



Questions?  
866.219.1599  
www.hfbenefits.com



## Member



Employer: **Smith County  
Employee Benefit Plan**

Group #: **70158**

Member:

Member ID:

## Dental Plan

Coverage:



800.513.7177  
www.dentemax.com

Individual Deductible: \$50  
Preventive Care: 100% (no ded)  
Basic & Major Care: 80% (subject to ded)  
Orthodontics Care 50% (no ded)  
Calendar Year Max \$1500  
Orthodontia Lifetime Max \$1500

Mail all claims to:  
HealthFirst TPA  
PO Box 21680  
Eagan, MN 55121  
Payor ID: 75234

Employees and Providers call:  
866.219.1599

FRONT OF CARD

1038-HF 2040 70158--D1--M(D)(V)

20150619T14 Sh: 0 Bin 2  
J037 Env [1] CSets 1 of 1



Questions?  
866.219.1599  
www.hfbenefits.com



## Member



Employer: **Smith County  
Employee Benefit Plan**

Group #: **70158**

Member:

Member ID:

## Dental Plan

Coverage:



800.513.7177  
www.dentemax.com

Individual Deductible: \$50  
Preventive Care: 100% (no ded)  
Basic & Major Care: 80% (subject to ded)  
Orthodontics Care 50% (no ded)  
Calendar Year Max \$1500  
Orthodontia Lifetime Max \$1500

Mail all claims to:  
HealthFirst TPA  
PO Box 21680  
Eagan, MN 55121  
Payor ID: 75234

Employees and Providers call:  
866.219.1599

FRONT OF CARD

1038-HF 2040 70158--D1--M(D)(V)

20150619T14 Sh: 0 Bin 2  
J037 Env [1] CSets 1 of 1



1036-HF-081A 70158--D1--MIDU(V)  
20150619T14 Sh: 0 Bin 2  
J037 Env [1] CSets 1 of 1

PROOF  
PROPOSED - Rule date:  
6/19/15 2:16 PM

BACK OF CARD



1036-HF-081A 70158--D1--MIDU(V)  
20150619T14 Sh: 0 Bin 2  
J037 Env [1] CSets 1 of 1

PROOF  
PROPOSED - Rule date:  
6/19/15 2:16 PM

BACK OF CARD