



Marc L. Harris
Insurance Broker
NoCobra.com Dental & Health Insurance Services
Ca. License 0C45052



Dear Friend,

Thank you for showing an interest in the *California Dental Network* dental insurance product. It is truly the best product available in the state of California in our eyes, and if you are not 100% satisfied with the product, you can call and cancel your membership at anytime throughout the year.

There is no contract that you are “locked into.” If you did pay the entire year in full, then you will receive your pro-rated premium back with NO QUESTIONS ASKED! To this day, we have not had to honor that particular scenario once, and we’ve been selling this plan for years.

If you have any detailed questions that I did not provide answers to, then feel free to contact the carrier at their toll free number **(877) 4-DENTAL** (877-433-6825).

To apply, just complete the following:

1. Sign and complete the application enclosed, monthly rates are on the application if you can’t pay annually.
2. Attach a check for the premium (be sure to add the (1) time enrollment fee)

INDIVIDUAL: On the plan 595 for the ANNUAL rate, it is \$227.40 + \$10 for a total of..... \$237.40

COUPLE: On the plan 595 for the ANNUAL rate, it is \$347.40 + \$15 for a total of.....\$362.40

FAMILY: On the plan 595 for the ANNUAL rate, it is \$479.40 + \$20 for a total of.....\$499.40

(Most clients just pay the year in advance to avoid the hassle of paying monthly...1 less bill!)

3. Make your check payable to California Dental Network and mail it to:

NoCobra.com, Inc.
27 Lazurite, Suite #100
Rancho Santa Margarita, CA 92688
ATTN: New Enrollments

4. **IMPORTANT:** Don’t forget to select your primary dentist! Providers can be found at www.CalDental.net

A list of dentists w/ codes can be mailed upon request...if not enclosed, please call or e-mail!

***** AUTOWITHDRAWAL ***** If you choose “Monthly Checking,” then also attach a “VOID” check. Be sure to complete the authorization form also. If paying monthly by credit card, you can fax in your application.

Thank you for your business,

Marc L. Harris

27 Lazurite, Suite 100, Rancho Santa Margarita, CA 92688
Direct Line: (949) 713-7222 / Fax: (949) 713-7278 / Toll Free: **(866) NO-COBRA**
e-mail: marc@NoCobra.com (662-6272)

www.NoCobra.com

INDIVIDUAL DENTAL PLAN 595

SUMMARY OF PLAN BENEFITS AND COPAYMENTS

For questions & information contact:

Marc L. Harris - License:0C45052
 NoCobra.com, Inc.
 27 Lazurite Suite #100
 Rancho Santa Margarita, CA 92688
 Phone: (949) 713-7222
 Toll Free: (866) NO-COBRA
 www.NoCobra.com

Fax 24 hrs/day: (949) 713-7278



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED MONTHLY CHECKING ACCOUNT PAYMENTS

Company Name: California Dental Network, Inc.

Company ID Number: 3123/0001

I hereby authorize **CALIFORNIA DENTAL NETWORK, INC.**, hereinafter called COMPANY, to initiate debit/credit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit/credit the same to such account.

Financial Institution: _____

Transit/ABA No. _____
 (First nine numbers from bottom of check)

Account No. _____

This authority is to remain in full force and effect until COMPANY and FINANCIAL INSTITUTION have received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I understand that I may cancel this authorization by providing written notice to the COMPANY at least five business days prior to the payment due date. I further understand that canceling my authorization does not relieve me of the responsibility of paying my account in full.

Date _____

Name(s) _____

(Please print name(s) here and sign below)

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED MONTHLY CREDIT CARD PAYMENTS

(Until terminated or withdrawn in writing)

Credit Card Type: *(Please check one)*
 Am Ex ___ MasterCard ___ Visa ___ Discover ___

Credit Card No. _____

Expiration Date: _____

Name as it appears on Card: _____

(Please print name here and sign below)

Signature(s): _____

Detach and Return

Make checks payable to:



ENROLLMENT APPLICATION Please print or type.

Agent# **000926**

Social Security No. Last Name First Initial Birthday Home Phone

Address City State Zip

Employer's Name Work Telephone

Dependents to be covered:

Spouse: / / Child: / /

Child: / / Child: / /

Last Name (if different) First Birthday Last Name (if different) First Birthday

Plan 595

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 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 _____

Date _____

	Monthly Checking or Credit Card	Monthly Coupons	Annual Payments
Single	\$18.95	\$20.95	\$227.40
Couple	\$28.95	\$30.95	\$347.40
Family	\$39.95	\$41.95	\$479.40

Plus one-time Non-refundable enrollment fee-
Single \$10., Couple \$15, Family \$20

Please complete the reverse side of this application for automatic checking account deductions or credit card information.



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** Individual PLAN 595 to average dental fees:

Sample Treatment Plan	Avg. Fee*	With Plan 595	Your Savings
Exams.....	\$55.00	No Charge	\$55.00
Cleanings.....	\$62.00	No Charge	\$62.00
Full Mouth X-Rays.....	\$93.00	No Charge	\$93.00
Filling, 1 surface.....	\$104.00	\$4.00	\$100.00
Root Canal, single.....	\$503.00	\$80.00	\$423.00
Crown, PFM.....	\$814.00	\$156.00	\$658.00
	\$1,631.00	\$240.00	\$1,391.00

*2003 National Dental Advisory Service for 92805

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!

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. The plan will cover 30% of the specialist's fees during the first year of enrollment and 50% thereafter, for up to \$1,000 in services per year.

Summary of Individual PLAN 595 Benefits and Copayments

The following dental services are covered benefits for the specified copayment, **only** when provided by a participating **California Dental Network** general dentist, which may be found online at www.caldental.net

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
Panoramic x-ray.....	No Charge
Prophylaxis (cleaning).....	No Charge
Topical fluoride (child).....	No Charge
Oral hygiene instruction.....	No Charge

II. ROUTINE SERVICES

	YOUR COPAYMENT
RESTORATIONS	
Amalgam, one surface.....	\$4.00
Amalgam, two surfaces.....	\$5.00
Amalgam, three surfaces.....	\$6.00
Resin, up to three surfaces.....	\$14.00
ORAL SURGERY	
Extraction, single tooth.....	\$10.00
Surgical removal of erupted tooth.....	\$30.00
Removal of impacted tooth, soft tissue.....	\$40.00
Removal of impacted tooth, partially bony.....	\$50.00
Incision & drainage of abscess intraoral soft tissue.....	\$14.00
ENDODONTICS	
Pulp cap, direct.....	\$5.00
Pulp cap, indirect.....	\$12.00
Therapeutic pulpotomy.....	\$12.00
Root canal, anterior.....	\$80.00
Root canal, bicuspid.....	\$100.00
Root canal, molar.....	\$140.00
Canal preparation & post fitting.....	No Charge
PERIODONTICS	
Gingivectomy or gingivoplasty, 4 or more contiguous teeth, per quadrant.....	\$100.00
Scaling & root planing, per quadrant.....	\$40.00

III. MAJOR SERVICES

	YOUR COPAYMENT
CROWNS	
Resin with metal*.....	\$156.00
Porcelain fused to high noble metal* (not for molars).....	\$156.00
Porcelain fused to high noble metal* (for molars).....	\$236.00
Full cast high noble metal*.....	\$142.00
3/4 cast metallic*.....	\$142.00
Prefabricated stainless steel crown.....	\$17.00
Temporary sedative filling.....	\$5.00
DENTURES	
Complete upper or lower denture.....	\$160.00
Upper or lower partial denture, resin base.....	\$150.00
Upper or lower partial denture, cast metal base with resin saddles.....	\$175.00
Adjust denture.....	No Charge
Repair broken complete denture base.....	\$15.00
Replace missing or broken teeth, complete denture, each tooth.....	\$17.00
Reline complete or partial upper or lower denture, chairside.....	\$20.00
Reline complete or partial upper or lower denture, lab.....	\$42.00
Re-cement fixed partial denture.....	No Charge

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

IV. ORTHODONTICS

STANDARD 24-MONTH CASE	
Full-banded, upper and lower, to age 19.....	\$1,695.00
Full-banded, upper and lower, adults.....	\$1,695.00
Banded, upper or lower, children & adults.....	\$1,000.00
Consultation.....	\$40.00
Broken appointments without 24-hour notice.....	\$40.00

V. COSMETIC BENEFITS

Tooth colored fillings, one surface, back tooth.....	\$60.00
Bleaching, per arch.....	\$125.00
Labial veneer (resin laminate), chairside.....	\$150.00
Night guards, soft, includes lab fee.....	\$175.00

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 0%.

WHO IS ELIGIBLE?

You may enroll your spouse and eligible dependents. Eligible dependents include unmarried children to age 19 and full-time students to age 23. A full-time student is defined as taking 12 or more units. Verification is required.

IT'S EASY TO ENROLL!

To enroll in **California Dental Network's** PLAN 595, 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 in the box at the bottom left corner of the Application.
3. Include a check, payable to **California Dental Network**, for your first month's premium and the **one-time enrollment fee**.
4. Mail the application and check to **California Dental Network 1971 E. 4th Street, Suite 184, Santa Ana, CA 92705-3917**. Your payment must be received by the 20th of the month for your coverage to begin on the first day of the following month.

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.

LIMITATIONS

- ◆ Prophylaxis (cleaning) is limited to once every six months.
- ◆ Fluoride treatment is covered once every 12 months for Members up to age 14.
- ◆ 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.
- ◆ Sealants are covered for Members up to the age of 14 and are limited to permanent first and second molars.
- ◆ Periodontal treatments (subgingival curettage 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.
- ◆ Denture relines are limited to one per arch in any 12-month period.

EXCLUSIONS

- ◆ 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.
- ◆ Any services involving implants or experimental procedures.
- ◆ Any procedures performed for cosmetic, elective or aesthetic purposes.
- ◆ Any procedure to replace or stabilize tooth structure lost by attrition, abrasion, erosion or grinding.

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



1971 E. 4th Street, Suite 184, Santa Ana, CA 92705-3917
Phone: (714) 479-0777 Fax: (714) 479-0779 Toll-free: (877) 4-DENTAL
www.caldental.net



1971 E. 4th Street, Suite 184, Santa Ana, CA 92705-3917
 Phone (714) 479-0777 ♦ Toll-Free (877) 4-DENTAL ♦ Fax (714) 479-0779
www.caldental.net, e-mail cdnmktg@pacbell.net

COSMETIC BENEFITS RIDER

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER PAYS</u>
<i>Kiddie Bridge</i>		
D1515.....	Space Maintainer – Fixed – Bilateral, Temporary	\$180.00
<i>Tooth Colored Fillings</i>		
D2391.....	Resin-Based Composite – One Surface, Back Tooth	\$60.00
D2392.....	Resin-Based Composite – Two Surfaces, Back Tooth	\$80.00
D2393.....	Resin-Based Composite – Three Surfaces, Back Tooth.....	\$100.00
D2394.....	Resin-Based Composite – Four or More Surfaces, Back Tooth	\$120.00
<i>Inlay/Onlay Restorations</i>		
D2610.....	Inlay – Porcelain/Ceramic – One Surface	\$240.00
D2620.....	Inlay – Porcelain/Ceramic – Two Surfaces	\$350.00
D2630.....	Inlay – Porcelain/Ceramic – Three or More Surfaces	\$400.00
D2642.....	Onlay – Porcelain/Ceramic – Two Surfaces.....	\$425.00
D2643.....	Onlay – Porcelain/Ceramic – Three Surfaces	\$450.00
D2644.....	Onlay – Porcelain/Ceramic – Four or More Surfaces	\$475.00
D2650.....	Inlay – Resin-Based Composite – One Surface.....	\$200.00
D2651.....	Inlay – Resin-Based Composite – Two Surfaces.....	\$300.00
D2652.....	Inlay – Resin-Based Composite – Three or More Surfaces.....	\$325.00
D2662.....	Onlay – Resin-Based Composite – Two Surfaces	\$350.00
D2663.....	Onlay – Resin-Based Composite – Three Surfaces	\$375.00
D2664.....	Onlay – Resin-Based Composite – Four or More Surfaces	\$400.00
<i>Other Restorative Services</i>		
D2932.....	Prefabricated Resin Crown, When Placed As A Permanent Restoration	\$100.00
D2960.....	Labial Veneer (Resin Laminate) – Chairside.....	\$150.00
D2961.....	Labial Veneer (Resin Laminate) – Laboratory.....	\$400.00
D2962.....	Labial Veneer (Porcelain Laminate) – Laboratory.....	\$400.00
D2999.....	Recement/Rebond Veneers, Ceramic Inlays/Onlays, Crowns, By Report	\$100.00
<i>Teeth Whitening</i>		
D9972.....	Bleaching, Per Arch.....	\$125.00
<i>Elective/Upgrade Procedures (When Crowns or Bridges Are Not the Covered Benefit)</i>		
D2710 - D2752.....	Porcelain Fused to Metal* Crown on Molars	\$395.00
D6210 - D6212.....	Cast Metal* Pontic	\$325.00
D6240 - D6242.....	Porcelain Fused to Metal* Pontic, False Tooth, When Performed As Upgrade to Removable Prosthesis.....	\$350.00
D6720 - D6752.....	Porcelain Fused to Metal* Abutment Crown, When Performed As Upgrade To Removable Prosthesis	\$395.00
D6780 - D6782.....	¾ Cast Metal* Abutment Crown	\$350.00
D6790 - D6792.....	Full Cast Metal* Abutment Crown	\$350.00
D9940.....	Night Guards, Soft, Includes Lab Fee	\$175.00

Except for bleaching, the above listed cosmetic services are treatment options that Members may elect as upgrades to other covered services that are dentally necessary at the time of treatment.

* Plus actual dental laboratory fees, including the cost of precious metal.

**CALIFORNIA DENTAL NETWORK, INC.
Principal Benefits & Coverage – PLAN 595**

The following procedures are covered benefits only when provided by a participating General Dentist, and they are subject to Plan limitations, exclusions and guidelines.

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER PAYS</u>	<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER PAYS</u>
DIAGNOSTIC, D0100-D0999			Other Restorative Services # (continued)		
	Office Visit, Includes Infection Control	No Charge	D2940	Temporary Sedative Filling	\$5.00
Clinical Oral Evaluations			D2950	Core Build-Up, Including Any Pins	No Charge
D0120	Periodic Oral Examination	No Charge	D2951	Pin Retention Per Tooth In Addition to Restoration	\$5.00
D0140	Limited Oral Exam/Problem Focused	No Charge	D2952	Cast Post & Core In Addition to Crown	\$65.00
D0150	Comprehensive Exam	No Charge	D2953	Each Additional Cast Post, Same Tooth	No Charge
D0170	Re-Evaluation, Limited, Problem Focused	No Charge	D2954	Prefabricated Post & Core In Addition to Crown	\$35.00
D0180	Comprehensive Periodontal Evaluation	\$15.00	D2957	Each Additional Prefabricated Post, Same Tooth	No Charge
Radiographs/Diagnostic Imaging			D2970	Temporary Crown (Fractured Tooth), When Not Part of Crown Preparation	\$20.00
D0210	Intraoral, Complete Series w/ Bitewings	No Charge	ENDODONTICS, D3000-D3999		
D0220	Intraoral, Periapical, First Film	No Charge	Pulp Capping		
D0230	Intraoral, Periapical, Each Additional Film	No Charge	D3110	Direct (Excluding Final Restoration)	\$5.00
D0240	Intraoral, Occlusal Film	No Charge	D3120	Indirect (Excluding Final Restoration)	\$12.00
D0270	Bitewings, Single Film	No Charge	Pulpotomy		
D0272	Bitewings, Two Films	No Charge	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$12.00
D0274	Bitewings, Four Films	No Charge	D3221	Pulpal Debridement, Primary & Permanent, When Endodontic Treatment Not Completed Same Day	\$15.00
D0330	Panoramic Film	No Charge	Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-Up Care)		
D0350	Oral/Facial Images, Includes Intra & Extraoral Images, Non-Orthodontic	No Charge	D3310	Anterior (Excluding Final Restoration)	\$80.00
Tests And Laboratory Examinations			D3320	Bicuspid (Excluding Final Restoration)	\$100.00
D0460	Pulp Vitality Tests	No Charge	D3330	Molar (Excluding Final Restoration)	\$140.00
D0470	Diagnostic Casts, Non-Orthodontic	\$10.00	D3332	Incomplete Endodontic Therapy, Inoperable or Fractured Tooth	\$25.00
PREVENTIVE, D1000-D1999			Endodontic Retreatment		
Dental Prophylaxis, Coronal Scaling & Polish			D3346	Anterior	\$180.00
D1110	Prophylaxis, Adult	No Charge	D3347	Bicuspid	\$200.00
D1120	Prophylaxis, Child	No Charge	D3348	Molar	\$240.00
Topical Fluoride Treatment (Office Procedure)			Apicoectomy/Periradicular Services		
D1201	Topical Application of Fluoride, Child, With Prophylaxis	No Charge	D3410	Surgery, Anterior	\$60.00
D1203	Topical Application of Fluoride, Child, Without Prophylaxis	No Charge	D3421	Surgery, Bicuspid (First Root)	\$60.00
Other Preventive Services			D3425	Surgery, Molar (First Root)	\$60.00
D1310	Nutritional Counseling for Control of Dental Disease		D3426	Surgery, Each Additional Root	\$60.00
D1320	Tobacco Counseling for the Control & Prevention of Oral Disease	No Charge	D3430	Retrograde Filling, Per Root	\$40.00
D1330	Oral Hygiene Instruction	No Charge	Other Endodontic Procedures		
D1351	Sealant, Per Tooth, Under Age 14 Only	\$5.00	D3950	Canal Preparation & Fitting of Pre-Formed Dowel or Post	No Charge
Space Maintenance (Passive Appliances)			PERIODONTICS, D4000-D4999		
D1510	Fixed Unilateral	\$45.00	Surgical Services (Including Usual Post-Operative Care)		
D1515	Fixed Bilateral	\$45.00	D4210	Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$100.00
D1520	Removable Unilateral	\$45.00	D4211	Gingivectomy or Gingivoplasty, One to Three Teeth Per Quadrant	\$90.00
D1525	Removable Bilateral	\$45.00	D4240	Gingival Flap Procedure, Including Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$100.00
D1550	Recementation of Space Maintainer	\$10.00	D4241	Gingival Flap Procedure, Including Root Planing, One to Three Teeth, Per Quadrant	\$90.00
RESTORATIVE, D2000-D2999			D4260	Osseous Surgery (Including Flap Entry and Closure), Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	70% of UCR*
Amalgam Restorations (Including Polishing)			D4261	Osseous Surgery (Including Flap Entry and Closure), One to Three Teeth Per Quadrant	70% of UCR*
D2140	One Surface, Primary or Permanent	\$4.00	D4263	Bone Replacement Graft, First Site In Quadrant	\$150.00
D2150	Two Surfaces, Primary or Permanent	\$5.00	D4264	Bone Replacement Graft, Each Additional Site In Quadrant	\$100.00
D2160	Three Surfaces, Primary or Permanent	\$6.00	Non-Surgical Periodontal Service		
D2161	Four or More Surfaces, Primary or Permanent	\$8.00	D4341	Periodontal Scaling and Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$40.00
Resin-Based Composite Restorations			D4342	Periodontal Scaling and Root Planing, One to Three Teeth, Per Quadrant	\$30.00
D2330	One Surface, Anterior	\$14.00	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis, <u>Separate Visit from Prophylaxis</u>	\$10.00
D2331	Two Surfaces, Anterior	\$14.00	Other Periodontal Services		
D2332	Three Surfaces Anterior	\$14.00	D4910	Periodontal Maintenance Procedures (Following Active Therapy), With Prophylaxis	\$15.00
D2335	Four or More Surfaces, or Involving Incisal Angle, Anterior	\$16.00	D4920	Unscheduled Dressing Change, By Someone Other Than Treating Dentist	No Charge
D2390	Resin-Based Composite Crown, Anterior	\$18.00	PROSTHODONTICS (Removable), D5000-D5899		
D2391	Resin-Based Composite, One Surface, Posterior, Covered for Facial surfaces of Bicuspid Only, When Caries or Failing Restoration Exists	\$18.00	Complete Dentures, (Including Routine Post-Delivery Care)		
Inlay/Onlay Restorations #			D5110	Maxillary	\$160.00
D2510	Inlay, Metallic, One Surface	\$70.00	D5120	Mandibular	\$160.00
D2520	Inlay, Metallic, Two Surfaces	\$70.00	D5130	Immediate, Maxillary	\$160.00
D2530	Inlay, Metallic, Three or More Surfaces	\$90.00	D5140	Immediate, Mandibular	\$160.00
D2542	Onlay, Metallic, Two Surfaces	\$120.00	Partial Dentures, (Including Routine Post-Delivery Care)		
D2543	Onlay, Metallic, Three Surfaces	\$120.00	D5211	Maxillary, Resin Base (Including any Conventional Clasps, Rests & Teeth)	\$150.00
D2544	Onlay, Metallic, Four or More Surfaces	\$120.00	D5212	Mandibular, Resin Base (Including any Conventional Clasps, Rests & Teeth)	\$150.00
Crowns, Single Restoration Only #			D5213	Maxillary, Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth)	\$175.00
D2710	Resin, Laboratory	\$105.00	D5214	Mandibular, Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth)	\$175.00
D2720	Resin with High Noble Metal	\$156.00	Adjustments to Dentures		
D2721	Resin with Predominantly Base Metal	\$156.00	D5410	Adjust Complete Denture, Maxillary	No Charge
D2722	Resin with Noble Metal	\$156.00			
D2750	Porcelain Fused to High Noble Metal	\$156.00			
D2751	Porcelain Fused to Predominantly Base Metal	\$156.00			
D2752	Porcelain Fused to Noble Metal	\$156.00			
D2780	3/4 Cast High Noble Metal	\$142.00			
D2781	3/4 Cast Predominantly Base Metal	\$142.00			
D2782	3/4 Cast Noble Metal	\$142.00			
D2790	Full Cast High Noble Metal	\$142.00			
D2791	Full Cast Predominantly Base Metal	\$142.00			
D2792	Full Cast Noble Metal	\$142.00			
Other Restorative Services #					
D2910	Recement Inlay, Metallic Only	\$10.00			
D2920	Recement Crown	\$10.00			
D2930	Prefabricated Stainless Steel Crown, Primary	\$17.00			
D2931	Prefabricated Stainless Steel Crown, Permanent, When Suggested by Dentist	\$17.00			

**CALIFORNIA DENTAL NETWORK, INC.
Principal Benefits & Coverage – PLAN 595**

The following procedures are covered benefits only when provided by a participating General Dentist, and they are subject to Plan limitations, exclusions and guidelines.

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER PAYS</u>	<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER PAYS</u>
Adjustments to Dentures (continued)			Other Fixed Partial Denture (Bridge) Services (continued)		
D5411	Adjust Complete Denture, Mandibular	No Charge	D6972	Prefabricated Post & Core In Addition to Fixed Partial Denture Retainer	\$35.00
D5421	Adjust Partial Denture, Maxillary	No Charge	D6973	Core Build-Up for Retainer, Including Any Pins	No Charge
D5422	Adjust Partial Denture, Mandibular	No Charge	D6975	Coping, Metal	No Charge
Repairs to Complete Dentures			D6980	Fixed Partial Denture Repair, By Report	\$50.00
D5510	Repair Broken Complete Base	\$15.00	ORAL AND MAXILLOFACIAL SURGERY, D7000-D7999		
D5520	Replace Missing or Broken Teeth (Each Tooth)	\$17.00	Extractions (Includes Local Anesthesia, Suturing, If Needed, & Routine Post-Operative Care)		
Repairs to Partial Dentures			D7111	Coronal Remnants, Deciduous Tooth	\$10.00
D5610	Repair Resin Denture Base	\$15.00	D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$10.00
D5620	Repair Cast Framework	\$17.50	Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, & Routine Post-Operative Care)		
D5630	Repair or Replace Broken Clasp	\$17.50	D7210	Surgical Removal of Erupted Tooth (Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth)	\$30.00
D5640	Replace Broken Teeth, Per Tooth	\$17.50	D7220	Removal of Impacted Tooth, Soft Tissue	\$40.00
D5650	Add Tooth to Existing Partial	\$17.50	D7230	Removal of Impacted Tooth, Partially Bony	\$50.00
D5660	Add Clasp to Existing Partial	\$17.50	D7240	Removal of Impacted Tooth, Completely Bony	\$75.00
D5670	Replace All Teeth & Acrylic on Cast Metal Framework, Maxillary	\$60.00	D7241	Removal of Impacted Tooth, Completely Bony, With Unusual Surgical Complications	\$75.00
D5671	Replace All Teeth & acrylic on Cast Metal Framework, Mandibular	\$60.00	D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$30.00
Denture Reline Procedures			Alveoplasty, Surgical Preparation of Ridge for Dentures		
D5730	Complete Maxillary Denture (Chairside)	\$20.00	D7310	In Conjunction with Extractions, Per Quadrant	\$70.00
D5731	Complete Mandibular Denture (Chairside)	\$20.00	D7320	Not In Conjunction with Extractions, Per Quadrant	\$80.00
D5740	Partial Maxillary Denture (Chairside)	\$20.00	Surgical Incision		
D5741	Partial Mandibular Denture (Chairside)	\$20.00	D7510	Incision and Drainage of Abscess, Intraoral Soft Tissue	\$14.00
D5750	Complete Maxillary Denture (Laboratory)	\$42.00	ORTHODONTICS, D8000-D8999 (Only When Provided By Participating Orthodontist)		
D5751	Complete Mandibular Denture (Laboratory)	\$42.00	Limited Orthodontic Treatment		
D5760	Partial Maxillary Denture (Laboratory)	\$42.00	D8020	Transitional Dentition	\$1,000.00
D5761	Partial Mandibular Denture (Laboratory)	\$42.00	D8030	Adolescent Dentition	\$1,000.00
Interim Prosthesis (See Plan Guidelines)			D8040	Adult Dentition	\$1,000.00
D5820	Interim Partial Denture (Maxillary)	\$90.00	Comprehensive Orthodontic Treatment		
D5821	Interim Partial Denture (Mandibular)	\$90.00	D8070	Transitional Dentition	\$1,695.00
PROSTHODONTICS, FIXED, D6200-D6999			D8080	Adolescent Dentition	\$1,695.00
Fixed Partial Denture (Bridge) Pontics #			D8090	Adult Dentition	\$1,695.00
D6210	Pontic, Cast High Noble Metal	\$142.00	Other Orthodontic Services		
D6211	Pontic, Cast Predominantly Base Metal	\$142.00	D8660	Pre-Orthodontic Treatment Visit	\$40.00
D6212	Pontic, Cast Noble Metal	\$142.00	D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	No Charge
D6240	Pontic, Porcelain Fused to High Noble Metal	\$156.00	D8680	Orthodontic retention (Removal of Appliances, Construction and Placement of Retainer(s)), Per Arch	\$150.00
D6241	Pontic, Porcelain Fused to Predominantly Base Metal	\$156.00	Broken Specialist Appointments, Without 24-Hour Notice..... \$40.00		
D6242	Pontic, Porcelain Fused to Noble Metal	\$156.00	Diagnostic records (x-rays, models, tracings, etc.) are separate charges and are generally required for all types of orthodontic therapy.... UCR*		
D6250	Pontic, Resin with High Noble Metal	\$156.00	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding. When needed. UCR*		
D6251	Pontic, Resin with Predominantly Base Metal	\$156.00	Orthodontists may charge Members additional fees for costs of cases over 24 months, based on the differences in UCR fees for the needed treatment periods less the UCR fees for a 24-month treatment period.		
D6252	Pontic, Resin with Noble Metal	\$156.00	ADJUNCTIVE GENERAL SERVICES, D9000-D9999		
Fixed Partial Denture (Bridge) Retainers - Inlays/Onlays #			D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	\$5.00
D6602	Inlay, Cast High Noble Metal, Two Surfaces	\$70.00	D9210	Local Anesthesia, Not In Conjunction With Operative Surgical Procedures	No Charge
D6603	Inlay, Cast High Noble Metal, Three or More Surfaces	\$90.00	D9215	Local Anesthesia	No Charge
D6604	Inlay, Cast Predominantly Base Metal, Two Surfaces	\$70.00	D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other Than Practitioner Providing Treatment) Contact Plan 1st	\$10.00
D6605	Inlay, Cast Predominantly Base Metal, Three or More Surfaces	\$90.00	D9430	Office Visit for Observation (During Regularly Scheduled Hours), No Other Services Performed	No Charge
D6606	Inlay, Cast Noble Metal, Two Surfaces	\$70.00	D9440	Office Visit, After Regularly Scheduled Hours	\$10.00
D6607	Inlay, Cast Noble Metal, Three or More Surfaces	\$90.00	D9450	Case Presentation, Detailed & Extensive Treatment Planning	No Charge
D6610	Onlay, Cast High Noble Metal, Two Surfaces	\$120.00	D9930	Treatment of Complication (Post-Surgical), Unusual Circumstances, By Report	No Charge
D6611	Onlay, Cast High Noble Metal, Three or More Surfaces	\$120.00	D9951	Occlusal Adjustment, Limited	No Charge
D6612	Onlay, Cast Predominantly Base Metal, Two Surfaces	\$120.00	Broken Appointments, Without 24-Hour Notice..... \$30.00		
D6613	Onlay, Cast Predominantly Base Metal, Three or More Surfaces	\$120.00	* UCR means the dentist's or specialist's Usual, Customary & Reasonable fees.		
Fixed Partial Denture (Bridge) Retainers - Crowns #			# Member is responsible for the payment shown plus the actual lab cost of gold.		
D6720	Crown, Resin with High Noble Metal	\$156.00			
D6721	Crown, Resin with Predominantly Base Metal	\$156.00			
D6722	Crown, Resin with Noble Metal	\$156.00			
D6750	Crown, Porcelain Fused to High Noble Metal	\$156.00			
D6751	Crown, Porcelain Fused to Predominantly Base Metal	\$156.00			
D6752	Crown, Porcelain Fused to Noble Metal	\$156.00			
D6780	Crown, ¼ Cast High Noble Metal	\$142.00			
D6781	Crown, ¼ Cast Predominantly Base Metal	\$142.00			
D6782	Crown, ¼ Cast Noble Metal	\$142.00			
D6790	Crown, Full Cast High Noble Metal	\$142.00			
D6791	Crown, Full Cast Predominantly Base Metal	\$142.00			
D6792	Crown, Full Cast Noble Metal	\$142.00			
Other Fixed Partial Denture (Bridge) Services					
D6930	Recement Fixed Partial Denture	No Charge			
D6970	Cast Post & Core In Addition to Fixed Partial Denture Retainer	\$65.00			
D6971	Cast Post As Part of Fixed Partial Denture Retainer	\$65.00			

SPECIALTY REFERRALS

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 California Dental Network participating dental specialist, who will give the Member a 30% discount from their regular fees during the first year of enrollment, and a 50% discount thereafter, for up to \$1,000 in services per year.