

**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 español llame a California Dental Network gratis al numero (877) 433-6825.

## Who is Eligible?

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

## It's Easy to Enroll!

To enroll in **California Dental Network's In House Dental Plan at Dr. ZAK Long Beach Dental Care**, 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 Long Beach Dental Care** will forward your enrollment and payment to California Dental Network, located at 23291 Mill Creek Dr. Ste. 100, Laguna Hills, CA 92653. Your coverage will start the first day of the month that the plan was purchased. (For example, a plan purchased on January 15, will be effective January 1.)

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 outside of the California Dental Network service area, CDN will reimburse you for out-of-area emergency treatment. Emergency treatment is urgently needed services to prevent serious deterioration of health resulting from unforeseen illness or injury for which treatment cannot be delayed until the Member returns to CDN's service area.

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

- Prophylaxis (cleaning) is limited to once every 6 months for no charge, see benefit schedule for copayment charge for cleanings over 1 per 6 months.
- Replacement of a restoration is covered only when dentally necessary.
- Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.

## Exclusions Summary

- General anesthesia, analgesia (nitrous oxide), 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; or Temporomandibular Joint Syndrome (TMJ).
- Prescription Drugs and over the counter medicines.
- Hospital costs of any kind.

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.



## Z Dental Plan

*Summary of Plan Benefits  
and Copayments*

Offered at

**Dr. ZAK LONG BEACH  
DENTAL CARE**

**(562) 426-6458**

**3620 LONG BEACH BLVD., STE. B6  
LONG BEACH, CA 90807**

Plan Offered and Administered By:

**California Dental Network**

*A DentaQuest company*

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

# 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 or Receive Covered Treatment!

## See Your Savings

Compare your costs with California Dental Network's **Z-Dental Plan** to average dental fees:

Sample Treatment Plan	Avg. Fee*	with Z Dental	Your Savings
Exams	\$83	\$0	\$83
Cleanings	\$138	\$0	\$138
Full Mouth x-rays	\$193	\$0	\$193
Filling, 1 surface	\$216	\$125	\$91
Complete upper or lower denture	\$2797	\$975	\$1822
Crown, PFG	\$1,658	\$747	\$911
<b>Total</b>	<b>\$5,085</b>	<b>\$1,847</b>	<b>\$3,238</b>

\*2018 National Dental Advisory Service for 92625

## Affordable Annual Rates

Single.....	\$72.00
Couple.....	\$112.00
Family.....	\$144.00

## Specialty Coverage

Based upon the Member's condition, a Member's Primary Contracted General Dentist may refer the member to a contracted Dental Specialist. In such cases, the general dentist will refer the member to a California Dental Network Z Dental Plan participating dental specialist. California Dental Network requires prior authorization for Specialty Referrals. The Member's Primary Contracted General Dentist is responsible for obtaining prior authorization for Members to receive specialty care at the higher specialist copayment.

## Summary of Benefits and Copayments California Dental Network Z Dental Plan

The following partial list of dental services are covered benefits for the specified copayment, only when provided by a participating Z Dental Plan California Dental Network Dentist, which may be found online at [www.caldental.net](http://www.caldental.net)

Provided by a General Dentist or a Dental Specialist at the Same Copayment	
Preventive Services	Copay
Office visit	\$0
Oral examination	\$0
Intraoral x-rays, complete series	\$0
Bitewing x-rays, single film	\$0
Panoramic x-ray	\$40
Prophylaxis (teeth cleaning)	\$0
Topical fluoride (to age 14)	\$25
Sealants	\$25

Routine Services		Copay
<b>Restorations</b>		
Composite, one surface anterior		\$125
Composite, two surfaces anterior		\$145
Composite, three surfaces, anterior		\$175
Composite, 1 surface, posterior		\$140
Composite, 2 surfaces, posterior		\$165
Composite, 3 surfaces, posterior		\$190

Periodontics		Copay
Full mouth debridement to enable comprehensive evaluation and diagnosis		\$99
Scaling and root planing, per quadrant		\$95
Periodontal Maintenance		\$89

Major Services		Copay
<b>Crowns</b>		
Porcelain fused to high noble metal*		\$747
Bridge abutment or pontic unit, porcelain fused to high noble metal*		\$797
Cast post & Core		\$195
Prefab Cast post & Core		\$225

Dentures & Prosthodontics		Copay
Complete upper or lower denture		\$975
Upper or lower partial denture, resin base		\$775

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%.

Provided by a General Dentist or a Dental Specialist at the Same Copayment	
Major Services	Copay
Upper or lower partial denture, cast metal base with resin saddles	\$1075
Adjust complete denture	\$70
Repair broken complete denture base	\$300
Replace missing or broken teeth, complete denture, each tooth	\$145
Reline complete or partial upper or lower denture, chairside	\$225
Reline complete or partial upper or lower denture, laboratory	\$275
Stayplate	\$475

Cosmetic Benefits		Copayment
Bleaching, per arch		\$249
Labial veneer (porcelain laminate), laboratory		\$847

Provided by a General Dentist and/or a Dental Specialist with a Higher Specialist Copayment		
Routine Services	General copay	Specialist Copay

Oral Surgery		
Extraction, single tooth	\$95	\$192
Surgical removal of erupted tooth	\$150	\$271
Removal of impacted tooth, soft tissue	\$180	\$282
Removal of impacted tooth, partially bony	\$210	\$372

Endodontics		
Therapeutic pulpotomy	\$137	\$275
Root canal, anterior	\$525	\$877
Root canal, bicuspid	\$615	\$955
Root Canal, molar	\$754	\$1042

Cosmetic Benefits		General	Specialist
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Orthodontics			
Comprehensive orthodontic treatment of the adolescent dentition	NPB	\$3100	

\*Member is responsible for copayment plus actual lab cost for gold. NPB=Not a Covered Plan Benefit

detach and return

## ENROLLMENT APPLICATION

Please print or type.

Agent #: 3922

Effective Date:

Social Security No.

Last Name

First

Initial

Birthdate / /

Home Phone ( )

Address

City

State

Zip

Work Telephone ( )

Language\*

Employer's Name

**Dependents to be covered:**

Last Name (if different) First \*Language Birthdate \*Language

Last Name (if different) First \*Language Birthdate \*Language

\*Please indicate Preferred Language other than English for Communications with Plan.

Spouse: / /

Child: / /

Child: / /

Spouse: / /

Child: / /

Child: / /

Plan Z-Dental

Dental Office #

2654

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 CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE SECTION XIX OF THE SUBSCRIBER AGREEMENT.**

Applicant's Signature

Date