



SmileSaver is a pre-paid dental HMO plan available only to California residents through MetLife for a low monthly cost. 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

MONTHLY MEMBERSHIP FEE

Member	\$21.50 per month
Member + 1	\$33.75 per month
Family	\$45.25 per month

You must purchase a minimum of THREE months of coverage. **NO REFUNDS ARE ALLOWED.**

For more information or to enroll in the plan, visit www.4studenthealth.com/supplemental-plans

ONLINE ENROLLMENT INSTRUCTIONS

1. Go to www.4studenthealth.com/supplemental-plans
 - Scroll down to “SmileSaver Dental HMO Plan, (for CA residents only)”
 - Select a Dental Provider
 - Select: “Dental HMO/Managed Care”
 - Select Plan Name: “SmileSaver 3000”
 - Enter your ZIP code, select your search radius, and click “Search”
 - Write down your chosen provider’s Facility ID number
2. Go back to www.4studenthealth.com/supplemental-plans. Use the “ENROLL ONLINE” link and complete the online enrollment form with a Visa or Mastercard

DATES OF COVERAGE

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 09/20/2018, your coverage will be effective on 10/01/2018. But if your enrollment/payment is submitted on 09/21/2018, your coverage will be effective on 11/01/2018.)

Coverage for this plan does not extend beyond September 30, 2019. 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 2019–2020 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:

Relation Insurance Services
 P.O. Box 240042
 Los Angeles, CA 90024
(800) 537-1777
 CA License No. 0G55426