



Premier Dental Plan

Dental Maintenance Plan Application Packet

INTRODUCTION

Premier Dental Plan (PDP) dental program is an affordable discount dental maintenance plan designed primarily for people who are not covered by any other type of dental insurance, and for people who "Max Out" or "Run Over" their dental insurance limit and desire additional coverage for remaining dental treatment desired. Participating members may prepay the PDP membership fee yearly, quarterly, or monthly in order to gain access to discounted rates on quality dentistry. PDP contracts with dentists to provide services to eligible members at special allowance rates. Services included are:

- * NO TROUBLESOME CLAIM FORMS
- * NO YEARLY MAXIMUMS
- * NO PRE AUTHORIZATIONS REQUIRED
- * NO LIMITS
- * COSMETICS COVERED (such a teeth whitening)
- * INCLUDES necessary dental examination, X-RAYS, and two prophylaxis cleanings per year (this does not include *periodontal* cleanings).

Membership in the dental maintenance plan will entitle you to valuable allowances on all dental services delivered and available only at Professional Dental. If you compare the high cost of dental services in today's changing health care market, we are certain you will agree that this maintenance plan can save you money.

HOW DO I SIGN UP?

The rules and regulation of this maintenance plan are specified below. Read them carefully, so that you will have a full understanding of how the plan works, and thin if you would like to apply for membership, fill out the application on the last two pages of this Dental Maintenance Plan Application Packet, and mail or bring it to PDP at any of the addresses listed above. Questions? Please give us a call at any one of our locations.

HOW MUCH WILL I HAVE TO PAY?

The monthly maintenance plan rates and member Allowance Rate Schedule for various services is enclosed with this application.

Remember! Those of you whose employers have agreed to pay your membership fee through payroll deductions must sign the "payroll deduction" portion at the bottom of the application.

WHEN CAN I START RECEIVING TREATMENT?

When PDP receives your payment, a validation card will be issued to you, which you can present at the participating dental office to receive your allowances and since there are no claim forms or authorizations necessary, you can start saving money on dental treatments immediately.

RULES AND REGULATIONS

1. All PDP dental discount maintenance plans are strictly voluntary. You do not have to sign up if you do not want to. However, if you are a member of a group, you must sign up during your group sign-up period to qualify for group allowance rates. There is only one group sign-up period each year.
2. Services are available at the allowance rate at participating dental offices only.
3. Allowances as dictated by the discount (percentage) rate schedule are from usual, customary and reasonable fee schedule of the individual offices in the program, therefore actual dollar amounts might differ depending upon which office you visit.
4. This is a basic dental maintenance service plan. Only those services specifically mentioned in the Allowance Rate Schedule is available at the allowance rate. Should members require unusual treatments not covered on the Allowance Rate Schedule, the maintenance plan will not be in effect.
5. Routine cleaning (prophylaxis) are limited to two per year under the maintenance plan.
6. Allowance rates mentioned in the allowance rate schedule are for the class of treatment involved, not just for specific services. For example:

The schedule has an allowance for a "two surface filling." Two surface and triple surface fillings are allowed the same discounted rate. However, the prices of each is different, depending on complexity and materials used. The schedule also mentions "upper or lower partial". In this case the allowance rate applies to variations of the partial, which may be designed at the discretion of the treating dentist. Each variation would have a different cost associated with it.

7. Procedures performed strictly for cosmetics include bonding, laminate composite veneers, laminate porcelain veneers, one hour and/or take home teeth whitening.

8. Membership is in effect for one year only; beginning the day the membership fee is received by PDP. Procedures specifically in progress at the time membership expires will not be allowed until the renewed membership fee is received by PDP.
- 9 "Member" means the person who paid for PDP membership or the beneficiary of the maintenance plan i.e. dependent, the employee of an employer group, member of an association, union, or other organization that is deemed eligible for coverage under the maintenance plan by PDP.
10. "Eligible Dependent" means the lawful husband or wife of a member (herein called the spouse) if no judicial decree of separation has been obtained, and such of the unmarried children of the participant from birth to the age of fourteen (14).
11. "Families" mean the member and any eligible dependents meeting the requirements of paragraph eleven(11) above, as designated by the Member.
12. APPOINTMENTS it is agreed that participating PDP dentists shall be obligated to render services during their normal working hours only. Additional hours shall be available at the discretion of the dentist. Priorities for scheduling appointments shall be as follows:

- a. Emergency Care
- b. First time visits for examination and treatment
- c. Regular non-emergency dental care

Any member (including a dependent) who fails to keep an appointment may be charged by the Dentist unless the appointment is cancelled at least 24 hours in advance. The missed appointment charge is not a scheduled benefit under this maintenance Plan and will be paid directly to the Dentist by the Member. Said charge will not exceed \$50.00.

13. EFFECT ON WORKER'S COMPENSATION. This maintenance plan does not fulfill any requirement of worker's compensation or other compulsory insurance and cannot be used in lieu thereof.
14. THIRD PARTY RIGHTS LIMITED. All rights and liabilities created under this maintenance plan shall be deemed to exist only as between PDP and the member and any eligible dependents signing this agreement. In no event shall this maintenance plan or agreement be deemed to confer any right on or create any obligation to any third party not a signatory to the agreement or to create in such third party a status of third party beneficiary.
15. TRANSFERABILITY. This maintenance plan is expressly nontransferable.
16. MEMBER NOTICE AFTER TERMINATION OF DENTAL PROVIDER CLINIC CONTRACT. In the event that the dental provider clinic contract is terminated by PDP or Participating Dentist, the Dentist agrees that he will notify each Member with whom PDP maintenance Plan has an agreement, who presents for treatment that his contract is no longer in effect. If notice is not given to the Member, then the Dentist will treat that Member and accept payment for his services at charges no more than set forth in the

Allowance Rate Schedule referenced.

17. **FUNCTION OF PDP.** On behalf of the member, and his eligible dependents, PDP has arranged for the services of qualified, licensed professionals and their staff to participate in the maintenance plan herein described. The members shall be entitled to those allowances described in the Allowance Rate Schedule. PDP shall not (and does not agree nor shall it be required to) perform any dental services or do anything herein (notwithstanding any provisions hereof) that would, under applicable laws and regulations constitute the practice of dentistry. Any provision of this agreement to the contrary notwithstanding the sole responsibility and obligation of PDP shall be to engage in the design and administration of this maintenance plan and to use its best efforts to obtain the services of qualified, licensed professionals and their staff to provide and perform the applicable available dental services to eligible participants. It is expressly agreed that under no circumstances shall PDP ensure that the services of such licensed professionals and their staff will be available at any time or that the services in circumstances will PDP be required to indemnify or hold harmless the member. Eligible Dependents from any cost or expense incurred in procuring any "Available Dental Services" as defined herein. All participants shall be entitled to the allowance benefits, but only to the extent that PDP shall have succeeded in obtaining the services of qualified professionals and their staff to provide the same. The professional services will be provided and available only by the dental offices designated by PDP.
18. **DISCLOSURE STATEMENT.** The PDP Discount Dental Health Care Maintenance Plan Enrollment Period is 12 months form the Month of Initial Enrollment. This Dental Discount Program requires the member to stay enrolled for 12 consecutive months. Failure to maintain PDP Plan membership during the total enrollment period will result in the direct billing of all dental treatment rendered by the contracted dental center to the member at the "Fee for Service" schedule of payments, less the total amount of funds contributed to the maintenance plan allocated to the contracted dental center (per individual). Copies of the dental fees associated with you treatment plan utilization during the time you are enrolled with PDP can be requested from your dental provider at no charge.
19. PDP reserves the right to refuse membership to individuals at its discretion.

EXCLUSIONS AND LIMITATIONS

1. Visits to or services performed by a specialist, dentist, or professional not participating in the maintenance plan.
2. Any dental services arising out of any sickness or injury arising out of or sustained in the course of any occupation or employment for remuneration or profit, which qualifies for workman's compensation benefits.
3. Any dental services which, in the judgment of the dentist, are not reasonable and necessary for the prevention, correction, or improvement of a condition.

4. Any dental services not specifically described in the Allowance Schedule (including hospital charges)
5. Any dental services which are necessitated as a result of a self-inflicted condition.
6. Any dental service, for which the participant is reimbursed, entitled to reimbursement or is in any way indemnified for such expenses by or through any public program, state or federal, or any program of medical or dental benefits sponsored and paid for by the federal government or any agency thereof.
7. Any dental services necessitated as a result of a condition sustained in the commission of or the attempt to commit a felony.
8. Oral surgery requiring the setting of fractures or dislocations
9. Treatment of malignancies, cysts, or neoplasm's.
10. Dispensing of drugs for treatment of oral disease which are not normally supplied in a dental office
11. Congenital defects
12. Conditions affecting the temporomandibular joint including dysfunction and/or malocclusion (Temporomandibular Dysfunction)
13. Any costs or expenses incurred in the event the participant is hospitalized for any dental procedure.
14. Services of an anesthetist or anesthesiologist
15. Any dental charges incurred for treatment of obesity
16. Any new services or procedures performed after the last day during which any person ceased to be eligible for participation in this maintenance plan.
17. Treatment of Patients who in the Dentists' judgment are unmanageable children or emotionally disturbed adults.
18. Services that are of such complexity that they cannot be performed by the designated PDP dentist participating in the maintenance plan.
19. This Maintenance Plan specifically excludes any treatments that are of such complexity that they cannot be performed by the Dentist who is under contract with PDP Maintenance Plans.

Thank You for taking the time to read this informative packet. Please print out the application forms on the following pages to begin enjoying your discount benefits!





465 East 1000 South Pleasant Grove, UT 84062 Phone 801-785-6000 Fax 801-785-6047
32 Red Pine Drive #14 Alpine, UT 84004 Phone 801-756-9595 Fax 801-756-7633
503 East 770 North Orem, UT 84057 Phone 801-225-1400 Fax 801-225-1402
6351 West 13400 South Herriman, UT 84096 Phone 801-302-7808 Fax 801-253-5300
78 East 100 South Payson, UT 84651 Phone 801-465-0550 Fax 801-465-9475

Individual Enrollment Form

1. Subscriber Information

Subscriber Name	
Last _____	First _____ M.I. _____
Date of Birth _____	Social Security Number _____
Mailing Address _____ _____ _____	Contact Numbers Home _____ Work _____ Cell _____
Home Address _____ _____ _____	Email Address _____
Employer _____	Occupation _____

2. Parent /Spouse/Legal Guardian

Last _____		First _____		M.I. _____	
Date of Birth _____		Social Security Number _____			
Employer _____		Home Phone _____			
Relationship _____		Other Phone _____			

Office Use Only: Effective Date _____ Termination Date _____
Payment Type _____ Monthly Membership Fee _____
Note: Monthly payments are due every 1st of the month. Initials _____

