



**Discount Dental Plan Application**

Referred by: <b>AFA Members</b>	Locate a dentist at: <a href="http://www.edpdental.com">www.edpdental.com</a>
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**MEMBER INFORMATION**

Member Last Name	First Name	M	Home Phone # ( )	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City		State
				Zip Code
Date of Birth / /	Email Address			Cell Phone # ( )

**LIST DEPENDENTS TO BE INCLUDED**

First	Last Name	D.O.B.	Relationship
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

**SELECT TYPE OF MEMBERSHIP**

EDP Dental Plan member option:

- SINGLE \$79.00/year Dental Only
- FAMILY \$149.00/year Dental Only

\*(PLUS ONE TIME NON REFUNDABLE \$19 PROCESSING FEE)

- CASH  
  CHECK  
  MASTER CARD  
  VISA  
  AMERICAN EXPRESS  
  DISCOVER

CREDIT CARD #

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EXP. DATE \_\_\_ / \_\_\_ CCV Code# \_\_\_\_\_

**\* Please make checks payable to EDP Dental Plan**

The above information is true to the best of my knowledge. I understand that EDP Dental Plan is not Insurance. Membership begins when the application is received. You can cancel within 30 days and receive a full refund less the \$19 processing fee. You must select a dentist within the network to receive the discounts. EDP does not reimburse for any dental treatments. Payment after the discounts are paid directly to the provider and is the member's responsibility. If plan is utilized in the first 30 days and discounts are applied plan must remain in effect for 1 full year, no refunds will be given

<b>X</b>	Date:    /    /
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General Dentist Fee Schedule - As performed by a participating EDP General Dentists

Code	Description	Amount
D	Diagnostic	
120	Periodic Oral Examination	14
140	Limited Oral Evaluation - Problem Focused	32
150	Comprehensive Oral Evaluation	21
210	x-rays Intraoral - Complete - Including Bitewings	39
220	x-rays Intraoral - Periapical - First Film	9
230	x-rays Intraoral - Periapical - Each Add. Film	7
240	x-rays Intraoral - Occlusal Film	19
270	x-rays Bitewing - Single Film	8
272	x-rays Bitewings - Two Films	15
274	x-rays Bitewings - Four Films	28
330	x-rays Panoramic Film	42
	Preventive	
1110	Dental Prophylaxis Adult (cleaning)	34
1120	Dental Prophylaxis Children	29
1208	Topical Fluoride Application	15
1351	Topical Sealants - Per Tooth	18
	Restorative (fillings)	
2110	Amalgam - One surface, Primary	35
2120	Amalgam - Two surface, Primary	50
2140	Amalgam - One Surface Permanent	42
2150	Amalgam - Two Surfaces Permanent	53
2160	Amalgam - Three Surfaces Permanent	74
2161	Amalgam - 4 Or More Surfaces Permanent	91
2330	Resin - One Surface Anterior	55
2331	Resin - Two Surfaces Anterior	79
2332	Resin - Three Surfaces Anterior	94
2335	Resin - 4+ Surf Or Inv. Incisal Angle	115
2380	Resin - One Surface Posterior, Primary	52
2381	Resin - Two surfaces Posterior, Primary	70
2382	Resin - Three or more Surfaces Post., Primary	90
2391	Resin - One Surface Posterior, Permanent	72
2392	Resin - Two Surfaces Posterior, Permanent	95
2393	Resin - Three Surface Posterior, Permanent	110
2394	Resin - Four or more surface posterior	125
	Crowns (lab fees additional)	
2740	Crown - Porcelain/Ceramic substrate	535
2750	Crown - Porcelain/High Noble Metal	495
2751	Crown - Porcelain/Predominate Base Metal	460
2752	Crown - Porcelain/Noble Metal	470
2790	Crown - Full Cast High Noble Metal	485
2791	Crown - Full Cast Predom. Base Metal	415
2820	Remount Crown	40
2830	Prefab Stainless Steel Crown - Prim Tooth	125
2831	Prefab Stainless Steel Crown - Perm Tooth	130
2832	Prefab Resin Crown	141
2850	Core Buildup Including Any Pins	95
2951	Pin Retention-Per Tooth (W/O Restoration)	24
2952	Cast Post/Core (Addition To Crown)	190
2954	Prefabricated post and core, in addition to crown	150
2960	Labial Veneer (resin-laminate) - Chairside	229

Code	Description	Amount
2961	Labial Veneer (Resin Laminate)-Laboratory	300
2962	Labial Veneer (Porcelain Laminate)-Laboratory	369
2970	Temporary crown (fractured tooth)	105
	Endodontics (General Dentist) exc. final restoration	
3220	Therapeutic Pulpotomy	69
3310	Root Canal Anterior	295
3320	Root Canal Bicuspoid	385
3330	Root Canal Molar	485
	Periodontics (General Dentist)	
4210	Gingivectomy/Gingivoplasty-4 + contiguous teeth	295
4260	Osseous Surg (W/ Flap Entry& Closure) P/Quad	455
4341	Perio. Scaling & Root Planning per quad	115
4355	Full Mouth Debridement	65
4910	Periodontal Maintenance	60
	Prosthodontics, Removable (lab fees additional)	
5110	Complete Upper Denture	575
5120	Complete Lower Denture	575
5130	Immediate Upper	659
5140	Immediate Lower	659
5211	Upper Partial-Resin Base	460
5212	Lower Partial-Resin Base	460
5213	Partial Upper- Cast Metal Base	639
5214	Partial Lower- Cast Metal Base	639
5410	Adjust Denture - (Upper)	34
5411	Adjust Denture - (Lower)	34
5510	Repair Broken Complete Denture Base	80
5520	Replace Missing Or Broken Teeth/Each Tooth	59
5610	Repair Resin Denture Base	79
5630	Repair Or Replace Broken Clasp	69
5640	Replace Broken Teeth - Per Tooth	60
5650	Add Tooth To Existing Partial Denture	65
5660	Add Clasp To Existing Partial Denture	80
5730	Reline Upper Denture - Chairside	115
5731	Reline Lower Denture- Chairside	115
	Prosthodontics, Fixed (lab fees additional)	
6240	Portic - Porcelain/High Noble Metal	495
6241	Portic - Porcelain/Predominate Base Metal	440
6242	Portic - Porcelain/Noble Metal	455
6750	Crown - Porcelain/High Noble Metal	495
6751	Crown - Porcelain/Predominate Base Metal	450
6752	Crown - Porcelain/Noble Metal	440
6930	Remount Bridge	60
	Oral Surgery (General Dentist)	
7140	Single Tooth Extraction	62
7120	Each additional extraction	55
7210	Surgical Removal Of Erupted Tooth	110
7220	Removal Of Impacted Tooth/Soft Tissue	125
7230	Removal Of Impacted Tooth/Partially Bony	160
7240	Removal Of Impacted Tooth/Completely Bony	195
7250	Surgical Removal Of Residual Tooth Roots	105
7510	Incision And Drainage Of Abscess/Intraoral	69

Code	Description	Amount
	Orthodontics	
8080	Comprehensive Treatment - Adolescent	25%off
8090	Comprehensive Treatment - Adult	25%off
	Adjunctive Services	
9110	Palliative Treatment (emergency) pain-minor	34
9610	Therapeutic drug injection	21

This Fee Schedule applies only to fees charged by EDP Dental Plan General Dentists, **NOT SPECIALISTS**. Any procedure not listed is available on a fee for service basis at a 25% discount from the participating provider's usual fee.

\*Any treatment provided by a participating specialist, (Oral Surgeon, Orthodontist, Periodontist, Pedodontist, Endodontist or Prosthodontist) will be charged at a 25% reduction of the participating specialist's fees for that particular case.  
Fee's subject to change without notice. Consult with your participating dentist prior to beginning any treatment. Fees may not include all lab costs, which would be an additional cost and the member's responsibility. Some services, at the discretion of the general dentist, may need to be referred to a specialist (advanced degree).

**PLEASE NOTE:**  
EDP Dental Plan is a discount dental plan, **NOT INSURANCE**. EDP Dental Plan does not pay claims. Charges for services are paid by the member directly to the participating dentist at time of service.

- (1) Work in progress is not covered. (2) Work in progress after enrollment on the dental plan must be completed before selecting another participating dentist. (3) Any dental procedures performed by a non-participating dentist is not covered. (4) We cannot guarantee the continued participation of any dentist. If he/she leaves the plan, you will need to select another dentist. (5) Not all types of dentists may be available in your area; you may have to travel to receive care from a participating general dentist or specialist. (6) Some providers may charge for missed or broken appointments with no prior notice. (7) Please verify that the dentist is a participating provider when scheduling your appointment. (8) Fee schedules are subject to change without prior notification to members.



424 Rosevale Ave.  
Ronkonkoma, NY 11779  
Phone: 631 272-5230 Fax: 631 272-5231  
Fee Schedule Effective 1-2018

## How Does Its Work?

1

To find a participating dental care professional, visit the on-line directory [www.edpdental.com](http://www.edpdental.com) or call our client services department at 800-777-1085.

2

Make an appointment directly with the participating dental provider and make sure to mention that you are a member of EDP Dental Plan.

3

At your Dental appointment, simply show your membership card and you'll receive an instant discount off the cost of services. Just pay the total discounted fee at the time you receive service.

EDP helps save seniors money on all types of Dental Care



## Sample List of Approximate Savings

Procedure	Average Cost **	Average Cost with Plan ***	Member Savings
Periodic oral Exam	\$56	\$30	\$26
Comprehensive Oral Exam	\$87	\$43	\$44
X-ray, Bitewings Four Films	\$68	\$36	\$32
Cleaning (Prophylaxis) Adult	\$107	\$59	\$48
Sealant Per Tooth	\$62	\$31	\$31
Filling Surface Resin (White) Filling, Front (Anterior) Tooth	\$170	\$90	\$80
Comprehensive Orthodontic Treatment Child	\$5,210	\$3,908	\$1,302
Root Canal Molar Wxcludin Final Restoration	\$1,085	\$746	\$339
Complete Upper Denture Maxillary	\$1,190	\$901	\$289

\*\*The select regional average cost represents the average fees for the procedures listed above in Los Angeles, Orlando, Chicago and New York City as displayed in the Estimate Cost of Case Tool as of September 2017.

\*\*\*Adult costs and savings may vary by provider, service and geographic location.

\*\*The above Sample List is an average of negotiated fees for the cities referenced above\*\*

## What Our Members Are Saying:

"I lost my insurance and EDP got me activated that very same day."

*N. Conklin*

"EDPs customer service helped make going to the dentist so easy."

*B. Rice*

"We saved \$1,000 on my son's braces alone."

*A. Berger*

## Discount Dental Plan Application

Mail or call : 1 800 777-1085 to join

EDP Dental Plan  
424 Rosevale Avenue  
Ronkonkoma, NY, 11779

First Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How Did You Hear About EDP Dental Plan? \_\_\_\_\_

## Additional Household Family Members:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Select Type of Membership:

1 Year Plan	Single	Couple	Family
Dental	<input type="checkbox"/> \$99*	<input type="checkbox"/> \$189*	<input type="checkbox"/> \$229*

Total \$: \_\_\_\_\_

\*All plans require a one-time \$19 non-refundable processing fee

Payment Type: (Please make all check out to E. D. Plan Inc.)

Visa  Mastercard  Discover  Amex  Check

Card No: \_\_\_\_\_

Expiration: \_\_\_\_\_ CCV code: \_\_\_\_\_

Signature: \_\_\_\_\_

Edp Nat-102

As of 1/18

EDP Dental Plan 800-777-1085

## TERMS & CONDITIONS

By joining, you indicate you have read the terms and conditions of the plan.

**Cancellation Conditions:** You can cancel within the first 30 days after receipt of membership and receive a full refund, minus the processing fee, if applicable. **FL Resident:** You have the right to cancel within the first 30 days after the effective date. If for any reason during this time period you wish to cancel and obtain a refund, you must submit a written cancellation request. **EDP** will accept and cancel plan memberships at any time during the membership period, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to **EDP**, 424 Rosevale Ave, Ronkonkoma, NY 11779 or fax to: 631-272-5231. **EDP** will, in the event of cancellation of the membership, make a pro-rata reimbursement of the periodic charges to the member.

**Limitations, Exclusions & Exceptions:** This program is a discount membership program offered by **EDP**. **EDP** is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid to **EDP**. **EDP** is not licensed to provide and does not provide medical services or items to individuals. You receive discounts for dental services from participating dentist who are contracted with **EDP** Dental Plan. You are obligated to pay for dental services at the time of appointment. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services. Please verify such services with each individual provider. The discounts contained herein may not be used in conjunction with any other discount plan or program. Any procedures performed by a non-participating provider are not discounted. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant of the plan. **EDP** cannot guarantee the continued participation of any provider. Providers contracted by **EDP** are solely responsible for the professional advice and treatment rendered to members and **EDP** disclaims any liability with respect to such matters.

**Complaint Procedure:** You must submit your grievance in writing to:

**EDP Dental Plan 424 Rosevale Ave  
Ronkonkoma, NY 11779.**



Members can take advantage of savings through the EDP Dental Plan Network. Members have access to discounted services, that can save them from 15% to 45% per visit, on dental care, at thousands of participating dentists nationwide. Participants pay dentists directly.

### **This is NOT Insurance**

Actual discounts may vary based on geographic location of the dentist and the service provided.

This network is administered by EDP Dental Plan. Dental Providers are independent contractors and not employees or agents of EDP Dental Plan. EDP does not provide dental care or treatments and is not responsible for outcomes.

EDP Dental Plan: 424 Rosevale Ave, Ronkonkoma, NY 11779  
800-777-1085

## DISCLOSURES:

**THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance.**

This plan does not meet the minimum creditable coverage requirements under M.G.L.c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. It's not a Medicare prescription drug plan. The list of participating dentists is at [www.edpdental.com](http://www.edpdental.com). A list of participating dentists is available upon request. Discount Medical Plan Organization and administrator: EDP Dental Plan, 424 Rosevale Ave, Ronkonkoma, NY 11779. 800-777-1085

**Please call for availability in your state.**



## EDP Dental Plan

424 Rosevale Avenue  
Ronkonkoma, NY 11779  
P: 800-777-1085  
F: 631-272-5231  
info@edpdental.com  
www.edpdental.com



**Save On Dental  
Care Today!**  
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www.edpdental.com

THIS IS NOT INSURANCE

