Availability of Language Assistance Services: If you, or a member of your family, covered by California Dental Network, cannot speak, read or write English well enough to understand information received from California Dental Network, or to communicate with your dentist, dental office, or California Dental Network about your dental coverage and treatment, then you may request free language assistance. Call, mail or fax the plan, or go online at the plan's website.

Disponibilidad de Servicios de Asistencia de Lenguaje: Si usted o un miembro de su familia cubierto por un Plan de California Dental Network no hablen, leen o escriben el Inglés con suficiente aptitud para entender la información recibida de California Dental Network, o para comunicarse con su dentista, oficina dental o con California Dental Network sobre su plan y cobertura dental, entonces usted puede comunicarse, sin costo alguno por ese servicio. Llame, mande por correo o por fax al plan, o visite el sitio de internet del plan.

Para recibir una copia de esta plan dental en espanol llame a California Dental Network gratis al numero (877) 433-6825.

California Dental Network
A DentaQuest company

23291 Mill Creek Drive
Suite 100
Laguna Hills, CA 92653

Phone (949) 830-1600
Toll-Free (877) 4DENTAL
Fax (949) 830-1655

www. caldental.net

Who is Eligible?

You may enroll your spouse and eligible dependents. Eligible dependents include children to age 26.

It's Easy to Enroll!

To enroll in **California Dental Network's** Advantage Plus Plan 250, just follow these easy steps:

1. Select a dental office from our List of Participating Dentists.
2. Complete the attached Enrollment Application, indicating the number of the dental office you have selected.
3. Return the Application to your Group Benefits Coordinator.

An Enrollment Application is a request for coverage which, if approved by California Dental Network, becomes the enrollment form used to issue an identification card and Combined Evidence of Coverage and Disclosure Form. All benefits, limitations and exclusions are stated in full in the Combined Evidence of Coverage and Disclosure Form which is provided when coverage becomes effective. Members will have 30 days from receipt of the Combined Evidence of Coverage and Disclosure Form to cancel their enrollment and receive a full refund of their premiums if they have not utilized the Plan. You may obtain a copy of the Combined Evidence of Coverage and Disclosure Form from our Corporate Office before you enroll.

Out-of-Area Emergency Care is Covered Too!

If an emergency happens and you need care at a location that is more than 50 miles from your California Dental Network dental office, California Dental Network will reimburse you up to $50 per year for out-of-area emergency treatment.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-433-6825.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-433-6825.

Limitations Summary

- Fluoride treatment is covered once every 6 months.
- Bitewing x-rays are limited to one series of four films every 12 months.
- Full mouth x-rays are limited to once every 24 months.
- The Periodontal treatment of scaling and root planing are limited to one treatment per quadrant in any 12-month period.
- Fixed bridgework will be covered only when a partial cannot satisfactorily restore the case.
- 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.
- Implant & Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period: when needed to replace congenitally missing teeth; or when needed to replace natural teeth.
- Implants, Implant supported prosthetics, and Implant abutments are limited to no more than two (2) each per year.

Exclusions Summary

- General anesthesia, analgesia (nitrous oxide), intravenous sedation, or the services of an anesthesiologist, except as listed in the schedule of benefits.
- Treatment of fractures or dislocations; congenital malformations; malignancies, cysts, or neoplasms; orTemporomandibular Joint Syndrome (TMJ).
- Extractions or x-rays for orthodontic purposes.
- Prescription drugs and over the counter drugs.
- Any procedures performed for cosmetic, elective or aesthetic purposes.
- Any procedure to replace or stabilize tooth structure lost by attrition, abrasion, erosion or grinding.

California Dental Network complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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23291 Mill Creek Drive, Suite 100, Laguna Hills, CA 92653
Phone: (949) 830-1600 • Fax: (949) 830-1655
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California Dental Network

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Advantage Plus Plan 250

Summary of Plan Benefits and Copayments

California Dental Network

A DentaQuest company

The No Problem Plan

- No Deductibles
- No Claim Forms
- No Annual Maximums
- No Limitations on Most Pre-Existing Conditions
- No Waiting Periods to See a Dentist

See Your Savings

Compare your costs with California Dental Network's Advantage Plus Plan 250 to average dental fees:

Sample Treatment Plan	Avg. Fee*	with ADV+ 250	Your Savings
Exams	$83	No Charge	$83
Cleanings	$138	No Charge	$138
Full Mouth x-rays	$193	No Charge	$193
Filling, 1 surface	$216	No Charge	$216
Root Canal, single	$1,535	$125	$1,410
Crown, PFM	$1,658	$250	$1,408
Total	**$3,823**	**$375**	**$3,448**

*2016 National Dental Advisory Service for 92663

Choose from Hundreds of Dentists

California Dental Network offers comprehensive dental benefits through hundreds of independently owned and operated dental offices conveniently located throughout California.

Specialty Coverage

All general dentists may not be capable of performing each of the services listed herein and, based upon a Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such a case, the general dentist will refer the Member to a **California Dental Network** participating dental specialist. Your costs for the services of a dental specialist may vary, based upon the coverage option selected by your group.

Advantage Plus Plan 250

The following is a partial list of dental services that are covered benefits, at the specified copayment, when provided by a participating California Dental Network general dentist. Participating dentists may be found online at www.caldental.net.

Services	Your Copayment
Preventive	
Office visit	No Charge
Oral examination	No Charge
Intraoral x-rays, complete series	No Charge
Bitewing x-rays, single film	No Charge
Panoramic x-ray	No Charge
Prophylaxis (teeth cleaning)	No Charge
Topical fluoride (child)	No Charge
Oral hygiene instruction	No Charge
Routine Services	
Restorations	
Amalgam, one surface	No Charge
Amalgam, two surfaces	No Charge
Amalgam, three surfaces	No Charge
Resin, one surface anterior	$30
Resin, two surface anterior	$30
Oral Surgery	
Extraction, single tooth	$10
Surgical removal of erupted tooth	$40
Removal of impacted tooth, soft tissue	$90
Removal of impacted tooth, partially bony	$175
Surgical incision with drainage of abscess, intraoral soft tissue	$100
Endodontics	
Pulp cap, direct	$15
Pulp cap, indirect	$15
Therapeutic pulpotomy	$25
Root canal, anterior	$125
Root canal, bicuspid	$150
Root canal, molar	$285
Periodontics	
Gingivectomy or gingivoplasty, 4 or more contiguous teeth, per quadrant	$175
Scaling & root planing, per quadrant	$65

Services	Your Copayment
Major*	
Crowns	
Porcelain fused to base metal (not for molars)	$250
Porcelain fused to base metal (for molars)	$325
Full cast base metal	$200
3/4 cast metallic	$250
Dentures & Prosthodontics	
Complete upper or lower denture	$350
Upper or lower partial denture, resin base	$300
Upper or lower partial denture, cast metal base with resin saddles	$400
Replace missing or broken teeth, complete denture, each tooth	$25
Implants	
Surgical placement of implant body (endosteal)	$1500
Prefab. abutment (includes placement)	$450
Abutment supported porcelain/ceramic crown	$1055
Abutment supported retainer, porcelain/ ceramic fixed partial denture	$1055
Orthodontics	
Standard 24-month case	
Phase one interceptive treatment	$1,150
Full-banded, upper and lower, to age 19	$1,845
Full-banded, upper and lower, adults	$2,045
Banded, upper or lower, children & adults	$1,000
Consultation	No Charge
Cosmetic Benefits	
Tooth colored fillings, one surface, back tooth	$80
Bleaching, per arch	$125
Labial veneer (porcelain laminate), laboratory	$400
Night guards, soft, includes lab fee	$150

* Advantage Plus Plan 250 covers many of the name brand crowns and dentures. See evidence of coverage fordetails.

The ratio of premium costs to health services paid, for plan contracts with individuals and groups of 25 or fewer members, during the preceding fiscal year was 65%.

detach and return

ENROLLMENT APPLICATION

Please print or type.

Effective Date: ____ Group # ____

Social Security No. ____ Last Name ____ First ____ Initial ____ Birthday ____/____/____ Home Phone (____)____

Address ____ City ____ State ____ Zip ____ Language* ____

Employer's Name ____ E-mail Address ____ Disabled? Y / N

Dependents to be covered: **Please indicate Preferred Language other than English for Communications with Plan.*

Last Name (if different) ____ First ____ Birthday ____/____/____ *Language ____ Disabled? Y / N ____ Last Name (if different) ____ First ____ Birthday ____/____/____ *Language ____ Disabled? Y / N

Spouse: ____ ____/____/____ Y / N Child: ____ ____/____/____ Y / N

Child: ____ ____/____/____ Y / N Child: ____ ____/____/____ Y / N

Child: ____ ____/____/____ Y / N Child: ____ ____/____/____ Y / N

Plan A250+

Dental Office #

On behalf of the above named individuals, I hereby apply for enrollment in CDN and certify that the above information is true and correct.

NOTICE: BY SIGNING THIS APPLICATION YOU ARE AGREEING TO HAVE ANY DISPUTE WITH THE PLAN, INCLUDING MEDICAL MALPRACTICE, DECIDED BY NEUTRAL ARBITRATION. SEE THE COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM FOR DETAILS.

Applicant's Signature ***Date***