
CALCUTT FAMILY DENTISTRY

DENTAL SAVINGS PLAN

COVERAGE INCLUDES

EXAMINATIONS

- New Patient / Comprehensive Exam 100 % Coverage
- Periodic Exam (Two /Year) 100 % Coverage
- Limited Exam (Emergency – One /Year) 100 % Coverage
- Comprehensive Periodontal Exam (One/Year) ** 100% Coverage

RADIOGRAPHS

- Full Mouth X-Rays (One / 3 Years) 100 % Coverage
- Bitewings (One /Year) 100 % Coverage
- Peri-apical (First Film + 2 Additional /Year) 100 % Coverage
- Panoramic Image (One / 3 years) 100 % Coverage

PREVENTATIVE

- Adult Cleaning (Two /Year) 100 % Coverage
- Child Cleaning (Two /Year) 100 % Coverage
- Fluoride (Two /Year) 100 % Coverage
- Sealants 50 % Coverage
- Periodontal Maintenance (Four /Year) ** 100 % Coverage

** Additional Periodontal Plan Necessary (See Cover Sheet)

ALL OTHER PROCEDURES

15 % Courtesy

- Non-Surgical Periodontal Therapy
- Fillings
- Crowns / Bridges
- Root Canals
- Extractions
- Dentures / Partials
- Implant / Implant Restorations
- IV - Sedation
- Invisalign Orthodontics
- Oral Conscious Sedation
- Cosmetic Dentistry