

Smile Advantage 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

SMILE ADVANTAGE 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

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

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

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

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

None
 None
 None
 None
 Never
 None
 None
 None
 None

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

Payment for plan

Monthly or Annually

At every visit

Monthly

Point of Contact

US!

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!**