

Select Dental PROGRAM

Select The Plan That is Right for You



Easy to Join! • Save Money!

GDP
Golden Dental Plans

Save with...

**Golden Dental Plans
Select Dental Program
SELECT THE PLAN THAT IS
RIGHT FOR YOUR FAMILY**

Gold Plan • Silver Plan

Fight back against today's high cost of dental care and rising premiums with Golden Dental Plans Select Dental Program.

SELECT DENTAL PROGRAM

The Select Dental Program contains two unique managed care dental plans for you to choose from. The Silver Plan is designed for the family that primarily seeks preventive care coverage along with a very affordable annual premium. The Gold Plan in contrast is for the family that requires maximum coverage levels as well as especially low out of pocket costs.

See for yourself why thousands of Michigan families have turned to Golden Dental Plans to stretch their hard earned dollars.

Get more of what your family deserves:

- **More Savings**
- **More Customer Service**
- **More Dentists to Choose From**

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Schedule of Benefits

	GOLD	SILVER
OFFICE VISIT FEE	\$5.00.....	\$10.00
CLASS I* Preventative and Diagnostic		
Exams.....	100%.....	100%
Xrays (Periapical and/or Bitewing).....	100%.....	50%
Prophylaxis.....	100%.....	50%
Fluoride (up to age 15).....	100%.....	50%
CLASS II Basic Restorative		
Fillings.....	75%.....	50%
Extractions - Simple/Surgical.....	75%.....	50%
X-rays - (FMX or Panographic**)	75%.....	50%
Root Canals.....	75%.....	50%
CLASS III*** Prosthetic		
Single Crowns***	50%.....	50%
Bridges.....	50%.....	50%
Partial or Complete Dentures.....	50%.....	50%
CLASS IV Specialty Care****		
Endodontics.....	50%.....	50%
Periodontics.....	50%.....	50%
Oral Surgery.....	50%.....	50%
Pedodontics.....	50%.....	NCB
CLASS V Orthodontics		
Ortho Lifetime Maximum		
Child (up to age 19).....	\$2,000.00..	\$1,500.00
Adult (member and spouse).....	\$750.00....	\$500.00
ZOOM TEETH BLEACHING	\$299.00.....	\$299.00
(\$700.00 Value - contact GDP for participating providers)		
Annual Maximum	\$1,500.00...	\$1,000.00
Per Family Member		

* Every 6 months at General Dental Provider

** Full mouth series of X-rays are only a covered benefit once ever 36 months

*** Porcelain on crowns posterior to the 1st bicuspid are considered cosmetic and/or enhancements and therefore not a covered benefit. Crowns are covered in a period of once ever 5 years.

NCB - Not a covered Benefit.

**** All Specialty appointments must accompany primary care dentist referral.

Please see GDP Certificate of Coverage for full details of limitations and exclusions

How it works:



1. Fill out the enclosed enrollment form and payment form.
2. Select a dental office from the Provider Directory including the office facility number. Or visit the GDP website and click on Dentist Search to find a provider in your area.
3. Select your method of payment, check, money order or credit card. Make checks payable to Golden Dental Plans, Inc.
4. Return the completed application and payment forms. Use the enclosed return envelope and mail to:
Golden Dental Plans
29377 Hoover Road
Warren, Michigan 48093
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 Plan I.D. Card, and certificate of coverage and enrollee handbook will be mailed out within two weeks after we receive your application.
7. Visit our website at www.goldendentalplans.com to view full details of plan limits and exclusions.



Golden Dental Plans

1-800-451-5918

www.goldendentalplans.com

By signing this form you are agreeing to a contract with Golden Dental Plans for a period of 12 months. You may cancel this contract within 72 hours after signing and receive a full refund. Rates are subject to change annually.

Agent Use Only!

Agent Name _____

Agency _____

Phone _____

PAYMENT METHOD ENCLOSED:

Check Money Order AMEX
 Visa MasterCard Discover

SILVER

\$230.04
 \$313.32
 \$413.76

GOLD

\$296.40
 \$448.56
 \$604.44

PLAN ANNUAL PREMIUM

Single _____
 Family of Two _____
 Family of Three to Five _____
 Family of six or more add an additional \$66.00 for Gold Plan and \$27.00 for Silver Plan per dependent.

Credit Card Holder's Name _____

Card # _____

Expiration Date _____

Signature _____

CCV# _____

By signing this form I authorize payment on my credit card.

Dental office of Choice _____

Office Facility No. _____

Signature _____

Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

City	State	Zip Code	Email	Telephone No.
Spouse _____	Dependents _____	_____	Social Security No. _____	Plane Name _____
Children _____	_____	_____	Sex _____	Date of Birth _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name (please print) _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Social Security No. _____

Telephone No. _____

Select Dental Program _____