



It gives us great pleasure to introduce the **Pelican Dental Benefits Plan**. This *in-house dental savings plan* offers affordable care for current and new patients without dental insurance.

We understand that traditional insurance plans are expensive and there are multiple limitations and exclusions. Also, in recent times, we have observed a trend of fewer employers offering dental insurance, and the difficulty of self-employed and retired patients to find and pay for dental coverage. So, we have designed an affordable plan that offers significant savings on preventative services for one low annual fee, and a discount on other dental services, including cosmetic procedures. Please see the enclosed chart and guidelines for further information.

As always, we greatly appreciate the opportunity to care for you! Feel free to ask any of our team members for more information at Pelican Dental, on our Facebook Page, or online at www.pelicandentalmn.com. Contact us at 218-863-5858 to sign up today!

Our Family Caring for Yours

Pelican Dental Benefits Plan

No insurance? No problem! Our exclusive, affordable dental savings plan allows you significant savings on your dental care without the hassles of traditional insurance!

How Does the Pelican Dental Benefits Plan Compare To Traditional Insurance Coverage?

Traditional Insurance	Pelican Dental Benefits Plan
Costly monthly premiums plus copays	One low annual fee paid at the time of enrollment
Variable levels of coverage for preventive and other dental treatment	Preventive dental visits included, PLUS 10% off all in-office services
Yearly maximum limits	No yearly limits on savings
Complicated and confusing claim submission process and delayed reimbursement	No claims or paperwork to submit
Waiting periods before benefits are in effect	No waiting period. You are able to use your benefits immediately after enrollment!
Cumbersome application process	Enrollment is quick and easy!

Child Plan (15 yo and under) - \$340/year

The following procedures are covered at 100%:

- 2 Check-Ups Per Year
 - 2 Doctor exams per year
 - 2 Routine teeth cleanings
 - 2 Fluoride treatments per year
 - Any routine Bitewing x-rays necessary to detect decay
 - 10% off all other in-office services *if paid at the time of service*
 - **New Patients save 35% and Existing Patients save 16%!**
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Adult Plan (16 yo and over) - \$395/year

The following procedures are covered at 100%:

- 2 Check-Ups Per Year
 - 2 Doctor exams per year
 - 2 Routine teeth cleanings
 - 2 Fluoride treatments per year
 - Any routine Bitewing x-rays necessary to detect decay
 - 10% off all other in-office services *if paid at the time of service*
 - **New Patients save 32% and Existing Patients save 15%!**
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Perio Maintenance Plan (2x/year)- \$480/year

The following procedures are covered at 100% for our perio maintenance patients:

- 2 Periodontal maintenance cleanings per year
 - 2 Doctor exams per year
 - 2 Fluoride treatments per year
 - Any routine Bitewing x-rays necessary to detect decay
 - 10% off all other in-office services *if paid at the time of service*
 - **New Patients save 30% and Existing Patients save 15%!**

Perio Maintenance Plan (3x/year)- \$695/year

The following procedures are covered at 100% for our perio maintenance patients:

- 3 Periodontal maintenance cleanings per year
 - 3 Doctor exams per year
 - 3 Fluoride treatments per year
 - Any routine Bitewing x-rays necessary to detect decay
 - 10% off all other in-office services *if paid at the time of service*
 - **New Patients save 25% and Existing Patients save 15%!**

Perio Maintenance Plan (4x/year)- \$908/year

The following procedures are covered at 100% for our perio maintenance patients:

- 4 Periodontal maintenance cleanings per year
- 4 Doctor exams per year
- 4 Fluoride treatments per year
- Any routine Bitewing x-rays necessary to detect decay
- 10% off all other in-office services *if paid at the time of service*
 - **New Patients save 23% and Existing Patients save 15%!**

Additionally, all members save 10% on the following procedures:

10% off applies to all in-office services ONLY if paid AT the time of service

- Tooth colored fillings and bonding
- Silver fillings
- Crowns and bridges
- Full and partial denture procedures
- Root canal therapy
- Extractions
- Nitrous Oxide
- Sealants
- Occlusal guards
- Whitening
- Panoramic and Periapical Radiographs

****Savings not valid in conjunction with dental insurances or any other dental plans. The office of Pelican Dental reserves the right to modify, change, or discontinue the Pelican Dental Benefits Plan, fees, terms, and services at the company's discretion upon written notice from the office of Pelican Dental prior to your anniversary renewal date.****

Pelican Dental Benefits Plan Application

Effective Date: _____

End Date: _____

Last Name: _____ First Name: _____

MI: _____ Date of Birth: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Check One:

- Child Plan - \$340/year
- Adult Plan - \$395/year
- Perio Maintenance Plan (2 visits/year) - \$480/year
- Perio Maintenance Plan (3 visits/year) - \$695/year
- Perio Maintenance Plan (4 visits/year) - \$908/year

Payment Method:

- Check
- Cash
- Debit/Credit Card # _____ Exp. Date: _____ CVC: _____

**10% discount on in-office services if paid at the time of service*

****Annual fee is required in full at the time of enrollment and is non-refundable. Pelican Dental reserves the right to modify, change, or discontinue the Benefits Plan fees, terms, and services at the company's discretion upon written notice from the office of Pelican Dental prior to your anniversary renewal date****

By signing below, I acknowledge I have read the Pelican Dental Benefits Plan information provided to me and understand the plan details and limitations.

Signature _____ Date _____

(parent signature required if member is under the age of 18)

Pelican Dental Benefits Plan Guidelines

1. Benefits plan duration is for one full year, starting on the registration date.
2. Benefits plan members cannot use any other dental coverage or discount with this plan.
3. All benefits plan membership fees are non-refundable.
4. All required fees are due the day of service. No payment plans.
5. The benefits plan will not cover any portion of specialist referral.
6. The benefits plan will not apply to orthodontic care.
7. The benefits plan will not apply to costs of dental care for injuries covered under workman's compensation.
8. The benefits plan will not apply to dental care for which, in the sole opinion of the treating dentist or doctor, is not recommended or lies outside the realm of their capability.
9. The benefits plan will not apply to consumable items such as Sonicare toothbrushes, fluoride toothpaste, bleaching/whitening refills, etc.

-- This is a dental savings plan, not a dental insurance plan --

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