



**Select Dental
Program
Healthy Family Plan**



**Value Plan & Max Plan
Two Great Plans,
One Smart Decision!**



Select Dental Program Healthy Family Plan



100% Preventive Care Coverage for Adults and Children

Brighter Smiles

They say the world always looks brighter from behind a smile, and Golden Dental Plans agrees. That is why we developed the **Select Dental Program Healthy Family Plan**. This dental program allows you to select the plan that best fits your budget and coverage needs.

Easy to Join; Easy to use

The **Select Dental Healthy Family Plan** contains two unique managed care dental plans for you to choose from:

- **The Value Plan** is designed for the family that primarily seeks preventive care coverage along with a very affordable premium.
- **The Max Plan** in contrast is for the family that requires maximum coverage levels as well as especially low out of pocket costs.



Both plans make getting dental coverage easy and offer comprehensive coverage levels that meet or exceed all ACA (Affordable Care Act) regulations. The Select Dental Program meets these requirements by offering children Unlimited Annual Maximums and Annual Co-Pay limits for both the Value and Max plans. Please review the attached comparison for details on the differences between adult and pediatric coverage levels.

Healthy Family Plan Highlights!

- One of the Highest Coverage Level Plans Available in Michigan
- Affordable Premiums
- Easy Quarterly Payments
- Convenient Network of Providers
- No Costly Deductibles
- UNLIMITED Annual Maximum For Children
- 100% Coverage on Preventive Care, annual savings of approx. \$600 per child
- Up to 75% Coverage on Fillings, Root Canals, Routine Extractions
- Save up to \$1800.00 on Braces
- Annual Co-Pay Limited to \$350.00 per child, Multiple Children \$700.00

Select the dental plan that's right for you

VALUE PLAN

SCHEDULE OF BENEFITS	ADULT 	CHILDREN 
Age Limit	19 & Older	18 & Younger
Policy Year Deductible	None	None
Office Visit Fee	\$10.00	\$10.00
CLASS I: Preventative and Diagnostic		
Exams	100%	100%
Xrays (Periapical and/or Bitewing)	100%	100%
Prophylaxis (3x per year up to age 19)	100%	100%
Fluoride (up to age 19)	100%	100%
CLASS II: Basic Restorative		
Fillings	50%	50%
Extractions - Simple/Surgical	50%	50%
X-rays - (FMX or Panographic)	50%	50%
Root Canals	50%	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 (up to age 7)	50%	50%
CLASS V: Orthodontics*		
Ortho Lifetime Maximum	\$1,000.00	\$1,500.00
Annual Coverage Maximum (Per Covered Person)	\$1,000.00	UNLIMITED
ANNUAL Co-pay MAXIMUM		
Per Child	NONE	\$350.00
Multiple Children in Family	NONE	\$700.00
MONTHLY PREMIUM (Per Covered Person)	\$30.00	\$36.00

* This summary of benefits is not a contract, please see GDP Dental Policy for full limitations and exclusions.

* GDP members must select and use a Dentist from GDP's list of dental providers. Visit www.goldendentalplans.com/selectdental to locate a provider in your area.



* Rates are subject to change annually.

* Orthodontic Waiting Period: There is a 12-month waiting period for Class V Orthodontics benefits. To meet this requirement, the covered person must be continuously enrolled under this dental plan for the entire waiting period.

* For Covered Persons Age 19 and Older, there is a 3 month waiting period for Class II and Class IV benefits. To meet this requirement, the covered person must be continually enrolled under this dental plan for the entire waiting period.

u! Two Great Plans, One Smart Decision!

MAX PLAN

SCHEDULE OF BENEFITS	ADULT 	CHILDREN 
Age Limit	19 & Older	18 & Younger
Policy Year Deductible	None	None
Office Visit Fee	\$8.00	\$8.00
CLASS I: Preventative and Diagnostic Exams Xrays (Periapical and/or Bitewing) Prophylaxis (3x per year up to age 19) Fluoride (up to age 19)	100% 100% 100% 100%	100% 100% 100% 100%
CLASS II: Basic Restorative Fillings Extractions - Simple/Surgical X-rays - (FMX or Panographic) Root Canals	75% 75% 75% 75%	75% 75% 75% 75%
CLASS III: Prosthetic Single Crowns Bridges Partial or Complete Dentures	50% 50% 50%	50% 50% 50%
CLASS IV: Specialty Care Endodontics Periodontics Oral Surgery Pedodontics (up to age 7)	50% 50% 50% 50%	50% 50% 50% 50%
CLASS V: Orthodontics* Ortho Lifetime Maximum	\$1,250.00	\$1,800.00
Annual Coverage Maximum (Per Covered Person)	\$1,200.00	UNLIMITED
ANNUAL Co-pay MAXIMUM Per Child Multiple Children in Family	NONE NONE	\$350.00 \$700.00
MONTHLY PREMIUM (Per Covered Person)	\$35.00	\$45.00

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* Orthodontic Waiting Period: There is a 12-month waiting period for Class V Orthodontics benefits. To meet this requirement, the covered person must be continuously enrolled under this dental plan for the entire waiting period.

* For Covered Persons Age 19 and Older, there is a 3 month waiting period for Class II and Class IV benefits. To meet this requirement, the covered person must be continually enrolled under this dental plan for the entire waiting period.

Find A Dentist Tool at: www.goldendentalplans.com/selectdental



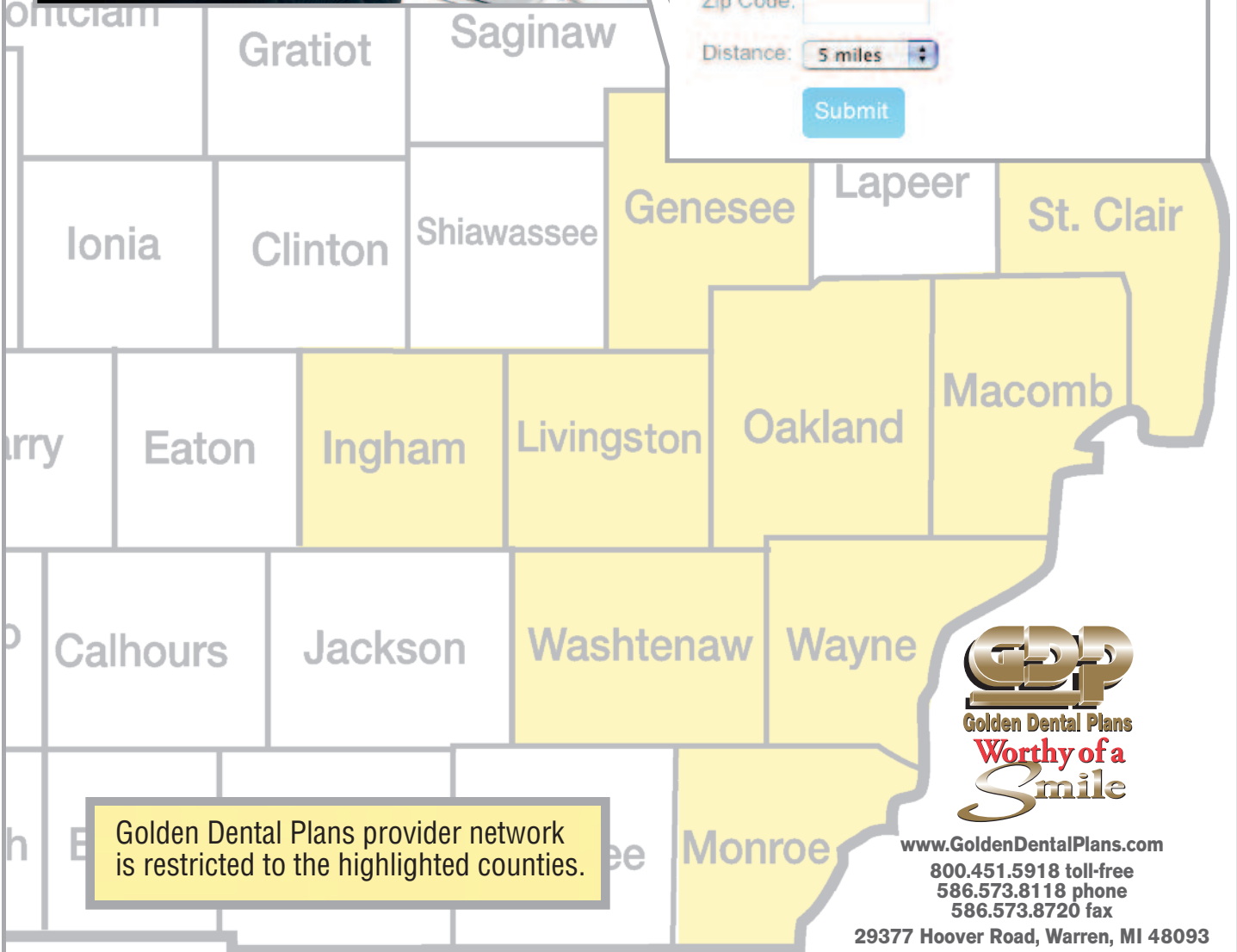
To find a dentist near you go to
GDP's Find A Dentist Tool at
www.goldendentalplans.com/selectdental

Find a Dentist Near You

Enter in your zipcode and a maximum distance to
find a dentist in your area.

Zip Code:

Distance:



Golden Dental Plans provider network
is restricted to the highlighted counties.



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