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Affordable Annual Rates!

Single *$72.00*
Couple *$112.00*
Family *$144.00*

Who is Eligible?

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

It's Easy to Enroll!

To enroll in **California Dental Network's** INDIVIDUAL DENTAL PLAN 1000Z, just follow these easy steps:

1. Complete the attached Enrollment Application.
2. Make payment to California Dental Network by check for the full premium amount.
3. Dr. Zak Sea Breeze Dental Care will forward your enrollment and payment to **California Dental Network**, located at *23291 Mill* ***Creek Drive, Suite 100, Laguna Hills, CA 92653.*** **Your coverage will start the first day of the month that the plan was purchased.**

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.

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 dental specialist. You will receive at 25% discount from a specialist in Dr. Zak's office.

Limitations Summary

- Prophylaxis (cleaning) is limited to once every six months.
- Periodontal treatments (subgingival curettage and root planing) are limited to one treatment per quadrant in any 12-month period.
- 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.
- Denture relines are limited to one per arch in any 12-month period.

Exclusions Summary

- General anesthesia, analgesia (nitrous oxide), intravenous sedation, or the services of an anesthesiologist.
- Treatment of fractures or dislocations; congenital malformations; malignancies, cysts, or neoplasms; or Temporomandibular Joint Syndrome (TMJ).
- Extractions or x-rays for orthodontic purposes.
- Prescription drugs and over the counter drugs.
- Dental Plan 1000Z has extended discounted fees to Implant Services offered only at Dr. Zak's Dental Offices. For details on discount amounts, please ask dental office staff.

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

California DENTAL
A DentaQuest Company

23291 Mill Creek Drive, Suite 100, Laguna Hills, CA 92653
Phone: (949) 830-1600 Fax: (949) 830-1655 Toll-free: (877) 4-DENTAL
www.caldental.net

Rev. 4-16

California DENTAL
A DentaQuest Company

Individual Dental Plan 1000Z

Exclusively Offered At

DR. ZAK dental care

WWW.ZAKDENTAL.COM

(858) 569-9651
(858) 576-1884 FAX

7319 Clairemont Mesa Blvd
San Diego, CA 92111

Summary of Plan Benefits and Copayments

Summary of Individual Dental Plan 1000Z Benefits and Copayments

*The following dental services are covered benefits for the specified copayment, **only** when provided by a general dentist at Dr. Zak Sea Breeze Dental Care.*

I. Preventive Services

	Your Copayment
Office visit	No Charge
Oral examination	No Charge
Intraoral x-rays, complete series	No Charge
Bitewing x-rays, single film	No Charge
Topical fluoride (child)	No Charge
Oral hygiene instruction	No Charge
Prophylaxis (cleaning)	No Charge
Sealant per tooth	$25.00
Sealants (per tooth)	$25.00

II. Routine Services

Restorations	Your Copayment
Amalgam, 1 surface	$85.00
Amalgam, 2 surfaces	$95.00
Amalgam, 3 surfaces	$105.00
Composite, 1 surface, anterior	$95.00
Composite, 2 surfaces, anterior	$120.00
Composite, 3 surfaces, anterior	$145.00
Composite, 1 surface, posterior	$125.00
Composite, 2 surfaces, posterior	$165.00
Composite, 3 surfaces, posterior	$190.00

Oral Surgery	
Extraction, single permanent tooth	$120.00
Surgical removal of erupted tooth	$190.00
Removal of impacted tooth, soft tissue	$220.00
Removal of impacted tooth, partially bony	$245.00
Removal of impacted tooth, fully bony	$275.00

Endodontics	
Pulp cap, direct	$50.00
Pulpotomy, vital or therapeutic	$85.00
Root canal, anterior	$435.00
Root canal, bicuspid	$511.00
Root canal, molar	$655.00

Periodontics	
Scaling & root planing, per quadrant	$95.00
Full Mouth Debridement	$99.00
Periodontal Maintenance	$89.00

III. Major Services

Crowns	Your Copayment
Porcelain fused to high noble metal*	$597.00
Bridge abutment or pontic unit porcelain fused to high noble metal*	$647.00
Cast post and core	$195.00
Prefabricated cast post and core	$189.00

*Member is responsible for copayments plus actual lab cost of gold.

Dentures	
Complete upper or lower denture	$975.00
Upper or lower partial denture, resin base	$775.00
Upper or lower partial denture, cast metal base with resin saddles	$1075.00
Adjust complete or partial Upper or lower denture	$50.00
Replace missing or broken teeth, complete denture, each tooth	$50.00
Reline complete or partial upper or lower denture, chairside	$175.00
Reline complete or partial upper or lower denture, laboratory	$245.00
Stayplate	$325.00

IV. Orthodontics

Standard 24 Month Case	Your Copayment
Full-banded, upper and lower, to age 19	$2850.00
Full-banded, upper and lower, adults	$3050.00
Banded, upper *or* lower, to age 19	$1970.00
Banded, upper *or* lower, adult	$2120.00
Ortho Retention, upper and lower	$850.00

V. Cosmetic Services

In office bleaching, full mouth	$249.00
Ceramic crown, 3rd generation	$697.00
Labial veneer (porcelain laminate), laboratory	$697.00
Night guard, soft, includes lab fee	$397.00
Broken appointment without 24 hr notice	$50.00
Emergency, after hours	$145.00

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 50%.

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Detach and Return

California DENTAL
A DentaQuest Company
P.O. Box 2428
Laguna Hills, CA 92654

ENROLLMENT APPLICATION

Please print or type.

Agent # 3699

Social Security No. | Last Name | First | Initial | Birthday | Home Phone

Address | City | State | Zip | *Language

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

Last Name (if different)	First	Birthday	*Language	Last Name (if different)	First	Birthday	*Language
Spouse:		/ /		Spouse:		/ /	
Child:		/ /		Child:		/ /	
Child:		/ /		Child:		/ /	

Plan 1000Z

Dental Office # #3054

Applications are not accepted without proper premium payment.
See brochure for details.

Complete reverse side for automatic checking account deduction or credit card

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 AND YOU ARE GIVING UP YOUR CONSTITUTIONAL RIGHT TO A JURY OR COURT TRIAL. SEE THE COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM FOR DETAILS.

Applicant's Signature

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 del 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 pro ese servicio. Llame, mande por correo o por fax al plan, o visite el sitio de internet del plan.