



# TripleChoicePlan

Exclusive Dental Packages by AmeriChoice

## PLAN SELECTIONS BENEFIT COVERAGE OPTIONS

### PPO/EPO DENTAL PLAN – Sun Life Financial

PPO Plan 1

Plan A

DHMO Ortho

PPO Plan 2

Plan B

\$1,000 PPO Ortho

PPO Plan 3

Plan C

\$1,500 PPO Ortho

\$2,000 PPO Ortho

### DHMO (PREPAID) DENTAL PLAN - California Benefits Dental Plan

Gold Plan

Silver Plan

Bronze Plan

### VISION PLAN

Vision Plan of America (Standard)

AVESIS (Stand Alone Plan)

A

B

C

Employer Paid

Voluntary

GROUP NAME (PRINTED): \_\_\_\_\_ Plan Effective Date: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

BROKER NAME (PRINTED): \_\_\_\_\_ PHONE#: \_\_\_\_\_

BROKER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ENROLLMENT DATE(S) DESIRED: \_\_\_\_\_

NUMBER OF ENROLLMENT SESSIONS DESIRED: \_\_\_\_\_

TOTAL NUMBER OF EE'S: \_\_\_\_\_

SPANISH:  YES  NO NUMBER OF SPANISH PACKETS: \_\_\_\_\_