

BrushSmart User Agreement

How BrushSmart works:

- Delta Dental will be offering you, an Eligible Enrollee (aged 18 and over), oral care products at a reduced cost if you choose to join the BrushSmart Program (“Program”) and purchase products.
- After joining the Program, you may receive additional offers on products and tools to support your oral health at home.
- To get your oral care products, you will order through the designated oral care product website. Through the website, the Program partner will (i) apply a coupon, (ii) sell the oral care product to you and (iii) handle your personal data in accordance with their respective privacy notices.
- If you choose to join the Program, Delta Dental of California may send you surveys to help Delta Dental of California, Delta Dental of Pennsylvania, Delta Dental Insurance Company and their corporate affiliates (“Delta Dental”) understand your personal experience and satisfaction with the Program.
- Delta Dental’s [Privacy Policy](#) applies to all claims and enrollment information collected and maintained by Delta Dental as your insurer.

Participant obligations. By joining the BrushSmart Program, you, the Eligible Enrollee, agree to the following:

- You agree to be contacted via email throughout the Program to ensure products have been received, activated, connected, and that you agree to receive additional BrushSmart communications and promotions.
- You may opt-out of the program at any time by clicking unsubscribe on emails from Delta Dental.
- **Ability to contract (legal age).** The BrushSmart Program is offered to Eligible Enrollees who are 18 years of age or older. By joining the Program, you represent and warrant that you are 18 years or older.

Voluntary participation. Your participation is completely voluntary. You are free to choose not to participate, withdraw your consent or to discontinue to participate in the Program. Those actions will not result in any penalty or loss of benefits on your part.

Authorization for use of Health Information for Marketing

I hereby authorize Delta Dental of California (“Company”) to use my health information [specifically my status as an enrollee of a Delta Dental insurance plan] to inform me about new products and services. This authorization may indicate to Program partners of Delta Dental that I am a Delta Dental enrollee. Such information may be used for Company’s marketing, promotional, and/or advertising activities. Delta Dental of California may receive direct or indirect remuneration (payment) for these activities.

- You have the right to inspect or copy the health information authorized to be used by this Authorization.
- You have a right to receive a copy of this Authorization and Company will provide you with a copy upon request.
- This Authorization is voluntary, and you do not have to agree to it. Your refusal to agree to this Authorization will not affect your ability to obtain treatment, payment, health plan enrollment, or eligibility for benefits.
- You may revoke this Authorization at any time. To revoke this Authorization, notify Delta Dental in writing at: P.O. Box 997330 Sacramento, CA 95899-7330. Your withdrawal will not be effective as to uses and/or disclosures of health information already made in reliance on this Authorization.
- Health information disclosed under this Authorization may be subject to redisclosure and no longer protected by Federal health care privacy laws.
- This Authorization is valid until you are no longer an Enrollee or within five (5) years from the date you provide your Authorization, whichever is earlier.

I have had an opportunity to review and understand the content of this Authorization and Agreement. By joining the BrushSmart Program, I confirm that this reflects my wishes. **Please print this for your records.**

- Legal notices
- Language assistance

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