

Affordable Smiles Today!

Compare & Save!

Flexible Insurance Alternative!



20% – 40% SAVINGS

With the OneSmile Dental Plan you get FREE exams and x-rays plus money saving discounts on all dental services. The OneSmile Dental plan is **not insurance**, it is a licensed dental plan and ALL applicants are GUARANTEED acceptance.

Membership Advantages

- FREE Exams
- FREE X-Rays
- GUARANTEED acceptance
- IMMEDIATE plan activation
- NO annual maximums
- NO claim forms to submit
- LARGE selection of participating offices
- 20%-40% off all dental services including Cosmetic and Specialty such as periodontics, oral surgery, endodontics, orthodontics and pedodontics

INDIVIDUAL \$79 PER YEAR
2 INDIVIDUALS \$99 PER YEAR
FAMILY \$119 PER YEAR

Plus
an Additional 6 Months FREE!

Sample Savings			
PROCEDURE	COST WITHOUT THE PLAN*	COST WITH THE PLAN	YOUR SAVINGS
Comprehensive Exam	\$82.00	NO CHARGE	\$82.00
Full Mouth X-rays	\$137.00	NO CHARGE	\$137.00
Oral Evaluation – Periodic	\$51.00	NO CHARGE	\$51.00
Prophylaxis (Cleaning) – Adult	\$92.00	\$69.00	\$23.00
Filling – 2 Surfaces	\$225.00	\$165.00	\$60.00
Crown - Porcelain/ Ceramic	\$1,280.00	\$904.00	\$376.00
Core Buildup – Including Any Pins	\$274.00	\$159.00	\$115.00
Extraction – Erupted tooth	\$168.00	\$120.00	\$48.00
Total	\$2,309.00	\$1,417.00	\$892.00

MEMBER SAVINGS 39% **\$892.00**



* UCR Fee is the Usual and Customary Rate. "Usual" refers to the normal rate charged for the service by the provider rendering the treatment and "Customary" is defined as the usual rates of the providers competitors in that local area. The UCR fee can vary by location.

How does the OneSmile Dental Plan work?

Members pay a low yearly fee to receive discounts on all the dental care they need. After joining, simply show your member ID card at a participating dental office to take advantage of your OneSmile Dental Plan savings.

- OneSmile Dental Plan is **not insurance**. This is a licensed discount medical plan.
- OneSmile Dental Plan provides discounts at certain health care providers for dental services.
- OneSmile Dental Plan does not make payments directly to the providers of dental services.
- You (member) will be required to pay for all health care or dental services, but will receive a discount from those health care providers who have contracted with The CDI Group, Inc.
- Members will have 30 days after the effective date of enrollment to cancel their plan and receive a refund of their enrollment fee if they have not utilized the plan.
- Services listed on Summary of Discounts, with the exception of Orthodontic services, are performed by your selected general dentist. Certain procedures may not be within the scope of practice or the ability of the general dentist. In such cases, if a participating specialist is available to perform such procedures they will be provided at a 20% – 40% discount off the participating specialist's usual and customary fee for such procedures.
- The OneSmile Dental Plan is provided by discount medical plan organization The CDIGroup, Inc. The CDI Group is located at 601 Daily Suite 215, Camarillo CA 93010.



- ✓ **FREE 6 Months Additional Membership with Enrollment**
- ✓ **FREE Exam & X-Rays**
- ✓ **20%-40% Savings**



HBAD
MKT0321



onesmiledentalplan.com/HBAD

ACCESS CODE: HBAD

Effective Date	Member Last Name	Member First Name	Apt. #	City	State	Zip
Address	Home Phone	Cell Phone	Date of Birth	Gender	Dental Office Name	
Email Address	<input type="checkbox"/> Make Check or Money Order payable to OneSmile Dental Plan.					

ELIGIBLE DEPENDENTS

Name	Gender	Date of Birth

Credit Card #: _____ **CVV2 #:** _____

Expiration Date: _____

Name on Card: _____

1 Year \$79.00 \$ _____ 2 Years \$129.00 \$ _____
 1 Year \$99.00 \$ _____ 2 Years \$159.00 \$ _____
 1 Year \$119.00 \$ _____ 2 Years \$189.00 \$ _____

Visa AmEx MasterCard Discover/NOVUS

Authorization Signature _____ **Date** _____

This is a discount medical plan application. Please be advised that all checks will be deposited electronically. Please write "Do Not Convert" on this application and the face of your check if you do not want your check presented electronically.
On behalf of the above named individuals, I hereby apply for enrollment in OneSmile Dental Plan, and certify that the above information is true and correct.

Start Saving Today!

4 WAYS TO ENROLL



Sign up online at
onesmiledentalplan.com/HBAD
USE ACCESS CODE: HBAD



Sign up over the phone:
1-833-41-SMILE (417-6453)



Send your completed application with payment to:
OneSmile Dental Plan
P.O. Box 3470
Camarillo, CA 93011-3470



Submit your completed application to your participating dental office

We accept VISA, MasterCard, Discover, American Express, Money Orders and Personal Checks (checks payable to OneSmile Dental Plan).

MEMBERS RECEIVE

- Enroll online & print out ID cards today!
- Instant Savings! Discounts can be used immediately upon plan registration
- OneSmile Dental Plan Fee Schedule, available online or call 1-833-417-6453
- Unlimited access to savings all year!

Summary Discount Fees!

ADA CODE	SERVICES	YOU PAY	ADA CODE	SERVICES	YOU PAY
DIAGNOSTIC & PREVENTATIVE					
D0120	Periodic Oral Evaluation (2 per year)	No Charge			
D0140	Limited Oral Evaluation – Problem Focused (unlimited)	No Charge			
D0150	Comprehensive Oral Evaluation – (2 per year)	No Charge			
D0210	X-Ray Intraoral Complete Series	No Charge			
D0220	X-Ray Intraoral - Periapical First Image	No Charge			
D0230	X-Ray Intraoral - Periapical Each Add'l Image	No Charge			
D0270	X-Ray Intraoral - Bitewing – Single Image	No Charge			
D0272	X-Ray Intraoral - Bitewings – Two Images	No Charge			
D0274	X-Ray Intraoral - Bitewings – Four Images	No Charge			
D0330	X-Ray Panoramic Image (if available)	No Charge			
D0350	Oral/Facial Photographic images	No Charge			
D1330	Oral Hygiene Instructions	No Charge			
D0431	Adjunctive Oral Cancer Exam	\$25.00			
D1110	Prophylaxis - Adult (basic cleaning & polishing)	\$69.00			
D1120	Prophylaxis - Child (basic cleaning & polishing)	\$55.00			
D1206	Topical Application Of Fluoride Varnish	\$31.00			
D1351	Sealant – Per Tooth	\$33.00			
RESTORATIVE–FILLINGS (Resin Based Composite)					
D2330	Anterior - One Surface	\$110.00			
D2331	Anterior - Two Surfaces	\$140.00			
D2332	Anterior - Three Surfaces	\$170.00			
D2335	Anterior - Four Surfaces	\$200.00			
D2391	Posterior - One Surface	\$125.00			
D2392	Posterior - Two Surfaces	\$165.00			
D2393	Posterior - Three Surfaces	\$195.00			
D2394	Posterior - Four Surfaces	\$230.00			
CROWNS & BRIDGES					
D2740	Crown – Full Porcelain/Ceramic Substrate	\$904.00			
D6740					
D2750	Crown – Porcelain Fused to High Noble Metal	\$864.00			
D6750					
D2751	Crown – Porcelain Fused to Base Metal	\$729.00			
D6751					
D2950	Core Buildup – (including pins)	\$159.00			
D2954	Prefabricated Post & Core in Addition to Crown	\$189.00			
D2962	Veneer - Standard per tooth	\$849.00			
ENDODONTICS (performed by General Dentist)					
D3310	Root Canal (anterior)	\$499.00			
D3320	Root Canal (bicuspid)	\$569.00			
D3330	Root Canal (molar)	\$719.00			
PERIODONTICS					
D4341	Periodontal Scaling & Root Planing (4 or more teeth per quad)	\$149.00			
D4342	Periodontal Scaling & Root Planing (1– 3 teeth per quad)	\$109.00			
D4346	Gingival Scaling	\$99.00			
D4381	Arestin (per tooth)	\$60.00			
D4910	Periodontal Maintenance	\$109.00			
D4999	Gingival Irrigation Full Mouth	\$40.00			
PROSTHODONTICS – Removable					
D5110	Complete Denture – (upper or lower)	\$999.00			
D5120					
D5130	Immediate Denture – (upper or lower)	\$1,099.00			
D5140					
D5213	Partial Denture w/Metal Frame – (upper or lower)	\$1,099.00			
D5214					
D5225	Partial Denture w/Flexible Base – (upper or lower)	\$1,199.00			
D5226					
D5750	Complete Denture Laboratory Reline – (upper or lower)	\$299.00			
D5751					
D5820	Partial Denture – Interim (upper or lower)	\$399.00			
D5821					
ORAL SURGERY (performed by General Dentist)					
D7140	Extraction – Erupted Tooth Or Exposed Root	\$120.00			
D7210	Surgical Removal Of Erupted Tooth	\$209.00			
D7230	Extraction - Impacted Tooth - Partial Bony	\$299.00			
D7240	Extraction - Impacted Tooth - Full Bony	\$349.00			
D7250	Surgical Removal Of Residual Roots	\$269.00			
D7953	Bone Replacement For Ridge Preservation (per site)	\$199.00			
ORTHODONTICS					
D8660	Orthodontic Consult	No Charge			
D8060	Early Orthodontic Treatment (up to 12 months)	\$2,300.00			
D8080	Comprehensive Orthodontic Treatment (up to 24 mos)	\$4,300.00			
D8090					
D8080	Invisalign (up to 24 months)	\$5,500.00			
D8692	Replacement Retainers (Essex)	\$275.00			
OTHER SERVICES					
D9230	Nitrous Oxide	\$59.00			
D9910	Application of Desensitizing Medicament	\$55.00			
D9940	Occlusal Night Guard	\$389.00			
D9972	Teeth Whitening - In Office (per arch)	\$159.00			
D9975	Take Home Whitening Trays (10 Pack)	\$105.00			

Certain Limitations and Exclusions apply, see onesmiledentalplan.com/support/ to view your state's Description of Service and Disclosure Form.