

BEASLEY AFFORDABLE  
DENTAL PLAN - 2023



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 ALLOWING INSURANCE TO DECIDE

WHAT TREATMENT IS BEST FOR YOU

| BENEFIT               | PREMIUM                             |                                    |                                    |
|-----------------------|-------------------------------------|------------------------------------|------------------------------------|
| PLAN:                 | TOTAL YEARLY COST<br>(cash / check) | TOTAL YEARLY COST<br>(credit card) | TOTAL YEARLY COST<br>(Care Credit) |
| ADULT                 | \$295.00                            | \$303.85                           | \$312.41                           |
| CHILDREN UP TO AGE 13 | \$225.00                            | \$231.75                           | \$238.28                           |

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

PLAN COVERAGE

DIAGNOSTIC AND X-RAYS

| TREATMENT   | DISCOUNT |
|---|----------|
| COMPREHENSIVE EXAM<br>(NEW PATIENT, INITIAL VISIT)              | 100%     |
| PERIODIC EXAM<br>(2 PER YEAR (CHILD UNDER AGE OF 18))           | 100%     |
| EMERGENCY OR LIMITED ORAL EXAM<br>ONCE PER YR (PROBLEM FOCUSED) | 100%     |
| XRAYS - COMPLETE SERIES / PANOREX<br>(1 EVERY 3 YEARS)          | 25%      |
| PERIAPICAL, FIRST FILM  | 15%      |
| BITEWING (4 PER YEAR)   | 100%     |

PREVENTIVE

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

OTHER PROCEDURES

|   |     |
|---|-----|
| FILLINGS AND CROWN BUILD-UPS            | 15% |
| CROWNS                                  | 15% |
| VENEERS                                 | 15% |
| SCALING & ROOT PLANING                  | 15% |
| COMPLETE DENTURES AND PARTIALS          | 15% |
| IMMEDIATE DENTURES                      | 6%* |
| ORAL SURGERY                            | 15% |
| ROOT CANALS                             | 15% |
| IMPLANTS & ALL IMPLANT RELATED SERVICES | 6%* |
| INVISALIGN**                            | 6%* |

\* NO DISCOUNT FOR THESE SERVICES WHEN PAYING WITH CARE CREDIT

PAYMENTS MADE BY CREDIT CARD WILL HAVE A 3 % CREDIT CARD PROCESSING FEE APPLIED FOR ALL PROCEDURES

\*\* 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:

- 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