



LIBERTY Dental Plan CANCELLATION and REFUND POLICY

Subject to the *Enrollee Complaint Procedure* provision, an Eligible Member or Eligible Dependent's enrollment under this Program may be canceled, or renewal of enrollment refused, in the following events:

1. Immediately:

- a. upon loss of eligibility as described in this Evidence of Coverage; or
- b. upon receipt of a written notice regarding the loss of dependent status.

2. Upon 15 days written notice if:

- a. an Enrollee engages in conduct detrimental to safe operations and the delivery of services while in a Network Dentist's facility;
- b. the premiums are not paid by or on behalf of the Enrollee on the date due. However, the Enrollee may continue to receive Benefits during the 15-day period and may be reinstated during the term of Contract upon payment of any unpaid premium; or
- c. the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining Benefits under the Program;

3. Upon 30 days written notice if:

- a. the Contract is terminated or not renewed;
- b. the Enrollee fails to pay Copayments. However, the Enrollee may be reinstated during the term of this Contract upon payment of all delinquent charges.

If we cancel your coverage for any other reason or if you cancel coverage by giving us 30 days' advance written notice because (a) no Contract Dentist is available to you, (b) you move out of the LIBERTY Dental Plan of California service area, or (c) you change to coverage under a group program, LIBERTY will, within 30 days, return to you the pro rata portion of the Premium paid for any unexpired period for which payment has been received, not to exceed 9 months of premium refund. **Otherwise, no refunds will be made.**

Cancellation of a Primary Enrollee's enrollment, as described above, shall automatically cancel the enrollment of any of his or her Dependent Enrollees. Any cancellation is subject to the written notification requirements set forth in this Contract.

If you believe that enrollment has been cancelled or not renewed because of your health status or requirements for health care services, or that of your dependent(s), you may request a review by the Director of the California Department of Managed Health Care of the State of California. Please refer to *Enrollee Complaint Procedure*.