## Why Vivid Dental Plan?

Wivid MEMBER ID: 123456789 VALUED MEMBER Plan Type: Family Plan Your Participating Dental Office 123 First Street Anywhere IN 12345 (555) 555-1234

Vivid Dental Plan allows you to have the dental care you need at

the savings you can afford. Get instant access to savings on all dental services including exams and X-rays. Choose individual, two-individuals, or family plan and enjoy peace of mind knowing you can maintain your oral health.



#### **DENTAL SERVICES** YOU NEED WITH SAVINGS **GUARANTEED**

- Diagnostic care exams & X-rays
- Preventative care cleanings and periodontal treatment
- Restorative care fillings, extractions, and basic restorative
- Major care extractions, root canals, crowns, bridges, and dentures

vividdentalplan.com

### Savings & Value

#### **SAMPLE OF SAVINGS**

PROCEDURE	UCR* COST WITHOUT THE PLAN	COST WITH THE PLAN	YOUR SAVINGS
Comprehensive oral exam	\$103	NO CHARGE	\$103
Full Mouth X-rays	\$157	NO CHARGE	\$157
Problem focused oral exam	\$88	NO CHARGE	\$88
Adult Teeth Cleaning	\$108	\$66	\$42
Child Teeth Cleaning	\$84	\$55	\$29
Filling - 2 Surfaces	\$274	\$233	**\$41
Crown - Porcelain/Meta	al \$1,335	\$1,135	**\$200
Core Buildup - (including any pins)	\$313	\$266	**\$47
Total	\$2,462	\$1,755	

a Plan Member 29% \$707 Your Savings as



\*\*Plan savings based on 15% Discount off the provider's UCR.

#### **MEMBERS RECEIVE**

- Instant savings! Enroll online and print out your ID cards today
- Vivid Dental Plan Fee Schedule. Description of Services & Disclosure available online or call 1 (844) 278-6658
- A Welcome Letter with your ID cards

#### **START SAVING TODAY**

INDIVIDUAL PER YEAR

\$129 2 INDIVIDUALS PER YEAR

FAMILY PER YEAR

### A Flexible Alternative to Insurance

Vivid Dental Plan is a discount dental plan that helps you save on routine care and unplanned dental expenses. A plan that offers you choice, access and affordability... day one the plan pays for itself.

## 15% Savings WITH VIVID DENTAL PLAN

- Vivid Dental Plan is not insurance. This is a licensed discount medical plan.
- Vivid Dental Plan provides discounts at certain health care providers for dental services.
- Vivid Dental Plan does not make payments directly to the providers of dental services.
- You (member) will be required to pay for all health care or dental services, but will receive a discount from those health care providers who have contracted with The CDI Group, Inc.
- Members will have within 30 days after the effective date of enrollment to cancel their plan if they have not utilized and received discounts under the plan.
- Vivid Dental Plan is owned and operated by discount medical plan organization The CDI Group Inc., located at 601 Daily Drive, Suite 215 Camarillo, CA 93010.







Feel good, look good... with an affordable and healthy Vivid smile!

VIVID DENTAL PLAN APP	AN APPLICATION	PLICATION (please print clearly)	arly)			
Effective Date	Member Last Name		Mer	Member First Name		Number of Participants
Address		4	Apt. #	City	State	Zip
Home Phone	Cell Phone	Date of Birth	Gender	Dental Office Name		
Email Address				and letter bitting to the control of	مداط اد+مور	

ticipants			NOVUS						Join Today. Save Toda	y. Summary of Savings	and Disc
ber of Par			Discover/NOVUS						INDIVIDUAL \$79.00 YEAR	ADA DESCRIPTION OF SERVICES Member Pays	ADA DESCRIPT
Number	State Zip	Name	Order payable to Vivid Dental Plan.	CVV2 #:	£7000 €	\$129.00 \$	\$169.00 \$	Date	2 INDIVIDUALS \$129.00 PEAN STANILY \$169.00 PEAN STANILY \$169.00 PEAN STANILY S	Diagnostic & Preventative  D0120 Periodic oral evaluation NOCHARGE	Periodontics  D4341 Perio scaling teeth per quinched per quinched per quinched per quinched per quinched per quinched periodontal periodontal prosthodontics — D5110 Complete de periodontics
Member First Name	Dental Offi	ce Check or Money	Credit Card #:	on Card:	Two-Individual	nily	zation Signature	<ul> <li>NO waiting period</li> <li>NO claim forms to submit</li> <li>NO deductibles or annual maximus</li> <li>Discounted hygiene services</li> </ul>	D1110 Cleaning – adult \$66.00 D1120 Cleaning – child \$55.00 D1206 Topical application of fluoride varnish \$25.00 D1208 Topical application of fluoride \$25.00  Restorative – Fillings Resin Based D2330 One surface – anterior 15% OF	D5140 Immediate of D5213 Partial dentu D5214 Partial dentu Prosthodontics –	
	Apt. #	Gender	of Birth Credit Ca	Credit Expirat	Name on Ca			X Authorization S	4 WAYS TO ENROLL  Sign up online at	D2331       Two surfaces – anterior       15% OF         D2332       Three surfaces – anterior       15% OF         D2391       One surface – posterior       15% OF         D2392       Two surfaces – posterior       15% OF	F D6059 Ceramic crow Abutment si fused to hig F D6240 Pontic – porc fused to high
		Date of Birth	Gender Date o				will be deposited of your check if y	Vivid Dental Plan,	vividdentalplan.com Sign up over the phone:	D2393 Three surfaces – posterior 15% OF  Restorative – Crowns  D2740 Crown – porcelain/ceramic substrate 15% OF	D6740 Crown - porc Crown - porc fused to high
t Name							e advised that all checks will be deposited s application and the face of your check if you	pply for enrollment in rect.	1 (844) 278-6658  Submit your completed application with payment to your participating dental office	D3310 Root canal – anterior 15% OF D3320 Root canal – bicuspid 15% OF	D7140 Extraction er D7210 Surgical rem F D7220 Impacted to D7230 Impacted to
Effective Date Member Las	Address	Home Phone Cell Phone	Email Address ELIGIBLE DEPENDENTS Name	Name Name	Name	Name	This is a discount medical plan application. Please be electronically. Please write "Do Not Convert" on this don not want your check presented electronically.	n behalf of the above named individuals, I hereby d certify that the above information is true and c	We accept VISA, MasterCard, Discover, Amer Express, Money Orders and Personal Check (checks payable to Vivid Dental Plan).  Send your completed application with payment to:  Vivid Dental Plan P.O. Box 3470 Camarillo, CA 93011–3470	*Participating Dental Providers have agreed to discount their usual ar offered in office. "Usual" refers to the normal rate charged for the sent the usual rates of the Providers in the local area. The LICE can vary by life.	ON VIVID DE

## ounted Fees

ADA Code	DESCRIPTION OF SERVICES	Member Pays	ADA Code	DESCRIPTION OF SERVICES	Member Pays		
Diagn	ostic & Preventative		Period	Periodontics			
D0120	Periodic oral evaluation	NO CHARGE	D4341	Perio scaling & root planing – four or more teeth per quad	15% OFF		
D0140	Limited oral evaluation – problem focused	NO CHARGE		Perio scaling & root planing – one to three			
D0150	Comprehensive Oral Evaluation	NO CHARGE	D4342	teeth per quad	15% OFF		
D0210	X-Rays - complete set	NO CHARGE	D4355	Full mouth debridement	15% OFF		
D0220	X-Ray - first film	NO CHARGE	D4381	Localized delivery of antimicrobial agents	15% OFF		
D0230	X-Ray - each additional film	NO CHARGE	D4910	Periodontal maintenance – single visit	\$125.00		
D0272	X-Ray – two bitewings	NO CHARGE	Prosth	odontics – Removable			
D0274	X-Ray - four bitewings	NO CHARGE	D5110	Complete denture - maxillary (upper)	15% OFF		
D0330	Panoramic X-Ray	NO CHARGE	D5120	Complete denture - mandibular (lower)	15% OFF		
D1110	Cleaning – adult	\$66.00	D5130	Immediate denture - maxillary (upper)			
D1120	Cleaning – child	\$55.00	D5140	Immediate denture - mandibular (lower)			
D1206	Topical application of fluoride varnish	\$25.00	D5213	Partial denture – maxillary (upper)	15% OFF		
D1208	Topical application of fluoride	\$25.00	D5214	Partial denture - mandibular (lower)	15% OFF		
Restor	ative – Fillings Resin Based		Prosth	odontics – Fixed			
D2330	One surface – anterior	15% OFF	D6058	Abutment supported porcelain/ ceramic crown	15% OFF		
D2331	Two surfaces – anterior	15% OFF	D/050	Abutment supported porcelain	450/ 055		
D2332	Three surfaces – anterior	15% OFF	D6059	fused to high noble	15% OFF		
D2391	One surface – posterior	15% OFF	D6240	Pontic – porcelain	15% OFF		
D2392	Two surfaces – posterior	15% OFF	D/24F	fused to high noble metal	150/ 055		
D2393	Three surfaces – posterior	15% OFF	D6245	Pontic – porcelain/ceramic	15% OFF		
Restor	ative – Crowns		D6740	Crown – porcelain/ceramic Crown – porcelain	15% OFF		
D2740	Crown - porcelain/ceramic substrate	15% OFF	D6750	fused to high noble metal	15% OFF		
D2750	Crown – porcelain fused to high noble metal	15% OFF	Oral Su	Oral Surgery – Extractions			
D2954	Prefab post & core in addition to crown	15% OFF	D7140	Extraction erupted tooth	15% OFF		
Endod	lontics		D7210	Surgical removal of tooth	15% OFF		
D3310	Root canal – anterior	15% OFF	D7220	Impacted tooth - soft tissue	15% OFF		
D3320	Root canal – bicuspid	15% OFF	D7230	Impacted tooth - partial bony	15% OFF		
D3330	Root canal – molar	15% OFF	D7953	Bone replacement graft per site	15% OFF		

# NTAL PLAN

5%, provided those ADA codes or services are the treatment, and "Customary" is defined as