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!

AFFORDABLE ANNUALRATES!

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

SEE YOUR $AVINGS!

Sample Treatment	Avg. Fee*	Plan Fee	Savings
Comprehensive Exam	$86	No Charge	**$86**
Full Mouth X-Rays	$132	No Charge	**$132**
1st Adult Cleaning	$91	No Charge	**$91**
Crown , PFM	$1117	$597	**$520**
Root Canal Single	$738	$425	**$313**
TOTAL	$2164	$1022	**$1142**

*2012 National Dental Advisory Service for 93063

In this case the savings are over 50%!

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 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 (teeth cleaning)	No Charge
Sealant 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 surface anterior	$120.00
Composite 3 surface anterior	$145.00
Composite 1 surface posterior	$125.00
Composite 2 surface posterior	$165.00
Composite 3 surface 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, full bony	$275.00
ENDODONTICS	
Pulp cap	$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 planning, 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 & core	$195.00
Prefabricated post & core	$189.00
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

* MEMBER IS RESPONSIBLE FOR COPAYMENT PLUS ACTUAL LAB COST OF GOLD.

IV. ORTHODONTICS

STANDARD 24-MONTH CARE	YOUR COPAYMENT
Full-banded, upper and lower, to age 19	$2,850.00
Full-banded, upper and lower, adults	$3,050.00
Upper or lower, to age 19	$1970.00
Upper or lower, adult	$2120.00
Ortho Retention upper and lower	$650.00

V. COSMETIC SERVICES

In Office Bleaching, full mouth	$249.00
Ceramic Crown, 3rd generation	$697.00
Labial veneer (porcelain laminate), laboratory	$697.00
Night guards, soft, includes lab fee	$397.00
Broken Appointment w/out 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%.

Detach and Return

P.O. Box 2428
Laguna Hills, CA 92654

ENROLLMENT APPLICATION

Please print or type.

Agent # **#3696**

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

Address | City | State | Zip

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:		/ /		Child:		/ /	
Child:		/ /		Child:		/ /	
Child:		/ /		Child:		/ /	

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

Plan 1000Z
Dental Office # **#0121**

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 MAL-PRACTICE, 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.

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WHO IS ELIGIBLE?

You may enroll your spouse and eligible dependents. Eligible dependents include children up to the age of 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 a payment to **California Dental Network** by check for the full premium amount.
3. Dr. Zak 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 1st 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!

Not all general dentists are capable of performing each of the services listed herein and, based upon the member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, the general dentist will refer the member to a dental specialist. You will receive a 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

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 on 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 Net-

California DENTAL NETWORK, INC

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

Rev. 3-12

California DENTAL NETWORK, INC

INDIVIDUAL DENTAL PLAN 1000Z

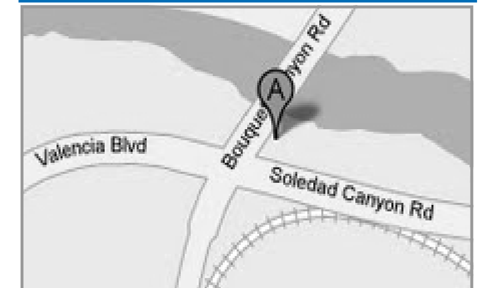
EXLUSIVELY OFFERED AT

DR.ZAK dental care

WWW.ZAKDENTAL.COM

(661) 253-4000

26324 BOUQUET CYN. RD.
VALENCIA, CA 91355



SUMMARY OF PLAN BENEFITS AND COPAYMENTS