

## Why The Smile Easy Dental Plan?

The Smile Easy Dental Plan is not insurance, therefore all applicants are guaranteed acceptance. And you can have added confidence knowing this is a licensed discount dental plan.

## Example of Savings


Procedure	UCR - COST WITHOUT THE PLAN*	COST WITH THE PLAN	YOUR SAVINGS
Comprehensive Oral Exam	\$110.00	NO CHARGE	\$110.00
Complete Full-Mouth X-rays	\$164.00	NO CHARGE	\$164.00
Adult Preventative Cleanings	\$112.00	NO CHARGE	\$112.00
Composite Filling - One Surface, Posterior	\$226.00	\$157.00	\$69.00
Crown - Porcelain/Ceramic Substrate	\$1,425.00	\$985.00	\$440.00
Core Build-up	\$361.00	\$253.00	\$108.00
Extraction, Erupted Tooth	\$219.00	\$151.00	\$68.00
<b>Total</b>	<b>\$2,617.00</b>	<b>\$1,546.00</b>	<b>\$1,071.00</b>

**Your Potential Savings as a Plan Member**


**\$1071.00**

\*UCR Fee is the Usual and Customary Rate. "Usual" refers to the normal rate charged for the service by the Provider rendering the treatment, and "customary" is defined as the usual rates of the Providers competitors in that local area. The UCR fee can vary by location.

## Signing Up is Easy!

 Sign up online at:  
**RedwoodDental.com/SmileEasy**

 Sign up over the phone:  
**(248) 429-2229**

 Send your completed application with payment:

**Redwood Dental**  
**800 Kirts Blvd #650**  
**Troy, MI 48084**

*We accept VISA, MasterCard, Discover, American Express, Personal Checks and Money Orders.*

 Submit at your Redwood Dental office.  
(checks payable to Redwood Dental)

## Participants Receive:

- A Welcome letter with your Plan ID card
- Smile Easy Fee Schedule, Description of Services & Disclosure available online or call (248) 429-2229
- Access to all Redwood Dental Offices
- Instant Savings! Enroll online and print out and use your ID cards immediately!

**RedwoodDental.com/SmileEasy**

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## Are You Looking To Save Money on Your Dental Care?

How does the Easy Smile Dental Plan work? As a member, you pay a low yearly fee. When you visit a participating Redwood Dental office - Simply show your Member ID card at the time of treatment and you will pay only the discounted fee for the care you want and need.

- Smile Easy Plan is not insurance. This is a licensed discount medical plan.
- Smile Easy Plan provides discounts at certain health care providers for dental services.
- Smile Easy Plan does not make payments directly to the providers of dental services.
- You (member) will be required to pay for all health care or dental services, but will receive a discount from those health care providers who have contracted with Redwood Dental.
- The Smile Easy Plan is provided by Redwood Dental.

 Redwood Dental

**Smile Easy**  
DENTAL PLAN



**Smile Easy**  
DENTAL PLAN

Protect your healthy smile with with our affordable, easy-to-use dental plan!

**RedwoodDental.com/SmileEasy**

# Smile Easy Dental Plan Application

Effective Date \_\_\_\_\_ Member Last Name \_\_\_\_\_ Member First Name \_\_\_\_\_ Number of Participants \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Gender \_\_\_\_\_ Redwood Dental Office Location \_\_\_\_\_

Email Address \_\_\_\_\_

**ELIGIBLE DEPENDENTS**

Name	Gender	Date of Birth

Make Check or Money Order payable to Redwood Dental

VISA  MasterCard  Discover/NOVUS  AmEx

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2 #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Individual  Each Additional Family Member \_\_\_\_\_ \$199.00 \$ \_\_\_\_\_ \$99.00 \$ \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Authorization Signature \_\_\_\_\_

This is a discount medical plan application. Please be advised that all checks will be deposited electronically. Please write "Do Not Convert" on this application and the face of your check, if you do not want your check presented electronically. On behalf of the above named individuals, I hereby apply for enrollment in Smile Easy Plan and certify that the above information is true and correct.



Save 15% to 30% on a Wide Range of Services!  
**FREE Exam & X-Rays**

## Plan Membership has its Advantages:

- ✓ Immediate plan activation
- ✓ Low yearly membership fee
- ✓ NO waiting period
- ✓ NO annual maximums
- ✓ NO claim forms to submit
- ✓ Unlimited access to savings for an entire year at an affordable price



**Start Saving Today!**  
**\$199 Individual** PER YEAR  
**\$99 Each Additional**  
**Family Member** PER YEAR

## Smile Easy Dental Plan

### Summary of Savings and Discounted Fees

ADA CODE	DESCRIPTION OF SERVICES	MEMBER PAYS	ADA CODE	DESCRIPTION OF SERVICES	MEMBER PAYS
<b>Diagnostic &amp; Preventative</b>			<b>Periodontics</b>		
0120	Periodic oral evaluation - established patient	<b>No Charge</b>	4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$219.00
0140	Limited oral evaluation - problem focused	<b>No Charge</b>	4355	Full mouth debridement	\$159.00
0150	Comprehensive oral evaluation - New or established patient	<b>No Charge</b>	4381	Localized delivery of antimicrobial agents	\$39.00
0210	Full mouth x-rays	<b>No Charge</b>	4910	Periodontal maintenance	\$174.00
0220	First film	<b>No Charge</b>	<b>Prosthodontics - Dentures &amp; Bridges</b>		
0230	Each additional film	<b>No Charge</b>	Dentures & Partials		
0272	Bitewings - two films	<b>No Charge</b>	5110	Complete denture - maxillary (upper)	\$1,517.00
0274	Bitewings - four films	<b>No Charge</b>	5120	Complete denture - mandibular (lower)	\$1,517.00
0330	Panoramic Film	<b>No Charge</b>	5213	Partial denture - maxillary (upper)	\$1,509.00
1110	Prophylaxis (cleaning) - adult	<b>No Charge</b>	5214	Partial denture - mandibular (lower)	\$1,509.00
1120	Prophylaxis (cleaning) - child	<b>No Charge</b>	5225	Partial denture - flexible base - maxillary (upper)	\$1,341.00
1206	Topical application of fluoride varnish	\$35.00	5226	Partial denture - flexible base - mandibular (upper)	\$1,341.00
1208	Topical application of fluoride - excluding varnish	\$35.00	<b>Implant - Single Tooth</b>		
1351	Sealant - per tooth	\$47.00	Total for Implant - Single Tooth \$3,830.00		
<b>Restorative - Fillings</b>			<b>Bridge - Fixed</b>		
2330	Composite - one surface, anterior	\$146.00	6240	Pontic - porcelain fused to high noble metal	\$955.00
2331	Composite - two surfaces, anterior	\$172.00	6241	Pontic - porcelain fused to base metal	\$906.00
2332	Composite - three surfaces, anterior	\$212.00	6245	Pontic - porcelain/ceramic	\$959.00
2391	Composite - one surface, posterior	\$157.00	6740	Crown - porcelain/ceramic	\$969.00
2392	Composite - two surfaces, posterior	\$196.00	6750	Crown - porcelain fused to high noble metal	\$965.00
2393	Composite - three surfaces, posterior	\$243.00	<b>Oral Surgery</b>		
<b>Restorative - Crowns</b>			7140	Extraction, erupted tooth	\$151.00
2740	Crown - porcelain/ceramic substrate	\$985.00	7210	Surgical removal of erupted tooth	\$237.00
2750	Crown - porcelain fused to high noble metal	\$969.00	7220	Removal of impacted tooth - soft tissue	\$296.00
2751	Crown - porcelain fused to base metal	\$745.00	7230	Removal of impacted tooth - partially bony	\$378.00
2920	Recementation - crown	\$97.00	7240	Removal of impacted tooth - completely bony	\$399.00
2950	Core buildup	\$253.00	<b>Orthodontics</b>		
2954	Prefabricated post and core	\$287.00	8090	Invisalign	\$4299.00
<b>Endodontics - Root Canals</b>			<b>Other Services</b>		
3310	Root canal (anterior)	\$642.00	9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$69.00
3320	Root canal (bicuspid)	\$729.00	9910	Application of desensitizing resin	\$63.00
3330	Root canal (molar)	\$885.00	9940	Occlusal guard by report	\$560.00

A complete plan fee schedule is available online or call (248) 429-2229