



Preferred Care

Individual | Family | Senior
Self Employed Dental Plan



Underwritten and Managed by:
Total Dental Administrators Health Plan, Inc. (TDAHP)



Retain this document as your enrollment and Membership Plan Booklet

INDEX

Section I: Plan Information	Section X: Workers' Compensation Exclusion
Section II: Schedule of Benefits and Copays	Section XI: Third-Party Exclusion
Section III: Copays	Section XII: Termination
Section IV: Specialty Care	Section XIII: Dental Records
Section V: Effective Date of Coverage	Section XIV: Customer Service Inquiries
Section VI: Participating Plan Providers (Dentists)	Section XV: Grievance and Appeal
Section VII: Emergency Care	Section XVI: Formal Grievance and Appeal
Section VIII: Scheduling an Appointment	Section XVII: Principal Exclusions and Limitations
Section IX: Plan Identification	

SECTION I: PLAN INFORMATION

Welcome to Total Dental Administrators Health Plan, Inc. (TDA)

TDA is a comprehensive Prepaid Dental Plan, which has contracted with established private practicing dentists to provide you convenient, affordable, and quality dental care.

TDA Dental Coverage

TDA Advantage

Dental coverage includes dental services and treatment for		
Diagnostic		Orthodontics
Preventive		No Deductibles
Restorative		No Claim Forms
Endodontics	Refer to the enclosed Schedule of Benefits and Copayments for a detailed listing of covered procedures.	No Annual or Lifetime Benefit Maximums
Periodontics		No Industry Exclusions
Prosthodontics		Covers Pre-existing Conditions (except for procedures in progress)
Oral Surgery		Covers Orthodontics (Braces)
TMJ		Local Service
Orthodontics		

LOW MONTHLY RATES

Enrollment in the Plan is for 12 months and is renewable each year upon your Plan anniversary date with continued premium payment(s). Benefits and/or rates are subject to change. Any notice of change in benefit coverage(s) or premiums will be provided to you in writing with sixty (60) days' advance written notice. Please contact your Broker or TDA should you have any questions.

Pre-Paid/DHMO Plan Premiums

Individual

Individual + 1

Individual + 2 or more

Monthly Installment

\$16.72

\$28.47

\$44.16

HOW TO ENROLL

- A. Complete the enclosed dental application. Include information about your spouse and/or child(ren) if you are applying for dependent coverage.
- B. Select the general dental office you and your dependents wish to use from the Participating Provider Directory. You may obtain a Participating Provider Directory by contacting your Broker or TDA. The Participating Provider Directory may also be viewed on the TDA Web site, www.TDAdental.com.
- C. All family members must receive care at the same General Dentist office. Each participating dental facility listed in the Participating Provider Directory has a Provider Number listed to the left of the dental office. Be sure to use the **Provider Number CODE** to identify your selection on the dental application. Turn your dental application into your Broker or TDA, Inc. for processing.
- D. Premium payment is made by you to Total Dental Administrators, Inc. Monthly premium payment may only be made by credit card (Visa, MasterCard, or Discover Card accepted) or by checking account bank draft (electronic fund transfer, i.e., EFT).

FOR MORE INFORMATION CALL:
(602) 266-1995 or toll free 1-888-422-1995
Total Dental Administrators Health Plan, Inc. (TDA)
2800 N 44th Street, Suite 500 - Phoenix, Arizona 85008
www.TDA dental.com

SAMPLE COST COMPARISON					
CDT Code	Procedure	Usual and Customary Fee*	Plan Copayment	Savings in Dollars	Percent Savings
PREVENTIVE/DIAGNOSTIC					
D0274	Bitewings four images	\$8	\$8	\$76	90%
D0150	Initial oral exam	\$5	\$5	\$105	95%
D1110	Adult - Prophylaxis (cleaning)	\$12	\$12	\$102	89%
D9430	Office Visit	\$0	\$0	\$100	100%
RESTORATIVE					
D2140	Amalgam - one surface	\$205	\$15	\$190	93%
D2150	Amalgam - two surfaces	\$267	\$25	\$242	91%
D2330	Resin - one surface	\$208	\$35	\$173	83%
D2331	Resin - two surfaces	\$257	\$45	\$212	82%
CROWN & BRIDGE					
D2750	Crown porcelain, high noble metal	\$1,275	\$625**	\$650	51%
D2950	Crown buildup, including any pins	\$335	\$85	\$250	75%
ENDODONTICS					
D3310	Root canal therapy - anterior	\$1,000	\$275	\$725	73%
D3330	Root canal therapy - molar	\$1,350	\$475	\$875	65%
ORAL SURGERY					
D7140	Extraction, erupted tooth exposed roots	\$225	\$60	\$165	73%
D7220	Soft tissue impaction	\$385	\$120	\$265	69%
PROSTHETICS					
D5110	Complete upper/lower denture	\$2,102	\$800**	\$1,302	62%
D5212	Partial upper/lower denture	\$1,931	\$600**	\$1,331	69%
PERIODONTICS					
D4260	Osseous surgery/quad	\$1,581	\$475	\$1,106	70%
*Usual fee is an average of dental fees throughout the state.					
**Listed copayment includes lab fee. Lab fees may vary; please ask your provider for details.					

DENTAL PLAN INFORMATION

This document explains the Benefits, Limitations, Exclusions, provisions and conditions of your Coverage with TDA. This document specifies any rights to Benefits you may have. If the information contained within this document can be interpreted differently from any other Plan document(s), this document shall always control. You may examine this document at any time, including before applying, by contacting your Broker or by contacting TDA at:

2800 N 44th Street, Suite 500 Phoenix, Arizona 85008
Phone: (602) 266-1995 or Toll Free 1-888-422-1995

Please read this document with care so that you will have a full understanding of the Plan and what it could mean to you and your family. This document is void and of no effect if you are not entitled to or have ceased to be entitled to the dental coverage.

ELIGIBILITY

- A. Individuals of any age who live, work or reside within the state of Arizona and their eligible dependents may enroll in this Individual Prepaid / Dental HMO Plan.
- B. Eligible dependents include your spouse and your child(ren), to age 26 (regardless of your child(ren)'s marital or student status), or a dependent twenty-six (26) or older who has been continuously covered under this Plan, and who, before the age of twenty-six (26), has been certified by a physician to be incapable of self-support because of physical handicap or mental retardation.
- C. Dependents of a Subscriber who are in active military service are not eligible for coverage under the Plan.

The eligibility of all Covered Persons, for the purpose of receiving benefits under the Plan, shall, at all times, be contingent upon the applicable monthly premium payment having been made for such Covered Persons on a current basis.

**SECTION II: SCHEDULE OF BENEFITS AND COPAYS
PLAN TDA PREFERRED CARE**

CDT	Procedure Description	Copayment
D0120	Periodic oral evaluation (2 every 12 months)	\$5
D0120	Periodic oral evaluation (additional)	\$15
D0140	Limited oral evaluation (problem focused) (2 every 12 months)	\$15
D0145	Oral exam for patient under 3 years of age (2 every 12 months)	\$5
D0145	Oral exam for patient under 3 years of age (additional)	\$19
D0150	Comprehensive oral exam (2 every 12 months)	\$5
D0150	Comprehensive oral exam (additional)	\$21
D0160	Detailed oral evaluation - problem focused report (2 every 12 months)	\$5
D0170	Re-evaluation - limited problem focused (2 every 12 months)	\$5
D0180	Comprehensive periodontal evaluation (2 every 12 months)	\$15
D0210	Intraoral - complete including bitewing x-ray (1 every 5 year period)	\$12
D0210	Intraoral - complete including bitewing x-ray (additional)	\$48
D0220	Single periapical x-ray	\$0
D0230	Periapical x-ray: each additional x-ray	\$0
D0240	Intraoral - occlusal film	\$10
D0270	Bitewing x-ray: single (1 every 12 months)	\$0
D0272	Bitewing x-ray: 2 films (1 every 12 months)	\$8
D0272	Bitewing x-rays 2 films (additional)	\$14
D0273	Bitewing x-rays 3 films (1 every 12 months)	\$8
D0273	Bitewing x-rays 3 films (additional)	\$19
D0274	Bitewing x-rays 4 films (1 every 12 months)	\$8
D0274	Bitewing x-rays 4 films (additional)	\$24
D0277	Vertical bitewing x-rays (1 every 12 months)	\$8
D0277	Vertical bitewing x-rays (additional)	\$24
D0330	Panoramic film incl. bitewing x-rays (1 every 5 year period)	\$12
D0330	Panoramic film incl. bitewing x-rays (additional)	\$42
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D1110	Prophylaxis adult (2 every 12 months)	\$12
D1110	Prophylaxis adult (additional)	\$39
D1120	Prophylaxis child (2 every 12 months)	\$12
D1120	Prophylaxis child (additional)	\$27
D1206	Fluoride treatment (1 every 12 months up to age 15)	\$2
D1206	Fluoride treatment (up to age 15, additional)	\$14
D1208	Topical application of fluoride - excluding varnish (to age 15)	\$2
D1208	Topical application of fluoride - excluding varnish (to age 15, additional)	\$14
D1310	Dietary planning	\$0
D1330	Preventative dental education, home care	\$0
D1351	Sealant per tooth	\$15
D1510	Space maintainer - fixed unilateral	\$180
D1516	Space maintainer - fixed - bilateral, maxillary	\$185

D1517	Space maintainer - fixed - bilateral, mandibular	\$185
D1520	Space maintainer - removable unilateral	\$180
D1526	Space maintainer - removable - bilateral, maxillary	\$200
D1527	Space maintainer - removable - bilateral, mandibular	\$200
D1551	Recement/rebond of bilateral space maintainer - maxillary	\$22
D1552	Recement/rebond of bilateral space maintainer - mandibular	\$22
D1553	Recement/rebond of unilateral space maintainer - per quadrant	\$22
D2140	Amalgam - 1 surface, permanent	\$15
D2150	Amalgam - 2 surfaces, primary or permanent	\$25
D2160	Amalgam - 3 surfaces, primary or permanent	\$35
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$45
D2330	Resin - 1 surface anterior	\$35
D2331	Resin - 2 surfaces anterior	\$45
D2332	Resin - 3 surfaces anterior	\$60
D2335	Resin - 4 or more surfaces anterior	\$75
D2390	Resin-based composite crown anterior	\$175
D2391	Resin - 1 surface posterior	\$50
D2392	Resin - 2 surface posterior	\$75
D2393	Resin - 3 surface posterior	\$85
D2394	Resin - 4 or more surfaces posterior	\$95
D2510	Inlay - metallic - one surface	20% Discount
D2520	Inlay - metallic - two surfaces	20% Discount
D2530	Inlay - metallic - three or more surfaces	20% Discount
D2542	Onlay - metallic - two surfaces	20% Discount
D2543	Onlay - metallic - three surfaces	20% Discount
D2544	Onlay - metallic - four or more surfaces	20% Discount
D2610	Inlay - porcelain/ceramic - one surface	20% Discount
D2620	Inlay - porcelain/ceramic - two surfaces	20% Discount
D2630	Inlay - porcelain/ceramic - three/more surfaces	20% Discount
D2642	Onlay - porcelain/ceramic - two surfaces	20% Discount
D2643	Onlay - porcelain/ceramic - three surfaces	20% Discount
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	20% Discount
D2650	Inlay - resin-based composite - one surface	20% Discount
D2651	Inlay - resin-based composite - two surfaces	20% Discount
D2652	Inlay - resin-based composite - 3 or more surfaces	20% Discount
D2662	Onlay - resin-based composite - two surfaces	20% Discount
D2663	Onlay - resin-based composite - three surfaces	20% Discount
D2664	Onlay - resin-based composite - four or more surfaces	20% Discount
D2710	Acrylic (plastic) crown - lab processed	\$248
D2720	Crown - resin with high noble metal	\$465
D2721	Crown - resin with predominately base metal	\$465
D2722	Crown - resin with noble metal	\$465
D2740	Crown - porcelain/ceramic	\$625
D2750	Crown - porcelain fused to high noble metal	\$625
D2751	Crown - porcelain fused predominately base metal	\$595
D2752	Crown - porcelain fused to noble metal	\$595
D2753	Crown - porcelain fused to titanium and titanium alloys	\$595

D2780	Crown - 3/4 cast high noble metal	\$650
D2781	Crown - 3/4 cast predominately base metal	\$650
D2782	Crown - 3/4 cast noble metal	\$650
D2783	Crown - 3/4 porcelain/ceramic	\$650
D2790	Crown - full cast high noble metal	\$650
D2791	Crown - full cast predominately base metal	\$650
D2792	Crown - full cast noble metal	\$595
D2910	Recement inlay onlay/part coverage restoration	\$35
D2915	Recement cast or prefabricated post and core	\$35
D2920	Recement crown	\$35
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$150
D2930	Prefabricated Stainless steel crown primary tooth	\$125
D2931	Prefabricated stainless steel crown - permanent tooth	\$138
D2932	Prefabricated resin crown	\$175
D2933	Prefabricated stainless steel crown with resin window	\$120
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$150
D2940	Sedative filling	\$35
D2950	Crown buildup, including any pins	\$85
D2951	Pin retention per tooth	\$20
D2952	Cast post and core	\$135
D2953	Each additional indirectly fab post same tooth	\$75
D2954	Prefabricated post and core	\$135
D2957	Each additional prefabricated post - same tooth	\$75
D2960	Labial veneer laminate - chairside	\$350
D2961	Labial veneer laminate - laboratory	\$490
D2962	Labial veneer (porcelain laminate) - laboratory	\$560
D2980	Temporary crown (fractured tooth)	\$100
D3110	Pulp capping/direct	\$20
D3120	Pulp capping/indirect	\$20
D3220	Therapeutic pulpotomy	\$60
D3221	Pulpal debridement, primary and permanent teeth	\$65
D3230	Pulpal therapy - anterior primary tooth	\$65
D3240	Pulpal therapy - posterior primary tooth	\$70
D3310	Root canal therapy - anterior	\$275
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$375
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$475
D3346	Retreatment previous root canal therapy - anterior	20% Discount
D3347	Retreatment previous root canal therapy - premolar	20% Discount
D3348	Retreatment previous root canal therapy - molar	20% Discount
D3351	Apexification/recalcification - initial visit	20% Discount
D3352	Apexification/recalcification - interim medication replacement	20% Discount
D3353	Apexification/recalcification - final visit	20% Discount
D3410	Apicoectomy per tooth (anterior only)	\$350
D3421	Apicoectomy per tooth (bicuspid)	\$400
D3425	Apicoectomy per tooth (molar)	\$450
D3426	Apicoectomy per tooth (each additional)	\$190
D3430	Retro fill per tooth	\$95

D3450	Root amputation	\$195
D3920	Hemisection	\$165
D4210	Gingivectomy or gingivoplasty/quad	\$265
D4211	Gingivectomy or gingivoplasty/tooth	\$150
D4240	Gingival flap procedure inc. rt. planning 4+ teeth	\$295
D4241	Gingival flap procedure inc. rt. planning 1-3 teeth	\$175
D4260	Osseous surg/quad (flap entry & closure) 4+ teeth	\$475
D4261	Osseous surg/tooth (flap entry & closure) 1-3 teeth	\$250
D4322	Splint - intracoronal; natural teeth or prosthetic crowns	\$150
D4323	Splint - extracoronal; natural teeth or prosthetic crowns	\$125
D4341	Periodontal scaling & root planning/quad 4+ teeth	\$95
D4342	Periodontal scaling & root planning/tooth 1-3 teeth	\$70
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis sub visit	\$75
D4381	Localized delivery of antimicrobial agents	\$75
D4910	Periodontal maintenance following active therapy	\$60
D5110	Complete upper dentures (3 adj w/in 60 days)	\$800
D5120	Complete lower denture (3 adj. w/in 60 days)	\$800
D5130	Immediate upper denture (4 adj. w/in 60 days)	\$825
D5140	Immediate lower denture (4 adj. w/in 60 days)	\$825
D5211	Maxillary partial denture- resin base	\$600
D5212	Mandibular partial denture- resin base	\$600
D5213	Max partial denture-cast metal framework w/resin base	\$700
D5214	Mandibular partial denture- cast metal framework w/resin base	\$700
D5221	Immediate maxillary partial denture-resin base	\$700
D5222	Immediate mandibular partial denture- resin base	\$800
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases	\$950
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases	\$950
D5227	Immediate maxillary part denture flex base (including any clasps, rests and teeth)	\$950
D5228	Immediate mandibular part denture flex base (including any clasps, rests and teeth)	\$950
D5282	Remove unilateral partial denture - 1 piece cast metal, maxillary (including any clasps, rests and teeth)	\$505
D5283	Remove unilateral partial denture - 1 piece cast metal, mandibular (including any clasps, rests and teeth)	\$505
D5284	Remove unilateral partial denture - 1 piece flexible base (including any clasps, rests and teeth) - per quadrant	\$505
D5286	Remove unilateral partial denture - 1 piece resin (including any clasps, rests and teeth) - per quadrant	\$505
D5410	Adjust complete denture- maxillary	\$35 + Lab
D5411	Adjust complete denture- mandibular	\$35 + Lab
D5421	Adjust partial denture- maxillary	\$35 + Lab
D5422	Adjust partial denture- mandibular	\$35 + Lab
D5511	Repair broken complete denture base, mandibular	\$70 + Lab
D5512	Repair broken complete denture base, maxillary	\$70 + Lab
D5520	Replace missing/broken teeth (complete denture base)	\$70 + Lab
D5611	Repair resin denture base, mandibular	\$70 + Lab
D5612	Repair resin denture base, maxillary	\$70 + Lab
D5621	Repair cast framework, mandibular	\$70 + Lab
D5622	Repair cast framework, maxillary	\$70 + Lab
D5630	Repair or replace broken clasp	\$70 + Lab

D5640	Replace broken teeth (per tooth)	\$70 + Lab
D5650	Add tooth to existing partial denture	\$70 + Lab
D5660	Add clasp to existing partial denture	\$70 + Lab
D5670	Replace all teeth & acrylic cast metal framework maxillary	20% Discount
D5671	Replace all teeth & acrylic cast metal framework mandibular	20% Discount
D5710	Rebase complete maxillary denture	\$150
D5711	Rebase complete mandibular denture	\$150
D5720	Rebase maxillary partial denture	\$150
D5721	Rebase mandibular partial denture	\$150
D5730	Reline complete maxillary denture chairside	\$125
D5731	Reline complete mandibular denture chairside	\$125
D5740	Reline maxillary partial denture chairside	\$125
D5741	Reline mandibular partial denture chairside	\$125
D5750	Reline complete maxillary denture laboratory	\$195
D5751	Reline complete mandibular denture laboratory	\$195
D5760	Reline maxillary partial denture laboratory	\$195
D5761	Reline mandibular partial denture laboratory	\$195
D5850	Tissue reconditioning per denture	\$25
D5851	Tissue conditioning, mandibular	\$25
D6010	Surgical placement implant body: endosteal implant	20% Discount
D6011	Second stage implant surgery	20% Discount
D6012	Surgical placement interim implant transitional pros: endos	20% Discount
D6013	Surgical placement of mini implant	20% Discount
D6040	Surgical placement: eposteal implant	20% Discount
D6050	Surgical placement: transosteal implant	20% Discount
D6051	Interim abutment	20% Discount
D6055	Connecting bar implant or abutment supported	20% Discount
D6056	Prefabricated abutment includes placement	20% Discount
D6057	Custom abutment includes placement	20% Discount
D6058	Abutment supported porcelain/ceramic crown	20% Discount
D6059	Abutment supported porcelain to metal crown hi noble metal	20% Discount
D6060	Abutment supported porcelain to metal crown predominately base metal	20% Discount
D6061	Abutment supported porcelain to metal crown noble metal	20% Discount
D6062	Abutment supported cast metal crown high noble metal	20% Discount
D6063	Abutment supported cast metal crown predominately base metal	20% Discount
D6064	Abutment supp cast metal crown noble metal	20% Discount
D6065	Implant supported porcelain/ceramic crown	20% Discount
D6066	Implant supported porcelain fused to metal crown	20% Discount
D6067	Implant supported metal crown	20% Discount
D6068	Abutment supported retainer porcelain/ceramic fpd	20% Discount
D6069	Abutment supported retainer porcelain to metal fpd hi noble	20% Discount
D6070	Abutment supported retainer porcelain to metal fpd predominately base	20% Discount
D6071	Abutment supported retainer porcelain fused metal fpd	20% Discount
D6072	Abutment supported retainer for cast metal fpd	20% Discount
D6073	Abutment supported retainer cast metal fpd predominately base metal	20% Discount
D6074	Abutment supported retainer cast metal fpd noble metal	20% Discount
D6075	Implant supported retainer for ceramic fpd	20% Discount

D6076	Implant supported retain porcelain fused metal fpd	20% Discount
D6077	Implant supported retainer for cast metal fpd	20% Discount
D6080	Implant maintenance procedures removed prostheticases & reinserted	20% Discount
D6081	Scaling/debridement in presence of inflammation/mucositis-single implant	20% Discount
D6082	Implant supported crown porcelain fused predominately base alloys	20% Discount
D6083	Implant supported crown porcelain fused noble alloys	20% Discount
D6084	Implant supported crown porcelain fused titanium and titanium alloys	20% Discount
D6085	Provisional implant crown	20% Discount
D6086	Implant supported crown predominately base alloys	20% Discount
D6087	Implant supported crown noble alloys	20% Discount
D6088	Implant supported crown titanium and titanium alloys	20% Discount
D6090	Repair implant supported prostheticases by report	20% Discount
D6091	Replacement attachment implant/abutment supported prostheticases per attachment	20% Discount
D6092	Recement implant/abutment supported crown	20% Discount
D6093	Recement implant/abutment supported fixed partial denture	20% Discount
D6094	Abutment supported crown titanium	20% Discount
D6095	Repair implant abutment by report	20% Discount
D6096	Remove broken implant retaining screw	20% Discount
D6097	Abutment supported crown porcelain fused titanium and titanium alloys	20% Discount
D6098	Implant supported retainer porcelain fused predominately base alloys	20% Discount
D6099	Implant supported retainer fpd porcelain fused noble alloys	20% Discount
D6100	Implant removal by report	20% Discount
D6101	Debridement of peri-implant defect	20% Discount
D6102	Debridement of peri-implant defect	20% Discount
D6103	Bone graft repair of peri-implant	20% Discount
D6104	Bone graft time of implant placement	20% Discount
D6110	Implant/abutment supported removable denture edentulous arch-maxillary	20% Discount
D6111	Implant/abutment supported removable denture edentulous arch-mandibular	20% Discount
D6112	Implant/abutment supported removable denture part edentulous arch-maxillary	20% Discount
D6113	Implant/abutment supported removable denture part edentulous arch-mandibular	20% Discount
D6114	Implant/abutment supported fixed denture complete edentulous arch-maxillary	20% Discount
D6115	Implant/abutment supported fixed denture complete edentulous arch-mandibular	20% Discount
D6116	Implant/abutment supported fixed denture complete edentulous arch-maxillary	20% Discount
D6117	Implant/abutment supported fixed denture complete edentulous arch-mandibular	20% Discount
D6118	Implant/abutment supported interim fixed denture edentulous arch-mandibular	20% Discount
D6119	Implant/abutment supported interim fixed denture edentulous arch-maxillary	20% Discount
D6120	Implant supported retainer porcelain fused titanium and titanium alloys	20% Discount
D6121	Implant supported retainer metal fpd predominately base alloys	20% Discount
D6122	Implant supported retainer metal fpd noble alloys	20% Discount
D6123	Implant supported retainer metal fpd titanium and titanium alloys	20% Discount
D6190	Radiographic/surgical implant index by report	20% Discount
D6194	Abutment supported retainer crown for fpd	20% Discount
D6195	Abutment supported retainer porcelain fused titanium and titanium alloys	20% Discount
D6199	Unspecified implant procedure by report	20% Discount
D6205	Pontic - indirect resin based composite	\$370
D6210	Pontic - cast high noble metal	\$595
D6211	Pontic - cast predominately base metal	\$575

D6212	Pontic - cast noble metal	\$575
D6240	Pontic - porcelain fused to high noble metal	\$595
D6241	Pontic - porcelain fused to predominately base metal	\$575
D6242	Pontic - porcelain fused to noble metal	\$575
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$575
D6245	Pontic - porcelain/ceramic	\$595
D6250	Pontic - resin with high noble metal	\$595
D6251	Pontic - resin with predominately base metal	\$575
D6252	Pontic - resin with noble metal	\$575
D6720	Retainer crown - resin with high noble metal	\$380
D6721	Retainer crown - resin with predominately base metal	\$380
D6722	Retainer crown - resin with noble metal	\$495
D6740	Retainer crown - porcelain/ceramic	\$625
D6750	Retainer crown - porcelain fused to high noble metal	\$595
D6751	Retainer crown - porcelain fused to predominately base metal	\$575
D6752	Retainer crown - porcelain fused to noble metal	\$575
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$575
D6780	Retainer crown - 3/4 cast high noble metal	\$595
D6781	Retainer crown - 3/4 cast predominately based metal	\$575
D6782	Retainer crown - 3/4 cast noble metal	\$575
D6783	Retainer crown - 3/4 porcelain/ceramic	\$595
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$595
D6790	Retainer crown - full cast high noble metal	\$595
D6791	Retainer crown - full cast predominately base metal	\$575
D6792	Retainer crown - full cast noble metal	\$575
D6920	Connector bar	\$90
D6930	Recement bridge - per cemented unit	\$30
D6940	Stress breaker, simple	\$145
D6950	Precision attachment	\$260
D6980	Bridge repair	\$100
D7111	Extraction, coronal remnants - primary tooth	\$50
D7140	Extraction, erupted tooth or exposed roots	\$60
D7210	Surgical extraction	\$90
D7220	Soft tissue impaction	\$120
D7230	Partial bony impaction	\$160
D7240	Complete bony impaction	\$190
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	\$199
D7250	Surgical root recovery	\$100
D7270	Tooth reimplantation & stabilization	\$220
D7280	Surgical exposure of impacted tooth	\$230
D7286	Biopsy of oral tissue - soft	\$175
D7310	Alveoplasty/quad with extraction 1 to 3 teeth	\$125
D7311	Alveoplasty/quad with extraction 4 or more teeth	\$85
D7320	Alveoplasty/quad without extraction 1 to 3 teeth	\$250
D7321	Alveoplasty/quad without extraction 4 or more teeth	\$135
D7471	Removal of exostosis - maxillary or mandibular	\$500
D7510	Intra - oral I & D or abscess	\$145

D7961	Buccal / labial frenectomy (frenulectomy)	\$230
D7962	Lingual frenectomy (frenulectomy)	\$230
	Temporomandibular Joint Dysfunction (TMJ)	Discount Only
	Orthodontics	Discount Only
D9110	Emergency palliative treatment	\$20
D9210	Local anesthetic	\$0
D9222	Deep sedation/general anesthesia - first 15 minutes	\$110
D9223	Deep sedation/general anesthesia - each additional 15 minute increment	\$110
D9230	Analgesia/Nitrous oxide	\$40
D9239	IV (conscious) sedation/analgesia - first 15 minutes	\$50
D9243	IV (conscious) sedation/analgesia - each additional 15 min	\$45
D9310	Consultation	\$0
D9430	Office visit	\$0
D9440	Office visit (after regular scheduled hours)	\$40
D9944	Occlusal guard - hard appliance, full arch	\$250
D9945	Occlusal guard - soft appliance, full arch	\$250
D9946	Occlusal guard - hard appliance, partial arch	\$250
D9951	Occlusal adjustment - limited per visit	\$45
D9952	Occlusal adjustment - complete	\$250
D9972	Cosmetic bleaching, per arch	25% Discount
D9973	Cosmetic bleaching, per tooth	25% Discount
D9986	Missed/canceled appointment (without 24 hours notice)	\$25
D9999	Unspecified adjunctive procedure, by report	\$25

Special Limitations

This Schedule of Benefits and Copayments is for non-precious metals only. If gold is used, there will be an additional charge according to the current market value of gold. Procedures or services not listed will be provided at usual & customary fees.

***SPECIALTY CARE SERVICES PERFORMED BY A PLAN SPECIALIST (ENDODONTIST, PERIODONTIST, OR ORAL SURGEON), WHERE AVAILABLE, ARE NOT PROVIDED AT THE LISTED COPAY WITHIN THE SCHEDULE OF BENEFITS AND COPAYS. THE MEMBER SHALL INSTEAD BE RESPONSIBLE TO PAY THE PLAN SPECIALIST THE PARTICIPATING PROVIDER'S NEGOTIATED TDA FEE SCHEDULE AMOUNT FOR THE COVERED SERVICE.**

**Orthodontic procedures or services not listed, including Invisalign® and Ortho Clear® braces, shall be provided at the dentist's regular fees. Orthodontic diagnostic x-rays, study models, or other related services are not covered if provided by an out of network radiology facility or any other type of out of network facility.

III. COPAYMENTS

The Copay amounts listed in the Schedule of Benefits and Copays, contained herein are payable by you directly to the Dental Office as treatment is received. You should discuss all future payments and costs before new appointments are made. The Dental Office staff will help you plan your dental treatment and payments.

IV. SPECIALTY CARE

If your selected dentist identifies a problem that is best treated by a specialist, he or she will refer you to a fully qualified dental specialist, where available, who participates in the TDA network.

Specialty Care services performed by a Plan Specialist (Endodontist, Periodontist, or Oral Surgeon), where available, are NOT provided at the listed Copay within the Schedule of Benefits and Copays. The member shall instead be responsible to pay the Plan Specialist the participating provider's negotiated TDA fee schedule amount for the covered service.

V. EFFECTIVE DATE OF COVERAGE

- A. If enrollment information is received prior to the twentieth (20th) day of the month, coverage will begin on the first day of the following month.
- B. In the event that a spouse and child(ren) are newly acquired through marriage and are to be covered by the Member's dental plan, Member must notify TDA within thirty (30) days of the marriage. If said notification is received prior to the twentieth (20th) day of the month, coverage will begin on the first day of the following month. If coverage for said spouse and child(ren) results in additional premium becoming due, coverage will begin on the first day of the month following receipt of revised premium payment agreement.
- C. In the event that a spouse and child (ren) are newly acquired through marriage and are to be covered by the Member's dental plan, Member must notify TDA in writing within thirty (30) days of the marriage. If said notification is received prior to the twentieth (20th) day of the month, coverage shall begin on the first day of the following month. Newborn natural children, adopted children and the addition of children required to be covered under a court or administrative order are automatically covered from said child's date of birth, adoption, adoption placement or court/administrative order provided you have Dependent Coverage in force. However, you must notify TDA of coverage of a natural child, adopted child or court/administrative order within sixty (60) days from the date of birth, adoption, adoption placement or court/administrative order for coverage to continue if coverage for said child results in additional premium becoming due. Family Members, who do not enroll during the initial enrollment period, cannot enroll until the next annual open enrollment period.

VI. PARTICIPATING DENTAL OFFICES

- A. Benefits Obtained from Plan Providers - Except for emergency care, benefits are available only from your selected Plan Provider.
- B. List of Plan Providers - You may obtain a current list of Plan Providers by calling TDA at (602) 266-1995 or toll free at 1-888-422-1995. A current list of Plan Providers is also available at the TDA website, www.TDAdental.com.
- C. Choosing a Plan Provider -You may choose any Plan Provider from the list of Plan Providers referred to above. Upon request, the Plan, TDA, will assist you in selecting a Plan Dentist; but may not recommend any particular dentist. All covered family Members must go to the same Plan Provider. You must choose a Plan Provider at the time you enroll. You must have a Plan provider to receive benefits.
- D. Changing Plan Providers - You may change Plan Providers. If you notify the Plan, in writing, by the twentieth (20th) day of the month, the change will be effective on the first of the following month. Should your Plan Provider stop participation, the Plan reserves the right temporarily to transfer you to another Plan Provider until you inform us of your new provider selection.
- E. All Plan Providers (Dentists) furnishing services to a Member do so as independent contractors. TDA shall not be liable for any claim or demand for damages arising out of or in any manner connected with any injuries suffered by a Member while receiving dental services.

VIII. EMERGENCY CARE

- A. You should attempt to obtain emergency care from your Plan Provider when you are within the area served by your designated Plan Provider. If you are seeking emergency care during normal business hours and your selected Plan Provider is not accessible, please contact the TDA for assistance at (602) 266-1995 or 1-888-422-1995.
- B. If your Plan Provider is not accessible or when the emergency occurs outside the area served by your Plan Provider, then you should seek emergency dental care from a licensed dental health professional to control bleeding, relieve pain, including local anesthesia, or eliminate acute infection. Medications, which may be prescribed by the dentist, but must be obtained through a pharmacy, are excluded. A written itemized statement for these services must be presented to TDA, Inc. for reimbursement. If it is necessary to have additional treatment, it must be done by your designated Plan Provider.
- C. The maximum allowable reimbursement for a dental emergency is \$50.00 less any member costs, which you would normally be charged for the procedure.

VII. SCHEDULING AN APPOINTMENT

After your plan becomes effective, you can schedule an appointment by contacting your selected participating Provider. Your dentist will offer you an appointment generally within thirty (30) days of your call - or within 24 hours for emergency care. Most dental appointments are scheduled Monday through Friday during regular working hours. Each Plan Provider is an independent practitioner who establishes his or her own hours. Some have evening and/or weekend hours. Call your Plan Provider to ask about office hours and the availability of emergency dental services.

IX. PLAN IDENTIFICATION CARD

Although an ID card will be issued to you, it is not necessary in order to receive dental care from your Plan Provider. Your name will appear on an eligibility list, which is sent to your selected dentist each month.

X. WORKERS' COMPENSATION EXCLUSION

Expenses for which payment is required under applicable Workers' Compensation statutes are not eligible for payment under this dental plan.

XI. THIRD-PARTY EXCLUSION

Expenses for services that are the result of an injury for which a Third Party is liable, are not eligible for payment under this dental Plan.

This Third Party Liability Exclusion does not apply to individuals who are or who have been victims of domestic violence. Individuals that provide counseling, shelter, protection or other services to victims of domestic violence are also exempt from this Third Party Liability Exclusion.

XII. TERMINATION

Benefits under this plan shall cease upon any of the following events:

- A. On the date of the expiration of the period for which the last payment of the contract was made.
- B. On the date the Plan contract terminates, if not renewed.

XIII. DENTAL RECORDS

The dental records of the member and/or subscriber concerning services performed herein shall remain the property of the plan dentist.

XIV. CUSTOMER SERVICE INQUIRES

Customer Service is available by calling TDA at (602) 266-1995 or toll-free at 1-888-422-1995 during normal business hours. All Individual Dental Plan inquires, including grievance procedures, are handled by TDA.

XV. GRIEVANCE AND APPEAL

A complaint is any oral or written expression of concern of dissatisfaction regarding a Plan service or procedure, whether dental or non-dental in nature. In the event you have a complaint, an initial attempt should be made to resolve it by communicating with TDA's Customer Service Department. If a resolution cannot be reached in this manner, the following Formal Grievance and Appeal process should be used.

XVI. FORMAL GRIEVANCE AND APPEAL

Levels of Review: TDA members may ask TDA to review its decisions involving their requests for service or requests to have claims paid. The Arizona State Legislatures have established four levels of review. Companies that perform utilization review activities after services are provided (TDA is in this category) are not required to provide Level 1 and Level 2 reviews. TDA members have two levels of review available to them. They are Level 3, Formal Appeal, and Level 4, External, Independent Review.

- Level 1.** Expedited Dental Review-TDA is not required to do the Expedited Dental Review because its utilization review activities are performed on services already provided.
- Level 2.** Informal Reconsideration-TDA is not required to do the Informal Reconsideration because its utilization review activities are performed on services already provided.
- Level 3.** Formal Appeal
- Level 4.** External, Independent Review

To receive a Formal Grievance and Appeals Brochure, or to submit a request for Formal Appeal, you may send a written request to:

Total Dental Administrators, Inc.
Grievance and Appeals Coordinator
2800 N 44th Street, Suite 500 - Phoenix, Arizona 85008
Telephone (602) 266-1995 or Toll Free (888) 422-1995.
Facsimile: (602) 266-1948
www.TDAdental.com

SECTION XVII: PRINCIPLE EXCLUSIONS AND LIMITATIONS

1. Sealants are covered to the age of fifteen (15) and are limited to once per permanent molars only.
2. Periodontal treatment (sub-gingival curettage and root planning) is limited to four quadrants in any thirty-six (36) consecutive months.
3. Replacement of a restoration is covered only when it is dentally necessary.
4. Fixed bridgework shall be covered only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
5. Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
6. Partial dentures are not to be replaced within any five (5) year period from the date of last placement, regardless if last placement occurred while covered under this plan, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
7. Full upper and/or lower dentures are not to exceed one each in any five (5) year period from the date of last placement, regardless if last placement occurred while covered under this plan. Replacement shall be provided by the plan for an existing full or partial denture only if it is unsatisfactory and cannot be made satisfactory by either relines or repair.
8. Denture relines are limited to two (2) in any year.
9. Services for injuries or conditions, which are covered under Workers' Compensation or Employers' Liability Laws. Services, which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
10. Services of a Pedodontist (children's dentist) are not covered except as provided herein.
11. Services, which, in the opinion of the attending dentist are not necessary for patient's dental health, are not covered.
12. Temporomandibular Joint Treatment (TMJ), except as provided herein.
13. Elective or cosmetic dentistry, except as provided herein.
14. Oral surgery requiring the setting of fractures or dislocations.
15. Orthognathic surgery or extractions solely for orthodontic purposes are not covered.
16. Treatment of malignancies, cysts, neoplasms or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth, adoption or placement for adoption.
17. Dispensing of drugs is not covered.
18. Hospital charges of any kind are not covered.
19. Loss or theft of dentures or bridgework are not covered
20. Any procedure of implantation or of an experimental nature, (i.e., a service, procedure, drug or treatment for a specific diagnosis from the appropriate governmental regulatory body) are not covered.
21. General anesthesia or IV/conscious sedation, except as provided herein.
22. Fees incurred for broken or missed appointments (without 24 hours notice) are the member's responsibility.
23. Dental expenses incurred in connection with any dental procedure started prior to the effective date of coverage are the member's responsibility and are not covered.
24. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage are the member's responsibility are not covered.
25. Any procedure performed for the purpose of correcting contour, contact or occlusion, except as provided herein, is not covered.
26. Any procedure to correct tooth structure lost due to attrition, erosion or abrasion.
27. Any procedure that is not specifically listed as a covered benefit is not covered.
28. Provider may refuse treatment to any patient who continually fails to follow a prescribed course of treatment.
29. Any dental treatment, which, in the opinion of the plan's dental consultant, has a poor prognosis is not covered.
30. Night guard (occlusal guard) limited to one each twenty-four (24) months.
31. Services performed by a dentist who is not a participating dentist are not covered, except for emergency care provided herein.

SECTION XVII: ORTHODONTIC PLAN EXCLUSIONS AND LIMITATIONS

1. No benefits will apply for a treatment program which began before the member/subscriber enrolled in the orthodontic plan.
2. No benefits will apply for lost or broken appliances.
3. Extractions are not included as a benefit.
4. Additional fees, for which you are responsible, may be charged by the dentist for:
 - a. Care required in excess of twenty-four (24) months from the time of banding.
 - b. Cross non-cooperation.
 - c. Accidents occurring during the period of treatment.
 - d. Cases involving surgical orthodontics.
 - e. Cases involving myofunctional therapy of TMJ.
5. If the member and/or subscriber relocates to an area and is unable to receive treatment from a member orthodontist, coverage under the plan ceases and it becomes the obligation of the member and/or subscriber to pay the usual and customary fee of the orthodontist where the treatment is completed.
6. Choice of an orthodontist is limited to orthodontists participating in the plan or to orthodontists who will accept the fees outlined in the plan.
7. If the member and/or subscriber becomes ineligible for benefits under the plan for treatment, coverage under the plan ceases and it becomes the obligation of the member and/or subscriber to pay the remaining balance to the orthodontist.

**FOR MORE INFORMATION CALL:
(602) 266-1995 or Toll -Free 1-888-422-1995
TOTAL DENTAL ADMINISTRATORS, INC.
2800 N 44th Street, Suite 500 - Phoenix, Arizona 85008
www.TDAental.com**

— RETAIN THIS DOCUMENT FOR YOUR RECORDS —