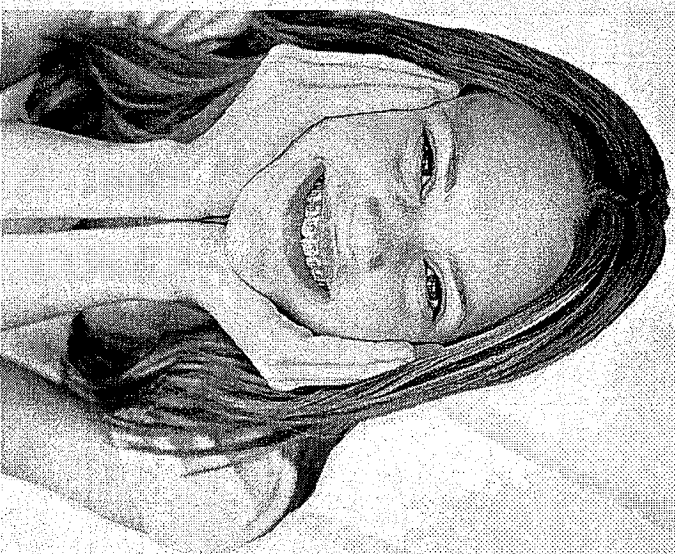


Continuing Orthodontic Treatment Policy



Safeguard

www.safeguard.net

Benefits provided by Safeguard Health Plans, Inc.
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Safeguard

We Make it Easy.

Safeguard understands that changing benefits companies can be hectic and we promise to cause as little disruption as possible for you.

One way that we can help is to ensure that if you or one of your dependents is currently receiving orthodontic care, treatment can continue with your current orthodontist. Some other dental HMO companies do not cover orthodontics in progress and once your plan changes; you are responsible for any money you still owe for your treatment. Safeguard is different.

With this Safeguard orthodontic policy, you will continue to receive treatment with no interruption in service and no change in your out-of-pocket costs.

This policy applies only if you are part of the original enrollment on the Safeguard plan and if you have completed the orthodontic banding process. If you are in the "pre-banding" phase, we will be happy to invite your orthodontist to join our specialty panel, but your treatment will be under the terms and conditions of the new Safeguard plans.

In order to contact your orthodontist, we need your help. Please complete the attached form and return it to your Human Resource Coordinator who will forward it to Safeguard with the initial enrollment packet. If we do not receive this information, you will not be eligible for this program.



Continuing Orthodontic Treatment Request Form

If you qualify for continuing orthodontic treatment, complete this form and turn it in to your Human Resource Coordinator along with your other enrollment forms. To be eligible for participation in this program the information below must be submitted at your group's initial enrollment; we will be unable to accept your request after that time.

****ALL INFORMATION MUST BE INCLUDED****

Subscriber Name: _____

Subscriber Phone #: _____

Subscriber SS #: _____

Name of Group/Employer: _____

Subscriber Effective Date: _____

Patient Name: _____

Previous Dental Carrier: _____

Banding Date of Patient: _____

Orthodontist Name & Address: _____

Orthodontist Phone #: _____

Safeguard will accept liability for continuing orthodontic treatment that began prior to the organization's effective date, subject to the limitations, maximums and exclusions of both the prior carrier and Safeguard. This applies only to those insureds that are part of the original takeover and who have completed the orthodontic banding process. Negotiations with your current orthodontist may take up to 30 days. New employees coming on the plan after the original effective date are not eligible for this transition provision.

HR Coordinator - Please return this form to your Account Representative.