



# Dental Services Inc.

**Phone 1(671) 646-3741 Fax 1 (671) 646-3740**

278 South Marine Drive, Hengi Plaza, Suite 203, Tamuning, Guam 96913

## Dental Plan Application Packet

### INTRODUCTION

The Dental Services, Inc. (DSI) dental program is an affordable discount dental 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 pre-pay the DSI membership fee yearly, quarterly, or monthly in order to gain access to discounted rates on quality dentistry. DSI contracts with dentists to provide services to eligible members at special allowance rates. There are:

- NO TROUBLESOME CLAIM FORMS
- NO YEARLY MAXIMUMS
- NO PREAUTHORIZATIONS REQUIRED
- NO LIMITS
- COSMETICS COVERED (Such as smile whitening)
- INCLUDES necessary dental examinations, X-Rays, and three cleanings (Prophylaxis) a year FREE at No Additional Charge!

Membership in the dental plan will entitle you to valuable allowances on all dental services delivered at any participating dental office on Guam. If you compare the high cost of dental services in today’s changing healthcare market, we are certain you will agree that this plan can save you money.

For example, a family of four signing up for the plan would save \$650.00 or more even if all they utilized was routine maintenance. If just one member of the family should require a root canal, post/core and crown (a common dental treatment with today’s technology), you could save as much as \$848.00 or more, and if you are one who anticipates the need for extensive dental treatment, your savings could be even more significant. In addition, the DSI Plan’s discount applies towards cosmetic dentistry, including one-hour smile whitening and implants! That is something most other traditional dental insurance plans exclude.

### HOW DO I SIGN UP?

The rules and regulations of this plan are specified below. Read them carefully, so that you will have a full understanding of how the plan works, and then if you would like to apply for membership, fill out the application on the last two pages of this Dental Plan Application Packet, and mail in or bring it to DSI at the address above. Questions? Please feel free to call 646-3741.

### HOW MUCH WILL I HAVE TO PAY?

The monthly plan rates and member Allowance Rate Schedule for various services is enclosed with this application. Fees at participating dental offices in the system may vary, however the discount rate will still be consistent.

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 DSI 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 DSI dental discount 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 the 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 service plan.** Only those services specifically mentioned in the Allowance Rate Schedule are available at the allowance rate. Should members require unusual treatments not covered on the Allowance Rate Schedule, the plan will not be in effect. If you require services from specialists not currently participating in the plan, the allowances will not be in effect.
5. **Routine** cleaning (prophys) are limited to three per year under the plan, however, initial oral exams, recall oral exams, and routine diagnostic X-rays are unlimited as needed at no extra charge.
6. **Members are** required to sign up for a particular participating office. They may change to any other participating office any time they wish. They may visit participating specialists anytime they wish.
7. **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 are 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.

8. **Procedures performed** strictly for cosmetics include bonding, laminate composite veneers, laminate porcelain veneers, one-hour and/or take home smile whitening.
9. **Membership is in effect** for one year only (12 consecutive months); beginning the day the membership fee is received by DSI. Procedures specifically in progress at the time membership expires will be completed at the allowance rate. Further allowances on services will not be allowed until the renewed membership fee is received by DSI.

10. **“Member”** means the person who paid for DSI membership or the beneficiary of the plan i.e. dependent, the employee of an employer group, member of an association, union, or other organization who is deemed eligible for coverage under the Plan by DSI.
11. **“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 ten (10).
12. **“Families”** mean the member and any eligible dependents meeting the requirements of paragraph eleven (11) above, as designated by the Member.
13. **APPOINTMENTS** It is agreed that participating DSI 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 Plan and will be paid directly to the Dentist by the Member. Said charge will not exceed \$50.00.

14. **EFFECT ON WORKER’S COMPENSATION.** This plan does not fulfill any requirement of worker’s compensation or other compulsory insurance and cannot be used in lieu thereof.
15. **THIRD PARTY RIGHTS LIMITED.** All rights and liabilities created under this plan shall be deemed to exist only as between DSI and the member and any eligible dependents signing this agreement. In no event shall this 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.
16. **TRANSFERABILITY.** This plan is expressly nontransferable.
17. **MEMBER NOTICE AFTER TERMINATION OF DENTAL PROVIDER CLINIC CONTRACT.** In the event that the dental provider clinic contract is terminated by DSI or Participating Dentist, the Dentist agrees that he will notify each Member with whom DSI 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.
18. **FUNCTION OF DSI.** On behalf of the member, and his eligible dependents, DSI has arranged for the services of qualified, licensed professionals and their staffs to participate in the plan herein described. The members shall be entitled to those allowances described in the Allowance Rate Schedule. DSI 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, sole responsibility and obligation of DSI shall be to engage in the design and

administration of this plan and to use its best efforts to obtain the services of qualified, licensed professionals and their staffs to provide and perform the applicable available dental services to eligible participants. It is expressly agreed that under no circumstances shall DSI ensure that the services of such licensed professionals and their staffs will be available at any time or that the services described in the Allowance Schedule will be performed at any time. Further, under no circumstances will DSI 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 DSI shall have succeeded in obtaining the services of qualified professionals and their staffs to provide the same. The professional services will be provided and available only by the dental offices designated by DSI.

19. **DISCLOSURE STATEMENT.** The DSI Discount Dental Health Care Plan Enrollment Period is 12 months from the Month of Initial Enrollment. This Dental Discount Program requires the member to stay enrolled for 12 consecutive months. Failure to maintain DSI 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 plan allocated to the contracted dental center (per individual). Copies of the dental fees associated with your treatment plan utilization during the time you are enrolled with DSI can be requested from your dental provider at no charge.

20. **DSI** reserves the right to refuse membership to individuals at its discretion.

#### **EXCLUSIONS AND LIMITATIONS**

- a) Visits to or services performed by a specialist, dentist, or professional not participating in the plan.
- b) 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 workmen's compensation benefits
- c) Any dental services which, in the judgment of the dentist, are not reasonable and necessary for the prevention, correction, or improvement of a condition
- d) Any dental services not specifically described in the Allowance Schedule (including hospital charges).
- e) Any dental services which are necessitated as a result of a self-inflicted condition.
- f) 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.
- g) Any dental services necessitated as a result of a condition sustained in the commission of or the attempt to commit a felony
- h) Oral Surgery requiring the setting of fractures or dislocations
- i) Treatment of malignancies, cysts, or neoplasms
- j) Dispensing of drugs for treatment of oral disease which are not normally supplied
- k) Congenital defects
- l) Conditions affecting the temporomandibular joint including dysfunction and/or malocclusion (Temporomandibular Dysfunction)

- m) Any costs or expenses incurred in the event the participant is hospitalized for any dental procedure
- n) Services of an anesthetist or anesthesiologist
- o) Any dental charges incurred for treatment of obesity
- p) Any new services or procedures performed after the last day during which any person ceased to be eligible for participation in this plan
- q) Treatment of Patients who in the Dentist's judgment are un-manageable children or emotionally disturbed adults.
- r) Services that are of such complexity that they cannot be performed by the designated DSI dentist participating in the plan.
- s) This Plan specifically excludes any treatments that are of such complexity that they cannot be performed by the Dentist who is under contract with DSI Plans.

***Thank You!***

You took time to read our Dental Plan Application Packet. "Get and keep a bright, appealing smile" is our motto and hopefully your desire. Fill out the Individual Enrollment Form that follows to enjoy *Affordable, Quality Dentistry* today!



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## Allowance Rate Schedule Participating Dental Center

<b>Covered Benefits</b>	<b>MONTHLY Plan 1023 \$39.99/Adult \$19.99/Child*</b>
	<b>\$37.99/Adult Family Rate \$17.99/Child Family Rate (4 or more members to qualify).</b>
<b>Clinical Examination</b>	<b>100%</b>
<b>X-Rays (once yearly)</b>	<b>100%</b>
<b>Periodic Cleaning (3 per contracted year) w/ Fluoride treatment</b>	<b>100%</b>
<b>Sealants &amp; Fluorides (up to 11 years of age)</b>	<b>100%</b>
<b>Cosmetic Whitening</b>	<b>50%</b>
<b>Implants</b>	<b>45%</b>
<b>Endodontic (Root Canals)</b>	<b>45%</b>
<b>Crowns &amp; Bridges</b>	<b>45%</b>
<b>Pediatrics (up to 11 years of age)</b>	<b>45%</b>
<b>Prosthetics</b>	<b>45%</b>
<b>Periodontics (except LANAP-Osseous Surgery)</b>	<b>45%</b>
<b>Restorative Composite Fillings (white fillings)</b>	<b>40%</b>
<b>Oral Surgery (Extractions)</b>	<b>40%</b>
<b>Sponsorships (Dependents)</b>	<b>Yes</b>

\*Dependents Children 11 years and below\*

### Participating Dental Specialists

<b>Oral Surgeon</b>	<b>25%</b>
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### Dental Prescriptions

<b>Mega Drug Pharmacy</b>	<b>25%</b>
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Plan Rates Subject to Change

*Plan: 1023*

*1 year contract for Adult \$479.88*

*1 year contract for Children \$239.88*



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## Individual Enrollment Form

### 1. Subscriber Information

Subscriber Name _____		Date of Birth _____	Citizenship _____
Last _____	First _____	M.I. _____	Social Security No. _____
Mailing Address _____		Gender [ ] Male	or [ ] Female
Zip Code _____		Driver's License No. _____	Contact Home _____
Home Address _____		Work _____	Ext. _____
Employer _____		E-Mail Address _____	Cellular/Pager/Alternate _____
Occupation _____		How did you hear of DSI? _____	

### 2. Parent / Spouse / Legal Guardian

Name _____	Date of Birth _____	SS No. _____
Last _____	First _____	or DL No. _____
M.I. _____	Employer _____	Home No _____
Relation _____	Other No. _____	

### 3. Selected Plan Option:

<b>Option 1023</b>	<b>Preferred Dental Care Center</b>
Initials _____	<u><b>GentleCare Dental Clinic</b></u>
\$39.99/Adult 12years+	
\$19.99/Child 11years-	

For DSI Office use only: Effective: \_\_\_\_\_ Termination: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Monthly Membership Fee: \$ \_\_\_\_\_

**Note:** Monthly payments are due every 1<sup>st</sup> of the month. Initial \_\_\_\_\_

**4. Eligible Members**

Below, List yourself first and spouse (if any) second, and then all eligible children to be covered by this plan. Supporting documents will be required to enroll dependents with a different last name, common-law/domestic partner, step-children, legal guardians, foster children, and children over the age limit (11 years of age).

Last Name	First Name	Middle Initial	Relation to Subscriber	Gender	Date of Birth	Driver's License/Guam ID No.	Member Age	M B R I D

**5. List 3 References**

	NAME	TEL./ CELL NUMBER	RELATION
1			
2			
3			

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I/We have read the terms of the DSI dental program enclosed in this packet. We do hereby apply for membership to the plan. We understand the rules and regulations of the plan as defined on this application and agree to be bound by the terms and conditions of the plan as herein defined. We agree to pay DSI the monthly contribution fee, upon acceptance into the plan, and to pay any and all additional fees directly to the providing dentists of the plan. We understand that services under this plan can only be received at participating DSI dental offices.

Subscriber Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_  
(if Covered under the plan)