



Cascade Medicare Discount Plan

Purpose

To give patients with Medicare that do not have dental coverage the same discounted dental prices that patients with typical insurance get. We are willing to give such discounted prices to those who will commit to regular 6 month cleanings.

Plan Benefits

| | |
|---|--------------|
| Exams, x-rays (<i>every 6 months</i>) | No charge |
| Other Procedures | 30% discount |
| Cleaning | \$50 |

Terms / Limitations

- There is **no yearly maximum** and **no waiting period** on anything.
- Your Co-pays are due at time of service
- Discount prices are only available for work performed in our office. Procedures and products offered at our cost are not eligible for discounts.
- Rates subject to change yearly with inflation.
- **Cleaning fee of \$50 will be credited towards Major, Perio, or Endo procedures for next 6 months.**
- Fluoride varnish is given at no charge with cleanings



Comparison of Usual Fees, Our Medicare fees, and Typical Insurance Fees

| Dental Procedure | Usual Fee | Medicare Discount Plan Fee | Typical Dental PPO |
|---------------------------------|-----------|--|--|
| Comprehensive Exam | \$82 | \$0 | \$0 |
| Cleaning | \$85 | \$40 <i>(this amt will be credited toward major, endo, or perio work needing done during next 6 months)</i> | \$0 |
| Filling (one surface posterior) | \$197 | \$138 <i>(no deductible, maximum, or waiting period)</i> | \$25-60 <i>(plus \$50 deductible, \$1100 max)</i> |
| Crown (All Ceramic) | \$1130 | \$790 <i>(no deductible, maximum, or waiting period)</i> | \$350-500 <i>(plus \$50 deductible, \$1100 max)</i> |
| Root Canal (molar) | \$1007 | \$704 <i>(no deductible, maximum, or waiting period)</i> | \$150-200 <i>(plus \$50 deductible, \$1100 max)</i> |
| Extraction (simple) | \$174 | \$122 <i>(no deductible, maximum, or waiting period)</i> | \$20-50 <i>(plus \$50 deductible, \$1100 max)</i> |

Typical Charges at First Visit with Plan

| | | |
|--------------------|-------|-----|
| Comprehensive exam | \$82 | \$0 |
| Panoramic X-ray | \$103 | \$0 |

| | | |
|---------------------------------|-------|-------------|
| Four Bitewing X-rays | \$65 | \$0 |
| Prophylaxis (<i>cleaning</i>) | \$85 | \$50 |
| Total | \$335 | \$50 |



| <u>Each Subsequent 6 month Visit</u> <u>with Plan</u> | | |
|---|-------|-------------|
| Periodic exam | \$49 | \$0 |
| Four Bitewing X-rays | \$65 | \$0 |
| Prophylaxis (<i>cleaning</i>) | \$85 | \$40 |
| Total | \$199 | \$40 |