

Healthy Smiles Price Comparison Chart Child Plan



THE PLAN

COVERAGE

Periodic Exams
 Bitewing X-Rays (4)
 Full Mouth/Panoramic X-Rays
 Basic Cleaning
 Fluoride
 Emergency Visit
 Nitrous Oxide
 Free Movie Ticket with Cleaning
 Clear Correct
 Sleep Apnea Appliance

THE BENEFITS

All Dental Treatment
 Waiting Period
 Annual Maximum Allowance
 Annual Deductible
 Denial of Coverage
 Exclusions for Pre-existing Conditions
 Exclusions on Coverage
 Frequency Limits
 Age Limitations
 Prior Authorizations
 Payment for plan
 Point of Contact

Healthy Smiles PLAN

2 Per Year *(Included 100%)*
 As Needed *(Included 100%)*
 As Needed *(Included 100%)*
 2 Per Year *(Included 100%)*
 2 Per Year *(Included 100%)*
 1 Per Year *(Included 100%)*
 Free
 Free
 \$500 off treatment
 \$200 off device

15% Discount
 None *(ask for details)*
 None
 None
 Never

None
 None
 None
 None

Monthly or Annually
 US!

\$770

\$25/Mo(\$325/Yr)

THE BEST SAVINGS PLAN!

CASH PAYING PATIENT

2 Per Year *(\$48 each)*
 2 Per Year *(\$66 each)*
 1 Per 3-5 Years *(\$146 each)*
 2 Per Year *(\$87 each)*
 2 Per Year *(\$41 each)*
 As Needed *(\$129 each)*
 Free
 Not included
 Not included
 Not included

None
 None
 None
 None
 Never

None
 None
 None
 None
 None

At every visit
 US!

\$0

\$770

Delta Grinwell Prime PLAN

2 Per Year *(Included 100%)*
 2 Per Year *(Included 100%)*
 1 Per 3-5 Years *(Included 100%)*
 2 Per Year *(Included 100%)*
 2 Per Year *(Included 100%, under 18)*
 As Needed *(Included 100%)*
 Free
 Not included
 Not included
 Not included

Based off fee schedule
 6 Mo Basic, 12 Mo Major
 \$2,000
 None
 Occasionally

Yes, depending on services
 Yes, depending on services
 Yes, depending on services
 Yes, on fluoride, sealants and orthodontia
 Recommended on major services

Monthly

Call Center

\$770

\$54/Mo (\$643/Yr)

Value of Covered Services:

Total Yearly Cost: