



Neighborhood
Dental

SAVINGS PROGRAM

AN AFFORDABLE ALTERNATIVE TO INSURANCE



CONVENTIONAL DENTAL INSURANCE



Annual maximum benefits



Benefits difficult to understand



Waiting periods



Deductibles



Denied claims



Hidden copays



Cosmetic procedures not covered

NEIGHBORHOOD DENTAL SAVING PROGRAM



No maximums



Easy to understand benefits



No waiting periods



No deductibles



No claims



No missing tooth clauses

OUR SAVINGS PROGRAM

Our Dental Saving Program is designed to provide access to affordable dental care.

With the Neighborhood Dental Savings Program, there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility with no waiting period

SAVINGS PROGRAM PREMIUMS

PROGRAM	TOTAL ANNUAL COST
Individual Child.....	\$315
Single.....	\$425
Dual.....	\$750
Family	
1st Member.....	\$375
2nd Member.....	\$350
3rd Member.....	\$325
Additional Members.....	\$300 each

OVER 20% IN SAVINGS

COVERAGE

TREATMENT	DISCOUNT
Comprehensive/Periodic/Limited Exam..... (Two per year)	100%
Bitewing X-Rays..... (Once per year)	100%
Full Mouth Series/X-Rays/Panorex..... (One every 3 years)	100%
Prophylaxis..... (Two cleanings per year)	100%
Periodontal Maintenance..... (Two per year)	100%
Fluoride..... (Two per year - no age limit)	100%
Oral Cancer Screenings..... (Two per year)	100%

OTHER PROCEDURES	DISCOUNT
Additional Cleanings.....	15%
Additional X-Rays.....	15%
Additional Exams.....	15%
Dental Sealants.....	15%
Fillings & Core Build-ups.....	15%
Oral Surgery.....	15%
Periodontics.....	15%
Root Canals.....	15%
Crowns/Veneers.....	15%
Bridges.....	15%
Dentures & Partials.....	15%
Implants.....	15%
Clear Aligners.....	\$500 off
All Other Services and Products.....	15% off

COVERAGE

- This contract is only for services performed by a staff member of Neighborhood Dental.
- This contract does not replace, eliminate, or modify any other contract with Neighborhood Dental.
- This contract does not give discounts on services already rendered.
- Family plans are limited to families of 3 people or more.
- Family members must live in the same household as the contract holder (unless attending college), are limited to immediate family members (parents and children), and are included in the family option up the age of 20.
- Maximum allowed discount off any single procedure is \$500.
- Payment must be made at time of service.
- Cannot be used or combined with any other discount or promotion.
- No refunds of premiums will be issued at any time if participant decides not to utilize plan.
- After the initial term of the one (1) year contract, this agreement shall be deemed renewed automatically each year for an additional one (1) year period unless canceled in writing within thirty (30) days of the current term expiration date.

WELCOMING NEW PATIENTS!

HOW TO SIGN UP

Please call, email, or stop in for any questions or concerns! To sign up, please ask one of our front desk team members for an application.

CONTACT US

East 26th St, Sioux Falls.....(605) 332-5712
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