

## Membership Fee

	Monthly Membership Fee	Annual Membership Fee
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Adults	<b>\$39.00</b>	<b>\$468.00</b>
Children	<b>\$29.00</b>	<b>\$348.00</b>

Periodontal maintenance cleaning visits **\$129 each**  
additional visit per year.

- Children are considered 19 and under.
- Plan expires one year from date of purchase.
- Plan cannot be combined with any other dental insurance.
- If payment is financed through a third party, discount is reduced to 5% off of services.
- This plan cannot be used on dental treatment following injury when there is a lawsuit or workman's comp case.

## Membership Benefits

- Bi-yearly periodic dental exams, radiographs, and routine cleaning (prophylaxis) included
- Topical Fluoride (kids only)
- Discounted dental fees
- Tax included
- No annual max
- No deductible
- No wondering if insurance will pay
- No Pre-authorizations
- No waiting periods
- No missing tooth clause

## Coverage Includes

### Dental Exams Per Year

(during your biannual visits)

- |                                  |             |
|----------------------------------|-------------|
| • New patient Comprehensive Exam | <b>100%</b> |
| • Periodic Exam (twice a year)   | <b>100%</b> |

### Radiographs

- |                             |             |
|-----------------------------|-------------|
| • Bitewings (once year)     | <b>100%</b> |
| • Pano (once every 5 years) | <b>100%</b> |

### Other Services

- |   |                  |
|---|------------------|
| • Clear Aligner Therapy* (Clear Braces) | <b>\$300 Off</b> |
|---|------------------|

\*Must remain active on plan for duration of treatment

### Everything Else

- |  |            |
|--|------------|
| • Non-Surgical Periodontal Therapy         | <b>15%</b> |
| • Fillings                                 | <b>15%</b> |
| • Crowns                                   | <b>15%</b> |
| • Bridges                                  | <b>15%</b> |
| • Root Canals                              | <b>15%</b> |
| • Dentures & Partials                      | <b>15%</b> |
| • Implants                                 | <b>15%</b> |
| • Sedation                                 | <b>15%</b> |
| • Cosmetic Dentistry                       | <b>15%</b> |
| • Whitening: In-office and take home trays | <b>15%</b> |
| • Emergency Visits                         | <b>15%</b> |

\*Excludes Dental and Whitening products

