

DESCRIPTION OF SERVICES AND DISCLOSURE FORM

The following is a description (Description) of the discount dental plan available to you and your family members through DentalWise, LLC. The Description completely describes the plan and your rights under the plan, and if you choose to enroll it is your contract with DentalWise, LLC

1. **Contact Information.** The full name of the plan is DentalWise, LLC. DentalWise, LLC is located at One Corporate Drive, Suite 404, Wausau, Wisconsin 54401.
2. **Type of Plan.** This is a discount fee plan. THIS IS NOT INSURANCE. By paying an annual enrollment fee to DentalWise, LLC you (and if applicable your eligible family members) will be entitled to receive dental services at reduced rates.
3. **Definitions.** As used in this Description, Eligibility means you or your family's right to receive dental services at reduced rates. Eligible family members means your spouse and your dependent children who are under age 18 (or up to age 26 if attending school on a full-time basis), or who are incapable of self-sustaining employment by reason of a physical or mental disability, injury, illness, or condition, and who are dependent on you for support and maintenance. Network Dentist means a dental office which has agreed to provide services at the reduced rates set forth in this Description. Specialist services are periodontics, endodontics, orthodontics, and oral surgery. Specialist is a dentist who performs only a specialist service.
4. **Choice of Dentists.** To be entitled to the reduced rates you and your eligible family members must visit a Network Dentist. You can visit any Network Dentist.
5. **Scope of Eligibility.** You can select eligibility for you alone, for you and your spouse, or for you and all of your eligible family members.
6. **Commencement of Services.** Once you have read through this Description, you should complete the Enrollment Form on-line or included in your brochure. You may also submit the Enrollment form in person or by sending a check/credit card with the tear off brochure or fax/scan. If you complete the Form in the brochure you should send it to DentalWise, LLC at the address set forth on the Form along with your payment for the initial annual enrollment fee. Payment may be made by check or credit card. Once your Enrollment Form and fees are received and processed, DentalWise, LLC will send you an identification card. If you elect services for your eligible family members they will receive identification cards as well. **You must present your identification card to your Network Dentist before you receive treatment.** You will be eligible as soon as you enroll. If you have enrolled at a Network Dentist's office you can receive discounted services immediately even though you have not received your Identification Card(s). In all other cases, if you or your eligible family members need dental services before your Identification Cards are received, just ask your Network Dentist to call DentalWise, LLC to confirm your eligibility.
7. **Term and Termination of Services.** You and your eligible family members' right to receive services will continue for a period designated by DentalWise, LLC, starting from the time DentalWise, LLC receives your initial annual enrollment fee. The termination date will appear on your identification card, and will end on midnight on that date. However, eligibility for any child will terminate once the child exceeds the age limit described in Section 3 above. Notwithstanding the above, if upon reaching the age limit in Section 3 your child is incapable of self-sustaining employment because of a mental or physical disability, injury, illness, or condition, and is chiefly dependent on you for support and maintenance, then eligibility for that child will continue through the term of your enrollment and any reenrollment. However, you must furnish proof to DentalWise, LLC of such incapacity and dependency within sixty (60) days after you receive notice that your child's eligibility will terminate. Such notice will be given at least ninety (90) days before your child reaches the limiting age. DentalWise, LLC will make a determination of your child's incapacity and dependency status, and will so notify you, before your child's eligibility ends. If DentalWise, LLC fails to notify you of its determination by such time, your child's eligibility will continue until you receive such notice. Your right to receive services at the discounted fees described in this plan will end at the expiration of your term unless you reenroll as described in Section 8 below. Upon termination your Network Dentist will complete all procedures started prior to termination at the rates set forth herein.
8. **Renewal of Eligibility.** You can renew your right to receive discounted fee services for an additional year by paying an annual reenrollment fee to DentalWise, LLC before your initial eligibility terminates. DentalWise, LLC will send you a written notice about this at least thirty (30) days prior to the expiration of eligibility. You will be told what the applicable fee is in your renewal notice. Upon reenrollment you (and if applicable your eligible family members) will receive new identification cards. The same procedure will be used to reenroll for succeeding years. Other than payment of the required reenrollment fee, there are no conditions or restrictions on your right to re-enroll.
9. **Cancellation of Services.** If you are not satisfied with the services provided herein, you may submit a grievance to DentalWise, LLC and DentalWise, LLC will work with you directly to resolve any dissatisfaction or to cancel your services.
10. **Processing and Enrollment Fees.** Applicable enrollment fees for the initial year of services are as follows: You Only: \$297.00 Additional: \$247.00 Re-enrollment fees for years after your initial year of services may be different. You will pay the initial enrollment fee through your preferred credit card or other payment method as described in the Enrollment Form that follows this Description.
11. **Dental Services and Fees.** Following this Description is a complete list of covered dental services if you are a new member who has seen the Network Dentist in a year or less time: (1) Comprehensive exam/recall exam or limited exam (emergency) (2) X-ray (3) Customizable whitening (4) Treatment at your recall visits (twice per year) (5) Consultations for any dental service for you or your immediate family (6) Discount on all of your dental care of 20% If you are a new member who hasn't been to the networked dentist in a year or longer: (1) Initial Comprehensive Exam/xrays (2) Discount on all other dental services of 20% (3) Custom at-home whitening kit (4) Dental Emergency Visits (5) Consultations for any dental service for you or your immediate family **Please note that these are the fees currently in effect for your area.** DentalWise, LLC reserves the right to change the fees at any time, and any new fees will apply to all dental services received by you or your family members thirty (30) days after DentalWise, LLC mails you written notice of the new schedule. Also, please note that a Network Dentist may change its fees at any time without DentalWise, LLC's knowledge and in such case DentalWise, LLC will not be responsible to notify the patient of such potential fee change.
12. **Other Charges.** There are no copayments, deductibles, or other fees for the discounted services that you or your eligible family members receive.
13. **Limitations and Exclusions.** The following is a complete list of all limitations and exclusions under this Plan: **DENTAL:** (1) Discounts for treatments of fractures or dislocations, congenital malformations, malignancies, cysts or neoplasms, or Temporomandibular Joint

Syndrome (TMJ) are not provided. (2) Discounts for prescription drugs and over the counter drugs are not provided. (3) Prophylaxis (Cleaning) is limited to once every six months. Full mouth x- rays are limited to once every 24 months. (4) Denture relines are limited to one per arch in any 12 month period. Services performed by a non-participating provider are not covered. (5) Work in progress that has commenced prior to enrollment must be completed by the dentist who started the work (whether or not a Network Dentist) and will not be covered by the discount fees in this plan. (6) Whitening and other services are at discretion of treating doctor. (7) Demonstrated non-compliance with recommended course of treatment. (8) Services which in the opinion of the attending dentist, are neither necessary nor recommended for the patients dental health.4 (9) Restoration, splints or other appliances used to increase vertical dimension or restore occlusion. (10)Oral surgery requiring the setting of fractures or dislocations. (11)Treatment of malignancies, cysts or neoplasms or congenital (12)Malformations, except congenital anomaly of a tooth or teeth covered from birth. (13)Hospital benefits for any dental procedure. (14)Loss or theft of dentures or bridgework. (15)Any procedures of implantation or experimental procedures. (16)Services for injuries or conditions which are covered under. (17)Workers Compensation or Employers Liability laws. (18)Services which are provided without cost to the member by any (19)Municipality, county or other political subdivision. (20)General anesthesia. (21)Services that cannot be performed because of the general health, physical or psychological limitations of the patient. (22)Periodontics, endodontics, oral surgery or pedodontics requiring the services of a non-participating dentist. (23) Additional treatment for gum disease (Scaling and Root Planing, Perio Maintenance)is not part of the Initial Exam and Cleaning. (24)Those procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, or to alter, restore or maintain occlusion, including with limitation, treatment of disturbances of the temporomandibular joint. (25) Diagnosis and treatment of myofacial pain dysfunction syndrome. (26)Procedures performed in the hospital. (27)DentalWise, LLC Participants cannot use other dental coverage in conjunction with the DentalWise, LLC. (28)Yearly benefits are not carried over to the next year. **ORTHODONTIC:** (1) Treatment programs which began before the member enrolled in the DentalWise, LLC Plan are not covered nor can they be transferred to DentalWise, LLC. (2) Lost or broken appliances are not covered.5 (3) Additional fees may be charged by the dentist for: a) Gross and consistent non-cooperation by the patient/member; b) Accidents occurring during the treatment; c) Cases involving surgical orthodontics; d) Cases involving myofunctional therapy; e) Cases involving temporomandibular joint treatment; f) Loose, broken or lost bands/brackets. (4) If the member relocates to an area and is unable to receive treatment from a participating dentist, coverage under the DentalWise, LLC Plan ceases and it becomes the obligation of the patient/member to pay the usual and customary fee of the non-participating dentist at whose facility treatment is completed. (5) Choice of dentist, initially, after treatment begins or upon change of residence is limited to practitioners participating in the DentalWise, LLC or who accept fees outlined. (6) Orthodontic extractions are not included.

14. **Your Responsibility for Payment of Fees.** Once you or any of your eligible family members receive services from a Network Dentist, your Network Dentist will bill you directly for those services at the rates set forth in the Fee Schedule. You will pay the billed amount to your Network Dentist. **This is a discount dental fee plan only. No amounts are payable by DentalWise, LLC either to you or to your Network Dentist.**
15. **Disputes.** DentalWise, LLC maintains a grievance system to handle any dispute or grievance you may have with your Network Dentist or with DentalWise, LLC itself. You have one year to file a grievance after any incident or action. DentalWise, LLC will acknowledge receipt of your grievance within five (5) calendar days after DentalWise, LLC receives it. DentalWise, LLC will notify you of the resolution of your grievance within thirty (30) days after receipt.
16. **Specialist Services.** Not all Network Dentists provide specialist services, and some specialist services may need to be performed by a specialist. You will receive the discounted fees for specialist services under this Plan only if those services are received from a Network Dentist. If your Network Dentist does not provide specialist services, you can call DentalWise, LLC to see if there is a nearby Network Dentist who can perform specialist services. You do not need a referral from DentalWise, LLC to see a Network Dentist who provides such services.
17. **Office Hours and Emergency Services.** To find the office hours of any Network Dentist just call the Network Dentists number that is listed on DentalWise, LLCs website. Your Network Dentist can also arrange for emergency dental care, which may be available 24 hours a day, 7 days a week. If you need after-hours care, call your Network Dentist and you will be told what to do.
18. **Termination of Network Dentist.** If your Network Dentist terminates, DentalWise, LLC will promptly notify you if it knows who your Network Dentist is so that you can make arrangements to see another Network Dentist. Also, you can always call DentalWise, LLC to see whether your dentist is still a Network Dentist.
19. **If You Have Dental Insurance.** Since DentalWise, LLC does not provide insurance you may not use DentalWise, LLCs services if you have insurance.
20. **Confidentiality.** Each Network Dentist and DentalWise, LLC itself is required by law to keep your personal healthcare information confidential. No such information can be released except with your consent or as expressly authorized by law.

IF YOU COMPLETE AND SUBMIT THE ENROLLMENT FORM, YOU AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS IN THIS DESCRIPTION.