

# Unison Dental

join • save • smile

**Oral Health For Life**

## What is membership at Unison Dental?

Our Oral Health for Life Dental Membership is an annual discount dental plan. For a monthly fee you and your family become members of Unison Dental located in Provo. Membership allows you to receive our dental care at prices well below average dental fees.

## It's Not Dental Insurance It's Better!

	<b>Non-Discount Cash Patient</b>	<b>Unison Dental Membership</b>	<b>Individual Insurance Plan</b>
<b>Maximum Benefit</b>	No Maximum	<b>No Maximum</b>	\$1000 (of which \$500 can be used for Major services)
<b>Deductible</b>	None	<b>None</b>	\$50 Individual \$150 Family
<b>Waiting Periods</b>	None	<b>None</b>	6 months for basic services* 15 months for major**
<b>When is my plan effective?</b>	N/A	<b>NOW! Same day enrollment has been received.</b>	First day of the following month after date of enrollment.
<b>Who can I include on the plan?</b>	N/A	<b>Anyone can be included!</b>	Spouse and unmarried children up to age 26
<b>Where can I use my plan?</b>	Pay full fees at dentist of choice	<b>Unison Dental located in Provo***</b>	To get the maximum benefit you must use a in-network provider
<b>When can I cancel my membership?</b>	N/A	<b>Membership is a one year commitment</b>	Cancel anytime (see waiting periods)

\*Basic Services include: Fillings, Extractions, and some X-rays

\*\*Major services include: Crowns, Root Canals, Dentures, Bridges, Periodontics.

\*\*\*As our membership grows, we will add as many locations and dentists as needed.

## Sample of Discounts <sup>1, 2</sup>

	<b>Utah Avg Cost (2008)</b>	<b>Other Discount Plan</b>	<b>Unison Member</b>
Diagnostic ● 2 Exams, X-rays & Cleanings	\$503	\$318*	100% Covered
Diagnostic ● Limited Exam (Free)** ● Intraoral-periapical x-ray	\$65 \$30	\$29 \$10	\$20 \$9
Preventative ● sealant ● space maintainer	\$47 \$250	\$23 \$170	\$18 \$135
Restorative ● fillingS(white) ● re-cement	\$181-285 \$60	\$64-110 \$38	\$68-\$109 \$32
Restorative ● crown(PFM) ● build up ● post	\$954 \$209 \$229	\$643 \$119 \$124	\$526 \$109 \$109
Restorative ● cosmetic-veneer	\$1154	\$814	\$752
Endodontic ● root canal	\$879	\$552	\$495
Periodontics ● deep cleaning(per quad)	\$200	\$124	\$115
Removable Prosth. ● denture	\$1350	\$770	\$879
Implant services ● surg-placement ● abutment ● Crown on Implant	\$??? \$??? \$???	\$??? \$??? \$???	\$999 \$350 \$650
Fixed Prosth. ● bridge(3 unit PFM)	\$2862	\$1929	\$1578
Oral surgery ● extraction (surgical)	\$205	\$129	\$115
Miscellaneous ● in-office bleach ● take-home bleach	\$350 \$200	\$??? \$???	\$150 \$50

1. Prices subject to change.

2. Some dental treatments need additional surgery and/or treatment performed by a specialist, in which case the Unison Dental Membership does not cover treatment that needs to be referred to a specialist. See limitations and exclusions on last page.

\* Price includes \$105 enrollment fee, and an additional \$15 processing fee.

\*\* Any two exams covered per year.

## What is the cost of the Unison Dental Membership?

At **\$19** a month, a Unison Dental membership is affordable for the whole family. Get access to huge discounts for less than the cost of your 2 cleanings, exams, and x-rays per year!

Breakdown of cost per month:

	<b>Membership Cost</b>	<b>Total Cost</b>
<b>Single:</b>	<b>\$19 monthly</b>	<b>\$19 monthly</b>
<b>Dual:</b>	<b>\$19 monthly</b>	<b>\$38 monthly</b>
<b>Family of 3:</b>	<b>\$19 monthly</b>	<b>\$57 monthly</b>
<b>Family of 4:</b>	<b>\$19 monthly</b>	<b>\$76 monthly</b>
<b>Family of 5:</b>	<b>\$19 monthly</b>	<b>\$95 monthly</b>
<b>Family of 6:</b>	<b>\$19 monthly</b>	<b>\$114 monthly</b>
<b>Family of 7</b>	<b>\$19 monthly</b>	<b>\$133 monthly</b>

\*\$19 per additional family member.

## How do I join the Unison Dental Membership?

You must fill out the necessary paperwork at the bottom of this packet, which includes setting up a monthly automatic withdrawal for membership dues. If you prefer, you have the choice to pay for the year's membership upfront. If you need help filling out the form or have any questions please call us at 801-375-1965.

## **Limitations and Exclusions**

1. Periodontics, endodontics, oral surgery, or pedodontics requiring the services of a non-participating dentist or specialist.
2. Demonstrated non-compliance with recommended course of treatment.
3. Services which in the opinion of the attending dentist, are neither necessary nor recommended for the patients dental health.
4. Restorations, splints, or other appliances used to increase vertical dimension or restore occlusion.
5. Oral surgery requiring the setting of fractures or dislocations.
6. Treatment of malignancies, cysts or neoplasm or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth.
7. Dispensing of a drug not normally supplied in the office.
8. Hospital benefits for any dental procedure.
9. Negligence, loss, or theft of dentures or bridgework.
10. Implantation that the attending dentist considers experimental, or requires the referral to a specialist (i.e. oral surgeon, periodontist).
11. Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability laws. Services which are provided without cost to the member by any municipality, county, or other political subdivision.
12. General anesthesia or I.V. Sedation
13. Services that cannot be performed because of the general health, physical, or psychological limitations of the patient.
14. 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 the temporomandibular joint.
15. Prophylaxis and Fluoride applications are limited to two times yearly about six months apart.
16. Diagnosis and treatment of myofacial pain dysfunction syndrome.
17. Procedures performed in the hospital.

Unison Dental Membership Account Registration		
Referred by _____		
Last Name _____	First _____	MI _____
Home Address _____		Apt# _____
City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	Other _____
Birth Date _____		Name of Employer _____
List Covered Dependents	Birth Date	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

**MEMBERS:** Please read the following attached Terms and Conditions carefully and sign below. If you have any questions, please ask.

**One year contract with Unison Dental:** By signing below you are entering into a one year contract with Unison Dental. You may pay for your commitment upfront or by a monthly withdrawal. Withdrawals are made on the 1<sup>st</sup> or 15<sup>th</sup> of the month. Your withdrawal date will be the date closest to your enrollment date.

**Permission to Withdraw Funds:** By completing this form and signing in the designated area, you give Unison Dental the authorization to withdraw funds from your bank account or credit card for as long as your membership remains active after the 1 year membership.

**Cancellation:** You may terminate your membership at anytime after the obligated year period is finished.

**Early Cancellation or Payment Default:** Failure to complete your membership obligation will result in the following penalty: you being charged the usual and customary fees for dental treatment rendered during the time of supposed membership.

**Eligibility and Locations:** By signing below you acknowledge that you understand the eligibility requirements and where membership can be used.

I understand the Terms and Conditions, benefits, limitations, exclusions and requirements of the plan and I agree to them. Any *co-pays for dental services are due at the time services are rendered.* I agree to pay any and all costs in collecting all unpaid invoices, including but not limited to attorney fees and court costs.

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

**For patients paying monthly, please choose an option below:**

Checking: \_\_\_\_\_ Credit/Debit Card: \_\_\_\_\_  
 Name on Account \_\_\_\_\_ Name on Account \_\_\_\_\_

Account # \_\_\_\_\_ Credit Card # \_\_\_\_\_

Routing # \_\_\_\_\_ Expiration \_\_\_\_\_ Code \_\_\_\_\_