



Family Dental

PLANS AND RATES FOR 2020

September 2019

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About Covered California™

Covered California is the state's marketplace for the federal Patient Protection and Affordable Care Act. Covered California, in partnership with the California Department of Health Care Services, was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. Covered California helps individuals determine whether they are eligible for premium assistance that is available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Small businesses can purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

In addition to helping consumers who are eligible for federal premium assistance, Covered California seeks to improve the insurance options for all Californians in the individual market. All of the health insurance plans with embedded children's dental are available both through Covered California and in the individual market — at the same price. In addition, every health insurance company that sells an insurance product to individuals must sell one that matches Covered California's standard benefit designs. This means that all consumers can now make true apple-to-apples comparisons of their health insurance options.

Covered California is an independent part of the state government whose job is to make the new market work for California's consumers. It is overseen by a five-member board appointed by the governor and the Legislature. For more information on Covered California, please visit www.CoveredCA.com.

This booklet does not include dental rates for Covered California for Small Business.

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About Covered California's Family Dental Plans

California families now have expanded opportunities for improved dental health through Covered California's offerings of family dental plans.

The plans offer comprehensive coverage for both children and adults. Purchase of the plans is optional and comes at an additional cost. Adults can choose to enroll in family dental plans without enrolling the entire family. In the individual exchange, the participating dental carriers are:

- **Access Dental Plan**
- **Anthem Blue Cross**
- **California Dental Network**
- **Delta Dental of California**
- **Dental Health Services**
- **LIBERTY Dental Plan**
- **Premier Access**

There are two different product types available, depending on where a family lives. The dental preferred provider organization (DPPO) product offers a wide variety of provider choice within a network of participating dentists, as well as coverage for some out-of-network services. The dental health maintenance organization (DHMO) limits coverage to services provided by a dentist within a network and generally requires a referral to be seen by a specialist.

Covered California family dental plans feature standard copayments, deductibles and coinsurance requirements. The children's benefit designs have an actuarial value of at least 85 percent. An actuarial value is the overall average percentage of costs for benefits that a dental plan will cover.

These premiums are for "stand-alone" plans, or dental benefit products that can be purchased in addition to a health plan.

Dental plans must follow Covered California standard benefit designs. Standardizing benefits ensures that the selected plans define what the consumers get and allows consumers to choose a plan that's right for them based on quality, network and value. Key benefit features include comprehensive treatment services like root canals and crowns, along with diagnostic and preventive services that are available at no charge without being subject to deductible.

Family Dental Plan Standard Benefit Designs – DHMO

ENROLLEE PAYS – DHMO		
Coverage category	Child	Adult
Diagnostic and preventive (includes X-rays, exams, cleanings and sealants)	\$ 0	\$ 0
Amalgam filling – one surface	\$ 25	\$ 25
Root canal – molar	\$ 300	\$ 300
Gingivectomy per tooth	\$ 50	\$ 50
Extraction – single tooth, exposed root or erupted	\$ 65	\$ 65
Extraction – complete bony	\$ 160	\$ 160
Crown – porcelain with metal	\$ 300	\$ 300
Medically necessary orthodontia	\$ 350	not covered
Enrollee costs		
Deductible <i>(waived for diagnostic and preventive)</i>	\$ 0	\$ 0
Annual benefit limit	none	none
Individual out-of-pocket maximum	\$ 350	N/A
Family out-of-pocket maximum <i>(two or more children)</i>	\$ 700	N/A
Office copay	\$ 0	\$ 0
Waiting period	none	none

The listed services and the associated cost-sharing amounts represent a summary of services the plan provides. Please refer to the plan's Policy or Evidence of Coverage for a complete list of covered services provided and any exclusions and limitations on those services.

Family Dental Plan Standard Benefit Designs – DPPO

ENROLLEE PAYS – DPPO				
Coverage category	Child IN network	Child OUT of network	Adult IN network	Adult OUT of network
Diagnostic and preventive (includes X-rays, exams, cleanings and sealants)	0%	10%	0%	10%
Amalgam filling – one surface	20%	30%	20%	30%
Root canal – molar	50%	50%	50%	50%
Gingivectomy per quad	50%	50%	50%	50%
Extraction – single tooth, exposed root or erupted	50%	50%	50%	50%
Extraction – complete bony	50%	50%	50%	50%
Crown – porcelain with metal	50%	50%	50%	50%
Medically necessary orthodontia	50%	50%	not covered	not covered
Enrollee costs				
Deductible (<i>waived for diagnostic and preventive</i>)	\$ 75	\$ 75	\$ 50	\$ 50
Annual benefit limit	none		\$ 1,500	
Individual out-of-pocket maximum	\$ 350	N/A	N/A	
Family out-of-pocket maximum (<i>two or more children</i>)	\$ 700	N/A	N/A	
Office copay	\$ 0	\$ 0	\$ 0	\$ 0
Waiting period	none	none	6 months* for major services	6 months* for major services

The listed services and the associated cost-sharing amounts represent a summary of services the plan provides. Please refer to the plan's Policy or Evidence of Coverage for a complete list of covered services provided and any exclusions and limitations on those services.

* Waived with proof of prior coverage.

Notes on Family Dental Plan Standard Benefit Designs

Children's dental benefit notes (only applicable to the pediatric portion of the family dental plan)

1. In a coinsurance plan, each child has an individual deductible unless the family deductible has been met. Once a child's individual deductible or the family deductible is reached, cost-sharing applies until the child's out-of-pocket maximum is reached.
2. Cost-sharing payments made by each individual child for in-network services accrue to the child's out-of-pocket maximum. Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.
3. In a plan with two or more children, cost-sharing payments made by each individual child for in-network services contribute to the family deductible, if applicable, as well as the family out-of-pocket maximum.
4. Only enrollees in a Covered California Platinum, Gold, Silver or Bronze health insurance plan are eligible to purchase family dental plans.
5. The member cost share for Medically Necessary Orthodontia services applies to the course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.

Adult dental benefit notes (only applicable to the family dental plan)

1. Each adult is responsible for an individual deductible.
2. Families that wish to purchase a family dental plan must include at least one adult who has purchased a Platinum, Gold, Silver or Bronze insurance plan through Covered California.
3. If a child is enrolled in the family dental plan, all children in the family under age 19 must be enrolled in the same family dental plan.
4. Tooth whitening, adult orthodontia and implants are not covered services.

Dental Terms

Amalgam filling – one surface

A mixture of materials used to repair cavities on a single surface of the tooth.

Annual benefit limit

The maximum amount a plan will pay in a benefit year toward an adult member's dental care costs.

Extraction

The removal of a tooth.

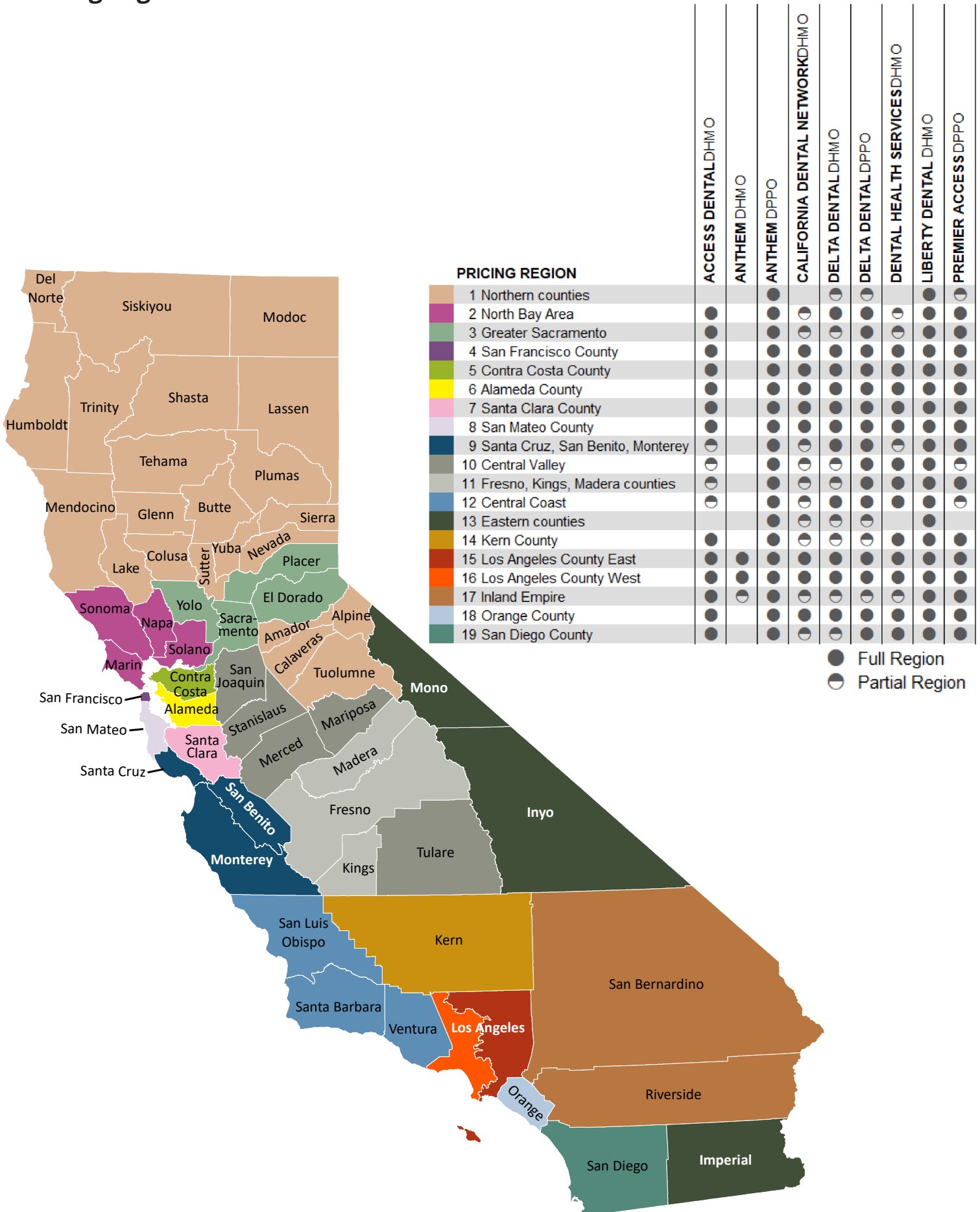
Root canal

A dental procedure to fix a damaged nerve of a tooth by removing the nerve and filling it with suitable material.

Waiting period

The length of time a newly enrolled adult member must wait before the dental plan pays toward major dental services.

Pricing Regions and Plan Availability for Family Dental



Dental Companies by County

The following pages list all the ZIP codes in each county of the state. To see which dental plans are available in your area, go to the page listed below for your county to find your ZIP code. This also shows your pricing region which will provide the plan premium rates on pages 7-17.

county	page number(s)	county	page number(s)
Alameda.....	8	Orange	19-20
Alpine.....	8	Placer.....	20
Amador	8	Plumas	20
Butte.....	8	Riverside	20-21
Calaveras.....	8-9	Sacramento	21-22
Colusa.....	9	San Benito.....	22
Contra Costa	9	San Bernardino	22-23
Del Norte.....	9	San Diego	23-25
El Dorado	9-10	San Francisco	25-26
Fresno	10	San Joaquin.....	26
Glenn.....	10-11	San Luis Obispo.....	26
Humboldt.....	11	San Mateo.....	26-27
Imperial.....	11	Santa Barbara	27
Inyo	11	Santa Clara.....	27-28
Kern	11-12	Santa Cruz.....	28
Kings.....	12	Shasta.....	28
Lake.....	12	Sierra	28-29
Lassen	12	Siskiyou	29
Los Angeles.....	12-17	Solano	29
Madera.....	17	Sonoma	29
Marin	17	Stanislaus	29-30
Mariposa.....	17	Sutter	30
Mendocino.....	17-18	Tehama.....	30
Merced.....	18	Trinity.....	30
Modoc.....	18	Tulare	30-31
Mono	18	Tuolumne	31
Monterey.....	18	Ventura	31
Napa	18	Yolo	31
Nevada.....	18-19	Yuba.....	31-32

Pricing Region 1

Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Anthem DPPO	\$49.15	\$28.55
Delta Dental* DHMO	\$21.99	\$19.99
Delta Dental* DPPO	\$50.99	\$31.99
LIBERTY Dental DHMO	\$47.18	\$38.52
Premier Access* DPPO	\$52.58	\$49.19

Pricing Region 2

Napa, Sonoma, Solano, Marin



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$15.30
Anthem DPPO	\$55.75	\$32.40
California Dental Network* DHMO	\$7.90	\$10.26
Delta Dental DHMO	\$14.99	\$15.49
Delta Dental DPPO	\$56.99	\$35.99
Dental Health Services* DHMO	\$11.50	\$13.10
LIBERTY Dental DHMO	\$21.86	\$22.24
Premier Access DPPO	\$52.58	\$49.19

* Partial Region

Pricing Region 3

Sacramento, Placer, El Dorado, Yolo



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$14.40
Anthem DPPO	\$50.80	\$32.40
California Dental Network* DHMO	\$7.90	\$10.26
Delta Dental* DHMO	\$14.99	\$15.49
Delta Dental DPPO	\$51.99	\$32.99
Dental Health Services* DHMO	\$11.50	\$13.10
LIBERTY Dental DHMO	\$8.45	\$14.52
Premier Access DPPO	\$52.58	\$49.19

Pricing Region 4

San Francisco



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$15.30
Anthem DPPO	\$55.30	\$32.40
California Dental Network DHMO	\$7.90	\$10.26
Delta Dental DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$59.99	\$37.99
Dental Health Services DHMO	\$11.50	\$13.10
LIBERTY Dental DHMO	\$8.45	\$14.52
Premier Access DPPO	\$61.46	\$56.94

* Partial Region

Pricing Region 5

Contra Costa



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$15.30
Anthem DPPO	\$54.75	\$32.40
California Dental Network DHMO	\$7.90	\$10.26
Delta Dental* DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$56.99	\$35.99
Dental Health Services DHMO	\$12.00	\$13.80
LIBERTY Dental DHMO	\$21.86	\$22.24
Premier Access DPPO	\$61.46	\$56.94

Pricing Region 6

Alameda



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$14.40
Anthem DPPO	\$54.75	\$32.40
California Dental Network DHMO	\$7.90	\$10.26
Delta Dental DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$56.99	\$35.99
Dental Health Services DHMO	\$11.50	\$13.10
LIBERTY Dental DHMO	\$8.45	\$14.52
Premier Access DPPO	\$61.46	\$56.94

* Partial Region

Pricing Region 7

Santa Clara



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$14.40
Anthem DPPO	\$54.75	\$32.40
California Dental Network DHMO	\$7.90	\$10.26
Delta Dental* DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$57.99	\$35.99
Dental Health Services DHMO	\$11.50	\$13.10
LIBERTY Dental DHMO	\$8.45	\$14.52
Premier Access DPPO	\$61.46	\$56.94

Pricing Region 8

San Mateo



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$15.30
Anthem DPPO	\$54.75	\$32.40
California Dental Network DHMO	\$7.90	\$10.26
Delta Dental DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$56.99	\$35.99
Dental Health Services DHMO	\$11.50	\$13.10
LIBERTY Dental DHMO	\$21.86	\$22.24
Premier Access DPPO	\$61.46	\$56.94

* Partial Region

Pricing Region 9

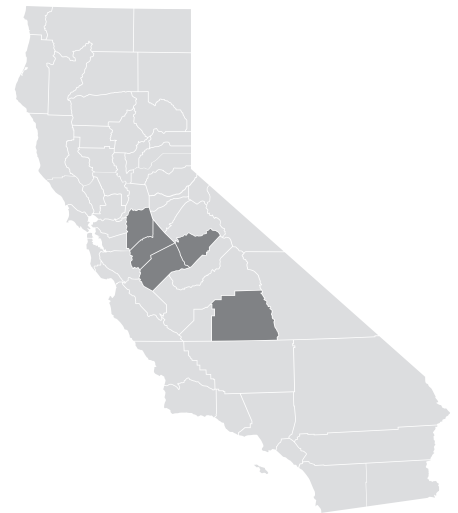
Santa Cruz, Monterey, San Benito



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental* DHMO	\$15.00	\$21.60
Anthem DPPO	\$53.95	\$32.40
California Dental Network* DHMO	\$7.90	\$10.26
Delta Dental DHMO	\$14.99	\$15.49
Delta Dental DPPO	\$55.99	\$35.99
Dental Health Services* DHMO	\$11.75	\$13.55
LIBERTY Dental DHMO	\$21.86	\$22.24
Premier Access DPPO	\$61.46	\$56.94

Pricing Region 10

San Joaquin, Stanislaus, Merced, Mariposa, Tulare



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental* DHMO	\$9.90	\$15.30
Anthem DPPO	\$51.75	\$30.10
California Dental Network* DHMO	\$7.90	\$10.26
Delta Dental* DHMO	\$14.99	\$15.49
Delta Dental DPPO	\$50.99	\$31.99
Dental Health Services* DHMO	\$11.50	\$13.10
LIBERTY Dental DHMO	\$24.84	\$24.37
Premier Access* DPPO	\$52.58	\$49.19

* Partial Region

Pricing Region 11

Fresno, Kings, Madera



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental* DHMO	\$9.90	\$15.30
Anthem DPPO	\$48.95	\$29.05
California Dental Network* DHMO	\$7.90	\$10.26
Delta Dental* DHMO	\$14.99	\$15.49
Delta Dental DPPO	\$48.99	\$30.99
Dental Health Services* DHMO	\$11.60	\$13.50
LIBERTY Dental DHMO	\$21.86	\$22.24
Premier Access* DPPO	\$52.58	\$49.19

Pricing Region 12

San Luis Obispo, Ventura,
Santa Barbara



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental* DHMO	\$9.90	\$13.50
Anthem DPPO	\$51.95	\$31.50
California Dental Network* DHMO	\$7.70	\$10.02
Delta Dental DHMO	\$14.99	\$15.49
Delta Dental DPPO	\$53.99	\$33.99
Dental Health Services* DHMO	\$11.50	\$13.10
LIBERTY Dental DHMO	\$25.63	\$24.43
Premier Access* DPPO	\$52.58	\$49.19

* Partial Region

Pricing Region 13

Mono, Inyo, Imperial



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Anthem DPPO	\$51.10	\$30.10
California Dental Network* DHMO	\$7.70	\$10.02
Delta Dental* DHMO	\$14.99	\$15.49
Delta Dental* DPPO	\$49.99	\$30.99
LIBERTY Dental DHMO	\$44.87	\$37.90

Pricing Region 14

Kern



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$13.50
Anthem DPPO	\$48.20	\$28.55
California Dental Network* DHMO	\$7.70	\$10.02
Delta Dental* DHMO	\$13.99	\$14.49
Delta Dental* DPPO	\$49.99	\$30.99
Dental Health Services* DHMO	\$10.75	\$12.60
LIBERTY Dental DHMO	\$7.66	\$12.49
Premier Access DPPO	\$52.58	\$49.19

* Partial Region

Pricing Region 15

Los Angeles

FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$13.50
Anthem DHMO	\$12.00	\$12.50
Anthem DPPO	\$49.95	\$32.40
California Dental Network DHMO	\$7.70	\$10.02
Delta Dental DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$51.99	\$32.99
Dental Health Services* DHMO	\$10.75	\$12.60
LIBERTY Dental DHMO	\$7.66	\$12.49
Premier Access DPPO	\$52.58	\$49.19



Pricing Region 16

Los Angeles

FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$13.50
Anthem DHMO	\$12.00	\$12.50
Anthem DPPO	\$51.95	\$31.50
California Dental Network DHMO	\$7.70	\$10.02
Delta Dental DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$53.99	\$33.99
Dental Health Services* DHMO	\$10.75	\$12.60
LIBERTY Dental DHMO	\$7.66	\$12.49
Premier Access DPPO	\$52.58	\$49.19



* Partial Region

Pricing Region 17

San Bernardino, Riverside



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$13.50
Anthem DHMO	\$12.00	\$12.50
Anthem DPPO	\$49.95	\$30.10
California Dental Network DHMO	\$7.70	\$10.02
Delta Dental DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$50.99	\$31.99
Dental Health Services* DHMO	\$10.75	\$12.60
LIBERTY Dental DHMO	\$7.66	\$12.49
Premier Access DPPO	\$52.58	\$49.19

Pricing Region 18

Orange



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$13.50
Anthem DPPO	\$52.50	\$32.40
California Dental Network DHMO	\$7.70	\$10.02
Delta Dental DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$54.99	\$34.99
Dental Health Services DHMO	\$10.75	\$12.60
LIBERTY Dental DHMO	\$7.66	\$12.49
Premier Access DPPO	\$52.58	\$49.19

* Partial Region

Pricing Region 19

San Diego



FAMILY DENTAL RATES		
PLAN	ADULT	CHILD
Access Dental DHMO	\$9.90	\$13.50
Anthem DPPO	\$50.80	\$32.40
California Dental Network* DHMO	\$7.70	\$10.02
Delta Dental* DHMO	\$13.99	\$14.49
Delta Dental DPPO	\$51.99	\$32.99
Dental Health Services DHMO	\$10.75	\$12.60
LIBERTY Dental DHMO	\$7.66	\$12.49
Premier Access DPPO	\$52.58	\$49.19

* Partial Region

Participating Dental Companies



Access Dental Plan | dentalexchange.guardiandirect.com

(844) 561-5600

As a wholly owned subsidiary of The Guardian Life Insurance Company of America, Access Dental Plan is part of a company that's been a trusted name in insurance for over 155 years. To us, people count. It's at the heart of everything we do year after year. It's no wonder over 8 million dental customers* – and growing – put their trust in us to get the quality care they need.

You'll have these advantages with Access Dental Plan:

- **Large DHMO network of dentists to choose from** – That means finding a primary care dentist (PCD) near you is easy.
 - You'll select and see a PCD or dental office who participates in Access Dental's network. You'll be able to change your PCD even after making your initial selection
 - Family members can see the same PCD or choose different ones.
- **Dental expertise that saves you money** – Not only will you have access to a great choice of dentists near you, but your Access Dental Plan will save you money as you receive the care you need. For example, with a DHMO plan you'll pay a copayment (fixed dollar amount) at the dentist based on the service you receive. Many diagnostic and preventive services often have no copayment.

Helpful plan information available 24/7

Members have easy access to information about their Access Dental Plan on our website: dentalexchange.guardiandirect.com. You can:

- Find a Dentist
- View and print ID cards
- Review the services covered under your plan
- Get helpful tips and information to support dental health

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive and costly care, such as fillings, crowns and root canals which often result in unexpected expenses.

Welcome to Access Dental Plan!

Network

General dentists: 15,986

Pediatric dentists: 1,284

Specialists: 8,211

Access Dental Plan is a wholly-owned subsidiary of The Guardian Life Insurance Company of America, New York, NY.

**Based on Guardian and its subsidiaries, Managed DentalGuard, First Commonwealth Insurance, Premier Access and Access Dental Plan

Participating Dental Companies



Anthem Blue Cross of California | www.anthem.com/ca/mydental

(877) 702-3074

Anthem Blue Cross is one of the largest managed health care companies in California. It is an independent licensee of the Blue Cross Blue Shield Association based in Thousand Oaks, California. Anthem and its affiliates serve nearly 945,000 Californians in dental programs statewide. Anthem's commitment to providing exceptional customer service to our members is unwavering. With more than 45 years of dental benefits administration experience and 800 dental-focused Anthem team members, consumers can be confident that Anthem can deliver Best in Class dental programs. Anthem holds an A.M. Best Company Rating of "A" (Excellent), proof of its strength and stability.

Anthem's got its members covered

With a long history of providing health and dental plans to Californians, Anthem's strength and stability in the dental market offers members a wide network of nearly 12,000 dentists practicing at more than 27,000 locations. Anthem also offers access to credentialed dentists at more than 70 locations in Mexico for enrollees who travel there.

Innovative programs

Anthem is working with dentists to increase access to appointments and to provide coordinated treatment plans to patients. Anthem's work to improve member experience includes making available tools like a [Dental Cost Estimator](#) and [Dental Health Assessment](#), Anthem also provides member educational materials through their [Dental \(Oral\) Health Library](#).

Online tools

Anthem's newly redesigned, easy to use Anthem Dental Member Services portal enables members to manage their care. Features include the ability to request their member ID card, find a dentist, and check the status of a claim. The userfriendly web-based tool includes access to the [Dental Cost Estimator](#) providing estimates for common dental procedures and treatments, as well as the [Dental Health Assessment](#) giving members even more opportunities to understand their dental care needs and costs prior to receiving care. The [Ask a Hygienist](#) online tool provides members the opportunity to email questions to licensed dental professionals and get quick, private, personalized advice at no extra cost.

Network

DPPO General Dentists: 18,486 DHMO General Dentist: 9,518

DPPO Pedodontists: 1,147 DHMO Peodontists: 261

DPPO Specialists: 7,904 DHMO Specialists: 3,215

DPPO Total 27,537

DHMO Total: 12,994

Participating Dental Companies

California Dental Network

A DentaQuest company

California Dental Network | www.caldental.net

(855) 425-4164

As a DentaQuest company, California Dental Network shares in the mission to improve the oral health of all. California Dental Network, based in Southern California, has been serving individuals, families, employers, unions, and municipalities throughout California since 1998.

Improving members' dental and oral health

Reducing individuals' dental care expenses requires a good dental benefits experience so members can achieve improved dental health. California Dental Network helps members achieve these goals by providing a high quality network of dentists from which to receive dental care and excellent customer service support to help members get the care and benefits they deserve .

Quality, accessible dentists

A good dental benefits experience begins with the dental office. Each California Dental Network provider is screened through the industry's highest credentialing process (NCQA) to ensure that members receive good quality care.

- CDN members rate their dentists' quality 3.58 (on a scale of 4).*
- 92 percent of CDN members would recommend their dental office.*

Customer service that supports members' needs

California Dental Network is proud that 95 percent of members would recommend their plan to a friend or family member.* California Dental Network understands that members and their families are counting on California Dental Network to help them deal with questions about benefits, providers, or just plain "What does this mean?" California Dental Network's dedicated Covered California phone line will help members with all of these issues in their language of comfort. And California Dental Network's online services provide a 24/7 resource to find answers to frequently asked questions and send request for help .

Network

General Dentists: 11,168

Pediatric Dentists: 537

Specialists: 4,102

*CDN Member Satisfaction Surveys 2011-2019

Participating Dental Companies



Delta Dental of California | deltadentalins.com

DHMO: (888) 282-8528 | DPPO: (888) 282-8978

Delta Dental of California is a not-for-profit dental benefits administrator headquartered in San Francisco. The largest dental benefits carrier in the state, Delta Dental of California and its affiliates cover 36.8 million people across the U.S. Delta Dental is committed to advancing dental health and access through exceptional dental benefits service, technology and professional support. It prides itself on excellent customer service and on listening and responding to its members' needs.

A healthy mouth starts here

Skipping preventive care can lead to serious dental problems. Expensive treatments can quickly add up to more than a full year's premium and result in lost time at work or school. Delta Dental offers different products, so members can choose a plan that best meets their needs.

The Delta Dental PPO™ plan allows members to visit any licensed dentist but gives members industry-leading* access nationwide to network dentists. PPO dentists agree to never balance bill more than their contracted fees, which helps keep costs low.

The DeltaCare® USA plan (DHMO) requires members to select a participating primary care dentist to visit for treatment. Using the plan is easy, with set copayments, no deductibles or maximums and no claim forms for general care. If a member needs a referral to a specialist, the member's selected primary dentist will assist in coordinating that care.

Quick and easy online tools 24/7

Delta Dental makes it easy to find information from either a mobile device or computer. Members who have registered for an online account on deltadentalins.com can look up eligibility, view or print their ID card, estimate their out-of-pocket costs (for PPO enrollees only), opting for paperless claims and more.

Delta Dental's online dentist directory lets members search for a network dentist, with enhanced search functions such as Yelp reviews and Google map locations. Members can search for dentists near a specific address, by name or by specialty.

Network

PPO unique dentists: 15,304 general dentists, 595 pediatric dentists and 3,790 specialists total

DHMO dental offices: 10,731 general dentists, 404 pediatric dentists and 5,387 specialists total

*NetMinder Dental Network Trend Report, March 2019.

Participating Dental Companies



Dental Health Services

Dental Health Services

www.dentalhealthservices.com/CA/

(855) 495-0905

Dental Health Services specializes in affordable dental plans. In 1974, Dr. Pernell started Dental Health Services to serve the needs of individuals, families, groups and unions. Our mission is to advocate for members' optimal oral health and overall wellbeing by incentivizing preventative care.

Plan members have access to an exclusive network of Quality Assured dentists including 8,471 general dentists, 390 pediatric dentists and 1,754 specialists.

Our plans are affordable. Plan members enjoy lower monthly premiums and copayments. Our plans have no waiting periods, no deductibles, no annual maximums, no pre-existing condition exclusions and no age limits.

Our commitment to quality

Our Quality Assurance program sets high standards for the care our members receive. Our program focuses on prevention and wellness for every member. Our dentists must pass a 107-point Quality Assurance screening process before they can accept members. We visit the offices we work with to make sure dentists maintain safe, clean medical equipment and facilities.

For more information or to find a dentist, visit Dental Health Services at www.dentalhealthservices.com/CA/.

Network

General Dentists: 8,471

Pediatric Dentists: 390

Specialists: 1,754

Participating Dental Companies



www.libertydentalplan.com/coveredca

(888) 844-3344

LIBERTY Dental Plan of California, Inc. (LIBERTY) has been administering dental benefits since 2001. Founded and headquartered in California, LIBERTY takes pride in offering a network of quality dental professionals throughout the Golden State. All contracted dentists undergo screening (credentialing), background checks, and office evaluations. This relationship enables LIBERTY members to receive the care they deserve when enrolling in LIBERTY's plans.

LIBERTY's mission is to be the industry leader in providing quality, innovative and affordable dental benefits with the utmost attention to member satisfaction. Their commitment is to deliver cost-effective services while constantly striving to serve the needs of our members and contracted dentists. They currently serve over 3 million members nationwide and continue to experience growth in membership and reputation.

LIBERTY offers their members:

- Benefits at copays – no claims required.
- Concierge-style “live” customer service — they answer calls in real time.
- Online access to claims, eligibility and benefits, inquiries and more.
- Mobile phone app access to electronic ID cards, dentist search, and benefit and copay information.
- Electronic ID cards .
- Access to a network of quality dental professionals throughout the Golden State.
- Service from a local company that specializes in delivering a quality dental benefit experience.

Network

General dentists: 3,750

Pediatric dentists: 224

Specialists: 750

Participating Dental Companies



Premier Access Insurance Company

dentalexchange.guardiandirect.com

(844) 561-5600

As a wholly-owned subsidiary of The Guardian Life Insurance Company of America, Premier Access Insurance Company is part of a company that's been a trusted name in insurance for over 155 years. To us, people count. It's at the heart of everything we do year after year. It's no wonder over 8 million dental customers* – and growing – put their trust in us to get the quality care they need.

You'll have these advantages with a PPO dental plan from Premier Access:

- **Large network of dentists to choose from** – Guardian is one of the largest dental insurance providers in the nation. That means finding a dentist near you is easy. Family members under your plan are free to see the same dentist or choose different ones. Plus, you don't need a referral to see a specialist.
- **Dental expertise that saves you money** – With our long-standing experience, we have expertise working with dentists to negotiate discounts for our customers. Any care you receive from a dentist who participates in our network is more affordable. While you have the freedom to visit any licensed dentist, you save more if you visit a dentist who is part of Premier Access' network of dentists (averaging 36% off standard rates for services).

Helpful plan information available 24/7

Members have easy access to information about their dental plan on our website: dentalexchange.guardiandirect.com. You can:

- Find a Dentist
- View and print ID cards
- Review the services covered under your plan
- Estimate the cost of a procedure through our Dental Cost Estimator
- Take a Oral Health Risk Assessment
- Check the status of a claim

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive and costly care, such as fillings, crowns and root canals which often result in unexpected expenses.

Welcome to Premier Access Insurance Company!

Network

General dentists: 17,642

Pediatric dentists: 1,527

Specialists: 7,988

Premier Access Insurance Company is a wholly-owned subsidiary of The Guardian Life Insurance Company of America, New York, NY.

*Based on Guardian and its subsidiaries, Managed DentalGuard, First Commonwealth Insurance, Premier Access and Access Dental Plan

Glossary

Actuarial value

A health insurance plan's actuarial value is the percentage of total average costs for benefits that a health insurance plan covers. These expenses are usually incurred at the point of receiving health care services — when you visit the doctor or the emergency room, for example. Dental plans come in two actuarial value options: 85 percent, which features higher premiums but lower average out-of-pocket costs; and a 70 percent value plan with lower premiums and higher average out-of-pocket costs. An actuarial value is the percentage of total average costs for benefits that a dental plan will cover.

Amalgam filling – one surface

A mixture of materials used to repair cavities on a single surface of the tooth.

Annual benefit Limit

The maximum amount a plan will pay in a benefit year toward an adult member's dental care costs.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20 percent) of the allowed amount for the service, is called coinsurance. You pay coinsurance plus any deductible you may owe. For example, if the health insurance plan's allowed amount for an office visit is \$100, and you have met your deductible for the year, your coinsurance payment of 20 percent would be \$20. The health insurance plan pays the rest of the allowed amount. The allowed amount is the amount the doctor or hospital has agreed to accept for the care provided.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Dental preferred provider organization (DPPO)

A type of dental plan product that delivers dental services to members through a network of contracted dental care providers and includes limited coverage of out-of-network services.

Dental health maintenance organization (DHMO)

A type of dental plan product that delivers dental services by requiring assignment to a primary dental care provider who is paid a capitated fee for providing all required dental services to the enrollee unless specialty care is needed. DHMOs require referral to specialty dental providers. These products do not include coverage of services provided by dental care providers outside the dental plan.

Extraction

The removal of a tooth.

Out-of-pocket maximum

The most you pay during a policy period (a calendar year) before your health insurance plan begins to pay 100 percent of the cost of covered services. This limit never includes your premium, balance-billed charges or health care your health insurance plan doesn't cover. Some health insurance plans don't count all out-of-network payments toward this limit.

Root canal

A dental procedure to fix a damaged nerve of a tooth by removing the nerve and filling it with suitable material.

Waiting period

The length of time a newly-enrolled adult member must wait before the dental plan pays toward major dental services.



CoveredCA.com