

DENTALone

membership card

ONE CONVENIENT CARD

DESIGNED TO GIVE YOU TWO FREE CLEANINGS
AND EXAMS A YEAR PLUS A SAVINGS OF 20 - 100% OFF
YOUR DENTAL SERVICES.... ON EVERY VISIT!



*No pre-existing conditions,
no waiting periods,
comparative fee chart,
no maximums, & qualifies
for HSA or FSA dollars!*

Dear **DENTALone** member,
You now have the advantages of **DENTALone's**
discounted fee plan. It's been designed as an
alternative to typical dental insurance. All*
dental procedures are covered for you and your
dependents with one card, allowing you to
provide great dental benefits for yourself *and*
your immediate family. All services are provided
at any one of the Ladd Dental Group offices
shown below. A typical **DENTALone** card
member with a family of four saves on average
\$600 on routine cleanings with exams!

*Welcome to a new world of dental
savings for you and your family!*

PARTICIPATING DENTALone LOCATIONS:

Kokomo Greentown
Bunker Hill Westfield
Peru Wabash McCordsville Logansport OSC

For more information visit: www.ladddental.com

DENTALone Fee Schedule

\$250.00 for the first person

\$225.00 for each additional family member

*All fees not listed are discounted at 20% excluding Implants, Whitening, IV sedation, Orthodontic Services and certain Dentures.

Fees subject to change at the discretion of Ladd Dental Group, Inc. Benefits only redeemable at any participating Ladd Dental Group Office.

Ada Code	Procedure Description	Normal Fee	DentalOne Discount	Your Savings	DentalOne Discounted Fee
120	Periodic Examination	\$55.00	100%	\$55.00	0.00
140	Emergency Exam (1 per year)	\$80.00	100%	\$80.00	0.00
150	Initial Examination	\$95.00	100%	\$95.00	0.00
210	Full Mouth X-Ray	\$141.00	100%	\$141.00	0.00
272	Bitewings-Two Films	\$49.00	100%	\$49.00	0.00
274	Bitewings-Four Films	\$69.00	100%	\$69.00	0.00
330	Panoramic	\$119.00	100%	\$119.00	0.00
1110	Prophylaxis-Adult	\$111.00	100%	\$111.00	0.00
1120	Prophylaxis-Child	\$87.00	100%	\$87.00	0.00
1206	Fluoride	39.00	20%	\$7.80	31.20
1351	Sealant	59.00	20%	\$11.80	47.20
2330	Composite 1 Surf. Ant.	\$205.00	20%	\$41.00	\$164.00
2331	Composite 2 Surf. Ant.	\$250.00	20%	\$50.00	\$200.00
2332	Composite 3 Surf. Ant.	\$324.00	20%	\$64.80	\$259.20
2335	Composite 4 Surf. Ant.	\$368.00	20%	\$73.60	\$294.40
2391	Composite 1 Surf. Post.	\$205.00	20%	\$41.00	\$164.00
2392	Composite 2 Surf. Post.	\$250.00	20%	\$50.00	\$200.00
2393	Composite 3 Surf. Post.	\$324.00	20%	\$64.80	\$259.20
2394	Composite 4 Surf. Post.	\$368.00	20%	\$73.60	\$294.40
2752	Porcelain Veneer Crown	\$1,313.00	Flat Fee Discount	\$150.00	\$1,163.00
2790	Full Gold Crown	\$1,313.00 *Plus Spot	Flat Fee Discount	\$150.00	\$1,163.00 *Plus Spot
2950	Build-up	\$284.00	20%	\$56.80	\$227.20
2954	Cast Post & Core	\$360.00	20%	\$72.00	\$288.00
3310	Root Canal Anterior	\$803.00	20%	\$160.60	\$642.40
3320	Root Canal Bicuspid	\$903.00	20%	\$180.60	\$722.40
3330	Root Canal Molar	\$1,101.00	20%	\$220.20	\$880.80
4341	Perio Scale and Root Planing/Quad	\$273.00	20%	\$54.60	\$218.40
4910	Perio Maintenance	\$145.00	20%	\$29.00	\$116.00
5110	Characterized Upper Denture	\$1,894.00	20%	\$378.80	\$1,515.20
5120	Characterized Lower Denture	\$1,903.00	20%	\$380.60	\$1,522.40
5213	Upper Partial	\$1946.00	20%	\$389.20	\$1,556.80
5214	Lower Partial	\$1,952.00	20%	\$390.40	\$1,561.60
7140	Extraction	\$193.00	20%	\$38.60	\$154.40
7210	Surgical Extraction	\$299.00	20%	\$59.80	\$239.20
7220	Extraction Soft Tissue	\$334.00	20%	\$66.80	\$267.20
7230	Extraction Partially Bony	\$422.00	20%	\$84.40	\$337.60
7240	Extraction Complete Bony	\$504.00	20%	\$100.80	\$403.20
7250	Surgical Removal of Root Tip	\$332.00	20%	\$66.40	\$265.60

Benefits may not be combined with any other offers or discounts.

This card may be used with dental insurance only after the insurance has met the annual maximum.

DENTALone is NOT an insurance plan, but a discount fee for service dental program. It is an alternative to dental insurance with many of the benefits and few of the restrictions. **DENTALone** has a higher level of benefits in certain areas than traditional insurance with no yearly maximum, no deductibles, and no waiting periods.

**CHOOSE NOW TO PUT 20–100% OF YOUR DENTAL BILL
BACK INTO YOUR POCKET.**