

Dental Insurance benefits you and your family can afford...

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


Everyone is accepted and there are No Deductibles, Office Co-Pays or Benefit Waiting Periods, so your family can begin using your 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

For a list of dentists in your area, to view dental schedules or to apply online, visit: www.ConsumerBenefits.net

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 PLAN APPLICATION

Questions Call 1-800-544-9505

1) PRIMARY MEMBER INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:		STATE:	ZIP::
PHONE:		EMAIL:	
DATE OF BIRTH:		GENDER:	

2) DEPENDENT INFORMATION (If Applicable)

FIRST NAME:		LAST NAME:	
DATE OF BIRTH:	GENDER:	RELATIONSHIP:	
FIRST NAME:		LAST NAME:	
DATE OF BIRTH:	GENDER:	RELATIONSHIP:	
FIRST NAME:		LAST NAME:	
DATE OF BIRTH:	GENDER:	RELATIONSHIP:	
FIRST NAME:		LAST NAME:	
DATE OF BIRTH:	GENDER:	RELATIONSHIP:	

3) SELECT PLAN OPTION

Plan Type*	Single	Family
One Time Enrollment Fee	\$20.00	\$20.00
Monthly Fee	\$34.95	\$34.95
Select One Option →	<input type="checkbox"/>	<input type="checkbox"/>
*Please indicate the Plan Type you will be enrolling for.		

4) BILLING INFORMATION (Credit Card or Automatic Bank Draft)

CREDIT CARD OPTION - INDICATE ONE: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Expiration Date: ____/____ (mm/yy) CVV Security Code # _____	
Name on Credit Card: _____ Credit Card Number: _____	
AUTOMATIC BANK DRAFT OPTION - INDICATE ONE: <input type="checkbox"/> Checking <input type="checkbox"/> Company Check <input type="checkbox"/> Savings Account	
Bank Name: _____ Address: _____	
Routing #: _____ Account #: _____	
Name as it appears on the account: _____	

5) Mail Completed Application 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 GAC ID 1535
