

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	ADA CODE	PROCEDURE	DISCOUNT FEE	ADA CODE	PROCEDURE	DISCOUNT FEE
DIAGNOSTIC			Other Restorative Services* (continued)			Denture Reline Procedures (continued)		
	Office Visit.....	\$5.00	2954.....	Prefabricated Post & Core In Addition to Crown	\$70.00	5750,51..	Complete, Upper or Lower, Laboratory	\$87.00
120....	Periodic Oral Examination	No Charge	2970.....	Temp Crown w/ Fractured Tooth	No Charge	5760,61..	Partial, Upper or Lower, Laboratory	\$87.00
140....	Limited Oral Exam/Problem Focused.....	No Charge	ENDODONTICS			FIXED PROSTHODONTICS		
150....	Comprehensive Exam.....	No Charge	3110, 20	Direct or Indirect Pulp Capping		Bridge Pontics*		
170....	Re-evaluation, Limited, Problem Focused.....	No Charge		w/out Final Restoration.....	\$15.00	6210-12	Cast Metal.....	\$177.00
180....	Comprehensive Periodontal Evaluation.....	\$15.00	3220.....	Therapeutic Pulpotomy w/out Final Restoration..	\$25.00	6240-42	Porcelain Fused to Metal, Not for Molars	\$187.00
Radiographs			Root Canal Therapy, w/ Treatment Plan, Clinical Procedures & Follow-Up Care			6250-52	Resin w/ Metal.....	\$155.00
210-240..	Intraoral.....	No Charge	3310.....	One Canal, w/out Final Restoration.....	\$125.00	Bridge Retainers – Crowns*		
270-274	Bitewings.....	No Charge	3320.....	Two Canals, w/out Final Restoration.....	\$150.00	6720-22	Resin w/ Metal.....	\$185.00
330....	Panoramic Film.....	No Charge	3330.....	Three Canals, w/out Final Restoration.....	\$185.00	6750-52	Porcelain Fused to Metal, Not for Molars	\$200.00
350....	Oral/Facial Images, Non-Orthodontic.....	No Charge	Apicoectomy/Periradicular Surgery			6780-82	¾ Cast Metal.....	\$185.00
Tests & Laboratory Examinations			3410,21,25	Anterior, Bicuspid or Molar First Root.....	\$90.00	6790-92	Full Cast Metal.....	\$185.00
460....	Pulp Vitality Tests.....	No Charge	3426.....	Each Additional Root.....	\$96.00	Other Fixed Prosthetic Services		
470....	Diagnostic Casts, Non-Orthodontic.....	\$10.00	3430.....	Retrograde Filling, Per Root.....	\$65.00	6930....	Recement Bridge.....	\$25.00
PREVENTIVE			Other Endodontic Procedures			6970....	Cast Post & Core In Addition to Bridge Retainer	\$75.00
1110,20	Prophylaxis, Child or Adult.....	No Charge	3950.....	Canal Prep & Fitting of Pre-Formed Dowel	\$70.00	6971....	Cast Post, As Part of Bridge Retainer	\$75.00
1201,03	Topical Application of Fluoride, Child.....	No Charge	PERIODONTICS			6972....	Prefab Post & Core In Add'n to Bridge Retainer	\$70.00
1310....	Nutritional Counseling for Disease Control.....	No Charge	Surgical Services, w/ Usual Post-Operative Services			6973....	Core Build-Up for Retainer, w/ Any Pins	\$18.00
1320....	Tobacco Counseling for Disease Control.....	No Charge	4210.....	Gingivectomy or Gingivoplasty, Per Quadrant..	\$150.00	6975....	Coping Metal.....	No Charge
1330....	Oral Hygiene Instruction.....	No Charge	4240....	Gingival Flap Procedure w/ Root Planing,		ORAL SURGERY		
1351....	Sealant, Per Tooth, Under Age 14 Only.....	\$20.00		Per Quadrant.....	\$150.00	Extractions, Local Anesthesia, Routine Post-Op Care		
RESTORATIVE			4263.....	Bone Replacement Graft, 1st Site in Quadrant..	\$150.00	7111....	Coronal Remnants, Deciduous Tooth.....	\$19.00
Amalgam Restorations, Including Polishing			4264.....	Bone Replace. Graft, Ea. Add'l. Site in Quad....	\$100.00	7140....	Extraction, Erupted Tooth or Exposed Root.....	\$19.00
2140....	One Surface, Primary or Permanent.....	\$20.00	Other Periodontal Services			Surgical Extractions, Local Anesthesia Routine Post-Op		
2150....	Two Surfaces, Primary or Permanent.....	\$25.00	4341.....	Root Planing, Per Quadrant.....	\$40.00	7210....	Surgical Removal of Erupted Tooth, Requiring	
2160....	Three Surfaces, Primary or Permanent.....	\$34.00	4910.....	Periodontic Recall, w/ Prophylaxis.....	\$25.00		Elevation of Mucoperiosteal Flap.....	\$45.00
2161....	Four or More Surfaces, Primary or Permanent.....	\$43.00	4920.....	Unscheduled Dressing Change.....	No Charge	7220....	Removal of Impacted Tooth, Soft Tissue.....	\$60.00
Resin Restorations			REMOVABLE PROSTHODONTICS			7230....	Removal of Impacted Tooth, Partially Bony.....	\$75.00
2330-32	One, Two or Three Surfaces, Anterior.....	\$35.00	Complete Dentures, w/ Routine Post-Delivery Care			7510....	Surgical Incision w/ Drainage of Abscess,	
2335....	Four+ Surfaces or w/ Incisal Angle, Anterior.....	\$37.00	5110,20	Upper or Lower.....	\$280.00		Intraoral Soft Tissue.....	\$40.00
2390....	Resin-Based Composite Crown, Anterior.....	\$45.00	5130,40	Immediate Upper or Lower.....	\$280.00	MISCELLANEOUS SERVICES		
2391....	Resin-Based Composite, One Surface, Posterior,		Partial Dentures, w/ Routine Post-Delivery Care			9110....	Emergency Treatment of Pain.....	\$20.00
	Facial Surface of Bicuspid Only When Caries or		5211,12	Upper or Lower, Resin Base, Conventional		9215....	Local Anesthesia.....	No Charge
	Failing Restoration Exists.....	\$45.00		Clasps & Rests.....	\$250.00	9430....	Office Visit for Observation.....	\$8.00
Crowns, Single Restoration Only #			5213,14	Upper or Lower, Cast Metal Base w/ Acrylic		9440....	Office Visit, After Hours.....	\$25.00
2710....	Resin, Laboratory.....	\$115.00		Saddles.....	\$280.00	9930....	Post-Surgical Treatment of Complication.....	No Charge
2720-22	Resin w/ Metal.....	\$140.00	Adjustments to Dentures			9951....	Occlusal Adjustment, Limited.....	No Charge
2750-52	Porcelain Fused to Metal.....	\$200.00	5410,11	Complete Upper or Lower.....	\$20.00	DEPENDENTS TO BE COVERED		
	For Molars.....	\$275.00	5421,22	Partial Upper or Lower.....	\$20.00	Spouse		
2780-82	¾ Cast Metal.....	\$185.00	Repairs to Complete Dentures			Child		
2790-92	Full Cast Metal.....	\$185.00	5510....	Broken Base.....	\$37.00	Child		
Other Restorative Services #			5520.....	Missing or Broken Teeth, Per Tooth.....	\$25.00	Child		
2910....	Recement Inlay, Metallic Only.....	\$12.00	Repairs to Partial Dentures			Child		
2920....	Recement Crown.....	\$12.00	5610....	Resin Denture Base.....	\$37.00	Child		
2930....	Prefabricated Stainless Steel Crown, Primary.....	\$45.00	5630....	Repair or Replace Broken Clasp.....	\$25.00	Child		
2931....	Prefab. Stainless Steel Crown, Permanent.....	\$45.00	5640....	Replace Broken Teeth, Per Tooth.....	\$25.00	Child		
2940....	Temporary Sedative Filling.....	\$7.00	5650,60	Add Tooth or Clasp.....	\$40.00	Child		
2950....	Crown Build-Up, w/ Any Pins.....	No Charge	Denture Reline Procedures			Child		
2951....	Pin Retention, Per Tooth, w/ Restoration.....	No Charge	5730,31	Complete, Upper or Lower, Chairside.....	\$45.00	Child		
2952....	Cast Post & Core In Addition to Crown.....	\$75.00	5740,41	Partial, Upper or Lower, Chairside.....	\$45.00	Child		
2953....	Each Additional Cast Post, Same Tooth.....	No Charge						

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

ORTHODONTICS+ Standard 24-Month Case

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.

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G-430 MEMBERSHIP APPLICATION (print or type clearly)

Agent # _____ Home phone _____

MI _____ Birthday _____ Birthday _____

City _____ State _____ Zip _____

Employer _____ Address _____

Dependents to be covered _____

Spouse _____ Child _____

Child _____ Child _____

First Name _____ Last Name _____

First Birthday _____ Last name 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.
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

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.

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