Frequently asked questions:

How does the plan work?**
Members will receive 100% coverage on exams and cleanings, substantial savings on all other covered procedures and ANNUAL MAXIMUM $2,500.00 FOR GENERAL DENTISTRY. Please see co-payment schedule for details.

How do I choose a provider?
A member can either call GDP at 1-800-451-5918, or visit www.goldendental plans.com. and click on the HealthChoice of Michigan Logo. Enter zip code to find a provider in your area. Please note, all family members must be assigned to the same provider.

How do I join?
Complete enrollment application. Return to HealthChoice of Michigan. Once the application is processed by HCM, you will receive your GDP welcome letter and enrollee handbook within two weeks.

How soon will my benefits take effect?
Applications received prior to the 15th of the month will become eligible the 1st of the following month.

Who are eligible dependents?*
Dependents are children up to the age of 26. An adult child age 19 and over is not eligible for coverage if the adult child has another offer of employer-sponsored coverage.

What if I have an out-of-town emergency?
If the member is out of town, GDP will cover up to $100.00 for emergency treatment of pain.

Who can I contact if I have questions about Golden Dental Plans?
A Golden Dental Plans representative is always available Monday-Friday from 9 am-5pm at 1- 800-451-5918.

What are my out-of-pocket costs?
Upon enrollment, members will receive a detailed co-payment schedule which describes covered benefits and co-payments. A complete co-payment schedule is available at www.goldendentalplans.com and then click on Health Choice Logo and select your plan.

Is there a waiting period for specialty care?
Members must be enrolled for six months before receiving specialty care, excluding orthodontic treatment.

What services are excluded?
Dental procedures not on the co-payment schedule are not a covered benefit.

*SEE MEMBER HANDBOOK and CO-PAY SCHEDULE
FOR COMPLETE PLAN LIMITS AND EXCLUSION
**Adult cleanings, 3 per contract year, 3rd adult cleaning member has a 50% co-pay

COVERAGE SCHEDULE CONTINUED ON REVERSE SIDE

ANNUAL MAXIMUM
$2,500.00 for Primary Care Dentistry

Cosmetics
- Zoom Bleaching - $299.00 ($700.00 value) contact GDP for participating providers
- Veneers and Implants – a 25% discount contact GDP for participating providers

Specialty Care
ANNUAL MAXIMUM for Specialty Care $1,000.00

- (Approved referral from Dental Provider required for all Specialty Care) Members referred to another participating dentist for Specialty Care are responsible for 50% of the Specialist's fee for listed procedures, including evaluations and x-rays.
- Pedodontics is covered at 50% for dependents up to age 7
- There is a six (6) month waiting period for new enrollees - check with GDP

*Once every 6 months at a general dentist
** Procedure must be performed by a general dentist
*** Crowns and Dentures are covered once in a period of 5 years Porcelain on crowns posterior to the 1st bicuspid are considered cosmetic dentistry and therefore are not a covered benefit
****Prophylaxis 3 per contract year, 3rd prophy member has a 50% co-pay
- Emergency Out-of-area Palliative Treatments - $100.00 benefit
- **Dependents are children up to the age of 26. An adult child age 19 and over is not eligible for coverage if the adult child has another offer of employer-sponsored coverage**

See member handbook for complete plan limits and exclusions.

Golden Dental Plans offers the finest services with low out-of pocket costs!

Golden Dental Plans OF MICHIGAN
Worthy of a Smile

HEALTHCHOICE of Michigan

1-800-451-5918
www.goldendentalplans.com
29377 Hoover Road • Warren, MI 48093

REV 04.16 8325SDP

Golden Dental Plans OF MICHIGAN
Worthy of a Smile

HEALTHCHOICE of Michigan

Senior Dental Program

HealthChoice of Michigan Senior Covered Services and Co-Payment Schedule

Diagnostic and Preventive*

	Member Co-pay
Office Visit (regular hours)	$5.00
Periodic Oral Evaluation	No Charge
Comprehensive Oral Evaluation	No Charge
Prediagnostic Test	No Charge
Prophylaxis/Routine Cleaning - Adult****	No Charge
Prophylaxis/Routine Cleaning - Child	No Charge
Oral Hygiene Instructions	No Charge
Local Anesthesia	No Charge
Flouride Treatment - Child	No Charge
Flouride Treatment - Adult	$15.00
Sealants (per tooth)	$9.00

X-Ray Coverage

	Member Co-pay
Periapical - First Film	No Charge
Periapical - Each Additional Film	No Charge
Intraoral - Occlusal Film	No Charge
Bitewing - Single Film	No Charge
Bitewings - Two Films	No Charge
Bitewings - Three Films	No Charge
Bitewings - Four Films	No Charge

Adjunctive Services

	Member Co-pay
Limited Oral Evaluation - Problem Focused	No Charge
Intraoral - Complete Series	No Charge
Panoramic Film	No Charge
Palliative (Emergency) Treatment	$20.00
Office Visit (after hours)	$55.00
Office Visit (Reg. hours)	$20.00
Recement inlay, onlay or partial cov. Rest	$10.00
Recement Crown	$10.00
Recement cast or prefab. post and core	$20.00
Recement Bridge (fixed partial denture)	$20.00
Consultation (2nd Opinion)	$48.00
Sedative Filling	$15.00
Core Buildup (Including Any Pins)	$85.00
Core Buildup for Bridge/Ret. (incl. any pins)	$85.00
Diagnostic casts (each)	$20.00

Restorative (fillings)

	Member Co-pay
Amalgam Filling - One Surface	$15.00
Amalgam Filling - Two Surfaces	$20.00
Amalgam Filling - Three Surfaces	$30.00
Amalgam Filling - Four or More Surfaces	$45.00

Restorative (fillings)

	Member Co-pay
Composite Filling - One Surface (Anterior)	$20.00
Composite Filling - Two Surfaces (Anterior)	$35.00
Composite Filling - Three Surfaces (Anterior)	$50.00
Comp Filling-Four or More Surfaces (Anterior)	$65.00
Composite Filling - One Surface (Posterior)	$35.00
Composite Filling - Two Surface (Posterior)	$50.00
Composite Filling - Three Surface (Posterior)	$65.00
Composite Filling-Four Surfaces (Posterior)	$75.00

Space Maintainer

Space Maintainer - Fixed - Unilateral	$100.00
Space Maintainer - Fixed - Bilateral	$130.00
Space Maintainer - Removable - Unilateral	$130.00
Space Maintainer - Removable - Bilateral	$145.00
Re-cementation of Space Maintainer	$15.00
Occlusal guard (night guard)	$200.00

Crown and Bridge***

	Member Co-pay
Full cast predominantly base metal (per unit)	$325.00
Crown - porcelain fused to pred. base metal	$325.00
Porcelain fused to pred. base metal (per unit)	$340.00
3/4 past predominantly base metal (per unit)	$295.00
Crown-3/4 cast noble metal	$340.00
Crown - full cast high noble metal	$340.00
Cast noble metal (per unit)	$340.00
Crown semi precious full cast	$340.00
Pontic- cast noble metal	$340.00
Prefabricated stainless steel-resin crown	$110.00
Crown -prefab. stainless steel - perm. tooth	$110.00
Crown - prefabricated resin crown	$110.00
Crown - prefab. stainless steel w/resin window	$110.00
Crown - full cast predominantly base metal	$320.00
Porcelain - predominantly base metal (per unit)	$350.00
Crown - porcelain fused to predominantly base metal	$350.00
Porcelain fused to noble metal (per unit)	$365.00
Crown - porcelain fused to noble metal	$365.00
Crown - 3/4 Cast predominantly base metal (per unit)	$295.00
Crown-3/4 cast noble metal	$340.00
Crown full cast noble metal	$340.00
Resin-based composite cown - anterior	$210.00
Provisional crown	$100.00
Cast post & core	$120.00
Prefabricated post & core	$110.00
Prefabricated post & core (bridge)	$110.00

Endodontics** (interior of tooth)

	Member Co-pay
Anterior Root Canal Therapy	$250.00
Bicuspid Root Canal Therapy	$285.00
Molar Root Canal Therapy	$350.00
Retreat of Previous RCT - anterior	$290.00
Retreat of Previous RCT - bicuspid	$350.00
Retreat of Previous RCT - molar	$410.00
Therapeutic Pulpotomy	$40.00
Retrograde filling (per root)	$50.00
Apicoectomy/Periradicular surg.- anterior	$375.00
Apicoectomy/Per. surg.- bicuspid (first root)	$350.00
Apicoectomy/Per. surg.- molar (first root)	$400.00
Apicoectomy/Per. surg. (each addt'l. root)	$150.00
Pulp Cap (direct/indirect)	$15.00

Periodontics** (gums and supporting tissue)

	Member Co-pay
Comprehensive Periodontal Evaluation	$25.00
Full Mouth Debridement	$30.00
Periodontal Maintenance	$35.00
Perio Scaling/Root Planing (4 or more teeth)	$50.00
Perio Scaling/Root Planing (1-3 Teeth)	$45.00
Site Specific Therapy (per tooth)	$50.00
Gingivectomy/Gingivoplasty (>=4 or bounded)	$235.00
Gingivectomy/Gingivoplasty (<=3 or bounded)	$195.00
Gingival Flap Procedure (>=4 or bounded)	$290.00
Gingival Flap Procedure (<=3 or bounded)	$260.00
Osseous Surgery (>=4 or bounded)	$385.00
Osseous Surgery (<=3 or bounded)	$320.00
Occlusal Adjustment (limited)	$30.00

Prosthodontic (removables)

	Member Co-pay
Complete Upper Denture	$350.00
Complete Lower Denture	$350.00
Immediate Maxillary Denture (Upper)	$375.00
Immediate Mandibular Denture (Lower)	$375.00
Partial U/L Denture- cast metal framework with resin bases (inc. regular clasps, rests & teeth)	$450.00
Partial Denture U/L (acrylic resin base)	$310.00
Tissue conditioning, maxillary	$40.00
Tissue conditioning, mandibular	$40.00
Adust complete denture - maxillary	$15.00
Adjust complete denture - mandibular	$15.00
Adjust partial denture - maxillary	$15.00
Adjust partial denture - mandibular	$15.00
Interim Complete Denture Maxillary	$165.00
Interim Complete Denture Mandibular	$165.00

Orthodontics Lifetime Maximum

- $1,800.00 (up to age 26, comprehensive case only)
- $1,200.00 (Adult, Member and Spouse, comprehensive case only)

Repair of Prosthesis

	Member Co-pay
Repair Broken Complete Denture Base	$60.00
Repair Resin Denture Base	$60.00
Replace missing/broken tooth on denture/partial	$35.00
Replace Broken Teeth - Per Tooth	$35.00
Repair Cast Framework	$80.00
Repair or replace broken clasp	$105.00
Add tooth to existing partial denture	$50.00
Add clasp to existing partial denture	$120.00
Reline Complete Maxillary Denture Chairside	$110.00
Reline Complete Mandibular Denture Chairside	$110.00
Reline Maxillary Partial Denture Chairside	$110.00
Reline Mandibular Partial Denture Chairside	$110.00
Reline Complete Maxillary Denture Laboratory	$175.00
Reline Complete Mandibular Denture Laboratory	$175.00
Reline Mandibular Partial Denture Laboratory	$175.00

Oral Surgery**

	Member Co-pay
Extraction, Coronal remnants - deciduous tooth	$25.00
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$25.00
Surgical Removal Of Erupted Tooth	$50.00
Removal Of Impacted Tooth-Soft Tissue	$70.00
Removal Of Impacted Tooth-Partially Bony	$110.00
Removal Of Impacted Tooth-Completely Bony	$170.00
Removal Of Impacted Tooth-Completely Bony, with Unusual Surgical Complications	$225.00
Surgical Removal of Residual Roots	$95.00
Surgical Exposure Of Impacted Or Unerupted Tooth For Ortho	$200.00
Alveoloplasty In Conjunction With Extractions - Per Quadrant	$40.00
Aveoloplasty in Conj. with Ext - 1-3 teeth	$35.00
Aveoloplasty Not In Conjunction With Extraction -Per Quadrant	$75.00
Alveoloplasty not in conjunction with extractions- one to three teeth or tooth spaces, per quadrant	$70.00
Removal of Lateral Exostosis (maxilla or mandible)	$140.00
Removal of torus palatinus	$140.00
Removal of torus mandibularis	$140.00
Incision And Drainage Of Abscess-Intraoral Tissue conditioning - mandibular s/b	$40.00
Intravenous conscious sedation/analgesia - first 30 minutes	50%
Intravenous conscious sedation/analgesia-each additional 15 minutes	50%

Unclassified Treatment

	Member Co-pay
Office Visit For Observation(During Regularly Scheduled Hours)-No Other Service Performed	$5.00
Treatment Of Complications(post-Surgical)-Unusual Circumstances, By Report	$15.00

COVERAGE SCHEDULE CONTINUED ON REVERSE SIDE

Enrollment Form • Please Print

Complete the form below to secure the most affordable dental coverage available. By signing this form you are agreeing to a contract with Golden Dental Plans of Michigan Inc. for a period of 12 months. You may cancel this contract within 72 hours after signing and receive a full refund.

Name (please print) _____ Date of Birth _____ Social Security No. _____

Street Address _____ Telephone No. _____

City _____ State _____ Email _____ Zip Code _____ Group Name **Senior Dental Program**

Dependents* *Children up to age 26*	**Social Security No.**	**Sex**	**Date of Birth**
Spouse			
Children			

Dental office of Choice _____ Office Facility No. _____

Signature _____ Date _____

*An adult child age 19 and over is not eligible for coverage if the adult child has another offer of employer-sponsored coverage.• PLEASE COMPLETE BOTH SIDES OF THIS FORM

Payment Information • Please Print

PLAN	MONTHLY
Single	❑ $18.00
Double	❑ $30.00
Family	❑ $42.00

PAYMENT METHOD ENCLOSED

☐ Check ☐ Money Order ☐ Amex

☐ Visa ☐ MasterCard ☐ Discover

_____

Credit Card Holder's Name

_____

Card #

_____

Expiration Date CCV#

_____

Signature

By signing this form I authorize payment on my credit card monthly, it will be billed prior to the effective date • PLEASE COMPLETE BOTH SIDES OF THIS FORM

HOW IT WORKS:

1. Fill out the enclosed application card
2. Select a dental office from the Provider Directory, including the office facility number.
3. Select your method of payment, check, money order or credit card. Make checks payable to HealthChoice Senior Dental Program.
4. Return the completed application and payment. Use the enclosed return envelope and mail to: Wayne County HealthChoice Senior Dental Program 640 Temple, Suite 370, Detroit, MI 48201
5. Applications received by the 15th of the month will be eligible for coverage effective the first day of the following month.
6. Your Golden Dental Plans of Michigan I.D. card and enrollee handbook will be mailed out within 2 weeks after we receive your application.
7. If you have any question about the Dental Program, please contact Golden Dental Plans of Michigan at 1-800-451-5918 or visit our website at www.goldendentalplans.com and click on the HealthChoice Logo to find a provider in your area. To contact WAYNE COUNTY HEALTHCHOICE, please call 1-800-WELL-NOW.

GDP Golden Dental Plans OF MICHIGAN