

Individual Plans Dental Change Form

Before completing this form, please make note of the following information:

- This form should be used to add, remove, or change dental benefits.
- Changes will apply to all family members currently covered on your SelectHealth medical plan.
- To change or terminate medical benefits, add/remove dependents, change addresses, or change other personal information, please use the Individual Plans Change Form.

A. SUBSCRIBER INFORMATION

Subscriber's Name _____ Subscriber ID _____ Date of Birth _____
(SEE ID CARD)

B. DENTAL BENEFIT CHANGES

TRADITIONAL PLANS

Select a network and then choose from one of the plan options below.

Network Options Classic Prime Fundamental

Select **one** annual maximum.

Includes a \$50/\$150 dental deductible

- \$750 Annual Maximum
- \$1,000 Annual Maximum
- \$1,500 Annual Maximum (Please select either 100% or 90% for preventive care coverage)
 - 100%
 - 90%

Check the box below to add nonparticipating benefits to your plan.

- Add nonparticipating benefits

C. DISCONTINUANCE OF DENTAL BENEFITS

I hereby request the discontinuance of dental benefits received under contract by SelectHealth. I understand that the discontinuance will be effective as outlined in my Contract and that it applies to all family covered members. Furthermore, I understand that no cancellation will be made on a retroactive basis.

D. SIGNATURE

By signing, you agree to the changes requested above. To terminate coverage, please mark the box in section "C" above before signing. **The policy provides dental benefits only. Review your policy carefully.**

Subscriber Signature _____ Date _____

Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** (TTY Users: 711)

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth: **1-800-538-5038**.

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth: **1-800-538-5038**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth: **1-800-538-5038**.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth: **1-800-538-5038**.

번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'de'ę', t'áá jiik'eh, éí ná hółq', kojí' hódíílnih SelectHealth: **1-800-538-5038**.

ध्यान दनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth: **1-800-538-5038** मा फोन गर्नुहोस्।

FAKATOKANGA'I: Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth: **1-800-538-5038**.

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth: **1-800-538-5038**.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth: **1-800-538-5038**.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth: **1-800-538-5038**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth: **1-800-538-5038**

تدعاسملا تامدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم
ةكشرشب ل لصتا. ن اجملاب كل رفاوتت ةيوعلل
SelectHealth: **1-800-538-5038**.

សម្ពាស៍: បីសិនជាអ្នកនិយាយ ភាសាខ្មែរ
ស្រីវ៉ាជំនួយជូនកុំភាសា ជាយមិនគិតថ្លៃ
គម្រោងមានសរាប់ អ្នកក៏ សូមទូរស័ព្ទមក
SelectHealth: **1-800-538-5038** ។

ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth: **1-800-538-5038**.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth: **1-800-538-5038**。まで、お電話にてご連絡ください。