

DENTALone

membership card

ONE CONVENIENT CARD

DESIGNED TO GIVE YOU TWO FREE CLEANINGS
AND EXAMS A YEAR PLUS A SAVINGS OF 20 - 100% OFF
YOUR DENTAL SERVICES.... ON EVERY VISIT!



*No pre-existing conditions,
no waiting periods,
comparative fee chart,
no maximums, & qualifies
for HSA or FSA dollars!*

Dear **DENTALone** member,
You now have the advantages of **DENTALone's**
discounted fee plan. It's been designed as an
alternative to typical dental insurance. All*
dental procedures are covered for you and your
dependents with one card, allowing you to
provide great dental benefits for yourself *and*
your immediate family. All services are provided
at any one of the Ladd Dental Group offices
shown below. A typical **DENTALone** card
member with a family of four saves on average
\$600 on routine cleanings with exams!

*Welcome to a new world of dental
savings for you and your family!*

PARTICIPATING DENTALone LOCATIONS:

Kokomo Greentown
Bunker Hill Dentures Only
Peru Wabash

For more information visit: www.ladddental.com

DENTALone 2016 Fee Schedule

\$222.00 for the first person

\$192.00 for each additional family member

*All fees not listed are discounted at 20% excluding Implants, Pola Whitening, IV sedation, Orthodontic Services and certain Dentures.

Fees subject to change at the discretion of Ladd Dental Group, Inc. Benefits only redeemable at any participating Ladd Dental Group Office.

Ada Code	Procedure Description	Normal Fee	DentalOne Discount	Your Savings	DentalOne Discounted Fee
120	Periodic Examination	42.00	100%	42.00	0.00
140	Emergency Exam (1 per year)	65.00	100%	65.00	0.00
150	Initial Examination	65.00	100%	65.00	0.00
210	Full Mouth X-Ray	116.00	100%	116.00	0.00
272	Bitewings-Two Films	39.00	100%	39.00	0.00
274	Bitewings-Four Films	56.00	100%	56.00	0.00
330	Panoramic	95.00	100%	95.00	0.00
1110	Prophylaxis-Adult	78.00	100%	78.00	0.00
1120	Prophylaxis-Child	58.00	100%	58.00	0.00
1208	Fluoride	34.00	20%	6.80	27.20
1351	Sealant	45.00	20%	9.00	36.00
2140	Amalgam 1 Surface	121.00	20%	24.20	96.80
2150	Amalgam 2 Surface	153.00	20%	30.60	122.40
2160	Amalgam 3 Surface	187.00	20%	37.40	149.60
2161	Amalgam 4 Surface	219.00	20%	43.80	175.20
2330	Composite 1 Surf. Ant.	139.00	20%	27.80	111.20
2331	Composite 2 Surf. Ant.	174.00	20%	34.80	139.20
2332	Composite 3 Surf. Ant.	215.00	20%	43.00	172.00
2335	Composite 4 Surf. Ant.	271.00	20%	54.20	216.80
2391	Composite 1 Surf. Post.	154.00	20%	30.80	123.20
2392	Composite 2 Surf. Post.	200.00	20%	40.00	160.00
2393	Composite 3 Surf. Post.	247.00	20%	49.40	197.60
2394	Composite 4 Surf. Post.	295.00	20%	59.00	236.00
2752	Porcelain Veneer Crown	889.00	Flat Fee Discount	189.00	700.00
2790	Full Gold Crown	889.00	Flat Fee Discount	189.00	700.00
2950	Build-up	231.00	20%	46.20	184.80
2954	Cast Post & Core	231.00	20%	46.20	184.80
3310	Root Canal Anterior	578.00	20%	115.60	462.40
3320	Root Canal Bicuspid	693.00	20%	138.60	554.40
3330.01	Root Canal Molar	938.00	20%	187.60	750.40
4341	Perio Scale and Root Planing/Quad	222.00	20%	44.40	177.60
4910	Perio Maintenance	116.00	20%	23.20	92.80
5110.01	Characterized Upper Denture	1450.00	20%	290.00	1160.00
5120.01	Characterized Lower Denture	1450.00	20%	290.00	1160.00
5213	Upper Partial	1457.00	20%	291.40	1165.60
5214	Lower Partial	1457.00	20%	291.40	1165.60
7140	Extraction	149.00	20%	29.80	119.20
7210	Surgical Extraction	252.00	20%	50.40	201.60
7220	Extraction Soft Tissue	299.00	20%	59.80	239.20
7230	Extraction Partially Bony	358.00	20%	71.60	286.40
7240	Extraction Complete Bony	426.00	20%	85.20	340.80
7250	Surgical Removal of Root Tip	252.00	20%	50.40	201.60

Benefits may not be combined with any other offers or discounts.

This card may be used with dental insurance only after the insurance has met the annual maximum.

DENTALone is NOT an insurance plan, but a discount fee for service dental program. It is an alternative to dental insurance with many of the benefits and few of the restrictions. DENTALone has a higher level of benefits in certain areas than traditional insurance with no yearly maximum, no deductibles, and no waiting periods.

**CHOOSE NOW TO PUT 20–100% OF YOUR DENTAL BILL
BACK INTO YOUR POCKET.**