

**Enrollment Form • Please Print**

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Dependents \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Children \_\_\_\_\_  
 Dental office of Choice \_\_\_\_\_ Office Facility No. \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Email \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Sex \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 WCHC Welcome Dental Program Group Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

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 Inc. for a period of 12 months. You may cancel this contract within 72 hours after signing and receive a full refund.

**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 Welcome Dental Program.
4. Select payment interval, monthly, semi-annual or annual. Return the completed application and payment. Use the enclosed return envelope and mail to: Wayne County HealthChoice Welcome 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 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 at 1-800-451-5918 or visit our website at [www.goldendentalplans.com](http://www.goldendentalplans.com) and click on Dentist Search to find a provider in your area. To contact WAYNE COUNTY HEALTHCHOICE, please call 1-800-WELL-NOW.

**Golden Dental Plans**  
**1-800-451-5918**  
[www.goldendentalplans.com](http://www.goldendentalplans.com)



*Welcome Dental Program*  
**All Wayne County Residents Eligible**

**DHMO Schedule of Benefits**

<b>OFFICE VISIT FEE</b> .....	\$5.00
<b>CLASS I* Preventative and Diagnostic</b>	
Exams.....	100%
Xrays (Periapical and/or Bitewing) .....	100%
Prophylaxis .....	100%
Fluoride .....	100%
<b>CLASS II** Basic Restorative</b>	
Fillings .....	75%
Root Canals .....	75%
X-rays - (FMX or Panographic) .....	75%
Extractions - Simple/Surgical .....	75%
<b>CLASS III*** Prosthetic</b>	
Crowns**** .....	50%
Bridges .....	50%
Partial or Complete Dentures .....	50%
<b>CLASS IV Specialty Care</b>	
Endodontics.....	50%
Periodontics.....	50%
Oral Surgery .....	50%
Pedodontics.....	50%
<b>CLASS V Orthodontics</b>	
Child (up to age 19) .....	\$1,500.00
Adult (member and spouse) .....	\$750.00
<b>ZOOM TEETH BLEACHING</b> .....	<b>\$299.00</b>
<small>(\$700.00 Value - contact GDP for participating providers)</small>	
<b>Annual Maximum</b> .....	<b>\$1,500.00</b>
<small>(Per family member, General Dentistry only)</small>	
<b>Specialty Maximum</b> .....	<b>\$500.00</b>
<small>(Per family members, 6 month waiting period.)</small>	

\*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 2nd bicuspid 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.



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**All Wayne County Residents Eligible**



**Save Money!**

# 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 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 DHMO networks in Michigan.

There is no waiting period. 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.

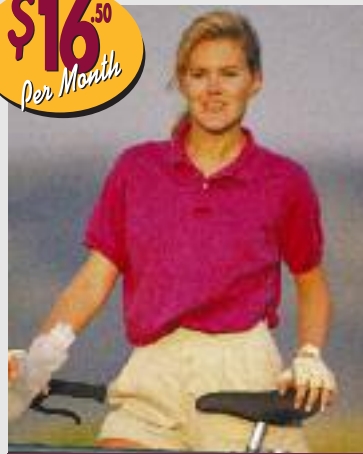
All emergency patients are seen within 24 hours.

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!

**\$16<sup>.50</sup>**  
Per Month



Single

**Only \$198 Per Year**

**\$28**  
Per Month



Family of two

**Only \$336 Per Year**

**\$38**  
Per Month



Family of three to five

**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	
<b>Exam</b>	<b>\$94.00</b>	<b>x</b>	<b>4</b>	<b>=</b>	<b>\$376.00</b>	<b>\$0</b>
<b>X-Rays</b>	<b>\$64.00</b>	<b>x</b>	<b>4</b>	<b>=</b>	<b>\$256.00</b>	<b>\$0</b>
<b>Adult Cleaning</b>	<b>\$89.00</b>	<b>x</b>	<b>2</b>	<b>=</b>	<b>\$178.00</b>	<b>\$0</b>
<b>Child Cleaning</b>	<b>\$46.00</b>	<b>x</b>	<b>2</b>	<b>=</b>	<b>\$ 92.00</b>	<b>\$0</b>
<b>Fluoride*</b>	<b>\$39.00</b>	<b>x</b>	<b>2</b>	<b>=</b>	<b>\$ 78.00</b>	<b>\$0</b>
<b>Total Cost</b>					<b>\$980.00</b>	<b>\$0</b>

**THE TOTAL SAVINGS FOR A FAMILY OF FOUR-\$980.00!**

**REMEMBER PREVENTATIVE CARE SAVINGS ARE GREATER THAN THE COST OF COVERAGE!**

\*children only

## Payment Information:

### PAYMENT METHOD ENCLOSED:

- Check     Money Order  
 Visa     MasterCard     Discover

- | PLAN   | MONTHLY                           | SEMI-ANNUAL*                       | ANNUAL                             |
|--------|-----------------------------------|------------------------------------|------------------------------------|
| Single | <input type="checkbox"/> \$ 16.50 | <input type="checkbox"/> \$ 99.00  | <input type="checkbox"/> \$ 198.00 |
| Double | <input type="checkbox"/> \$ 28.00 | <input type="checkbox"/> \$ 168.00 | <input type="checkbox"/> \$ 336.00 |
| Family | <input type="checkbox"/> \$ 38.00 | <input type="checkbox"/> \$ 228.00 | <input type="checkbox"/> \$ 456.00 |

Credit Card Holder's Name

Card #

Expiration Date

CCV#

Signature

By signing this form I authorize payment on my credit card on a monthly, semi-annual or annual basis. (depending on interval chosen)  
 \*2nd semi-annual payment will be billed prior to the effective date. • PLEASE COMPLETE BOTH SIDES OF THIS FORM