



**TERMS AND CONDITIONS** - This language should be disclosed at the time of enrollment, at the time of purchase.

**Renewal Conditions:** By joining a discount plan, you are authorizing Dental Select to bill your credit card or checking account for the plan you have selected. This charge shall renew until you notify Dental Select in writing of its cancellation. By joining you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

**Termination Conditions:** Dental Select reserves the right to terminate plan members from its plan for any reason, including nonpayment. If Dental Select terminates the plan or your membership for a reason other than nonpayment, you will receive a pro-rata refund of your membership fees.

**Cancellation Conditions:** You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less the processing fee, if applicable. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Dental Select will accept cancellation request at any time and will stop collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member ID to Customer Care, Dental Select, 75 W Towne Ridge Pkwy Tower 2, Suite 500, Sandy, UT 84070 or fax 10 888.673.5328. You may also submit cancellation requests by email: [customer@dentalselect.com](mailto:customer@dentalselect.com). When you cancel, you will continue to have access to the plan for the remainder of the period for which you have paid; your membership will terminate at the end of that period.

**Description of Services:** See the enclosed materials for a specific description of the plan that you have purchased.

**Limitations, Exclusions & Exceptions:** This plan is a discount dental membership program offered by Dental Select. Dental Select is not a licensed insurer, health maintenance organization or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Dental Select. Dental Select is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for dental services from certain dental care providers who have contracted with plan. You are obligated to pay for all dental care services at the time of service. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this plan. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider participates in the plan. At any time, Dental Select may substitute a provider network at its sole discretion. Dental Select cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by Dental Select are solely responsible for the professional advice and treatment rendered to members and Dental Select disclaims any liability with respect to such matters.

**Complaint Procedure:** If you would like to file a complaint regarding your plan membership, you must submit your complaint in writing to: Dental Select, 75 W Towne Ridge Pkwy Tower 2, Suite 500, Sandy, UT 84070. You have the right to request an appeal if you are dissatisfied with the complain resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department.