Attn: Small Business Owners!

Affordable, Comprehensive Dental Plan For You And Your Employees

(Groups of two or more is all that is necessary)

$0 Copay: Xrays, Exams, Cleanings*, Extractions.
Root Canal: $75 - $200. Porcelain Crown (PFM) Base Metal: $100.
Deep Cleaning: $25/Quadrant.
Tooth Colored (Resin) Fillings: $20 - $65.
Bleaching, per arch: $125. 290+ Procedures Covered!
$0 Copay Cleanings Every 6 months.

Serving Groups, Families and Individuals

Comprehensive Dental Plans: No Deductibles. No Waiting Periods. No Annual Max.

With over 3500 dental providers to choose from, it is one of the largest networks of independently owned and operated dental offices in the State of California.

www.CalDentalPlan.com

Example of Affordable Rates
Monthly Premiums - Rates may vary by zip code

Advantage Plans (Groups)	A100	A150
Individual	$12.50	$11.25
Couples	$23.75	$20.00
Family	$35.00	$31.25

Individual Plan 595	
Single	$18.95
Couple	$28.95
Family	$39.95

1-800-664-5433

For Groups Of Two Or More.

If you own or work for a company, call for your personalized quote.

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Greater Savings, Higher Member Satisfaction and More Comprehensive Benefits

This is a Summary of Benefits and Copayments. Actual coverage includes over 290 procedures. See Evidence of Coverage for details.

Advantage Plan		75	100	150	200	250
ADA Codes	Preventive					
	Office Visit	$ 0	$ 0	$ 0	$ 0	$ 0
150	Exam	$ 0	$ 0	$ 0	$ 0	$ 0
210	X-Rays	$ 0	$ 0	$ 0	$ 0	$ 0
1110	Cleaning—once every 6 months	$ 0	$ 0	$ 0	$ 0	$ 0
1110	Each additional in a 6 month period	$ 45	$ 45	$ 45	$ 45	$ 45
	Fillings					
2140-61	Amalgam 1-4 Surface	$ 0	$ 0	$ 0	$ 0	$ 0
2330	Resin Anterior 1-Surface	$ 0	$ 0	$ 0	$ 0	$ 0
2331	Resin Anterior 2-Surface	$ 0	$ 0	$ 0	$ 0	$ 0
	Crowns					
Alternative crowns (name brand) covered at various co pays						
2751	Porcelain Crown (PFM) Base Metal	$ 75	$100	$150	$200	$250
2952	Post & Core	$ 50	$ 50	$ 50	$ 65	$ 75
	Endodontics					
3310	Anterior Root Canal	$ 50	$ 75	$100	$115	$125
3320	Bicuspid Root Canal	$ 70	$ 85	$110	$130	$150
3330	Molar Root Canal	$150	$200	$235	$260	$285
	Periodontics					
4210	Gingivectomy	$ 40	$ 50	$100	$125	$175
4341	Root Planing	$ 20	$ 25	$ 35	$ 50	$ 65
4355	Full Mouth Debridement	$ 20	$ 25	$ 25	$ 25	$ 25
	Dentures					
5110-20	Complete Upper or Lower Denture	$ 90	$125	$175	$300	$350
5213	Partial Denture	$125	$150	$225	$315	$400
5730, 5731	Reline Office	$ 25	$ 40	$ 40	$ 50	$ 65
5750, 5751	Reline Lab	$ 25	$ 40	$ 40	$ 85	$100
	Extractions					
7111	Simple	$ 0	$ 0	$ 0	$ 10	$ 25
7210	Surgical	$ 0	$ 20	$ 30	$ 35	$ 45
7220	Tissue Impacted	$ 0	$ 50	$ 60	$ 75	$ 90
7230	Part Bony Extraction	$ 0	$100	$125	$150	$175
	Orthodontics					
8050	Phase 1	$1,150	$1,150	$1,150	$1,150	$1,150
8080	Child Treatment—24 Months	$1,775	$1,775	$1,775	$1,845	$1,845
8090	Adult Treatment—24 Months	$1,975	$1,975	$1,975	$2,045	$2,045
8680	Ortho Retention—Per Arch	$ 125	$ 125	$ 125	$ 125	$ 125
8999	Ortho Treatment Plan and Records	$ 250	$ 250	$ 250	$ 250	$ 250
	Adjunctive General Services					
9220	General Anesthesia (First 30 minutes)*	$175	$175	$200	$200	$200
9230	Inhalation of nitrous oxide*	$ 15	$ 15	$ 15	$ 15	$ 15
9241	Intravenous (IV) Sedation (1st 30 min)*	$150	$150	$175	$175	$175
9940	Occlusal Guard—soft	$150	$150	$150	$150	$150
	Cosmetic Procedures					
2335	Resin Posterior 1—Surface	$ 0	$ 20	$ 25	$ 30	$ 50
2391	Resin Posterior 1—Surface	$ 65	$ 65	$ 70	$ 75	$ 80
2751	Porcelain Fused to Metal on Molar	$ 75	$100	$150	$200	$250
9972	External Bleaching Per Arch	$125	$125	$125	$125	$125
9973	External Bleaching Per Tooth	$ 20	$ 25	$ 30	$ 30	$ 30

*Covered only for the removal of impacted wisdom teeth (1,16,17 & 32)