

Schedule of 501 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	ADA CODE	PROCEDURE	DISCOUNT FEE	ADA CODE	PROCEDURE	DISCOUNT FEE
DIAGNOSTIC			Other Restorative Services* (continued)			Denture Reline Procedures (continued)		
	Office Visit.....	\$5.00	2954.....	Prefab Post & Core In Addition to Crown.....	\$77.00	5750, 51.....	Complete, Upper or Lower, Laboratory.....	\$90.00
120.....	Periodic Oral Examination.....	No Charge	2970.....	Temporary Crown, w/ Fractured Tooth, When Not Part of Crown Preparation.....	No Charge	5760, 61.....	Partial, Upper or Lower, Laboratory.....	\$90.00
140.....	Limited Oral Exam/Problem Focused.....	No Charge	ENDODONTICS			FIXED PROSTHODONTICS		
150.....	Comprehensive Exam.....	No Charge	3110, 20...	Direct or Indirect Pulp Capping, No Final Restoration.....	\$20.00	Bridge Pontics*		
Radiographs			3220.....	Therapeutic Pulpotomy No Final Restoration.....	\$28.00	6210, 11, 12..	Cast Metal.....	\$220.00
210.....	Intraoral, Complete Series w/ Bitewings.....	No Charge	Root Canal Therapy, w/ Treatment Plan, Clinical Procedures & Follow-Up Care			6240, 41, 42..	Porcelain Fused to Metal.....	\$280.00
220.....	Intraoral, Periapical, First Film.....	No Charge	3310.....	One Canal, w/out Final Restoration.....	\$145.00	6250, 51, 52..	Resin w/ Metal.....	\$280.00
230.....	Intraoral, Periapical, Each Addit'l Film.....	No Charge	3320.....	Two Canals, w/out Final Restoration.....	\$185.00	Bridge Retainers - Crowns*		
240.....	Intraoral, Occlusal Film.....	No Charge	3330.....	Three Canals, w/out Final Restoration.....	\$225.00	6720, 21, 22..	Resin w/ Metal.....	\$280.00
270, 272, 274	Bitewings.....	No Charge	Apicoectomy/Periradicular Surgery			6750, 51, 52..	Porcelain Fused to Metal.....	\$280.00
330.....	Panoramic Film.....	No Charge	3410, 21, 25.	Anterior, Bicuspid or Molar First Root.....	\$475.00	6780.....	¾ Cast Metal.....	\$204.00
Tests & Laboratory Examinations			3426.....	Each Additional Root.....	\$99.00	6790, 91, 92..	Full Cast Metal.....	\$235.00
460.....	Pulp Vitality Tests.....	No Charge	3430.....	Retrograde Filling, Per Root.....	\$69.00	Other Fixed Prosthetic Services		
470.....	Diagnostic Casts, Non-Orthodontic.....	\$10.00	Other Endodontic Procedures			6930.....	Reccment Bridge.....	\$35.00
471.....	Diagnostic Photographs.....	No Charge	3950.....	Canal Prep/Fit of Pre-Formed Dowel or Post.....	\$77.00	6970.....	Cast Post & Core, In Addition to Bridge Retainer.....	\$75.00
501.....	Histopathologic Examinations.....	\$5.00	PERIODONTICS			6971.....	Cast Post, As Part of Bridge Retainer.....	\$77.00
PREVENTIVE			Surgical Services, w/ Usual Post-Operative Services			6972.....	Prefabricated Post & Core, In Addition to Bridge Retainer.....	\$77.00
1110, 20...	Prophylaxis, Child or Adult.....	No Charge	4210.....	Gingivectomy or Gingivoplasty, Per Quad.....	\$220.00	6973.....	Core Build-Up for Retainer w/ Any Pins.....	No Charge
1201, 03...	Topical Application of Fluoride, Child.....	No Charge	4211.....	Gingivectomy or Gingivoplasty, Per Tooth.....	\$20.00	6975.....	Coping Metal.....	No Charge
1330.....	Oral Hygiene Instruction.....	No Charge	Other Periodontal Services			ORAL SURGERY		
RESTORATIVE			4341.....	Root Planing, Per Quadrant.....	\$60.00	Extractions, Local Anesthesia, Routine Post-Op Care		
Amalgam Restorations, Including Polishing			4910.....	Periodontic Recall, w/ Prophylaxis.....	\$50.00	7110.....	Single Tooth.....	\$28.00
2110.....	One Surfaces, Primary.....	\$23.00	4920.....	Unscheduled Dressing Change by Assist. No Charge		7120.....	Each Additional Tooth.....	\$25.00
2120.....	Two Surfaces, Primary.....	\$28.00	REMOVABLE PROSTHODONTICS			7130.....	Root Removal, Exposed Roots.....	\$45.00
2130.....	Three Surfaces, Primary.....	\$34.00	Complete Dentures, w/ Routine Post-Delivery Care			Surgical Extractions, Local Anesthesia Routine Post-Op		
2131.....	Four or More Surfaces, Primary.....	\$48.00	5110, 20...	Upper or Lower.....	\$385.00	7210.....	Surgical Removal of Erupted Tooth, Requiring Elevation of Mucoperiosteal Flap.....	\$48.00
2140.....	One Surface, Permanent.....	\$25.00	5130, 40...	Immediate Upper or Lower.....	\$385.00	7220.....	Removal of Impacted Tooth, Soft Tissue.....	\$68.00
2150.....	Two Surfaces, Permanent.....	\$32.00	Partial Dentures, w/ Routine Post-Delivery Care			7230.....	Removal of Impacted Tooth, Partially Bony.....	\$95.00
2160.....	Three Surfaces, Permanent.....	\$42.00	5211, 12...	Upper or Lower, Resin Base, Conventional Clasps & Rests.....	\$275.00	7510.....	Surgical Incision w/ Drainage of Abscess, Intraoral Soft Tissue.....	\$20.00
2161.....	Four or More Surfaces, Permanent.....	\$53.00	5213, 14...	Upper or Lower, Cast Metal Base w/ Acrylic Saddles.....	\$385.00	MISCELLANEOUS SERVICES		
Resin Restorations, Anterior			Adjustments to Dentures			9110.....	Emergency Treatment of Pain.....	\$15.00
2330, 31, 32.	Per Surface.....	\$38.00	5410, 11...	Complete Upper or Lower.....	\$22.00	9430.....	Office Visit for Observation Only.....	No Charge
2335.....	Per Surface, with Incisal Angle.....	\$50.00	5421, 22...	Partial Upper or Lower.....	\$22.00	9440.....	Office Visit, After Hours.....	\$20.00
Crowns, Single Restoration Only*			Repairs to Complete Dentures			9951.....	Occlusal Adjustment, Limited.....	\$15.00
2710.....	Resin, Laboratory.....	\$150.00	5510.....	Broken Base.....	\$41.00	ORTHODONTICS+		
2720, 21, 22.	Resin with Metal.....	\$280.00	5520.....	Missing or Broken Teeth, Per Tooth.....	\$28.00	Standard 24-Month Case		
2750, 51, 52.	Porcelain Fused to Metal Not for Molars.....	\$280.00	Repairs to Partial Dentures			Full-Banded, Upper and Lower, Children & Adults..	\$2,095.00	
	Porcelain Fused to Metal for Molars.....	\$390.00	5610.....	Acrylic Saddle, Base.....	\$30.00	Banded, Upper or Lower, Children & Adults.....	\$1,050.00	
2790, 91, 92.	Full Cast Metal.....	\$235.00	5620.....	Cast Framework.....	\$28.00	Diagnosis & Records.....	\$200.00	
2810.....	¾ Cast Metal.....	\$240.00	5630.....	Repair or Replace Broken Clasp.....	\$25.00	Retention After Treatment		
Other Restorative Services*			5640.....	Replace Broken Teeth, Per Tooth.....	\$25.00	Full-Banded, Children to Age 18.....	\$300.00	
2920.....	Reccment Crown.....	\$18.00	5650, 60...	Add Tooth or Clasp.....	\$30.00	Full-Banded, Adults.....	\$350.00	
2930.....	Prefab Stainless Steel Crown Primary Tooth.....	\$50.00	Denture Reline Procedures			PLUS ONE TIME NON REFUNDABLE ADMINISTRATION FEE OF \$20.00		
2931.....	Prefab Stainless Steel Crown Perm Tooth, When Suggested by Dentist.....	\$50.00	5730, 31...	Complete, Upper or Lower, Chairside.....	\$60.00			
2940.....	Temporary Sedative Filling.....	\$7.00	5740, 41...	Partial, Upper or Lower, Chairside.....	\$60.00			
2950.....	Crown Build-Up, w/ Any Pins.....	No Charge						
2951.....	Pin Retention, Per Tooth, In Addition to Restoration.....	\$20.00						
2952.....	Cast Post & Core In Addition to Crown.....	\$99.00						

2954..... Prefabricated Post & Core In Addition

2089
Agent #

MEMBERSHIP APPLICATION Please print or type clearly

Last name _____ First _____ Initial _____ Birthdate ____/____/____ Home phone (____) _____ (____) _____ Zip code _____

Address _____ City _____ State _____

Employer's name (if any) _____ Work Telephone (____) _____ (____) _____

Dependents to be covered:

Spouse: _____ / _____ / _____ Child: _____ / _____ / _____

Child: _____ / _____ / _____

Last name (if different) _____ First _____ Last name (if different) _____ First _____ Birthdate _____ Birthdate _____

501 Discount Plan _____ Dentist office # _____

Applicant's signature _____ date _____



Pacific Dental
Network, Inc

501 Discount Plan
Mail application and check for
annual membership fee and one
time administration fee to:

CDI Insurance Services, Inc.
"The Dental People"
P.O. Box 1507
Victorville, Ca. 92393-1507
Phone (877) 234-3568

Annual fee

Single..... \$ 60.00
Couple..... \$ 90.00
Family..... \$ 120.00

PLUS ONE TIME NON REFUNDABLE
ADMINISTRATION FEE OF \$20.00

Applicant's 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 501 DISCOUNT DENTAL PLAN to average dental fees:

Sample Treatment Plan	Avg. Fee*	With Plan 501	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 \$25.00 \$45.00
Root Canal, single	\$404.00 \$145.00 \$259.00
Crown, PFM	\$662.00 \$280.00 \$382.00
	\$1,334.00 \$450.00 \$884.00

*1998 Medicode Fee Analyzer

AFFORDABLE MEMBERSHIP FEES!

	Annual Rates
Single	\$60.00
Couple.....	\$90.00
Family	\$120.00

Plus one-time non-refundable administration fee of \$20.00

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. Verification is required.

IT'S EASY TO ENROLL!

To enroll in Pacific Dental Network's 501 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 check, payable to Pacific Dental Network, for your annual membership fee and the one-time enrollment fee.
4. Mail the application 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.



DISCOUNT DENTAL PLAN

MEMBERSHIP SAVINGS PROGRAM

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