

# Smile Advantage Price Comparison Chart – Child Plan



## THE PLAN COVERAGE

Periodic Exams  
 Bitewing X-Rays (2)  
 Panoramic X-Rays  
 Basic Cleaning  
 Fluoride  
 Emergency Visit  
 Nitrous Oxide

## SMILE ADVANTAGE PLAN

2 Per Year *(Included 100%)*  
 As Needed *(Included 100%)*  
 As Needed *(Included 100%)*  
 2 Per Year *(Included 100%)*  
 As Needed *(Included 100%)*  
 1 Per Year *(Included 100%)*  
 Included 100%

## CASH PAYING PATIENT

2 Per Year (\$118)  
 1 Per Year (\$52)  
 1 Per 5 Years (\$131)  
 2 Per Year (\$158)  
 As Needed (\$43 each)  
 As Needed (\$89 each)  
 Free

## DENTAL PPO PLANS

2 Per Year *(Coverage Varies Per Plan)*  
 1 Per Year *(Coverage Varies Per Plan)*  
 1 Per 5 Years *(Coverage Varies Per Plan)*  
 2 Per Year *(Coverage Varies Per Plan)*  
*(Coverage Varies Per Plan)*  
*(Coverage Varies Per Plan)*  
 Rarely Covered

## THE BENEFITS

Total Yearly Cost  
 All Dental Treatment  
 Waiting Period  
 Annual Maximum Allowance  
 Annual Deductible  
 Denial of Coverage  
 Exclusions for Pre-existing Conditions  
 Exclusions on Coverage  
 Frequency Limits  
 Age Limitations  
 Replacement Limitations  
 Prior Authorizations  
 Claim Forms

\$299  
 15% Discount  
 None  
 None  
 None  
 Never  
 None  
 None  
 None  
 None  
 As Warranted  
 None  
 None

No Discount  
 None  
 None  
 None  
 None  
 Never  
 None  
 None  
 None  
 None  
 As Warranted  
 None  
 None

\$420 (\$35/mo)  
 No Discount *(after patient reaches maximum)*  
 6 Months  
 \$1,000  
 \$50 Per Individual  
 Varies Per Plan  
 Yes  
 Yes  
 Yes  
 Yes  
 Yes  
 Yes  
 Yes

**TOTAL OUT OF POCKET EXPENSE:**

**2 CLEANINGS & EXAMS W/ 4 BITEWINGS:**

**\$299**

**\$299**

**THE BEST SAVINGS PLAN!**

**\$591 (ALL)**

**\$328**

**\$420**

**\$420**

*\* All prices based on average insurance plans and pricing.*

For more information, visit [www.mysmileadvantage.com](http://www.mysmileadvantage.com).

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