



# Individual Insurance Plans



# Now you can with peace of

When your mouth needs work, it can be embarrassing and sometimes downright painful. Of course you want a beautiful smile, but dental care costs and insurance premiums might seem overwhelming. Fortunately, with our affordable plans you can have a smile - and an investment - you'll feel good about.



# smile mind.

CarePlus Dental Plans mean you and your family will always have access to high-quality dental care. Worrying about the out-of-pocket expense is a thing of the past. CarePlus is available at each of the convenient Dental Associates centers.

## **DETERMINING THE PLAN THAT IS BEST FOR YOU IS AS EASY AS 1-2-3:**

1. Thumb through this brochure to find the plan that matches your needs.

**SUPPLEMENTAL:** "I have dental insurance but want to pay less out-of-pocket."

**VIP:** "I'm under 55 and would like dental coverage."

**GOLD:** "I'm 55+ and would like dental coverage."

**PLATINUM:** "I don't have dental insurance and I want a comprehensive and robust dental insurance plan."

2. Select the Dental Associates office closest to you and call to make an appointment.
3. Bring the annual premium for your chosen CarePlus Plan with you to your first visit.

For more information about CarePlus, call **800-318-7007** or visit **[careplusdentalplans.com](http://careplusdentalplans.com)**.

If you have limited English proficiency, language assistance services, free of charge are available to you.

### **Hmong:**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **920.720.3046** (TTY: 711).

### **Chinese:**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **920.720.3046** (TTY : 711).

## CarePlus SUPPLEMENTAL

is a dental plan that is offered exclusively to patients of Dental Associates who have existing dental insurance.

CarePlus SUPPLEMENTAL works with your current dental plan by providing additional coverage to reduce or eliminate out-of-pocket expenses.

Even if you exceed your annual dental maximum, CarePlus SUPPLEMENTAL continues to provide savings of up to 25% depending on the services you require.

### **BENEFITS OF CAREPLUS SUPPLEMENTAL:**

- Covers annual deductibles (up to \$60 per person).
- Reduces co-payments on many procedures.
- 10-day, risk-free "Right to Cancel."
- No annual maximums.
- No waiting period.
- No pre-existing clauses.

### **PROVIDES COVERAGE FOR:**

- Orthodontics for all ages.
- Cosmetic treatment (whitening, implants).
- Procedures not covered by your fee for service (FFS) dental plan.

### **CarePlus SUPPLEMENTAL ANNUAL PREMIUM**

<b>Single</b>	<b>\$75</b>
<b>Family</b>	<b>\$133</b>

This will provide coverage for a period of (12) twelve months from the effective date of the contract. Upon application approval by CarePlus, you will receive your dental insurance contract and membership card.

CarePlus SUPPLEMENTAL DENTAL PLAN

The chart below displays an example of how CarePlus SUPPLEMENTAL works with an existing dental plan to decrease out-of-pocket expenses for dental services.

EXAMPLES OF PROCEDURES	Existing Dental Coverage	CarePlus Supplemental Member Pays	YOU SAVE
Deductible (Per Person)	\$50.00	0%	\$50
Diagnostic & Preventive Oral Exam, X-rays, Cleaning	80%	0%	20%
Restorative Amalgam & Composite Fillings	80%	0%	20%
Crowns Porcelain/Ceramic	50%	30%	20%
Bridgework Fixed Bridgework (Ceramic & Non-Precious Metal)	50%	30%	20%
Prosthodontics Full & Partial Dentures	50%	30%	20%
Oral Surgery* Extractions, Other Surgical Procedures	80%	0%	20%
Endodontics Root Canal Therapy	80%	0%	20%
Periodontics Treatment For Diseases Of Gums (Surgery/Quadrant)	80%	0%	20%
Orthodontics (Braces)** Complete Banding (Child to age 19)	50% w/lifetime max. of \$1,000	\$4,269.50	25%
Implants & Cosmetic Dentistry	0%	80%	20%

All plans are subject to the terms and conditions of the respective policies.

\* Does not duplicate medical coverage.

\*\* Convenient payment plans available.

*"I have dental insurance but want to pay less out-of-pocket."*



**CarePlus VIP** is a low cost, stand-alone dental plan available to families or individuals under 55 without existing dental coverage.

CarePlus Dental Plans mean you and your family will always have access to high-quality dental benefits of CarePlus VIP:

- No annual maximums or deductibles.
- No time limits on procedures.
- No waiting period.
- No pre-existing clauses.
- No restrictions on cosmetic dental treatments.
- 10-day, risk-free “right to cancel.”

CarePlus VIP ANNUAL PREMIUM	
Single	\$64
Individual + One	\$105
Family	\$149

This will provide coverage for a period of (12) twelve months from the effective date of the contract. Upon application approval by CarePlus, you will receive your dental plan contract and membership card.

*“I’m under 55 and would like dental coverage.”*



# CAREPLUS VIP DENTAL PLAN

The chart below displays an example of how CarePlus VIP works to decrease your out-of-pocket expenses for dental services.

EXAMPLES OF PROCEDURES	Approx. U&C Fee* 2020	CarePlus VIP Member Pays 2020	YOU SAVE
Adult New Patient Oral Exam, X-rays, Cleaning	\$434.00	\$70.00	84%
Child New Patient (To Age 12) Oral Exam, X-rays, Cleaning, & Fluoride Treatment	\$440.00	\$60.00	86%
Diagnostic Periodic Exam	\$60.00	\$45.00	25%
Preventive (Adult) Teeth Cleaning	\$104.00	\$78.00	25%
Restorative Amalgam, 2 Surface	\$219.00	\$164.25	25%
Crowns Porcelain/Ceramic	\$1,356.00	\$1,084.80	20%
Prosthodontics (Fixed) Fixed Bridgework (Ceramic, Per Unit)	\$1,356.00	\$1,084.80	20%
Prosthodontics (Removable) Full Dentures (Each)	\$2,064.00	\$1,651.20	20%
Prosthodontics Adjustments - Dentures	\$123.00	\$98.40	20%
Oral Surgery** Surgical Removal of Erupted Tooth	\$368.00	\$276.00	25%
Endodontics Root Canal Anterior Tooth	\$1,036.00	\$777.00	25%
Periodontics** Treatment For Diseases Of Gums (Surgery/Quadrant)	\$1,375.00	\$1,031.25	25%
Orthodontics (Braces)*** Complete Banding (Child to age 19)	\$7,026.00	\$5,269.50	25%
Implants & Cosmetic Dentistry			20%
All additional dental services not listed above which are performed by a dentist.			20%

\* Usual & Customary Fee is the fee charged by professionals of similar training and experience in a given geographical area.  
Fees are subject to review and adjustment annually.

\*\* Does not duplicate medical coverage.

\*\*\* Adult Orthodontia UCF is slightly higher.



**CarePlus GOLD** is for individuals who are at least 55 (and their spouses) who do not have any other dental coverage.

**BENEFITS OF CAREPLUS GOLD:**

- No annual maximums or deductibles.
- No time limits on procedures.
- No waiting period.
- No pre-existing clauses.
- No restrictions on cosmetic dental treatments.
- 10-day, risk-free “right to cancel.”

CarePlus GOLD ANNUAL PREMIUM	
Single	\$59
Individual + Spouse	\$99

This will provide coverage for a period of (12) twelve months from the effective date of the contract. Upon application approval by CarePlus, you will receive your dental plan contract and membership card.



*“I’m 55+ and would like dental coverage.”*



## CarePlus GOLD DENTAL PLAN

The chart below displays an example of how CarePlus GOLD works to decrease your out-of-pocket expenses for dental services.

EXAMPLES OF PROCEDURES	Approx. U&C Fee* 2020	CarePlus GOLD Member Pays 2020	YOU SAVE
<b>Adult New Patient</b> Oral Exam, X-rays, Cleaning	\$434.00	\$70.00	84%
<b>Diagnostic</b> Periodic Exam	\$60.00	\$45.00	25%
<b>Preventive (Adult)</b> Teeth Cleaning	\$104.00	\$78.00	25%
<b>Restorative</b> Amalgam, 2 Surface	\$219.00	\$164.25	25%
<b>Crowns</b> Porcelain/Ceramic	\$1,356.00	\$1,084.80	20%
<b>Prosthodontics (Fixed)</b> Fixed Bridgework (Ceramic, Per Unit)	\$1,356.00	\$1,084.80	20%
<b>Prosthodontics (Removable)</b> Full Dentures (Each)	\$2,064.00	\$1,651.20	20%
<b>Prosthodontics</b> Adjustments - Dentures	\$123.00	\$98.40	20%
<b>Oral Surgery**</b> Surgical Removal of Erupted Tooth	\$368.00	\$276.00	25%
<b>Endodontics</b> Root Canal Anterior Tooth	\$1,036.00	\$777.00	25%
<b>Periodontics**</b> Treatment For Diseases Of Gums (Surgery/Quadrant)	\$1,375.00	\$1,031.25	25%
<b>Implants &amp; Cosmetic Dentistry</b>			20%
All additional dental services not listed above which are performed by a dentist.			20%

\* Usual & Customary Fee is the fee charged by professionals of similar training and experience in a given geographical area. Fees are subject to review and adjustment annually.

\*\* Does not duplicate medical coverage.

**CarePlus PLATINUM** is an affordable dental plan for anyone who does not have any other dental coverage.

CarePlus PLATINUM is a plan for patients of any age to help reduce out-of-pocket dental costs significantly.

It has a higher annual premium than other CarePlus plans, but provides more comprehensive coverage for you and your family.

**BENEFITS OF CAREPLUS PLATINUM:**

- 10-day, risk-free “Right to Cancel.”
- No waiting period.
- No pre-existing clauses.
- Cosmetic treatment (whitening, implants).

CarePlus PLATINUM ANNUAL PREMIUM	
Single	\$350
Individual + One	\$640
Family	\$999

This will provide coverage for a period of (12) twelve months from the effective date of the contract. Upon application approval by CarePlus, you will receive your dental insurance contract and membership card.

## CarePlus PLATINUM DENTAL PLAN

The chart below displays an example of how CarePlus PLATINUM works to provide your dental benefits.

EXAMPLES OF PROCEDURES	Approx. U&C Fee* 2020	PLATINUM Member Pays 2020	YOU SAVE
<b>Adult New Patient</b> Oral Exam, X-rays, Cleaning	\$434.00	\$0	100%
<b>Diagnostic</b> Periodic Exam	\$60.00	\$0	100%
<b>Preventive (Adult)</b> Teeth Cleaning	\$104.00	\$0	100%
<b>Restorative</b> Amalgam, 2 Surface	\$219.00	\$0	100%
<b>Crowns</b> Porcelain/Ceramic	\$1,356.00	\$244.08	80%
<b>Prosthodontics (Fixed)</b> Fixed Bridgework (Ceramic, Per Unit)	\$1,356.00	\$244.08	80%
<b>Prosthodontics (Removable)</b> Full Dentures (Each)	\$2,064.00	\$607.60	80%
<b>Prosthodontics</b> Adjustments - Dentures	\$123.00	\$22.14	80%
<b>Oral Surgery**</b> Surgical Removal of Erupted Tooth	\$368.00	\$66.24	80%
<b>Endodontics</b> Root Canal Anterior Tooth	\$1,036.00	\$180.48	80%
<b>Periodontics**</b> Treatment For Diseases Of Gums (Surgery/Quadrant)	\$1,375.00	\$247.50	80%
<b>Implants &amp; Cosmetic Dentistry</b>			50%
All additional dental services not listed above which are performed by a dentist.			20%

\* Usual & Customary Fee is the fee charged by professionals of similar training and experience in a given geographical area. Fees are subject to review and adjustment annually.

\*\* Does not duplicate medical coverage.

\*\*\* Maximum benefit per 12 months is not to exceed \$1,250 and the member payment includes 10% discount of services.

*"I don't have dental insurance and I want a comprehensive and robust dental insurance plan."*



# Exclusions and Limitations

1. The Contract does not cover any services performed at offices other than Dental Associates.
2. The Contract does not cover care if benefits for that care are available to you under other medical or dental expense coverage. Should that occur, CarePlus pays the part of any charge which is more than the other coverage's benefit, up to the extent of the total benefit listed for that procedure. All other conditions and limitations still apply. The Contract for the Supplemental plan only provides supplemental benefits. The Contract will not replace, reduce, eliminate or modify any other coverage, including Medicare.

Other medical or dental expense coverage includes:

- a. individual or family plan health insurance;
  - b. group health insurance;
  - c. medical or hospital service insurance;
  - d. Medicare or Medicaid;
  - e. HMOs, PPOs and other prepaid coverage; and
  - f. union, employer or employee welfare benefit plans.
3. The Contract will not reimburse you for missed appointment charges.
  4. Your spouse and/or a member of your family will no longer be covered if that person no longer meets the definition of "spouse" and "family" under the CarePlus Contract.
  5. Supplemental only: No credits shall apply under the Contract if your plan is a group dental Contract offered by CarePlus. Notwithstanding the preceding sentence, Credits shall apply under the Contract with respect to a dental service if (a) you have exhausted your benefits with respect to that dental service under your plan or (b) your plan does not provide any benefits for that dental service (i.e., it is a non-covered service). This exception is only with respect to the difference between the reasonable, usual and customary charge for such dental service and the amount actually covered by your plan for such dental service.
  6. Supplemental only: No Credits shall apply under the Contract if your plan is a PPO Contract and makes payments to the Dentists at reduced amounts. Notwithstanding the preceding sentence, Credits shall apply under this Contract with respect to a dental service if your plan does not provide any benefits for that dental service (i.e., it is a non-covered service). However, such Credits only apply to the extent listed in Exhibit A of the Contract.
  7. Supplemental only: A routine orthodontic case is one in which the alignment of the teeth is accomplished using a single phase of treatment with complete braces and a single set of retainers. Additional costs are incurred when treatment requires appliance therapy, headgear, treatment of impacted tooth/teeth, cleft palate, orthognathic surgical procedures or orthodontic brackets other than stainless steel (i.e. gold, ceramic, invisible, etc.).

## **NOTICE OF 10-DAY RIGHT TO RETURN CONTRACT**

You may return the Contract within ten (10) days after receipt to CarePlus Dental Plans, Inc. at 3333 North Mayfair Road, Suite 311, Wauwatosa, WI 53222. If you do so, the Contract is void and all payments made under it shall be refunded.

## **GRACE PERIOD**

If you fail to make any premium payment when due and such failure continues for more than thirty-one (31) days following the Renewal Date, the Contract and all rights you and members of your family have to receive benefits shall terminate.

## **CONTRACT TERMINATION**

1. The Contract is issued for a term of 12 months. It is renewable at the option of CarePlus.
2. A person is no longer eligible for this coverage if he or she obtains other dental coverage in addition to this plan. The coverage under this plan will end after the 12 month policy term. Other plans may be available with a change in eligibility.
3. When the Contract terminates, the right of you and your spouse and/or family to benefits shall terminate immediately. The Contract will terminate for your children when they reach the age of 26. Please refer to dental Contract for full description of dependent coverage. For the Supplemental plan, Coverage will end for any grandchildren when your child (their parent) reaches age 18.

## **DISENROLLMENT**

CarePlus may disenroll you, resulting in termination of coverage, for any one of the following reasons:

1. You do not pay a required premium within thirty-one (31) days after the Renewal Date.
2. You permit someone else to use the enrollment identification or knowingly provide fraudulent information in applying for coverage or receiving services.
3. You pose a threat to providers, staff or other policyholders because of physical or verbal abuse.
4. You are unable to establish or maintain a satisfactory provider-patient relationship with a Dentist. Disenrollment only will occur after we provide you the opportunity to select an alternate provider, have made reasonable efforts to assist you in establishing a satisfactory provider-patient relationship and have provided you with notice of the right to file a Grievance.

# What's the difference?

**CarePlus VIP** and **CarePlus GOLD** are dental insurance plans with a ***lower premium*** that provide ***moderate discounts*** on dental procedures.

**CarePlus PLATINUM** is a ***robust*** dental insurance plan with ***more comprehensive benefits***.

It has a higher—though still affordable—premium that ***lowers the cost of dental procedures*** even more than VIP or Gold.

If you're anticipating more extensive dental work, CarePlus Platinum may be a better option for you. Though the annual premium is higher, it provides more comprehensive coverage on dental procedures than VIP or Gold, and it will reduce out-of-pocket costs even more.

CarePlus VIP and Gold are great options for those who would like a lower premium and moderate discounts on dental procedures. Please contact a representative at 800-318-7007 for more information and to discuss which option is best for you.

Visit [CarePlusDentalPlans.com](https://CarePlusDentalPlans.com)  
for more information on  
CarePlus and its cost-saving  
dental plans.

Visit [DentalAssociates.com](https://DentalAssociates.com)  
to find a location near you.

Dental Associates is the exclusive provider  
for CarePlus Dental Plans.

## Locations

Appleton

920-730-0345

Kenosha

262-942-7000

Appleton - North

920-734-2345

Milwaukee - Beerline B

414-435-5850

Fond du Lac

920-924-9090

Milwaukee - Downtown

414-778-3600

Franklin

414-435-0787

Milwaukee - Miller Park Way

414-645-4540

Green Bay

920-431-0345

Sturtevant

262-884-3011

Green Bay - Howard

920-965-5525

Waukesha

262-436-3363

Greenville

920-757-0100

Wauwatosa

414-771-2345



**CarePlus**  
Dental Plans

