

Welcome!

to the Vista Dorada Dental

DENTAL HEALTH PLAN

Covered Members:

Covered Period

Accepted by (Plan purchaser name and date) for patient:

Accepted for practice (name and date)

Plan Description

Welcome to the Vista Dorada Dental Health Plan. We hope you use this plan to improve and maintain the health of you and your family for years to come. This is a dental health plan, not a dental insurance plan. This means that there are very few restrictions on the program such as waiting periods and who is eligible. You simply pay an annual enrolment fee, and treatment is provided at reduced fees. Each office visit has a small co-payment. Two exams with needed x-rays are included with your annual membership fee with no additional cost. There are no claim forms to be submitted. The best part of the plan – we provide you with the best dental care and service possible just like you have come to expect from us!



FEES AND PAYMENT

Enrollment fees:

- \$175 per single member per enrollment period
- \$225 per two members per enrollment period
- \$275 per family (up to five members) per enrollment period

Services included in membership:

- Two periodic exams per member per enrollment period
- Two x-ray series (bitewings) per member per enrollment period
- Two reduced cost cleanings at \$35
(prophylaxis only, not advanced hygiene services such as scaling and root planning or full mouth debridement)

Appointment Fee:

An appointment fee of **\$12** is paid each time a service is rendered.

Reduced Fees:

All services listed in Covered Services section, are offered at **25%** less than the normal office fees.

Payment for above services is expected at time of service and all payments are made directly to Vista Dorada Dental.

ELIGIBILITY

To be eligible for coverage, participants must be enrolled in the program and either be a family member and/or living in the household. Examples include:

1. The legal spouse of the participants
2. Your unmarried children/dependants who are under the age of 25.

Participants are eligible upon payment of enrollment fee for the period noted at time of enrollment, typically one year. Eligibility ends when the enrollment period ends. The effective date is noted on the first page of this plan description.

SERVICES COVERED

The plan offers members a comprehensive package of dental benefits. The plan covers diagnostic, preventive, restorative, and some cosmetic services. All services provided by the practice are included except as described below.

SERVICES NOT COVERED

All services provided by the practice are included except: 1. Invisalign orthodontic treatment, 2. Porcelain veneers. Dental services not provided by Vista Dorada Dental are not covered by this plan, even if they are recommended by our office. For example, treatment done by specialists in orthodontics, endodontics, periodontics, & oral surgery is not covered.

COORDINATION OF THE CONTRACT'S BENEFITS WITH OTHER BENEFITS APPLICABILITY

The Vista Dorada Dental Health Plan is offered to patients who either do not have dental insurance coverage, or their current insurance benefits have been used for the calendar year. Where a participant has and elects to use dental insurance coverage to pay for dental services, the dental insurance plan rates, payments, deductibles and co-payments will apply, not those listed under the Vista Dorada Dental Health Plan.

CONTINUATION PRIVILEGE

Vista Dorada Dental reserves the right to discontinue this plan at any time for any member. If membership is discontinued by Vista Dorada Dental Health Plan, a prorated refund of unused enrollment fees will be provided to the purchaser of the plan.

(Revised 2/3/2009)