Insurance Plan	<u>Memb</u>	Membership Plan					
Premium	\$per mo/\$p	per yr Members	hip Payment	\$	_per mo/\$	per yr	
Yearly Maximum	\$	Yearly Ma	aximum	UNLIMITE	ED		
Deductible	\$	Deductible	е	N/A			
Preventive Care	%	Preventiv	e Care	100%	6		
Minor Restorative	% after deductible	Restorativ	ve Discount		_%		
Major Restorative	% after deductible						
Prevenitve Care		Preventiv	e Care				
1 st cleaning – Patient out-of-pocket amount		1 st cleanir	1 st cleaning appointment - <i>included</i>				
- Cleaning	\$	- Clean	ing	\$			
- Exam	\$	- Exam		\$			
- Bitewing x-rays	\$	- Bitew	ing x-rays	\$			
- Fluoride	\$	- Fluori	de	\$	_		
2 nd cleaning – Patient out-of-p	oocket amount	2 nd cleani	ng appointment - <i>inc</i>	cluded			
- Cleaning	\$	- Clean	ing	\$			
- Exam	\$	- Exam		\$			
- Fluoride	\$	- Fluori	de	\$	_		
If Perio: Perio Maintence 3	\$	If Perio: P	erio Maintence 3	\$	_		
Perio Maintence 4	\$	P	erio Maintence 4	\$	_		
Restorative Treatment		Restorativ	ve Treatment				
Out of pocket for all services	\$	Out of po	cket for all services	\$	_		
Patient Out of Pocket with Inst	urance_	Patient O	ut of Pocket with Me	mbership F	<u>Plan</u>		
Premiums	\$	Members	hip payments	\$			
Cleaning/Perio Appointments	\$	Cleaning/	Perio Appointments	\$			
Treatment	\$	Treatmen	t	\$			
TOTAL out-of-pocket w/ Ins	\$	TOTAL ou	t-of-pocket w/ MP	\$			