

# Schedule of S-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
<b>DIAGNOSTIC</b>		
	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
<b>Radiographs</b>		
210-240..	Intraoral.....	No Charge
270-274..	Bitewings .....	No Charge
330.....	Panoramic Film.....	No Charge
350.....	Oral/Facial Images, Non-Orthodontic .....	No Charge
<b>Tests &amp; Laboratory Examinations</b>		
460 .....	Pulp Vitality Tests .....	No Charge
470 .....	Diagnostic Casts, Non-Orthodontic .....	\$10.00
<b>PREVENTIVE</b>		
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
<b>RESTORATIVE</b>		
<b>Amalgam Restorations, Including Polishing</b>		
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
<b>Resin Restorations</b>		
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
<b>Crowns, Single Restoration Only #</b>		
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
<b>Other Restorative Services #</b>		
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
<b>Other Restorative Services* (continued)</b>		
2954.....	Prefabricated Post & Core In Addition to Crown ..	\$70.00
2970.....	Temp Crown w/ Fractured Tooth .....	No Charge
<b>ENDODONTICS</b>		
3110, 20 ..	Direct or Indirect Pulp Capping w/out Final Restoration.....	\$15.00
3220.....	Therapeutic Pulpotomy w/out Final Restoration ..	\$25.00
<b>Root Canal Therapy, w/ Treatment Plan, Clinical Procedures &amp; Follow-Up Care</b>		
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
<b>Apicoectomy/Periradicular Surgery</b>		
3410,21,25..	Anterior, Bicuspid or Molar First Root.....	\$90.00
3426.....	Each Additional Root.....	\$90.00
3430.....	Retrograde Filling, Per Root.....	\$65.00
<b>Other Endodontic Procedures</b>		
3950.....	Canal Prep & Fitting of Pre-Formed Dowel .....	\$70.00
<b>PERIODONTICS</b>		
<b>Surgical Services, w/ Usual Post-Operative Services</b>		
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
<b>Other Periodontal Services</b>		
4341.....	Root Planing, Per Quadrant .....	\$40.00
4910.....	Periodontic Recall, w/ Prophylaxis.....	\$25.00
4920.....	Unscheduled Dressing Change .....	No Charge
<b>REMOVABLE PROSTHODONTICS</b>		
<b>Complete Dentures, w/ Routine Post-Delivery Care</b>		
5110,20 ..	Upper or Lower .....	\$280.00
5130,40 ..	Immediate Upper or Lower.....	\$280.00
<b>Partial Dentures, w/ Routine Post-Delivery Care</b>		
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
<b>Adjustments to Dentures</b>		
5410,11 ..	Complete Upper or Lower .....	\$20.00
5421,22 ..	Partial Upper or Lower .....	\$20.00
<b>Repairs to Complete Dentures</b>		
5510.....	Broken Base .....	\$37.00
5520.....	Missing or Broken Teeth, Per Tooth.....	\$25.00
<b>Repairs to Partial Dentures</b>		
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
<b>Denture Reline Procedures</b>		
5730,31 ..	Complete, Upper or Lower, Chairside .....	\$45.00
5740,41 ..	Partial, Upper or Lower, Chairside .....	\$45.00

ADA CODE.	PROCEDURE	DISCOUNT FEE
<b>Denture Reline Procedures (continued)</b>		
5750,51..	Complete, Upper or Lower, Laboratory .....	\$87.00
5760,61..	Partial, Upper or Lower, Laboratory .....	\$87.00
<b>FIXED PROSTHODONTICS</b>		
<b>Bridge Pontics*</b>		
6210-12 ..	Cast Metal.....	\$177.00
6240-42 ..	Porcelain Fused to Metal, Not for Molars .....	\$187.00
6250-52 ..	Resin w/ Metal.....	\$155.00
<b>Bridge Retainers - Crowns*</b>		
6720-22 ..	Resin w/ Metal.....	\$185.00
6750-52 ..	Porcelain Fused to Metal, Not for Molars .....	\$200.00
6780-82 ..	3/4 Cast Metal.....	\$185.00
6790-92 ..	Full Cast Metal .....	\$185.00
<b>Other Fixed Prosthetic Services</b>		
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
<b>ORAL SURGERY</b>		
<b>Extractions, Local Anesthesia, Routine Post-Op Care</b>		
7111 .....	Coronal Remnants, Deciduous Tooth.....	\$19.00
7140 .....	Extraction, Erupted Tooth or Exposed Root.....	\$19.00
<b>Surgical Extractions, Local Anesthesia Routine Post-Op</b>		
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
<b>MISCELLANEOUS SERVICES</b>		
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.

<b>ORTHODONTICS+</b>	
<b>Standard 24-Month Case</b>	
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
<b>Other Fees</b>	
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.

**S-430 MEMBERSHIP APPLICATION** (print or type clearly)

Agent # **2089**

Last Name

First name

MI

Birthday

Home phone

Address

City

State

Zip

Spouse(dependent)

First

Birthday

/ /

Last Name

First

Birthday

/ /

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Dentist office # \_\_\_\_\_

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.



Pacific Dental Network, Inc. S-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 checking	Monthly coupons	Annual fee
Single..	\$ 9.75	\$ 10.75	\$ 117.00
Couple	\$ 12.75	\$ 13.75	\$ 153.00

Plus the one time non refundable \$20.00 administration 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** S-430 DISCOUNT DENTAL PLAN to average dental fees:

Sample Treatment Plan	Avg. Fee*	With Plan S-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

\*2003 National Dental Advisory Service for 92805

### AFFORDABLE MEMBERSHIP FEES!

	Monthly Checking	Monthly Coupon	Annual Fees
Single .....	\$9.75	\$10.75	\$117.00
Couple .....	\$12.75	\$13.75	\$153.00

**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 yourself and your spouse.

### IT'S EASY TO ENROLL!

To enroll in **Pacific Dental Network's** S-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 check, payable to **Pacific Dental Network**, for your monthly or annual membership fee **and the one time administration 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. Participating dental providers network provided by **California Dental Network**.

# S-430 SENIOR DISCOUNT DENTAL PLAN MEMBERSHIP SAVINGS PROGRAM FOR SENIORS 55 PLUS

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

*Pacific Dental  
Network, Inc.*

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