

Welcome to the Del Valle Dental Plan

The Del Valle Dental Plan is a reduced fee dental program administered by Valley Dental Care, PC. This plan offers a cost-effective alternative to traditional dental insurance by providing quality dental care at reasonable and affordable prices. **Del Valle provides for substantially reduced fees on most dental procedures (as much as 20% - 60% off usual and customary fees).** There are no limits on visits or the amount of dental care you receive per year. Our belief is that proper preventive and comprehensive dental care provided regularly, at affordable prices, will assure that you and your family have the healthiest and happiest smiles possible.

WHAT ARE THE BENEFITS?

- Reduced fees for all dental services
- No waiting periods
- No claim forms
- No deductibles
- Pre-existing conditions are covered
- No limits on visits or amount of dental care

Del Valle Yearly Cost

Annual

Member	\$72
Member + 1 Dependent	\$108
Family	\$144

Is the Del Valle Plan Insurance?

The Del Valle Dental Plan is not insurance; it is a reduced fee plan. It is a reasonable, cost-effective alternative to insurance and may be used when traditional insurance has elapsed.

Who is eligible to join?

Everyone is eligible to participate in the Del Valle Plan. Individuals of any age and their spouses are eligible. Under the Family Plan, unmarried dependents who are full time students, are eligible to age 26.

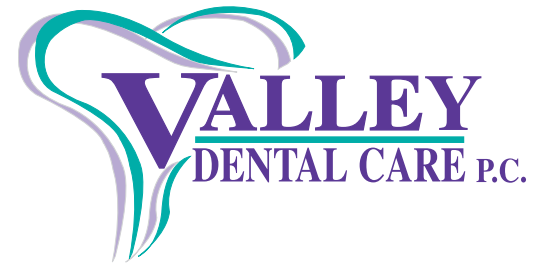
How soon will coverage begin?

As soon as we receive your enrollment application and membership fee, coverage will begin. The plan will expire one year from that date.

Coordination of Benefits

The Del Valle Plan is not dental insurance and is not designed to coordinate with any other dental coverage; however, the Del Valle Plan can be used after all your other dental benefits have been exhausted.

THE DEL VALLE PLAN



1300 N. McClintock Dr.
Suite E-12
Chandler, AZ 85226
480-897-2483
www.valleydentalcare.com

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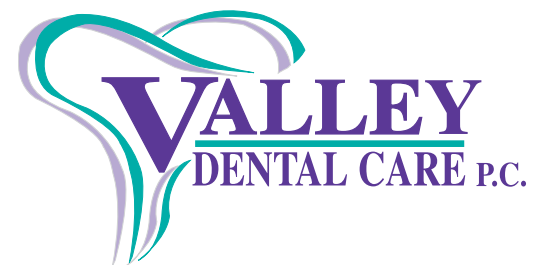
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Code	Description	Fee	Code	Description	Fee	Code	Description	Fee
Diagnostic			Endodontics when performed by General Dentist			Oral Surgery performed by General Dentist		
0120	Exam, periodic	\$24	3220	Therapeutic pulpotomy	\$76	7111	Extraction-coronal remnants, prim	\$124
0140	Exam, problem focused	\$33	3221	Pulp debridement/not done as part of RCT	\$80	7140	Extraction-erupted tooth	\$140
0150	Exam, comp, new or established patient	\$25	3310	Root canal therapy-anterior	\$556	7210	Extraction-erupted tooth surgical	\$212
0180	Exam, periodontal, including charting	\$50	3320	Root canal therapy-bicuspid	\$648	7220	Extraction-soft tissue impaction	\$245
9440	Exam, problem focused, after hours	\$140				7230	Extraction-partial bony impaction	\$308
						7240	Extraction-comp bony impaction	\$375
Preventive			Periodontics when performed by General Dentist			Other		
0210	Full mouth x-ray, intraoral	\$50	4210	Gingivectomy/Gingivoplasty 4+ teeth per quadrant	\$500	9630	Peridex irrigation	\$35
0220-30	Single x-ray, intraoral, periapical	\$12	4211	Gingivectomy/Gingivoplasty 1-3 teeth per quadrant	\$203			
0270	Bitewing x-ray 1 film	\$12	4341	Scaling/root planing, 4+ teeth per quad	\$196			
0272	Bitewing x-ray 2 films	\$36	4342	Scaling/root planing, 1-3 teeth per quad	\$152			
0274	Bitewing x-ray 4 films	\$48	4355	Full mouth debridement to enable evaluation and diagnosis	\$152			
0330	Panoramic x-ray	\$50	4910	Periodontal maintenance, per visit	\$125			
0350	Oral/facial images	\$15						
0460	Pulp vitality test - 1 or more teeth	\$44						
0470	Diagnostic models	\$83						
1110	Prophylaxis (cleaning) adult	\$75						
1120	Prophylaxis (cleaning) child	\$55						
1203-04	Fluoride treatment, topical	\$31						
1351	Sealant - per tooth	\$25						
1510	Space maintainer - fixed unilateral	\$185						
1515	Space maintainer - fixed bilateral	\$280						
1550	Recent space maintainer	\$33						
Restorative (fillings)			Removable Prosthodontics-Dentures/Partials			Limitations/Exclusions		
2140	Amalgam-1 surface, prim or perm	\$125	5110-20	Complete denture-per arch	\$1,200	1.	Treatment that began prior to the Member's enrollment in the Del Valle Plan.	
2150	Amalgam-2 surface, prim or perm	\$165	5213-14	Partial dent-cast frame resin base conv clasps, rests, teeth, per arch	\$1,372	2.	Prophylaxis is limited to once every 6 months under code 1110.	
2160	Amalgam-3 surface, prim or perm	\$210	5510-5610	Partial dent-repair base, per arch	\$172	3.	Denture relines are limited to two in any year.	
2161	Amalgam-4 surface or more, prim or perm	\$252	5520-5640	Dent/partial replace teeth, each tooth	\$144	4.	Oral surgery requiring the setting of fractures or dislocations.	
2330	Resin-1 surface-anterior	\$127	5620	Partial denture-repair cast framework	\$10	5.	Myofunctional therapy, except as provided herein.	
2331	Resin-2 surface-anterior	\$155	5630-5660	Partial dent repair/replace/add clasp	\$208	6.	Prescription and over-the-counter medications are not covered benefits.	
2332	Resin-3 surface-anterior	\$188	5730-5731	Reline complete denture, chairside, per arch	\$295	7.	Treatment of malignancies, cysts, neoplasm, or congenital malformations.	
2335	Resin-4 or more surface-anterior	\$236	5740-5741	Reline partial denture, chairside, per arch	\$292	8.	Hospital care needed in conjunction with dental treatment.	
2391	Resin-1 surface-posterior	\$135	5750-5751	Reline complete denture in lab, per arch	\$376	9.	Loss or theft of any dental appliance.	
2392	Resin-2 surface-posterior	\$174	5760-5761	Reline partial denture in lab, per arch	\$364	10.	Services that cannot be performed due to the general health of the member.	
2393	Resin-3 surface-posterior	\$220	5810	Upper Temporary Denture (Healing)	\$816	11.	Any procedure, therapy, and/or appliance used to increase vertical dimension or to restore the occlusion and/or treat conditions of the TMJ (temporomandibular joint).	
2394	Resin-4 or more surface-posterior	\$262	5811	Lower Temporary Denture (Healing)	\$816	12.	Dental care covered by Worker's Compensation, Employer Liability Laws, or no cost services provided by any governmental agency cannot be combined with The Del Valle Plan.	
			5820-5821	Interim partial denture, per arch	\$540	13.	An insufficient automatic bank withdrawal will automatically cancel your coverage.	
						14.	Implants and all related services are not a covered benefit.	
						15.	Any cosmetic related services are not a covered benefit.	
Crown Restorations			Fixed Prosthodontics (Bridges)					
2740	Crown-porcelain/ceramic substrate	\$880	6240	Pontic-porcelain/high noble (gold) metal	\$847			
2752	Crown-porcelain fused to noble metal	\$780	6242	Pontic-porcelain/noble metal	\$794			
2790	Crown-full cast high noble metal (full gold crown)	\$847	6750	Abutment crown-porcelain/high noble (gold) metal	\$847			
2920	Recementation of crown	\$85	6752	Abutment crown-porcelain noble metal	\$794			
2930	Crown-prefab stainless steel, prim tooth	\$216	6930	Recementation of bridge	\$140			
2950	Core build up/including pins, per tooth	\$220	6972	Bridge abutment/prefab/post/core in addition to crown	\$263			
2954	Prefab/post/core in addition to crown	\$263	6973	Bridge core buildup-including pins	\$220			



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