

## ANNUAL PLAN COSTS

Single .....\$397

Periodontal Maintenance .....\$597

## PROGRAM GUIDELINES

Premiums are paid in full with check or cash and will be covered for 12 months from payment date, premiums are non-refundable.

No refunds will be issued at any time if patient decides not to utilize any portion of the plan.

Patient's portion of bill is due the day of service.



## TREATMENT

## MEMBER DISCOUNT

### Diagnostic and X-Rays

Comprehensive Exam / NP Initial Exam (1 per year)	100%
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OR:

Periodic Exam (2 per year)	100%
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Child under age 18 (2 per year)	
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Limited Exam	15%
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Pano/CT (1 every 5 years)	50%
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Emergency Diagnostic X-Ray	15%
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4 Bitewings (1 time per year)	100%
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OR:

Full Mouth Series: 18 X-Rays (1 every 5 years)	100%
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### Preventive / Periodontal

Child Prophylaxis - cleaning (2 per year)	100%
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Adult Prophylaxis - cleaning (2 per year)	100%
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Periodontal Maintenance (3 per year)	100%
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Each additional	15%
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Fluoride (2 per year, up to age 18)	100%
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Sealants	15%
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### Treatment

All other procedures including initial periodontal treatment	15%
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Orthodontics	\$500 off treatment
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