

easy as 1-2-3-4

1. Complete

the attached application form

2. Ensure

all eligible dependents enrolling are listed with their birthdates included

3. Locate

the appropriate annual plan cost, and make check payable to Coastal Dental, Inc.

4. Mail

application and check to the address below

You may begin using your My Smile Dental Plan when your ID card is received. Make your appointment directly with your dental office.

Members will have 45 days from receipt of the Membership Agreement to cancel their enrollment and receive a full refund of their premiums if they have not utilized the plan.

Send your check to:
Coastal Dental, Inc.
PO Box 3470
Camarillo, CA 93011-3470

or

Give enrollment application & payment to your selected dental office for submission to Coastal Dental, Inc.

Plan Exclusions

- Treatment of fractures or dislocations, congenital malformations, malignancies, cysts or neoplasms, or Temporomandibular Joint Syndrome (TMJ).
- Prescription drugs and over the counter drugs.

Plan Limitations

- 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.



Plan advantages!

- Low Cost
- No Deductibles
- No Annual Maximum
- Totally Voluntary
- No-Participation Requirements
- Specialty Included - Periodontics, Oral Surgery, Orthodontics, Endodontics & Pedodontics
- Cosmetic Services
- Large Selection of Participating Offices

What if I have dental insurance?

The My Smile Dental Plan is not insurance. It simply provides discounted fees for dental services. If you have dental insurance, your insurer will still pay benefits. If you have any questions about what your insurer will pay, you should contact your insurer.

What does it cost?

individual	\$96	} Annually
couple	\$120	
family	\$144	

(that's only \$12 a month for the entire family!)

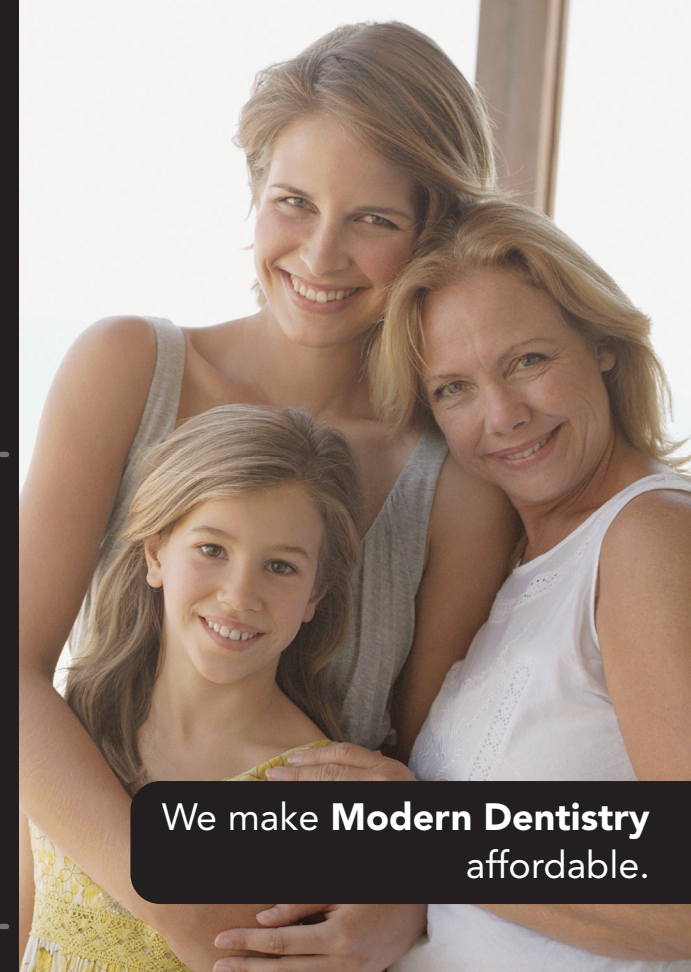
Non-refundable, one-time administration fee of \$15

To enjoy your smile, plan for it.

Enroll today!

For further assistance or additional information contact:

Coastal Dental, Inc.
PO Box 3470
Camarillo, CA 93011-3470
(800) 874-1986



We make **Modern Dentistry** affordable.

my smile dental plan™

For a lifetime of healthy, beautiful smiles

 **Coastal Dental Inc.**
A flexible alternative to insurance.

To enjoy your smile, plan for it.
Enroll today! www.MySmileDentalPlan.com

Plan Use Only

Initial _____ Plan Use Only

Home Phone _____

Office Name or Number _____

State _____

Sex (Check One) Male Female

Check or Money Order (Payable to Coastal Dental) Cash

VISA MasterCard AmEx Discover/NOVUS

Credit Card# _____ CW2 Number: _____

Expiration Date: _____

Individual..... \$ 96.00 \$ _____

Couple..... \$ 120.00 \$ _____

Family..... \$ 144.00 \$ _____

One-time administration fee (non-refundable)..... \$ + 15.00

TOTAL \$ _____

Authorization Signature _____ Date _____

ELIGIBLE DEPENDENTS

Name	Sex	Birthdate
Spouse		
Child		
Child		

Please be advised that all checks will be deposited electronically. Please write "Do not convert" on this application and the face of your check if you do not want your check presented electronically.

On behalf of the above named individuals, I hereby apply for enrollment in MY SMILE DENTAL PLAN™, and certify that the above information is true and correct.

The "no problem" plan!

- No Claim Forms!
- No Deductibles!
- No Annual Maximums!
- No Waiting Period to see your Dentist!
- No Limitations on Most Conditions!
- No Shortage of Locations!

Your entire family is eligible!

You may enroll your spouse and eligible dependents. Eligible dependent children under age 18 or under age 23 if attending school on a full time basis. (A full-time student is defined as taking 12 or more units. Verification may be required). Also included is any child, regardless of age, who is incapable of self-sustaining employment due to physical or mental disorders, illness or condition and who is dependent on you for support.

Sample savings.

	Usual Fee*	Plan Fee	Savings
Complete X-Rays	\$148	\$0	\$148
Composite Filling	\$215	\$140	\$75
LAVA™ Crown	\$1,775	\$1,150	\$625
Orthodontics	\$7,412	\$4,150	\$3,262

*The usual and customary fee as established by the National Dental Advisory Service. Average cost throughout California.

Specialty services - 20% Off

Not all dentists are capable of performing each of the services listed herein. Based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, the cost of services provided by a dental specialist are covered benefits under this Plan at a discounted rate when seen by a participating provider.

For a lifetime of healthy, beautiful smiles.

Providers available for the My Smile Dental Plan are located in Allen, Denton, Frisco, and McKinney. Please visit www.MySmileDentalPlan.com for the most complete list of Providers for those cities.



summary of discount fees

The following dental services, when provided by your My Smile Dental Plan dentist, are offered at the specified fees:

Services	You pay	Services	You pay
DIAGNOSTIC & PREVENTIVE		Stayplate	
Full-mouth digital x-rays	No Charge	teeth & clasps, extra per unit	\$ 38.00
Single film	No Charge	Office reline - cold cure - acrylic	\$ 210.00
Each additional film	No Charge	Denture reline - laboratory processed	\$ 281.00
Oral examination & diagnosis	No Charge	Broken denture repair (no teeth involved)	\$ 80.00
Office visit	\$ 5.00	replace teeth (each)	\$ 69.00
Prophylaxis (cleaning & polishing)	\$ 75.00	CROWNS & BRIDGES	
Oral hygiene instruction	No Charge	Porcelain fused to metal crown	\$ 495.00
Sealants	\$ 41.00	Porcelain fused to gold crown	\$ 780.00
Flouride Varnish	\$ 30.00	3rd generation crowns	\$ 845.00
RESTORATIVE DENTISTRY (Fillings)		Full gold crown	\$ 1,150.00
Amalgam (primary or permanent teeth)		Recementation	\$ 113.00
One tooth surface	\$ 90.00	Endo cast post	\$ 225.00
Two tooth surfaces	\$ 100.00	Plastic core amalgam buildup	\$ 140.00
Three tooth surfaces	\$ 110.00	LAVA™ crown	\$ 1,150.00
Composite restorations (anterior teeth)		CEREC® CAD/CAM crown	\$ 855.00
One tooth surface	\$ 105.00	CEREC® CAD/CAM inlay	\$ 350.00
Two tooth surfaces	\$ 130.00	CEREC® CAD/CAM onlay	\$ 725.00
Three tooth surfaces	\$ 150.00	Blue Block CEREC® CAD/CAM crown	\$ 1,050.00
Composite restorations (posterior teeth)		ORAL SURGERY	
One tooth surface	\$ 140.00	EXTRACTIONS	
Two tooth surfaces	\$ 180.00	Simple	\$ 125.00
Three tooth surfaces	\$ 195.00	Extraction	\$ 221.00
Veneers (per tooth)	\$ 895.00	Impaction, soft tissue	\$ 236.00
Lumineers®	\$ 1,095.00	Impaction, partially bony	\$ 281.00
ENDODONTICS		Impaction, full bony	\$ 340.00
Single-rooted canal therapy	\$ 448.00	ORTHODONTICS	
Two-rooted canal therapy	\$ 506.00	Comprehensive ortho treatment	\$ 4,150.00
Three-rooted canal therapy	\$ 624.00	(Up to 24 month, incl. records & retention)	
Pulp capping	\$ 65.00	Limited ortho treatment	\$ 1,700.00
Pulpotomy (vital or therapeutic)	\$ 188.00	(Up to 12 month, incl. records & retention)	
PERIODONTICS		Phase I ortho treatment	\$ 1,950.00
Perio maintenance	\$ 95.00	(Up to 12 month, incl. records & retention)	
Scaling and root planing (per quad)	\$ 160.00	Invisalign®	\$ 5,500.00
Full mouth debridement	\$ 110.00	OTHER SERVICES	
Laser w/ SRP	\$ 95.00	After hours emergency	\$ 145.00
PROSTHODONTICS — REMOVABLE		Nightguard	\$ 431.00
Complete denture	\$ 1,250.00	Teeth-whitening (full mouth)	
Immediate denture	\$ 1,250.00	w/ custom take-home trays	\$ 245.00
Premium denture	\$ 1,895.00	Nitrous	\$ 105.00
Partial lower or upper, chrome cobalt alloy		Implant (incl. abut. & crown)	\$ 3,250.00
lingual or palatal bar & acrylic saddles base	\$ 1,250.00		
Premium Partial	\$ 1,795.00		