

Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06 Continued

Plan Enhancements Continued	
Root Canal Therapy	1 canal (anterior) = \$110; Re-treatment – one canal (anterior) = \$120; Retreatment – 2 canals (bicuspid) = \$135; Retreatment – 3 or 4 canals (molar) = \$210; Incomplete Endodontic Therapy (un-retainable tooth) = \$50
Periapical Services	Apicoectomy (per tooth)-first root = \$115; Retrograde filling-per root = \$125
Other Endodontic Services	Surgical procedure to isolate tooth with rubber dam = No Charge; Canal preparation & fitting of preformed dowel or Post = No Charge
Inlay Restorations (Not including costs for precious metal)	Inlay-metallic-1 surface = \$100; Inlay-metallic-2 surfaces = \$110; Inlay-metallic-3 or more surfaces = \$120; Onlay-metallic-2 surfaces = \$180; Onlay-metallic-3 surfaces = \$200; Onlay-metallic-4 or more surfaces = \$210
Other Prosthodontic Services (Not including cost for precious metal)	Cast post and core = \$50; Each additional cast post (same tooth) = No Charge; Each additional pre-fabricated post (same tooth) = No Charge; Re-cement inlay = \$10; Re-cement crown = \$10
Complete Dentures (includes routine post-delivery care)	Immediate upper or lower (placed after extractions) or complete upper or lower (placed after healing period) = \$250 Note: either denture acceptable but benefits for first one placed, not both.
Repairs to Complete Dentures	Repair broken complete denture base = \$25
Repairs to Partial Dentures	Repair resin saddle or base = \$25; Repair cast framework = \$45; Repair or replace broken clasp = \$30; Add tooth to existing partial denture = \$25; Add clasp to existing partial denture = \$45
Denture Rebase Procedures	Rebase complete or partial, upper or lower, denture = \$100
Denture Reline Procedures	Reline complete or partial, upper or lower denture (chair side) = \$35 Reline complete or partial, upper or lower, denture (laboratory) = \$65
Extractions (with local anesthesia and routine postoperative care)	Single tooth, each additional tooth or root removal-exposed roots = No Charge
Surgical Extractions (with local anesthesia and routine postoperative care)	Surgical removal of erupted tooth = \$35; Removal of impacted tooth: soft tissue = \$50
Miscellaneous Services	Behavior Management not covered; other drugs and/or medicaments, by report = \$15
Neutral Plan Changes	
	Description
Changing Participating Dental Offices	Request by the Member must be made at toll-free telephone number; approved when there is good cause to change; request by Participating Dental Office is considered upon the nature of the request only. Eliminated language regarding abusive language or behavior or lack of cooperation.
How to Obtain Care	Eliminated reference to using social security number on identification card. If you have not selected a Dentist, you can call us toll-free.
General Care	First visit changed to new patient visit
Emergency Care	Explanations of terms added. Treatment from Dentist Outside the Enrollment Area described as necessary and reasonable. Protocol of how to seek care within the Enrollment Area expanded.
Limited Services	
Periodontal	Same limit applies plus limit of one course of treatment per lifetime for full mouth debridement.
Professionally Acceptable Treatment	Deleted

Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06

Section in Certificate	Description
Plan Enhancements	
Specialty Referral Care	<i>Referral methods added.</i>
Surgical Periodontics, Fixed Prosthodontics	<i>Waiting period eliminated.</i>
Limited Services	
Prophylaxis	<i>Same limit applies plus if a third prophylaxis in a twelve (12) month period is judged appropriate by Participating Provider, it is subject to 80% copayment of the Participating Dentist's usual fee.</i>
Prosthodontic Replacement	<i>For crowns, bridges, inlays, and/or complete dentures time limit applies unless professional judgment or review determines the replacement is necessary for the dental health of the Member.</i>
Denture Relines	<i>Same time limit applies unless professional judgment or review determines the replacement is necessary for the dental health of the Member.</i>
Precious Metals	<i>Using alloys with 25% or more noble metal content (i.e., gold) is optional. If used, additional cost should not exceed \$100 and is the Member's responsibility.</i>
Impactions	<i>Same limit applies unless professional judgment or review determines it is necessary.</i>
Pediatric Annual Maximum	<i>Same for referral; no \$500 or age limit for pediatric dentistry in Participating Dental Office.</i>
Prosthetic Services	<i>Same limit with alternate benefit of stainless steel crowns or space maintainers allowed.</i>
What is Not Covered	
War or Release of Nuclear Energy	<i>Deleted</i>
Waiting Period	<i>Deleted for Surgical Periodontics, Fixed Prosthodontics or Individual Crown Restorations</i>
Composite Resin, Porcelain Restorations	<i>Deleted</i>
Limiting Primary Restorations to Amalgam	<i>Deleted</i>
Charges for Treatment	
Surgical Periodontics	<i>Reference to 6-month waiting period deleted</i>
Crowns-Single Restorations Only	<i>Reference to 6-month waiting period deleted</i>
Bridge Pontics	<i>Reference to 6-month waiting period deleted</i>
Bridge Retainers- Crowns	<i>Reference to 6-month waiting period deleted</i>
Amalgam Restorations (w/polish)	<i>1 to 4 surfaces for primary or permanent = No Charge</i>
Resin or Composite Restorations	<i>1, 2 or 3 surfaces, anterior = No Charge</i>
Resin or Composite Restorations	<i>4 or more surfaces involving incisal angle (anterior) = \$20; 1 surface, posterior, primary = \$20; 2 surfaces, posterior, primary = \$40; 3 or more surfaces, posterior, primary = \$50; resin-based composite crown, anterior primary = \$60; resin-based composite crown, posterior, permanent = \$70; 1 surface, posterior, permanent = \$50; 2 surface, posterior permanent = \$65; 3 surfaces, posterior, permanent = \$75; 4 or more surfaces, posterior, permanent = \$85.</i>
Pulpotomy	<i>Gross pulp debridement, primary and permanent = \$28</i>

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Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06 Continued

Neutral Plan Changes Continued	
Limited Services Continued	
Oral Exams	<i>Two per year</i>
Porcelain on molars	<i>Additional \$75 charge</i>
7 or more crowns	<i>Additional charge of \$125 per tooth</i>
What is Not Covered	
Government Services	<i>Blue Cross will not pay for services you receive for free. Veterans Administration hospitals and Military Treatment facilities considered for payment according to current legislation</i>
Services Provided Before or After the Term of the Member's Coverage	<i>Dental procedures requiring completion after termination of the Member's coverage will be completed by the Participating Dental Office under the terms of this contract.</i>
Services for Which You Are Not legally Obligated to Pay	<i>Deleted</i>
Prosthetic Services Age Limitations	<i>None (Removed from this section, revised and placed in "Limitations" Section)</i>
Space Maintainers	<i>For members over 16 years old unless professional judgment or review determines necessary</i>
Extensive Oral Rehabilitation	<i>Deleted</i>
Vertical Dimension and Attrition	<i>Replacing tooth structure lost by wear, erosion or abrasion or due to bruxism unless there is unresolved pain. (Does not apply to alteration by removable prosthodontics)</i>
Charges for Treatment	
Office Visit	<i>Per patient = No Charge; Vertical Bitewings = No Charge; Diagnostic Casts = No Charge; No dietary planning for the control of dental caries</i>
Sealants, Space Maintainer	<i>Sealants per tooth = \$10; Fixed = \$40 and Removable = \$50 for uni- or bi-lateral Space Maintainers</i>
Anesthesia	<i>Regional block anesthesia = No Charge</i>
Periapical Services	<i>Apical curettage coverage reference removed as obsolete code.</i>
Other Prosthodontic Services (Not including cost for precious metal)	<i>Post removal (not in conjunction with Endodontic therapy) = \$20</i>
Other Removable Prosthetic Services	<i>Interim partial stay-plate denture (upper or lower) = \$120</i>
Retainers	<i>Cast metal retainer for acid etched bridge not covered</i>
Surgical Extractions (with local anesthesia and routine postoperative care)	<i>Removal of impacted tooth — completely bony with or without complications = \$95; Root recovery = \$60</i>
Other Surgical Procedures (Histopathological exam not included and not benefited)	<i>Incision/drain of abscess-intraoral soft tissue = \$20</i>
Orthodontic Benefits	
Phone Number	<i>(888) 209-7852</i>
Orthodontic Limitations	
Orthodontic Retention Phase of Care	<i>Removed "Retention services are subject to review and modification on an annual basis."</i>

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Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06 Continued

Neutral Plan Changes Continued	
Orthodontic Limitations Continued	
Loss of Coverage During Orthodontic Treatment	<i>The Member and NOT Blue Cross will be responsible for the remainder of the cost for treatment at the contracted fee for the months of treatment remaining.</i>
Orthodontic Exclusions	
	Orthodontic Retreatment – <i>Retreatment is excluded whether treated under this coverage, at fee-for-service or under another benefit plan.</i>
Part VI Who Is Covered And When	
Section 2.c.ii.	<i>Blue Cross requires written proof of student status annually.</i>
Section 2.c. iv.	<i>Added text: a Child for whom the Subscriber or Spouse has been appointed permanent legal guardian, provided we have received proper court documentation in the form of “Letters of Guardianship,” showing filed date and county court seal.</i>
Section 2. c.v.	<i>The term “Child” does not include 1) any person who is covered as a Subscriber; or 2) any person who is in active service in the armed forces.</i>
B. Application For Enrollment	
Section 1.c	<i>The Subscriber must file an application with the Employer to enroll a newly acquired Child within a time period ending thirty (30) days after the birth or acquisition of the Child, or final court decree or order of permanent legal guardianship.</i>
B. Application For Enrollment	
Section 1.d	<i>Add Domestic Partner to those who may have to wait up to twelve (12) months from any future election of coverage for another opportunity to obtain such coverage if the he or she does not elect to be covered.</i>
B. Special Enrollment Periods	
Last Paragraph	<i>Deleted</i>
Coverage Only For Eligible Subscribers	
2.c.	<i>Coverage begins on the date of adoption or placement for adoption of the Child. For coverage to continue beyond that time, Blue Cross must receive within thirty (30) days of acquiring the Child, an application to enroll the Child and any additional Charges due.</i>
2.d.	<i>For a newly acquired Child (except a newborn) whose permanent legal guardian is an already enrolled Subscriber, coverage begins on the first day of the month following the date of enrollment application assuming the application is filed within thirty (30) days of the final court decree or order issuing legal guardianship. “takeover” exception: If Subscriber, Domestic Partner or Child has coverage under an Employer health plan that this Plan replaces and if he or she is enrolled on the Employer Effective Date, then coverage begins on the Employer’s Effective Date.</i>
E. Leave Of Absence	
Temporary Personal Leave of Absence	<i>Maximum period as elected by the Employer on the Employer application but no more than 3 months.</i>
Temporary Medical Leave of Absence	<i>Maximum period as elected by the Employer on the Employer application but no more than 6 months.</i>

Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06 Continued

Neutral Plan Changes Continued	
Department Of Managed Health Care	<p>You may submit your grievance to the Department of Managed Health Care for review after you have participated in the Plan's grievance process for at least thirty (30) days. If you have a grievance against your health plan, you should first telephone your Plan at (888) 209-7852 and use your health plan's grievance process before contacting the department.</p> <p>Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than thirty (30) days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are Experimental or Investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (888) HMO-2219 and a TDD line (877 688-9891 for the hearing and speech impaired. The department's Internet Web site http://www.hmohelp.ca.gov has complaint forms, IMR applications forms and instructions online. The Plan's grievance process and the health plan division's complaint review process are in addition to any other dispute resolution procedures that may be available to you, and your failure to use these processes does not preclude your use of any other remedy provided by law.</p> <p>If your grievance involves an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, or major bodily functions, you may submit the grievance to the Department without waiting thirty (30) days. In such a situation the Plan will also provide you and, as appropriate, the Department with a written statement of the status or disposition of the complaint within 3 days of the receipt of the complaint.</p>
Part X Binding Arbitration	
Complaints	Section deleted.
Part XI Third Part Liability	Replaced "Subscriber" with "Member" in the first paragraph. Replaced "you must agree" with "you agree" in the third paragraph. Replaced "Subscriber" with "Member" in the fourth paragraph.
Part XII Continuation Of Coverage	Edited "with between" to "with" in the first paragraph.
Definitions	Added, "(c) a Child for whom the Subscriber or Spouse has been appointed permanent legal guardian by final court decree or order".
Terms Of CAL-COBRA Continuation	Replace "31 days" with "30 days" as the time within which the Group must notify the Subscriber and Blue Cross of the Qualifying Event of the right to continue coverage.
Additional Family Members	Added "and has separate rights as a Qualified Beneficiary" to "A Child acquired during the Cal-COBRA continuation period is eligible to be enrolled as a Family Member".
If Members begin Cal-COBRA continuation coverage effective on or after January 1, 2003, continuation will end the earliest of:	The end of thirty-six (36) months from the Qualifying Event; the date the Member becomes entitled to Medicare.

Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06 Continued

Neutral Plan Changes Continued	
<p>If Members begin Cal-COBRA continuation coverage effective on or after January 1, 2003, continuation will end the earliest of:</p>	<p>1) The end of eighteen (18) months from termination of employment or reduction in work hours; 2) The end of thirty-six (36) months from death of the Subscriber, divorce or Legal separation, or the end of Family Member Status; 3) The end of thirty-six (36) months from the date the Subscriber became entitled to Medicare; 4) The date the Agreement terminates; 5) The end of the period for which subscription charges are last paid; 6) The date the Member becomes covered under any other group health plan, unless the other group health plan contains an exclusion or limitation relating to a Pre-existing Condition of the Member, in which case this Cal-COBRA continuation will end at the end of the period for which the Pre-existing Condition exclusion or limitation applied; or 7) The date the Member becomes entitled to Medicare.</p> <p><i>*For a Member whose Cal-COBRA continuation coverage began under a prior plan, this term will be dated from the time of the Qualifying Event under that prior plan.</i></p> <p><i>If your Cal-COBRA continuation under this plan ends in accordance with items 1, 2, 3, or 4 above, you are eligible for medical conversion coverage. Blue Cross must provide notice of this conversion right within 180 days prior to such termination date.</i></p> <p><i>If your Cal-COBRA continuation coverage under this plan ends because the Group replaces our coverage with coverage from another company, the Group must notify you at least thirty (30) days in advance and let you know what you have to do to enroll for coverage under the new plan for the balance of your Cal-COBRA continuation period.</i></p>
<p>Extension Of Continuation During Total Disability</p>	<p>Note: This section applies ONLY to Members who began Cal-COBRA continuation coverage effective prior to January 1, 2003.</p> <p><i>If, at the time of termination of employment or reduction in hours or at any time during the first sixty (60) days of a Cal-COBRA continuation, a Qualified Beneficiary is determined to be disabled for Social Security purposes, all covered Members may be entitled to up to twenty-nine (29) months of continuation coverage after the original Qualifying Event, as provided below. The Member must furnish Blue Cross with written notice within thirty (30) days of the Social Security Administration's decision that the Member is no longer Totally disabled.</i></p>
<p>Post CAL-COBRA Continuation Coverage For Qualifying Events For Ages 60 And Over</p>	<p><i>The Subscriber, Spouse and former Spouse may continue coverage under this Plan if the subscriber has worked for the Employer for at least 5 years prior to termination of employment; and</i></p>
<p>When Post Cal-COBRA Continuation Ends</p>	<p><i>This continuation will end on the earliest of: 3) the date the Member becomes covered under any other group health plan; 4) the date the Member becomes entitled to Medicare; 7) the date the Member reaches age 65.</i></p> <p><i>If your Cal-COBRA continuation under this Plan ends in accordance with items 1 or 5 above, you may be eligible for medical conversion coverage. Blue Cross must provide notice of this conversion right within 180 days prior to such termination date.</i></p>

Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06 Continued

Neutral Plan Changes Continued	
When Post Cal-COBRA Continuation Ends	If your Cal-COBRA continuation coverage under this Plan ends because the Group replaces our coverage with coverage from another company, the Group must notify you at least thirty (30) days in advance and let you know what you have to do to enroll for coverage under the new plan for the balance of your Cal-COBRA continuation period.
XIII. Continuation Of Coverage-COBRA	
Qualified Beneficiary	Added to Qualified Beneficiary, (c) a Child for whom the Subscriber or Spouse has been appointed permanent legal guardian by final court decree or other order. Qualified Beneficiary does not include any person who is not enrolled during the Initial Enrollment Period, including any Family Members acquired during the COBRA continuation period, with the exception of newborns and adoptees, as specified above.
When COBRA Coverage Ends	Note: (For Members beginning COBRA continuation coverage effective January 1, 2003 or later ONLY.) At the end of eighteen (18) months, you have the option to continue coverage under Cal-COBRA for the balance of thirty-six (36) months (COBRA and Cal COBRA combined). All COBRA eligibility must be exhausted before the Member is eligible to continue coverage under Cal-COBRA. 2) The end of thirty-six (36) months from the death of the Subscriber, divorce or legal separation, or the end of dependent Child status*; 3) The end of thirty-six (36) months from the date the Subscriber became entitled to Medicare.
When the Extension Ends	Note: (For Members beginning COBRA continuation coverage effective January 1, 2003 or later ONLY.) At the end of twenty-nine (29) months, you have the option to continue coverage under Cal-COBRA for the balance of thirty-six (36) months (COBRA and Cal-COBRA combined). All COBRA eligibility must be exhausted before the Member is eligible to continue coverage under Cal-COBRA.
When Continuation Ends	The end of ninety (90) days from the date the Family Member's continuation coverage began; 11) The date the Subscriber or Spouse is no longer the permanent legal guardian. *This continuation coverage will not end for the other eligible Family Members if item 4, 6, 7, 8, 9 or 11 above applies to a dependent child.
PART XIV Definitions	
Child	Replace "California Department of Corporations" with "California Department of Managed Health Care" Add "or Child for whom the Subscriber or Spouse has been appointed permanent legal guardian by final court decree or order."
Experimental Procedure	Blue Cross has discretion to make this determination.
Orthodontia – Phase I Treatment (Primary and/or Transitional Dentition)	The use of either fixed or removable appliances in the upper or lower arches, or both. Includes the treatment of such problems as cross bite, arch width, distance between the arches and deep overbite or overjet.
Orthodontia – Phase II Treatment (Adolescent or Adult Dentition)	The use of generally fixed appliances to definitely move the teeth within the jaws. May include refinement of less severe problems commonly treated in Phase I. [Standard twenty-four (24) month treatment plan].
Plan Reductions	
What is Not Covered	Any services not authorized by your Participating Dental Office or Blue Cross Dental Net
Charges for Treatment	
Other Restorative Services	Pre-fabricated stainless steel crown-primary or permanent tooth = \$30; Pre-fabricated resin crown = \$30; Crown buildup = \$30; Pin retention per tooth, in addition to restoration = \$15

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Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06 Continued

Plan Reductions Continued	
Root Canal Therapy	2 canals (bicuspid) = \$145; 3 or 4 canals (molar) = \$240
Periapical Services	Apicoectomy (per tooth)-each additional root = \$50
Crowns-Single Restorations Only (Not including costs for precious metal)	Crown-resin (laboratory) with high noble metal, with predominantly base metal or with noble metal not covered. Crown-porcelain ceramic substrate = \$255; Crown-porcelain fused to high noble metal, predominantly base metal or noble metal = \$230; Crown ¾ cast high noble metal, predominately base metal, cast noble metal or porcelain/ceramic = \$ 230; Crown-full cast high noble metal, predominantly base metal or crown-full cast noble metal = \$230; Crown-full cast metallic not covered.
Other Prosthodontic Services	Pre-fabricated post and core = \$50 (Not including costs for precious metal)
Partial Dentures	Upper or lower partial predominantly cast base including Clasps = \$330 (includes routine post-delivery care)
Other Removable Prosthetic Services	Tissue conditioning-per denture unit = \$40
Bridge Pontics (Plus actual costs for precious metal not to exceed \$100)	Pontic-cast high noble metal, predominantly base metal, noble metal, porcelain fused to high noble metal, porcelain fused predominantly base metal or porcelain fused to cast noble metal = \$230; Pontic-porcelain/ceramic = \$255; Pontic-resin with high noble metal, predominantly base metal or with noble metal not covered
Bridge Retainers- Crowns (Plus actual costs for precious metal not to exceed \$100)	Abutment crown-porcelain/ceramic = \$255; Abutment crown resin with high noble, predominantly base metal or noble metal not covered. Abutment crown-porcelain fused to high noble, predominantly base or noble metal = \$230; Abutment crown-full cast or ¾ porcelain/ceramic or cast high noble, base or-noble metal = \$230
Surgical Extractions (with local anesthesia and routine postoperative care)	Removal of impacted tooth — partially bony = \$80; Alveoplasty: in conjunction with extraction per quad = \$75; not in conjunction with extraction per quad = \$ 90
Other Surgical Procedures	Biopsy: oral tissue-hard = \$40; oral tissue-soft = \$40 (Histopathological exam not included and not benefited)
Repair of Traumatic Wounds	Not covered.
Miscellaneous Services	Broken appointments, less than 24-hour notice = \$25.
Part III. Orthodontic Benefits	
Pre-orthodontic Visit and Treatment Plan	Includes all necessary diagnostic x-rays, study models, records, analysis and photos at applicable copayments.
Orthodontic Retention Your Copayments	Includes removal of appliances, construction and placement of retainers at applicable copayments. Children through age 17 = \$1,850
Other Services	Pre-orthodontic visit and treatment plan = \$300; Orthodontic retention = \$275
Orthodontic Limitations	Financial arrangements will be agreed upon between you and your Participating Orthodontist
Phase I Treatment Orthodontics/Orthopedic/Orthodontic	Any Phase I treatment or orthopedic/orthodontic treatment which may be deemed advantageous or necessary by the participating orthodontist prior to the twenty-four 24 months of standard active treatment. Orthodontic treatment for malocclusions which, in the opinion of the participating orthodontist will not produce beneficial results
Orthodontic Records	Orthodontic records, including but not limited to cephalometric tracing, photographs, study models, and diagnostic radiographs

Summary of Dental Net (QI4R, QI4S) Plan Changes Effective 5/1/06 Continued

Neutral Plan Changes Continued	
F. When Your Coverage Ends	
Child, 5.b.	Add “or the date legal guardianship” ends to “on the next subscription charge due date after the Child”.
Child, 5.f.	For a Child born to a Subscriber or Spouse who is already enrolled under this Combined Evidence of Coverage and Disclosure Form, coverage ends on the day following the thirtieth (30 th) day of life if Blue Cross does not receive an application to enroll the Child and any additional charges due.
Any Member, 6.	The words, “Director of the Department of Managed Health Care”, replace the “Commissioner of Corporations”.
Part VII General Provisions	
Workers’ Compensation Insurance	The words, “This plan” replace “The Combined Evidence of Coverage and Disclosure Form”.
Confidentiality of Dental Records	Dental record confidentiality policy and procedure available upon request at (888) 209-7852, Customer Service.
Continuity of Care	If you are undergoing a course of treatment (treatment in progress), you may request continuity of care by calling us toll-free at the customer service telephone (888) 209-7852.
Part VIII Employment Retirement Income Security Act (ERISA)	
Part IX Grievance Procedures	<p>Contact the plan at the phone number listed on your Identification card or in the “Department of Managed Health Care” section entitled regarding any concerns.</p> <p>Member complaints or grievances can be made in person, at any Participating Provider’s office, by telephone, or by obtaining a grievance form from and submitting it to the Plan (on-line at www.bluecrossca.com). A representative at the Participating Provider’s office or at the Plan’s corporate office can help the Member fill out a grievance form. Completed grievance forms must be mailed to the Plan at the following address: Blue Cross of California Dental P.O. Box 9155, Oxnard, California 93031.</p> <p>Blue Cross will request all pertinent information from all parties involved and will complete all levels of your grievance within thirty (30) calendar days, unless circumstances require expedited attention. You will receive a written response within thirty (30) days as to the disposition of the grievance.</p>