

THE COMPREHENSIVE DENTAL PLAN

The Braydich Dental Comprehensive Dental Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available anytime at Braydich Dental Inc.

With your comprehensive plan, there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorizations
- No pre-existing conditions
- Immediate Eligibility
- Free Orthodontic Consultations

Program Exclusions and Limitations

This program is a discount plan, not a dental insurance plan, and is secondary to any other dental plan. It cannot be used:

- In conjunction with another dental plan.
- For services or injuries covered under workman's compensation.
- For treatment which, in sole opinion of treating dentist or doctor, lies outside the realm of their capability.
- For referrals to specialists.
- For hospitalization or hospital charges of any kind.
- For costs of dental care which is covered under automobile medical ins.

This plan is only honored at Braydich Dental Inc. This dental plan is not an insurance plan that can be used at any other dental office.



COMPREHENSIVE DENTAL PLAN

BRAYDICH DENTAL INC

45 E Liberty St, Hubbard, OH 44425

www.braydich.com

**BRAYDICH
DENTAL
INC**

Benefit premiums

Single	\$225/yr.
Dual	\$440/yr.
Family of 3	\$665/yr.
Additional Fam.	\$100/yr.

The dual plan is for Parent/Child or Husband/Wife only. The Family plan includes children who are enrolled as full time students up to age 23 or children who are not full time students until the age of 18.



Diagnostic and x-rays

Comprehensive Exam (New patient, initial visit)	100%
Periodic Exam (2 per year)	100%
Limited Oral Exam (1 per year)	100%
Full Mouth Xrays (complete series or panoramic) (1 every 3 years)	100%
Periapical X-rays	100%
Bitewing X-rays (1 set/yr)	100%

Estimated exams, cleanings, xrays, and fluoride are \$457.00 per year per patient.

Program Guidelines

- ◆ Patient's portion of bill is due the date of service.
- ◆ Cannot be used in conjunction with another dental plan.
- ◆ **NON REFUNDABLE**
- ◆ **There will be a \$50 reinstatement fee if your plan is not renewed annually.**



Preventative

Child Cleaning (2 per year, \$5 co-pay)	100%
Adult Cleaning or Perio Maintenance (2 per year, \$5 co-pay)	100%
Fluoride (2 per year, \$5 co-pay)	100%
Sealants	50%
Space Maintainers	50%

All other procedures

<u>Treatment</u>	<u>Discount</u>
Teeth Whitening	25%
Fillings	25%
Crowns	25%
Root Planing	25%
Perio Maintenance	25%
Dentures and Partials	25%
Root Canals	25%
Oral Surgery	25%
Implants	15%
Orthodontics*** (Full brackets or Invisalign)	\$500 off

*** For Ortho., Member must remain a plan member for the duration of treatment to retain discount plan benefits.

**BRAUDICH
DENTAL**
**45 E LIBERTY ST
HUBBARD OH**
(330) 534-5408