



Coverage Includes:

- Two cleanings Per year
- Discounted dental fees
- No deductible
- No pre-authorization
- No wondering what insurance will pay
- No waiting periods
- Cosmetic dentistry included
- Additional perio plan

Coverage Includes		Yearly Membership Dues:
Examination:		
New PT Comprehensive Exam	100%	First Family Member: \$295
Periodic Exam (two/year)	100%	Second Family Member: \$150
Limited Exam (Emergency- one/year)	100%	Each Additional Family Member: \$100
Radiographs:		Additional Optional Perio Plan: \$125
Full Mouth X-Rays (one/5 years)	100%	Per quadrant of scaling (per member)
Bitewings (one/year)	100%	NOTE: All family members must live in the same household.
Preventative:		
Adult Cleaning (two/year)	100%	
Child Cleaning (two/year)	100%	
Perio Maintenance (two/year) In Addition to Scaling	100%	
Implants	15%	<u>*last for one calendar year*</u>
Everything Else:	20%	<u>*percentages are subject to change for the next calendar year without notice*</u>
Fluoride		
Fillings		
Crowns		
Root Canals		
Extractions		
Dentures & Partials		

