

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)*

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.*

To Enroll, Simply Call.



FLORALA FAMILY DENTAL CARE
Dr. John Frerich, DDS

24244 5th Ave.
Florala, AL 36442

We cordially invite you to call
(334) 219-5831

The Comprehensive Dental Plan



FLORALA FAMILY DENTAL CARE
Dr. John Frerich, DDS

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

www.FloralaDentist.com

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

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 <i>(new patient, initial visit)</i> | 100% |
| Periodic Exam <i>(2 per year)</i> | 100% |
| Bitewings <i>(every 12 months)</i> | 100% |
| Panoramic/Full Mouth Series <i>(new patient, initial visit)</i> | 100% |
| Necessary Periapical Films | 100% |
| Child Prophylaxis <i>(cleaning / 2 per year)</i> | 100% |
| Adult Prophylaxis <i>(cleaning / 2 per year)</i> | 100% |
| Fluoride <i>(1 per year, no age limit)</i> | 100% |



Emergencies

| HYGIENE TREATMENT | MEMBER DISCOUNT |
|---|-----------------|
| Limited Oral Exam <i>(problem focused)</i> | 15% |
| Periapical Film | 15% |

All Other Procedures

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

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