

# Comprehensive Dental Benefit Plan

Campbell Family and Cosmetic Dentistry is now offering a Comprehensive Dental Benefit Plan to individuals and families who are not covered by traditional dental insurance. By enrolling in our benefit plan, you will receive dental services from Campbell Family and Cosmetic Dentistry at reduced fees that make sense for today's economy.

## Who can enroll

Individuals, spouses and dependent children under the age of 19. We care about total dental health and we have made our plans affordable for individuals as well as families to enroll.

## How does the "Benefit Plan" work?

Unlike traditional dental insurance companies, you do not pay premiums to a large corporation, who then in turn makes dental care decisions based on cost the company rather than the best dental care for you as a patient.

When you enroll into our benefit plan, you are able to decide for yourself, along with our dental care team, what the best treatment is for you.

Traditional dental insurance only covers a certain dollar amount towards your care per year. Our benefit plans have no yearly maximum. Our plans are effective for 1 year from the date you sign up, not a calendar year.

By enrolling in our benefit plan, an affordable yearly premium entitles you to \$35 office visit co-pays and drastically reduced fees on most dental services. With your \$35 co-pay you will receive two complimentary preventative cleanings, cavity detecting radiographs and periodic oral evaluations. Patients with periodontal disease will receive two complimentary perio maintenance cleanings with a \$35 copay and any additional perio maintenance cleanings will be a flat \$90, no copay be applied to those visits. We also provide a fee schedule to you, so that you know what you can expect to pay, rather than an insurance company dictating your financial responsibility based on percentages and loopholes in coverage.

## How much does membership enrollment cost?

INDIVIDUAL PLAN ~ \$179 PER YEAR

INDIVIDUAL + ONE DEPENDENT ~ \$285 PER YEAR

INDIVIDUAL + TWO/THREE DEPENDENTS ~ \$429 PER YEAR

ADDITIONAL DEPENDANTS ~ \$94 EACH

## **Comprehensive Dental Benefit Plan Terms & Conditions**

I understand the benefits, limitation, exclusions, and requirements of the Comprehensive Dental Benefit Plan and I agree to the following: Fees for dental services are due at the time services are rendered. Fees for prosthodontic and cast restoration services are due at the preparation/impression visit. Failure to comply may result in my being charged usual and customary fees for such services. I agree to pay any and all costs in colling all charges, including but not limited to attorney fees and court costs. I understand that if I default on my payment terms for any reason, my account can be turned over to a collection agency and I will be responsible for the associated fees. At no point are any fees refundable, no refunds are given for partial months. I also understand that this plan is not an insurance plan of any kind and is only offered for services completed in our office.

### **DENTAL LIMITATIONS AND EXCLUSIONS**

1. Demonstrated non-compliance with recommended course of treatment
2. Services which in the opinion of the attending dentist are neither necessary nor recommended for the patient's dental health
3. Restorations, splints or other appliances used to increase vertical dimension or restore occlusion
4. Oral surgery requiring the setting of fractures or dislocations
5. Treatment of malignancies, cysts or neoplasms or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth
6. Dispensing of drugs not normally supplied in a dental office
7. Hospital benefits for any dental procedure
8. Loss or theft of dental appliances
9. Any procedure of implantations or experimental procedures
10. Services for industries or conditions which are covered under workers' compensation or employer's liability laws. Serices which are provided without cost to the member by any municipality, county or other political subdivision
11. General anesthesia
12. Services that cannot be performed because of the general health, physical or psychological limitation of the patient
13. Periodontics, endodontics, or pedodontics requiring the servies of a non-participating dentist
14. Those procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, or to alter, restore or maintain occlusion, including without limitation treatment of disturbances of the temporomandibular joint
15. Fluoride application is limited to dependents under the age of 19, twice per year
16. Diagnosis and treatment of myofascial dysfunction syndrome
17. Procedures performed in the hospital
18. Orthodontics of any kind are not a covered benefit

## Comprehensive Dental Benefit Package Reduced Fee Schedule

| <u>Code</u>  | <u>Description</u>               | <u>Regular Fee</u> | <u>Member Fee</u> |
|--|----------------------------------|--------------------|-------------------|
| <b><i>Diagnostic and Preventative Services</i></b> |                                  |                    |                   |
| D0120  | Periodic Oral Evaluation         | \$58               | No Charge         |
| D0140  | Limited Oral Evaluation          | \$76               | No Charge         |
| D0150  | Comprehensive Oral Evaluation    | \$96               | No Charge         |
| D0180  | Comprehensive Perio Evaluation   | \$103              | No Charge         |
| D0220  | Intraoral Periapical             | \$40               | No Charge         |
| D0240  | Intraoral Occlusal Image         | \$48               | No Charge         |
| D0272  | Bitewings – two films            | \$36               | No Charge         |
| D0272  | Bitewings – four films           | \$54               | No Charge         |
| D0330  | Panoramic Film                   | \$130              | No Charge         |
| D1110  | Prophylaxis - adult              | \$105              | No Charge         |
| D1120  | Prophylaxis - child              | \$82               | No Charge         |
| D1206  | Topical Fluoride Varnish         | \$69               | No Charge         |
| D1351  | Sealant – per tooth              | \$64               | \$52              |
| <b><i>Periodontics</i></b>                         |                                  |                    |                   |
| D4341  | Perio Scaling 4+ teeth per quad  | \$280              | \$250             |
| D4342  | Perio Scaling 1-3 teeth per quad | \$194              | \$156             |
| D4346  | Scaling with Inflammation        | \$149              | \$119             |
| D4355  | Full Mouth Debridement           | \$182              | \$162             |
| D4921  | Gingival Irrigation              | \$25               | \$22              |
| D4910  | Periodontal Maintenance          | \$164              | No Charge (\$90)  |
| <b><i>Restorative/Fillings</i></b>                 |                                  |                    |                   |
| D2140  | Amalgam – 1 surface              | \$187              | \$150             |
| D2330  | Resin – 1 surface anterior       | \$187              | \$150             |
| D2331  | Resin – 2 surface anterior       | \$217              | \$174             |
| D2332  | Resin – 3 surface anterior       | \$263              | \$212             |
| D2335  | Resin – 4+ surface anterior      | \$310              | \$248             |
| D2391  | Resin – 1 surface posterior      | \$200              | \$160             |
| D2392  | Resin – 2 surface posterior      | \$251              | \$202             |
| D2393  | Resin – 3 surface posterior      | \$319              | \$256             |
| D2394  | Resin – 4+ surface posterior     | \$390              | \$312             |

| <u>Code</u>                                    | <u>Description</u>               | <u>Regular Fee</u> | <u>Member Fee</u> |
|--|----------------------------------|--------------------|-------------------|
| <b><i>Restorative/Crowns &amp; Bridges</i></b> |                                  |                    |                   |
| D2950  | Core Buildup                     | \$332              | \$266             |
| D2954  | Prefab Post & Core Buildup       | \$400              | \$321             |
| D2740  | Crown – porcelain/ceramic        | \$1,259            | \$1007            |
| D2920  | Recement Crown                   | \$121              | \$97              |
| D2962  | Veneer – porcelain, lab crafted  | \$1,259            | \$1007            |
| D6245  | Pontic Crown for Bridge          | \$1,259            | \$1007            |
| D6740  | Retainer Crown for Bridge        | \$1,259            | \$1007            |
| <b><i>Root Canal Treatment</i></b>             |                                  |                    |                   |
| D3310  | Root Canal –anterior tooth       | \$764              | \$611             |
| D3320  | Root Canal – bicuspid tooth      | \$924              | \$740             |
| <b><i>Extractions</i></b>                      |                                  |                    |                   |
| D7111  | Coronal Remnants - primary tooth | \$162              | \$130             |
| D7140  | Simple Extraction                | \$212              | \$169             |
| D7210  | Surgical Extraction              | \$275              | \$220             |
| D7250  | Surgical Root Removal            | \$286              | \$229             |
| <b><i>Dentures/Partials</i></b>                |                                  |                    |                   |
| D5110  | Complete Denture Maxillary       | \$1,958            | \$1,567           |
| D5120  | Complete Denture Mandibular      | \$1,958            | \$1,567           |
| D5130  | Immediate Denture Maxillary      | \$2,079            | \$1,664           |
| D5140  | Immediate Denture Mandibular     | \$2,079            | \$1,664           |
| D5213  | Metal Based Partial Maxillary    | \$2,096            | \$1,677           |
| D5214  | Metal Based Partial Mandibular   | \$2,096            | \$1,677           |
| D5225  | Flex Based Partial Maxillary     | \$1,404            | \$1,124           |
| D5226  | Flex Based Partial Mandibular    | \$1,404            | \$1,124           |
| D5730  | Reline Full Upper Denture        | \$390              | \$313             |
| D5731  | Reline Full Lower Denture        | \$390              | \$313             |
| D5740  | Reline Upper Partial             | \$360              | \$262             |
| D5741  | Reline Lower Partial             | \$360              | \$262             |
| <b><i>Other Services</i></b>                   |                                  |                    |                   |
| D9230  | Nitrous Oxide                    | \$63               | \$45              |
| D9944  | Occlusal Guard                   | \$375              | \$350             |
| D9972  | Take Home Whitening              | \$85               | \$85              |
| D9975  | Whitening Syringe                | \$20               | \$16              |

