

# Welcome

Thank you for your interest in Rancho Dental Health Services. We at Rancho Dental are excited to offer our patients the unique benefit of significant savings on quality dental care. Since RDHS is privately owned, we are able to offer you what many others cannot, namely our exceptional care at reduced fees, all with you in mind.

We are happy to have you join those who have discovered a great way to receive quality care AND great savings. So, welcome to Rancho Dental Health Services!

## • TAKE ADVANTAGE OF MAJOR SAVINGS ON DENTAL CARE

RC Dental has developed a Plan to give you significant savings on quality dental healthcare. Through RDHS you and your eligible dependents can join a new "pre-paid" dental plan.

### Membership Enrollment Options

Membership	One Year	Two Years
Member Only	\$93.00	\$149.00
Member +1	\$143.00	\$229.00
Family (Member +2)		
Maximum of 3	\$185.00	\$296.00
Seniors (over 62)	\$62.00	\$100.00

\*Two year plan includes a 20% discount on membership fees.

## TAKE ADVANTAGE OF THESE SAVINGS

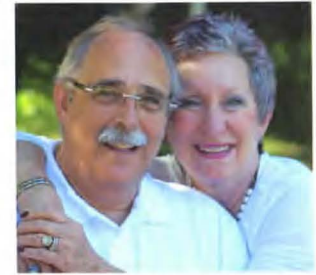
### RANCHO DENTAL HEALTH SERVICES

MEMBER SERVICE	MEMBER CO-PAYMENT	MEMBER SERVICE	MEMBER CO-PAYMENT
<b>DIAGNOSTIC &amp; PREVENTIVE</b>			
Full mouth x-rays.....	\$18.00	Osseous or muco-gingival surgery per quadrant (including post surgical visits.....)	80% UCR
Single film.....	\$6.00	Gingivectomy, or gingevoplasty per quadrant (fewer than six teeth).....	80% UCR
Each additional film.....	\$5.00	ENDODONTICS (Root Canal Therapy)	
Oral exam and diagnosis.....	\$15.00	Pulp capping.....	\$33.00
Office visit.....	\$10.00	Root Canals:	
Prophylaxis (one per year)		Root canal therapy anterior.....	\$395.00
(Teeth Cleaning and Polishing).....	\$55.00	Root canal therapy bicuspid.....	\$474.00
** Preventive dental education.....	NO CHARGE	Root canal therapy molar.....	\$635.00
** Prophylaxis - second cleaning.....	\$40.00	Pulpotomy.....	\$98.00
** RESTORATIVE DENTISTRY (FILLINGS)		PROSTHETICS (DENTURES)	
Composite restoration (anterior)		Complete maxillary Denture.....	\$926.00
One surface.....	\$93.00	Complete mandibular Denture.....	\$926.00
Two surfaces.....	\$94.00	Partial acrylic upper or lower with chrome cobalt alloy lingual or palatal bar and acrylic Saddles-base fee including teeth.....	\$896.00
Three or more surfaces.....	\$114.00	Partial lower or upper acrylic with chrome cobalt cast metal clasps-base.....	\$896.00
Composite (white-posterior) 1 surface.....	\$92.00	Stayplate-base.....	\$350.00
2 surfaces.....	\$116.00	Denture Reline (Laboratory).....	\$220.00
3 surfaces.....	\$142.00	Replace broken or missing teeth each Additional.....	\$40.00
CROWN AND BRIDGE*		Denture adjustments (New work).....	\$20.00
Porcelain with metal crown.....	\$585.00	Replace clasp.....	\$70.00
Stainless steel crown		Space maintainer (Fixed band type).....	\$265.00
(permanent or primary).....	\$95.00	Space maintainer (Crown type).....	\$265.00
Dowel post.....	\$75.00	Space maintainer (Lingual type).....	\$265.00
Porcelain fused to metal pontic.....	\$585.00	ORTHODONTICS (24 months) active treatment, including records and Retention.....	\$3768.00
Recementation.....	\$20.00	OTHER CHARGES	
Crown buildup.....	\$65.00	After hours emergency.....	\$150.00
ORAL SURGERY		Appointment cancellations.....	\$50.00
Extractions (Simple) Local anesthesia.....	\$80.00		
Extractions (Surgical).....	\$125.00		
Soft tissue impaction.....	80% UCR		
Partial boney impaction.....	80% UCR		
Full boney impaction.....	80% UCR		
PERIODONTICS (TREATMENT OF GUMS)			
Subgingival curettage (root planing)			
Per Quadrant.....	\$124.00		
Gingivectomy per quadrant (including post surgical visits).....	80% UCR		

\* Gold or any agreed upon upgrade will be charged at an additional fee.

\*\* Any procedure not listed in the above benefit schedule or performed by a Specialist is available to members at 80% of the Specialist's usual and customary Fee Schedule.

\*\*\*Usual Customary Rate (UCR)



### • WHO IS ELIGIBLE TO ENROLL?

Single individuals, domestic partners, married couples and their dependents are eligible. Dependents are eligible up to 26 years of age (regardless of whether the dependent is attending school, living outside of the parents' home or married). Membership may be continued for a dependent over the age of 26, if the dependent is incapable of self-sustaining employment by reason of developmental or physical handicap. Parents or guardians who would like to enroll children or dependents on their own plan may do so.

### • HOW DO I JOIN?

There are 3 easy ways to join.

- Phone: Call us at 909-989-7888
- Visit our office
- Please fill out and return the attached request & enrollment form, or request information from:

**RC Dental**  
 (Rancho Cucamonga Dental Care)  
 10470 Foothill Blvd, Suite 126  
 Rancho Cucamonga, CA 91730  
 909-989-7888  
[www.rcdentalcare.net](http://www.rcdentalcare.net)



# Rancho Dental Health Services

## ADVANTAGES OF THE RANCHO DENTAL HEALTH SERVICES

### PLAN

- Affordable Quality Dental Care*
- No Claim Forms*
- Easier to Use*
- Extensive Benefits*
- No Waiting Period for Treatment*
- Savings on dental treatments all the time*

### Full Service Dentistry & Orthodontics for Children & Adults

## PAY ONE FEE FOR ENTIRE YEAR!

Plan starting at \$93 per year

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### Complete Dental Coverage

- General Dentistry
- Adults & Children
- Orthodontics - Braces
- Endodontics - Root Canals
- Oral Surgery - Implants and Extractions
- Periodontics - Gum Treatment

A reduced fee dental plan for individuals, couples and families

### This Plan available from:

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## • LIMITATIONS AND EXCLUSIONS

### Limitations:

- Dentures or partials- replacement once every five (5) years from initial placement or replacement and only if existing denture is unsatisfactory and can not be made satisfactory.
- Relines - two (2) per year.
- Prophylaxis - once every six (6) months.
- Full mouth x-rays - once every two (2) years.

### Exclusions:

- Any condition for which benefits are recovered or recoverable under any Workers Compensation
- Dispensing of drugs.
- Temporomandibular Joint Syndrome. (TJS)
- General anesthesia

RCHS USE ONLY	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER
EFFECTIVE DATE	STREET ADDRESS	CITY	STATE	HOME TELEPHONE -
AIC#	EMPLOYER/ORGANIZATION	BIRTHDATE	RANCHO DENTAL HEALTH SERVICES CELL - COVERAGE	
LIST BELOW ALL YOUR ELIGIBLE DEPENDENTS THAT YOU WISH COVERED:				
LAST NAME (IF DIFFERENT)	FIRST	SEX	BIRTHDATE	DATE
SPOUSE				
CHILD				
CHILD				
ANNUAL COST OF PLAN (Select the one which will provide your required dental benefits) INDIVIDUAL INDIVIDUAL +1 INDIVIDUAL +2 OR MORE				
I WISH TO ENROLL IN THE DENTAL PLAN. I UNDERSTAND THAT ALL NECESSARY DENTAL SERVICES WILL BE CHARGED AS DESCRIBED IN THE DESCRIPTION OF BENEFITS AND CO-PAYMENTS, AND I AND ALL MY ELIGIBLE DEPENDENTS ARE SUBJECT TO THE LIMITATIONS AND EXCLUSIONS OF THE PLAN.				
PLEASE DETACH AND MAKE CHECK PAYABLE TO: RANCHO CUCAMONGA DENTAL CARE				APPLICANT'S SIGNATURE

**ENROLLMENT FORM**  
(PLEASE PRINT)



**SAVE UP TO 60% ON DENTAL FEES!**