



# Dental Care Advantage

for Michigan Nursery & Landscape



Featuring:



National Program

## DENTAL CARE ADVANTAGE

The DCA program provides members with savings of **20-55%\*** on dental services when seen by a participating dentist, dental group or location. Discounts may vary by participating provider. Visit our website at [www.mnla.org](http://www.mnla.org) to locate a dentist in your area.

- No Waiting Periods
- No Annual Lifetime Benefit Maximums
- No Claim Forms
- Minimum Group Enrollment - One Individual
- No Prior Authorization Required
- No Employer Contribution Required
- Full And Part-Time Employees Eligible

### INCLUDED DENTAL SERVICES

- Examinations
- X-Rays
- Cleanings
- Fillings
- Crowns
- Dentures
- Root Canals
- Oral Surgery
- Orthodontics
- Cosmetics
- Periodontics

## PROGRAM NOTE

This program is NOT a health insurance policy and the program does not make payments directly to the providers of health services. This program provides discounts at certain locations for health services. The program member is obligated to pay the provider for all the health care services that the member will receive, but the member will receive a pre-negotiated discount from the providers listed in the network, in accordance with the specific pre-negotiated discounted fee schedule. This program does not guarantee the quality of the services or procedures offered by the providers. The Discount Medical Plan Organization that operates this program is American Dental Professional Services, LLC located at 9054 N. Deerbrook Trail, Milwaukee, WI 53223.

\*Discounts vary by provider\*



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## ADDITIONAL ADVANTAGES

The Dental Care Advantage Membership described on the previous page includes participation in certain other discount programs at no additional cost to you.

### VISION CARE DISCOUNT PROGRAM

The Vision Care Program is a Discount Program through EyeBenefits. The program offers a **5-55% discount** on vision services when using a participating vision location.

- Discount on Exams
- Discount on Eyewear Materials, Including:
  - Frames
  - Eyeglass Lenses
  - Anti-Reflective Coatings
  - Online Contact Lenses
  - Progressive Lenses
  - Regular Contact lenses
- Discounts on CRT & LASIK vision correction

### PRESCRIPTION DRUG DISCOUNT PROGRAM

The Prescription Drug Discount Card Program is a Discount Program through CareMark, offering:

- Average savings of **20%** on brand-name drugs
- Savings up to **55%** on generic drugs

### CHIROPRACTIC DISCOUNT PROGRAM

The Chiropractic Discount Program is a Discount Program through Comprehensive Health Group, offering:

- No-charge consultation
- Unlimited visits per member
- Treatment includes acute, chronic and preventative care
- **50%** savings on diagnostic and x-rays (except Colorado)
- **30%** savings on other services

### HEARING DISCOUNT PROGRAM

The Hearing Discount Program is a Discount Program through EPIC Hearing Health Care, a national network of Physicians/Audiologists, offering an average savings of **30-60%** on the following services:

- Hearing diagnostics (not covered by major medical)
- Hearing rehabilitation and hearing aids
- Hearing assistive devices



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### QUESTIONS AND ANSWERS ABOUT THE DENTAL CARE ADVANTAGE PROGRAM

**1. HOW DO I SELECT A PROVIDER?**

Visit our web site, [www.mnla.org](http://www.mnla.org), click on **Provider look-up** and the appropriate link, then enter your zip code for a list of dental, vision, chiropractic or pharmacy providers in your area. Select the DCA office that is convenient for you. For Hearing Services, please call EPIC Hearing at 1-866-956-5400 and tell them you are with the Dental Care Advantage program.

**2. HOW DO I MAKE AN APPOINTMENT?**

Upon receiving your ID card, call your selected provider to schedule an appointment and reference the corresponding network and logo listed on your ID card. Present your ID card each time you receive services.

**3. DO ALL FAMILY MEMBERS NEED TO GO TO THE SAME PROVIDER?**

Each family member can choose their own DCA health care provider.

**4. IS THE DENTAL CARE ADVANTAGE PROGRAM AN INSURANCE PRODUCT?**

No, the DCA program is a reduced fee program in which the DCA providers have agreed to provide certain health care services to DCA members at a reduced fee. This results in meaningful member savings in comparison to the normal fees typically charged by health care providers.

**5. DO I NEED TO REMAIN A MEMBER DURING MY ORTHODONTIC TREATMENT?**

Yes, you must continue to be a member of the DCA program throughout your entire orthodontic treatment if you want to continue to receive the reduced fees for services provided by a DCA provider.

**6. ARE CONDITIONS EXISTING PRIOR TO ENROLLMENT GIVEN A DISCOUNT?**

Yes, the DCA program allows conditions existing prior to enrollment to be discounted if the treatment needed is listed in the fee schedule. However, procedures already started prior to the effective date of membership are not eligible for a discount.

**7. TO WHAT AGE ARE CHILDREN INCLUDED?**

Children who are dependents are able to receive discounted services under the family program until age 19, or to age 23 if they are a full time student. The DCA program will accept an employer's eligibility requirements if they are different than those of DCA.

**8. PROVIDER FEES ARE SUBJECT TO CHANGE WITHOUT DIRECT NOTICE.**

**9. MY PROVIDER IS NOT A PART OF THE DCA PROGRAM. HOW CAN I ADD HIM/HER TO THE NETWORK?**

We look to our customers for referrals of good providers in their community. Please contact our customer service department at 888-540-9488, or send an email to [amdps@amdpi.com](mailto:amdps@amdpi.com).

**10. WHO SHOULD I CONTACT IF I NEED ADDITIONAL INFORMATION?**

American Dental Professional Services Customer Service Department by phone 888-540-9488; email [amdps@amdpi.com](mailto:amdps@amdpi.com); or visit our website: [www.mnla.org](http://www.mnla.org).

**11. CAN THE DCA PROGRAM BE USED WITH ANY OTHER INSURANCE?**

This Discount may not be used in conjunction with any other plan or program. Please verify your payment responsibility with the office before receiving services.

**12. ADPS will accept and cancel program memberships at any time during your membership and will cease collecting membership fees in a reasonable amount of time, no later than 30 days after receiving a valid cancellation notice.**



# Dental Care Advantage ENROLLMENT APPLICATION For Michigan Nursery & Landscape

## Application Instructions

<p><b>1. Complete application</b></p> <p><b>2. Choose payment option</b> ~ check payable to ADPS or indicate credit card information</p> <p><b>3. Mail completed &amp; <u>signed</u> form with payment</b></p>	<p><b>Mail to:</b> American Dental Professional Services 9054 North Deerbrook Trail Milwaukee, WI 53223</p>
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### Circle Program Type Desired:

Dental Care Advantage includes dental, vision, chiropractic, prescription drug and hearing programs:

	Member Only	Family
Annual Payer	\$36.00	\$36.00

Last Name	First Name	M.I.	Birth date Mo/Day/Yr	Male	Female
<u>Subscriber</u>			/ /		
<u>Spouse</u>			/ /		
<u>Dependents</u> (up to age 19 or 23 if full time student)			/ /		
			/ /		

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Family members can be added or removed at any time by contacting the Customer Service Department. Program fees may change if the number of covered members changes. All questions, inquiries or complaints should be directed to our Customer Service Department at 1-888-540-9488, by e-mail at amdps@amdpi.com, by facsimile at 1-877-545-4549, or by mail at: ADPS, 9054 N. Deerbrook Trail, Milwaukee, WI 53223

### Program Payment Options

<input type="checkbox"/> <b>Check:</b> Make check payable to ADPS for your annual payment. No monthly payments accepted via check.
<input type="checkbox"/> <b>Credit Card:</b> Fill out credit card information below
<input type="checkbox"/> Monthly payment <input type="checkbox"/> Annual payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Number _____ Expiration Date _____ Name as it appears on card _____ <b>I authorize American Dental Professional Services to charge my Credit Card account as indicated above.</b>
Cardholder Signature _____ Today's Date _____

If at any time you choose to change your mode of payment simply contact our Customer Service Department. Changes in mode of payment can be processed within 30 days of our receipt of the request.

**I acknowledge that I have read and agree to all of the program policies, terms and conditions.**

**Subscriber Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

ADPS OFFICE USE	Date Received: _____	Date Entered: _____
Effective Date: _____		



# Dental Care Advantage ENROLLMENT APPLICATION For Michigan Nursery & Landscape

## TERMS AND CONDITIONS

The Dental Care Advantage program provides members access to a network of participating healthcare providers that have agreed to make certain health care services available to members at a pre-negotiated discount. The healthcare services available vary depending on the program you have selected. It may include discounted dental, vision, chiropractic, hearing, or prescription drug services in accordance with a specific pre-negotiated discounted fee schedule. The programs do not discount all procedures. The programs do not provide discounts on other medical or hospital services.

The discounted services are offered by independent providers who are not employees or agents of American Dental Professional Services (ADPS). ADPS does not guarantee the continued participation of any provider in a program and provider fees are subject to change without direct notice. The discount programs may not be used in conjunction with any other plan or program. Please verify your payment responsibility prior to receiving services.

Enrollment Applications received by the 15th of the month will be made effective the 1<sup>st</sup> of the following month, unless specifically requested by the member to be effective sooner. Annual payers will be effective for 12 months after their initial effective date. An invoice for renewal will be sent to annual payers approximately 45 days before the end of this period. If a renewal payment is not received by the annual termination date, the membership will be cancelled. Monthly payers will be effective as long as the member continues to pay (via credit card or EFT transactions processed by ADPS) the monthly fee for the discount program. Monthly payers must notify ADPS by phone or in writing when they wish to cancel their membership. Membership will be terminated effective the last day of the month that ADPS receives notification.

Membership can be cancelled at any time. If the member cancels the membership within the first thirty (30) days after receipt of the discount card and other membership materials, the member shall receive a reimbursement of all fees paid for the program. If the member cancels the membership after a period of thirty (30) days, the reimbursement of membership fees will be prorated. ADPS reserves the right to terminate a program member from any of the discount programs for any reason including non-payment. In this event program fees will be prorated and refunded in the same manner as noted above.

To find a participating provider for dental, vision, chiropractic or pharmacy services, visit our Web site at [www.mnla.org](http://www.mnla.org) or contact our Customer Service Department at 1-888-540-9488. For Hearing Services, please call EPIC Hearing at 1-866-956-5400 and tell them you are with the Dental Care Advantage Program. When scheduling an appointment with a provider, be sure to reference the correct network and logo listed on your ID card. Present your ID card each time you receive services. Each family member can choose their own contracted health care provider. The program allows conditions existing prior to enrollment to be discounted if the treatment needed is listed in the fee schedule. However, procedures already started prior to the effective date of membership, are not eligible for a discount. You must continue to be a member of the program throughout your entire treatment, including orthodontic care, to be eligible for continued discounted services.

### Disclosures

This program is NOT a health insurance policy and the program does not make payments directly to the providers of health services. This program provides discounts at certain locations for health services. The program member is obligated to pay the provider for all the health care services that the member will receive, but the member will receive a pre-negotiated discount from the providers listed in the network, in accordance with the specific pre-negotiated discounted fee schedule. This program does not guarantee the quality of the services or procedures offered by the providers. Discounts vary by provider. The Discount Medical Plan Organization that operates this program is American Dental Professional Services, LLC located at 9054 N. Deerbrook Trail, Milwaukee, WI 53223.