

BENEFIT PREMIUM

PLAN	TOTAL ANNUAL COST
Single –	\$219
Dual* –	\$427
Family (3) –	\$624
Family (4)** –	\$821
Each additional member –	\$110

*Dual plan is for Parent/Child, or Husband/Wife only.

**The Family Plan includes family members of the same household, and dependents who are enrolled full-time in high school or college until the age of 23, or dependents who are not enrolled full-time in high school or college until the age of 18.

The Savings Plan will be effective on the date which the premium is paid in full, and will remain in effect for 1 (one) year from the effective date.



COVERAGE

TREATMENT	DISCOUNT
<u>DIAGNOSTICS/X-RAYS</u>	
Comprehensive Exam* (New Patient, initial visit)	100%
Periodic Exam (2x/plan year)*	100%
Limited exam (1x/plan year)	100%
Each additional limited exam	30%
X-rays (pano, bite-wings periapicals, no frequency limits)	100%
<u>PREVENTIVE</u>	
Child/Adult prophylaxis (cleaning, 2x/plan year)	100%
Each additional cleaning	30%
Fluoride (2x/plan year, no age limit)	100%
<u>ALL OTHER PROCEDURES</u>	
Fillings +Core Buildups	30%
Crowns	25%
Veneers	25%
Periodontics	30%
Dentures/Partials	25%
Oral Surgery	25%
Root Canals	25%
Implants	15%
Orthodontics –Invisalign Only***	\$500 off

*Patients will be allowed 2 regular exams per year, whether it's a comprehensive and periodic, or 2 periodic exams.

***For orthodontics: Member must remain a plan member for the duration of treatment to retain discount plan benefits.

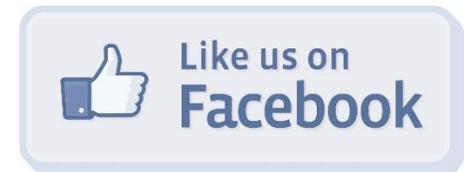
OUR IN-OFFICE SAVINGS PLAN

Freedom Family Dentistry's In-Office Savings Plan is designed to provide affordability and greater access to quality dental care.

With your Savings Plan there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- No waiting periods

You will not receive a savings plan card – Your plan's effective date will be on file with our office, and will remain in effect for 1 (one) year from the effective date.



EXCLUSIONS AND LIMITATIONS

The program is a discount plan, not a dental insurance plan. It cannot be used:

- In conjunction with another dental plan
- For services related to injuries covered under workman's compensation
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care which is covered under automobile coverage
- For whitening services

This savings plan is only honored at Freedom Family Dentistry.

Our regular financial policy still applies.

Premiums are non-refundable.

This savings plan is non-transferable.

Allotted services that are not used during the plan year will not roll over into the next year. (i.e. if a patient only has 1 regular exam during the plan year, the other remaining regular exam will not roll over into the next plan year.)

Care Credit cannot be used to pay for the premium, but can be used for services.

Perio Savings Plan

Benefit Premium

Total annual cost of \$325 for single plan

Coverage

Treatment Discount

Scaling and Root Planning 30% off office fees

Periodontal Maintenance (3x/plan year) 100%

Chlorhexidine/Perio Med (1 bottle/plan year) 100%

** The Perio Savings Plan includes **Diagnostic/X-rays and All Other Procedures** listed in our In-Office Savings Plan.

** Any additional periodontal maintenance's needed in a plan year will receive a discount of 30% off of our office fees.



10039 Jefferson Davis Highway
Fredericksburg, VA 22407

(540) 898-8998

www.freedomfamilydentistry.com



**We are pleased to
offer an In-Office
Savings Plan!**

NOW ACCEPTING NEW PATIENTS!!