



Everyone saves with the low yearly membership fee. With immediate plan activation and no annual maximums, the plan pays for itself all on day one!

Low annual membership rates

With no waiting periods, your enrolled patients can instantly enjoy quality dentistry at a fraction of the cost.

Primary Member Additional Members

\$199 per year \$149 per person/per year

Example for 1-Year of Preventative Treatment

Procedure Description	Cost Without Plan	Cost With Plan
Enrollment Fee		\$199
Comprehensive Exam	\$146	FREE
Full Mouth X-Rays	\$202	FREE
Adult Cleaning: First Visit	\$144	\$115
Periodic Exam: 6 months	\$83	FREE
Adult Cleaning: 6 months	\$144	\$115
Total Example Cost	\$719	\$429

Membership includes:

- Free Exams & 1 Emergency Exam
- Free X-Rays
- 20% off Cleanings
- Save 10-20% on additional treatment
- **No Waiting Periods**
- No Annual Maximums
- No Claims Process

Example for Emergency Treatment					
Procedure Description	Cost Without Plan	Cost With Plan			
Enrollment Fee		\$199			
Limited Oral Exam: Problem Focused	\$123	FREE			
Intraoral: First Film	\$202	FREE			
Extraction: Erupted Tooth*	\$304	\$243			
Total Example Cost	\$629	\$442			

Membership advantages

Members receive discounts on all of the following services:

Exams

X-Rays

Sealants

Cleanings

Fillings

Extractions

Crowns

Root Canals

Bridges

Dentures

Partials

& More!

Ortho

Enrolling is easy!

Enroll online, in-office, or by phone to start saving on your dental care today.

Have questions?

Contact your dedicated Customer Support Specialist.

(844) 965-5337

Mon-Fri | 8am-5pm EST

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Code	scription	Cost Without Plan	Cost With Plan	Your Savings			
Diagnostic & Preventative							
D0120 Per	riodic Oral Evaluation	\$83	FREE	\$83			
D0140 Lin	nited Oral Exam	\$123	FREE	\$123			
D0150 Co	omprehensive Oral Exam	\$146	FREE	\$146			
D0210 Ful	ll Mouth X-Rays	\$202	FREE	\$202			
D0330 Par	noramic X-Rays	\$177	FREE	\$177			
D1110 Ad	lult Cleaning	\$144	\$115	\$29			
Restorative-You Save 20%							
D2330 Filli	ing - 1 Surface, Anterior	\$263	\$210	\$53			
D2391 Filli	ing - 1 Surface, Posterior	\$282	\$225	\$57			
D2740 Cro	own - Porcelain/Ceramic	\$1668	\$1334	\$334			
D2950 Co	ore Buildup - Including Pins	\$417	\$333	\$84			
Endodontics & Periodontics-You Save 15%							
D3310 Ro	ot Canal - Anterior	\$1159	\$985	\$174			
D3320 Ro	ot Canal - Bicuspid	\$1320	\$1122	\$198			
D3330 Ro	ot Canal - Molar	\$1602	\$1361	\$241			
D4341 I	rio Scaling/Root Planing - 4+ eth	\$382	\$324	\$58			
D4910 Per	riodontal Maintenance	\$206	\$175	\$31			
Prosthodontics & Oral Surgery- 20%							
1)5110	omplete Denture (Upper or wer)	\$2716	\$2172	\$544			
125/13	rtial Denture (Upper or wer)	\$2806	\$2244	\$562			
D7140 Sin	mple Extraction	\$304	\$243	\$61			
D7210 Sui	rgical Extraction	\$437	\$349	\$88			

Implants - Save 20%