



## 2024 Membership Savings Plan

We think dental insurance is great for individuals whose employer has purchased the benefit for them and where the patients understand and use the plan to its maximum value. We know, however, that more than half of the families we serve don't have access to dental insurance. Because patient access and care are our single greatest priorities, we have developed the following **Membership Savings Plan** to facilitate greater access to routine care for families that do not have dental insurance. **Dental Membership Savings Plans are promoted by the American Dental Association.**

Our goal for your family in extending this **Membership Savings Plan** is that with regular access to routine preventative care (exams, professional cleanings, x-rays, fluoride), in combination with consistent, daily home care, that your family will achieve and maintain good oral health. And when a problem may arise, that there's a strategy for you to get the restorative care you need, in a comprehensive and affordable way to get back on track.

2024 Membership Savings Plan Details - Adult Plan (12 and older)		
Covered Procedures	Frequency	2024 Full Pay Discount Price
D0150 Comprehensive Exam (New PT.) & D0120 Periodic Exam	New Patients: 1 each per plan year OR...	Full Pay \$339
D0120 Periodical Exam	Continuing Patients: 2 times per plan year	
D0210 Full Series X-Rays (New PT & every 5th year)OR D0274 Bitewing X-Rays - 4	1 time per plan year	
D1110 Prohylaxis (Professional Cleaning)	2 times per plan year	
D1208 Flouride	2 times per plan year	
All other dental procedures (Specifically <b>excludes</b> procedures not performed in our practice, i.e. referrals to specialists). May be financed using CareCredit	No Limit duing plan year	20% discount off regular fees
\$50 Renewal Bonus - Account Credit for other dental procedures.	Upon Renewal of Subsequent year	FREE
<b>New patients enjoy first year savings PLUS 20% off all other in-office services PLUS \$50 Renewal Bonus</b>		

2024 Membership Savings Plan Details - Youth Plan (ages 5-11)		
Covered Procedures	Frequency	2024 Full Pay Discount Price
D0150 Comprehensive Exam (New PT.) & D0120 Periodic Exam	New Patients: 1 each per plan year OR...	Full Pay \$291
D0120 Periodical Exam	Continuing Patients: 2 times per plan year	
D0210 Full Series X-Rays (New PT & every 5th year)OR D0274 Bitewing X-Rays - 4	1 time per plan year	
D1110 Prohylaxis (Professional Cleaning)	2 times per plan year	
D1208 Flouride	2 times per plan year	
All other dental procedures (Specifically <b>excludes</b> procedures not performed in our practice, i.e. referrals to specialists). May be financed using CareCredit	No Limit duing plan year	20% discount off regular fees
\$50 Renewal Bonus - Account Credit for other dental procedures.	Upon Renewal of Subsequent year	FREE
<b>New patients enjoy first year savings PLUS 20% off all other in-office services PLUS \$50 Renewal Bonus</b>		

2024 Membership Savings Plan Details - Great Start (age under 4) Requires participating Adult Plan Member		
Covered Procedures	Frequency	2024 Full Pay Discount Price
D0150 Comprehensive Exam (New PT.) & D0120 Periodic Exam	New Patients: 1 each per plan year OR...	FREE
D0120 Periodical Exam	Continuing Patients: 2 times per plan year	
D0210 Full Series X-Rays (New PT & every 5th year)OR D0274 Bitewing X-Rays - 4	1 time per plan year	
D1110 Prohylaxis (Professional Cleaning)	2 times per plan year	
D1208 Flouride	2 times per plan year	
All other dental procedures (Specifically <b>excludes</b> procedures not performed in our practice, i.e. referrals to specialists). May be financed using CareCredit	No Limit duing plan year	20% discount off regular fees
<b>Patients age 1-4 enjoy all preventative care for FREE!</b>		

## **Membership Savings Plan Terms and Conditions**

### 1. Definitions

- a. Member: a patient who has elected to participate in the Membership Savings Plan that meets the Plan Terms and Conditions.
  - b. Plan Year: 365 consecutive days commencing upon the payment of the Membership Fee.
  - c. Membership Fee: the annual fee, whether paid in full or financed, for participation in the Membership Savings Plan
  - d. Membership Plan: An in-office benefit plan for families without dental insurance intended to be a meaningful strategy to provide regular access to preventative care and savings for needed other services. A Membership Plan is not dental insurance.
  - e. Preventative Procedures: Routine procedures regularly performed, in combination with vigorous home care, seek to prevent disease and maintain good health. These services include exams, professional cleanings, x-rays, and fluoride treatments.
  - f. Other Dental Procedures: Those services, offered in the dental practice, but not included by the Membership Plan. These services generally include other Periodontal, Restorative and Cosmetic services offered at the practice. The services are subject to a 20% discount of the regular fees. Specifically excluded are services delivered by others or procedures referred to Specialists (ex. Oral Surgeon, Periodontist, Orthodontist, Pedodontist, Endodontist, etc).
  - g. Renewal Bonus: Upon the completion of the Plan Year and enrollment in the subsequent Plan Year, Members will be credited \$50 in their account for use against future Other Dental Procedures (ex. fillings, crowns, etc). This amount will be used “like” cash toward other elected services and may be accumulated until used as long as the patient remains a Member. Upon termination or non-renewal of the Membership Savings Plan, accumulated Renewal Bonus amounts will be deleted from patient accounts. The Renewal Bonus has no actual cash value and will not be paid to patients upon closing their accounts. Children under 6 participating in the plan and receiving care for free will not receive the Renewal Bonus.
2. The dental practice retains the right to interpret any program stipulations.
  3. No Refunds: By enrolling, patients are committing to the program for a year. Membership fees are non-refundable and refunds are unavailable in the event Member terminates the Plan prior to the end of the Plan Year or fails to use the services within a 12 month period.
  4. The annual Membership Fee must be paid in full prior to treatment.
  5. Membership benefits are not transferrable.
  6. Membership benefits have no cash value and may not be redeemed for cash.

7. This is not an insurance plan and is not subject to regulations by the Ohio State Department of Insurance.
8. Plan membership cannot be combined with current dental insurance plans.
9. No insurance claim will be filed for Members under this Plan.
10. The Membership Plan is for individual use only. It is not a group benefits plan.
11. Each family membership must be paid in full at the time of the initial membership or at the renewal time.
12. Membership Fee may be adjusted annually, with notice prior to renewal.
13. Members are responsible for notifying dental practice of any address or contact changes.
14. Missed appointment fees / late payment penalties are ineligible for membership discount and may result in Membership ineligibility.
15. Total payment amount is due at the time services are provided. If full payment is not received at the time of service, fee discount will be void. Patients may use CareCredit financing but will not receive the initial, full pay, membership discount of 10%. They will however, receive the 20% membership discount on all other services outside the plan.
16. In the event the dental practice cancels the Membership Plan, all Members shall enjoy the benefits of Plan membership until the conclusion of the current Plan Year. Renewal Bonuses shall remain in patient accounts and may only be used for in-office care. At no time will Renewal Bonuses be paid to patients in cash.
17. This plan may not be used in combination with any other program, incentive or discount.

I want to take advantage of the savings available in the Membership Savings Plan and agree to the aforementioned Terms and Conditions. **I understand the fees in the plan are nonrefundable and I have one year to use the services covered in this plan.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date