

# Dental Savings Plan

The Rico Dental Center for Advanced Dentistry Savings Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Rico Dental located at 9390 Big Horn Blvd. Suite #130 Elk Grove, California.



The good news is with your Dental Savings Plan there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility (no waiting periods)

Benefit	Premiums (Total Annual Cost)
Single	\$375.00
Dual*	\$425.00
Family**	\$745.00

\* The Dual Plan is for Parent/Child, Husband/Wife, or Domestic Partners ONLY

\*\* The Family Plan includes children who are full-time students until age 26, or children who are not full-time students until age 18. Maximum of 4 family members. For families of 5 or more, \$150 will be added to the family premium for each additional family member.

# Program Exclusions and Limitations

This program is a discount plan, **NOT** a dental insurance plan; therefore cannot be used:

- In conjunction with another dental plan or discount of any kind
- For services for injuries covered under workman's compensation
- For treatment which, in sole opinion of the treating dentist or doctor, lies outside the realm of their capability
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care which may be covered under an automobile or medical insurance

This plan is **ONLY** honored at Rico Dental Center for Advanced Dentistry. This discount plan is not in any way an insurance plan, nor is it valid in any other office.





## Program Guidelines

- There will be a \$50 reinstatement fee if your plan lapses beyond re-enrollment date
- Plan runs year-to-date from initial purchase date
- This program cannot be used in conjunction with another dental plan, nor discount
- NON-REFUNDABLE
- No refunds of premiums will be issued for any reason. It is the participant's responsibility to utilize the plan during the coverage date and no extensions shall be given.



Easy steps to take advantage of your unique plan:

- Stop by our office during regular business hours
- Call the office at (916) 684-8200
- Complete the form, along with your payment or credit card information and mail to:

Rico Dental  
 Attn: Dental Savings Plan Coordinator  
 9390 Big Horn Blvd. #130  
 Elk Grove, CA 95758

## Treatment Coverage Adjustment

Treatment	Coverage Adjustment
Comprehensive Exam (new patient, initial visit)	100%
Periodic Exam (2 per year)	100%
Limited Exam, Problem Focused (1 per year)	100%
Intraoral-Complete Series (as needed 1 in 3 years)	100%
Panorex X-rays (as needed)	100%
X-rays during Periodic Evaluation (as needed)	100%
Child Prophylaxis 2 per year	\$15 co-pay
Adult Prophylaxis 2 per year	\$20 co-pay
Full Mouth Debridement	20%
Periodontal Therapy (Deep) Cleanings Per quadrant (as needed)	20%
Periodontal Maintenance (after therapy)	20%
Fluoride 2 per year, no age limit	100%
Sealants	50%
Fillings (tooth colored)	20%
Crowns	20%
Dentures, Partials, Fixed Bridges	20%
Oral Surgery-extractions	20%
Root Canals-Endodontics	20%
Implants	15%
Bleaching, Veneers (cosmetic services)	10%



Enroll today by completing the form below...

**Please circle one:**      Single Plan      Dual Plan      Family Plan

Please print clearly and answer all the questions or indicate "not applicable"

**APPLICANT PROFILE:**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS (If different from mailing address)  
\_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_  mobile  home  work

SECONDARY PHONE NUMBER \_\_\_\_\_  mobile  home  work

DRIVER'S LICENSE NUMBER \_\_\_\_\_

**SPOUSE'S PROFILE:**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS (If different from mailing address)  
\_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_  mobile  home  work

SECONDARY PHONE NUMBER \_\_\_\_\_  mobile  home  work

DRIVER'S LICENSE NUMBER \_\_\_\_\_

**YOUR CHILDREN:**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Thank you for taking advantage of our savings program. We are looking forward to providing you affordability and greater access to quality dental care. We gladly accept enrollment over the phone or you may mail this completed application with appropriate payment (check or credit card information) to:

Rico Dental  
Attn: Dental Savings Plan Coordinator  
9390 Big Horn Blvd. #130  
Elk Grove, CA 95758  
(916)684-8200  
Info@ricodental.com

Credit card number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Billing zip code: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

Please circle type:      Visa      MasterCard      American Express      Discover

I wish to participate in the yearly automatic renewal program. I will be notified one month prior to renewal date and credit card above will be charged my plan renewal fee. I will receive a \$50 credit towards treatment for enrolling in automatic renewal.