## Neighborhood Dental SAVINGS PLAN

### AN AFFORDABLE ALTERNATIVE TO INSURANCE



#### CONVENTIONAL DENTAL INSURANCE

Annual maximum benefits

Benefits difficult to understand

Waiting periods

Deductibles

\$

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Denied claims

Hidden copays

Cosmetic procedures not covered



#### NEIGHBORHOOD DENTAL SAVING PLAN

No maximums

Easy to understand benefits

No waiting periods

No deductibles

No claims

No missing tooth clauses

## OUR SAVINGS PLAN

Our Dental Saving Plan is designed to provide access to affordable dental care.

### With the Neighborhood Dental Savings Plan, there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility with no waiting period

### **SAVINGS PLAN PREMIUMS**

### PROGRAM

Individual Chi Single..... Dual Family 1st Membe 2nd Memb 3rd Memb Additional

### **TOTAL ANNUAL COST**

ild	\$315
	\$425
er	\$375
per	\$350
er	<b>\$</b> 325
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### **OVER 20% IN SAVINGS**

## COVERAGE

TREATMENT	DISCOUNT	OTHER PROC
Comprehensive/Periodic Exams (Two per year)	100%	Additional Cle Additional X-R
Bitewing X-Rays (Once per year)	100%	Additional Exc
Full Mouth Series X-Rays/Panorex (One every 3 years)	100%	Dental Sealan Fillings & Core
Prophylaxis (Two cleanings per year)	100%	Oral Surgery Periodontics
Periodontal Maintenance (Two per year)	100%	Root Canals Crowns/Vene
Fluoride (Two per year – no age limit)	100%	Bridges Dentures & Pa
Oral Cancer Screenings (Two per year)	100%	Implants Orthodontics

#### OCEDURES

#### DISCOUNT

Additional Cleanings	15%
Additional X-Rays	15%
Additional Exams	15%
Dental Sealants	15%
Fillings & Core Build-ups	15%
Oral Surgery	15%
Periodontics	15%
Root Canals	15%
Crowns/Veneers	15%
Bridges	15%
Dentures & Partials	15%
Implants	15%
Orthodontics	up to \$500 off
All Other Services and Products	

## COVERAGE

- This contract is only for services performed by a staff member of Neighborhood Dental.
- This contract does not replace, eliminate, or modify any other contract with Neighborhood Dental.
- This contract does not give discounts on services already rendered.
- Family plans are limited to families of 3 people or more.
- Family members must live in the same household as the contract holder (unless attending college), are limited to immediate family members (parents and children), and are included in the family option up the age of 20.
- Maximum allowed discount off any single procedure is \$500.
- Payment must be made at time of service.
- Cannot be used or combined with any other discount or promotion.
- No refunds of premiums will be issued at any time if participant decides not to utilize plan.
- After the initial term of the one (1) year contract, this agreement shall be deemed renewed automatically each year for an additional one (1) year period unless canceled in writing within thirty (30) days of the current term expiration date.

### **WELCOMING NEW PATIENTS!**

### HOW TO SIGN UP

Please call, email, or stop in for any questions or concerns! To sign up, please ask one of our front desk team members for an application.

### CONTACT US

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# Visit us online at

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