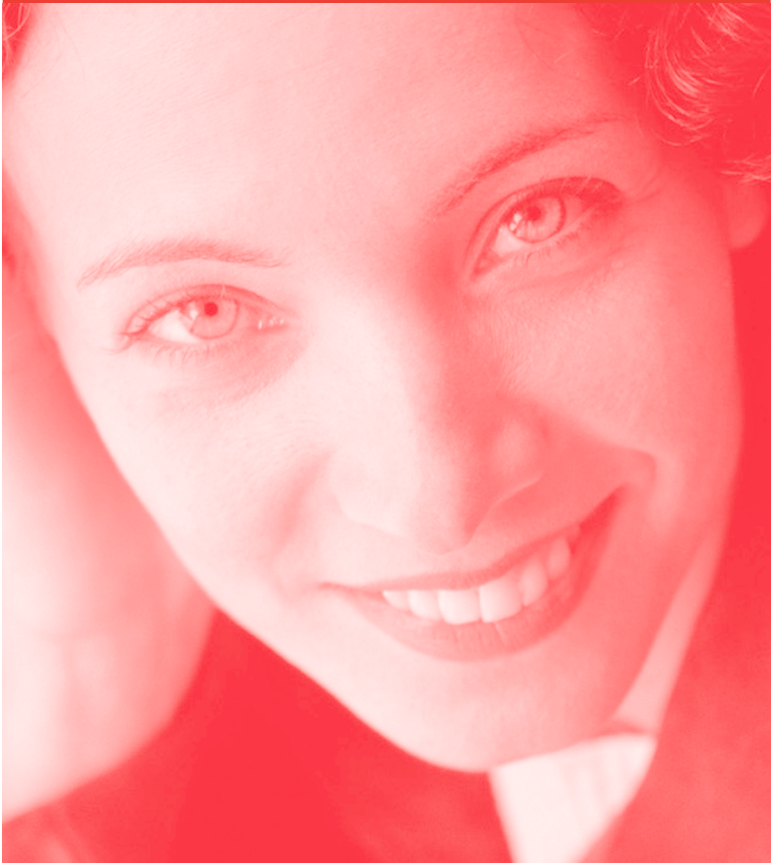


SELECT
Select



ANNUAL SELECT PLAN
\$59.00 SINGLE per year
\$99.00 SINGLE PLUS ONE per year
\$139.00 FAMILY per year

DentaQuest[™]
Mid-Atlantic

4061 POWDER MILL ROAD, SUITE 325
CALVERTON, MARYLAND 20705-3149



DentaQuest[™]
Mid-Atlantic

Welcome to the Select Dental Plan

DentaQuest Mid-Atlantic, Inc. is pleased to present our Select Dental Plan.

WHAT IS THE SELECT DENTAL PLAN?

The Select Dental Plan provides you with a comprehensive set of dental benefits at a fixed rate, and it covers all areas of dentistry. Most dental care is provided by a Participating General Dentist. Complex dental treatment may require care by a Participating Specialist. Here are some of the benefits that are available to you.

- ❖ Significant discounts for preventive care
- ❖ Affordable member fees
- ❖ Each family member may select their own Participating General Dentist
- ❖ No deductibles of any kind at any time
- ❖ No maximum level of benefits - per year or lifetime
- ❖ No pre-authorizations or pre-determinations
- ❖ Cosmetic dentistry
- ❖ Orthodontic benefits

WHO ARE THE PARTICIPATING DENTISTS?

Participating General Dentists and Specialists are carefully screened and selected for their commitment to quality patient care. Participating Dentists work together with their patients to achieve optimum oral health. Participating General Dentists have an incentive to emphasize preventive care and keep each patient healthy. All member fees are paid directly to the Participating General Dentist or Specialist by the patient at the time services are rendered. You may nominate a dentist for participation by contacting a Member Services Representative at (301) 937-4447 or (800) 879-0288.

CAN I CHANGE MY PARTICIPATING GENERAL DENTIST?

Yes. Review our Directory of Participating General Dentists and choose the Participating Dentist who is best for you. Since you do not need to make a selection at the time you apply for coverage, you may select your Participating General Dentist when you are ready to schedule an appointment. Simply identify yourself as a Select Dental Plan member after you have received your Member Identification Card. Always present your Member Identification Card at each dental appointment.

HOW DO I ACCESS SPECIALTY CARE?

There are times when a Specialist is needed to perform certain complex dental procedures. Your Participating General Dentist may refer you to a Participating Specialist, or you may directly contact any Participating Specialist. Referral forms are never required. The Specialists include:

| | |
|-------------------|---|
| ENDODONTIST | ROOT CANAL THERAPY |
| ORAL SURGEON | TOOTH EXTRACTIONS SURGICAL PROCEDURES |
| ORTHODONTIST | STRAIGHTENING OF TEETH/BRACES |
| PEDIATRIC DENTIST | DENTISTRY FOR CHILDREN |
| PERIODONTIST | GUM DISORDERS AND DISEASES |
| PROSTHODONTIST | COMPLEX FIXED AND REMOVABLE BRIDGES/ DENTURES |

Please consult your fee schedule for the appropriate member fee that is required for treatment performed by a Participating Specialist. Unlisted procedures are provided at a 20% reduction of their usual and customary fees. Treatment performed by Participating Pediatric Dentists and Prosthodontists is provided at a 20% reduction of their usual and customary fees.

WHAT IS AN OSHA FEE?

The Occupational Safety and Health Administration (OSHA) has instituted guidelines for dental offices to effectively provide infection control. OSHA requires that all dentists and their assistants use gloves, masks, protective eye wear and protective clothing when treating patients. Dental offices also use barrier wraps, autoclaves for instruments and handpieces, and medical waste disposal systems. These required procedures utilized by dental offices have dramatically increased the cost of dental care. This considerable added expense requires DentaQuest to allow all Participating Dentists to charge a \$5.00 OSHA compliance fee for all office visits. We feel that this modest member fee will contribute to the peace of mind associated with your visit to a Participating Dentist's office.

DENTAQUEST MID-ATLANTIC, INC.
SELECT DENTAL PLAN (SE4)

4061 Powder Mill Road, Suite 325
 Calverton, Maryland 20705-3149
 (301) 937-4447 Washington Area
 (800) 879-0288 Toll Free
 (301) 937-0245 Fax Number
 www.dentaquest.com

| | Customary Fee*** | Member Fee |
|---|---------------------|---------------|
| DIAGNOSTIC/PREVENTIVE* | | |
| Comprehensive oral examination | \$ 60.00 | \$ 35.00 |
| Periodic oral examination | \$ 35.00 | \$ 15.00 |
| Limited oral examination - problem focused | \$ 55.00 | \$ 35.00 |
| Adult prophylaxis (routine cleaning, every six months) | \$ 65.00 | \$ 40.00 |
| Child prophylaxis - age 14 & under (routine cleaning, every six months) | \$ 50.00 | \$ 35.00 |
| Topical application of fluoride | \$ 29.00 | \$ 8.00 |
| Radiographs | | |
| - Periapical x-ray - per film | \$ 20.00 | \$ 10.00 |
| - Bitewing x-ray - per film | \$ 20.00 | \$ 10.00 |
| - Complete series - including bitewings | \$ 105.00 | \$ 45.00 |
| - Panoramic x-ray | \$ 95.00 | \$ 40.00 |

| | | |
|--|-----------|-----------|
| RESTORATIVE | | |
| Amalgam Restorations (silver filling) | | |
| - one surface | \$ 90.00 | \$ 52.00 |
| - two surfaces | \$ 120.00 | \$ 64.00 |
| - three surfaces | \$ 145.00 | \$ 75.00 |
| - four or more surfaces | \$ 170.00 | \$ 85.00 |
| Resin Restorations (tooth colored filling) | | |
| - one surface | \$ 120.00 | \$ 65.00 |
| - two surfaces | \$ 165.00 | \$ 75.00 |
| - three surfaces | \$ 205.00 | \$ 85.00 |
| - four or more surfaces or involving incisal angle | \$ 220.00 | \$ 105.00 |

| | | |
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| CROWN AND BRIDGE (per unit / tooth) | | |
| Crown or pontic - porcelain fused to metal | \$ 800.00 | \$ 525.00 |
| Crown or pontic - full cast metal | \$ 790.00 | \$ 515.00 |
| Crown - porcelain / ceramic | \$ 870.00 | \$ 525.00 |
| Crown buildup in addition to crown | \$ 200.00 | \$ 118.00 |
| Stainless steel crown | \$ 195.00 | \$ 118.00 |
| Recement crown | \$ 75.00 | \$ 45.00 |
| Recement bridge | \$ 95.00 | \$ 60.00 |
| A gold (high noble metal) surcharge may be assessed, not to exceed \$ 50.00 | | |

| | | |
|---|-------------|-----------|
| DENTURES | | |
| Complete denture (upper or lower) | \$ 1,050.00 | \$ 615.00 |
| Partial denture, resin base (upper or lower) | \$ 800.00 | \$ 520.00 |
| Partial denture, metal framework with resin base (upper or lower) | \$ 1,150.00 | \$ 680.00 |
| Repair complete or partial denture base (in office) | \$ 100.00 | \$ 45.00 |
| Repair complete or partial denture base (laboratory) | \$ 150.00 | \$ 95.00 |
| Reline complete or partial denture base (laboratory) | \$ 350.00 | \$ 195.00 |
| Add or replace missing or broken tooth - complete denture - one tooth or first tooth (in office), plus \$10.00 for each add'l tooth | \$ 85.00 | \$ 45.00 |
| Add or replace missing or broken tooth - complete denture - one tooth or first tooth (laboratory), plus \$ 10.00 for each add'l tooth | \$ 120.00 | \$ 105.00 |
| Repair partial cast framework (laboratory) | \$ 165.00 | \$ 105.00 |
| Add or repair or replace broken clasp - first clasp, plus \$ 35.00 for each additional clasp | \$ 160.00 | \$ 105.00 |

| | | |
|--|-----------|-----------|
| ENDODONTICS (excluding final restoration) | | |
| Pulp cap - direct or indirect | \$ 50.00 | \$ 10.00 |
| Pulpotomy | \$ 150.00 | \$ 85.00 |
| Root Canal Therapy* | | |
| - Anterior | \$ 600.00 | \$ 335.00 |
| - Bicuspid | \$ 700.00 | \$ 410.00 |
| - Molar | \$ 900.00 | \$ 530.00 |

| | | |
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| ADJUNCTIVE GENERAL SERVICES | | |
| Local anesthesia | \$ 20.00 | N/C |
| Analgesia (nitrous oxide) - per half hour | \$ 45.00 | \$ 25.00 |
| Sealant - per tooth | \$ 38.00 | \$ 18.00 |
| Occlusal guard (night guard)* | \$ 430.00 | \$ 195.00 |
| OSHA compliance fee - per visit | \$ 10.00 | \$ 5.00 |
| Broken appointment fee (less than 24 hours notice) - per half hour | \$ 15.00 | \$ 15.00 |

| | | |
|--|------------|-----------|
| ENDODONTICS (excluding final restoration) | | |
| Limited oral examination - problem focused** | \$ 65.00 | \$ 40.00 |
| Root Canal Therapy** | | |
| - Anterior | \$ 800.00 | \$ 520.00 |
| - Bicuspid | \$ 900.00 | \$ 620.00 |
| - Molar | \$ 1000.00 | \$ 735.00 |

* As performed by a DentaQuest Participating General Dentist.
 ** As performed by a DentaQuest Participating Specialist.
 *** The listed Customary Fee is for illustrative purposes only. Customary fees may vary by dentist and by geographic area.

(11/2002)

| | Customary Fee*** | Member Fee |
|---|---------------------|---------------|
| PERIODONTICS | | |
| Comprehensive oral exam, consultation and treatment plan** | \$ 150.00 | \$ 95.00 |
| Limited oral examination - problem focused** | \$ 60.00 | \$ 40.00 |
| Complete radiographic series - including bitewings** | \$ 105.00 | \$ 60.00 |
| Full mouth debridement | \$ 125.00 | \$ 60.00 |
| Scaling and root planing - per quadrant | \$ 185.00 | \$ 115.00 |
| Periodontal maintenance (following active therapy) | \$ 105.00 | \$ 80.00 |
| Gingivectomy / gingivoplasty - per quadrant | \$ 445.00 | \$ 240.00 |
| Soft tissue graft procedure (including donor site) | \$ 800.00 | \$ 525.00 |
| Osseous surgery - per quadrant (including flap entry/closure) | \$ 950.00 | \$ 735.00 |
| Occlusal guard (night guard)** | \$ 500.00 | \$ 295.00 |

| | | |
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| ORAL SURGERY | | |
| Extraction - Single tooth* | \$ 105.00 | \$ 55.00 |
| Limited oral examination - problem focused** | \$ 55.00 | \$ 40.00 |
| Panoramic x-ray** | \$ 95.00 | \$ 45.00 |
| Extraction - Single tooth** | \$ 125.00 | \$ 80.00 |
| Surgical extraction of erupted tooth | \$ 195.00 | \$ 105.00 |
| Extraction of impacted tooth - soft tissue | \$ 250.00 | \$ 150.00 |
| Extraction of impacted tooth - partial bony | \$ 290.00 | \$ 185.00 |
| Extraction of impacted tooth - full bony | \$ 340.00 | \$ 215.00 |
| Intravenous sedation or general anesthesia - first 30 minutes | \$ 275.00 | \$ 160.00 |
| Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital. | | |

| | | |
|---|-------------|-------------|
| ORTHODONTICS | | |
| Initial Examination | \$ 30.00 | N/C |
| Diagnostic Records and Consultation (including x-rays) | \$ 225.00 | \$ 145.00 |
| Comprehensive Orthodontic Treatment, Standard two year case for children under the age of 18. | \$ 3,950.00 | \$ 2,560.00 |
| • Initial retainers and retention visits for adjustments/observation for six months. Additional retention visits are provided at \$20.00 per visit. | \$ 400.00 | \$ 230.00 |
| • Any additional treatment or appliances necessary in addition to the standard two year case are provided at a 20% reduction of the Participating Dentist's usual and customary fees. | | |
| • All standard orthodontic treatment cases that extend beyond two years (twenty-four months) are pro-rated at \$110.00 per month. | | |
| Non-standard orthodontic treatment (for children under age 18) and Phase I treatment are provided at a 20% reduction of the Participating Dentist's usual and customary fees. | | |
| Adult orthodontic treatment (for patients age 18 & over) is provided at a 20% reduction of the Participating Dentist's usual and customary fees. | | |
| Appliance therapy for tooth guidance and space management is provided at a 20% reduction of the Participating Dentist's usual and customary fees. | | |
| Orthodontic treatment already in progress is not covered under the plan. | | |

- ADDITIONAL PROVISIONS**
- All member fees are to be paid directly to the Participating General Dentist or Participating Specialist by the member at the time treatment is provided.
 - Unlisted procedures are provided at a 20% reduction of the Participating General Dentist's or Specialist's usual and customary fees. This includes (but is not limited to) implant services and TMJ treatment.
 - Members may be charged \$5 per office visit by the Participating General Dentist or Specialist for the cost of compliance with OSHA guidelines. This fee also applies to No Charge (N/C) visits.
 - Referral forms are not required to see Participating Specialists.
 - There are no exclusions for pre-existing conditions except orthodontic treatment already in progress.
 - Services provided by a **Participating Pediatric Dentist** or a **Participating Prosthodontist** are covered at a 20% reduction of the Participating Specialist's usual and customary fees.
 - Members may be charged a **BROKEN APPOINTMENT FEE** of \$15 per half hour when less than 24 hours notice is provided to the Participating Dentist.
 - Cosmetic Dentistry: There is no exclusion for clinically necessary or appropriate treatment as performed for esthetic reasons.
 - A **PROPHYLAXIS** (ADA Code D1110) performed at three or four month maintenance intervals is provided at a 20% reduction of the Participating Dentist's usual and customary fee. A **PERIODIC ORAL EVALUATION** (ADA Code D0120) is provided at the member fee listed on the fee schedule.
 - A **FULL MOUTH DEBRIDEMENT** (ADA Code D4355) is chargeable when calculus obstructs the ability to perform a comprehensive periodontal evaluation and diagnosis and performed as a preliminary procedure.
 - Recognized and accepted ADA procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA procedure code.
 - Coordination of Benefits: If total reimbursement from other plans is equal to, or in excess of, the member fee is considered satisfied. If total reimbursement from other plans is less than the member fee, the patient is responsible to pay the difference up to the member fee.

ENROLLMENT INSTRUCTIONS

Becoming a member under the Annual Select Plan from DentaQuest is easy. Just follow these simple steps:

1. Please complete and return the attached Membership Form. Please allow thirty (30) days to process your Application and payment.
2. Include a check or money order made payable to DentaQuest or complete the credit card authorization section on the Membership Form (VISA or MasterCard only). DO NOT SEND CASH.
3. Your benefits will become effective on the first day of the month following the processing of your Application and Identification Card by DentaQuest.
4. Your DentaQuest Identification Card will arrive by mail within thirty (30) days following your request for coverage. Upon receiving your I.D. card, you may make an appointment with a dentist listed in our Directory of Participating General Dentists.
5. It is not necessary to select a Participating General Dentist at the time of enrollment. You may determine the most convenient DentaQuest Participating Dentist at the time you schedule an appointment.

RE-ENROLLMENT

All members of the DentaQuest Annual Select Plan will receive a renewal notice approximately 60 days prior to the end of their annual coverage. You must renew your coverage prior to the expiration date noted on your Identification Card to keep your benefits in force. A DentaQuest Participating Dentist will only provide treatment at the reduced fees if you have a current Identification Card.

ANNUAL SELECT PLAN (SE4) MEMBERSHIP FORM

Last Name First Name MI

Street Address

City State Zip Code

Social Security Number Date of Birth

Home Telephone Number Work Telephone Number

MARITAL STATUS Single COVERAGE TYPE Single \$59
 Single + One \$99
 Married Family \$139

Unmarried children are covered until age 19. Unmarried full time students are covered until age 23. Please attach validation from school.

| SINGLE PLUS ONE OR FAMILY COVERAGE: | | | | |
|-------------------------------------|-------|----|-------|---------------|
| Last Name | First | MI | Sex | Date of Birth |
| SPOUSE | | | M / F | / / |
| CHILDREN | | | M / F | / / |
| | | | M / F | / / |
| | | | M / F | / / |
| | | | M / F | / / |
| | | | M / F | / / |

METHOD OF PAYMENT

Check or Money Order (payable to DentaQuest)
 VISA MasterCard
 Account #: _____
 Expiration Date: _____
 Authorized Signature: _____

By my signature, I hereby request membership in the DentaQuest Annual Select Plan.

Signature Date

Please mail application with payment to: **DentaQuest**
DentaQuest Mid-Atlantic, Inc.
 4061 Powder Mill Road, Suite 325
 Calverton, MD 20705-3149
 (301) 937-4447 Washington Area • (800) 879-0288 Toll Free
 www.dentaquest.com

| | |
|------------|-------------------------|
| Agent Name | DentaQuest Agent Number |
|------------|-------------------------|

THIS IS NOT AN APPLICATION FOR INSURANCE

(11/2002)