



Weiss Advanced Dentistry
 Dr. Howard M. Weiss DDS
 Dr. Theodore W. Zdeblick DDS
 51 North Main Street, Suite 2E
 Southington, CT 06489
 860-276-9565
 www.Southington5miles.com

Weiss Advanced Dentistry
 51 North Main Street, Suite 2E
 Southington, CT 06489
 Tel: (860) 276-9565
 Email: HWeissDDS@gmail.com

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)	\$39 / Month
Adult Periodontal (3 Visits)	\$54 / Month
Adult Periodontal (4 Visits)	\$68 / Month
Child Preventative (Ages 11 and Under)	\$42 / Month
Senior Preventative (Ages 65 and Older)	\$35 / Month

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 two per benefit year with corresponding plan)
- Periodontal Maintenance (up to four per benefit year with corresponding Periodontal Plan)
- All Periodic Exams
- All routine X-rays including:
 - Bitewing (once per benefit year)
 - Complete Series/Panorex (once per three benefit years)

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 offered by this provider receive comparable benefits. Please ask for savings on services not shown below.

Procedure / Treatment	Savings (for all plans <u>EXCEPT</u> Senior Preventative)	Savings (for Senior Preventative Plan <u>ONLY</u>)
Composite (tooth colored) Fillings (3 Surfaces)	\$43	\$54
All Porcelain Crown	\$166	\$207
Core Build Up (to support the crown)	\$33	\$41
Veneer	\$186	\$233
Implant Crown	\$216	\$270
Standard Implant Abutment	\$214	\$267
Implant Body Placement	\$282	\$353
Complete Denture (Upper or Lower)	\$265	\$332
Partial Denture (Upper or Lower)	\$289	\$362
Root Canal (molar)	\$180	\$225
Extractions	\$35	\$44
Initial Comprehensive Exam	\$14	\$17
Emergency Exam	\$15	\$19
Sealants	\$8 / Tooth	\$11 / Tooth
Whitening	\$53	\$66
Nitrous Oxide	\$7	\$8
Bridges	\$438	\$548