

# Enroll Today, Save Tomorrow

Taking advantage of the Comprehensive Dental Plan is easy.

## PROGRAM GUIDELINES

- Cannot be used in conjunction with another dental plan.
- NON-REFUNDABLE.
- No refunds or premiums will be issued at any time if participant decides not to utilize dental plan.

**Patient's portion of bill is due day of service.**  
(cash, check, MasterCard, Visa or Discover)

*To Enroll, Simply Call.*



1106 East College Drive  
Marshall, MN 56258

We cordially invite you to call

**(507) 537-1052**

[www.DentistMarshall.com](http://www.DentistMarshall.com)

[www.FrerichDDS.com](http://www.FrerichDDS.com)

# The Comprehensive Dental Plan



**We're Making Excellence in  
Dentistry Affordable for You.**

## Program Exclusions and Limitations

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

- In conjunction with another dental plan
- For services for injuries covered under workman's compensation
- For treatment which, in sole opinion of the treating dentist, or doctor, lies outside the realm of their capability
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care which is covered under automobile medical

### With your Comprehensive Dental Plan there are:

- No yearly maximums
- No deductibles
- No claims to file
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility (no waiting periods)
- Free orthodontic consultations

## BENEFIT PREMIUMS

	Total Annual Cost
Single	\$279
Dual* (Parent/Child or Spouse only)	\$499
Additional Child**	\$159

\*The Dual Plan is for Parent/Child or Spouse only.

\*\*Dependents until age 26.



You will not receive a membership card. Your plan's effective date will be on file with the receptionist. Benefit Premium Table is subject to revision annually.

## COVERAGE TABLE

### Our Plan Includes the Following Services at No Charge:

HYGIENE TREATMENT	MEMBER DISCOUNT
Comprehensive Exam (new patient, initial visit)	100%
Periodic Exam (2 per year)	100%
Bitewings (every 12 months)	100%
Panoramic/Full Mouth Series (every 36 months)	100%
Necessary Periapical Films	100%
Child Prophylaxis (cleaning) (2 per year)	100%
Adult Prophylaxis (cleaning) (2 per year)	100%
Fluoride (1 per year, no age limit)	100%

### Emergencies

Limited Oral Exam (problem focused)	15%
Periapical Film	15%

### All Other Procedures

Velscope Oral Cancer Screening (1 per year)	15%
Supportive Periodontal Therapy	15%
Fillings	15%
Crowns	15%
Periodontics (General Dentistry)	15%
Dentures and Partials	15%
Oral Surgery (limited to extractions including 3rd molar)	15%
Root Canals	15%
Orthodontics*** (full brackets & molar bands, upper & lower arches)	\$900 off

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