

Get affordable dental benefits



Here's good news: You and your family now have access to high-quality dental care at a reduced cost. That's something to smile about!

When you enroll in this simple, pre-paid dental plan from Employers Dental

Services (EDS), a Principal® company, you get coverage for both routine and specialized services. This plan is available in Arizona.

In addition, you benefit from:

- No deductibles, waiting periods, yearly maximums or claim forms
- Orthodontic benefits for children and adults
- Worldwide emergency dental benefits 24 hours a day

Who's eligible?

You can enroll yourself for coverage and also family members (known as dependents). Child-only coverage is available to age 18. Eligible dependents include your spouse and children to age 26. Domestic partners are eligible if they meet the criteria in the **EDS declaration of domestic partnership**.

You must add new dependents within 31 days of the life event (marriage, birth, adoption or placed for adoption). Additional premium and an **enrollment change from** must be received by EDS for coverage to be effective. It's your responsibility to remove dependent children when they're no longer eligible.

Enrolling is easy

It takes just three easy steps:

- 1** Get the details of your coverage by reading this book.
- 2** Choose a participating general dentist at employersdental.com. You and your dependents must use the same dentist.
- 3** Complete the enclosed **EDS enrollment application and agreement form**. A parent or guardian signature is required to enroll a child under age 18. Mail the form with your premium payment — make your check payable to EDS. We also accept VISA, Master Card, Discover and American Express.

Your coverage is effective on the first of the month if your application and payment reach us on or before the 10th of that month. Coverage is only available on an annual basis. In other words, you must keep your coverage for at least 12 consecutive months.

After enrolling, you'll receive an ID card. And even though you won't need to show it at appointments, we know some people like to carry one.

 Let's connect

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Employers Dental Services

We're one of the largest pre-paid dental plans in Arizona. As a member, you have access to a high-quality dental network. Our providers meet rigorous credentialing requirements and undergo requalification every three years.

And whether you're more comfortable speaking English or Spanish, bilingual customer service and management teams in Arizona can help you out.

Your benefits

Seeing your dentist — Your dental care starts with the general dentist you select when you enroll. Make an appointment with your dentist after your coverage begins. At your first appointment, your dentist evaluates your oral health. Before any treatment begins, you can discuss your concerns and questions, and work together to achieve or maintain good dental health.

Be sure to ask your dentist which procedures he/she performs — not all dentists perform all procedures. For example, some dentists don't do extractions, or use amalgam (silver-colored) fillings. If your general dentist feels you need to see a specialist (like an endodontist, periodontist or oral surgeon), you won't need a separate referral.

It's important to keep appointments since you may be charged a fee for missed appointments. Call your dental office at least 24 hours in advance if you're unable to keep a scheduled appointment.

Cost of services — Your EDS dentist may recommend some type of dental service. Once you have a treatment plan, staff at the dental office explain the costs you're responsible for. Need to see a specialist? With our network of dental specialists, you get up to **25% off** the normal office fees.

For each appointment, you're charged an office visit fee plus the cost for any services. Keep in mind, payment is due at the time you receive services.

You can check out your savings in the **covered services and cost** section in this book. It compares your cost to the average cost of a procedure without EDS benefits.

What's covered — With this coverage, the services you think should be covered are — like exams, cleanings and fillings. Plus, you get extra discounts on eyewear.

For a complete listing of covered dental services, refer to the **covered services and cost** section in this book.

Orthodontic benefits for children and adults —

If you need orthodontic treatment (including braces), this coverage provides the extra care you need. And, you benefit from no waiting periods, no required referrals and no lifetime benefit maximums.

Visiting an EDS orthodontist means you save **25% off** normal and customary fees. Keep in mind, to get this discount, you must have EDS coverage for the duration of treatment.

Orthodontists typically require you sign a contract for treatment. After signing it, you get a treatment plan and payment terms. If you already have orthodontia treatment in process, you're not eligible for this service.

Temporomandibular Joint Disorder (TMJ) —

Having TMJ (problems with your jaw and the muscles in your face that control it) can be difficult. If you have TMJ and need extra care, EDS covers procedures and services for that treatment. And, when you visit an EDS TMJ dentist, you save up to **25% off** the office fees. Plus, you don't need a referral.

Emergency care benefits — Sometimes, emergencies happen. Fortunately, your EDS plan covers the temporary relief of pain, bleeding and acute infection.

For a dental emergency, you're reimbursed up to \$200 less any costs you'd normally be charged for treatment. If you have a dental emergency:

- 1 Contact your general dentist first. If you're unable to reach your dentist, you may seek care immediately from any licensed dentist.
- 2 Mail a copy of your paid, itemized receipt (in English) to EDS within 90 days, so you can be reimbursed.
- 3 Follow-up with your general dentist for additional care or treatment.

Covered services and cost

EDS 700N

These costs are for services provided by your EDS general dentists. When you visit an EDS specialist, you get up to 25% off the normal office fees. Plus, you don't need a referral. Specialists include endodontists, oral surgeons, pediatric dentists, periodontists, prosthodontists and TMJ dentists.

Want to see your savings? Compare your cost to the average cost of a procedure without EDS benefits.

ADA* Code Procedure description - CDT Average cost Your cost

Diagnostic

Services to determine dental care needs.

D9431	Office visit-per patient/per visit	40.00	5.00
D0120	Periodic oral evaluation	54.00	No charge
D0140	Limited oral evaluation-problem focused	80.00	25.00
D0145	Oral evaluation -new or established patient under age 3/counseling with primary caregiver	81.00	No charge
D0150	Comprehensive oral evaluation	85.00	No charge
D0160	Detailed and extensive oral evaluation-problem focused, by report	120.00	55.00
D0170	Re-evaluation-limited, problem focused	75.00	17.00
D0180	Comprehensive periodontal evaluation new or established patient	110.00	No charge
D0210	Intraoral-complete series (including bitewings)	139.00	25.00
D0220	Intraoral-periapical-first film	25.00	No charge
D0230	Intraoral-periapical-each additional film	27.00	No charge
D0240	Intraoral-occlusal film	36.00	No charge
D0270	Bitewing-single film	32.00	No charge
D0272	Bitewings-two films	53.00	No charge
D0273	Bitewings-three films	68.00	No charge
D0274	Bitewings-four films	74.00	No charge
D0277	Vertical bitewings	79.00	50.00
D0330	Panoramic film	115.00	25.00
D0431	Predagnostic test that aids in detection of mucosal abnormalities	55.00	40.00
D0460	Pulp vitality tests	50.00	No charge
D0470	Diagnostic casts	89.00	11.00

ADA* Code Procedure description - CDT Average cost Your cost

Preventive

Services to promote and maintain good oral health.

D1110	Prophylaxis (cleaning) adult	95.00	7.00
D1120	Prophylaxis (cleaning) child	75.00	7.00
D1203	Topical application of fluoride (excluding prophylaxis)-child	32.00	No charge
D1204	Topical application of fluoride (excluding prophylaxis)-adult	42.00	No charge
D1206	Topical fluoride varnish-therapeutic application	52.00	17.00
D1310	Nutritional counseling for control of dental disease	56.00	No charge
D1320	Tobacco counseling for the control and prevention of oral disease	65.00	No charge
D1330	Oral hygiene instructions	75.00	No charge
D1351	Sealant-per tooth	55.00	15.00
D1510	Space maintainer-fixed-unilateral	325.00	150.00
D1515	Space maintainer-fixed-bilateral	490.00	175.00
D1520	Space maintainer-removable-unilateral	275.00	150.00
D1525	Space maintainer-removable-bilateral	399.00	175.00
D1550	Re-cementation of space maintainer	72.00	25.00
D1555	Removal of fixed space maintainer-by dentist who did not place appliance	60.00	35.00

Restorative

Services to restore and repair teeth.

D2140	Amalgam filling-one surface, primary or permanent	140.00	15.00
D2150	Amalgam filling-two surfaces, primary or permanent	172.00	19.00
D2160	Amalgam filling-three surfaces, primary or permanent	197.00	25.00
D2161	Amalgam filling-four or more surfaces, primary or permanent	234.00	30.00

ADA* Code	Procedure description - CDT	Average cost	Your cost
D2330	Resin filling-one surface, anterior	149.00	35.00
D2331	Resin filling-two surfaces, anterior	180.00	45.00
D2332	Resin filling-three surfaces, anterior	213.00	55.00
D2335	Resin filling-four or more surfaces or involving incisal angle (anterior)	254.00	65.00
D2390	Resin based composite crown, anterior	280.00	75.00
D2391	Resin filling-one surface, posterior	161.00	40.00
D2392	Resin filling-two surfaces, posterior	197.00	47.00
D2393	Resin filling-three surfaces, posterior	232.00	57.00
D2394	Resin filling-four or more surfaces, posterior	270.00	60.00
D2510	Inlay-metallic-one surface	750.00	250.00
D2520	Inlay-metallic-two surfaces	860.00	265.00
D2530	Inlay-metallic-three surfaces	950.00	285.00
D2542	Onlay-metallic two surfaces	969.00	847.00
D2543	Onlay metallic three surfaces	1000.00	895.00
D2544	Onlay metallic four or more surfaces	1040.00	832.00
D2721	Crown-resin with predominantly base metal	950.00	485.00
D2722	Crown-resin with noble metal	867.00	305.00 + Lab
D2740	Crown-porcelain ceramic substrate	1150.00	485.00
D2750	Crown-porcelain fused to high noble metal	900.00	305.00 + Lab
D2751	Crown-porcelain fused to predominantly base metal	885.00	485.00
D2752	Crown-porcelain fused to noble metal	890.00	305.00 + Lab
D2780	Crown 3/4 cast high noble metal	990.00	305.00 + Lab
D2781	Crown 3/4 cast predominantly base metal	1047.00	485.00
D2782	Crown 3/4 cast noble metal	1030.00	305.00 + Lab
D2783	Crown 3/4 cast porcelain/ceramic	990.00	485.00
D2790	Crown-full cast high noble metal	940.00	305.00 + Lab
D2791	Crown-full cast predominantly base metal	963.00	485.00
D2792	Crown-full cast noble metal	895.00	305.00 + Lab
D2794	Crown-titanium	862.00	485.00
D2799	Provisional crown-temporary restoration of at least six months	290.00	42.00
D2910	Re-cement inlay	110.00	23.00
D2920	Re-cement crown	95.00	23.00

ADA* Code	Procedure description - CDT	Average cost	Your cost
D2930	Prefabricated stainless steel crown-primary tooth	262.00	65.00
D2931	Prefabricated stainless steel crown-permanent tooth	290.00	65.00
D2932	Prefabricated resin crown	277.00	85.00
D2933	Prefabricated stainless steel crown with resin window	264.00	90.00
D2940	Sedative filling temporary filling to relieve pain	99.00	27.00
D2950	Core buildup including pins	225.00	42.00
D2951	Pin retention-per tooth, in addition to restoration	80.00	42.00
D2952	Cast post and core in addition to crown	355.00	180.00
D2953	Each additional cast post-same tooth	240.00	150.00
D2954	Prefabricated post and core in addition to crown	273.00	75.00
D2957	Each additional prefabricated post-same tooth	147.00	60.00
D2960	Labial veneer (resin laminate)-chairside	485.00	325.00
D2961	Labial veneer (resin laminate)-laboratory	822.00	575.00
D2962	Labial veneer (porcelain laminate)-laboratory	1060.00	650.00
D2970	Temporary crown (fractured tooth)	199.00	45.00
D2980	Crown repair, by report	240.00	150.00

► Endodontics

Services to treat disease of the dental pulp. Most common treatment is root canal therapy.

D3110	Pulp cap-direct (excluding final restoration)	70.00	9.00
D3120	Pulp cap-indirect (excluding final restoration)	65.00	9.00
D3220	Therapeutic pulpotomy (excluding final restoration)	169.00	65.00
D3221	Pulpal debridement primary and permanent	200.00	60.00
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	220.00	80.00
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	270.00	95.00
D3310	Anterior (excluding final restoration)	690.00	195.00
D3320	Bicuspid (excluding final restoration)	765.00	230.00
D3330	Molar (excluding final restoration)	970.00	315.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	375.00	95.00
D3346	Retreatment of previous root canal therapy-anterior	848.00	335.00

ADA* Code	Procedure description - CDT	Average cost	Your cost
D3347	Retreatment of previous root canal therapy-bicuspid	995.00	365.00
D3348	Retreatment of previous root canal therapy-molar	1160.00	461.00
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	305.00	95.00
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	242.00	95.00
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	670.00	95.00
D3410	Apicoectomy/periradicular surgery-anterior	775.00	180.00
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	835.00	180.00
D3425	Apicoectomy/periradicular surgery-molar (first root)	935.00	180.00
D3426	Apicoectomy/periradicular surgery-(each additional root)	292.00	135.00
D3430	Retrograde filling-per root	246.00	105.00
D3450	Root amputation-per root	504.00	105.00
D3920	Hemisection (including any root removal) not including root canal therapy	375.00	95.00

► Periodontics

Services to prevent and treat diseases around the bone or gums of teeth.

D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or bounded teeth spaces-per quadrant	750.00	235.00
D4211	Gingivectomy or gingivoplasty-one-three teeth, per quadrant	248.00	160.00
D4240	Gingival flap procedures, including root planing-four or more contiguous teeth or bounded teeth spaces-per quadrant	775.00	265.00
D4241	Gingival flap procedures, including root planing-one-three teeth per quadrant	525.00	215.00
D4249	Clinical crown lengthening-hard tissue	850.00	265.00
D4260	Osseous surgery including flap entry & closure-four or more contiguous teeth or bounded teeth spaces-per quadrant	1039.00	385.00
D4261	Osseous surgery including flap entry & closure-one-three teeth per quadrant	985.00	315.00
D4320	Provisional splinting-intracoronal	325.00	85.00
D4321	Provisional splinting-extracoronal	343.00	90.00

ADA* Code	Procedure description - CDT	Average cost	Your cost
D4341	Periodontal scaling and root planing-four or more contiguous teeth or bounded teeth spaces-per quadrant	245.00	95.00
D4342	Periodontal scaling and root planing-one-three teeth per quadrant	185.00	80.00
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	175.00	85.00
D4381	Localized delivery of periodontal irrigation agents (per site)	126.00	30.00
D4910	Periodontal maintenance procedures (following active therapy)	135.00	65.00

► Prosthodontics

Services to replace natural missing teeth.

D5110	Complete denture-upper	1370.00	595.00
D5120	Complete denture-lower	1370.00	595.00
D5130	Immediate denture-upper	1550.00	595.00
D5140	Immediate denture-lower	1550.00	595.00
D5211	Upper partial-resin base (including any conventional clasps, rests and teeth)	1295.00	510.00
D5212	Lower partial-resin base (including any conventional clasps, rests and teeth)	1295.00	510.00
D5213	Upper partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1450.00	535.00
D5214	Lower partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1400.00	535.00
D5281	Removable unilateral partial denture-1 piece cast metal (including clasps and teeth)	720.00	340.00
D5410	Adjust complete denture-upper	75.00	35.00
D5411	Adjust complete denture-lower	75.00	35.00
D5421	Adjust partial denture-upper	80.00	35.00
D5422	Adjust partial denture-lower	80.00	35.00
D5510	Repair broken complete denture base	180.00	75.00
D5520	Replace missing or broken teeth-complete denture (each tooth)	150.00	75.00
D5610	Repair resin denture base	160.00	75.00
D5620	Repair cast framework	211.00	75.00
D5630	Repair or replace broken clasp	190.00	75.00
D5640	Replace broken teeth-per tooth	160.00	75.00
D5650	Add tooth to existing partial denture	180.00	75.00

ADA* Code	Procedure description - CDT	Average cost	Your cost
D5660	Add clasp to existing partial denture	190.00	75.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	608.00	389.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	633.00	389.00
D5710	Rebase complete upper denture	490.00	75.00
D5711	Rebase complete lower denture	490.00	75.00
D5720	Rebase upper partial denture	590.00	75.00
D5721	Rebase lower partial denture	590.00	75.00
D5730	Reline complete upper denture (chairside)	320.00	75.00
D5731	Reline complete lower denture (chairside)	320.00	75.00
D5740	Reline upper partial denture (chairside)	320.00	75.00
D5741	Reline lower partial denture (chairside)	320.00	75.00
D5750	Reline complete upper denture (laboratory)	370.00	150.00
D5751	Reline complete lower denture (laboratory)	370.00	150.00
D5760	Reline upper partial denture (laboratory)	380.00	150.00
D5761	Reline lower partial denture (laboratory)	380.00	150.00
D5820	Interim partial denture (upper)	481.00	350.00
D5821	Interim partial denture (lower)	481.00	350.00
D5850	Tissue conditioning, upper	165.00	30.00
D5851	Tissue conditioning, lower	165.00	30.00
D6055	Dental implant supported connecting bar	412.00	275.00
D6056	Prefabricated abutment	535.00	475.00
D6057	Custom abutment	702.00	450.00
D6058	Abutment supported porcelain/ceramic crown	1236.00	785.00
D6059	Abutment supported porcelain fused to metal crown-high noble metal	1200.00	585.00 + Lab
D6060	Abutment supported porcelain fused to metal crown-predominantly base metal	1216.00	785.00
D6061	Abutment supported porcelain fused to metal crown-noble metal	1167.00	585.00 + Lab
D6062	Abutment supported cast metal crown-high noble metal	1086.00	585.00 + Lab
D6063	Abutment supported cast metal crown-predominantly base metal	1363.00	785.00
D6064	Abutment supported cast metal crown-noble metal	1252.00	585.00 + Lab
D6065	Implant supported porcelain/ceramic crown	1370.00	785.00
D6066	Implant supported porcelain fused to metal crown	1275.00	785.00

ADA* Code	Procedure description - CDT	Average cost	Your cost
D6067	Implant supported metal crown	1401.00	785.00
D6068	Abutment supported retainer for porcelain/ceramic	994.00	575.00
D6069	Abutment supported retainer for porcelain fused to metal	1260.00	575.00
D6070	Abutment supported retainer for porcelain fused to metal-predominantly base metal	1120.00	575.00
D6071	Abutment supported retainer for porcelain fused to metal-noble metal	1030.00	450.00 + Lab
D6072	Abutment supported retainer for cast metal-high noble metal	1200.00	450.00 + Lab
D6073	Abutment supported retainer for cast metal-predominantly base metal	1265.00	575.00
D6074	Abutment supported retainer for cast metal-noble metal	1252.00	450.00 + Lab
D6075	Implant supported retainer for ceramic	1236.00	575.00
D6076	Implant supported retainer for porcelain fused to metal	1060.00	575.00
D6077	Implant supported retainer for cast metal	1363.00	575.00
D6078	Implant/abutment supported fixed denture for completely edentulous arch	6000.00	3900.00
D6079	Implant/abutment supported fixed denture for partially edentulous arch	6000.00	3550.00
D6080	Implant maintenance procedures	1720.00	950.00
D6090	Repair implant supported prosthesis, by report	2520.00	1500.00
D6210	Pontic-cast high noble metal	945.00	305.00 + Lab
D6211	Pontic-cast predominantly base metal	884.00	480.00
D6212	Pontic-cast noble metal	870.00	305.00 + Lab
D6240	Pontic-porcelain fused to high noble metal	900.00	305.00 + Lab
D6241	Pontic-porcelain fused to predominantly base metal	870.00	480.00
D6242	Pontic-porcelain fused to noble metal	890.00	305.00 + Lab
D6245	Pontic-porcelain/ceramic	1055.00	485.00
D6250	Pontic-resin with high noble metal	898.00	305.00 + Lab
D6251	Pontic-resin fused to predominantly base metal	937.00	485.00
D6252	Pontic-resin with noble metal	890.00	305.00 + Lab
D6545	Retainer-cast metal for resin bonded fixed	445.00	290.00
D6720	Crown-resin with high noble metal	890.00	305.00 + Lab
D6721	Crown-resin fused to predominantly base metal	1037.00	485.00

ADA* Code	Procedure description - CDT	Average cost	Your cost
D6722	Crown-resin with noble metal	892.00	305.00 + Lab
D6740	Crown-porcelain	1062.00	485.00
D6750	Crown-porcelain fused to high noble metal	890.00	305.00 + Lab
D6751	Crown-porcelain fused to predominantly base metal	875.00	485.00
D6752	Crown-porcelain fused to noble metal	870.00	310.00 + Lab
D6780	Crown-3/4 cast high noble metal	1020.0	305.00 + Lab
D6781	Crown-3/4 cast predominantly base metal	1037.00	485.00
D6782	Crown-3/4 cast noble metal	979.00	310.00 + Lab
D6783	Crown-3/4 cast porcelain/ceramic	920.00	485.00
D6790	Crown-full cast high noble metal	897.00	305.00 + Lab
D6791	Crown-full cast predominantly base metal	977.00	485.00
D6792	Crown-full cast noble metal	996.00	310.00 + Lab
D6920	Connector bar	187.00	70.00
D6930	Re-cement fixed partial denture	132.00	35.00
D6940	Stress breaker	269.00	150.00
D6950	Precision attachment	420.00	200.00
D6970	Cast post/core add to retainer per tooth	285.00	100.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	277.00	75.00
D6973	Core buildup including any pins per tooth	202.00	70.00
D6977	Each additional prefabricated post-same tooth	220.00	60.00
D6980	Fixed partial repair by report	198.00	90.00
► Oral surgery Surgical services to treat disease or injury. Most common treatment is extraction.			
D7111	Coronal remnants-deciduous tooth	130.00	35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	162.00	65.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	260.00	70.00
D7220	Removal of impacted tooth-soft tissue	275.00	95.00
D7230	Removal of impacted tooth-partially bony	320.00	110.00
D7240	Removal of impacted tooth-completely bony	398.00	130.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	310.00	80.00

ADA* Code	Procedure description - CDT	Average cost	Your cost
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	375.00	160.00
D7280	Surgical exposure of impacted tooth	426.00	150.00
D7286	Biopsy of oral tissue soft	325.00	200.00
D7310	Alveoloplasty in conjunction with extractions-per quadrant	265.00	115.00
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	220.00	105.00
D7320	Alveoloplasty not in conjunction with extractions-per quadrant	330.00	115.00
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	240.00	115.00
D7471	Removal of lateral exostosis	560.00	390.00
D7510	Incision and drainage of abscess-intraoral soft tissue	253.00	85.00
D7960	Frenulectomy (frenectomy or frenotomy)-separate procedure	470.00	95.00
D7971	Excision of pericoronal gingiva	193.00	95.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	195.00	25.00

► Other services

D9110	Palliative (emergency) treatment of dental pain-minor procedures	115.00	5.00
D9210	Local anesthetic	60.00	35.00
D9215	Local anesthetic	39.00	15.00
D9220	Deep sedation/general anesthesia-first thirty (30) minutes	360.00	165.00
D9221	Deep sedation/general anesthesia-each additional fifteen (15) minutes	173.00	65.00
D9230	Analgesia (nitrous oxide)-per 15 minute unit	72.00	30.00
D9310	Consultation (diagnostic service provided by a dentist other than requesting dentist)	105.00	60.00
D9430	Office visit for observation during regularly scheduled hours-no other services performed	73.00	No charge
D9431	Office visit-per patient/per visit	40.00	5.00
D9440	Office visit-after regularly scheduled hours	123.00	45.00
D9450	Case presentation, detailed and extensive treatment planning-separate visit	67.00	No charge
D9630	Other drugs and/or medicaments, by report	54.00	UCR

ADA* Code	Procedure description - CDT	Average cost	Your cost
D9630	Other drugs and/or medicaments, Peridex	54.00	15.00
D9910	Application of desensitizing medicament-per visit; not to be used for bases, liners or adhesives used under restorations.	55.00	30.00
D9911	Application of desensitizing resin for cervical and/or root surface-per tooth	67.00	30.00
D9920	Behavior management	210.00	35.00
D9940	Occlusal guard, by report	520.00	90.00 + Lab
D9951	Occlusal adjustment limited	125.00	50.00
D9952	Occlusal adjustment complete	425.00	125.00
D9970	Enamel microabrasion (per treatment visit)	87.00	35.00
D9972	External bleaching-per arch	226.00	150.00
D9973	External bleaching-per tooth	189.00	60.00
D9974	Internal bleaching-per tooth	225.00	60.00
D9988	Missed appointment-first	40.00	25.00
D9988	Missed appointment-additional	40.00	20.00
	Records transfer-duplication fee	30.00	UCR

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

UCR (usual customary and reasonable) - This fee is based on what providers in the area usually charge for the same or similar service as determined by EDS.

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



employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718

This is an advertisement for a pre-paid dental plan. This plan is licensed by the Arizona Department of Insurance as a pre-paid dental plan. You and your dependents enroll in the plan for a monthly fee. You select a dentist that has contracted with EDS to charge a discounted fee for members. You agree to pay that fee at the time of service. Additional terms and conditions may apply. Available only in Arizona. EDS is a member of the Principal Financial Group®.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

Exclusions and limitations

Although your EDS plan covers many dental services, there are some it doesn't cover. It's important you're aware of these before you get dental care.

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 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.
3. Any dental services, other than emergency dental services, which are necessitated as a result of an intentionally self-inflicted condition.
4. 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.
5. Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member.
6. Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation.
7. 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.
8. 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.
9. Any dental service not specifically described in the covered services and costs.
10. Any dental services, other than emergency dental services, that are related to accidents or accidental injury.
11. 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.
12. Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the **covered services and costs**.
13. Oral surgery or extractions that are solely for orthodontic purposes or requiring the setting of fractures or dislocations.
14. Treatment of malignancies, cysts, neoplasm or congenital defects.
15. Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion, except as may be specifically provided for in the covered services and costs.
16. Any general anesthetic charges or services of an anesthetist or anesthesiologist.
17. Gold foil restoration.

Terms and conditions

The person who signs the **EDS enrollment application and agreement form** (known as the subscriber) and all covered dependents are bound by all the terms and conditions of the EDS prepaid dental plan as described in this **enrollment and coverage guide**. The subscriber and eligible dependents are accepted as members of the EDS prepaid dental plan after EDS receives:

1. Payment of the appropriate premium, and
2. Completed and signed **enrollment application and agreement**

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

EDS has the right to terminate this agreement:

- If there aren't sufficient dentists under contract to provide the services and benefits intended, or
- To comply with governmental regulations and laws relating to prepaid dental plans.

This agreement consists of all terms and conditions as described in **this enrollment and coverage guide**, and replaces all prior agreement between the subscriber and EDS.

Benefits

When premium is paid, you and your eligible dependents will receive the professional services described in this **enrollment and coverage guide** at your chosen EDS dentist.

Renewing your coverage

You can renew coverage by simply paying the renewal premium. You must keep your coverage for at least another 12 consecutive months. Coverage must also be continuous. If there's a break in coverage, you may not be eligible in the future.

Before your annual renewal date, we'll send you any changes to your plan, which will be effective for the next annual period. Payment of the renewal premium indicates you accept these changes.

Canceling your coverage

If you want to cancel coverage, please notify EDS in writing before your renewal effective date.

Coverage is only available on an annual basis. If you cancel coverage before the 12-consecutive-month period, you won't receive reimbursement of any premium. Coverage must also be continuous. If you cancel your coverage, you may not be eligible in the future.

Member rights and responsibilities

As an EDS member, you have certain **rights**.

Access to care

You have the right to:

- Have your first appointment (non-emergency) scheduled within 63 days of your request.
- Have access to emergency dental care 24 hours a day, 365 days a year.
- Get additional exams and cleanings as recommended by your dentist.

What to expect from your dentist

You have the right to:

- Have appropriate, considerate and respectful care from all EDS dentists and staff in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap, or national origin.
- Be informed about your current dental health, treatment options, possible risks, and likely outcomes, and participate in decision-making with your EDS dentist. This may include, but isn't limited to, a second opinion from another EDS dentist.

Changing your dentist

You have the right to:

Change your EDS dentist by calling our customer service department or by submitting a request on employersdental.com. Changes received by the 24th of the month will be effective on the first day of the following month.

Your privacy and records

You have the right to:

- Know that information about your dental records and the dentist/patient relationship is kept confidential unless you've given us written permission to release this information, except if required or allowed by law.
- 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.

Keeping coverage after leaving your employer

You have the right to:

Continue your EDS coverage upon termination through the Consolidated Omnibus Budget Reconciliation Act (COBRA) where available or the EDS Conversion Plan.

Policies affecting you

You have the right to:

- Give us your recommendations on policies, services and grievances about the care you receive from our company, or any EDS dentist. Customer service is here to help you with any issues.
- Receive information regarding our company's appeals, complaint and grievance process and receive a Formal Appeals and Grievance Brochure.
- Receive information on any changes to your benefits, your cost, or termination of any EDS dentist that may affect you.
- Know our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, how to obtain dental health care services, and your member rights and responsibilities.

As an EDS member, you have certain **responsibilities**:

Information about your health

You're responsible for:

- Providing, to the extent possible, accurate information needed by your EDS dentist to provide care for your dental health, including past illnesses, medical history and use of medicines.
- Providing a copy of any written directives from another healthcare provider to your EDS dentist.
- Contacting your EDS dentist for follow-up dental care instructions after any emergency dental treatment.

Your relationship with your dentist

You're responsible for:

- Selecting an EDS dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
- Following through with dental health care that's prescribed, or directed by your EDS dentist that you agree to, and is authorized by EDS.
- Showing courtesy, consideration and respect to your EDS dentist, their staff and EDS representatives.

Knowing your benefits and payment responsibilities

You're responsible for:

- Knowing what's covered and excluded from your dental benefit.
- Paying, at the time of service, your costs for dental procedures as listed in the covered services and cost.
- Following our guidelines as described in this enrollment and coverage guide. Failure to follow these guidelines will result in termination of your dental benefit.

Your minor children

You're responsible for:

Staying in the dental office with your minor dependent children while they receive dental treatment.

Canceling your appointment

You're responsible for:

Giving a 24-hour notice if you're unable to keep a scheduled appointment. Failure to notify the dentist office may result in a missed appointment fee.

Report your concerns

You're responsible for:

Reporting any situation where you believe your rights have been violated to our customer service department.

Grievance and appeals

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	Standard appeals
	For urgently needed services you haven't yet received	For non-urgent services or denied claims
1	Expedited dental review	Informal reconsideration
2	Expedited appeal	Formal appeal
3	Expedited external independent dental review	External independent dental review

How to submit a request for a formal appeal

Send a **written** request to:

EDS Grievance and Appeals Coordinator
3430 East Sunrise Dr., Suite 160
Tucson, AZ 85718

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

Phoenix: 800-722-9772

Arizona 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.

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718.

This is an advertisement for a pre-paid dental plan. This plan is licensed by the Arizona Department of Insurance as a pre-paid dental plan. You and your dependents enroll in the plan for a monthly fee. You select a dentist that has contracted with EDS to charge a discounted fee for members. You agree to pay that fee at the time of service. Additional terms and conditions may apply. Available only in Arizona. EDS is a member of the Principal Financial Group®.

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Employers Dental Services

Immediate savings on eye care and eyewear with VSP® Vision Savings Pass™

Everybody loves a discount! Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your pre-paid dental plan from Employers Dental Services. And with 77,000 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

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

This discount program is not vision insurance.

Service and eyewear	Reduced prices and discounts*
Eye exam	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, you save on lenses and frames. • Single vision lenses \$40 • Lined bifocal lenses \$60 • Lined trifocal lenses \$75 • Lenticular lenses \$75 25% off frames
Lens enhancements	Average 20-25% off enhancements such as progressive, scratch-resistant and anti-reflective coatings
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam
Contact lens exam	15% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
Retinal screening	Your eye doctor takes a high-resolution image of the inside of your eye to identify potential or existing vision and health problems. \$39 maximum fee

Keep this card.

You don't need to give it to your VSP eye doctor. But you may want to keep it as a reminder of the discounts.

Using VSP is easy

Step 1 | Find a VSP eye doctor near you – Go to principal.com/vsp and select the VSP Choice network or call 800-877-7195.

Step 2 | Make an appointment – Identify yourself as a VSP member to receive the discount.

Step 3 | Let VSP take it from there – Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.

This discount program is not vision insurance.  Principal®

Using VSP is easy. Just follow these steps.

- Step 1** | **Find a VSP eye doctor near you** – Go to principal.com/vsp and select the VSP Choice network or call 800-877-7195.
- Step 2** | **Make an appointment** – Identify yourself as a VSP member to receive the discount.
- Step 3** | **Let VSP take it from there** – Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.

employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718, a member of the Principal Financial Group®.

The VSP Vision Savings Pass is not vision insurance. This discount is not a part of your pre-paid dental 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 and eyewear	Reduced prices and discounts*
Eye exam	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, save: Lenses – Single vision \$40, lined bifocal \$60, lined trifocal \$75, lenticular \$75 Frames – 25% off
Lens enhancements	Average 20-25% off enhancements such as progressive, scratch-resistant and anti-reflective coatings
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam
Contact lens exam	15% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
Retinal screening	\$39 maximum fee

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



Return this form to EDS

**700N Enrollment
Application & Agreement**

Employers Dental
Services

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

Enrollment Information

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

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

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

Last Name	First Name	Initial	Date of Birth (mm/dd/yyyy)
☐ Domestic Partner ☐ Spouse			
Child			
Child			
Child			
Child			

(13) Agent/Broker Information

BROKER name	Michelle Knorre	EDS Rep	Kim Miller
Broker #	1023	EDS#	9186

Eligibility:

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

I hereby agree to be bound by the terms of the EDS Individual Pre-paid Plan as set forth in the Dental Enrollment & Coverage Guide for EDS Individuals. **I agree to remain in this plan for a minimum of one (1) year. EDS coverage is continuous and the subscriber (you) must notify EDS in writing to terminate the coverage. Reimbursement of premium is not available.** I certify that the above information is correct.

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

Mailing address: EDS, 3430 E.Sunrise Dr. #160, Tucson, AZ 85718 EDSCS@principal.com 1-800-722-9772

How did you hear about us?					
☐ Friend or Relative	☐ Dentist	☐ Employer	☐ Prior EDS Member	☐ Other	_____

Internal Use Only

Effective Date

Devuelva este formulario a EDS

700N Solicitud de inscripción y acuerdo de

Employers Dental Services

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

Información de inscripción

(1) Apellidos	(2) Primer nombre e inicial del segundo nombre	(6) Teléfono de día
(3) Dirección postal		(7) Teléfono celular o del trabajo
(4) Ciudad, estado	Código postal	(8) Número de Seguro Social
(5) Centro dental seleccionado:		(9) Fecha de nacimiento
Número de identificación	Nombre del consultorio:	

(10) ¿Desea cobertura para sus dependientes elegibles? ☐ Sí ☐ No (11) Número total de dependientes

(12) Enumere todos los dependientes elegibles que desea inscribir

Apellidos	Nombre	Inicial del segundo nombre	Fecha de nacimiento (mm/dd/aaaa)
☐ Pareja doméstica ☐ Cónyuge			
Hijo			
Hijo			
Hijo			
Hijo			

(13) Información del agente/corredor

Nombre del CORREDOR	Michelle Knorre	Representante de EDS	Kim Miller
N° de corredor	1023	N° de EDS	1023

Elegibilidad:

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

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

Firma **X** _____ Fecha _____
(Miembro o padre/tutor)

Dirección postal: EDS, 3430 E. Sunrise Dr. #160, Tucson, AZ 85718 EDSCS@principal.com 1-800-722-9772

¿Cómo se enteró de nosotros?				
☐ Familiar o amigo	☐ Dentista	☐ Empleador	☐ Miembro anterior de EDS	☐ Otro _____

Exclusivo para uso interno	Fecha de entrada en vigor
----------------------------	---------------------------

Return this form to EDS

Bank Draft Authorization

Employers Dental Services

Mailing Address:
3430 E. Sunrise Dr. #160
Tucson, AZ 85718

Please print legibly

Bank Draft Authorization:

Monthly payments by credit card are not available.

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

Bank name _____ ☐ Checking account ☐ Savings account

Routing number (Transit/ABA number) _____

Account number _____

ACH Debits: Employers Dental Services

ID Number: 1860328922

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

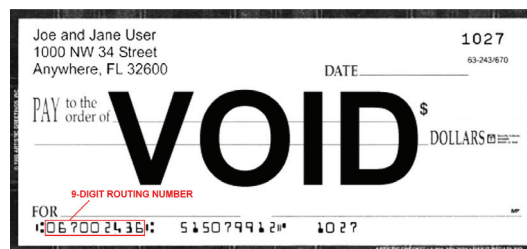
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment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

Signature _____ Date _____

Print Name _____ Phone _____

Please write VOID on a blank check and attach here

Example



For assistance call Customer Service at 800-722-9772

Devuelva este formulario a EDS

Autorización de giro bancario

Employers Dental Services

Dirección postal:
3430 E. Sunrise Dr. #160
Tucson, AZ 85718

Por favor, escriba con letra legible

Autorización de giro bancario:

No se pueden hacer pagos mensuales con tarjeta de crédito.

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

Nombre del banco _____ ☐ Cuenta de cheques ☐ Cuenta de ahorros

Número de ruta (número de tránsito bancario o ABA) _____

Número de cuenta _____

Débitos ACH: Employers Dental Services Número de identificación: 1860328922

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

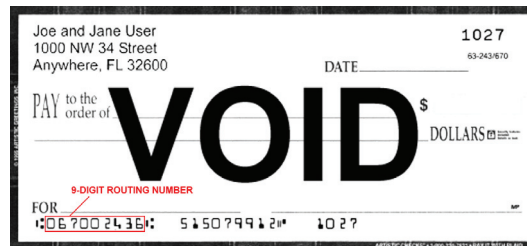
Esta autorización permanecerá en pleno vigor y efecto hasta que la COMPAÑÍA y el DEPOSITARIO hayan recibido una notificación por escrito de mi parte (o de cualquiera de nosotros) de su terminación a fin de proveer a la COMPAÑÍA y al DEPOSITARIO una oportunidad razonable para actuar en consecuencia. Yo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

Firma _____ Fecha _____

Nombre con letra de imprenta _____ Teléfono _____

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

Ejemplo



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

Return this form to EDS with payment



Payment Method Form 700N

Employers Dental Services

Yearly Payment

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

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

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

Account # _____

Expiration ____ / ____ Signature Code _____

Signature of card holder _____ Date: _____

Print name & address of credit card holder:

Name _____ Daytime telephone _____

Street _____

City _____ State _____ Zip _____

Send Payment

Mail to **EDS, 3430 E.Sunrise Dr. #160, Tucson, AZ 85718**

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

Devuelva este formulario con el pago a EDS



Formulario de método de
pago 700N

Employers Dental Services

Pago anual

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

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

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

Número de cuenta _____

Vencimiento ____ / ____ Código de firma _____

Firma del titular de la tarjeta _____ Fecha: _____

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

Nombre _____ Número de teléfono de día _____

Calle _____

Ciudad _____ Estado _____ Código postal _____

Envíe el pago

por correo a **EDS, 3430 E. Sunrise Dr. #160, Tucson, AZ 85718**

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

Return this form to EDS with payment



Payment Method Form 700N | Employers Dental Services |

Monthly Payment – Bank Draft

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

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

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

Monthly payments by credit card are not available.

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

Account # _____

Expiration ____ / ____ Signature Code _____

Signature of card holder _____ Date: _____

Print name & address of credit card holder:

Name Daytime telephone

Street

City State Zip

Send Payment

Mail to **EDS, 3430 E. Sunrise Dr. #160, Tucson, AZ 85718**

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

Devuelva este formulario con el pago a EDS



Formulario de método de
pago 700N

Employers Dental Services

Pago mensual – Giro bancario

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

* Las tasas del 1^{er} mes incluyen un cargo administrativo único de \$10.

Pague la prima del 1^{er} mes con tarjeta de crédito, cheque o giro postal pagadero a EDS.

Los pagos mensuales con tarjeta de crédito no están disponibles.

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

Número de cuenta _____

Vencimiento ____ / ____ Código de firma _____

Firma del titular de la tarjeta _____ Fecha: _____

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

Nombre _____ Número de teléfono de día _____

Calle _____

Ciudad _____ Estado _____ Código postal _____

Envíe el pago

por correo a **EDS, 3430 E. Sunrise Dr. #160, Tucson, AZ 85718**

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



Notice of Privacy Practices for Health Information

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

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group medical expense, group dental expense and/or group vision care expense insurance with us ("insurance"). As used in this Notice, the term "health information" means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective November 1, 2017.

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.