



President's Report

by Troy Becker

Four months into the New Year and it feels as if it's still January! There's much we still don't know and the future is somewhat uncertain. For those of you keeping up with the trends, I think there's every reason to be positive about the outlook for dental.

Let's focus on the positive.

There is no question in my mind that regulators are finally figuring out what we've known for a long time - there is no point focusing on what *isn't* wrong, but focus on what *is* wrong. While there may still be a "disconnect" between the new Department of Managed Health Care (DMHC) and "those in the field," more and more feedback from plans is promising. Wasting process and paper to confirm what we already know about our providers is of no use. While focusing on indicators such as grievances and enrollee complaints makes some sense, several questions remain. One of the most important is, Will the DMHC let the plans decide the method and allow it to focus on systemic issues, something the Department has stated it intends to do.

More important than what takes place in practice is what is taking place conceptually at the DMHC. While even a year ago many of us were being saddled with "whatever is good for medical is good for dental," that simply is not the case with the new Department. The DMHC not only has gone out of its way to know what the dental issues are, high-level officials actually have a clear understanding of the impact of ill-conceived regulation on employers and consumers. This was demonstrated more recently in the Department's internal discussion of proposed regulations regarding dental emergency care services. While the verdict is still out on this,

the Department staff reviewed our concerns and impressed us with their understanding of the fact that dental is not medical and understood the potential negative impact.

As for trends, I think one of the biggest impacts our industry may see in the coming years is the potential consolidation of all health insurer regulation under the DMHC. The Department of Insurance (DOI) simply has not made a case as to why it should exist. In fact, DOI did a miserable job showing it even did a decent job. Frankly, I came to the conclusion that it doesn't do much of anything.

It's a little surreal to even imagine the consolidation could happen, but consider the impact of a consolidated regulatory authority. This is "one to watch," as it will no doubt change the way the Department views regulation, and certainly the long-term requirements of plans to monitor quality of care.

On another note - we've planned a great program for CADP's 12th Annual Conference in May. And the Paradise Point Resort is beautiful! Make plans to attend.

See you in San Diego!

Notice of Annual Meeting

The CADP Annual Business Meeting will take place as follows:

Wednesday, March 16, 2001; 3:30 pm
Dockside Room
Paradise Point Resort, San Diego

At that time, in addition to other business, the election of members to the Board of Directors will take place. Please note this date on your calendar and make every effort to ensure that a plan delegate or alternate is present.

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The CADP News is published quarterly. Your suggestions and/or comments are encouraged. Please write or call:

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DENTAL PLANS**

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Jackie Miller, Executive Director

email: westword@cal.net

Annual Conference Update

Here's the latest on CADP's 12th Annual Conference. Remember, make your room reservations early! Information is included in the conference brochure, or visit CADP's website at www.caldentalplans.org. Information concerning the Quality Assurance Conference follows the Annual Conference schedule.

See you in Paradise!

12th Annual Conference

May 16-19, 2001

Paradise Point Resort • San Diego, California

"Consumer-Driven Health Care: The New Reality"

Jeffrey A. Sulitzer, DMD, Program Chair

TENTATIVE PROGRAM

WEDNESDAY, MAY 16:

- 3:00 pm Registration (*Bayside*)
- 3:00 pm Exhibit set-up (*Bayside*)
- 3:30 pm Annual Business Meeting (*Dockside*)
- 5:00 pm Networking reception (*location TBA*)
- 6:30 pm - 7:30 pm Board of Directors' meeting
(*Executive Suite 713/715*)

THURSDAY, MAY 17:

- 7:00 am - 5:00 pm Registration (*Bayside*)
- 8:00 am - 8:45 am Continental Breakfast/Visit Exhibits (*Bayside*)
- 8:00 am - 5:00 pm Exhibits (*Bayside*)
- 8:00 am - 5:00 pm Annual Conference (*Sunset II*)
- 9:00 am **KEYNOTE PRESENTATION:**
Victor R. Fuchs, Henry J. Kaiser
Jr. Professor Emeritus, *Department of Economics, Stanford University*
- 9:45 am **"What Large Groups are Looking For and Why They're Looking For It"**
(*interactive session*)
Marvin Zatz, DDS, *Towers-Perrin*
Cathy Smithwick, RDH, MA,
William M. Mercer, Inc.
- 10:30 am **Break - Visit Exhibits (*Bayside*)**
- 11:00 am **"The Small & Middle Market Perspective: What They're Looking for and Why"**
Patrick Murphy, Principal, *PVM Insurance Services, Inc.*
Other panelists TBA
- 12:00 pm Luncheon (*Sunset III/IV*)
- 2:00 pm **"The Benefits Company Perspective: Take Advantage of the Consumer Movement to Position Your Company for the Future"**
Steven H. Keller, DDS, *President, Consumer Dental Corporation*

- 2:45 pm **"Consumer-Focused Dental Data"**
Cathy Smithwick, RDH, MA,
William M. Mercer, Inc.
- 3:30 pm - 4:30 pm **Dessert with Exhibitors (*Bayside*)**
- 6:00 pm **Welcome Reception (*location TBA*)**

FRIDAY, MAY 18:

- 7:00 am - 5:00 pm Registration (*Bayside*)
- 8:00 am - 8:45 am Continental Breakfast/Visit Exhibits (*Bayside*)
- 8:00 am - 2:00 pm Exhibits (*Bayside*)
- 8:00 am - 11:45 am Annual Conference (*Sunset II*)
- 8:00 am - 11:45 am Quality Assurance Conference (*Sunset III, IV*)
- 11:45 am Luncheon (*Mission Bay*)
- 2:00 pm - 4:30 pm Annual Conference/Quality Assurance Conference Joint Symposium (*Sunset II*)
- 7:00 pm Fun Night: Polynesian Paradise (*Paradise Lawn*)
- 9:00 am **"Consumers, Plans, and Policymakers: The Regulator's Perspective"**
Daniel Zingale, *Director, Department of Managed Health Care (invited)*
- 9:45 am **"The Purchaser Perspective: How the Consumer is Driving Benefits"**
Thomas J. Davies, *Regional Health Care Manager, Verizon, Member, Board of Directors, Pacific Business Group on Health*
- 10:30 am Break - Visit Exhibits
- 11:00 am **"Enhancing Customer Loyalty: Tangible Returns"**
Sheryl Bronkesh, MBA, *President, The HSM Group*
- 11:45 am Luncheon (*Mission Bay*)
- 1:00 pm - 2:00 pm Dessert with Exhibitors (*Bayside*)
- 2:00 pm - 4:00 pm Annual Conference/Quality Assurance Conference Joint Symposium (*Sunset II*)

CADP's Moved!

Please Note Our New Address:

1121 L Street, Suite 210, Sacramento, CA 95814

Telephone, FAX and e-mail address remain the same

2:00-3:00 pm	<p>"Revisiting the Manpower Shortage: A Silver Lining?" Paul Chaitkin, DDS, MBA, <i>Dental Director, First Commonwealth, Inc.</i> Susan Klarner, <i>Vice President, DentiCare</i> Mary-Ellen Hardin, <i>President & CEO, SmileCare</i></p>
3:00-4:00 pm	<p>"HIPAA Preparedness: Meeting the Challenge of Implementing HIPAA Standards to Achieve Compliance" Kim Gray, <i>Chief Privacy Officer, Highmark, Inc.</i> Kathy Jönzzon, <i>Vice President, Information Systems, Delta Dental Plan of California</i></p>
4:00 pm	<p>Closing Remarks Jeffrey A. Sulitzer, DMD, <i>Program Chair</i></p>
7:00 pm	<p>Fun Night: Polynesian Paradise <i>(Paradise Lawn)</i></p>

SATURDAY, MAY 19:

7:30 am - 10:00 am	Registration (<i>Bayside</i>)
8:00 am	Continental Breakfast (<i>Sunset III, IV</i>)
8:30 am	Board of Directors' meeting <i>(Executive Suite 709/711)</i>
8:30 am - 5:30 pm	Quality Assurance Conference (<i>Sunset III, IV</i>)
12:00 pm	Luncheon (<i>Bayside</i>)
5:30 pm	Quality Assurance Conference adjourns

Quality Assurance Conference
May 18-19, 2001
Paradise Point Resort • San Diego, California
D.E. FitzGerald, DDS, *Program Chair*
TENTATIVE PROGRAM

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8:00 am - 11:45 am	Quality Assurance Conference (<i>Sunset III, IV</i>)
8:00 am - 11:45 am	Annual Conference (<i>Sunset II</i>)
11:45 am	Luncheon (<i>Mission Bay</i>)
2:00 pm - 4:30 pm	Annual Conference/Quality Assurance Conference Joint Symposium (<i>Sunset II</i>)
7:00 pm	Fun Night: Polynesian Paradise <i>(optional event for Quality Assurance Conference attendees) (Paradise Lawn)</i>
9:00 am	<p>"Consumers, Plans, and Policymakers: The Regulator's Perspective" Daniel Zingale, <i>Director, Department of Managed Health Care (invited)</i></p>

9:45 am	<p>Introduction and History D.E. FitzGerald, DDS, <i>National Dental Director, WellPoint Dental Services</i> Charles Stewart, DMD, <i>Manager, Quality Assurance, WellPoint Dental Services</i></p>
10:30 am	Break - Visit Exhibits
11:00 am	Facility Lecture; Facility Case Study - Case #1
11:45 am	Luncheon (<i>Mission Bay</i>)
1:00 pm - 2:00 pm	Dessert with Exhibitors (<i>exhibits area</i>)
2:00 pm - 4:00 pm	Annual Conference/Quality Assurance Conference Joint Symposium
2:00-3:00 pm	<p>"Revisiting the Manpower Shortage: A Silver Lining?" Paul Chaitkin, DDS, MBA, <i>Dental Director, First Commonwealth, Inc.</i> Susan Klarner, <i>Vice President, DentiCare</i> Mary-Ellen Hardin, <i>President & CEO, SmileCare</i></p>
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8:00 am	Continental Breakfast (<i>Sunset III, IV</i>)
8:00 am - 5:30 pm	Quality Assurance Conference (<i>Sunset III, IV</i>)
12:00 pm	Luncheon (<i>Bayside</i>)
4:30 pm	Credentialing Examination
8:30 am	<p>"Quality and Performance Measures: What the Department of Managed Health Care is Hearing" R. Steven Bull, DDS, <i>member, Subcommittee on Quality and Performance Measures</i> Ivan Berger, DDS, <i>Senior Vice President, Quality Management, DentiCare of California</i></p>
9:15 am	Facility Case Study - Cases 2, 3, and 4; Study Time; Computer Entry
12:00 pm	Luncheon (<i>Bayside</i>)
1:00 pm	Review of Cases 2, 3 and 4
3:00 pm	Break
3:30 pm	Case 5
4:30 pm	Credentialing Examination
5:30 pm	Quality Assurance conference adjourns

Legislative Update

by Jo-Linda Thompson, Esq., Nossaman, Guthner, Knox, & Elliott, LLP

▶ As I draft this report California is experiencing a series of rolling blackouts, the Investor Owned Utilities (IOU's) are days from bankruptcy, the state is purchasing energy at the rate of \$50 million dollars each day, and dentists are closing their offices during blackouts and investigating purchasing generators - in short, not much has changed since January.

Even with all of the activity in the energy area, few if any of the energy related problems have been resolved, and the legislative process remains preoccupied with this crisis. Even so, legislators have had the time and interest to introduce several bills in the managed care, insurance and dental subject areas. The bills discussed in this memo deserve discussion and may present the biggest challenges of those we have identified to date.

Many of these bills will probably become two-year bills and remain with us for the entire two-year session. The deadlines for passage out of the first policy committee and passage out of the house of origin are rapidly

approaching, and many bills have not been heard or set for hearing at this writing. Discussions on reapportionment, always a critical matter for legislators, have not yet begun in earnest, while budget hearings are just beginning as everyone waits for the May budget revision.

The following is a recap of bills of interest to CADP:

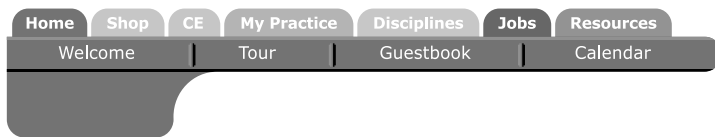
▶ SB 686 (Ortiz): CADP supports this bill to address the current inequity between the fees charged by DMHC to full service and specialized health plans. This bill would require the director to adopt a new and more equitable fee schedule for the specialized plans. Senator Ortiz is the principal author, with principal co-author Senator Alpert. Additional co-authors in the Senate are Ackerman, Figueroa, Machado and Soto. In the Assembly we have added Bates, LaSuer, Pescetti, Steinberg, Wayne, Wyland and Zettel. We are building legislative interest and hopefully momentum for this fee adjustment so that the Department will agree to

draft a new schedule without the need for a bill. We are scheduled for hearing on April 4th in the Senate Insurance Committee. (Update: The bill passed out of the Senate Insurance Committee on a 6-0 vote.)

▶ SB 103 (Speier): In its original form, the bill established a statewide effective date for all contracts of January 1st and termination date of December 31st, with a universal open enrollment date of the month of September. The bill was amended on March 19th to require that if parties cannot agree to the terms of a new contract, a health care service plan would have to extend its existing contract with a provider until the plan enrollee's next open enrollment period. The California Association of Health Plans is working with the author on this measure; although no one has signed off on this amended language, it is considered a move in a better direction.

▶ SB 1037 (Polanco): This is a spot bill that is intended to be the vehicle dealing with

continued on page 7



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In the News

▶ **Governor Issues Press Release re Denti-Cal Fraud**— In a March 19 press release, Governor Davis announced that he has “launched a strike against fraud” in the state’s Denti-Cal program. The announcement stated that fraud prevention specialists will perform on-site assessments of dentists who claimed \$75,000 or more in Medi-Cal payments in 2000. Fraud prevention specialists will identify high-risk operations for follow-up reviews by investigators. Staff with the Department of Health Services’ Audits and Investigations Division, Office of Medi-Cal Dental Services and Medi-Cal Fraud Prevention Bureau will visit an estimated 3,000 dental clinics statewide, beginning in Los Angeles County.

▶ **LAO Report on HIPAA Released**— The Legislative Analyst’s Office has released a report which examines state efforts to comply with the Health Insurance Portability and Accountability Act (HIPAA). The report assesses the ongoing efforts to ensure that Medi-Cal and other state programs and departments comply with the federal law. The report concluded that the state is making significant efforts to comply with HIPAA but that the administration’s approach to the effort has some weaknesses. The Legislative Analyst also indicated that the federal law is expected to have the most sweeping impact on the health care industry since the introduction of Medicare. A copy of the report is available at the LAO website (www.lao.ca.gov).

Delta Dental Has New CEO— Delta Dental Plan of California (DDPC) and its holding company, Dentegra Group, Inc., announced earlier in the year that Gary D. Radine has been appointed as president and CEO of both entities. He also retains his title as president and CEO of Delta Dental Plan of Pennsylvania, which he has held for 22 years. Radine succeeds William T.

Ward, who had served as CEO of DDPC for ten years prior to his retirement. Ward has moved on to chairman of the board for the Dentegra Group.

▶ **Supreme Court Upholds Employers’ Right to Use Arbitration**— In late March, the US Supreme Court upheld the right of employers to include arbitration provisions in their employment contracts. In *Circuit City Stores, Inc. v. Adams*, the US Court ruled that the Federal Arbitration Act does apply to employment contracts and that the plaintiff, an employee of Circuit City, must arbitrate his dispute with Circuit City rather than going to court and litigating the dispute.

▶ **Assembly Republicans Dump Leader**— In a move sparked by conservatives pushing for a more confrontational approach to the energy crisis, Assembly Republicans, who had elected Bill Campbell of Orange County as their leader less than five months ago, voted to replace him with Sacramento County Assembly Member Dave Cox. Cox is the fifth Republican leader in the Assembly since 1997.

▶ **Secretary of State Bill Jones Announces Run for Governor**— Current Secretary of State Bill Jones, the only Republican currently holding statewide office, has announced that he will run for Governor in 2002. In his announcement, Jones indicated that he would focus on education, the economy and the state’s infrastructure, but would also make Governor Gray Davis’ handling of the energy crisis and his extensive fundraising key elements of his campaign. Jones, who was a member of the Assembly from 1982-1994, is in his second and last term as Secretary of State.



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PacifiCare Dental

Reza Abbaszadeh, DDS
Access Dental Plan

Candee Bolyog
MDC/The Guardian

R. Steven Bull, DDS
Delta Dental Plan of California

D.E. FitzGerald, DDS
(dental director representative)
WellPoint Dental Services

Sam Gruenbaum
Western Dental Services

Len Matuszak
United Concordia
Dental Plans of California



Welcome New Members!

AmeriPlan USA
SafeGuard Health Plans
Block Drug Corporation
(Associate)
Cathye Smithwick
(Individual)
Clenen Tanner, DDS
(Individual)

Dots and Dashes

by D.E. FitzGerald, DDS,
Chair, Quality Assurance Committee

There seems to be a developing change in our industry, one that harkens back to the reason for the formation of our Association. One way to phrase it might be: "If we cooperate on the things we have in common, we can save our resources to compete in the areas where we have differences."

I just finished reading a book about Sir Ernest Shackleton, a famed Antarctic explorer who survived insurmountable odds in 1916. The book pointed out several of Shackleton's leadership skills. Three seem relevant to this theme:

- Keep your opponents close to you. Resist your instinct to avoid them and instead try to win them over and gain their support.
- Let go of the past. Don't waste time and energy regretting past mistakes or fretting over what you can't change.
- Let all the people involved in the crisis participate in the solution, even if that

means doling out some work that is less than vital.

Recently the Dental Directors have openly assisted each other in developing consistent responses to concerns expressed by the DMHC Medical Survey teams. The apparent result is that survey corrective actions are increasingly more reasonable. The Directors have also made significant strides in developing commonality in office site visits, something that will greatly please the dentists who provide services to our members. While the specific approach is different than some of us envisioned eight years ago, the effect is encouraging. Finally, we are seeing cooperation in adjusting our operations and quality assessment to what will be required with HIPAA implementation.

Fortunately, all of these topics are slated on the program for the CADP Annual Conference in mid-May. We have scheduled experts to discuss:

- The impact of the consumer movement on the dental benefits industry
- Progress on a DMHC common audit process and report card
- HIPAA

This will afford an opportunity for all of you reading this to check-up on our progress. Give us a look, I think you'll be pleasantly surprised. See you May 16th!

STRADLING, YOCCA, CARLSON & RAUTH *Attorneys at Law*

- Corporate/Securities
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 - Health Care

Questions about our firm may be addressed to

Robert J. Kane (Labor) at (949) 725-4127

Michael Zablocki (Managed Care) at (949) 725-4146

660 Newport Center Drive, Suite 1600
Newport Beach, CA 92660
(949) 725-4000

Report of Nominating Committee

As reported to member plans on March 19, 2001, the Board of Directors has approved a slate of nominees for election to the Board of Directors. Those nominated for four, three-year terms (terms to expire in 2004) are:

Reza Abbaszadeh, DDS
Access Dental Plan, Sacramento
(incumbent)

Steve Bilt
Newport Dental Plan, Santa Ana

Candee Bolyog
MDC/The Guardian, Woodland Hills
(incumbent)

Steve Casey
California Dental Network, Santa Ana

Bryan Geremia
Aetna US HealthCare Dental Plan of CA,
Simi Valley

Stuart Gray
Universal Care, Signal Hill

Susan Klarner
DentiCare of California, Irvine

Len Matuszak
United Concordia Dental Plans of CA,
Woodland Hills (incumbent)

The Bylaws also provide for at-large nominations. If you wish to nominate a candidate(s) via this process, please submit a nominating petition for each, signed by representatives of at least two member plans, to Lee Harris, DDS, Secretary-Treasurer, CADP, 1121 L Street, Suite 210, Sacramento, CA 95814, by Monday, April 19, 2001.

discount plans. Currently, it has not been amended and remains in spot form. The Department of Managed Health Care continues to work on this issue. We continue to monitor all bills in this area in case one of them becomes the new discount plan vehicle; we also make frequent inquiries at the Department about a release date for the promised guidelines or regulations for the discount plans.

▶ AB 275 (Aroner): This bill would require the State Director of Health Services to adopt regulations that establish emergency dental care parameters for Medi-Cal members. The real issue is to ensure that no plan member who needs emergency care is delayed in getting that care. The problem will be to adequately describe and decide what is a real dental emergency. At this writing the bill is not set for hearing.

▶ AB 798 (Shelley): This is a bill sponsored by the California Senior Legislature and supported by various senior lobbying groups, including AARP. It would require all health care service plans to refer a plan mem-

ber over 60 to any specialist the member would like to see. I have spoken with the author's staff, who have indicated a belief that it is not their intention to cover specialized plans. If not, I believe we would be required to send patients to various dental specialists they might request even though the general dentist did not believe such a referral was necessary. The plans would also be required to pay non-contracted rates to out of network specialists.

▶ AB 1379 (Thomson): This is the vehicle that would put all health insurers currently regulated by the Department of Insurance under the jurisdiction of the Department of Managed Health Care.

▶ AB 1522 (Thomson and Frommer): This is another continuity of care bill. It would increase the notification periods for enrollees when a plan has terminated a contract with a medical group, individual practice association, primary care provider, specialist, and hospital or health system. It would also extend the period of coverage with a terminated provider under certain conditions. It further narrows the exemption under existing law for plans filing a written

policy statement with DMHC describing how they provide continuity of care. Plans that include out of network coverage allowing the enrollee to receive services from a provider no longer with the plan under the same terms and conditions will be the only plans exempt from the filing requirement. I checked with staff in Ms. Thomson's office and although they are not focused on the specialized plans the bill would apply.

There are quite a few bills dealing with mandatory and binding arbitration and medical privacy. SB 1040 (Machado and Polanco) is very similar to SB 1934 (Polanco) of 2000, primarily allowing the same damages to be awarded in arbitration as in litigation along with many other provisions from last year's bill. It is not yet set for hearing. At the federal level, Congressional Democrats have urged implementation of the medical privacy rules issued by the Clinton Administration

We will continue to monitor bills and amendments as they churn out in the next month. Please call if you have questions about issues raised in this report; (916) 442-8888.

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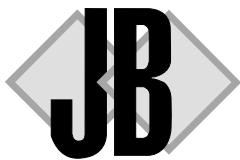
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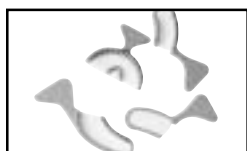
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