

BEASLEY AFFORDABLE DENTAL PLAN



THIS PLAN IS DESIGNED TO PROVIDE AFFORDABILITY AND GREATER ACCESS TO QUALITY DENTAL CARE FOR THOSE PATIENTS WITHOUT CONVENTIONAL DENTAL INSURANCE.

WITH YOUR DISCOUNT PLAN THERE ARE:

- NO YEARLY MAXIMUMS
- NO DEDUCTIBLES
- NO CLAIM FORMS
- NO PREAUTHORIZATION REQUIREMENTS
- NO PRE-EXISTING CONDITION LIMITATIONS
- NO WAITING PERIODS
- NO MORE MAKING TREATMENT DECISIONS BASED ON LIMITATIONS OF INSURANCE

| BENEFIT | PREMIUM | |
|--------------------------------|-------------------|--------------|
| | TOTAL ANNUAL COST | MONTHLY COST |
| PLAN: | | |
| SINGLE MEMBER | \$250.00 | \$25.00 |
| *EACH ADDITIONAL MEMBER | \$200.00 | \$20.00 |
| EXAMPLE: FAMILY WITH 4 MEMBERS | \$850.00 | \$85.00 |

MAKING A SINGLE ANNUAL PAYMENT WILL SAVE \$50 ON SINGLE MEMBER PLANS AND \$40 EACH ADDITIONAL FAMILY MEMBER.

* THE FAMILY PLAN INCLUDES FAMILY MEMBERS AND CHILDREN WHO ARE ENROLLED FULL-TIME IN COLLEGE UNTIL THE AGE OF 23, OR CHILDREN WHO ARE NOT ENROLLED FULL TIME IN COLLEGE UNTIL THE AGE OF 18.

COVERAGE

YOU WILL NOT RECEIVE A MEMBERSHIP CARD. YOUR PLANS EFFECTIVE DATE WILL BE ON FILE WITH OUR OFFICE.

DIAGNOSTIC AND X-RAYS:

| TREATMENT | DISCOUNT |
|---|----------|
| COMPREHENSIVE EXAM (NEW PATIENT, INITIAL VISIT) | 100% |
| PERIODIC EXAM (2 PER YEAR (CHILD UNDER AGE OF 18)) | 100% |
| EMERGENCY OR LIMITED ORAL EXAM (PROBLEM FOCUSED) | 15% |
| XRAYS - COMPLETE SERIES / PANOREX (1 EVERY 5 YEARS) | 50% |
| PERIAPICAL, FIRST FILM | 15% |
| BITEWING (4 PER YEAR) | 100% |

PREVENTITIVE:

| | |
|---|------|
| CHILD PROPHYLAXIS (CLEANING) 2 PER YEAR ** | 100% |
| ADULT PROPHYLAXIS (CLEANING) 2 PER YEAR ** | 100% |
| PERIODONTAL MAINTENANCE (2 PER YEAR, NO ADD'L PROPHYLAXIS) ** | 100% |
| ADDITIONAL CLEANINGS PER YEAR | 15% |
| FLUORIDE (2 PER YEAR, NO AGE LIMIT) | 100% |
| SEALANTS | 15% |

ALL OTHER PROCEDURES:

| | |
|-----------------------------|-----------|
| FILLINGS AND CORE BUILD-UPS | 15% |
| CROWNS | 15% |
| VENEERS | 15% |
| PERIODONTICS | 15% |
| DENTURES AND PARTIALS | 15% |
| ORAL SURGERY | 15% |
| ROOT CANALS | 15% |
| IMPLANTS | \$100 OFF |
| INVISALIGN* | \$200 OFF |

TREATMENT FINANCED THROUGH CARE CREDIT, CITH-HEALTH OR SIMILAR WILL REDUCE DISCOUNT 7.5% FOR ALL PROCEDURES

* FOR INVISALIGN, MEMBER MUST REMAIN A PLAN MEMBER FOR THE DURATION OF TREATMENT TO RETAIN DISCOUNT PLAN BENEFITS

** IF PAYING MONTHLY, 6 PAYMENTS ARE REQUIRED BEFORE THIS BENEFIT IS ALLOWED

IN THE EVENT THAT A MEMBER DEFAULTS ON PAYMENT OF MONTHLY PREMIUMS, ANY DISCOUNTS ON TREATMENT PROVIDED WILL BE REVOKED AND COLLECTION EFFORTS WILL BE ENFORCED

PROGRAM EXCLUSIONS AND LIMITATIONS

THIS PROGRAM IS A DISCOUNT PLAN, NOT A DENTAL INSURANCE PLAN, AND IS SECONDARY TO ANY OTHER DENTAL PLAN. IT CANNOT BE USED:

- IN CONJUNCTION WITH ANOTHER DENTAL PLAN
- FOR SERVICES FOR INJURIES COVERED UNDER WORKMAN'S COMPENSATION
- FOR TREATMENT, WHICH, IN THE SOLE OPINION OF THE TREATING DENTIST, LIES OUTSIDE THE REALM OF THEIR CAPABILITY
- FOR HOSPITALIZATION OR HOSPITAL CHARGES OF ANY KIND
- FOR PROCEDURES PERFORMED BY ANY OFFICE OTHER THAN DR. BRAD BEASLEY, DMD
- FOR DENTAL COSTS COVERED UNDER AUTOMOBILE MEDICAL INSURANCE

PROGRAM GUIDELINES:

- THERE WILL BE A \$25 REINSTATEMENT FEE PER FAMILY MEMBER IF YOUR MONTHLY PLAN PAYMENT IS NOT RECEIVED BY THE 10TH OF EACH MONTH
- CANNOT BE USED IN CONJUNCTION WITH ANOTHER DENTAL PLAN OR OTHER PROMOTIONAL DISCOUNT OFFER
- PLAN IS NON-REFUNDABLE
- NO REFUNDS OR PREMIUMS WILL BE ISSUED AT ANY TIME IF THE PARTICIPANT DECIDES NOT TO UTILIZE DENTAL PLAN
- PATIENTS PORTION OF BILL IS DUE SAME DAY OF SERVICE.

HOW TO SIGN UP:

PLEASE ASK ONE OF OUR FRIENDLY TEAM MEMBERS FOR AN APPLICATION OR VISIT OUR WEBSITE AT:

WWW.BEASLEYDENTISTRY.COM