



California Dental Network

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Prepaid Plans for Employer Paid Groups 2 to 9:

The following is a summary of the standard prepaid dental plans available for Employer Paid Groups of 2 to 9 employees. The following is a summary of the covered benefits, co-payments (member cost) and monthly rates for services provided by a participating general dentist:

Prepaid Plans	Member Co-payments		
	Plan 465	Plan 595	Plan 495
Annual Deductibles	None	None	None
Annual Maximums	None	None	None
Preventative Services			
Exam, X-rays & Cleanings	No Charge	No Charge	No Charge
Routine Services			
Amalgam Fillings			
One Surface	\$10.00	\$4.00	\$2.00
Two Surface	\$15.00	\$5.00	\$3.00
Resin Filling, One Surface	\$25.00	\$14.00	\$10.00
Simple Extraction	\$25.00	\$10.00	\$5.00
Surgical Extraction			
Tissue Impacted	\$60.00	\$40.00	\$30.00
Root Canal, Anterior Teeth	\$125.00	\$80.00	\$45.00
Major Services			
Resin Crown, Laboratory	\$145.00	\$105.00	105.00
Porcelain Crown (PFM)	\$275.00	\$156.00	\$105.00
PFM for Molars	\$350.00	\$236.00	\$185.00
Complete Denture	\$350.00	\$160.00	\$90.00
Partial Denture	\$350.00	\$175.00	\$90.00
Orthodontics			
Upper & Lower, Standard 24-Month Case			
Children to age 18	\$1,775.00	\$1,695.00	\$1,695.00
Adults	\$1,995.00	\$1,695.00	\$1,695.00
Monthly Rates			
Single	\$7.95	\$10.95	\$14.50
Couple	\$11.95	\$18.95	\$26.95
Family	\$16.95	\$28.95	\$39.95

Coverage includes specialty referral benefits at 25% the first year and 50% the second and subsequent years, of the participating dental

specialist's usual, customary and reasonable fee, up to \$1,000 a year in services. Members enrolling on the group's effective date will receive credit for prior coverage, for specialty referral benefits.

Other services are covered with comparable savings. For a complete list of covered services view the schedule of benefits for the plan of your choice.