

| TREATMENT   | Coverage Adjustment |
|---|---------------------|
| <b>Examinations:</b>  |                     |
| Comprehensive Exam (New Patient, initial visit)                 | 100%                |
| Periodic Exam (2 per year)                                      | 100%                |
| Limited Oral Exam, Problem Focused, Emergency Exam (1 per year) | 100%                |
|   |                     |
| <b>X-rays/Diagnostic Films</b>                                  |                     |
| Intraoral - complete series or Pano (as needed or 1 in 3 years) | 100%                |
| Intraoral - periapical film x-rays (as needed, no max)          | 100%                |
| Bitewing x-rays (as needed, no max)                             | 100%                |
|   |                     |
| <b>Preventative</b>   |                     |
| Child Prophylaxis (Routine cleaning - 2 per year)               | 100%                |
| Adult Prophylaxis (Routine cleaning - 2 per year)               | 100%                |
| Perio Maintenance (3 cleanings per year)                        | 100%                |
| Fluoride (16 and under - 2 per year)                            | 100%                |
|   |                     |
| <b>"Everything else"</b>  | Discounted 20%      |

- \* No waiting periods
- \* No deductible
- \* No annual max
- \* No claims to submit
- \* No insurance to downgrade "standard of care" treatment
- \* No exclusion of pre existing conditions