
None	Adjusting retainer, by report***	No Charge	No Charge
None	Elastics, by report***	No Charge	No Charge
None	Final Orthodontics records, by report***	150.00	150.00
None	Reattached brackets and bands (limited 3 times)***	10.00	10.00
None	Replace broken ligature wires (limit 3 times)***	10.00	10.00
None	Premium Transparent brackets, per arch***	275.00	275.00

This illustration is intended to provide only a partial list of Member benefits and copayments and does not reflect all benefits and copayments. It is not a Combined Evidence of Coverage and Disclosure Form. Please see the Combined Evidence of Coverage and Disclosure Form for a complete list of services covered by the Plan which determines all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to Plan Dentists and Plan Specialists who perform the corresponding listed services. The Plan Dentist selected by the Member may not perform all listed services. Availability of Plan Dentists is subject to change.

**This notice only applies to small employers as defined by your state.** This coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.

\*\* *Current Dental Terminology* © 2016 American Dental Association. All rights reserved.

\*\*\* Service does not have an American Dental Association Current Dental Terminology code or descriptor.

Note: N/A indicates no applicable copayment amount.

# Learn more about the prepaid dental plan being offered to you!

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**Your employer is offering you a prepaid dental plan. This Q&A will help provide you more information about the plan being offered to you.**

## **What is a prepaid plan?**

With a prepaid plan you pay a monthly prepayment fee plus you pay reduced fees called “copayments” for dental services provided. To receive the reduced fees you must use a Plan Dentist selected at the time of enrollment.

## **What are copayments and where can I locate the copayment schedule?**

A copayment is the set fee that you pay to the Plan Dentist at the time of treatment for covered services that are being performed.

The copayment schedule is a listing of covered services and copayments for your plan. The schedule is included in the Combined Evidence of Coverage and Disclosure Form. It is helpful to bring your copayment schedule to your dental appointment.

## **How do I select a Plan Dentist?**

You should select your Plan Dentist when you enroll. You can find a dentist in the CA UDC Series Provider Network by visiting [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Under DHMO or Prepaid Dental Plan, select your state and plan. Note that your Plan Dentist must be a general dentist, not a specialist.

## **How long does it take to appear on the patient list/roster of my Plan Dentist that I select at time of enrollment?**

If UDC receives your Plan Dentist selection by the 20th of the month, you will appear on the roster the 1st of the next month. If we receive the selection after the 20th, you will appear on the roster the 1st day of the second following month after we have received your selection. If you are not listed on the roster, please contact Customer Service at 800.443.2995.

## **How will the Plan Dentist know I am a patient?**

The Plan Dentist receives a patient listing, called a roster, from UDC each month that includes all members who have chosen that individual as their Plan Dentist.

Please confirm at the time of making your appointment with the Plan Dentist that you are on the provider's roster.

## **Can I change my Plan Dentist?**

Yes, you can. To change your Plan Dentist, contact Customer Service at 800.443.2995.

## **What if I choose to see a dentist other than my selected Plan Dentist?**

The costs will **not** be covered by your dental plan and you will be responsible for the full payment to that dentist. In order for you to receive Plan benefits you must seek treatment from your selected Plan Dentist.

## **If I have a dental emergency, do I need to see my Plan Dentist?**

First, contact your Plan Dentist to make an appointment. If your Plan Dentist is unable to see you, you may seek treatment from any licensed dentist in the United States.

Please be informed that the emergency benefit in your plan is limited to the temporary relief of pain and has limited benefits.

## **If I need to see a specialist, how do I go about finding a Plan Specialist in my area?**

You may find a list of Plan Specialists by looking in the plan network directory, visiting the web site at [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist) or calling 800.443.2995 for assistance. A referral is not necessary from your Plan Dentist to seek treatment from a Plan Specialist.

## **What if I lose my Dental ID card or have a question about my plan?**

Contact Customer Service by calling 800.443.2995.

**Limitation of Benefits**

1. Dentures should be replaced as necessary for the health of the Member as deemed necessary by the Plan Dentist who is providing treatment or evaluation
2. Orthodontic treatment is limited as follows:
  - a) Limited orthodontic treatment of tooth guidance orthodontia is limited to eighteen (18) consecutive months of continuous treatment.
  - b) Active orthodontic treatment (from placement of banding/bracketing) is limited to twenty-four (24) consecutive months of continuous treatment and is allowed once per lifetime.
  - c) Retention treatment is limited to twelve (12) consecutive months. Ongoing retention treatment past twelve (12) consecutive months may be subject to additional fees as determined by Plan Specialist. Additional fees will be the sole responsibility of the Member.
3. Failure of Member to follow a prescribed course of dental treatment may result in the need for additional dental services. Such-dental services may result in additional Copayments and charges for non-Plan Benefits.
4. Copayments listed for fixed prosthetic restorations do not cover the cost of any precious or semi-precious alloy used in their fabrication. This limitation applies to ADA codes 2750, 2752, 2790, 2792, 6210, 6212, 6240, 6242, 6750, 6752, 6790, and 6792. These ADA Codes along with the corresponding Service Descriptions are listed in the Copayment Schedule.

**Exclusions of Benefits**

1. Any procedure not specifically listed in the Copayment Schedule is not a Plan Benefit.
2. Any dental service started and completed prior to the Effective Date is not covered.

Any dental service listed in the Copayment Schedule, started, but not completed prior to the Effective Date, will be considered a Plan Benefit only if completion of the dental service is provided by a Plan Provider. For dental services other than orthodontics, Member will be responsible for the full Copayment amount plus any applicable alloy or precious metals fees, for the dental service completed under the Plan. For orthodontic services, Member will be responsible for the full orthodontic Copayment, which will be prorated according to the Plan Provider's plan of treatment and normal billing procedures based on the percentage of orthodontic work completed prior to the Effective Date.

Any dental service started after Member's termination is not covered.
3. Treatment for malignancies, neoplasms or cysts, including biopsy, is not covered.
4. Implants, surgery for the insertion of implants, all related implant appliances and restorations, removable or fixed, are not covered.
5. The surgical removal of implants or any surgery required to adjust, replace or treat any problem related to an existing implant, or implant appliance, is not covered.
6. Extractions for non-symptomatic third molars (wisdom teeth) are not covered. This exclusion also applies to extractions for non-symptomatic third molars after the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
7. Complete oral rehabilitation or reconstruction involving replacement of six (6) or more missing teeth using fixed prosthetic restorations and/or appliances is not covered.
8. Restorations and splints used to increase vertical dimension, restore occlusion, or replace/stabilize tooth structure loss by attrition are not covered.
9. Replacement of dentures, appliances or bridgework due to loss or theft is not covered.
10. Except for Emergency or Urgent Services outside the Service Area or in situations in which a Plan Provider is not available, services provided by non-Plan dentists are not covered unless pre-authorized by Plan.

**Termination**

The Member's enrollment may be terminated as stated in the **TERMINATION** article of the Combined Evidence of Coverage and Disclosure Form.

**IMPORTANT:** You can get an interpreter at no cost to talk to your doctor or health plan. To get an interpreter or to ask about written information in (your language), first call your plan's phone number at **1.800.443.2995**. Someone who speaks (your language) can help you. If you need more help, call the HMO Help Center at **1.888.466.2219**.

**IMPORTANTE:** Puede obtener la ayuda de un interprete sin costo alguno para hablar con su médico o con su plan de salud. Para obtener la ayuda de un interprete o preguntar sobre información escrita en español, primero llame al número de teléfono de su plan de salud al **1.800.443.2995**. Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame al Centro de ayuda de HMO al **1.888.466.2219**.

# VSP DISCOUNT SERVICES



*Your dental plan includes a vision discount through Vision Service Plan (VSP). This includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. The VSP discount is available for you and everyone covered on your dental plan!*

## Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams<sup>1</sup>
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options<sup>2</sup>
- **Contact Lenses** – 15% discount off the contact lens exam (fitting and evaluation)<sup>2</sup>.
- **Laser VisionCare<sup>SM</sup>** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount of 5% to 15% off PRK and LASIK surgeries, available through contracted laser centers

## Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out
- Toll-free customer service line and Web site for questions or grievances

**This entitles you to a discount only. It is not insurance and is not intended to replace any vision plan or insurance coverage.**

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## How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at [www.vsp.com](http://www.vsp.com), or call VSP at **800.877.7195** to request a doctor listing.

Identify yourself as being eligible for the VSP discount and be prepared to provide your UDC Member ID number when you make your appointment. (The VSP doctor will verify your eligibility and applicable discount. If you are not currently eligible for the discount, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

### **THIS VISION DISCOUNT OFFERED IS NOT INSURANCE.**

<sup>1</sup>Note: Does not apply to contact lens services. See contact lens section for applicable discount.

<sup>2</sup>Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

VSP Member Services Support: 800.877.7195  
Visit VSP's Web site at [www.vsp.com](http://www.vsp.com)