

Sample Savings:

| | USUAL FEE | MEMBER FEE |
|---|-----------|------------|
| Comprehensive Exam | \$110 | \$0 |
| Full-mouth X-rays | \$240 | \$0 |
| Adult cleaning | \$120 | \$60 |
| White Filling (1 surface) | \$160 | \$80 |
| Crown (Porcelain/Gold) | \$1,050 | \$682 |
| Periodontal Scaling & Root Planning (4+ /Quadr) | \$255 | \$166 |
| Root Canal (front tooth) | \$780 | \$507 |
| Extraction (simple) | \$125 | \$81 |
| Extraction ¹ (impacted wisdom) | \$490 | \$318 |
| Osseous Surgery ¹ (per Quadr) | \$1,490 | \$968 |

¹ Services provided by a specialist

Membership Plan Terms/Limitations & Exclusions:

Terms:

- This is a Benefit-Year plan. Participants will receive coverage retroactive to the 1st day of the enrollment month.
- Coverage is effective for twelve (12) consecutive months from the previous effective date.
- Annual membership fee is \$89 for each Primary Participant. Additional members per household will pay \$69 annually for participation as a dependent. An active primary membership is required for eligibility of any dependent.
- Membership can be terminated by plan provider or participant at any time. Any refund of unused membership fee will be prorated based on the lower amount of time or benefit remaining in the plan.
- There is a \$10 plan activation fee, per subscriber. This fee is waived for timely renewal of membership, but is payable for reactivation of terminated memberships.
- Activation Fee is nonrefundable upon plan termination.

Limitations:

- Annual maximum benefit is limited to \$1,500 per subscriber. Once the maximum benefit limit has been reached, any additional covered service will be rendered at office Standard Fee (UCR) minus a 25% discount (75% patient co-pay).

- Diagnostic services are limited to once every six (6) months.
- All other covered services have no frequency limitation.
- When member has existing dental insurance coverage, membership benefits can be used in lieu of insurance coverage or once insurance benefits have been exhausted. There will be no Coordination of Benefits.
- Applicants must choose their office of choice. Membership benefits are location specific.

Exclusions:

- Only services rendered by Participating Dentist(s) are covered under this plan. Services performed by a non-participating provider, or services referred to an outside specialist are not covered under this plan.
- General Anesthesia or Intra-Venus Sedation is not covered under this plan.
- Biological Materials such as bone graft, various types of membrane, etc. are not covered under this plan.

Who is Eligible?
You are. Once you pay your membership, you are in!

Individual Rate
\$89 /year*

Each Addition Family Member
\$79 /year*

* A One-time \$10 activation fee will be applied for each member. Activation Fee is nonrefundable upon plan termination.



Benefits & Frequencies

- Free Exams & X-rays Once every six months**
- Diagnostic, Preventative & Basic Dentistry Patient co-pay of 50%**
- Major Dentistry incl. Endo, Perio & OS Patient co-pay of 65%**
- ** Up to a maximum annual benefit amount of \$1,500