

BEASLEY AFFORDABLE  
DENTAL PLAN - 2020



Cosmetic • Laser • Sedation

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

WITH THIS 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		
PLAN:	TOTAL ANNUAL COST (cash / check)	TOTAL ANNUAL COST (credit card)	TOTAL ANNUAL COST (Care Credit)
SINGLE MEMBER	\$265.00	\$272.95	\$284.87
*EACH ADDITIONAL MEMBER	\$225.00	\$231.75	\$241.87
EXAMPLE: FAMILY WITH 4 MEMBERS	\$940.00	\$968.20	\$1,010.48

\* THE FAMILY PLAN INCLUDES IMMEDIATE FAMILY MEMBERS AND UNMARRIED CHILDREN UNDER AGE 21

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

PLAN COVERAGE

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 / PANDREX	50% (1 EVERY 3 YEARS)
PERIAPICAL, FIRST FILM	15%
BITEWING (4 PER YEAR)	100%

PREVENTIVE

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	\$75 OFF WITH CASH OR \$50 OFF WITH CREDIT CARD
ORAL SURGERY	15%
ROOT CANALS	15%
IMPLANTS	\$100 OFF WITH CASH OR \$75 OFF WITH CREDIT CARD
INVISALIGN*	\$200 OFF

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

PAYMENT BY CREDIT CARD REDUCES ANY ABOVE DISCOUNT BY 3%

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

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

PROGRAM EXCLUSIONS AND LIMITATIONS

THIS PROGRAM IS A DISCOUNT PLAN NOT A DENTAL INSURANCE PLAN AND 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 DENTAL PROCEDURES PERFORMED BY ANY OFFICE OTHER THAN BEASLEY DENTISTRY

PROGRAM GUIDELINES:

- THERE WILL BE A \$25 REINSTATEMENT FEE PER FAMILY MEMBER IF YOUR PLAN PAYMENT IS NOT RECEIVED BY THE 10<sup>TH</sup> OF THE MONTH IT IS DUE
- CANNOT BE USED IN CONJUNCTION WITH ANOTHER DENTAL PLAN OR OTHER PROMOTIONAL DISCOUNT OFFER
- PLAN IS NON-REFUNDABLE
- NO REFUNDS OF PREMIUMS WILL BE ISSUED AT ANY TIME IF THE PARTICIPANT DECIDES NOT TO UTILIZE DENTAL PLAN
- PATIENT'S 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