



LOVELACE MEDICARE PLAN PREFERRED DENTAL OPTION

Preferred Dental Option
DentalSource offers a comprehensive dental indemnity plan with Freedom of Choice to see any licensed dentist. This plan offers an enhanced In-Network benefit. A Preferred Provider List is enclosed.

WHAT IS THE LOW COST?

Lovelace Medicare Plan Preferred Dental Plan
Monthly Member Amount.....\$31.20

PREFERRED PLAN ADVANTAGES:

- Freedom to see any dentist
- \$50 Deductible
- Over 475 Preferred (PPO) dentists
- \$1000 annual maximum
- Local customer service
- Underwritten by Companion Life Insurance Company A.M. Best Rated A+ Superior

1804 Juan Tabo NE, Ste. A
Albuquerque, NM 87112
Phone: (888) 862-8659
Alb: (505) 237-1501

Web Site: www.dentalsourcenm.com
DentalSource is a division of BenefitSource



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Albuquerque, NM 87112



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- Monthly Bank Draft (\$31.20) Please charge my account monthly. Checking Savings
- Routing # _____ Account # _____

I have enclosed a check for my First Month's Payment of \$31.20 and a voided check.

DRAFT AUTHORIZATION / DENTALSOURCE, INC. MEMBER AGREEMENT I hereby authorize DentalSource to charge my bank account each month the applicable membership fee to be credited to my account with DentalSource. This authority is to remain in full force and effect until I notify DentalSource in writing of its termination (My bank is authorized to make corrections should any be necessary). I have read and understand the terms and conditions of this authorization. I hereby authorize the release of my dental records to DentalSource Inc. for use in a quality review program.

Member's Signature X _____ Date _____

Coverages for In and Out-Of-Network

Preventive Services - Covered at 90%

- NO WAITING PERIOD
- Routine Exams
- Prophylaxis (cleanings - one per 6 months)
- Emergency Exams for dental pain (minor procedures)
- Bitewing X-rays (once per 6 months)

Basic Services - Covered at 60%

- NO WAITING PERIOD
- Periapical X-rays
- Full mouth or panorex X-rays (one per 36 months)
- Simple restorative services (Fillings)
- Simple extractions
- Palliative treatment for dental pain, local anesthesia

Major Services - Covered at 35%

- 12 MONTH WAITING PERIOD
- Major restorative services (crowns and inlays)
- Prosthetics (bridges, dentures)
- Replacement of prosthodontics, dentures, crowns and inlays
- Denture relines
- Endodontics (Root Canals)
- Periodontics
- Space maintainers
- Oral surgery
- General anesthesia (for services dentally necessary)

This is a general outline of covered benefits and does not include all benefits, limitations, and exclusions of the policy. Please see your certificate for details.

HOW DO I JOIN?

1. Review entire brochure, complete and sign the attached Enrollment/Authorization Form. Return your \$31.20 payment to a DentalSource Dental Plan Sales Representative or mail to: DentalSource, Inc., 1804 Juan Tabo NE, Ste. A, Albuquerque, New Mexico 87112. A self-addressed return envelope has been enclosed for your convenience.

2. Enrollment/Authorization Forms received before December 31, will begin coverage January 1st. The next opportunity to enroll in the Preferred Dental Plan will not be until the next open enrollment season. Only new Lovelace Medicare Plan members may enroll after the Dental open season has closed and must do so within the first thirty days.

To initiate the Monthly Electronic Fund Transfer payment, complete the front and back of the attached Enrollment / Authorization Form and provide a check made out to DentalSource for a one (1) month payment of \$31.20 and a voided check (from the account you wish to have the membership fees drafted). No monthly checks, no postage, no statements. The Monthly Electronic Fund Transfer payment plan is reliable and automatic!

If you cancel your membership with Lovelace Medicare Plan, you must also notify DentalSource Dental Plan in writing. Cancellations received by the 23rd of the month will be effective the 1st of the following month. Those received after the 23rd will go into effect on the 1st of the 2nd following month. As with all coverages, premiums are non-refundable.

Members who terminate the monthly electronic fund transfer option before the end of the 12 month period will be permanently restricted from re-enrolling in the Preferred Dental Plan.



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DentalSource Lovelace Medicare Plan Preferred Plan		Enrollment/Authorization Form		Coverage Effective Date
Social Security Number	Last Name	First Name	Initial	
Date of Birth	Sex (Circle One) M F	Home Telephone	Alternate Telephone	
Home Address	City		State	Zip
Please complete the Payment Option on the back of the Enrollment/Authorization Form.				1/1/12