

DentaQuest®

Select Value



*A dental and vision
services discount plan.*

Welcome to the Select Value Dental and Vision Plan!

For over 30 years, DentaQuest has provided quality plans at affordable prices, with a focus on flexibility, ease of use and outstanding customer service. Our mission is to deliver value to our customers by offering plans that are second to none and that improve the overall health of our members.

The Select Value Plan is a discount plan designed to help you save on *both* dental and vision care. You experience the same incredible value and quality dental care as you expect from DentaQuest, and you'll have access to great discounts on vision care through our partner, Avesis. Avesis has offered one of the best values in vision benefits for the past 27 years.

The Select Value Plan is not insurance. Rather, the plan provides members with discounted services through participating providers. Members are required to pay for all services and products at the time of service; simply present your Member ID card to a participating provider to receive instant discounts on both dental and vision care.

Enjoy Great Dental Services

The Select Value Plan provides you with incredible savings on all types of dental services. There are no deductibles or pre-authorizations required, and no maximum level of discounts per year or lifetime. As a member of the Select Value Plan you are entitled to discounts on:

- Diagnostic and preventive care, such as exams, cleanings and X rays
- Restorative services, such as fillings and extractions
- Complex dental work, such as crowns, dentures, bridges and surgical procedures
- Orthodontic treatment
- Cosmetic procedures

DentaQuest offers a network of over 1,400 participating general dentists and specialists who are committed to quality patient care and helping patients achieve optimum oral health. You can visit any participating dentist you choose, and can change your dentist at any time. To choose a dentist who is best for you, visit our Web site, www.dentaquestdental.com, or contact Customer Service at 1-800-334-6277.

Take Advantage of Great Vision Services

The importance of healthy vision is often taken for granted, and many do not receive annual eye examinations—an essential step to maintaining healthy eyes. The Select Value Plan includes a vision care program that provides members with access to savings on professional vision examinations and optical materials at any participating Avesis provider location. Avesis gives you access to one of the most comprehensive vision networks in the nation—with 18,000 optometrists, ophthalmologists and vision retail centers at 12,000 locations nationally. Members are responsible for payment at the time of service; simply present your Member ID card to any Avesis participating provider to receive your discount. No claim submissions, vouchers or pre-authorizations are required. You will receive discounts on:

- Regular eye examinations
- Frames and lenses
- Contact lenses

You can locate a vision care provider by visiting the Avesis Web site at www.avesis.com or by calling Avesis Customer Service at 1-800-828-9341.

DentaQuest Select Value Plan

Dental Services (S5)

Following are only a sample of the great discounts you'll receive; refer to the full fee schedule for more information.

	Customary Fee***	Member Fee
DIAGNOSTIC/PREVENTIVE*		
Comprehensive oral examination	\$ 80.00	\$ 39.00
Periodic oral examination	\$ 45.00	\$ 18.00
Limited oral examination, problem focused	\$ 65.00	\$ 35.00
Adult prophylaxis (routine cleaning, every 6 months)	\$ 80.00	\$ 43.00
Child prophylaxis, age 14 & under (routine cleaning, every 6 months)	\$ 65.00	\$ 37.00
Topical application of fluoride	\$ 30.00	\$ 8.00
Radiographs		
- Periapical X ray, per film	\$ 22.00	\$ 10.00
- Bitewing X ray, per film	\$ 22.00	\$ 10.00
- Complete series, including bitewings	\$ 120.00	\$ 49.00
- Panoramic X ray	\$ 110.00	\$ 45.00
RESTORATIVE		
Amalgam Restorations (silver filling)		
- One surface	\$ 140.00	\$ 56.00
- Two surfaces	\$ 145.00	\$ 68.00
- Three surfaces	\$ 175.00	\$ 79.00
- Four or more surfaces	\$ 225.00	\$ 89.00
Resin Restorations (tooth-colored filling)		
- One surface	\$ 125.00	\$ 66.00
- Two surfaces	\$ 165.00	\$ 76.00
- Three surfaces	\$ 210.00	\$ 89.00
- Four or more surfaces or involving incisal angle	\$ 235.00	\$ 115.00
CROWN AND BRIDGE (per unit/tooth)		
Crown or pontic, porcelain fused to metal	\$ 1,000.00	\$ 550.00
Crown or pontic, full cast metal	\$ 1,000.00	\$ 540.00
Crown, porcelain/ceramic	\$ 1,050.00	\$ 550.00
Crown buildup in addition to crown	\$ 250.00	\$ 125.00
Stainless steel crown	\$ 265.00	\$ 125.00
Recement crown	\$ 85.00	\$ 45.00
Recement bridge	\$ 140.00	\$ 75.00
<i>A gold (high noble metal) surcharge may be assessed, not to exceed \$50.00</i>		
DENTURES		
Complete denture (upper or lower)	\$ 1,250.00	\$ 615.00
Partial denture, resin base (upper or lower)	\$ 1,050.00	\$ 575.00
Partial denture, metal framework with resin base (upper or lower)	\$ 1,300.00	\$ 695.00
Repair complete or partial denture base (in office)	\$ 110.00	\$ 55.00
Repair complete or partial denture base (laboratory)	\$ 150.00	\$ 105.00
Reline complete or partial denture base (laboratory)	\$ 385.00	\$ 195.00
Add or replace missing or broken tooth - complete denture, one tooth or first tooth (in office), plus \$10.00 for each additional tooth	\$ 70.00	\$ 55.00
Add or replace missing or broken tooth - complete denture, one tooth or first tooth (laboratory), plus \$20.00 for each additional tooth	\$ 150.00	\$ 110.00
Repair partial cast framework (laboratory)	\$ 185.00	\$ 120.00
Add, repair or replace broken clasp - first clasp, plus \$40.00 for each additional clasp	\$ 195.00	\$ 125.00
ENDODONTICS (excluding final restoration)		
Pulp cap, direct or indirect	\$ 65.00	\$ 10.00
Pulpotomy	\$ 175.00	\$ 95.00
Root Canal Therapy*		
- Anterior	\$ 775.00	\$ 385.00
- Bicuspid	\$ 850.00	\$ 465.00
- Molar	\$ 1,100.00	\$ 595.00
ADJUNCTIVE GENERAL SERVICES		
Local anesthesia	\$ 35.00	N/C
Analgesia (nitrous oxide), per ½-hour	\$ 60.00	\$ 30.00
Sealant, per tooth	\$ 45.00	\$ 18.00
Occlusal guard (night guard)*	\$ 430.00	\$ 225.00
OSHA compliance fee, per visit	\$ 15.00	\$ 7.00
Broken appointment fee (less than 24 hours notice), per ½-hour	\$ 25.00	\$ 15.00

* As performed by a DentaQuest Participating General Dentist.

** As performed by a DentaQuest Participating Specialist.

*** The listed Customary Fee is for illustrative purposes only. Customary fees may vary by dentist and by geographic area.

	Customary Fee***	Member Fee
ENDODONTICS (excluding final restoration)		
Limited oral examination, problem focused**	\$ 95.00	\$ 45.00
Root Canal Therapy**		
- Anterior	\$ 985.00	\$ 595.00
- Bicuspid	\$ 1,100.00	\$ 695.00
- Molar	\$ 1,250.00	\$ 795.00
PERIODONTICS		
Comprehensive oral exam, consultation and treatment plan**	\$ 175.00	\$ 105.00
Limited oral examination, problem focused**	\$ 95.00	\$ 45.00
Complete radiographic series, including bitewings**	\$ 145.00	\$ 60.00
Full-mouth debridement	\$ 150.00	\$ 60.00
Scaling and root planning, per quadrant	\$ 225.00	\$ 120.00
Periodontal maintenance (following active therapy)	\$ 125.00	\$ 80.00
Gingivectomy/gingivoplasty, per quadrant	\$ 675.00	\$ 250.00
Soft tissue graft procedure (including donor site)	\$ 850.00	\$ 525.00
Osseous surgery, per quadrant (including flap entry/closure)	\$ 1,000.00	\$ 735.00
Occlusal guard (night guard)**	\$ 500.00	\$ 315.00

	Customary Fee***	Member Fee
ORAL SURGERY		
Extraction, single tooth*	\$ 105.00	\$ 60.00
Limited oral examination, problem focused**	\$ 95.00	\$ 45.00
Panoramic X ray**	\$ 110.00	\$ 50.00
Extraction, single tooth**	\$ 155.00	\$ 85.00
Surgical extraction of erupted tooth	\$ 225.00	\$ 130.00
Extraction of impacted tooth, soft tissue	\$ 310.00	\$ 170.00
Extraction of impacted tooth, partial bony	\$ 350.00	\$ 205.00
Extraction of impacted tooth, full bony	\$ 375.00	\$ 255.00
Intravenous sedation or general anesthesia, first 30 minutes	\$ 300.00	\$ 175.00
<i>Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.</i>		

	Customary Fee***	Member Fee
ORTHODONTICS		
Initial examination	\$ 45.00	N/C
Diagnostic records and consultation (including X rays)	\$ 330.00	\$ 165.00
Comprehensive Orthodontic Treatment, standard 2-year case for children under the age of 18	\$ 5,500.00	\$ 2,960.00
• Initial retainers and retention visits for adjustments/observation for 6 months. Additional retention visits are provided at \$20.00/visit.	\$ 650.00	\$ 250.00
• Any treatment or appliances necessary in addition to the standard 2-year case are provided at a 20% reduction of the Participating Dentist's usual and customary fees.		
• All standard orthodontic treatment cases that extend beyond 2 years (24 months) are pro-rated at \$115.00/month.		
• Non-standard orthodontic treatment (for children under age 18) and Phase I treatment are provided at a 20% reduction of the Participating Dentist's usual and customary fees.		
• Adult orthodontic treatment (for patients age 18 & over) is provided at a 20% reduction of the Participating Dentist's usual and customary fees.		
• Appliance therapy for tooth guidance and space management is provided at a 20% reduction of the Participating Dentist's usual and customary fees.		
• Orthodontic treatment already in progress is not covered under the plan.		

DentaQuest Select Value Plan

Vision Services

	In Network, Member Pays
Eye examination	Up to \$45.00
Spectacle Lenses (pair)	
- Standard single vision	Up to \$35.00
- Standard bifocal	Up to \$50.00
- Standard trifocal	Up to \$65.00
- Standard lenticular	Up to \$80.00
Non-standard/specialty lenses (pair)	Retail less 20% discount
Lens options	Retail less 20% discount
Frame	Retail less 20%–60% discount
Contact Lenses	
- Elective	Retail less 10–20% discount
- Medically necessary	Retail less 20% discount
All other optical items	Retail less 10–20% discount

Enrollment Instructions

Becoming a member of DentaQuest's Select Value Dental and Vision Plan is easy. Just follow these simple steps:

1. Please complete and return the attached Membership Form. Allow thirty (30) days to process your application and payment.
2. Include a check or money order made payable to DentaQuest or complete the credit card authorization section on the Membership Form (VISA or MasterCard only). DO NOT SEND CASH.

Select Value Plan Rates

\$69.00 SINGLE per year

\$109.00 SINGLE + ONE per year

\$149.00 FAMILY per year

Your benefits will become effective on the first day of the month following the processing of your application and payment to DentaQuest.

Your DentaQuest Member Identification card will arrive by mail within thirty (30) days following your request for coverage. Upon receipt of your Member ID card, you may make an appointment with a participating dentist or vision care provider. To find one, visit our Web site at www.dentaquestdental.com or contact Customer Service at 1-800-334-6277.

ADDITIONAL PROVISIONS

1. Procedures not listed in the full fee schedule are provided at a 20% reduction of the Participating General Dentist's or Specialist's usual and customary fees. This includes (but is not limited to) implant services and TMJ treatment.
2. Members may be charged \$7 per office visit by the Participating General Dentist or Specialist for the cost of compliance with OSHA guidelines. This fee also applies to No Charge (N/C) visits.
3. Services provided by a Participating Pediatric Dentist or a Participating Prosthodontist are covered at a 20% reduction of the Participating Specialist's usual and customary fees.
4. Members may be charged a BROKEN APPOINTMENT FEE of \$15 per half hour when less than 24 hours notice is provided to the Participating Dentist.
5. A PROPHYLAXIS (ADA Code D1110) performed at a three- or four-month maintenance interval is provided at a 20% reduction of the Participating Dentist's usual and customary fee. A PERIODIC ORAL EVALUATION (ADA D0120) is provided at the member fee listed on the fee schedule.
6. A FULL-MOUTH DEBRIDEMENT (ADA Code D4355) is chargeable when calculus obstructs the ability to perform a comprehensive periodontal evaluation and diagnosis and it is performed as a preliminary procedure.
7. Recognized and accepted ADA procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA procedure code.
8. Coordination of Benefits: If total reimbursement from other plans is equal to, or in excess of, the member fee, the member fee is considered satisfied. If total reimbursement from other plans is less than the member fee, the patient is responsible for paying the difference up to the member fee.

Select Value Plan (S5) Membership Form

Last Name* First Name* MI

Street Address*

City* State* Zip Code*

Social Security Number* Date of Birth*
() ()

Home Telephone Number* Work Telephone Number

Email Address

*Mandatory fields.

Marital Status

- Single
 Married

Coverage Type

- Single \$69
 Single + One \$109
 Family \$149

Unmarried children are covered until age 19. Unmarried full-time students are covered until age 23. Please attach validation from school.

Single + One or Family Coverage:

Last Name	First	MI	Sex	Date of Birth
Spouse			M / F	/ /
Children			M / F	/ /
			M / F	/ /
			M / F	/ /

Method of Payment

- Check or Money Order (payable to DentaQuest)
 Visa MasterCard

Account #: _____

Expiration Date: _____

Authorized Signature: _____

By my signature, I hereby request membership in the DentaQuest Select Value Plan.

Signature _____ Date _____

Please mail application with payment to:

DentaQuest

4061 Powder Mill Road, Suite 325
Calverton, MD 20705-3149

Toll Free 1-800-334-6277 • Fax 301-937-0245

www.dentaquestdental.com

Agent Name	DentaQuest Agent Number
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This is not an application for insurance.

DentaQuest®

4061 Powder Mill Road, Suite 325
Calverton, MD 20705-3149

1-800-334-6277
www.dentaquestdental.com

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