Schedule of G-430 Discount Dental Plan Membership Discount Fees

*The following dental services are provided for the specified discounts **only** when provided by a participating **Pacific Dental Network** general dentist. General dental services not listed are provided at a 30% discount of the participating general dentist's usual fees.*

Other discounts do not apply or may not be used in connection with any other coverage or plan the Member may have.

ADA CODE.	PROCEDURE	DISCOUNT FEE
DIAGNOSTIC		
	Office Visit	$5.00
120	Periodic Oral Examination	No Charge
140	Limited Oral Exam/Problem Focused	No Charge
150	Comprehensive Exam	No Charge
170	Re-evaluation, Limited, Problem Focused	No Charge
180	Comprehensive Periodontal Evaluation	$15.00
Radiographs		
210-240	Intraoral	No Charge
270-274	Bitewings	No Charge
330	Panoramic Film	No Charge
350	Oral/Facial Images, Non-Orthodontic	No Charge
Tests & Laboratory Examinations		
460	Pulp Vitality Tests	No Charge
470	Diagnostic Casts, Non-Orthodontic	$10.00
PREVENTIVE		
1110,20	Prophylaxis, Child or Adult	No Charge
1201,03	Topical Application of Fluoride, Child	No Charge
1310	Nutritional Counseling for Disease Control	No Charge
1320	Tobacco Counseling for Disease Control	No Charge
1330	Oral Hygiene Instruction	No Charge
1351	Sealant, Per Tooth, Under Age 14 Only	$20.00
RESTORATIVE		
Amalgam Restorations, Including Polishing		
2140	One Surface, Primary or Permanent	$20.00
2150	Two Surfaces, Primary or Permanent	$25.00
2160	Three Surfaces, Primary or Permanent	$34.00
2161	Four or More Surfaces, Primary or Permanent	$43.00
Resin Restorations		
2330-32	One, Two or Three Surfaces, Anterior	$35.00
2335	Four+ Surfaces or w/ Incisal Angle, Anterior	$37.00
2390	Resin-Based Composite Crown, Anterior	$45.00
2391	Resin-Based Composite, One Surface, Posterior, Facial Surface of Bicuspid Only When Caries or Failing Restoration Exists	$45.00
Crowns, Single Restoration Only #		
2710	Resin, Laboratory	$115.00
2720-22	Resin w/ Metal	$140.00
2750-52	Porcelain Fused to Metal	$200.00
	For Molars	$275.00
2780-82	3/4 Cast Metal	$185.00
2790-92	Full Cast Metal	$185.00
Other Restorative Services #		
2910	Recement Inlay, Metallic Only	$12.00
2920	Recement Crown	$12.00
2930	Prefabricated Stainless Steel Crown, Primary	$45.00
2931	Prefab. Stainless Steel Crown, Permanent	$45.00
2940	Temporary Sedative Filling	$7.00
2950	Crown Build-Up, w/ Any Pins	No Charge
2951	Pin Retention, Per Tooth, w/ Restoration	No Charge
2952	Cast Post & Core In Addition to Crown	$75.00
2953	Each Additional Cast Post, Same Tooth	No Charge

ADA CODE	PROCEDURE	DISCOUNT FEE
Other Restorative Services* (continued)		
2954	Prefabricated Post & Core In Additon to Crown	$70.00
2970	Temp Crown w/ Fractured Tooth	No Charge
ENDODONTICS		
3110, 20	Direct or Indirect Pulp Capping w/out Final Restoration	$15.00
3220	Therapeutic Pulpotomy w/out Final Restoration	$25.00
Root Canal Therapy, w/ Treatment Plan, Clinical Procedures & Follow-Up Care		
3310	One Canal, w/out Final Restoration	$125.00
3320	Two Canals, w/out Final Restoration	$150.00
3330	Three Canals, w/out Final Restoration	$185.00
Apicoectomy/Periradicular Surgery		
3410,21,25	Anterior, Bicuspid or Molar First Root	$90.00
3426	Each Additional Root	$90.00
3430	Retrograde Filling, Per Root	$65.00
Other Endodontic Procedures		
3950	Canal Prep & Fitting of Pre-Formed Dowel	$70.00
PERIODONTICS		
Surgical Services, w/ Usual Post-Operative Services		
4210	Gingivectomy or Gingivoplasty, Per Quadrant	$150.00
4240	Gingival Flap Procedure w/ Root Planing, Per Quadrant	$150.00
4263	Bone Replacement Graft, 1st Site in Quadrant	$150.00
4264	Bone Replace. Graft, Ea. Add'l. Site in Quad	$100.00
Other Periodontal Services		
4341	Root Planing, Per Quadrant	$40.00
4910	Periodontic Recall, w/ Prophylaxis	$25.00
4920	Unscheduled Dressing Change	No Charge
REMOVABLE PROSTHODONTICS		
Complete Dentures, w/ Routine Post-Delivery Care		
5110,20	Upper or Lower	$280.00
5130,40	Immediate Upper or Lower	$280.00
Partial Dentures, w/ Routine Post-Delivery Care		
5211,12	Upper or Lower, Resin Base, Conventional Clasps & Rests	$250.00
5213,14	Upper or Lower, Cast Metal Base w/ Acrylic Saddles	$280.00
Adjustments to Dentures		
5410,11	Complete Upper or Lower	$20.00
5421,22	Partial Upper or Lower	$20.00
Repairs to Complete Dentures		
5510	Broken Base	$37.00
5520	Missing or Broken Teeth, Per Tooth	$25.00
Repairs to Partial Dentures		
5610	Resin Denture Base	$37.00
5630	Repair or Replace Broken Clasp	$25.00
5640	Replace Broken Teeth, Per Tooth	$25.00
5650,60	Add Tooth or Clasp	$40.00
Denture Reline Procedures		
5730,31	Complete, Upper or Lower, Chairside	$45.00
5740,41	Partial, Upper or Lower, Chairside	$45.00

ADA CODE	PROCEDURE	DISCOUNT FEE
Denture Reline Procedures (continued)		
5750,51	Complete, Upper or Lower, Laboratory	$87.00
5760,61	Partial, Upper or Lower, Laboratory	$87.00
FIXED PROSTHODONTICS		
Bridge Pontics*		
6210-12	Cast Metal	$177.00
6240-42	Porcelain Fused to Metal, Not for Molars	$187.00
6250-52	Resin w/ Metal	$155.00
Bridge Retainers – Crowns*		
6720-22	Resin w/ Metal	$185.00
6750-52	Porcelain Fused to Metal, Not for Molars	$200.00
6780-82	¾ Cast Metal	$185.00
6790-92	Full Cast Metal	$185.00
Other Fixed Prosthetic Services		
6930	Recement Bridge	$25.00
6970	Cast Post & Core In Addition to Bridge Retainer	$75.00
6971	Cast Post, As Part of Bridge Retainer	$75.00
6972	Prefab Post & Core In Add'n to Bridge Retainer	$70.00
6973	Core Build-Up for Retainer, w/ Any Pins	$18.00
6975	Coping Metal	No Charge
ORAL SURGERY		
Extractions, Local Anesthesia, Routine Post-Op Care		
7111	Coronal Remnants, Deciduous Tooth	$19.00
7140	Extraction, Erupted Tooth or Exposed Root	$19.00
Surgical Extractions, Local Anesthesia Routine Post-Op		
7210	Surgical Removal of Erupted Tooth, Requiring Elevation of Mucoperiosteal Flap	$45.00
7220	Removal of Impacted Tooth, Soft Tissue	$60.00
7230	Removal of Impacted Tooth, Partially Bony	$75.00
7510	Surgical Incision w/ Drainage of Abscess, Intraoral Soft Tissue	$40.00
MISCELLANEOUS SERVICES		
9110	Emergency Treatment of Pain	$20.00
9215	Local Anesthesia	No Charge
9430	Office Visit for Observation	$8.00
9440	Office Visit, After Hours	$25.00
9930	Post-Surgical Treatment of Complication	No Charge
9951	Occlusal Adjustment, Limited	No Charge

***The Member is responsible for the discount fee plus the actual lab cost of gold.**

ORTHODONTICS+

Standard 24-Month Case

Procedure	Fee
Full Banded, Upper & Lower, Children to Age 19	$1,775.00
Full Banded, Upper & Lower, Adults	$1,975.00
Banded, Upper or Lower, Children & Adults	$1,000.00
Other Fees	
Consultation	$25.00
Broken Appointments, w/out 24-Hour Notice	$40.00

+As provided by a participating orthodontist. Services not listed are provided at the orthodontist's usual fees.

This is only a *summary* of covered charges, not a contract. A complete and accurate list is provided with the contract upon enrollment.

Pacific Dental Network, Inc.

G-430 Discount Plan

Mail application and check for membership fee and the one time administration fee to:

CDI Insurance Services, Inc.
"The Dental People"
P.O. Box 1507
Victorville, Ca. 92393-1507
1-877-234-3368

Monthly rates:
$11.25
Per month
Per employee

Please include $20.00 group enrollment fee

G-430 MEMBERSHIP APPLICATION (print or type clearly)

Agent # 2174

Last Name ______ First name ______ MI ______ Birthday ______ Home phone ______

Address ______ City ______ State ______ Zip ______

Employer ______ Address ______

Dependents to be covered

Spouse ______ Birthday ______ Child ______ Birthday ______

Child ______ Last Name ______ First ______ Birthday ______ Child ______ Last name ______ First ______ Birthday ______

On behalf of the above individual(s), I hereby apply for membership in Pacific Dental network for a period of no less than one year and certify that the above information is true and correct. I understand that I have 30days from receipt of my ID card to cancel my membership and receive a full refund of my membership fees, if I have not used the discount plan.

Dentist office # ______

Applicant Signature ______ Date ______

Pacific Dental Network, Inc.

THE NO PROBLEM DISCOUNT PLAN!

- *No Deductibles!*
- *No Claim Forms!*
- *No Annual Maximums!*
- *No Limitations on Most Pre-Existing Conditions!*
- *No Waiting Periods to See a Dentist!*

SEE YOUR SAVINGS!

Compare your costs with **Pacific Dental Network's** G-430 DISCOUNT DENTAL PLAN to average dental fees:

Sample Treatment Plan	Avg. Fee*	With Plan G-430	Your Savings
Exams	$47.00	No Charge	$47.00
Cleanings	$65.00	No Charge	$65.00
Full Mouth X-Rays	$86.00	No Charge	$86.00
Filling, 1 surface	$70.00	$20.00	$50.00
Root Canal, single	$404.00	$125.00	$279.00
Crown, PFM	$662.00	$200.00	$462.00
	$1,334.00	$345.00	$989.00

*1998 Medicode Fee Analyzer

AFFORDABLE MEMBERSHIP FEES!

Groups must have at least 2 employees to be eligible for coverage.
Premiums must be paid with a company check and must include the one time non-refundable administration fee.
The monthly premium covers the employee and their eligible dependents.

SPECIALTY COVERAGE!

All general dentists may not be capable of performing each of the services listed herein and, based upon a Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such a case, the general dentist will refer the Member to a Pacific Dental Network participating dental specialist who will give the Member a 30% discount from their regular fees.

WHO IS ELIGIBLE?

You may enroll your spouse and eligible dependents. Eligible dependents include unmarried children to age 19 and full time students to age 23. A full time student is defined as taking 12 or more units. We will require verification.

IT'S EASY TO ENROLL!

To enroll in **Pacific Dental Network's** G-430 DISCOUNT DENTAL PLAN, just follow these easy steps:

1. Complete the attached Enrollment Application, indicating the number of the dental office you have selected in the box at the bottom left corner of the Application.

3. Include a Company check, payable to **Pacific Dental Network**, for your **membership fee and the one-time enrollment fee.**

4. Mail the applications and check to:

CDI Insurance Services, Inc.
"The Dental People"
P.O. Box 1507
Victorville, CA 92393-1507

We must receive your application and payment by the 20th of the month for your discount dental plan to begin on the first day of the following month.

Pacific Dental Network is a membership savings program that offers members discounts on certain services, including dental services, through participating dental providers.

Rev. 02/04

G-430 DISCOUNT DENTAL PLAN

MEMBERSHIP SAVINGS PROGRAM FOR GROUPS, UNIONS, ASSOCIATIONS, SELF EMPLOYED

Exclusively Distributed by:
CDI Insurance Services, Inc.
"The Dental People"
P.O. Box 1507
Victorville, CA 92393-1507
Phone 877-234-3368
Fax 760-240-7981

Pacific Dental Network, Inc.

1971 E. 4th Street, Suite 184, Santa Ana, CA 92705-3917
Phone: (714) 479-0777 Fax: (714) 479-0779 Toll-free: (877) 4-DENTAL

Distributed By:
CDI Insurance Services, Inc
California Dental Network "The Dental People" (877) 234-3368

THIS PLAN FOR EMPLOYERS WITH 2 OR MORE EMPLOYEES

Master Group Application
Plan G430

Applicant

Company/Organization____________________ Phone__________

Address______________________________
Street address City State Zip code

Type of Business____________________

Name and Title of person to whom billing is directed____________________

Tax ID or **Social Security** number of principal owner____________________

Number of eligible employees________ Requested date of coverage*__________

(All additional add-on employees after group effective date of coverage must be mailed with your monthly statement along with the correct premium. These employees will be effective the 1st of the following month)

Plan Rate

For groups of two (2) or more

Monthly Premium: (employer must have 2 or more employees for this group rate)

($11.25 per month per employee including dependent Number employees enrolled _____ X $ 11.25 = $________

Enrollment fee: (Non refundable one time chargeof $20.00 per group ________ $ 20.00

First month's remittance ____________________ $________

Approval

I hereby request the above coverage indicated:

Signature____________________ **Date-**__________
(Authorized representative of corporate office)

Writing Agent Name Michael Hunter Agent # 2174