

Schedule of I-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 Addition 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	1/4 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		
	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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I-430 MEMBERSHIP APPLICATION (print or type clearly)

Agent _____

Last Name _____ First Name _____ MI _____ Birthdate _____ Home phone _____

Address _____ City _____ State _____ Zip _____

Dependents to covered _____

Spouse _____ / / Child _____ / /

Child _____ / / Last Name _____ First _____ Birthdate _____ Last name _____ First _____ Birthdate _____

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 30 days 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 _____



Pacific Dental Network, Inc. I-430 Discount Plan

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

CDI Insurance Services "The Dental People"

P.O. Box 1507
Victorville, Ca. 92393-1507
1-877-234-3368

	Monthly	Monthly	Annual
	check	coins	fee
Single	\$12.00	\$13.00	\$144.00
Couple	\$17.00	\$18.00	\$204.00
Family	\$22.00	\$23.00	\$264.00

Please include the one time \$20.00 membership fee

MORE WAYS TO PAY

To have your payments automatically deducted from your checking account, just complete the Authorization Agreement below and enclose a voided check, **plus your first month's premium**. Otherwise, monthly or quarterly payment coupons will be automatically sent to you for an extra \$1 per month.

Either way, you must still send the premium and the one time enrollment fee with your membership application by the 20th of the month to begin your coverage on the first day of the following month.

AUTHORIZATION AGREEMENT FOR PRE AUTHORIZED PAYMENTS

Company Name: California Dental Network, Inc.

Company ID: 3123/0001

I hereby authorize CALIFORNIA DENTAL NETWORK INC., hereinafter called COMPANY, to initiate debit/credit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit/credit the same to such account.

Financial Institution: _____

Transit /ABA No. _____
(first nine numbers on bottom of check)

Account No. _____

This authority is to remain in full force and effect until COMPANY and FINANCIAL INSTITUTION have received written notice from me of its termination in such time and in such manner as to afford COMPANY and the FINANCIAL INSTITUTION a reasonable opportunity to act on it. I understand that I may cancel this authorization by providing written notice to the COMPANY at least five business days prior to the payment due date. I further understand that canceling my authorization does not relieve me of the responsibility of my paying my account in full.

Name(s) _____

Signature(s) _____

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 I-430 DISCOUNT DENTAL PLAN to average dental fees:

Sample Treatment Plan	Avg. Fee*	With Plan I-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!

	Monthly Checking	Monthly Coupon	Annual Fees
Single	\$12.00	\$13.00	\$144.00
Couple.....	\$17.00	\$18.00	\$204.00
Family	\$22.00	\$23.00	\$264.00

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. We will require verification.

IT'S EASY TO ENROLL!

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

- 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.
- Include a check, payable to Pacific Dental Network, for your monthly or annual membership fee **and the one-time enrollment fee**.
- Mail the application and check to:

CDI Insurance Services
"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.

I-430 DISCOUNT DENTAL PLAN

MEMBERSHIP
SAVINGS PROGRAM
FOR INDIVIDUALS, COUPLES,
FAMILIES, SELF EMPLOYED

Exclusively Distributed by:
CDI Insurance Services
"The Dental People"
P.O. Box 1507
Victorville, CA 92393-1507
Phone 877-234-3368
Fax 760-946-2518

**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