

The QCD of America Dental & Vision Benefit Program is a managed cost program offering a large selection of highly qualified private practice dental and optical professionals.

## The QCD Philosophy

QCD believes that you should pay the lowest monthly cost possible for comprehensive dental and vision benefit coverage for your family. The member benefits from significant cost savings when and if services are used.

*Do not pay high premiums for dental benefits – pay for your services when and if used. It just makes good financial sense!*

## Monthly Cost

	<b>Monthly</b>
Employee Only	No Charge
Employee + Spouse	\$10.00
Employee + Family	\$14.00

## Why Select QCD?

When selecting dental benefits, QCD makes good financial sense. QCD allows you to allocate more of your benefit expenditures to your rising medical costs.

A single dental procedure (Root Canal and Crown) could cost you as much as \$2000 with no coverage. The QCD program will allow you to save **up to 60%** on the total cost – that could be as much as **\$1200 in savings** and enough to fund your family's monthly dental and vision benefit costs for several years.

## Need more information?

- Contact our Membership Services Department 972.726.0444 or 1.800.229.0304
- See the last page for your enrollment form
- Visit our website at [www.qcdofamerica.com](http://www.qcdofamerica.com)

*Welcome to the Future of Dental & Vision Benefits...Today!*



# THE ESTABLISHED STANDARD

(Not an Insurance Plan)

	<b><u>Monthly</u></b>
Employee Only	No Charge
Employee + Spouse	\$10.00
Employee + Family	\$14.00

- ◆ No Claim Forms, Deductibles or Coverage Maximums
- ◆ Immediate Coverage for all Pre-Existing Conditions
- ◆ Orthodontics (Braces) for Children and Adults
- ◆ May cover children up to the age of 26

SAMPLE DENTAL PROCEDURE <sup>1</sup>	FEE PAID WITH QCD OF AMERICA <sup>®</sup>	NATIONAL AVERAGE DENTAL FEES <sup>2</sup>	SAVINGS WITH QCD OF AMERICA <sup>®</sup>
Oral Exam	\$9	\$35	74%
Full Mouth X-Ray	\$28	\$77	64%
Teeth Cleaning	\$24	\$54	56%
Amalgam (1Surface)	\$28	\$79	65%
Simple Extraction	\$36	\$80	55%
Root Canal (1Canal)	\$185	\$387	52%
Porcelain w/ Metal Crown (lab fees additional)	\$350	\$652	46%
Complete Upper or Lower Denture (lab fees additional)	\$400	\$770	48%

<sup>1</sup> A fee of \$8.00 is charge per appointment for infection control costs. There will be an additional charge for all lab fees less a 20% discount.  
<sup>2</sup> The schedule represents a sample of highly utilized dental procedures. The average costs are estimated from data gathered by the U.S. Bureau of Labor Statistics, the American Dental Association, and the Chamber of Commerce Research Association.

- ◆ Please select any dentist within the QCD Affiliated Dentist Team and make an appointment.
- ◆ Please be sure to identify yourself as a QCD member and the reduced fee schedule will apply to all charges.
- ◆ Please call the QCD Member Services Department at 972.726.0444 or 1.800.229.0304 for assistance.
- ◆ Information may be obtained from the web site at [www.qcdofamerica.com](http://www.qcdofamerica.com)

# Schedule of Programs Fees



Procedure Number	Member Fee	Procedure Number	Member Fee
<b>DIAGNOSTIC DENTISTRY</b>		<b>ENDODONTICS</b>	
D0120	PERIODICAL ORAL EXAMINATION .....\$9.00	D3110	PULP CAP, DIRECT.....\$19.00
D0140	LIMITED ORAL EXAMINATION, PROBLEM FOCUSED .....\$12.00	D3120	PULP CAP, INDIRECT .....\$24.00
D0150	COMPREHENSIVE ORAL EXAMINATION .....\$18.00	D3220	PULPOTOMY.....\$35.00
D0210	INTRAORAL X - RAY COMPLETE SERIES .....\$28.00	D3310	ROOT CANAL, ANTERIOR.....\$159.00
D0460	PULP VITALITY TEST.....\$15.00	D3320	ROOT CANAL, BICUSPID.....\$209.00
D9999	ASEPSIS FEE (INFECTION CONTROL) .....\$8.00	D3330	ROOT CANAL, MOLAR.....\$259.00
ALL BITEWING / SINGLE FILM X-RAYS.....20% DISCOUNT		D3920	HEMISECTIO.....\$65.00
<b>PREVENTATIVE DENTISTRY</b>		A specific root canal treatment or re-treatment may present unusual circumstances requiring additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
D1110	PROPHYLAXIS – ADULT .....\$24.00	<b>PERIODONTICS</b>	
D1120	PROPHYLAXIS – CHILD .....\$24.00	D4210	GINGIVECTOMY/GINGIVOPLASTY –(PER QUADRANT)....\$180.00
D1203	APPLICATION TOPICAL FLUORIDE – CHILD.....\$5.00	D4211	GINGIVECTOMY/GINGIVOPLASTY - (PER TOOTH).....\$50.00
D1204	APPLICATION TOPICAL FLUORIDE – ADULT .....\$5.00	D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - (PER QUADRANT) .....\$200.00
D1351	SEALANT-PER TOOTH .....\$14.00	D4260	OSSEOUS SURGERY-(PER QUADRANT) (INCLUDING FLAP ENTRY AND CLOSURE) .....\$260.00
D1510	SPACE MAINTAINER - FIXED UNILATERAL .....\$60.00	D4341	PERIODONTAL SCALING AND ROOT PLANING - (PER QUADRANT).....\$75.00
D1515	SPACE MAINTAINER - FIXED BILATERAL .....\$75.00	D4355	FULL MOUTH DEBRIDEMENT .....\$70.00
A specific preventative treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.		D4910	PERIODONTAL MAINTENANCE PROCEDURES FOLLOWING ACTIVE THERAPY .....\$30.00
<b>COSMETIC</b>		A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
ALL COSMETIC DENTISTRY .....20% DISCOUNT		<b>PROSTHODONTICS – REMOVABLE</b>	
<b>RESTORATIVE DENTISTRY</b>		(LAB FEES ADDITIONAL COST)	
D2140	AMALGAM - 1 SURFACE, PRIMARY OR PERMANENT .....\$28.00	D5110	COMPLETE UPPER DENTURE (INCLUDING SIX MONTHS POST CARE) .....\$400.00
D2150	AMALGAM - 2 SURFACES, PRIMARY OR PERMANENT .....\$36.00	D5120	COMPLETE LOWER DENTURE (INCLUDING SIX MONTHS POST CARE) .....\$400.00
D2160	AMALGAM - 3 SURFACES, PRIMARY OR PERMANENT .....\$46.00	D5130	IMMEDIATE UPPER.....\$420.00
D2161	AMALGAM - 4 OR MORE SURFACES, PRIMARY OR PERMANENT .....\$56.00	D5140	IMMEDIATE LOWER.....\$420.00
D2330	COMPOSITE RESIN - 1 SURFACE, ANTERIOR .....\$38.00	D5211	UPPER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2331	COMPOSITE RESIN - 2 SURFACES, ANTERIOR.....\$46.00	D5212	LOWER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2332	COMPOSITE RESIN - 3 SURFACES, ANTERIOR.....\$56.00	D5213	UPPER PARTIAL – PREDOMINANTLY CAST BASE .....\$400.00
D2335	COMPOSITE RESIN - 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR .....\$66.00	D5214	LOWER PARTIAL – PREDOMINANTLY CAST BASE .....\$400.00
D2391	COMPOSITE RESIN - 1 SURFACE, POSTERIOR.....\$50.00	D5410	ADJUST COMPLETE DENTURE .....\$15.00
D2392	COMPOSITE RESIN - 2 SURFACES, POSTERIOR.....\$65.00	D5510	REPAIR BROKEN COMPLETE DENTURE BASE .....\$40.00
D2393	COMPOSITE RESIN - 3 SURFACES, POSTERIOR.....\$85.00	D5610	REPAIR RESIN DENTURE BASE .....\$35.00
D2394	COMPOSITE RESIN - 4 OR MORE SURFACES, POSTERIOR.....\$95.00	D5630	REPAIR OR REPLACE BROKEN CLASP.....\$45.00
D2750	CROWN - PORCELAIN TO HIGH NOBLE METAL (GOLD AND LAB FEES ADDITIONAL) .....\$350.00	D5640	REPLACE BROKEN TEETH – (PER TOOTH) .....\$30.00
D2751	CROWN - PORCELAIN TO BASE METAL (LAB FEES ADDITIONAL) .....\$320.00	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE .....\$45.00
D2920	CEMENT CROWN .....\$20.00	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE .....\$65.00
D2931	PREFABRICATED STAINLESS STEEL CROWN .....\$48.00	D5730	RELINE COMPLETE UPPER (CHAIRSIDE) .....\$75.00
D2940	SEDATIVE FILLING .....\$16.00	D5731	RELINE COMPLETE LOWER (CHAIRSIDE).....\$75.00
D2950	CORE BUILDUP, (INCLUDING ANY PINS) .....\$55.00	D5740	RELINE UPPER PARTIAL (CHAIRSIDE) .....\$75.00
D2951	PIN RETENTION – (PER TOOTH) .....\$20.00	D5741	RELINE LOWER PARTIAL (CHAIRSIDE).....\$75.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN .....\$75.00	D5810	TEMPORARY COMPLETE UPPER DENTURE.....\$200.00
D2953	EACH ADDITIONAL CAST POST (SAME TOOTH) .....\$40.00	D5811	TEMPORARY COMPLETE LOWER DENTURE .....\$200.00
D2954	PREFAB POST / CORE IN ADDITION TO CROWN .....\$60.00	D5820	TEMPORARY PARTIAL - STAY PLATE UPPER.....\$180.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH) .....\$40.00	D5821	TEMPORARY PARTIAL - STAY PLATE LOWER.....\$180.00

# Schedule of Programs Fees (Continued)



PROSTHODONTICS – FIXED BRIDGES	SPECIALTY CARE SERVICES
D6241 PONTIC-PORCELAIN FUSED TO BASE METAL .....\$320.00 D6751 CROWN-PORCELAIN FUSED TO BASE METAL .....\$320.00 D6791 CROWN-FULL CAST FUSED TO BASE METAL .....\$270.00 D6930 RECEMENT BRIDGE .....\$20.00 D6940 STRESS BREAKER .....\$90.00 D6950 PRECISION ATTACHMENT (EACH).....\$225.00	All scheduled charges listed are for services rendered by a QCD OF AMERICA® affiliated general dentist. All treatments provided by a QCD OF AMERICA® affiliated specialty dentist (advanced degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% discount from the affiliated specialty dentist's usual and customary fee for the treatment.
A specific prosthodontic treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the affiliated dentist as to the total cost prior to treatment.	OTHER PROCEDURES AND PAYMENT FOR SERVICES
ORAL SURGERY	Any procedure not listed on the QCD OF AMERICA® Schedule of Dental Program Fees is available at the dentist's usual and customary fee less a 20% discount – this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at the time of service. The member may negotiate payment terms with the affiliated dentist, however, an
D7110 SINGLE TOOTH EXTRACTION .....\$36.00 D7120 EACH ADDITIONAL TOOTH .....\$34.00 D7130 ROOT REMOVAL – EXPOSED ROOTS .....\$48.00 D7210 SURGICAL EXTRACTION-ERUPTED .....\$68.00 D7220 REMOVAL OF IMPACTED TOOTH - SOFT TISSUE .....\$78.00 D7230 REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY .....\$109.00 D7240 REMOVAL OF IMPACTED TOOTH-COMpletely BONY .....\$129.00 D7241 REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS .....\$189.00 D7250 ROOT RECOVERY .....\$72.00 D7280 SURGICAL EXPOSURE PER TOOTH.....\$66.00 D7310 ALVEOLOPLASTY (PER QUADRANT WITH EXTRACTIONS) .....\$78.00 D7320 ALVEOLOPLASTY (PER QUADRANT WITHOUT EXTRACTIONS) .....\$84.00 D7960 FRENECTOMY .....\$99.00	ASEPSIS FEE
A specific oral surgery procedure may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to	An asepsis fee of \$8.00 per patient appointment is charged by all affiliated dentists to insure proper infection control for all QCD OF AMERICA® members.
ORTHODONTICS (QCD GENERAL DENTIST ONLY)	QCD OF AMERICA® - EXCLUSIONS AND LIMITATIONS
D8999 DIAGNOSTIC WORK UP RADIOGRAPHS, MODEL, RECORDS .....\$120.00 D8080 CHILD (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT .....\$2,200.00 D8090 ADULT (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT .....\$2,400.00 D8680 ORTHODONTIC RETENTION.....\$230.00	1) THE FOLLOWING EXCLUSIONS AND LIMITATIONS APPLY:  A) SERVICES COVERED UNDER WORKMEN'S COMPENSATION OR EMPLOYER'S LIABILITY LAWS;  B) COST OF ANY DENTAL CARE COVERED BY ANY MEDICAL INSURANCE;  C) SERVICES WHICH, IN THE OPIONION OF THE ATTENDING DENTIST, ARE NOT NECESSARY FOR THE PATIENT'S DENTAL HEALTH OR CANNOT BE PERFORMED BECAUSE OF THE GENERAL HEALTH OF THE PATIENT;  D) GENERAL ANESTHESIA, I.V. SEDATION, HOSPITALIZAITON, AND HOSPITAL OR MEDICAL CHARGES OF ANY TYPE.  2) QCD OF AMERICA® MEMBER FEES APPLY TO SERVICES RENDERED BY AFFILIATED DENTAL OFFICES AND ARE SUBJECT TO CHANGE IN THE FUTURE.  3) QCD OF AMERICA® MEMBER FEES DO NOT APPLY TO WORK IN PROGRESS OR IF THE PATIENT'S MEMBERSHIP IS NO LONGER VALID.  4) QCD OF AMERICA® ASSUMES NO RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY AFFILIATED DENTISTS.  5) ANY QCD OF AMERICA® MEMBER ACCEPTED FOR ORTHODONTIC TREATMENT MUST REMAIN A MEMBER OF THE PLAN FOR THE COMPLETE DURATION OF THE TREATMENT OR RISK ADDITIONAL CHARGES BY THE AFFILAITED DENTIST.  6) ANY PROCEDURE MAY PRESENT UNUSUAL CIRCUMSTANCES REQUIRING AN ADDITIONAL COST. PLEASE CONSULT THE AFFILIATED DENTIST AS TO THE TOTAL TREATMENT COST PRIOR TO ANY SERVICE BEING RENDERED.
A special orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the affiliated dentist will explain all needed procedures, length of treatment, required fees and payment schedule.	
GENERAL SERVICES	
D9999 FAILED APPOINTMENT (WITHOUT 24 HOURS NOTICE) .....\$30.00 D9999 PALLATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES.....\$20.00 D9999 OFFICE VISIT-AFTER HOURS .....\$45.00	
IMPORTANT NOTICE	
THE QCD OF AMERICA® DENTAL BENEFIT PROGRAM DOES NO CONSTITUTE DENTAL INSURANCE AND IS NOT A HEALTH MAINTENANCE ORGANIZATION CONTRACT. QCD OF AMERICA® DOES NOT REIMBURSE THE AFFILIATED DENTIST OR IMDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.	



# Clear Vision Discount Program

Davis Vision is pleased to provide you with a no-cost, traditional vision Discount Program that provides significant discounts on eye exams, lenses, frames and additional eyewear options. For more details, see the Accessing Provider Information section on the reverse side.

The Discount Program entitles you to the following discounts off usual and customary fees:

## Comprehensive Eye Exam

Complete Eye Examination 15% Discount off Usual & Customary Contact Lens Examination 15% Discount off Usual & Customary

Frame/ <sup>1</sup>	Patient Price	Average Discount
Priced up to \$70 Retail \$40	40%	Priced over \$70 Retail \$40 plus 10% off the amount over \$70 28%

## Spectacle Lenses (Uncoated Plastic)

Single	\$35	30%
Bifocal	\$55	27%
Trifocal	\$65	28%
Lenticular	\$110	31%

## Lens Options (Add to Lens Prices Above)<sup>2</sup>

Standard Progressive	\$75	50%
Premium Progressive	\$125	35%-60%
Glass Lenses	\$18	40%
Polycarbonate Lenses	\$30	50%
Blended Invisible Bifocals	\$20	60%
Intermediate Vision Lenses	\$30	80%
Scratch Resistant Coating	\$20	33%-66%
Standard Anti-Reflective Coating	\$45	20%
Ultraviolet Coating	\$15	25%
Solid Tint	\$10	30%
Gradient Tint	\$12	20%
Photochromic Lenses	\$35	20%-45%
Plastic Photosensitive Lenses	\$65	35%-55%
High Index Lenses	\$55	40%

Conventional 20% off Provider's Usual & Customary 20% Disposable/Planned Replacement  
10% off Provider's Usual & Customary 10%

## Value Added Features

Lens 1-2-3!<sup>3</sup> Membership Free Membership Up to 50% Laser Vision Correction Discount Up to 25% off Provider's U & C<sup>3</sup> Up to 25%

1/ At WalMart locations, members will receive WalMart's everyday low price on frame and contact lens purchases. 2/ Special lens designs, materials, powers, and frames may require additional cost. 3/ Or receive an additional 5% discount on any advertised specials whichever is lower.



# Clear Vision Discount Program Highlights

**Vision Plan:** Clear Vision Discount Plan **Control Code:** 2959 **Co-payment:** N/A, discount plan is 100% member paid at the time of service

**Eye Examination** – Members will receive a 15% discount on their comprehensive eye examination including dilation (when professionally indicated).

**Eyewear (Frames and Spectacle Lenses or Contact Lenses)** – Members will be entitled to substantial and verifiable savings on all of their eyewear needs. Discounts are uniform nationally and represent pricing well below Average Retail Prices. These discounts are based on published industry standard costs, not markdowns from artificially inflated prices.

**Significant Savings** – Client surveys indicate that programs providing discounts off retail prices of eyeglasses are subject to abuse due to the high associated markups of over 300% throughout the optical industry. Consequently, these programs do not result in a true “value-add” for the beneficiary. The proposed fixed-fee discounted pricing schedule provides both verifiable savings and benefit uniformity for all members from coast to coast.

**Additional Value-Added Features** – The Clear Vision Discount Program also offers significant discounts on replacement contact lenses and laser vision correction at no additional cost.

- Lens 123® is a mail order program that allows you to enjoy the guaranteed lowest prices on replacement contact lenses—save up to 60% off retail prices. Members can conveniently call 1-800-LENS123 with a current prescription for this value-added service. The Lens 123® contact lens replacement program is endorsed by the industry’s major manufacturers.
- Davis Vision’s Laser Vision Correction program provides substantial discounts on laser vision correction procedures. Members are entitled to savings of up to 25% off usual and customary fees or a 5% discount off a center’s advertised special through a network of preeminent physicians affiliated with Eye Centers of Excellence. (Some centers provide a flat fee equating to these discount levels.) See below for information on finding a participating laser vision provider near you.

**Accessing a Provider** – Contact a Davis Vision representative at 1-888-897-9347 or simply log on to [www.davisvision.com](http://www.davisvision.com), choose “Find a Provider” and use your control code 2959

**Customer Service** -To speak with a customer service representative, call Davis Vision Customer Service at 1877-923-2847. Enter Client Control Number 2959 when prompted. At the main menu, press “0”. Our representatives are available to assist you from 8 a.m. to 11 p.m. ET Monday through Friday, 9 a.m. to 4 p.m. ET Saturday and 12 p.m. to 4 p.m. ET Sunday.



# AMERICAN HEARING BENEFITS

## YOUR PARTNER IN HEARING



qcd DENTAL  
BENEFITS

 **American**  
HEARING BENEFITS

You and your family members have exclusive access to **free hearing consultations** and **discounts up to 48% off on all levels of hearing technology** through American Hearing Benefits

### Exclusive Benefits include:



#### Discounts

- Discounts up to 48% on all AHB hearing aid technologies and styles
- FREE annual hearing consultations for you and your family
- Up to 3-year supply of FREE batteries (40 cells per hearing aid purchased per year)



#### Other Benefits

- Advanced technology, including Bluetooth® and rechargeable options
- Access to a nationwide network of 3,000+ hearing professional locations



#### Buy With Confidence

- 60-day risk-free trial period\*
- FREE deluxe warranty plan (including loss and damage)
- A year of FREE follow-up office visits if needed (up to six visits)

### Accessing your hearing program is easy!

#### Step 1

Contact us at **(888) 915-6932** with questions or to schedule your FREE consultation

#### Step 2

Our Hearing Care Advisor will answer questions and work with you to schedule an appointment with a hearing care professional in your area

#### Step 3

Once your hearing has been fully evaluated and it is determined that a hearing aid could benefit you, our professionals will make a recommendation based on your hearing loss, lifestyle and budget

#### Step 4

Now begin your life with better hearing. Once you make a hearing aid purchase decision, we give you a 60 day trial\* period to be sure you are completely satisfied

Visit [americanhearingbenefits.com/partners/QCD](https://americanhearingbenefits.com/partners/QCD)

or call us today at

**(888) 915-6932**

and mention code HEARQCD to take advantage of your exclusive member discounts

\*Professional fees may apply.

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# qcd | WELLNESS PROGRAM

## QCD of America Discount Prescription Card

[www.QCDofAmerica.com](http://www.QCDofAmerica.com)

Save up to 80% on your prescriptions and your pet's prescriptions. Simply present this card at a network pharmacy.



**No Fees**  
**No Expiration Date**

**Pre-Activated Card**  
**Use it over and over!**

- ✓ Up to 80% on generic medications.
- ✓ Up to 20% on name brand prescriptions.
- ✓ Up to 80% on your PET medications.
- ✓ Unlike many other programs and discounts, QCD Wellness Rx Card is FREE to people of ALL AGES.

This is **NOT** an insurance program or membership club. Your **FREE Discount Drug Card** simply entitles you to a discount off the purchase price of prescription drugs. QCD Discount RX Card is administered by RxCareCard.

*To print your card, visit [www.QCDofAmerica.com](http://www.QCDofAmerica.com) and click on Wellness Program!*

# Dentist Referral Form

QCD of America adds dentists to the affiliated dental team through the referrals of new and existing members. After you review the most current affiliated dental team listing, please provide us with your suggestions for new dentist affiliates that are **not** currently listed on the network of affiliated dentists.

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Your Name

---

Your Telephone Number

---

Your Employer

---

Dentist's Name

---

Dentist's Address

---

City, State, Zip Code

---

Dentist's Telephone Number

This form is for new and existing QCD members to suggest new dentists for QCD to contact for possible affiliation with the dental program. All dentists will be contacted immediately; however, all dentists must meet QCD's qualification requirements prior to affiliation.

# The Red Program

Group Enrollment



Please complete all information and sign. Please print all information.

## SUBSCRIBER INFORMATION

New QCD Member

Existing QCD Member making changes

Last Name	First Name	MI	Date of Birth
Address	City	State	Zip
Social Security Number	Telephone		
Company Name	Effective Date	Hire Date	

## COVERAGE SELECTED

<input type="checkbox"/>	Employee Only	No Charge
<input type="checkbox"/>	Employee and One Dependent	\$10 / Month
<input type="checkbox"/>	Employee and Family	\$14 / Month

## DEPENDENT INFORMATION

Social Security Number	Last Name	First Name	MI	Date of Birth	Gender	Relationship

I hereby make application for membership in QCD of America® (QCD). I agree to hold QCD harmless from any liability for negligence on the part of the Affiliated Dentist. I further release QCD from and waive any claims for negligent referral, negligent certification or similar claim. I hereby authorize my employer to make payroll deductions, if required, for the coverage selected. The QCD of America Dental and Vision Benefit Program is not an insurance plan and does not constitute insurance coverage.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature