

Terms and Conditions

The discounts associated with the Kanning Dental Value Health Plan are available only through Kanning Dental, LLC.

Monthly membership fees are to be paid for a minimum twelve (12) month period and are non-refundable. Unless waived by the dentist, membership will automatically renew on the anniversary date and continue thereafter until cancelled, in writing, with a minimum 30-day notice.

Qualified dependents are defined as a husband, wife, and any non-married children living in the household under the age of 22 years old. Any additional dependents after three (3) each will have an additional surcharge of \$18 per month per dependent.

Fees and plan discounts are subject to change without notice.

Missed or broken appointments without 48-hour notice will be charged \$50.

All member co-payments are due at time of service.

Membership in the Plan may be terminated for abuse or failure to pay membership fees or properly billed service.

The Kanning Dental Value Health Plan is administered solely by the dental office and may be discontinued at the end of any month, with or without notice.

Limitations

Kanning Dental Value Health Plan benefits are limited to \$1500 per each covered family member, per year.

Prophylaxis is limited to twice (2) every calendar year. A difficult prophylaxis (i.e. heavy smoker, neglected teeth, etc.) is subject a \$45 surcharge or type II periodontal disease treatment charges.

Fluoride treatments are limited to twice (2) every calendar year, per member, up to age 19.

By accepting the Plan, your doctor will perform a comprehensive oral exam and members agree to follow prescribed maintenance program.

A non-surgical periodontal maintenance rider can be purchased, in addition to the base plan, for \$25 per member, per month.

All covered replacements are subject to the co-payment percentages as listed in the Schedule of Services and the private fee schedule of Kanning Dental, LLC.

Exclusions

Any dental procedure in progress or performed before or after a member's eligibility period is excluded.

Any dental expense incurred if the dentist is unable to perform a procedure due to the member's general health or physical condition is excluded.

Replacement of a satisfactory filling is excluded.

Replacement for lost or stolen dentures, partials, or appliances is excluded.

Bleaching of teeth for cosmetic or restorative purposes is excluded.

Any dental procedure not listed as a covered service, including but not limited to, anesthesia, prescription medications, trauma to the mouth, emergency dental services, etc. is excluded. Dental procedure costs for sedation dentistry is excluded.

Treatment required due to hospital and medical charges or self-inflicted wounds of any kind are excluded.

Treatment to correct congenital, developmental, or medically induced dental disorders is excluded (i.e. TMJ).

Any customized porcelain and shading, processed by an esthetic quality laboratory and technician is excluded.

Financing of co-payments from an outside source through Kanning Dental (i.e. Care Credit) is excluded.

Kanning Dental Value Health Plan discounts for services provided in association with benefits from another source (i.e. workman's comp) are excluded. Coordination of Kanning Dental Value Health Plan benefits with other dental or insurance plans is excluded.



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Benefit Features

Consultations	100% Coverage
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Cleanings – 2 per year	100% Coverage
X-Rays – Bite Wing	100% Coverage
Oral Cancer Screening	100% Coverage
Crown & Bridge	20% Coverage
Fillings	15% Coverage
Periodontal Services	15% Coverage
Endodontic Services	15% Coverage
Extractions – Simple	15% Coverage
Dentures & Partials	15% Coverage
Implant Restoration	15% Coverage

*A non-surgical periodontal maintenance program is available.
Ask us for more information.*

Ask your doctor how cosmetic dentistry works with the Plan.

Benefit Coverage Immediately Available.

Single	\$34/month
Couple	\$64/month
Family	\$98/month

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How Does it Work?

The **Kanning Dental Value Health Plan** works similar to many dental plans on the market. You pay a monthly membership fee for benefit coverage on your dental expenses. The plan is designed to cover preventive services such as cleanings and oral exams. This provides coverage that can be budgeted at an affordable monthly expense while receiving good benefits for your higher cost dental service.

Who Administers the Plan?



The office of Kanning Dental administers the Plan and works with you, the patient, directly to make all dental service decisions. There is no need to contact a 3rd party company for information. All questions regarding plan coverage, verifying benefits, changing coverage types, or any other questions should be directed to Kanning Dental.

How Do I Use a Specialist?

Dr. Nelson may refer a patient to a specialist who participates in the **Kanning Dental Value Health Plan**. Members must verify the specialist's participation in the Network prior to accepting treatment. A complete listing of all participating specialists is available at the front desk.

Why the Program Works

If asked, most people would agree that decisions about dentistry are best made between the patient and their dentist, without a third-party company's involvement.

This is what makes the **Kanning Dental Value Health Plan** different. It's a partnership between just you and your dentist, where the plan is administered and owned by Kanning Dental. Without the involvement of a third party insurance company, all decisions regarding your dental treatment may be decided by you and your dentist - Dr. Nelson, without the need for claim forms, approvals, deductibles, or waiting periods.

Not only does the Plan provide excellent coverage on preventive dentistry, the plan offers good coverage on major dental procedures like crowns, root canals, bridges, and dentures.

