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# CALCUTT FAMILY DENTISTRY

## DENTAL SAVINGS PLAN

### COVERAGE INCLUDES

#### EXAMINATIONS

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|--|----------------|
| • 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

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|--|----------------|
| • 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

20 % 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