

How Do I Receive Care?

Upon enrollment, you will receive a DentalSource Dental Plan ID card. To receive care, simply call your selected DentalSource dentist for an appointment and present your DentalSource ID card. **When you receive care, simply pay the DentalSource Dental Plan member fees listed on your schedule of benefits directly to the dental office. The fees are paid in full at each visit.**

In case of a dental emergency, you should contact your DentalSource dentist directly. If your DentalSource dentist is unavailable for emergency care (palliative treatment to control pain, bleeding, or infection) within 24 hours of the onset of the dental emergency as verified by DentalSource, members may obtain emergency care from any licensed dentist to prevent dental health from being jeopardized. Please return to your DentalSource dentist for follow-up treatment. In order to receive up to a \$40.00 reimbursement for emergency fees paid, a written request for reimbursement with an itemized receipt must be received by DentalSource within 30 days of the emergency visit.

Coordination Of Benefits

Other dental benefits and coverage the member may have will be considered as the primary coverage and will pay as if the plan coverage did not exist.

Cancelling Appointments

If you fail to notify your dental office 24 hours before your scheduled appointment, and you do not keep your appointment, the dental office will charge a \$30.00 per hour missed appointment fee. Please try to keep all appointments. Broken appointments result in wasted time and increased costs.

Dental Limitations/Exclusions

- Members who have met the twelve month participating requirement, who wish to terminate, must do so in writing. DentalSource must be notified by the 23rd of the month for termination to take effect the 1st of the following month.
- Dental emergency coverage provided outside of the participating dental offices is limited to \$40.00 per contract year.
- Visits to or services performed by a participating specialist will receive a percentage reduction (shown on the provider list) from the doctor's usual, customary and reasonable fees.
- Treatment that began prior to the Member's enrollment in the DentalSource Sandia Plan will not be covered.
- Temporomandibular joint treatment (TMJ).
- Dental services and procedures not specifically described in the Fee Schedule.
- Services which are of a degree of complexity as cannot be performed by the professionals within the DentalSource dental network.
- Demonstrated non-compliance with recommended course of treatment.
- Services which in the opinion of the participating dentist are not necessary for the patient's dental health.

- Cosmetic, elective or aesthetic dentistry, unless specifically included.
- Oral surgery requiring the setting of fractures or dislocations.
- Treatment of malignancies, cysts or neoplasms or congenital malformations.
- Dispensing of drugs not normally supplied in a dental office.
- Hospital benefits for any dental procedure.
- Loss or theft of dentures or bridgework.
- Any implantation or experimental procedures.
- Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability Laws.
- Services which are provided without cost to the member by any municipality, county or other political subdivision.
- Services that cannot be performed because of the general health or physical limitations of the patient.
- Periodontics, Endodontics, Pedodontics, Prosthodontics, and Oral Surgery requiring the services of a non-participating dentist.
- If the member relocates, coverage under this program ceases and it becomes the obligation of the patient/member to pay the usual and customary fee of the non-participating dentist at whose facility treatment is completed.
- Prophylaxis is limited to once every six months under code 1110.
- Denture relines are limited to two in any year.
- Member may be charged a fee to transfer records from one dental office to another.

Orthodontic Limitations And Exclusions

- No benefits will apply for a treatment program which began before the member enrolled in the Sandia Plan.
- Membership with DentalSource must be continued throughout the treatment to maintain coverage and benefits.
- Specific member fees are outlined on the fee schedule for initial work-up and radiographs, extractions, and final records.
- No benefits will be paid for lost or broken appliances.
- Usual, customary and reasonable fees may be charged by the dentist for (a.) Care required in excess of twenty-four months from time of banding. (b.) Gross and consistent non-cooperation by the patient/member. (c.) Accidents occurring during the treatment period. (d.) Cases involving temporomandibular joint treatment.
- Cases involving (a.) Myofunctional therapy. (b.) Surgical orthodontics. (c.) Functional orthodontic appliances (i.e. rapid expanders). (d.) Phase I early treatment. These procedures will be provided at a 25% reduction from UCR.
- Growth and developmental abnormalities.
- If the member relocates, coverage under this program ceases and it becomes the obligation of the patient/member to pay the usual and customary fee of the non-participating dentist at whose facility treatment is completed.
- Change of dentist, after treatment begins or upon change of residence is limited to practitioners participating in this program or who accept outlined fees.
- Extractions are not included in the benefit. Additional fees are listed under "oral surgery" on the fee schedule.

INDIVIDUAL CARE VALUE-ADDED

SANDIA DENTAL PLAN

WHAT IS THE LOW COST?

| | <u>Monthly</u> | <u>Annual</u> |
|-------------------------------|----------------|---------------|
| Subscriber Amount | \$5.36 | \$55.66 |
| Subscriber Plus One Dependent | \$9.90 | \$109.32 |
| Family | \$14.78 | \$163.80 |

DentalSource Sandia Dental Plan Advantages:

- No deductibles
- No claim forms
- No pre-enrollment exams
- No prior authorization required
- Pre-existing conditions covered
- No limits on the amount of benefits
- No waiting periods for dental benefits

The DentalSource Sandia Plan is a cost effective alternative to dental insurance that provides our members significant savings on their dental care. DentalSource, who administers this dental plan, is a membership dental organization involving New Mexico dentists and consumers who are dedicated to quality dental care services. DentalSource encourages proper dental hygiene by promoting early detection and regular dental health maintenance. These benefits are neither offered nor guaranteed under contract with The Presbyterian Insurance Company, but are made available to all enrollees and family members who become members of a Presbyterian Individual Plan.

What Dental Services Are Covered?

As a member of the DentalSource Sandia Dental Plan, you receive special savings with DentalSource's guaranteed low, pre-set fees on virtually all types of dental work. You can save as much as 20% to 60% off most dental procedures. This dental plan provides reduced fees on preventive and comprehensive dental procedures and offers the complete care you deserve. Specialists are available for certain services. **Members who have services performed by a participating specialist will receive a percentage reduction (shown on the provider list) from the dentist's usual, customary and reasonable fees.** DentalSource members are responsible for appropriate taxes (gross receipts tax varies by county) due for dental services provided.

10800 Menaul N.E., Albuquerque, New Mexico 87112

Phone: (505) 237-1501 • Fax: (505) 237-8344 • Web Site: dentalsourcenm.com



Who Is Eligible?

You and your spouse are eligible, as are unmarried dependents up to age 25. Any child over age 25 will be covered if he or she is incapable of self-sustaining employment by reason of developmental or physical disability. Should you elect coverage for dependents with developmental or physical disabilities over the age of 25, please furnish proof of their disability status.

Where Do I Obtain Services?

You select your dentist from the Sandia participating provider list. Every dentist selected to participate in our plan is a private practitioner who meets the strict qualification standards of DentalSource, Inc. Our participating dentists share our philosophy and join in our goal to assure members of the highest professional standards and best quality care possible.

There are no limits on the number of visits or amount of dental care you receive per year. DentalSource members may transfer from a dentist simply by contacting the DentalSource Member Services Department at **505-237-1501**, and indicate their new dentist selection. All transfer requests received during any given month will become effective the first day of the following month.

How Do I Join?

1. Simply review the entire brochure and the Sandia Participating Provider List. Select a conveniently located dentist from the Sandia Provider List and determine the participating dentist number located next to their name. Complete and sign the attached Enrollment/Authorization Form and place the dentist number in the space marked "Dental Office Selected".
2. If your Enrollment/Authorization Form and payment are received at DentalSource by the 23rd of the month, your coverage will be effective the 1st day of the following month. Requests received after the 23rd of the month will be effective on the 1st day of the 2nd following month.
3. Mail your completed Enrollment/Authorization Form with the correct payment to DentalSource. A self addressed return envelope has been enclosed for your convenience.
4. **We require that you maintain your coverage for a full twelve (12) month period. Please note, as with all coverages, membership fees are non-refundable.**

By electing coverage through DentalSource you agree to maintain coverage for a full 12 months. If your health plan coverage should terminate mid-year, your dental policy still remains under the 12 month contract and cannot be terminated until your contract year has been met.

(continued)

ADA Code / Procedure Name Member Pays Dentist

DIAGNOSTIC

| | | |
|------|--|------|
| 0120 | periodic oral evaluation | \$29 |
| 0140 | limited oral evaluation - problem focused | \$44 |
| 0150 | comprehensive oral evaluation (new/established) | \$43 |
| 0180 | comprehensive perio evaluation (new/established) | \$48 |
| 0210 | intraoral complete series including bitewings | \$68 |
| 0220 | intraoral periapical first film | \$16 |
| 0230 | intraoral periapical - each additional film | \$16 |
| 0240 | intraoral occlusal film | \$18 |
| 0250 | extraoral-first film | \$19 |
| 0260 | extraoral additional film | \$15 |
| 0270 | bitewing single film | \$14 |
| 0272 | bitewings two films | \$25 |
| 0273 | bitewings three films | \$28 |
| 0274 | bitewings four films | \$35 |
| 0322 | tomographic survey | \$0 |
| 0330 | panoramic film | \$65 |
| 0425 | caries susceptibility tests | \$0 |
| 0460 | pulp vitality tests | \$0 |
| 0470 | diagnostic casts | \$0 |
| 0472 | accession of tissue exam & prep | \$0 |
| 0473 | accession of tissue micro exam | \$0 |
| 0474 | accession of tissue micro exam, surgical margins | \$0 |
| 0480 | processing/inter cyto smears | \$0 |
| 0502 | other oral pathology, by report | \$0 |

PREVENTIVE

| | | |
|------|--|-----------|
| 1110 | prophylaxis adult (cleaning) | \$60 |
| 1120 | prophylaxis child (cleaning) | \$42 |
| 1203 | topical application of fluoride excl prophyl-child | \$18 |
| 1204 | topical application of fluoride excl prophyl-adult | \$18 |
| 1205 | topical application of fluoride incl prophyl-adult | \$57 |
| 1310 | nutritional counseling | \$0 |
| 1320 | tobacco counseling | \$0 |
| 1330 | oral hygiene instruction | \$0 |
| 1351 | sealant per tooth | \$27 |
| 1510 | space maintainer-fixed unilateral | \$140 |
| 1515 | space maintainer-fixed bilateral | \$265 |
| 1520 | space maintainer-removable unilateral | \$182 |
| 1525 | space maintainer-removable bilateral | \$255 |
| 1550 | rementation of space maintainer | \$34 |
| 1999 | additional prophylaxis - adult/child | \$65/\$46 |

RESTORATIVE

| | | |
|------|---|-------|
| 2140 | amalgam 1 surface primary or permanent | \$76 |
| 2150 | amalgam 2 surfaces primary or permanent | \$96 |
| 2160 | amalgam 3 surfaces primary or permanent | \$119 |
| 2161 | amalgam 4 or more surfaces primary or permanent | \$148 |
| 2330 | resin 1 surface-anterior | \$91 |
| 2331 | resin 2 surfaces-anterior | \$114 |
| 2332 | resin 3 surfaces-anterior | \$140 |
| 2335 | resin 4 or more surfaces incl incisal angle | \$161 |
| 2390 | resin based composite crown, anterior | \$190 |
| 2391 | resin 1 surface-posterior | \$101 |
| 2392 | resin 2 surfaces-posterior | \$148 |
| 2393 | resin 3 surfaces-posterior | \$179 |

ADA Code / Procedure Name Member Pays Dentist

| | | |
|------|--|-------|
| 2394 | resin 4 or more surfaces-posterior | \$202 |
| 2510 | inlay metallic 1 surface | \$392 |
| 2520 | inlay metallic 2 surfaces | \$432 |
| 2530 | inlay metallic 3 surfaces | \$512 |
| 2542 | onlay metallic 2 surfaces | \$636 |
| 2543 | onlay metallic 3 surfaces | \$649 |
| 2544 | onlay metallic 4 or more surfaces | \$690 |
| 2610 | inlay porcelain/ceramic 1 surface | \$415 |
| 2620 | inlay porcelain/ceramic 2 surfaces | \$480 |
| 2630 | inlay porcelain/ceramic 3 surfaces | \$555 |
| 2642 | onlay porcelain/ceramic 2 surfaces | \$686 |
| 2643 | onlay porcelain/ceramic 3 surfaces | \$764 |
| 2644 | onlay porcelain/ceramic 4 or more surfaces | \$788 |
| 2650 | inlay composite/resin 1 surface | \$565 |
| 2651 | inlay composite/resin 2 surfaces | \$575 |
| 2652 | inlay composite/resin 3 or more surfaces | \$595 |
| 2662 | onlay composite/resin 2 surfaces | \$622 |
| 2663 | onlay composite/resin 3 surfaces | \$632 |
| 2664 | onlay composite/resin 4 or more surfaces | \$668 |
| 2740 | crown porcelain ceramic substrate | \$818 |
| 2750 | crown porcelain fused high noble metal | \$765 |
| 2751 | crown porcelain fused to predominantly base metal | \$629 |
| 2752 | crown porcelain fused to noble metal | \$680 |
| 2780 | 3/4 cast high noble metal | \$722 |
| 2783 | crown - 3/4 porcelain/ceramic | \$624 |
| 2790 | crown full cast high noble metal | \$765 |
| 2791 | crown full cast predominantly base metal | \$608 |
| 2792 | crown full cast noble metal | \$672 |
| 2910 | recent inlay | \$48 |
| 2920 | recent crown | \$58 |
| 2930 | prefabricated stainless steel crown primary | \$162 |
| 2931 | prefabricated stainless steel crown permanent | \$190 |
| 2932 | prefabricated resin crown | \$182 |
| 2933 | prefabricated stainless steel crown resin face | \$181 |
| 2940 | sedative filling | \$50 |
| 2950 | core build-up including any pins | \$143 |
| 2951 | pin retention per tooth in addition to restoration | \$24 |
| 2952 | cast post and core in addition to crown | \$211 |
| 2954 | prefabricated post & core in addition to crown | \$191 |
| 2960 | labial veneer (resin laminate) chairside | \$268 |
| 2962 | labial veneer (porcelain laminate) laboratory | \$699 |
| 2970 | temporary crown (fractured tooth) | \$170 |
| 2980 | repair crown by report | \$104 |

***ENDODONTICS**

| | | |
|------|---|-------|
| 3110 | pulp cap direct (excluding final restoration) | \$46 |
| 3120 | pulp cap indirect (excluding final restoration) | \$42 |
| 3220 | pulpotomy (excluding final restoration) | \$92 |
| 3221 | pulpal debridement primary or permanent | \$85 |
| 3230 | pulpal therapy anterior primary tooth | \$155 |
| 3240 | pulpal therapy posterior primary tooth | \$181 |
| 3310 | root canal anterior (excluding final restoration) | \$404 |
| 3320 | root canal bicuspid (excluding final restoration) | \$528 |
| 3330 | root canal molar (excluding final restoration) | \$725 |
| 3410 | apicoectomy/periradicular surgery - anterior | \$482 |

ADA Code / Procedure Name Member Pays Dentist

| | | |
|------|---|-------|
| 3421 | apicoectomy/periradicular surgery bicuspid 1st root | \$507 |
| 3425 | apicoectomy/periradicular surgery molar 1st root | \$598 |
| 3426 | apicoectomy/periradicular each additional root | \$164 |
| 3430 | retrograde filling-per root | \$144 |
| 3450 | root amputation-per root | \$257 |
| 3920 | hemisection incl root removal-excl root canal | \$248 |
| 3960 | tooth bleaching (discolored) | \$56 |

***PERIODONTICS**

| | | |
|------|--|-------|
| 4210 | gingivoplasty/gingivectomy 4 or more contiguous teeth | \$365 |
| 4211 | gingivoplasty/gingivectomy 1 to 3 teeth per quad | \$222 |
| 4240 | gingival flap incl root planing 4 or more contiguous teeth | \$405 |
| 4241 | gingival flap incl root planing 1 to 3 teeth per quad | \$246 |
| 4249 | Clinical crown lengthening, hard & soft tissue | \$462 |
| 4260 | osseous surg incl flap entry & clos 4 or more contiguous teeth | \$693 |
| 4261 | osseous surg incl flap entry & clos 1 to 3 teeth per quad | \$410 |
| 4263 | bone replacement graft single site | \$338 |
| 4270 | pedicle soft tissue graft procedure | \$428 |
| 4271 | free soft tissue graft includes donor site | \$582 |
| 4320 | provisional splinting - intracoronal | \$248 |
| 4321 | provisional splinting - extracoronal | \$272 |

***PERIODONTICS**

| | | |
|------|---|-------|
| 4341 | root planing/perio scaling - 4 or more contiguous teeth | \$161 |
| 4342 | root planing/perio scaling - 1 to 3 teeth per quad | \$98 |
| 4355 | full mouth debridement to enable evaluation | \$86 |
| 4910 | periodontal maintenance | \$78 |
| 4999 | general procedures by report | \$18 |

***REMOVABLE PROSTHODONTICS**

| | | |
|------|---|--------|
| 5110 | complete denture, upper | \$1012 |
| 5120 | complete denture, lower | \$1012 |
| 5130 | immediate denture, upper | \$1198 |
| 5140 | immediate denture, lower | \$1198 |
| 5211 | upper partial denture, resin w clasps rests teeth | \$682 |
| 5212 | lower partial denture, resin w clasps rests & teeth | \$682 |
| 5213 | maxillary partial denture - cast metal framework w resin denture bases (incl any conventional clasps, rests & teeth) | \$951 |
| 5214 | mandibular partial denture - cast metal framework w resin denture bases (incl any conventional clasps, rests & teeth) | \$951 |
| 5225 | maxillary partial denture-flexible base (incl. any clasps, rests, & teeth) | \$958 |
| 5226 | mandibular partial denture-flexible base (incl. any clasps, rests, & teeth) | \$958 |

| | | |
|------|---|-------|
| 5281 | removable unilateral partial denture, w pontic (nesbit) | \$553 |
| 5410 | adjust complete denture upper | \$52 |
| 5411 | adjust complete denture lower | \$52 |
| 5421 | adjust partial denture upper | \$52 |
| 5422 | adjust partial denture lower | \$52 |
| 5510 | repair broken complete denture base | \$125 |
| 5520 | replace missing/broken teeth, comp dent per tooth | \$125 |
| 5610 | repair resin saddle or base | \$117 |
| 5620 | repair cast framework | \$186 |
| 5630 | repair or replace broken clasp | \$158 |
| 5640 | replace broken teeth - per tooth | \$125 |
| 5650 | add tooth to existing partial denture | \$114 |
| 5660 | add clasp to existing partial denture | \$145 |

ADA Code / Procedure Name Member Pays Dentist

| | | |
|------|---|-------|
| 5710 | rebase complete upper or lower denture | \$345 |
| 5720 | rebase complete upper or lower partial denture | \$345 |
| 5730 | reline complete upper or lower denture, chairside | \$190 |
| 5740 | reline upper or lower partial denture chairside | \$178 |
| 5750 | reline complete upper or lower denture, laboratory | \$290 |
| 5760 | reline upper or lower partial denture laboratory | \$290 |
| 5810 | temporary complete denture upper or lower | \$440 |
| 5820 | temporary partial stayplate dent upper or lower (flipper) | \$400 |
| 5850 | tissue conditioning upper or lower denture | \$77 |

***FIXED PROSTHODONTICS**

| | | |
|------|--|-------|
| 6210 | pontic cast high noble metal | \$651 |
| 6211 | pontic cast predominantly base metal | \$572 |
| 6212 | pontic cast noble metal | \$625 |
| 6240 | pontic porcelain fused to high noble metal | \$765 |
| 6241 | pontic porcelain fused to predom base metal | \$629 |
| 6242 | pontic porcelain fused to noble metal | \$680 |
| 6245 | pontic porcelain substrate | \$685 |
| 6250 | pontic resin with high noble metal | \$502 |
| 6251 | pontic resin with predominantly base metal | \$370 |
| 6252 | pontic resin with noble metal | \$437 |
| 6545 | retainer cast metal for resin bonded fix prosthesis | \$316 |
| 6600 | inlay porcelain/ceramic 2 surfaces | \$595 |
| 6601 | inlay porcelain/ceramic 3 surfaces | \$620 |
| 6602 | inlay cast high noble metal 2 surfaces | \$488 |
| 6603 | inlay cast high noble metal 3 or more surfaces | \$535 |
| 6604 | inlay cast predominantly base metal 2 surfaces | \$474 |
| 6605 | inlay cast predominantly base metal 3 or more surfaces | \$510 |
| 6606 | inlay cast noble metal 2 surfaces | \$488 |
| 6607 | inlay cast noble metal 3 or more surfaces | \$518 |
| 6608 | onlay porcelain/ceramic 2 surfaces | \$612 |
| 6609 | onlay porcelain/ceramic 3 or more surfaces | \$629 |
| 6610 | onlay cast high noble metal 2 surfaces | \$625 |
| 6611 | onlay cast high noble metal 3 or more surfaces | \$649 |
| 6612 | onlay cast predominantly base metal 2 surfaces | \$592 |
| 6613 | onlay cast predominantly base metal 3 or more surfaces | \$638 |
| 6614 | onlay cast noble metal 2 surfaces | \$595 |
| 6615 | onlay cast noble metal 3 or more surfaces | \$647 |
| 6720 | crown resin with high noble metal | \$549 |
| 6721 | crown resin with predominantly base metal | \$521 |
| 6722 | crown resin with noble metal | \$519 |
| 6750 | crown porcelain fused to high noble metal | \$765 |
| 6751 | crown porcelain fused to predom base metal | \$629 |
| 6752 | crown porcelain fused to noble metal | \$680 |
| 6780 | crown 3/4 cast high noble metal | \$699 |
| 6790 | crown full cast high noble metal | \$738 |
| 6791 | crown full cast predominantly base metal | \$602 |
| 6792 | crown full cast noble metal | \$678 |
| 6930 | recement bridge | \$69 |
| 6940 | stress breaker | \$221 |
| 6950 | precision attachment | \$310 |
| 6970 | cast post & core in addition bridge retainer | \$196 |
| 6972 | prefabricated post & core in addition bridge retainer | \$168 |
| 6973 | core build up for retainer incl pins | \$135 |
| 6980 | bridge repair, by report | \$199 |

ADA Code / Procedure Name Member Pays Dentist

***ORAL SURGERY**

| | | |
|------|--|-------|
| 7111 | coronal remnant, deciduous tooth | \$44 |
| 7140 | extraction erupted tooth or exposed root | \$73 |
| 7210 | surgical extraction of tooth - erupted | \$132 |
| 7220 | removal of impacted tooth - soft tissue | \$152 |
| 7230 | removal of impacted tooth - partial bony | \$228 |
| 7240 | removal of impacted tooth - complete bony | \$240 |
| 7241 | removal of impacted complete bony w complications | \$258 |
| 7250 | surgical removal of residual root, cutting procedure | \$131 |
| 7270 | tooth replantation &/or stabiliz. of evulsed/displaced | \$239 |
| 7280 | surgical access of an unerupted tooth | \$257 |
| 7285 | biopsy of oral tissue - hard (bone/tooth) | \$162 |
| 7286 | biopsy of oral tissue - soft (all others) | \$153 |
| 7291 | transseptal fiberotomy | \$78 |
| 7310 | alveoplasty in conjunction w extractions-quad | \$132 |
| 7320 | alveoplasty not in conjunction w extractions-quad | \$197 |
| 7510 | incision & drainage of abscess, intraoral soft tissue | \$101 |
| 7520 | incision & drainage of abscess, extraoral soft tissue | \$129 |
| 7910 | suture of recent small wound up to 5 cm | \$79 |
| 7960 | frenulectomy (frenectomy/frenotomy) - sep. procedure | \$207 |
| 7970 | excision of hyperplastic tissue, per arch | \$202 |

ORTHODONTICS

| | | |
|------|--|--------|
| 8010 | limited orthodontic treatment of the primary dentition | \$2006 |
| 8020 | limited orthodontic treatment of the transitional dentition | \$2298 |
| 8030 | limited orthodontic treatment of the adolescent dentition | \$2752 |
| 8040 | limited orthodontic treatment of the adult dentition | \$3048 |
| 8050 | interceptive orthodontic treatment of the primary dentition | \$2640 |
| 8060 | interceptive orthodontic treatment of the transitional dentition | \$2835 |
| 8070 | comprehensive orthodontic treatment of the transitional dentition | \$4898 |
| 8080 | comprehensive orthodontic treatment of the adolescent dentition | \$5028 |
| 8090 | comprehensive orthodontic treatment of the adult dentition | \$5555 |
| 8210 | removable appliance therapy | \$705 |
| 8220 | fixed appliance therapy | \$833 |
| 8670 | periodic orthodontic treatment visit (as part of contract) | \$246 |
| 8680 | orthodontic retention removal of appliances, construction & place | \$647 |
| 8690 | orthodontic treatment (alternative billing to a contract fee) | \$150 |
| 8691 | lost or broken headgear | \$96 |
| 8692 | lost or irreparable retainer | \$194 |
| 8693 | rebonding or recementing and/or repair, as required, of fixed retainer | \$150 |

OTHER SERVICES

| | | |
|------|--|-------|
| 9110 | palliative emergency treatment of pain, minor | \$75 |
| 9215 | local anesthesia | \$27 |
| 9220 | deep sedation/general anesthesia first 30 minutes | \$220 |
| 9221 | deep sedation/general anesthesia each add 15 minutes | \$60 |
| 9230 | analgesia, anxiolysis, inhalation of nitrous oxide | \$29 |
| 9241 | intravenous conscious sedation/analgesia - 1st 30 min. | \$199 |
| 9242 | intravenous conscious sedation/analgesia - each add. 15 min. | \$75 |
| 9310 | consultation | \$0 |
| 9440 | office visit after regular hours | \$86 |
| 9910 | application of desensitizing medication | \$0 |
| 9940 | occlusal night guard | \$294 |
| 9951 | occlusal adjustment limited | \$98 |
| 9952 | occlusal adjustment complete | \$477 |
| 9972 | bleaching (including trays) per arch | \$280 |
| 9988 | missed appt. w/o 24 hr. notice - per hr. scheduled | \$30 |

* The above fees apply only when treatment is performed at a network dental office. If the services of a network specialist in the areas of Oral Surgery, Pedodontics, Endodontics, and Periodontics are required, these surcharges do not apply and member will receive a significant percentage reduction from the specialist's usual, customary and reasonable fees (UCR). All Member Fees are taxable. Member Fees apply only when treatment is performed at a network dental office. Specialist coverage is limited to areas where there is a network specialist. Please refer to the Dentist Directory.

5. Once you have met you 12 month participation requirement, if you wish to cancel your coverage, you must submit a written cancellation request. All written cancellation requests received by the 23rd of the month will become effective the first day of the following month. Any cancellation requests received after the 23rd will take effect on the 1st of the 2nd following month.

Payment Options

ANNUAL PAYMENT

- You may pay the entire annual membership fee by check, money order, MasterCard, Visa or Discover Card.

MONTHLY BANK DRAFT

- If you wish to pay the membership fee on a monthly basis, payment must be made by Monthly Electronic Fund Transfer. To initiate the Monthly Bank Draft option, complete the attached Enrollment/Authorization Form and

provide a check made out to DentalSource for the 1st months payment. In addition, please include a voided check from the bank you wish to have the membership fees drafted. Each month your premium will be automatically drafted from your bank account between the 23rd and 28th of the month for the next month's coverage. No monthly checks, no postage, no statements. The Monthly Bank Draft option is reliable and automatic!

DentalSource will make reasonable efforts to collect unpaid premiums by sending written notice after the date that delinquent charges are due. Failure to pay any delinquent premiums will result in termination of coverage.

- The 12 month contract period is continuous and therefore does not allow for any lapse in coverage. Any additional charges to your account due to insufficient funds or overdraft fees will be the members responsibility and will not be refunded by DentalSource.

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| DENTALSOURCE | | | | <i>Sandia Purple Plan</i> | | Individual Care | | Coverage Effective Date | |
|--|--|-------------------------|----------|---------------------------|----------|------------------------|------------------------|-------------------------|--|
| Social Security Number | | Last Name | | First Name | | Initial | | E-mail Address | |
| Birthday | | Sex (Circle One) M F | | Home Phone | | Work Phone | | | |
| Home Address | | | | City | | State | | Zip | |
| AGENT | | AGENT | | AGENT | | AGENT | | AGENT | |
| LIST COVERED DEPENDENTS BELOW | | RELATIONSHIP | BIRTHDAY | M/F | Employer | | Dental Office Selected | | |
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| | | | | | | | | | |
| <p>DRAFT AUTHORIZATION / DENTASOURCE, INC. MEMBER AGREEMENT Unless I have elected annual payment, I hereby authorize DentalSource to charge my account each month the applicable membership fee to be credited to my account with DentalSource. This authority is to remain in full force and effect until I notify DentalSource in writing of it's termination following my 12 month contract. (My Bank is authorized to make corrections should any be necessary). I have read and understand the terms and conditions of this authorization. I hereby authorize the release of my dental records to DentalSource, Inc. for use in a quality review program.</p> | | | | | | | | | |
| X | | Subscriber's Signature | | Date | | | | | |
| <p>PAYMENT CHOICE: Please check one <input checked="" type="checkbox"/> Annual Payment <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Expiration Date <input type="text"/> Credit Card # <input type="text"/> I have enclosed a check for my Annual Payment of \$ <input type="text"/></p> <p><input type="checkbox"/> Monthly Bank Draft Please charge my checking account monthly. Routing # <input type="text"/> Account # <input type="text"/> I have enclosed a check for my First Month's Payment of \$ <input type="text"/> and a voided check.</p> | | | | | | | | | |