



## **DESCRIPTION OF SERVICES AND DISCLOSURE FORM PLAN CONTRACT**

The following is a Description of the discount dental plan available to you and your family members through The CDI Group, Inc. The Description completely describes the plan and your rights under the plan, and if you choose to enroll it is your contract with The CDI Group. You should read this carefully. **PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED.** If you have any questions about this Description please call The CDI Group at 1-800-941-8741.

1. Contact Information. The full name of the plan is The CDI Group, Inc. The CDI Group is located at 601 Daily Drive, Suite #215, Camarillo, CA 93010-5839. The phone number is 1-800-941-8741.

2. Type of Plan. This is a discount medical plan. **THIS IS NOT INSURANCE.** The plan provides discounts for dental services at participating dentists and dental providers. By paying an annual enrollment fee to CDI (see Section 10 below) you (and if applicable your eligible family members) will be entitled to receive dental services at reduced rates from the participating dentists and dental providers. CDI does not make payments to any dentists or dental providers. Plan members are required to pay for all services received, at the reduced rates. The full name and address of CDI (the discount medical plan organization) is listed in section 1 above. A complete description of the reduced rates for dental services is set forth in Section 11 below.

3. Definitions. As used in this Description, “Eligibility” means you or your family’s right to receive dental services at reduced rates. “Eligible family members” means your spouse and your dependent children who are under age 18 (or up to age 26 if attending school on a full-time basis), or who are incapable of self-sustaining employment by reason of a physical or mental disability, injury, illness, or condition, and who are dependent on you for support and maintenance. “Network Dentist” means a dentist who has agreed with The CDI Group to provide services at the reduced rates set forth in this Description. “Specialist services” are periodontics, endodontics, orthodontics, and oral surgery. “Specialist” is a dentist who performs only a specialist service.



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4. Choice of Dentists. To be entitled to the reduced rates you and your eligible family members must visit a Network Dentist. If you receive services from a dentist who is not a Network Dentist you will not be entitled to the discount fees provided by the plan.

You can visit any Network Dentist, including the Network Dentist whose name and address are included with this brochure. If you want the name and location of other nearby Network Dentists, or if you have a question about The CDI Group's Network Dentists, just call The CDI Group at 1-800-941-8741.

5. Scope of Eligibility. You can select eligibility for you alone, for you and your spouse, or for you and all of your eligible family members.

6. Commencement of Services. Once you have read through this Description, you should complete the Enrollment Form included in this brochure. The completed Enrollment Form should be sent to The CDI Group (at the address set forth on the Form) along with your annual enrollment fee. Payment may be made by check or credit card.

Once you're Enrollment Form and fees are received and processed, The CDI Group will send you an identification card. If you elect services for your eligible family members they will receive identification cards as well. Eligibility begins when you receive your identification card. **You must present your identification card to your Network Dentist before you receive treatment.**

7. Term and Termination of Services. You and your eligible family members' right to receive services will continue for one year from the time The CDI Group receives your initial annual enrollment fee. The termination date will appear on your identification card and will end on midnight on that date. However, eligibility for your spouse will terminate upon your divorce from him or her, and eligibility for any child will terminate once the child exceeds the age limit described in Section 3 above.



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Notwithstanding the above, if upon reaching the age limit in Section 3 your child is incapable of self-sustaining employment because of a mental or physical disability, injury, illness, or condition, and is chiefly dependent on you for support and maintenance, then eligibility for that child will continue through the term of your enrollment and any reenrollment.

However, you must furnish proof to The CDI Group of such incapacity and dependency within sixty (60) days after you receive notice that your child's eligibility will terminate. Such notice will be given at least ninety (90) days before your child reaches the limiting age.

The CDI Group will make a determination of your child's incapacity and dependency status, and will so notify you, before your child's eligibility ends. If The CDI Group fails to notify you of its determination by such time, your child's eligibility will continue until you receive such notice.

Your right to receive services at the discounted fees described in this plan will end at the expiration of your one-year term unless you reenroll as described in Section 8 below. Upon termination your Network Dentist will complete all procedures started prior to termination at the rates set forth in Section 11.

8. Renewal of Eligibility. You can renew your right to receive discounted fee services for an additional year by paying an annual reenrollment fee to The CDI Group before your initial eligibility terminates. The CDI Group will send you a written notice about this at least thirty (30) days prior to the expiration of eligibility. The reenrollment fee may be different from the initial annual enrollment fees described in Section 10 below. You will be told what the applicable fee is in your renewal notice.

Upon reenrollment you (and if applicable your eligible family members) will receive new identification cards. The same procedure will be used to reenroll for succeeding years. Other than payment of the required reenrollment fee, there are no conditions or restrictions on your right to reenroll.



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9. Cancellation of Services. You will have thirty (30) days after you receive your identification card(s) to cancel your eligibility and receive a refund of your enrollment fee. If you cancel you will be charged a \$15.00 processing fee, which will be deducted from your refund. However, no cancellation will be permitted if you or any eligible family member received services from a Network Dentist during this 30-day period.

To receive your refund, you must return to The CDI Group (at the address in Section 1 above) all identification cards that were given to you and your family members, along with a written request for the refund.

Other than as stated above, you cannot cancel any enrollment or reenrollment and receive any refund of your enrollment or reenrollment fee. However, you can terminate your eligibility after any one-year period by simply choosing not to reenroll.

10. Enrollment Fees. Applicable enrollment fees for the initial year of services are as follows:

You Only:	\$99.00
You and One Eligible Dependent:	\$129.00
You and All of Your Eligible Family Members:	\$149.00

As noted in Section 8, reenrollment fees for years after your initial year of services may be different. You will pay the initial enrollment fee through your preferred credit card or other payment method as described in the Enrollment Form that follows this Description.

11. Dental Services and Fees. Following this Description is a complete list of covered dental services and the fees your Network Dentist will charge for these services. Please note that this is the fee schedule currently in effect for your area. The CDI Group reserves the right to change the fee schedule at any time and any new fee schedule will apply to all dental services received by you or your family members thirty (30) days after The CDI Group mails you written notice of the new schedule.

12. Other Charges. There are no copayments, deductibles, or other charges of



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any kind under this plan. All that you have to do is pay your Network Dentist for the discounted services that you or your eligible family members receive.

13. Limitations and Exclusions. The following is a complete list of all limitations and exclusions under this Plan:

- Discounts for treatments of fractures or dislocations, congenital malformations, malignancies, cysts or neoplasms, or Temporomandibular Joint Syndrome (TMJ) are not provided.
- Discounts for prescription drugs and over the counter drugs are not provided.
- Prophylaxis (Cleaning) is limited to once every six months.
- Full mouth x-rays are limited to once every 24 months.
- Replacement of partial dentures is limited to once every five years.
- Full upper and/or lower dentures are not to exceed one each in any five-year period.
- Denture relines are limited to one per arch in any 12-month period.
- Services performed by a non-participating provider are not covered.
- Work in progress that has commenced prior to enrollment must be completed by the dentist who started the work (whether or not a Network Dentist) and will not be covered by the discount fees in this plan.

14. Your Responsibility for Payment of Fees. Once you or any of your eligible family members receive services from a Network Dentist, your Network Dentist will bill you directly for those services at the rates set forth in the Fee Schedule. You will pay the billed amount to your Network Dentist. If The CDI Group should ever become liable to your Network Dentist for any reason, your Network

Dentist will not hold you responsible for such liability. **This is a discount dental fee plan only. No amounts are payable by The CDI Group either to you or to your Network Dentist.**

15. Disputes. The CDI Group maintains a grievance system to handle any dispute



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or grievance you may have with your Network Dentist or with The CDI Group itself. You can obtain a grievance form from your Network Dentist or you can complete a grievance form on-line at [www.smilesaverdentalplan.com/support](http://www.smilesaverdentalplan.com/support).

You can submit a grievance in writing or by telephone. The CDI Group's address is 601 Daily Drive, Suite #215, Camarillo, CA 93010-5839, and its telephone number is 1-800-941-8741.

You have one year to file a grievance after any incident or action. The CDI Group will acknowledge receipt of your grievance within five (5) calendar days after The CDI Group receives it. The CDI Group will notify you of the resolution of your grievance within thirty (30) days after receipt. For a more complete description of The CDI Group's grievance system please visit The CDI Group's website at [www.smilesaverdentalplan.com/support](http://www.smilesaverdentalplan.com/support).

16. Specialist Services. Not all Network Dentists provide specialist services, and some specialist services may need to be performed by a specialist. You will receive the discounted fees for specialist services under this Plan only if those services are received from a Network Dentist. If your Network Dentist does not provide specialist services, you can call The CDI Group to see if there is a nearby Network Dentist who can perform specialist services. You do not need a referral from The CDI Group to see a Network Dentist who provides such services.

17. Office Hours and Emergency Services. Your Network Dentist will be open during normal work hours, Monday through Friday. Your Network Dentist will arrange for emergency dental care, which will be available 24 hours a day, 7 days a week. . If you need after-hours care, call your Network Dentist and you will be told what to do. You can also call The CDI Group at 1-800-941-8741 for assistance.

18. Termination of Network Dentist. If your Network Dentist terminates, The CDI Group will promptly notify you if it knows who your Network Dentist is so that you can make arrangements to see another Network Dentist.

Also, The CDI Group will post a notice at [www.smilesaverdentalplan.com](http://www.smilesaverdentalplan.com) listing all



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Network Dentists who have given notice of termination, who are being terminated, or who otherwise are unable to provide services.

The notice will state the effective date of termination. Also, you can always call The CDI Group at the number in Section 1 above to see whether your dentist is still a Network Dentist. The CDI Group's contract with each Network Dentist specifies that upon termination of the contract the Network Dentist must complete all procedures commenced prior to termination at the discounted rates set forth in Section 11.

If The CDI Group should ever cease operations, your Network Dentist will continue to render discount services to you and your eligible family members for the duration of your enrollment.

19. If You Have Dental Insurance. Since The CDI Group does not provide insurance it does not coordinate benefits with any dental insurance you or your family members may have. If you have dental insurance, you should contact your dental insurer to see what benefits will be paid.

20. Application of State Law. The CDI Group is subject to the requirements of Chapter 695H of the Nevada Revised Statutes, and any provision required to be in the contract by either of the above shall bind The CDI Group whether or not provided in this Description.

21. Confidentiality. Each Network Dentist and The CDI Group itself is required by law to keep your personal healthcare information confidential. No such information can be released except with your consent or as expressly authorized by law.



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**CONTRACT**

A statement describing our policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

**IF YOU COMPLETE AND SUBMIT THE ENROLLMENT FORM, YOU AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS IN THIS DESCRIPTION.**

**For your personal records, please fill out your name and your effective date of enrollment below:**

**Member Name (as written on your Identification Card): [Member Name]**

**Effective Date (the date of your enrollment): [Effective Date]**

**Termination Date (one year after your Effective Date): [Termination Date]**