



MEMBERSHIP PLAN

The 8 TO 8 DENTAL MEMBERSHIP PLAN is an annual reduced fee dental plan that allows individuals and families to receive quality dental services from 8 TO 8 DENTAL at fees that make sense for today's economy. 8 TO 8 DENTAL offers you the individualized attention of private care at an affordable cost.

We make MODERN DENTISTRY affordable

You may begin using the 8 TO 8 DENTAL PLAN as soon as your payment is received by 8 TO 8 DENTAL GROUP, INC. or by any 8 TO 8 DENTAL office. All payment listed under the Reduced Fee Schedule and Patient Payments in this brochure are made directly to the dental office as treatment is performed. You should discuss all payments and costs with your selected office.

The "no problem" plan

- No claim forms!
- No deductibles!
- No annual maximums!
- No waiting periods to see your dentist!

Plan Advantages!

- Low cost
- Totally Voluntary
- No-participation Requirements
- Cosmetic and Implant Services

Your Entire family is eligible!

- You may enroll your spouse and eligible dependents. Eligible dependents include unmarried children under age 19, and full-time students up to age 23 (A full-time student is defined as taking 12 credits or more. Verification may be required.) Also included is any child, regardless of age, who is incapable of self-sustaining employment due to physical or mental disorders, illness or condition and who is dependent upon you for support. Children may be members only as dependents of adult members.

Sample Savings

	Usual Fee	Plan Fee	Savings
Complete Exam	\$85	\$0	\$85
Limited (Emergency) Exam	\$74	\$0	\$74
Complete X-Rays	\$125	\$0	\$125
Prophylaxis (simple cleaning)	\$90	\$65	\$25
Composite (white) Filling	\$176	\$123	\$53
Root Canal Therapy	\$981	\$598	\$383
Crown (Porcelain)	\$1103	\$650	\$453

What does it cost?

Individual	\$120
Individual & 1 Dependent	\$216
Individual & 2 Dependents	\$274
Individual & 3 Dependents	\$332
Individual & 4 or more dependents	\$390

Plan Exclusions and Limitations

- Demonstration of non-compliance with recommended course of treatment
- Services which in the opinion of the attending dentist, are neither necessary nor recommended for patients dental health
- Prophylaxis (simple teeth cleaning) is limited to once every 6 months
- Full mouth x-rays are limited to once every 24 months
- Fluoride application is limited to one per year to age 18
- Replacement of complete or partial dentures is limited to once every 5 years
- Loss or theft of dentures or bridgework
- Denture relines are limited to one per arch in any 12 month period
- Hospital benefits for any dental procedure or any procedures performed in the hospital
- Any procedures of implantation or experimental procedures
- Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability laws. Services which are provided without cost to any member by any municipality, county, state, or other political subdivision
- Services which cannot be performed because of general health, physical or psychological limitation of patients
- General anesthesia
- Those procedures requiring appliances or restorations that are necessary for full mouth rehabilitation or to alter, restore or maintain occlusion, including without limitation, treatment of disturbances of the temporomandibular joint
- Treatment of fractures of dislocations, congenital malformations, malignancies, cysts or neoplasm, or Temporomandibular Joint Dysfunction (TMJ or TMD)
- Prescription drugs and over the counter drugs
- Services performed by a non-participating provider are not covered
- 8 TO 8 DENTAL PLAN Participants cannot have any other dental coverage

Plan Use Only	Last Name	First Name	Middle Initial	Automatic Renewal (Circle One) YES or NO
Effective Date	Address	City	State	ZIP
Employer	Work Phone	Date of birth	Circle One Male or Female	Office
Email Address				

ELIGIBLE DEPENDENTS

Name	Sex	Birthdate
Dependent		
Dependent		
Dependent		
Dependent		
Dependent		
On behalf of the above named individuals, I hereby apply for enrollment in 8 TO 8 DENTAL GROUP, Inc. and certify that the above information is true and correct.		
Applicant's Signature:	Date:	

Make Check or Money Order Payable to 8 TO 8 DENTAL GROUP, INC

Cash _____ Check # _____

Credit Card : Visa MasterCard Amex Discover/NOVUS

Credit Card # _____

Expiration Date _____ CVV2 Number _____

Individual \$120.00 \$ _____

With 1 Dependent \$216.00 \$ _____

With 2 Dependents \$274.00 \$ _____

With 3 Dependents \$332.00 \$ _____

With 4 or more dependents. \$390.00 \$ _____

TOTAL \$ _____

Credit Card Authorization Signature: _____ Date: _____