

# Dental Insurance benefits your business and employees can afford...

The **Essential Dental Solutions Plan** is an insured dental plan that Pays 100% for the services your employees need to maintain good oral health. It is affordable because it focuses on providing the dental benefits that your employees need, not on benefits they may never use.


Everyone is accepted and there are No Deductibles, Office Co-Pays or Benefit Waiting Periods, so your employees and their families can begin using their dental benefits right away.

**\$34.95 Per Month - Includes Entire Family**

## Essential Dental Insurance Plan

Finally, a dental insurance plan that covers the services you want and need!

### Essential Dental Solutions Plan - Sample Coverage Chart

Insured Dental Services	Network Benefits	Benefit Guidelines
Periodic Oral Exam (Office Visit)	Pays 100%	Twice Per Year / Person
Prophylaxis (Teeth Cleaning)	Pays 100%	Twice Per Year / Person
Bitewing X-Rays	Pays 100%	One Set Per Year / Person
Fillings - Resin Based Composite	Pays 100%	One Filling Per Year / Person
Sample of Reduced Fee Network Dental Services (Unlimited Use)		
Full Mouth X-Rays	Discounted (Average 42%)	
Additional Fillings	Discounted (Average 32%)	
Root Canals	Discounted (Average 34%)	
Surgical Extractions	Discounted (Average 31%)	
Upper Dentures	Discounted (Average 48%)	
Orthodontia / Braces	Discounted (Average 20%)	

### Sample fee schedules and provider lists are available online

- Over 85,000 dental providers to choose from - No referrals required
- Dental claims are submitted by provider for insured benefits
- No Deductibles or waiting periods - 30 Day Money Back Satisfaction Guarantee
- List billing available for groups of 5 or more employees

For a list of dentists in your area, to view dental schedules or to apply online, visit: [www.ConsumerBenefits.net/edp](http://www.ConsumerBenefits.net/edp)

OR

Call Consumer Benefits Health & Dental at: 1-800-544-9505



LTCC, Inc. ~ N27 W23960 Paul Road ~ Suite 201 ~ Pewaukee, WI 53072  
Tel: 262-523-1919 ~ Toll Free: 1-800-544-9505 ~ Fax: 262-523-1910

~ Affordable Health & Dental Insurance Solutions ~

**Underwritten By:** National Guardian Life Insurance Company (Rated A - Excellent by AM Best)

## Essential Dental Solutions Group Dental Enrollment Instructions

The Essential Dental Solutions group dental plan is available with the list bill option to groups of five or greater. Coverage will begin on the 1<sup>st</sup> of the month following the date the completed forms and payment is received. You will receive a bill for subsequent monthly payments.

- 1) Complete Essential Dental Solutions / VBA List Bill form
- 2) Complete Employee / Member List
- 3) Complete the Application for Each Employee / Member
- 4) Include the first monthly payment of \$34.95/Employee plus a One Time \$10 Enrollment Fee/Employee for a total of \$44.95/Employee. Subsequent monthly payments are \$34.95/Employee and will be billed to the company or organization.
- 5) Mail Completed Forms and Payment To:

LTCC, Inc.

N27 W23960 Paul Road – Suite 201

Pewaukee, WI 53072

If you have questions or need assistance in completing the forms, please call LTCC, Inc. / Consumer Benefits Health & Dental Customer Service at: 1-800-544-9505 or email: [info@ConsumerBenefits.net](mailto:info@ConsumerBenefits.net)

# VBA List Bill Submission Form

(Complete in Full)

## GENERAL INFORMATION

Name of Business/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Nature of Business \_\_\_\_\_

## BILLING INSTRUCTIONS

Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Send Billings To: (If different than above) \_\_\_\_\_

## REPRESENTATIVE INFORMATION

Rep Name: LTCC, INC. Rep Number: 115757

Agency Name: Long Term Consumer Care, Inc. Phone: 1-800-544-9505

Address: N27W23960 Paul Rd 201 City Pewaukee State WI ZIP 53072

## AUTHORIZATION

This Agreement authorizes the contact of employees/members of this business/organization concerning insurance billed by VBA. Authorization is given to send billings to the location named above. The responsibility of assuring that dues have been remitted to VBA on behalf of their employee/member is that of the business/organization named above. (See list on back)

List bills for membership dues and fees will be due on the 15th of each month before the next due date. There is no grace period for membership dues. If dues are not received by the due date, all membership benefits will be cancelled. There will not be any reinstatements. It is the final responsibility of the business/organization to submit list bill dues and fees by the due date even if list bill information has not been received.

Either the business/organization or VBA may, upon reasonable notice to the other, terminate this Agreement, in which event the payment of dues will be a matter of accounting directly between each employee/member and VBA.

Signature (Authorized Officer) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**(List Employees/Members on Reverse Side)**



# ESSENTIAL DENTAL SOLUTIONS PLAN GROUP ENROLLMENT FORM

## Questions Call 1-800-544-9505

### 1) PRIMARY MEMBER INFORMATION

<b>FIRST NAME:</b>	<b>LAST NAME:</b>	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
DATE OF BIRTH:	GENDER:	

### 2) DEPENDENT INFORMATION (If Applicable)

<b>FIRST NAME:</b>	<b>LAST NAME:</b>	
DATE OF BIRTH:	GENDER:	RELATIONSHIP:
<b>FIRST NAME:</b>	<b>LAST NAME:</b>	
DATE OF BIRTH:	GENDER:	RELATIONSHIP:
<b>FIRST NAME:</b>	<b>LAST NAME:</b>	
DATE OF BIRTH:	GENDER:	RELATIONSHIP:
<b>FIRST NAME:</b>	<b>LAST NAME:</b>	
DATE OF BIRTH:	GENDER:	RELATIONSHIP:
<b>FIRST NAME:</b>	<b>LAST NAME:</b>	<b>LAST NAME:</b>
DATE OF BIRTH:	GENDER:	RELATIONSHIP:

3) Name of Employer or Organization: \_\_\_\_\_

4) Mail Completed Enrollment Form and List Bill Form To: **Long Term Consumer Care, Inc.**  
**N27 W23960 Paul Road - Suite 201**  
**Pewaukee, WI 53072**

**Fax Application To: 1-262-523-1910**

**Questions Call: 1-800-544-9505**

For Office Use