

Healthy Smiles Price Comparison Chart Child Plan



THE PLAN COVERAGE	Healthy Smiles PLAN	CASH PAYING PATIENT	Delta Grinwell Prime PLAN
Periodic Exams	2 Per Year <i>(Included 100%)</i>	2 Per Year <i>(\$48 each)</i>	2 Per Year <i>(Included 100%)</i>
Bitewing X-Rays (4)	As Needed <i>(Included 100%)</i>	2 Per Year <i>(\$66 each)</i>	2 Per Year <i>(Included 100%)</i>
Full Mouth/Panoramic X-Rays	As Needed <i>(Included 100%)</i>	1 Per 3-5 Years <i>(\$146 each)</i>	1 Per 3-5 Years <i>(Included 100%)</i>
Basic Cleaning	2 Per Year <i>(Included 100%)</i>	2 Per Year <i>(\$87 each)</i>	2 Per Year <i>(Included 100%)</i>
Fluoride	2 Per Year <i>(Included 100%)</i>	2 Per Year <i>(\$41 each)</i>	2 Per Year <i>(Included 100%, under 18)</i>
Emergency Visit	1 Per Year <i>(Included 100%)</i>	As Needed <i>(\$129 each)</i>	As Needed <i>(Included 100%)</i>
Nitrous Oxide	Free	Free	Free
Free Movie Ticket with Cleaning	\$500 off treatment	Not included	Not included
Clear Correct	\$200 off device	Not included	Not included
Sleep Apnea Appliance		Not included	Not included
THE BENEFITS			
All Dental Treatment	15% Discount	None	Based off fee schedule
Waiting Period	None <i>(ask for details)</i>	None	6 Mo Basic, 12 Mo Major
Annual Maximum Allowance	None	None	\$2,000
Annual Deductible	Never	None	None
Denial of Coverage		Never	Occasionally
Exclusions for Pre-existing Conditions	None	None	Yes, depending on services
Exclusions on Coverage	None	None	Yes, depending on services
Frequency Limits	None	None	Yes, depending on services
Age Limitations	None	None	Yes, on fluoride, sealants and orthodontia
Prior Authorizations	Monthly or Annually	None	Recommended on major services
Payment for plan	US!	At every visit	Monthly
Point of Contact		US!	Call Center
Value of Covered Services:	\$770	\$0	\$770
Total Yearly Cost:	\$25/Mo(\$325/Yr)	\$770	\$54/Mo (\$643/Yr)

THE BEST SAVINGS PLAN!