



Coastal Dental Inc.

A flexible alternative to insurance.

DESCRIPTION OF SERVICES AND DISCLOSURE FORM **GOLD PLAN CONTRACT**

The following is a Description of the discount dental plan available to you and your family members through Coastal Dental, Inc. The Description completely describes the plan and your rights under the plan, and if you choose to enroll it is your contract with Coastal Dental. You should read this carefully. PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED. If you have any questions about this Description please call Coastal Dental, Inc. at 1-800-874-1986.

1. Contact Information. The full name of the plan is Coastal Dental, Inc. Coastal Dental, Inc. is located at 601 Daily Drive, Suite 205, Camarillo, CA 93010. The phone number is 1-800-874-1986.

2. Type of Plan. This is a discount fee plan. THIS IS NOT INSURANCE. By paying an annual enrollment fee to Coastal Dental (see Section 10 below) you (and if applicable your eligible family members) will be entitled to receive dental services at reduced rates. A complete description of the reduced rates for dental services is set forth in Section 11 below.

3. Definitions. As used in this Description, “Eligibility” means you or your family’s right to receive dental services at reduced rates. “Eligible family members” means your spouse and your dependent children who are under age 18 (or under age 23 if attending school on a full-time basis), or who are incapable of self-sustaining employment by reason of a physical or mental disability, injury, illness, or condition, and who are dependent on you for support and maintenance. “Network Dentist” means a dentist who has agreed with Coastal Dental to provide services at the reduced rates set forth in this Description. “Specialist services” are periodontics, endodontics, orthodontics, and oral surgery. “Specialist” is a dentist who performs only a specialist service.

4. Choice of Dentists. To be entitled to the reduced rates you and your eligible family members must visit a Network Dentist. If you receive services from a dentist who is not a Network Dentist you will not be entitled to the discount fees provided by the plan. You can visit any Network Dentist. If you want the name and location of other nearby Network Dentists, or if you have a question about Coastal’s Network Dentists, just call Coastal Dental at 1-800-874-1986.

5. Scope of Eligibility. You can select eligibility for you alone, for you and your spouse, or for you and all of your eligible family members.

6. Commencement of Services. Once you have read through this Description, you should complete the Enrollment Form included in this brochure. The completed Enrollment Form should be sent to Coastal Dental (at the address set forth on the Form) along with your payment for the one-time processing fee and the initial annual enrollment fee. Payment may be made by check or credit card. Once your Enrollment Form and fees are received and processed, Coastal will send you an identification card. If you elect services for your eligible family members they will receive identification cards as well. Eligibility begins when you receive your identification card. **You must present your identification card to your Network Dentist before you receive treatment.**

7. Term and Termination of Services. You and your eligible family members' right to receive services will continue for one year from the time Coastal Dental receives your initial annual enrollment fee. The termination date will appear on your identification card, and will end on midnight on that date. However, eligibility for your spouse will terminate upon your divorce from him or her, and eligibility for any child will terminate once the child exceeds the age limit described in Section 3 above.

Notwithstanding the above, if upon reaching the age limit in Section 3 your child is incapable of self-sustaining employment because of a mental or physical disability, injury, illness, or condition, and is chiefly dependent on you for support and maintenance, then eligibility for that child will continue through the term of your enrollment and any reenrollment. However, you must furnish proof to Coastal of such incapacity and dependency within sixty (60) days after you receive notice that your child's eligibility will terminate. Such notice will be given at least ninety (90) days before your child reaches the limiting age. Coastal will make a determination of your child's incapacity and dependency status, and will so notify you, before your child's eligibility ends. If Coastal fails to notify you of its determination by such time, your child's eligibility will continue until you receive such notice.

Your right to receive services at the discounted fees described in this plan will end at the expiration of your one-year term unless you reenroll as described in Section 8 below. Upon termination your Network Dentist will complete all procedures started prior to termination at the rates set forth in Section 11.

8. Renewal of Eligibility. You can renew your right to receive discounted fee services for an additional year by paying an annual reenrollment fee to Coastal Dental before your initial eligibility terminates. Coastal Dental will send you a written notice about this at least thirty (30) days prior to the expiration of eligibility. The reenrollment fee may be different from the initial annual enrollment fees described in Section 10 below. You will be told what the applicable fee is in your renewal notice. Upon reenrollment you (and if applicable your eligible family members) will receive new identification cards.

The same procedure will be used to reenroll for succeeding years. Other than payment of the required reenrollment fee, there are no conditions or restrictions on your right to reenroll.

9. Cancellation of Services. You will have forty-five (45) days after you receive your identification card(s) to cancel your eligibility and receive a full refund of your enrollment fee (but not the processing fee). However, no cancellation will be permitted if you or any eligible family member received services from a Network Dentist during this 45-day period. To receive your refund you must return to Coastal (at the address in Section 1 above) all identification cards that were given to you and your family members, along with a written request for the refund.

Other than as stated above, you cannot cancel any enrollment or reenrollment and receive any refund of your enrollment or reenrollment fee. However, you can terminate your eligibility after any one-year period by simply choosing not to reenroll.

Coastal Dental cannot cancel your enrollment, or refuse to permit you to reenroll after any one-year period of eligibility ends, unless you or any of your eligible family members has engaged in fraud in using this plan. However, if you believe that Coastal has cancelled your enrollment or refused reenrollment because of your or any family member's health status, you may contact the California Department of Managed Health Care at 1-888-HMO-2219 (for hearing or speech impaired persons at 1-877-688-9891) or contact the Department on-line at www.hmohelp.ca.gov.

10. Processing and Enrollment Fees. Upon enrollment you will pay a one-time processing fee of \$15.00 and your initial enrollment fee. Applicable enrollment fees for the initial year of services are as follows:

You Only:	\$59.00
You and Your Spouse:	\$89.00
You and All of Your Eligible Family Members:	\$99.00

As noted in Section 8, reenrollment fees for years after your initial year of services may be different.

You will pay the one-time processing fee and the initial enrollment fee through your preferred credit card or other payment method as described in the Enrollment Form that follows this Description.

11. Dental Services and Fees. Following this Description is a complete list of covered dental services and the fees your Network Dentist will charge for these services.

Please note that this is the fee schedule currently in effect for your area. Coastal reserves the right to change the fee schedule at any time and any new fee schedule will apply to all dental services received by you or your family members thirty (30) days after Coastal Dental mails you written notice of the new schedule.

12. Other Charges. There are no copayments, deductibles, or other charges of any kind under this plan. All that you have to do is pay your Network Dentist for the discounted services that you or your eligible family members receive.

13. Limitations and Exclusions. The following is a complete list of all limitations and exclusions under this Plan:

Discounts for treatments of fractures or dislocations, congenital malformations, malignancies, cysts or neoplasms, or Temporomandibular Joint Syndrome (TMJ) are not provided.

Discounts for prescription drugs and over the counter drugs are not provided.

Prophylaxis (Cleaning) is limited to once every six months.

Full mouth x-rays are limited to once every 24 months.

Replacement of partial dentures is limited to once every five years.

Full upper and/or lower dentures are not to exceed one each in any five-year period.

Denture relines are limited to one per arch in any 12 month period.

Services performed by a non-participating provider are not covered.

Work in progress that has commenced prior to enrollment must be completed by the dentist who started the work (whether or not a Network Dentist) and will not be covered by the discount fees in this plan.

14. Your Responsibility for Payment of Fees. Once you or any of your eligible family members receive services from a Network Dentist, your Network Dentist will bill you directly for those services at the rates set forth in the Fee Schedule. You will pay the billed amount to your Network Dentist.

If Coastal should ever become liable to your Network Dentist for any reason, your Network Dentist will not hold you responsible for such liability.

This is a discount dental fee plan only. No amounts are payable by Coastal Dental either to you or to your Network Dentist.

15. Disputes. Coastal Dental maintains a grievance system to handle any dispute or grievance you may have with your Network Dentist or with Coastal itself. You can obtain a grievance form from your Network Dentist or you can complete a grievance form on-line at www.coastaldental.com.

You can submit a grievance in writing or by telephone. Coastal's address is 601 Daily Drive, Suite 205, Camarillo, CA 93010, and its telephone number is 1-800-874-1986.

You have one hundred and eighty (180) days to file a grievance after any incident or action. Coastal will acknowledge receipt of your grievance within five (5) calendar days after Coastal receives it. Coastal will notify you of the resolution of your grievance within thirty (30) days after receipt.

If you are not satisfied with Coastal's resolution you can seek review from the Department of Managed Health Care at 1-888-HMO-2219 (for hearing or speech impaired persons at 1-877-688-9891) or contact the Department on-line at www.hmohelp.ca.gov.

For a more complete description of Coastal's grievance system please visit Coastal's website at www.coastaldental.com.

California law requires Coastal to provide you with the following notice:

“The California Department of Managed Health Care is responsible for regulating discounted fee plans. If you have a grievance against your plan, you should first telephone your plan at 1-800-874-1986 and use your plan's grievance before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance that has not been satisfactorily resolved by the Plan, or with a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. The department has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms and instructions online.”

16. Specialist Services. Not all Network Dentists provide specialist services, and some specialist services may need to be performed by a specialist. You will receive the discounted fees for specialist services under this Plan only if those services are received from a Network Dentist. If your Network Dentist does not provide specialist services, you can call Coastal to see if there is a nearby Network Dentist who can perform specialist services. You do not need a referral from Coastal to see a Network Dentist who provides such services.

17. Office Hours and Emergency Services. Your Network Dentist will be open during normal work hours, Monday through Friday. Your Network Dentist will arrange for emergency dental care, which will be available 24 hours a day, 7 days a week. . If you need after-hours care, call your Network Dentist and you will be told what to do. You can also call Coastal at 1-800-874-1986 for assistance with after-hours care.

18. Termination of Network Dentist. If your Network Dentist terminates, Coastal will promptly notify you if it knows who your Network Dentist is so that you can make arrangements to see another Network Dentist. Also, Coastal will post a notice on its website (at www.coastaldental.com) listing all Network Dentists who have given notice of termination, who are being terminated, or who otherwise are unable to provide services. The notice will state the effective date of termination. Also, you can always call Coastal at the number in Section 1 above to see whether your dentist is still a Network Dentist.

Coastal's contract with each Network Dentist specifies that upon termination of the contract the Network Dentist must complete all procedures commenced prior to termination at the discounted rates set forth in Section 11.

If Coastal should ever cease operations your Network Dentist will continue to render discount services to you and your eligible family members for the duration of your enrollment.

19. If You Have Dental Insurance. Since Coastal does not provide insurance it does not coordinate benefits with any dental insurance you or your family members may have. If you have dental insurance, you should contact your dental insurer to see what benefits will be paid.

20. Application of State Law. Coastal Dental is subject to the requirements of Chapter 2.2 of Division 2 of the Code and of Chapter 1 of Title 28 of the California Code or Regulations, and any provision required to be in the contract by either of the above shall bind Coastal whether or not provided in this Description.

21. Confidentiality. Each Network Dentist and Coastal Dental itself is required by law to keep your personal healthcare information confidential. No such information can be released except with your consent or as expressly authorized by law.

A statement describing our policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

22. Summary of Discounts. The following is a summary of the major categories of dental services available under this Plan, and the average fee discount for each category of services. The average discount is the difference between what your Network Dentist charges and what a typical dentist usually and customarily charges, as determined by the National Dental Advisory Service.

THIS IS ONLY A SUMMARY. YOU SHOULD CONSULT THE FEE SCHEDULE TO DETERMINE THE EXACT FEE FOR ANY PARTICULAR DENTAL SERVICE.

SERVICE CATEGORY	AVERAGE DISCOUNT
Diagnostic	64%
Preventive	50%
Restorative	42%
Endodontics	49%
Periodontics	51%
Prosthodontics (Removable)	45%
Implant Services	50%
Prosthodontics (Fixed)	47%
Oral and Maxillofacial Surgery	58%
Orthodontics	59%
Adjunctive Services	57%

California law requires all health care service plans to give members of the public the following information about the applicability of, and any copayments or limitations on, the following:

- | | | | |
|-----|------------------------------|---|--|
| (A) | Deductibles | - | None |
| (B) | Lifetime Maximums | - | None |
| (C) | Professional Services | - | Dental Services Only |
| (D) | Outpatient Services | - | Not Applicable |
| (E) | Hospitalization Services | - | Not Applicable |
| (F) | Emergency Health Coverage | - | Available 24 hours a day,
7 days a week |
| (G) | Ambulance Services | - | Not Applicable |
| (H) | Prescription Drug Coverage | - | Not Applicable |
| (I) | Durable Medical Equipment | - | Not Applicable |
| (J) | Mental Health Services | - | Not Applicable |
| (K) | Chemical Dependency Services | - | Not Applicable |
| (L) | Home Health Services | - | Not Applicable |
| (M) | Other | - | Not Applicable |

IF YOU COMPLETE AND SUBMIT THE ENROLLMENT FORM, YOU AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS IN THIS DESCRIPTION.

Gold Plan Fee Schedule - Region 1

Exhibit A

Code	Description	Schedule
D0120	periodic oral evaluation - established patient	\$35.00
D0140	limited oral evaluation - problem focused	\$35.00
D0150	comprehensive oral evaluation - new or established patient	\$39.00
D0160	detailed and extensive oral evaluation - problem focused, by report	\$35.00
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$35.00
D0180	comprehensive periodontal evaluation - new or established patient	\$42.00
D0210	intraoral - complete series (including bitewings)	\$72.00
D0220	intraoral - periapical first film	\$20.00
D0230	intraoral - periapical each additional film	\$15.00
D0240	intraoral - occlusal film	\$33.00
D0250	extraoral - first film	\$54.00
D0260	extraoral - each additional film	\$45.00
D0270	bitewing - single film	\$21.00
D0272	bitewings - two films	\$31.00
D0274	bitewings - four films	\$40.00
D0277	vertical bitewings - 7 to 8 films	\$40.00
D0330	panoramic film	\$65.00
D0470	diagnostic casts	\$65.00
D1110	prophylaxis - adult	\$60.00
D1120	prophylaxis - child	\$54.00
D1203	topical application of fluoride (prophylaxis not included) - child	\$13.00
D1204	topical application of fluoride (prophylaxis not included) - adult	\$18.00
D1351	sealant - per tooth	\$19.00
D1510	space maintainer - fixed - unilateral	\$204.00
D1515	space maintainer - fixed - bilateral	\$244.00
D1520	space maintainer - removable - unilateral	\$204.00
D1525	space maintainer - removable - bilateral	\$244.00
D2140	amalgam - one surface, primary or permanent	\$74.00
D2150	amalgam - two surfaces, primary or permanent	\$88.00
D2160	amalgam - three surfaces, primary or permanent	\$101.00
D2161	amalgam - four or more surfaces, primary or permanent	\$107.00
D2330	resin-based composite - one surface, anterior	\$98.00
D2331	resin-based composite - two surfaces, anterior	\$140.00
D2332	resin-based composite - three surfaces, anterior	\$156.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$161.00
D2391	resin-based composite - one surface, posterior	\$95.00
D2392	resin-based composite - two surfaces, posterior	\$143.00
D2393	resin-based composite - three surfaces, posterior	\$156.00
D2394	resin-based composite - four or more surfaces, posterior	\$160.00
D2520	inlay - metallic - two surfaces	\$465.00
D2530	inlay - metallic - three or more surfaces	\$595.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 1 Exhibit A

Code	Description	Schedule
D2542	onlay - metallic-two surfaces	\$465.00
D2543	onlay - metallic-three surfaces	\$595.00
D2544	onlay - metallic-four or more surfaces	\$595.00
D2620	inlay - porcelain/ceramic - two surfaces	\$465.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$595.00
D2642	onlay - porcelain/ceramic - two surfaces	\$389.00
D2643	onlay - porcelain/ceramic - three surfaces	\$495.00
D2644	onlay - porcelain/ceramic - four or more surfaces	\$495.00
D2651	inlay - resin-based composite - two surfaces	\$465.00
D2652	inlay - resin-based composite - three or more surfaces	\$595.00
D2662	onlay - resin-based composite - two surfaces	\$389.00
D2663	onlay - resin-based composite - three surfaces	\$495.00
D2664	onlay - resin-based composite - four or more surfaces	\$495.00
D2710	crown - resin-based composite (indirect)	\$360.00
D2720	crown - resin with high noble metal	\$540.00
D2721	crown - resin with predominantly base metal	\$467.00
D2722	crown - resin with noble metal	\$467.00
D2740	crown - porcelain/ceramic substrate	\$678.00
D2750	crown - porcelain fused to high noble metal	\$750.00
D2751	crown - porcelain fused to predominantly base metal	\$630.00
D2752	crown - porcelain fused to noble metal	\$678.00
D2780	crown - 3/4 cast high noble metal	\$678.00
D2781	crown - 3/4 cast predominantly base metal	\$678.00
D2782	crown - 3/4 cast noble metal	\$678.00
D2783	crown - 3/4 porcelain/ceramic	\$678.00
D2790	crown - full cast high noble metal	\$678.00
D2791	crown - full cast predominantly base metal	\$546.00
D2792	crown - full cast noble metal	\$612.00
D2910	recement inlay, onlay, or partial coverage restoration	\$57.00
D2920	recement crown	\$57.00
D2930	prefabricated stainless steel crown - primary tooth	\$132.00
D2931	prefabricated stainless steel crown - permanent tooth	\$132.00
D2932	prefabricated resin crown	\$132.00
D2933	prefabricated stainless steel crown with resin window	\$132.00
D2950	core buildup, including any pins	\$73.80
D2952	post and core in addition to crown, indirectly fabricated	\$149.50
D2954	prefabricated post and core in addition to crown	\$149.50
D2980	crown repair, by report	\$140.00
D3110	pulp cap - direct (excluding final restoration)	\$65.00
D3120	pulp cap - indirect (excluding final restoration)	\$65.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 1 Exhibit A

Code	Description	Schedule
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$85.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$95.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$100.00
D3310	anterior (excluding final restoration)	\$430.00
D3320	bicuspid (excluding final restoration)	\$510.00
D3330	molar (excluding final restoration)	\$610.00
D3346	retreatment of previous root canal therapy - anterior	\$475.00
D3347	retreatment of previous root canal therapy - bicuspid	\$550.00
D3348	retreatment of previous root canal therapy - molar	\$675.00
D3410	apicoectomy/periradicular surgery - anterior	\$432.00
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	\$432.00
D3425	apicoectomy/periradicular surgery - molar (first root)	\$432.00
D3430	retrograde filling - per root	\$67.00
D3450	root amputation - per root	\$125.00
D3920	hemisection (including any root removal), not including root canal therapy	\$125.00
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$265.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$170.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$575.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$395.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$145.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$68.00
D5110	complete denture - maxillary	\$825.00
D5120	complete denture - mandibular	\$825.00
D5130	immediate denture - maxillary	\$875.00
D5140	immediate denture - mandibular	\$875.00
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$420.00
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$420.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$950.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$950.00
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$516.00
D5510	repair broken complete denture base	\$89.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$33.00
D5610	repair resin denture base	\$89.00
D5620	repair cast framework	\$115.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 1
Exhibit A

Code	Description	Schedule
D5630	repair or replace broken clasp	\$115.00
D5640	replace broken teeth - per tooth	\$30.50
D5650	add tooth to existing partial denture	\$30.50
D5660	add clasp to existing partial denture	\$115.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$120.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$120.00
D5710	rebase complete maxillary denture	\$275.00
D5711	rebase complete mandibular denture	\$275.00
D5720	rebase maxillary partial denture	\$275.00
D5721	rebase mandibular partial denture	\$275.00
D5730	reline complete maxillary denture (chairside)	\$132.00
D5731	reline complete mandibular denture (chairside)	\$132.00
D5740	reline maxillary partial denture (chairside)	\$138.00
D5741	reline mandibular partial denture (chairside)	\$138.00
D5750	reline complete maxillary denture (laboratory)	\$230.00
D5751	reline complete mandibular denture (laboratory)	\$230.00
D5760	reline maxillary partial denture (laboratory)	\$230.00
D5761	reline mandibular partial denture (laboratory)	\$230.00
D5820	interim partial denture (maxillary)	\$310.00
D5821	interim partial denture (mandibular)	\$310.00
D5850	tissue conditioning, maxillary	\$72.50
D5851	tissue conditioning, mandibular	\$72.50
D5860	overdenture - complete, by report	\$703.00
D5861	overdenture - partial, by report	\$787.00
D6210	pontic - cast high noble metal	\$594.00
D6211	pontic - cast predominantly base metal	\$462.00
D6212	pontic - cast noble metal	\$525.60
D6240	pontic - porcelain fused to high noble metal	\$650.00
D6241	pontic - porcelain fused to predominantly base metal	\$588.00
D6242	pontic - porcelain fused to noble metal	\$588.00
D6250	pontic - resin with high noble metal	\$588.00
D6251	pontic - resin with predominantly base metal	\$588.00
D6252	pontic - resin with noble metal	\$594.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$465.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$465.00
D6600	inlay - porcelain/ceramic, two surfaces	\$465.00
D6601	inlay - porcelain/ceramic, three or more surfaces	\$585.00
D6602	inlay - cast high noble metal, two surfaces	\$465.00
D6603	inlay - cast high noble metal, three or more surfaces	\$465.00
D6604	inlay - cast predominantly base metal, two surfaces	\$465.00
D6605	inlay - cast predominantly base metal, three or more surfaces	\$585.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 1 Exhibit A

Code	Description	Schedule
D6606	inlay - cast noble metal, two surfaces	\$465.00
D6607	inlay - cast noble metal, three or more surfaces	\$585.00
D6608	onlay -porcelain/ceramic, two surfaces	\$389.00
D6609	onlay - porcelain/ceramic, three or more surfaces	\$489.00
D6610	onlay - cast high noble metal, two surfaces	\$389.00
D6611	onlay - cast high noble metal, three or more surfaces	\$489.00
D6612	onlay - cast predominantly base metal, two surfaces	\$389.00
D6613	onlay - cast predominantly base metal, three or more surfaces	\$489.00
D6614	onlay - cast noble metal, two surfaces	\$389.00
D6615	onlay - cast noble metal, three or more surfaces	\$489.00
D6720	crown - resin with high noble metal	\$660.00
D6721	crown - resin with predominantly base metal	\$402.00
D6722	crown - resin with noble metal	\$420.00
D6740	crown - porcelain/ceramic	\$678.00
D6750	crown - porcelain fused to high noble metal	\$750.00
D6751	crown - porcelain fused to predominantly base metal	\$678.00
D6752	crown - porcelain fused to noble metal	\$678.00
D6780	crown - 3/4 cast high noble metal	\$678.00
D6781	crown - 3/4 cast predominantly base metal	\$678.00
D6782	crown - 3/4 cast noble metal	\$678.00
D6783	crown - 3/4 porcelain/ceramic	\$678.00
D6790	crown - full cast high noble metal	\$678.00
D6791	crown - full cast predominantly base metal	\$546.00
D6792	crown - full cast noble metal	\$552.00
D6930	recement fixed partial denture	\$61.00
D6940	stress breaker	\$121.00
D6950	precision attachment	\$172.00
D6970	post and core in addition to fixed partial denture retainer, indirectly fabricated	\$124.50
D6972	prefabricated post and core in addition to fixed partial denture retainer	\$124.50
D6973	core build up for retainer, including any pins	\$61.50
D6975	coping - metal	\$250.00
D6980	fixed partial denture repair, by report	\$118.50
D7111	extraction, coronal remnants - deciduous tooth	\$80.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$89.00
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$145.00
D7220	removal of impacted tooth - soft tissue	\$160.00
D7230	removal of impacted tooth - partially bony	\$190.00
D7240	removal of impacted tooth - completely bony	\$225.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$185.00
D7280	surgical access of an unerupted tooth	\$185.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 1 Exhibit A

Code	Description	Schedule
D7285	biopsy of oral tissue - hard (bone, tooth)	\$213.00
D7286	biopsy of oral tissue - soft	\$185.00
D7320	alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$185.00
D7471	removal of lateral exostosis (maxilla or mandible)	\$278.50
D7472	removal of torus palatinus	\$278.50
D7473	removal of torus mandibularis	\$278.50
D7510	incision and drainage of abscess - intraoral soft tissue	\$143.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$314.50
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure	\$156.00
D7970	excision of hyperplastic tissue - per arch	\$222.50
D7971	excision of pericoronary gingiva	\$140.00
D8210	removable appliance therapy	\$225.00
D8220	fixed appliance therapy	\$225.00
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$79.00
D9220	deep sedation/general anesthesia - first 30 minutes	\$195.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$55.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$45.00
D9440	office visit - after regularly scheduled hours	\$75.00
D9940	occlusal guard, by report	\$245.00
D9952	occlusal adjustment - complete	\$245.00
D9974	internal bleaching - per tooth	\$75.00

EXPLANATION OF REGION AREAS

Region 1: Providers in the following counties: Los Angeles, Orange, San Bernanrdino, San Deigo, Riverside, and Ventura.

Region 2: Providers in the following counties: Alameda, Contra Costa, El Dorado, Fresno, Kern, Placer, Sacramento, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, San Joaquin, Solano, Sonoma, Stanislaus, Tulare, and Yolo.

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.



Coastal Dental Inc.

A flexible alternative to insurance.

DESCRIPTION OF SERVICES AND DISCLOSURE FORM **GOLD PLAN CONTRACT**

The following is a Description of the discount dental plan available to you and your family members through Coastal Dental, Inc. The Description completely describes the plan and your rights under the plan, and if you choose to enroll it is your contract with Coastal Dental. You should read this carefully. PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED. If you have any questions about this Description please call Coastal Dental, Inc. at 1-800-874-1986.

1. Contact Information. The full name of the plan is Coastal Dental, Inc. Coastal Dental, Inc. is located at 601 Daily Drive, Suite 205, Camarillo, CA 93010. The phone number is 1-800-874-1986.

2. Type of Plan. This is a discount fee plan. THIS IS NOT INSURANCE. By paying an annual enrollment fee to Coastal Dental (see Section 10 below) you (and if applicable your eligible family members) will be entitled to receive dental services at reduced rates. A complete description of the reduced rates for dental services is set forth in Section 11 below.

3. Definitions. As used in this Description, “Eligibility” means you or your family’s right to receive dental services at reduced rates. “Eligible family members” means your spouse and your dependent children who are under age 18 (or under age 23 if attending school on a full-time basis), or who are incapable of self-sustaining employment by reason of a physical or mental disability, injury, illness, or condition, and who are dependent on you for support and maintenance. “Network Dentist” means a dentist who has agreed with Coastal Dental to provide services at the reduced rates set forth in this Description. “Specialist services” are periodontics, endodontics, orthodontics, and oral surgery. “Specialist” is a dentist who performs only a specialist service.

4. Choice of Dentists. To be entitled to the reduced rates you and your eligible family members must visit a Network Dentist. If you receive services from a dentist who is not a Network Dentist you will not be entitled to the discount fees provided by the plan. You can visit any Network Dentist. If you want the name and location of other nearby Network Dentists, or if you have a question about Coastal’s Network Dentists, just call Coastal Dental at 1-800-874-1986.

5. Scope of Eligibility. You can select eligibility for you alone, for you and your spouse, or for you and all of your eligible family members.

6. Commencement of Services. Once you have read through this Description, you should complete the Enrollment Form included in this brochure. The completed Enrollment Form should be sent to Coastal Dental (at the address set forth on the Form) along with your payment for the one-time processing fee and the initial annual enrollment fee. Payment may be made by check or credit card. Once your Enrollment Form and fees are received and processed, Coastal will send you an identification card. If you elect services for your eligible family members they will receive identification cards as well. Eligibility begins when you receive your identification card. **You must present your identification card to your Network Dentist before you receive treatment.**

7. Term and Termination of Services. You and your eligible family members' right to receive services will continue for one year from the time Coastal Dental receives your initial annual enrollment fee. The termination date will appear on your identification card, and will end on midnight on that date. However, eligibility for your spouse will terminate upon your divorce from him or her, and eligibility for any child will terminate once the child exceeds the age limit described in Section 3 above.

Notwithstanding the above, if upon reaching the age limit in Section 3 your child is incapable of self-sustaining employment because of a mental or physical disability, injury, illness, or condition, and is chiefly dependent on you for support and maintenance, then eligibility for that child will continue through the term of your enrollment and any reenrollment. However, you must furnish proof to Coastal of such incapacity and dependency within sixty (60) days after you receive notice that your child's eligibility will terminate. Such notice will be given at least ninety (90) days before your child reaches the limiting age. Coastal will make a determination of your child's incapacity and dependency status, and will so notify you, before your child's eligibility ends. If Coastal fails to notify you of its determination by such time, your child's eligibility will continue until you receive such notice.

Your right to receive services at the discounted fees described in this plan will end at the expiration of your one-year term unless you reenroll as described in Section 8 below. Upon termination your Network Dentist will complete all procedures started prior to termination at the rates set forth in Section 11.

8. Renewal of Eligibility. You can renew your right to receive discounted fee services for an additional year by paying an annual reenrollment fee to Coastal Dental before your initial eligibility terminates. Coastal Dental will send you a written notice about this at least thirty (30) days prior to the expiration of eligibility. The reenrollment fee may be different from the initial annual enrollment fees described in Section 10 below. You will be told what the applicable fee is in your renewal notice. Upon reenrollment you (and if applicable your eligible family members) will receive new identification cards.

The same procedure will be used to reenroll for succeeding years. Other than payment of the required reenrollment fee, there are no conditions or restrictions on your right to reenroll.

9. Cancellation of Services. You will have forty-five (45) days after you receive your identification card(s) to cancel your eligibility and receive a full refund of your enrollment fee (but not the processing fee). However, no cancellation will be permitted if you or any eligible family member received services from a Network Dentist during this 45-day period. To receive your refund you must return to Coastal (at the address in Section 1 above) all identification cards that were given to you and your family members, along with a written request for the refund.

Other than as stated above, you cannot cancel any enrollment or reenrollment and receive any refund of your enrollment or reenrollment fee. However, you can terminate your eligibility after any one-year period by simply choosing not to reenroll.

Coastal Dental cannot cancel your enrollment, or refuse to permit you to reenroll after any one-year period of eligibility ends, unless you or any of your eligible family members has engaged in fraud in using this plan. However, if you believe that Coastal has cancelled your enrollment or refused reenrollment because of your or any family member's health status, you may contact the California Department of Managed Health Care at 1-888-HMO-2219 (for hearing or speech impaired persons at 1-877-688-9891) or contact the Department on-line at www.hmohelp.ca.gov.

10. Processing and Enrollment Fees. Upon enrollment you will pay a one-time processing fee of \$15.00 and your initial enrollment fee. Applicable enrollment fees for the initial year of services are as follows:

You Only:	\$59.00
You and Your Spouse:	\$89.00
You and All of Your Eligible Family Members:	\$99.00

As noted in Section 8, reenrollment fees for years after your initial year of services may be different.

You will pay the one-time processing fee and the initial enrollment fee through your preferred credit card or other payment method as described in the Enrollment Form that follows this Description.

11. Dental Services and Fees. Following this Description is a complete list of covered dental services and the fees your Network Dentist will charge for these services.

Please note that this is the fee schedule currently in effect for your area. Coastal reserves the right to change the fee schedule at any time and any new fee schedule will apply to all dental services received by you or your family members thirty (30) days after Coastal Dental mails you written notice of the new schedule.

12. Other Charges. There are no copayments, deductibles, or other charges of any kind under this plan. All that you have to do is pay your Network Dentist for the discounted services that you or your eligible family members receive.

13. Limitations and Exclusions. The following is a complete list of all limitations and exclusions under this Plan:

Discounts for treatments of fractures or dislocations, congenital malformations, malignancies, cysts or neoplasms, or Temporomandibular Joint Syndrome (TMJ) are not provided.

Discounts for prescription drugs and over the counter drugs are not provided.

Prophylaxis (Cleaning) is limited to once every six months.

Full mouth x-rays are limited to once every 24 months.

Replacement of partial dentures is limited to once every five years.

Full upper and/or lower dentures are not to exceed one each in any five-year period.

Denture relines are limited to one per arch in any 12 month period.

Services performed by a non-participating provider are not covered.

Work in progress that has commenced prior to enrollment must be completed by the dentist who started the work (whether or not a Network Dentist) and will not be covered by the discount fees in this plan.

14. Your Responsibility for Payment of Fees. Once you or any of your eligible family members receive services from a Network Dentist, your Network Dentist will bill you directly for those services at the rates set forth in the Fee Schedule. You will pay the billed amount to your Network Dentist.

If Coastal should ever become liable to your Network Dentist for any reason, your Network Dentist will not hold you responsible for such liability.

This is a discount dental fee plan only. No amounts are payable by Coastal Dental either to you or to your Network Dentist.

15. Disputes. Coastal Dental maintains a grievance system to handle any dispute or grievance you may have with your Network Dentist or with Coastal itself. You can obtain a grievance form from your Network Dentist or you can complete a grievance form on-line at www.coastaldental.com.

You can submit a grievance in writing or by telephone. Coastal's address is 601 Daily Drive, Suite 205, Camarillo, CA 93010, and its telephone number is 1-800-874-1986.

You have one hundred and eighty (180) days to file a grievance after any incident or action. Coastal will acknowledge receipt of your grievance within five (5) calendar days after Coastal receives it. Coastal will notify you of the resolution of your grievance within thirty (30) days after receipt.

If you are not satisfied with Coastal's resolution you can seek review from the Department of Managed Health Care at 1-888-HMO-2219 (for hearing or speech impaired persons at 1-877-688-9891) or contact the Department on-line at www.hmohelp.ca.gov.

For a more complete description of Coastal's grievance system please visit Coastal's website at www.coastaldental.com.

California law requires Coastal to provide you with the following notice:

“The California Department of Managed Health Care is responsible for regulating discounted fee plans. If you have a grievance against your plan, you should first telephone your plan at 1-800-874-1986 and use your plan's grievance before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance that has not been satisfactorily resolved by the Plan, or with a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. The department has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms and instructions online.”

16. Specialist Services. Not all Network Dentists provide specialist services, and some specialist services may need to be performed by a specialist. You will receive the discounted fees for specialist services under this Plan only if those services are received from a Network Dentist. If your Network Dentist does not provide specialist services, you can call Coastal to see if there is a nearby Network Dentist who can perform specialist services. You do not need a referral from Coastal to see a Network Dentist who provides such services.

17. Office Hours and Emergency Services. Your Network Dentist will be open during normal work hours, Monday through Friday. Your Network Dentist will arrange for emergency dental care, which will be available 24 hours a day, 7 days a week. . If you need after-hours care, call your Network Dentist and you will be told what to do. You can also call Coastal at 1-800-874-1986 for assistance with after-hours care.

18. Termination of Network Dentist. If your Network Dentist terminates, Coastal will promptly notify you if it knows who your Network Dentist is so that you can make arrangements to see another Network Dentist. Also, Coastal will post a notice on its website (at www.coastaldental.com) listing all Network Dentists who have given notice of termination, who are being terminated, or who otherwise are unable to provide services. The notice will state the effective date of termination. Also, you can always call Coastal at the number in Section 1 above to see whether your dentist is still a Network Dentist.

Coastal's contract with each Network Dentist specifies that upon termination of the contract the Network Dentist must complete all procedures commenced prior to termination at the discounted rates set forth in Section 11.

If Coastal should ever cease operations your Network Dentist will continue to render discount services to you and your eligible family members for the duration of your enrollment.

19. If You Have Dental Insurance. Since Coastal does not provide insurance it does not coordinate benefits with any dental insurance you or your family members may have. If you have dental insurance, you should contact your dental insurer to see what benefits will be paid.

20. Application of State Law. Coastal Dental is subject to the requirements of Chapter 2.2 of Division 2 of the Code and of Chapter 1 of Title 28 of the California Code or Regulations, and any provision required to be in the contract by either of the above shall bind Coastal whether or not provided in this Description.

21. Confidentiality. Each Network Dentist and Coastal Dental itself is required by law to keep your personal healthcare information confidential. No such information can be released except with your consent or as expressly authorized by law.

A statement describing our policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

22. Summary of Discounts. The following is a summary of the major categories of dental services available under this Plan, and the average fee discount for each category of services. The average discount is the difference between what your Network Dentist charges and what a typical dentist usually and customarily charges, as determined by the National Dental Advisory Service.

THIS IS ONLY A SUMMARY. YOU SHOULD CONSULT THE FEE SCHEDULE TO DETERMINE THE EXACT FEE FOR ANY PARTICULAR DENTAL SERVICE.

SERVICE CATEGORY	AVERAGE DISCOUNT
Diagnostic	64%
Preventive	50%
Restorative	42%
Endodontics	49%
Periodontics	51%
Prosthodontics (Removable)	45%
Implant Services	50%
Prosthodontics (Fixed)	47%
Oral and Maxillofacial Surgery	58%
Orthodontics	59%
Adjunctive Services	57%

California law requires all health care service plans to give members of the public the following information about the applicability of, and any copayments or limitations on, the following:

(A)	Deductibles	-	None
(B)	Lifetime Maximums	-	None
(C)	Professional Services	-	Dental Services Only
(D)	Outpatient Services	-	Not Applicable
(E)	Hospitalization Services	-	Not Applicable
(F)	Emergency Health Coverage	-	Available 24 hours a day, 7 days a week
(G)	Ambulance Services	-	Not Applicable
(H)	Prescription Drug Coverage	-	Not Applicable
(I)	Durable Medical Equipment	-	Not Applicable
(J)	Mental Health Services	-	Not Applicable
(K)	Chemical Dependency Services	-	Not Applicable
(L)	Home Health Services	-	Not Applicable
(M)	Other	-	Not Applicable

IF YOU COMPLETE AND SUBMIT THE ENROLLMENT FORM, YOU AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS IN THIS DESCRIPTION.

Gold Plan Fee Schedule - Region 2

Exhibit A

Code	Description	Schedule
D0120	periodic oral evaluation - established patient	\$23.00
D0140	limited oral evaluation - problem focused	\$33.00
D0150	comprehensive oral evaluation - new or established patient	\$37.00
D0160	detailed and extensive oral evaluation - problem focused, by report	\$45.00
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$32.00
D0180	comprehensive periodontal evaluation - new or established patient	\$45.00
D0210	intraoral - complete series (including bitewings)	\$59.00
D0220	intraoral - periapical first film	\$18.00
D0230	intraoral - periapical each additional film	\$9.00
D0240	intraoral - occlusal film	\$20.00
D0250	extraoral - first film	\$23.00
D0260	extraoral - each additional film	\$23.00
D0270	bitewing - single film	\$18.00
D0272	bitewings - two films	\$24.00
D0274	bitewings - four films	\$31.00
D0277	vertical bitewings - 7 to 8 films	\$59.00
D0290	posterior-anterior or lateral skull and facial bone survey film	\$23.00
D0330	panoramic film	\$46.00
D0340	cephalometric film	\$45.00
D0470	diagnostic casts	\$50.00
D1110	prophylaxis - adult	\$71.00
D1120	prophylaxis - child	\$57.00
D1203	topical application of fluoride (prophylaxis not included) - child	\$31.00
D1204	topical application of fluoride (prophylaxis not included) - adult	\$32.00
D1351	sealant - per tooth	\$44.00
D1510	space maintainer - fixed - unilateral	\$235.00
D1515	space maintainer - fixed - bilateral	\$298.00
D1520	space maintainer - removable - unilateral	\$273.00
D1525	space maintainer - removable - bilateral	\$318.00
D2140	amalgam - one surface, primary or permanent	\$101.00
D2150	amalgam - two surfaces, primary or permanent	\$128.00
D2160	amalgam - three surfaces, primary or permanent	\$152.00
D2161	amalgam - four or more surfaces, primary or permanent	\$173.00
D2330	resin-based composite - one surface, anterior	\$133.00
D2331	resin-based composite - two surfaces, anterior	\$152.00
D2332	resin-based composite - three surfaces, anterior	\$176.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$207.00
D2390	resin-based composite crown, anterior	\$302.00
D2391	resin-based composite - one surface, posterior	\$136.00
D2392	resin-based composite - two surfaces, posterior	\$179.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 2

Exhibit A

Code	Description	Schedule
D2393	resin-based composite - three surfaces, posterior	\$219.00
D2394	resin-based composite - four or more surfaces, posterior	\$243.00
D2510	inlay - metallic - one surface	\$494.00
D2520	inlay - metallic - two surfaces	\$556.00
D2530	inlay - metallic - three or more surfaces	\$615.00
D2542	onlay - metallic-two surfaces	\$643.00
D2543	onlay - metallic-three surfaces	\$675.00
D2544	onlay - metallic-four or more surfaces	\$697.00
D2650	inlay - resin-based composite - one surface	\$497.00
D2651	inlay - resin-based composite - two surfaces	\$609.00
D2652	inlay - resin-based composite - three or more surfaces	\$661.00
D2662	onlay - resin-based composite - two surfaces	\$562.00
D2663	onlay - resin-based composite - three surfaces	\$627.00
D2664	onlay - resin-based composite - four or more surfaces	\$723.00
D2710	crown - resin-based composite (indirect)	\$678.00
D2712	crown - 3/4 resin-based composite (indirect)	\$465.00
D2720	crown - resin with high noble metal	\$730.00
D2740	crown - porcelain/ceramic substrate	\$815.00
D2750	crown - porcelain fused to high noble metal	\$870.00
D2751	crown - porcelain fused to predominantly base metal	\$730.00
D2752	crown - porcelain fused to noble metal	\$765.00
D2780	crown - 3/4 cast high noble metal	\$765.00
D2781	crown - 3/4 cast predominantly base metal	\$700.00
D2782	crown - 3/4 cast noble metal	\$740.00
D2790	crown - full cast high noble metal	\$850.00
D2791	crown - full cast predominantly base metal	\$725.00
D2792	crown - full cast noble metal	\$750.00
D2794	crown - titanium	\$765.00
D2910	recement inlay, onlay, or partial coverage restoration	\$76.00
D2915	recement cast or prefabricated post and core	\$76.00
D2920	recement crown	\$80.00
D2930	prefabricated stainless steel crown - primary tooth	\$175.00
D2931	prefabricated stainless steel crown - permanent tooth	\$219.00
D2932	prefabricated resin crown	\$221.00
D2933	prefabricated stainless steel crown with resin window	\$230.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	\$216.00
D2950	core buildup, including any pins	\$184.00
D2951	pin retention - per tooth, in addition to restoration	\$64.00
D2952	post and core in addition to crown, indirectly fabricated	\$304.00
D2954	prefabricated post and core in addition to crown	\$219.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 2

Exhibit A

Code	Description	Schedule
D2960	labial veneer (resin laminate) - chairside	\$449.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$132.00
D3221	pulpal debridement, primary and permanent	\$120.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$132.00
D3310	anterior (excluding final restoration)	\$550.00
D3320	bicuspid (excluding final restoration)	\$640.00
D3330	molar (excluding final restoration)	\$795.00
D3333	internal root repair of perforation defects	\$215.00
D3346	retreatment of previous root canal therapy - anterior	\$575.00
D3347	retreatment of previous root canal therapy - bicuspid	\$675.00
D3348	retreatment of previous root canal therapy - molar	\$800.00
D3351	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$215.00
D3352	apexification/recalcification - interm medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$115.00
D3353	apexification/recalcification - final visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$300.00
D3410	apicoectomy/periradicular surgery - anterior	\$470.00
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	\$530.00
D3425	apicoectomy/periradicular surgery - molar (first root)	\$590.00
D3430	retrograde filling - per root	\$175.00
D3450	root amputation - per root	\$300.00
D3460	endodontic endosseous implant	\$827.00
D3920	hemisection (including any root removal), not including root canal therapy	\$284.00
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$439.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$244.00
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	\$477.00
D4241	gingival flap procedure, including root planning - one to three contiguous teeth or bounded teeth spaces per quadrant	\$287.00
D4245	apically positioned flap	\$248.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$730.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$430.00
D4270	pedicle soft tissue graft procedure	\$477.00
D4271	free soft tissue graft procedure (including donor site surgery)	\$552.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 2

Exhibit A

Code	Description	Schedule
D4273	subepithelial connective tissue graft procedures, per tooth	\$724.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$190.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$115.00
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$71.00
D4910	periodontal maintenance	\$104.00
D5110	complete denture - maxillary	\$1,267.20
D5120	complete denture - mandibular	\$1,298.00
D5130	immediate denture - maxillary	\$1,267.20
D5140	immediate denture - mandibular	\$1,298.00
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,049.40
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,058.20
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,416.80
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,416.80
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$1,067.00
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$1,065.90
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$721.60
D5410	adjust complete denture - maxillary	\$64.00
D5411	adjust complete denture - mandibular	\$63.00
D5421	adjust partial denture - maxillary	\$64.00
D5422	adjust partial denture - mandibular	\$64.00
D5510	repair broken complete denture base	\$148.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$120.00
D5610	repair resin denture base	\$156.00
D5630	repair or replace broken clasp	\$176.00
D5640	replace broken teeth - per tooth	\$136.00
D5650	add tooth to existing partial denture	\$160.00
D5660	add clasp to existing partial denture	\$199.00
D5710	rebase complete maxillary denture	\$398.00
D5711	rebase complete mandibular denture	\$398.00
D5720	rebase maxillary partial denture	\$394.00
D5721	rebase mandibular partial denture	\$396.00
D5730	reline complete maxillary denture (chairside)	\$239.00
D5731	reline complete mandibular denture (chairside)	\$239.00
D5740	reline maxillary partial denture (chairside)	\$228.00
D5741	reline mandibular partial denture (chairside)	\$228.00
D5750	reline complete maxillary denture (laboratory)	\$318.00
D5751	reline complete mandibular denture (laboratory)	\$318.00
D5760	reline maxillary partial denture (laboratory)	\$314.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 2

Exhibit A

Code	Description	Schedule
D5761	reline mandibular partial denture (laboratory)	\$314.00
D5820	interim partial denture (maxillary)	\$409.00
D5821	interim partial denture (mandibular)	\$412.00
D5850	tissue conditioning, maxillary	\$106.00
D5851	tissue conditioning, mandibular	\$106.00
D6010	surgical placement of implant body: endosteal implant	\$1,096.70
D6040	surgical placement: eposteal implant	\$2,910.60
D6050	surgical placement: transosteal implant	\$3,245.00
D6210	pontic - cast high noble metal	\$783.20
D6211	pontic - cast predominantly base metal	\$726.00
D6212	pontic - cast noble metal	\$749.10
D6214	pontic - titanium	\$756.80
D6240	pontic - porcelain fused to high noble metal	\$787.60
D6241	pontic - porcelain fused to predominantly base metal	\$730.40
D6242	pontic - porcelain fused to noble metal	\$774.40
D6250	pontic - resin with high noble metal	\$743.60
D6251	pontic - resin with predominantly base metal	\$699.60
D6252	pontic - resin with noble metal	\$721.60
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$572.00
D6602	inlay - cast high noble metal, two surfaces	\$487.30
D6603	inlay - cast high noble metal, three or more surfaces	\$568.70
D6604	inlay - cast predominantly base metal, two surfaces	\$489.50
D6605	inlay - cast predominantly base metal, three or more surfaces	\$568.70
D6606	inlay - cast noble metal, two surfaces	\$489.50
D6607	inlay - cast noble metal, three or more surfaces	\$568.70
D6610	onlay - cast high noble metal, two surfaces	\$731.00
D6611	onlay - cast high noble metal, three or more surfaces	\$766.00
D6612	onlay - cast predominantly base metal, two surfaces	\$655.00
D6613	onlay - cast predominantly base metal, three or more surfaces	\$621.00
D6614	onlay - cast noble metal, two surfaces	\$655.00
D6615	onlay - cast noble metal, three or more surfaces	\$621.00
D6624	inlay - titanium	\$517.00
D6634	onlay - titanium	\$731.00
D6720	crown - resin with high noble metal	\$734.80
D6721	crown - resin with predominantly base metal	\$668.80
D6722	crown - resin with noble metal	\$734.80
D6750	crown - porcelain fused to high noble metal	\$796.40
D6751	crown - porcelain fused to predominantly base metal	\$743.60
D6752	crown - porcelain fused to noble metal	\$778.80
D6780	crown - 3/4 cast high noble metal	\$779.90

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 2

Exhibit A

Code	Description	Schedule
D6781	crown - 3/4 cast predominantly base metal	\$574.20
D6782	crown - 3/4 cast noble metal	\$574.20
D6790	crown - full cast high noble metal	\$788.70
D6791	crown - full cast predominantly base metal	\$743.60
D6792	crown - full cast noble metal	\$574.20
D6794	crown - titanium	\$770.00
D6930	recement fixed partial denture	\$120.00
D6940	stress breaker	\$204.00
D6970	post and core in addition to fixed partial denture retainer, indirectly fabricated	\$279.00
D6972	prefabricated post and core in addition to fixed partial denture retainer	\$213.00
D6973	core build up for retainer, including any pins	\$184.00
D7111	extraction, coronal remnants - deciduous tooth	\$64.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$126.00
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$199.00
D7220	removal of impacted tooth - soft tissue	\$219.00
D7230	removal of impacted tooth - partially bony	\$263.00
D7240	removal of impacted tooth - completely bony	\$304.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$215.00
D7260	oroantral fistula closure	\$398.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$318.00
D7272	surgical placement: temporary anchorage device (screw retained plate) requiring surgical flapremoval of impacted tooth - completely bony	\$238.00
D7280	surgical access of an unerupted tooth	\$279.00
D7285	biopsy of oral tissue - hard (bone, tooth)	\$199.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	\$199.00
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$120.00
D7320	alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$276.00
D7321	alveoloplasty not in conjunction with extractions -one to three teeth or tooth spaces, per quadrant	\$166.00
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	\$398.00
D7410	excision of benign lesion up to 1.25 cm	\$275.00
D7411	excision of benign lesion greater than 1.25 cm	\$217.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$239.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$326.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$200.00
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$318.00

Services for dental codes not listed will be charged at the Provider's usual and customary rate less 20%.

Gold Plan Fee Schedule - Region 2

Exhibit A

Code	Description	Schedule
D7471	removal of lateral exostosis (maxilla or mandible)	\$228.00
D7510	incision and drainage of abscess - intraoral soft tissue	\$160.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$185.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$199.00
D7670	alveolus closed reduction may include stabilization of teeth	\$293.00
D7880	occlusal orthotic device, by report	\$563.00
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure	\$259.00
D7970	excision of hyperplastic tissue - per arch	\$279.00
D7971	excision of pericoronal gingiva	\$152.00
D7972	surgical reduction of fibrous tuberosity	\$147.00
D8210	removable appliance therapy	\$433.00
D8660	pre-orthodontic treatment visit	\$60.00
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$115.00
D9220	deep sedation/general anesthesia - first 30 minutes	\$241.00
D9221	deep sedation/general anesthesia - each additional 15 minutes	\$101.00
D9241	intravenous conscious sedation/anesthesia - first 30 minutes	\$200.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$60.00
D9440	office visit - after regularly scheduled hours	\$88.00
D9940	occlusal guard, by report	\$398.00
D9951	occlusal adjustment - limited	\$92.00
D9952	occlusal adjustment - complete	\$460.00
D9973	external bleaching - per tooth	\$118.00
D9974	internal bleaching - per tooth	\$114.00

EXPLANATION OF REGION AREAS

Region 1: Providers in the following counties: Los Angeles, Orange, San Bernanrdino, San Deigo, Riverside, and Ventura.

Region 2: Providers in the following counties: Alameda, Contra Costa, El Dorado, Fresno, Kern, Placer, Sacramento, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, San Joaquin, Solano, Sonoma, Stanislaus, Tulare, and Yolo.

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