

COMFORT DENTAL GOLD MEMBERSHIP PLAN

WHAT: *Comfort Dental Gold Plan* is an annual reduced fee dental Plan that allows individuals and families -- just like yours -- to receive quality dental services from Comfort Dental Offices at prices that make sense for today's economy. *Comfort Dental Gold* offers the economies of group dental care, plus the individualized attention of private care. *Comfort Dental Gold* also provides a **WALGREENS PRESCRIPTION CARD** at no additional charge for everyday savings on many of your prescriptions.

WHERE: Comfort Dental has many convenient offices serving families in your area. Refer to the list of OFFICE LOCATIONS provided in this brochure. You may also get facility information by calling the Gold Plan Offices at **(303) 232-2300 Ext. 102, or 103** in Colorado; **1-800-742-8710 Ext. 102, or 103** outside Colorado. Members must choose a facility from our list, but may change facilities with a 30-day written notice. Prescriptions can be filled at your neighborhood **WALGREENS** store receive your everyday savings price.

HOW: After your membership is effective, to receive care simply call the dental office which you have selected for an appointment. All Comfort Dental Offices offer **EVENING AND SATURDAY** appointments.

WHO: You and your spouse are eligible, and eligible dependent children up to age 26. Coverage of a child who attains age 26 will be continued while incapable of self sustaining employment by reason of developmental disability or physical handicap. Children may be members only as dependents of adult members.

WHEN: Those enrolled prior to the 10th of the month will have their coverage begin on the first day of the following month. Those enrolling after the 10th will have their coverage begin on the first day of the second month thereafter. **Members must remain in the plan a minimum of 12 months.**

PAYMENTS: All payments listed under the Reduced Fee Schedule and Patient Payments in this brochure are made directly to the dental office as treatment is performed. You should discuss all future payments and costs with your selected office.

THE LOW MONTHLY COST:

MEMBER	= \$10.50	MEMBER AND ONE DEPENDENT	= \$17.50
MEMBER AND TWO OR THREE DEPENDENTS	= \$24.50	MEMBER AND FOUR OR MORE DEPENDENTS	= \$29.50

Comfort Dental Gold Plan 2540 Kipling St. Lakewood, CO 80215
303-232-2300 X 102, or X 103 or 1-800-742-8710 X 102, or X 103

BENEFITS

Your *Comfort Dental Gold Plan* Membership provides you with up to two simple teeth cleanings per year, local anesthetics, examinations, x-rays, and other preventive services at **NO CHARGE**. Your membership also provides you with a Reduced Fee Schedule for other dental services, along with a **WALGREENS** Prescription card that provides you everyday low prices on your family's prescriptions.

A \$20:00 office visit co-payment is charged each time you visit the dentist. Additional comprehensive dental treatment or procedures are provided at REDUCED rates (see the Reduced Fee Schedule for patient payments). ORTHODONTICS (Braces) is provided at \$119 per month for children, \$129 per month for adults with NO DOWN PAYMENT. You pay ONLY the Reduced Fee Schedule amount for any procedure directly to your selected dental office.

Emergency Care: Eligible members and their eligible dependents may receive emergency dental care for the relief of pain, bleeding or swelling from any Comfort Dental Dentist at any Comfort Dental facility when their selected dentist is unavailable.

To Join: Fill out the attached enrollment form and select one of the four methods of payment.

1. **12 month annual premium.** 12 months plus \$7.00 processing fee paid by method of your choice.
2. **Monthly premium - VISA, MC, Discover, AMEX, or debit card.** Enclose valid charge card number with expiration date and name of card holder. Your account will be charged the first month, last month and \$7.00 processing fee to enroll. Remaining monthly payments will be automatically charged to the same account on the first of each month.
3. **Monthly premium - Checking Account Automatic Debit.** Send a check for the first and last month's payment plus the \$7.00 processing fee. Remaining monthly payments are made through automatic bank draft withdrawal on the first of each month. Be sure to include a voided check, the name of your bank, account number and indicate whether it is checking or savings.
4. **Monthly premium - Mail In or Walk In.** Send payment via your method of choice for the first and last month plus the \$7.00 processing fee. The member may send each remaining monthly payment but must include a \$7.00 processing fee with each payment. Payments must be received by the 10th of the month for eligibility the following month.

Enrollment form and payment should be directed to:

COMFORT DENTAL GOLD PLAN
2540 Kipling Street
LAKEWOOD, CO 80215

Ask about our 5 employee Silver Plan and our 50 employee Diamond Plan
For more information call:

(303)232-2300 Ext. 102, or 103 or 1-800-742-8710

NO DEDUCTIBLES, NO MAXIMUMS, NO CLAIM FORMS, NO PRE-EXISTING CONDITIONS

All members fill out this portion completely

MEMBER REGISTRATION

Last Name		First	MI
Home Address			Apt#
City	State	Zip Code	
Home Phone		Work Phone	
Birthdate		Name of Employer	
List Covered Dependents	Birthdate	Relationship	

Office Location Selected _____

Please see above listing of offices on page 4

Select Method of Payment

circle one: ANNUAL MONTHLY

_____ **Monthly bank draft** (Enclose 1st & last month's payment plus \$7.00 processing fee. Include voided check for account to be debited.)

_____ **Payment by month.** Enclose 1st & last month's payment plus \$7.00 processing fee. Each monthly payment must be received in our office by the 10th of the month and each payment must include the \$7.00 processing fee. **No notice of balance due will be sent.**

_____ **Charge Card** (we accept all credit cards)
card # _____
expire date: _____ *CVC# _____

***3 digit on back of card or 4 digit on front of card on AmEx**
If paying monthly charge card, 1st and last month's payment plus processing fee will be charged and monthly payments will be automatically charged to this account on the first of each month.

_____ **12 month annual payment** plus \$7.00 processing charge. Total payment included. (If using Charge Card, indicate number above.)

I understand the benefits, limitations, exclusions and requirements of the Plan and I agree to the following: **I will remain in the plan and pay membership fees for a minimum of 12 months.** Payment of less than 12 months' membership fees may result in my being charged usual and customary fees for all services (including those already provided) and my being charged remaining months' fees in lump sum. Fees for dental services are due as services are rendered. Fees for prosthodontic and cast restoration services are due at the preparation/impression visit. Failure to comply may result in my being charged usual and customary fees for such services. I agree to pay any and all costs in collecting all charges, including but not limited to attorney fees and court costs. Coverage must be continuous. Missing monthly payments must be made up for interrupted coverage. Last month and processing fees are not refundable.

Signature (Required) _____

Automatic withdrawal members complete and sign the following portion

TERMS AND CONDITIONS OF AUTHORIZATION TO HONOR DEBITS

Drawn by and Payable to Comfort Dental Gold Membership Plan.
1. The member enrolling in the dental plan hereby lists and authorizes his/her bank to pay and charge to his/her account, checks drawn by and payable to Comfort Dental Gold Membership Plan, Lakewood, CO, provided there are sufficient collectable funds in said account to pay the same upon presentation. The member agrees that his/her bank's responsibility in respect to each such check shall be the same as if it were a check drawn on his/her bank and paid personally by him/her. **This authority is to remain in effect until revoked by him/her in writing or until his/her bank shall be fully protected in paying such check.**
2. He/she further agrees that if any such check be honored, whether with or without cause and whether intentionally or inadvertently, his/her bank shall be under no liability whatsoever even though said dishonor results in the suspension of his/her membership.
3. To the Bank named, it is agreed that you may comply with the depositor's request, this Company agrees: a) To indemnify you and hold you harmless from any loss you may suffer as a consequence of further actions resulting from or in connection with the execution and issuance of any check, draft or letter, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonable incurred in connection therewith. b) In the event that any such check, draft or order shall be dishonored whether with or without cause, or whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a suspension of membership. c) To defend at your own cost and expense any action which might be brought by any depositor or any other persons because of your actions when pursuant to the foregoing request, or in any manner arising by reasons of your participation in the foregoing plan of statement of collection.

Authorization to Honor debits drawn by and payable to COMFORT DENTAL GOLD MEMBERSHIP PLAN

Bank Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Checking _____ Savings _____
Acct.# _____

*** Please include voided check from account to be drafted ***
I authorize you to pay and charge my bank account checks drawn by and payable to the order of Comfort Dental Gold Membership Plan, Lakewood, CO and agree to remain in the Plan a minimum of one year. Less than one year membership may result in my being billed usual and customary fees. **Cancellation of banking must be done in writing 30 days prior to end of 12 month term.**

Signature (Required) _____
Date: _____

Mail this form to:

Comfort Dental Gold Plan
2540 Kipling Street
Lakewood, CO 80215
303-232-2300 X102, or X103
1-800-742-8710 X 102, or X103

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COMFORT DENTAL GOLD MEMBERSHIP PLAN COLORADO, MISSOURI AND OHIO REDUCED FEE SCHEDULE

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS	ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC				INLAYS AND ONLAYS			
0110	Initial Oral Exam	60	N/C	2510	Inlay metallic - one surface	400	250
0120	Periodic Oral Exam	45	N/C	2520	Inlay metallic - two surfaces	460	310
0130	Emergency Oral Exam (office hours)	50	N/C	2530	Inlay metallic - three surfaces	510	310
0210	Complete Series X-Rays	95	N/C	2540	Onlay metallic - (in addition to inlay)	560	400
0220	Single Periapical X-Ray	19	N/C	CROWN AND BRIDGE			
0230	Each additional film	17	N/C	2740	Porcelain Crown	925	665
0274	Bitewing X-Rays	50	N/C	2750-52	Porcelain with Metal Crown	810	510
0470	Diagnostic Casts	60	25	2790	Full Crown	810	450*
9430	Office Visit	45	20	2810	3/4 Metal Crown	810	450*
1110	Simple teeth cleaning (children and adults) (up to 2 per year). Patients with gum disease are not covered under this category (Refer to Periodontics Section)	75	N/C	2930	Stainless Steel Crown (Primary)	208	110
1203	Fluoride Treatment (Limit one per year to age 18)	35	N/C	2910	Reccent Crown	70	40
1330	Preventive Dental Education, Home Care	45	N/C	2950	Crown Build-up including any pins	200	120
1351	Sealants (Pit & Fissure) per tooth	45	25	2952	Cast Post and Core	240	150
1510	Space Maintainer Unilateral	210	115	2962	Cosmetic Porcelain Veneer	725	565
1515	Space Maintainer Bilateral	320	150	6210-12	Cast Pontic	810	450*
9310	Consultation	70	20	6240-42	Porcelain with metal Pontic	810	510
9440	After hours Office Visit	150	65	6545	Maryland Bridge per unit	810	510
	Missed/Canceled Appointments (without 24 hours notice)	30	50	6750-52	Porcelain with metal Bridge Abutment	810	510
	VelScope Cancer Screening	50	10	6780	3/4 Metal Bridge Abutment	810	450*
The following Orthodontic fees apply only when treatment is performed at a Comfort BracesCenter, located in Colorado.				6790-92	Full Metal Crown	810	450*
ORTHODONTICS (BRACES) CHILDREN/ADULTS					Crown over Implant	1300	1000
---	Orthodontic Consultation	60	N/C	PROSTHODONTICS - REMOVABLE			
---	Records	300	189	5110	Complete Upper Denture	1000	540
---	Down Payment	1500	N/C	5120	Complete Lower Denture	1000	540
---	Monthly Adjustment Fee (Child)	150	119	5130	Immediate Upper Denture	1100	600
---	Monthly Adjustment Fee (Adult)	175	129	5140	Immediate Lower Denture	1100	600
---	Retainers	600	369	5213	Upper Partial - Cast	1075	640
0330	Pano	85	65	5214	Lower Partial - Cast	1075	640
RESTORATIVE (FILLINGS)				9940	Nightguard (occlusal guard)	350	205
Amalgam Restorations/Permanent-Primary Teeth				5213-14	Treatment Partial - Acrylic	400	275
2140	One tooth surface	95	55	REPAIRS/RELINES			
2150	Two surfaces	125	70	5410-22	Denture adjustments (Upper or Lower, complete or partial)	70	55
2160	Three surfaces	160	75	5510	Repair broken complete denture base	175	60***
2161	Four or more surfaces	195	110	5520	Replace missing or broken teeth complete or partial denture (per tooth)	150	60***
Anterior Resin Restorations				5620-30	Repair Cast Framework/Clasp	185	70***
2330	One surface	120	70	5650	Add tooth to existing partial denture	150	70***
2331	Two surfaces	150	80	5710	Rebase	300	165
2332	Three surfaces	180	90	5730	Reline Chairside	200	70
2335	Four or more surfaces	200	125	5750	Reline Lab	300	175
Posterior Resin Restorations				OTHER SERVICES			
2385	One surface	160	105	9110	Emergency Palliative Treatment	100	45
2386	Two surfaces	208	135	9210	Local Anesthetic	N/C	N/C
2387	Three or more surfaces	259	155	9230	Nitrous Oxide (each 30 minute session)	55	N/C
				9951	Occlusal Adjustment - limited	70	35
				---	Take Home Bleaching - per arch	250	105
				---	In Office Bleaching - per arch	550	230
				2951	Pin Retention per tooth	60	30
				2940	Sedative Filling	90	40
				3110-20	Pulp Cap	70	30

The following ORAL SURGERY, ENDODONTIC and PERIODONTIC co-payments apply only when treatment is performed at a participating dental office. If the services of a specialist are required, these co-payments do not apply and the patient will receive services from a participating specialist, where available, at a 20% discount off of the specialist's UCR.

ORAL SURGERY				ENDODONTICS (root canal treatment)			
7140	Simple extraction	110	70	3220	Therapeutic Pulpotomy	110	55
7120	Each Additional Routine Extraction	110	70	3310	Ret Anterior	475	285
7210	Surgical Extraction Erupted	210	105	3320	Ret Bicuspid	575	345
7220	Soft Tissue Impaction	210	100	3330	Ret Molor 3 canals	800	480
7230	Partial Bony Impaction	250	140	3340	Ret Molor 4 canals	900	540
7240	Complete Bony Impaction	300	180	3410	Apicoectomy	275	150
7250	Surgical Root Recovery	200	75	PERIODONTICS (gum treatment)			
7270	Tooth Reimplantation and Stabilization	180	80	4999	Periodontal Exam and Charting	60	40
7280	Surgical Exposure of Impacted Tooth	200	80	4210	Gingivectomy/Quad	420	230
7286	Biopsy of Oral Tissue-soft	110	60	4220	Gingival Curettage/Quad	210	115
7310	Alveoloplasty/Quad with Extractions	210	110	4260	Osseous surgery/Quad (including flap entry and closure)	600	360
7320	Alveoloplasty/Quad without Extractions	200	105	4341	Scaling/Root Planing/Quad	250	130
7510	Intra-Oral I & D or Abscess	120	65	4910	Periodontal Maintenance (following active therapy)	130	75
0330	Pano	85	65				

*All patient co-payments are exclusive of gold. If gold is used, there will be an additional cost added to the patient co-payments ***Plus Lab Fee.
UCR** - Usual, Customary and Reasonable Fees for Colorado, Missouri & Ohio. Procedures or services not listed will be performed at UCR.

COMFORT DENTAL GOLD PLAN OFFICE LOCATIONS

Select your Dental Office Location. Please list selected office on Member Registration Form on page 3

Each office owned and operated by an independent Franchisee.

COLORADO LOCATIONS

<p>___ Arvada 12380 W 64th Ave 303-423-2273</p> <p>___ Aurora 1050 S. Peoria 303-367-2273</p> <p>___ Austin Bluffs 3952A N Academy 719-591-1811</p> <p>___ Bear Creek 3200 S. Wadsworth 303-716-8546</p> <p>___ Bellview & Simms 11625 W Belleview 303-972-8700</p> <p>___ Boulder 3400 Arapahoe 303-444-2129</p> <p>___ Brighton 315 E Bromley Ln 303-659-1125</p> <p>___ Centennial 8223 S. Quebec 303-689-2273</p> <p>___ Cherry Creek 201 University 303-321-2233</p> <p>___ Citadel 509 N. Academy 719-591-7599</p> <p>___ Coal Mine 8420 W. Coal Mine 303-904-2273</p> <p>___ Colfax & Havana 10401 E Colfax 303-344-2273</p> <p>___ Commerce City 7201 Monaco 303-287-2755</p> <p>___ Conifer 25597 Conifer Rd 303-838-2811</p>	<p>___ Denver 4450 W. 38th Ave 303-455-2273</p> <p>___ E. Aurora 2131 S. Chambers 303-750-2273</p> <p>___ E. Colfax 5200 E. Colfax 303-377-3876</p> <p>___ Englewood 2780 S. Broadway 303-783-0100</p> <p>___ Falcon 11605 MeridianMkt 719-495-8989</p> <p>___ Ft. Collins 934 S. Lemay 970-498-8300</p> <p>___ Glenwood Springs 1512 Grand Ave 970-947-1273</p> <p>___ Golden 17531 S. GoldenRd. 303-278-6953</p> <p>___ Grand Junction 2650 North Ave 970-255-1222</p> <p>___ Greeley 3766 W. 10th St. 970-304-1273</p> <p>___ Green Mountain 12810 W Alameda 303-987-2273</p> <p>___ Highlands Ranch 129 W CountyLine 303-738-9499</p> <p>___ Hunters Glen 136th & Colo Blvd 303-920-2273</p> <p>___ Lafayette 535 W SoBoulder 303-604-2804</p>	<p>___ Lakewood 6800 W. Alameda 303-727-9100</p> <p>___ Littleton 209 W LittletonBvd 303-734-2273</p> <p>___ Longmont 1750MountainVw 303-678-7783</p> <p>___ Louisville 339 McCaslin #B 303-673-0500</p> <p>___ Monument I-25 & Monument 719-484-0043</p> <p>___ No. Academy 1634 York Road 719-522-0800</p> <p>___ No. Arvada 8390 W. 80th Ave 303-425-6419</p> <p>___ No. Loveland 274 W 64th St. 970-667-0446</p> <p>___ No. Powers Road 6076 Stetson Hills 719-637-2079</p> <p>___ Northglenn 10780N. Washgton 303-452-6630</p> <p>___ Parker Road 15250 E. Orchard 303-680-9990</p> <p>___ Pueblo 2025 USHwy 50 W 719-542-2472</p> <p>___ Pueblo South 1221 S Pueblo Blvd 719-565-2274</p> <p>___ QuincyBuckley 16981 E. Quincy 303-617-8400</p>	<p>___ South College - FC 4032 S College Ave 970-225-2273</p> <p>___ South East Denver 3488 S. Willow 303-338-8181</p> <p>___ South Powers 1580 Space Center 719-574-8922</p> <p>___ Stroh Ranch 12870 Stroh Rch Ct 303-840-6543</p> <p>___ Summit County 354BlueRiverPkwy 970-262-2273</p> <p>___ Thompson Valley 1405 10th SW 970-962-9995</p> <p>___ Thornton 9203 N. Huron 303-429-2273</p> <p>___ Tower Road 18680 E Iliff Ave 303-751-5010</p> <p>___ Westminster 9462 N. Federal 303-427-2722</p> <p>___ Westy No. 11187 N. Sheridan 303-469-2333</p> <p>___ Wheatridge 9990 W. 26thAve 303-232-4500</p> <p>___ 80th & Sheridan 7990 N.Sheridan 303-650-4101</p>
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NEW MEXICO LOCATIONS

___ Brentwood Hills
2010 Juan Tabo
505-237-2273

___ Central
13031 Central NE
505-332-2273

___ Coronado
5820 Menaul
505-872-2772

___ Lomas
4701 Lomas Blvd
505-232-2273

___ North Valley
5308 4th St NW
505-341-2273

TEXAS LOCATIONS

___ Garland
1109 NW Hwy
214-227-4863

___ Mesquite
540 Clay Mathis
972-222-5313

___ Richardson
516 W Arapaho
972-231-5020

___ Rockwall
515 E. I-30
214-771-4603

OHIO LOCATIONS

___ Delaware
1179 ColumbusPk
740-362-2202

___ Marion
1598Marion/MtGill
740-386-6600

___ Springfield
1270 UpperValley Pk
937-525-0500

___ Whitehall
4545 E Main St
614-231-1600

MISSOURI LOCATIONS

___ Gillham Plaza
3315 Gillham
816-521-2273

___ Highway 24
651 E Hwy 24
816-461-6911

___ Noland Road
3908 S Noland Road
816-461-2273

___ Raytown
9600 E 350 Hwy
816-356-2273

DENTAL LIMITATIONS AND EXCLUSIONS

1. Demonstrated non-compliance with recommended course of treatment.
2. Services which in the opinion of the attending dentist, are neither necessary nor recommended for the patient's dental health.
3. Restorations, splints or other appliances used to increase vertical dimension or restore occlusion.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Treatment of malignancies, cysts or neoplasms or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth.
6. Dispensing of drugs not normally supplied in a dental office.
7. Hospital benefits for any dental procedure.
8. Loss or theft of dentures or bridgework.
9. Any procedures of implantation or experimental procedures.
10. 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.
11. General anesthesia.
12. Services that cannot be performed because of the general health, physical or psychological limitations of the patient.
13. Periodontics, endodontics, oral surgery or pedodontics requiring the services of a non-participating dentist.
14. Those procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, or to alter, restore or maintain occlusion, including without limitation,

- treatment of disturbances of the temporomandibular joint.
15. Fluoride application is limited to one per year to age 18.
 16. Diagnosis and treatment of myofascial pain dysfunction syndrome.
 17. Procedures performed in the hospital.
 18. Gold Plan Participants cannot have other dental coverage.

ORTHODONTIC LIMITATIONS AND EXCLUSIONS

1. Treatment programs which began before the member enrolled in the Plan are not covered nor can they be transferred to Gold Plan.
2. Lost or broken appliances are not covered.
3. Additional fees may be charged by the dentist for: a) Gross and consistent non-cooperation by the patient/member. b) Accidents occurring during the treatment. c) Cases involving surgical orthodontics. d) Cases involving myofunctional therapy. e) Cases involving temporomandibular joint treatment. f) Loose, broken or lost bands/brackets.
4. If the member relocates to an area and is unable to receive treatment from a participating dentist, 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.
5. Choice of dentist, initially, after treatment begins or upon change of residence is limited to practitioners participating in this program or who accept fees outlined.
6. Orthodontic extractions are not included in the monthly adjustment fee.

Offices available for orthodontic care:

Comfort Braces East 15403 E. Hampden Avenue
Comfort Braces SouthWest 5055 S. Kipling Parkway
Comfort Braces North West 8113 W. 94th Avenue
Comfort Braces West 9990 W. 26th Ave
Comfort Braces North East 96th & Washington
Comfort Braces South 4121 E. County Line Rd.
Comfort Braces Glenwood Sprgs 1512 Grand Ave
Comfort Braces Austin Bluffs 3952A N Academy
Comfort Braces Pueblo South 1221 S Pueblo Blvd
Comfort Braces Grand Junction 2650 North Avenue
Comfort Braces Highway 24 - Missouri 651 E Independence
Comfort Braces Garland - Texas 1109 NW Hwy

Offices available for pediatric dental care:

Comfort Kids West 9990 W 26th Ave
Comfort Kids North 9652 N Washington
Comfort Kids South 4121 E County Line