



## Dental Membership Savings Plan

### **Yearly Membership Includes:**

- 2 Dental Prophylaxis (D1110 does not include scaling and root planing)
- 2 Exams (D0150 or D0120)
- 2 Fluoride Treatments (D1206)
- 2 Emergency or Limited Office Visits (D0140)
- All Necessary X-rays (excluding CBCT)
- 20% discount on other services rendered by the office

No Yearly Maximum

No Waiting Periods

### **Yearly Membership Fee:**

- Automatically Deducted Primary Member
  - \$31.99/ Month (\$383.88 Annually)
  - If Annual membership is paid one time of \$351.89
- Spouse:
  - \$26.99/Month (\$296.89 Annually)
  - If Annual membership is paid one time of \$269.90
- Dependents/Children (Under 21)
  - \$23.99/Month (\$263.89 Annually)
  - If Annual membership is paid one time of \$239.90

Other terms and conditions apply. See office for more details and information