#### **Enrollment Form • Please Print**

Name (piease piiit)	Date of Birth		Social Security No.
Street Address		<b>S</b> .	Telephone No. Welcome Dental Program
City State Zip Code  Dependents Spouse and Children up to age 19 are eligible dependents.  Spouse	Code Email Social Security No.	Sex	Group Name  Date of Birth
Children			
Dental office of Choice	Offi	Office Facility No.	No.
Signature	Date		JR5

**How it works:** 



Fill out the enclosed application card

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

- 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 Welcome Dental Program.
- 4. Return the completed application and payment.
  Use the enclosed return envelope and mail to: HealthChoice of Michigan Welcome Dental Program 500 Griswold Street - 15th Floor, North Detroit, MI 48226
- 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 Welcome 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 HealthChoice Logo to find a provider in your area. To contact HealthChoice of Michigan, please call 1-800-WELL-NOW.



1-800-451-5918 www.goldendentalplans.com

29377 Hoover Road • Warren, MI 48093

### HEALTHCHC/CE

# Welcome Dental Program Wayne and Oakland County Residents Eligible **Managed Care Schedule of Benefits**

munaged tale selection of belief	
CLASS I* Preventative and Diagnostic	\$5.00
CLASS I* Preventative and Diagnostic	22.4
Exams	100%
Xrays (Periapical and/or Bitewing)	100%
Prophylaxis	100%
Prophylaxis	100%
CLASS II** Basic Restorative	100%
Fillings	75%
Fillings Root Canals	75%
V rave (EAAV or Panagraphia)	75%
X-rays - (FMX or Panographic) Extractions - Simple/Surgical	75%
CLACE Upon Developing Surgicul	/ 3 /6
Crowns****	50%
Deiden	JU/0
Bridges	50%
Partial or Complete Dentures	50%
CLASS IV Specialty Care Endodontics	E00/
Endodoniics	50%
Periodontics	
Oral Surgery	50%
Pedodontics (up to age 7)	50%
CLASS V Orthodontics	500.00
Child (up to age 26)	
Adult (member and spouse)\$	750.00
ZOOM TEETH BLEACHING	\$200 00
(\$700.00 value - contact GDP for a participating provider)	QZ77.00
Annual Maximum	1 500 00
(Per family member, General Denistry only)	טט.טטכ,ו
Specialty Maximum	CE00 00
Specialry maximum	9200.00
(Per family members, 6 month waiting period.)  Veneers and Implants25%	discount
Veneer's und implants	aiscount
(Contact GDP for a participating provider)	10 00 hazafi
Emergency Out-of-area Palliative Treatment - \$10	JU.VV Denetii

\*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 blcuspid are considered cosmetic

dentistry and therefore are not a covered benefit All specialty appointments must accompany primary care referral See member handbook for complete plan limits and exclusions.





HEALTHCHO/CE of Michigan **Welcome Dental Program** 

## **Save with...**

#### the most complete and affordable dental plan available

Fight back against today's high cost of dental care and insurance with Golden Dental Plans of Michigan Welcome Dental Program.

The Welcome Dental Program will provide you with more coverage, while drastically reducing your dental care costs.

All members have the convenience of choosing a provider from one of the largest Managed Care networks in Michigan.

There is no waiting period for General Dentistry. You and your family are immediately eligible for the plan's benefits.

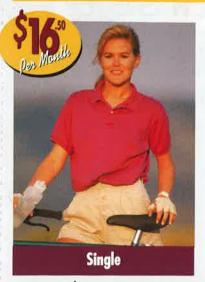
There is no need to file claims in advance, or wait for insurance predetermination on preventative and basic procedures.

All emergency patients are seen within 24 hours.

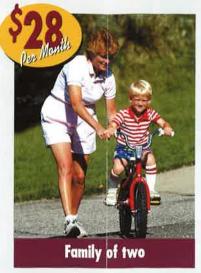
All dental care can be conveniently scheduled when needed to save time away from work or home and avoid further discomfort.

"All Golden Dental Providers maintain state of the art sterilization equipment and procedures."

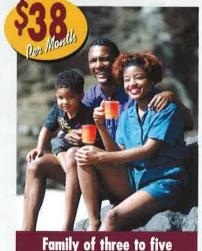
# **Choose the dental plan that's right for you!**



Only \$198 Per Year



Only \$336 Per Year



Only \$456 Per Year \$2 per month per additional family member

### Look at how much a family of four can save! Exams, X-rays, Prophylaxis (child and adult cleaning) NO CHARGE

Service	Normal Dentist's Fees		GDP Members Pay			
Exam	\$108.00	×	4	=	\$432.00	\$0
X-Rays (4 bitewings)	\$88.00	x	4	=	\$352.00	\$0
Adult Cleaning	\$121.00	x	2	=	\$242.00	\$0
Child Cleaning	\$92.00	x	2	=	\$184.00	SO
Fluoride*	\$67.00	x	2	=	\$134.00	\$0
Total Cost					\$1,344.00	\$0

THE TOTAL SAVINGS FOR A FAMILY OF FOUR = \$1,344.00!

PREVENTATIVE CARE SAVINGS ARE GREATER THAN THE COST OF COVERAGE!

\* Children only up to age 15

## **Payment Information:**

S ENCLOSED:	n <b>a</b> n	Discover	
PLAN MONTHLY PAYMENT METHOD ENCLOSED:	Check Money Order	MasterCard	
	Check	Visa	
MONTHLY	☐ \$ 16.50 ☐ \$ 28.00	□ \$ 38.00	
PLAN	Single Double	Family	

Credit Card Holder's Name

Expiration Date

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