



## PROGRAM GUIDELINES

### Plan Advantages

- Low Cost
- Includes Participating Specialty Doctors
- Includes Cosmetic Services
- Totally Voluntary
- No Annual Maximums
- No Deductions
- No Waiting Period
- No Limitations

### Diagnostics

- Comprehensive examination for new patients – 100% coverage
- 2 Routine examinations per year – 100% coverage
- 1 set of bitewing x-rays per year – 100% coverage
- Panorex (every 5 years) – 100% coverage
- Conebeam CT X-ray discount pricing (regularly \$300) - \$99.00

### Preventative Care

- 2 dental cleanings per year or 2 periodontal maintenance per year – 100% coverage
- 2 fluoride treatments per year – 100% coverage
- 20% off any additional cleanings or periodontal maintenance
- 20% off all dental sealants
- 20% off all periodontal treatment and deep cleaning

### Other Discounted Procedures

- ClearCorrect - \$250 discount
- 20% off all other prescribed treatment
- Discounted rates at participating specialists

\*Benefit coverage is effective for participants who remain enrolled in their plan at least until the completion of treatment. If enrollment expires before treatment is completed, coverage is no longer available unless annual fee is paid for the next year.

\*Our dental savings plan is not an insurance plan, it has been designed to provide a way for our patients to obtain the dental care they need at the most affordable rate. The savings plan:

Is standalone coverage and is not to be combined with insurance benefits

Cannot be used in a Workman's Compensation treatment plan

Is for the use in treatments that lie within our realm of expertise

Cannot be used for treatment with another dentist or specialist to whom we refer, unless part of our Burton Specialist Network

\*There are no refunds for paid premiums, even if the Savings Plan benefits are not utilized during the participation period.

\*Families with children up to 23 years of age and unmarried, may combine as family unit. Children over 23 and/or married may enroll at an individual rate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Patient(s) covered: \_\_\_\_\_