



2010 HOSPITAL INDEMNITY, DENTAL & VISION PLAN

HDV SUMMARY OF BENEFITS *(fna Plan C)*

HDV Plan Overview Employee Only Option

This option is designed as an alternative plan for employees with other adequate health insurance. The program includes employee only coverage for HOSPITAL INDEMNITY, DENTAL and VISION coverage.

To enroll in the HDV plan, please see your Human Resources department or go online to enroll. See details below for additional information.

HOSPITAL INDEMNITY

Administered by Florida Combined Life Insurance Company a subsidiary of Blue Cross and Blue Shield of Florida

Benefit: Pays you \$100 per day for each day you are hospital-confined as an inpatient for up to 90-days continuous confinement. There is no card issued.

How to file and where do I send a completed claim form:

- Complete a Florida Combined Life HOI Claim form (see your HR office to obtain a copy) and attach a hospital UB92 form or a hospital bill showing cause code for treatment for the days you are requesting payment.
- Send completed form directly to:
Florida Combined Life, 5011 Gate Parkway
Building 200, Suite 300, Jacksonville, FL 32256
Phone: (904) 425-5878
- Once a claim is received it takes 10 – 14 business days to process before you will receive the reimbursement.



DENTAL

Benefits and Services	In Network	Out of Network *
Individual Deductible	\$50	\$50
Deductible Waived for Preventive		
Annual Maximum	\$1,000	\$1,000
Preventive		
Comprehensive Oral Exam	\$0	\$0
Prophylaxis	\$0	\$0
Sealants	20%	20%
Fluoride Treatments	\$0	\$0
Basic		
Bitewing X-Ray	\$0	\$0
Amalgams	20%	20%
Extraction – Single Tooth	20%	20%
Endodontics	20%	20%
Periodontics	20%	20%
Major		
Dentures	50%	50%
Crowns	50%	50%
Bridge	50%	50%
Implants	50%	50%
Policy Information		
Reasonable & Customary	Negotiated PDP schedule	Max. allowable charge

* **Out of Network** - Coinsurance plan, employee may be balanced billed for out-of-network charges

- How the plan works
 - The MetLife's 2010 DPPO plan is similar to your current Dental plan
 - Preventive is covered at 100%
 - Basic & Major are subject to deductible and coinsurance
 - The plan has an annual benefit maximum
 - The plan has certain exclusions and limitations – see complete schedule of benefits for details
- Tips for getting the most out of your plan
 - Get your Preventive cleanings/exams
 - Use an in-network dentist – www.metlife.com/dental
 - Request a pretreatment estimate to get an estimate of your out-of-pocket cost
 - Log on to MyBenefits (www.metlife.com/mybenefits) to view claims, benefit information, download forms, find a PDP dentist, Dental health information, etc.
 - Call Customer Service (1-800-ASK-4-MET) when you have questions or visit www.metlife.com/mybenefits
- How does the MetLife PDP work? – With a dental benefit plan featuring the MetLife PDP, you receive benefits whether or not you and/or each eligible dependent visit a participating dentist. But, when you visit a participating dentist, you have the opportunity to maximize your benefit plan with access to lower out-of-pocket expenses. The MetLife PDP is a Preferred Provider Organization, wherein you choose a provider at the time of treatment. You do not have to pre-select a primary dentist nor do you need an ID card or referrals for specialty care.
- Do I need an ID card? – No, you do not need to present an ID card to confirm that you're eligible. You should notify your dentist that you participate in MetLife's PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.
- My dentist does not participate in the PDP. Is there anything I can do to encourage my dentist to participate? – The MetLife PDP Network is continually expanding and new providers may be added if they meet MetLife's credentialing standards. You may ask your dentist to complete a MetLife PDP nomination card or visit the dentist directory online at www.metlife.com/dental, and MetLife will send him or her information on how to apply for participation. The timing depends on how quickly MetLife receives the necessary information. Please note that there may be instances where a dentist chooses not to participate and others where MetLife does not accept the application under our stringent credentialing requirements.
- How do I file a claim for out-of-network providers? – Claim forms are available from your human resources department or can be downloaded and printed out from MetLife's dental website at www.metlife.com/dental. Remember to bring one with you to your appointment. Complete the employee portion, and your dentist will assist you with the rest. You can use the same claim form whether or not your dentist is a participating PDP dentist. MetLife will mail you a concise explanation of benefits (EOB) statement after each claim submission. If you have a claim inquiry or benefit questions, please call MetLife's Dental Customer Service Department at 1-800- ASK - 4 - MET after your plan's effective date.
- Dental Claims Address: MetLife Dental Claims, P.O. BOX 981282, El Paso, TX 79998-1282



VISION
Administered by MetLife

Frequency	Exam	Lens	Frames	Contacts
Months	12	12	24	12
	In-Network Coverage		Out-of-Network Coverage	
Examination	Your Co-payment \$10		Your Reimbursement	\$35
	See plan summary for more details		See plan summary for more details	
Frames	Retail Allowance \$85 per pair		Reimbursement	\$55 per pair
Cosmetic / Elective Contact Lenses	Allowance \$120 per pair In lieu of all other eyewear benefits		Reimbursement	\$95 per pair
Medically Necessary Contact Lenses	Allowance \$250 per pair Prior authorization is required by SafeGuard		Reimbursement	\$250 per pair Prior authorization is required by SafeGuard

- ➔ **Copayment** - a set amount member pays for covered services as listed on the schedule of benefits.
- ➔ **Maximum allowance** – the maximum amount the plan covers for each benefit.
- ➔ **Maximum Reimbursement** – the maximum amount the plan will reimburse for each benefit.
- ➔ **In-network** – refers to the vision network.
- ➔ **Out-of-network** – refers to providers not participating in the network.
- ➔ How the plan works
 - ➔ Benefits covered in and out-of-network
 - ➔ Copayments, maximum allowances, and maximum reimbursements apply
 - ➔ Benefits limited to frequency limitations
 - ➔ The plan has certain exclusions and limitations – see complete schedule of benefits for details
- ➔ **What does Medically Necessary mean for contact lenses?** – Medically necessary contact lenses require prior authorization from SafeGuard and are for members who for a medical reason are not able to wear glasses.
- ➔ **Do I have to select a vision care professional when I enroll?** – You do not need to “pre-select” a vision care professional. When it’s time for your exam, just call any licensed vision care professional, identify yourself as a SafeGuard member and make the appointment. Remember, your benefits will be greater if you receive care from a SafeGuard contracted provider.
- ➔ Tips for getting the most out of your plan
 - ➔ Get your Preventive Eye exam
 - ➔ Use an in-network providers – www.safeguard.net
 - ➔ Log on to www.safeguard.net to view claims, benefit information, print temporary ID card, download forms, find a vision provider, vision information, etc.
 - ➔ Call Customer Service (1-800-880-1800) when you have questions or visit www.safeguard.net