



About Our Dental Savings Plan

The Kids Dental Crew Assistance Savings Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Kids Dental Crew, 19417 7/8 Victory Blvd, Reseda, CA.

With your Dental Assistance 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)
- ▶ Free consultations

Benefit Premium

Plan	Total Annual Cost
1 Child	\$233.00
2 Children	\$447.00
3 Children	\$659.00
4 Children	\$863.00 + \$113 each additional member

The Dental Savings Plan is only for children, no adults.

This program is a discount plan, not a dental insurance plan, and is secondary to any other dental plan. It cannot be used:

- ▶ In conjunction with another dental plan
- ▶ 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 is covered under automobile medical

THIS PLAN IS NOT INSURANCE and is not intended to replace your health insurance.

Program Guidelines

- ▶ There will be a \$50 reinstatement fee if your plan lapses
- ▶ Cannot be used in conjunction with another dental plan
- ▶ NON-REFUNDABLE
- ▶ No refunds or premiums will be issued at any time if participant decides not to utilize dental plan
- ▶ Patient's portion of any bill is due on the same day as service
- ▶ There is a 5% auto-renewal discount
- ▶ The plan is in effect once the premiums have been paid

Kids Dental Crew is committed to providing outstanding dental care to families in Reseda and surrounding Los Angeles area. If you would like to apply for the Kids Dental Crew Savings Plan, please fill out and detach the following application form and turn it into our office.



Our Savings Plan Coverage Table

Diagnostic & X-rays

Comprehensive Exam (new patients, initial visit)	100%
Periodic Exam (1 per year age 16+) (under 16, 2 per year)	100%
Limited Oral Exam problem focused (1 per year)	100%
Complete Series or Panorex (1 every 3 years)	50%
Periapical, First Film	100%
Periapical, Additional Film	100%
Bitewings (1 time per year)	100%

Preventive

Child Prophylaxis (cleaning) (2 per year)	100%
Additional cleanings per year	20%
Fluoride (2 per year, no age limit, no copay)	100%
Sealants (under 2 yrs old, no charge 1st application)	20%

All Other Procedures

Whitening (does not include whitening trays)	15%
Fillings & Build-ups	20%
Crowns	15%
Pediatric Partial	15%
Oral Surgery (extractions)	20%
Root Canals (pulpotomy - nerve treatment on primary teeth)	20%
Orthodontics (clear braces only)***	\$500 off
Periodontal (Deep) Cleanings (full mouth debridement)	15%
Specialty Services	15%

*** For Orthodontics, member must remain a plan member for the duration of treatment to retain discount plan benefits.



KIDS DENTAL CREW

Our Savings Plan Application Form

Your Profile

Name		Social Security Number	
Mailing Address			
Street Address (if different from above)			
Home Phone		Work Phone	
Email Address		Cell Phone	
Driver License Number & State of Issue		Date of Birth	

Your Spouse's Profile

Name		Social Security Number	
Mailing Address			
Street Address (if different from above)			
Home Phone		Work Phone	
Email Address		Cell Phone	
Driver License Number & State of Issue		Date of Birth	

Your Children

Name	Age
Name	Age
Name	Age
Name	Age

Member Signature	Date
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KIDS DENTAL CREW

Our Savings Plan Application form

Please mail this completed application with appropriate payment (check or credit card) to:

Kids Dental Crew
ATTN: Dental Assistance Savings Plan Coordinator
19417 7/8 Victory Blvd
Reseda, CA 91335

Make checks payable to Kids Dental Crew.

Credit Card Number	Expiration Date
Authorized Signature	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard

I, _____, authorize Kids Dental Crew to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount plan. Kids Dental Crew will notify me when the plan is renewed for my records. If I choose to discontinue participating in the discount plan, I will notify Kids Dental Crew one month prior to my anniversary renewal date.

By signing below, I acknowledge that I have read the brochure and understand the plan details and limitations.

Signature _____ Date _____
(Signature of plan holder)

* Annual fee is required at enrollment and cannot be financed. Kids Dental Crew reserves the right to modify, change or discontinue the Kids Dental Crew Savings Plan, fees, terms and services at the company's option upon written notice from Kids Dental Crew prior to your anniversary renewal date.