



2016–2017 SmileSaver Dental HMO Plan

CALIFORNIA RESIDENTS ONLY

SmileSaver is a pre-paid dental HMO plan available through MetLife for a low monthly cost to California residents. You can select your own dentist from the MetLife provider directory, and there is no financial limit to the services you can receive. *There are no deductibles, no claim forms, and no waiting for reimbursement.*

SmileSaver makes it easy to get the dental care you need:



- Low monthly membership fee
- No additional charge for regular exams
- No additional charge for X-rays
- No additional charge for routine cleaning (twice annually)
- Low copayments for other dental services, such as fillings, extractions, crowns, sealants, and more
- Discounts on many orthodontic and elective services

For more information or to enroll in the plan, visit:

www.4studenthealth.com/supplemental-plans

MONTHLY MEMBERSHIP FEE

Member	\$20.75 per month
Member + One	\$32.50 per month
Family	\$43.75 per month

You must purchase a minimum of THREE months of coverage.

NO REFUNDS ARE ALLOWED.

ONLINE ENROLLMENT INSTRUCTIONS:

1. Go to www.4studenthealth.com/supplemental-plans
2. Select “Click here to locate a dental provider online.” It will take you to MetLife’s website.
 - a. Select “Managed Dental Plan” as the Plan Type, then select “SmileSaver 3000” as the Plan Name. Enter your ZIP code and select your search radius, then click on “Search.”
 - b. Write down your chosen provider’s Facility ID number.
3. Return to www.4studenthealth.com/supplemental-plans. Click on the link to locate a vision provider. Find your city and locate your preferred vision provider. Write down the Facility ID number.
4. Go back to www.4studenthealth.com/supplemental-plans. Use the enrollment link (“...click [here](#) to enroll online”) and complete the online enrollment form with a Visa or Mastercard.

If online enrollment is completed (and payment submitted) on or before the 20th of the month, you will have an effective date of the first day of the following month. If online enrollment is completed (and payment submitted) after the 20th of the month, you will have an effective date of the first date of the second month thereafter. (Example: If your enrollment/payment is submitted on 09/20/16, your coverage will be effective on 10/01/16. But if your enrollment/payment is submitted on 09/21/16, your coverage will be effective on 11/01/16.)

Coverage for this plan does not extend beyond September 30, 2017. Please do not submit payment for enrollment in the plan beyond this date. Should you wish to enroll for a longer period, the program for the 2017–2018 year will be available prior to the beginning of the Fall term.

For benefit questions, contact:

Safeguard Dental and Vision
(SmileSaver Dental Plan 3000/Vision Plan SM10)
95 Enterprise, Suite 200
Aliso Viejo, CA 92656
(800) 333-9561

For questions about enrollment, contact:

Ascension Benefits & Insurance Solutions
P.O. Box 240042
Los Angeles, CA 90024
(800) 537-1777
CA License No. 0G55426