

WHY SMILESAVER?

SMILESAVER HISTORY

SmileSaver was licensed as a Knox-Keene prepaid health plan in 1981. Today the company provides services to over 350,000 members throughout California.

SmileSaver is a subsidiary of the Signature Group, one of the nation's premier direct response marketers of a broad range of insurance products and consumer clubs. The Signature Group's client list includes over 100 of the largest financial institutions, oil companies and retailers in the country. SmileSaver administers Signature's California dental customers including Citibank, Mobil Oil, Firestone and General Electric to name a few.

SmileSaver membership has grown at a steady pace over the last six years, which is a reflection of the company's commitment to provide comprehensive, quality dental coverage at an affordable cost.

QUALITY OF CARE

SmileSaver is committed to ensuring all members receive quality health care. As part of this commitment, all Quality Management activities are designed to meet or exceed NCQA standards. These standards are applied to plan design through the credentialing of network providers, member services standards and on going peer review and facility audits.

Quality Assurance meetings are held on a rigid schedule, and all aspects of the Plan are reviewed by officers of the Plan, representative Providers, Marketing Personnel, Member Service Management and Plan members.

SmileSaver also conducts Public Policy meetings attended by representative Plan members on a regular basis. In that way, the Plan's performance is reviewed from a member's perspective. This committee ensures that the plan is operating in a fair and unbiased manner.

Provider Peer Review meetings are held regionally by SmileSaver. The Peer Review Committee is comprised of representatives of the Plan panel, including general dentists and specialists. The purpose of these meetings is to review grievance issues that require a clinical evaluation and report the findings back to the Plan's Dental Director. Resolved grievances may also be reviewed so that the Plan's resolutions can be critiqued.

MEMBER SATISFACTION SURVEYS

All SmileSaver members are surveyed every 12 months. This information is reviewed for trends and to identify any quality issues that need immediate attention. Each survey addresses the following categories:

- Overall Plan Satisfaction
- Appointment Time
- Office Appearance
- Satisfaction with Dentist and Staff
- Plan Literature

PROVIDER PANEL

SmileSaver currently contracts with over 3,200 providers at over 2,000 participating dental offices throughout California. Prior to acceptance into the SmileSaver network, each provider must meet the following criteria:

License review, clinical privileges, DEA certification, education confirmation, Board certifications, work history, malpractice insurance, litigation history and outcomes.

All SmileSaver providers are recredentialed every two years. In addition to the credentialing process, appointment access, grievance review, member survey results and the provider's utilization experience is reviewed annually.

SmileSaver is continually adding to our provider network. Historically, we have increased the panel by 5% annually while maintaining a retention rate of 96%. Provider directories are revised on a bi-monthly basis to ensure members receive the most updated information available. Directories do not include any provider who is currently closed to new enrollment.

SmileSaver believes one of the most important criteria in selecting a prepaid dental plan is understanding the relationship between the provider and the plan. Simply stated, is the dentist happy to work with the plan? If not, chances are the patients, your employees/clients, will be the recipients of poor service and treatment and ultimately overall plan dissatisfaction.

A recent independent survey of over 4,000 dentists that participate in prepaid dental plans in California, ranked SmileSaver 2nd in overall plan performance among 28 plans reported. This affirms our commitment to meet the needs of the provider, and the member, is a reality not just an empty promise.

MEMBER SERVICE

SmileSaver's Member Services Department is responsible for all telephone inquiries from prospective applicants, members, and providers regarding a wide range of subjects including:

- Billing Inquiries
- Specialist Referrals
- Eligibility Confirmation
- Dental Office Procedures
- Membership Changes
- Application and Enrollment Processing
- Benefit Interpretation and Plan Comparisons
- Grievance/Complaint Reporting

The department maintains a service goal of answering 80% of all calls within 20 seconds with a maximum abandon rate of less than 3%.

Currently, SmileSaver handles 17,000 calls per month. The department's hours of operation are between 8:00 a.m. and 6:00 p.m., Monday through Friday. All Member Service Representatives are crossed trained to handle questions on all plans and are prepared to assist every caller.

Every Member Services Representative must undergo an extensive training program which includes a minimum of two weeks of classroom training, one-on-one telephone skills and servicing instruction. Trainees are not placed on the phones until their initial training is completed and the written and live phone tests have been successfully passed.

SMILESAVER DHMO BENEFITS

Every SmileSaver Member enjoys these important features!!

- ◆ No Deductibles, No Claim Forms, No Yearly Maximums, No Prior Authorization (except for procedures requiring specialists).
- ◆ SmileSaver members can change providers, for any reason, effective the following month, with just one phone call to Member Services, no written request is necessary.
- ◆ Each family unit can select up to three (3) dentists for added convenience.
- ◆ Most preventive services are provided at No Charge to SmileSaver members.
- ◆ Orthodontic benefits are available for both children and adults.
- ◆ Elective procedures, such as cosmetic crowns, veneers and teeth bleaching, are covered procedures.
- ◆ Emergency care is provided anywhere in the world.
- ◆ All SmileSaver plans provide Specialty services at reduced fees.
- ◆ Pre-existing conditions are covered.
- ◆ Vision benefits provided with most plans.
- ◆ Toll-free phone lines are available for all members.
- ◆ Bilingual Member Services support and enrollment information is available.