

DenVantage Plan Costs & Benefits

The following is a summary of the costs and benefits associated with the DenVantage Plan as offered by this provider. If you have any questions on the information presented in this document, please contact the provider directly.

Plan Costs

| Plan Name | Cost |
|--|-------------------------|
| Adult Preventative (2 Visits Per Year) | \$32 / Month |
| Adult Preventative (3 Visits Per Year) | \$41 / Month |
| Adult Periodontal (3 Visits Per Year) | \$50 / Month |
| Adult Periodontal (4 Visits Per Year) | \$63 / Month |
| Child Preventative (2 Visits Per Year — Ages 13 and Under) | \$26 / Month |
| CHILD NEW PATIENTS (2 Visits Per year—Ages 13 and Under—see below) | Plan Cost + \$38 / year |
| ADULT NEW PATIENTS (see below) | Plan Cost + \$96 / Year |

Please note that there is a one-time setup fee of \$55 per individual or \$95 per family, which is non-refundable.

Schedule of Benefits

The DenVantage Plan includes the following benefits at no charge:

- Adult or Children's Cleaning (up to 2 per year with corresponding plan)
- Periodontal Maintenance (3-4 per year with corresponding Periodontal Plan)
- Periodic Exams (once per benefit year)
- Comprehensive Exam (once per benefit year with NEW PATIENT plan only)
- Fluoride Treatment (once per benefit year with Child Preventative plan only)
- All routine X-rays, which include:
 - Diagnostic X-Rays (up to 7 intraoral films per benefit year for adults and up to 4 intraoral films per benefit year for children)
 - Complete Series/Panorex (once per three benefit years)
- NEW PATIENT PLANS: for new patients to the practice, there will be an additional fee of \$96/year for adults and \$38/year for children charged for the first year **only**. This fee will be charged at the patient's first visit to the office and must be paid in full.

Savings on Other Services

The savings listed below represent the amount taken off this provider's regular fees for DenVantage members only. All other services (not including products) offered by this provider receive comparable benefits. Please ask for savings on services not shown below.

| Procedure / Treatment | Savings |
|--------------------------------------|-------------|
| Composite (tooth colored) Fillings | \$32 |
| All Porcelain Crown | \$152 |
| Gold Crown | \$170 |
| Core Build Up (to support the crown) | \$36 |
| Veneer | \$158 |
| Implant Crown | \$192 |
| Standard Implant Abutment | \$106 |
| Complete Denture (Upper or Lower) | \$203 |
| Partial Denture (Upper or Lower) | \$218 |
| Root Canal | \$115 |
| Extractions | \$27 |
| Sealants | \$7 / Tooth |
| Whitening | \$60 |
| Initial Comprehensive Exam | \$12 |
| Emergency Exam | \$9 |
| Non-Surgical Periodontal Treatment | \$35 |