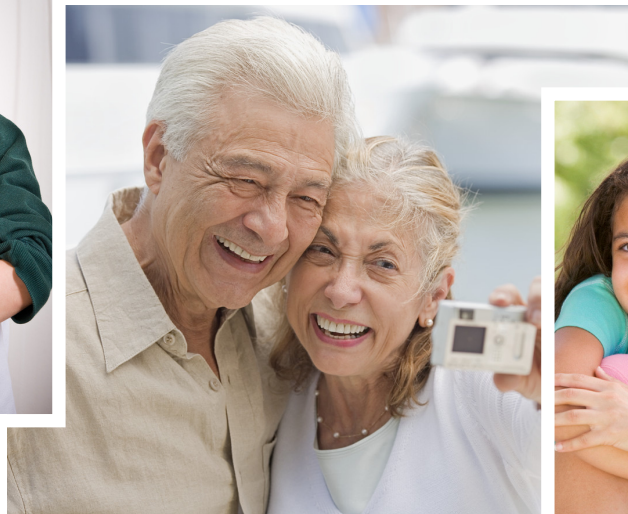


TDAHP

Total Dental Administrators Health Plan

TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.



INDIVIDUAL/FAMILY DENTAL PLAN **A800R**

Underwritten and Managed by: Total Dental Administrators Health Plan, Inc. (TDAHP)
Marketed by CSA General Insurance Agency, Inc.

Retain this document as your Enrollment and Membership Plan Booklet

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SECTION I: PLAN INFORMATION

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

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

TDAHP DENTAL COVERAGE

Dental coverage includes dental services and treatment for:

- Diagnostic
- Preventive
- Restorative
- Endodontics
- Periodontics
- Prosthodontics
- Oral surgery
- TMJ

TDAHP ADVANTAGES

- Orthodontics
- No deductibles
- No claim forms
- No annual or lifetime benefit maximums
- No industry exclusions
- Covers pre-existing conditions (except procedures in progress)
- Covers Orthodontics (braces)
- Local service

Refer to the Schedule of Benefits and Copays here within for a detailed listing of covered procedures.

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, CSA General Insurance Agency, Inc. or TDAHP should you have any questions.

HOW TO ENROLL

1. Complete the enclosed dental application. Include information about your spouse and/or child(ren) if you are applying for dependent coverage.
2. 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, CSA General Insurance Agency, Inc., or Total Dental Administrators Health Plan, Inc. The Participating Provider Directory may also be viewed on the TDAHP Web site, www.tdadental.com.
3. 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, CSA General Insurance Agency, Inc. or TDAHP, Inc. for processing.
4. Premium payment is made by you to Total Dental Administrators Health Plan, Inc. Annual premium payment may be made by personal check, money order, or credit card (Visa, MasterCard, or Discover Card accepted). Monthly premium payment may be made by checking account bank draft (electronic fund transfer, *i.e.*, EFT) or credit card.

**FOR MORE INFORMATION CALL:
(602) 266-1995 or toll free 1-888-422-1995
Total Dental Administrators Health Plan, Inc. (TDAHP)
2111 East Highland Avenue, Suite 250 ♦ Phoenix, Arizona 85016
www.tdadental.com**

SAMPLE COST COMPARISON

ADA Code	Procedure	Usual and Customary Fee*	Plan TDAHP A800R Copay	Savings In Dollars	Percent Savings
Preventive & Diagnostic					
D0150	Comp. Oral Evaluation (once in a 6 mo. period)	\$107.00	\$5.00	\$102.00	95%
D0210	Intraoral – Complete – incl. bitewings	\$155.00	\$5.00	\$150.00	97%
D1110	Adult - Prophylaxis (Cleaning)	\$110.00	\$10.00	\$100.00	91%
Restorative					
D2140	Amalgam - One Surface Primary or Permanent	\$199.00	\$15.00	\$184.00	92%
D2330	Resin - One Surface – Anterior	\$178.00	\$30.00	\$148.00	83%
Crown and Bridge					
D2750	Crown - Porcelain – high noble metal	\$1,200.00	\$595.00♦	\$605.00	50%
D2790	Crown – Full Cast – high noble metal	\$1,255.00	\$595.00♦	\$660.00	53%
Endodontics					
D3310	RCT-Anterior (excluding final restoration)	\$915.00	\$250.00	\$665.00	73%
D3330	RCT-Molar (excluding final restoration)	\$1,390.00	\$450.00	\$940.00	68%
Oral Surgery					
D7140	Extraction, erupted tooth	\$190.00	\$60.00	\$130.00	68%
D7220	Soft Tissue Impaction	\$393.00	\$120.00	\$273.00	69%
Prosthetics					
D5130	Immediate Denture - Maxillary	\$1,600.00	\$825.00♦♦	\$775.00	48%
Periodontics					
D4260	Osseous Surgery - 4 or more teeth per quad	\$1,900.00	\$475.00	\$1,425.00	75%

* Usual fee is an average of dental fees throughout the state. The actual fee and savings may vary.

♦ Includes lab fee on crowns \$100.00

♦♦ Includes lab fee on dentures and partial dentures \$125.00

DENTAL PLAN INFORMATION

This document explains the Benefits, Limitations, Exclusions, provisions and conditions of your Coverage with TDAHP. 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, CSA General Insurance Agency, Inc. or by contacting TDAHP at:

**2111 East Highland Avenue, Suite 250 ♦ Phoenix, Arizona 85016
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 19 or to age 23 if unmarried and a full-time student in an accredited school, or a dependent nineteen (19) or older who has been continuously covered under this Plan, and who, before the age of nineteen (19), 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 TDAH A800R

ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY	ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY
DIAGNOSTIC			RESTORATIVE (continued)		
D0120	Periodic Oral Exam (once in a 6 month period)	\$5	D2520	Inlay metallic – 2 surfaces	\$279
D0120	Periodic Oral Exam (Additional*)	\$15	D2530	Inlay metallic – 3 surfaces	\$327
D0140	Problem Focused Oral Exam (during office hours)	\$15	D2542	Onlay metallic – 2 surfaces	\$320
D0145	Oral Evaluation, patient under 3 years' of age	\$5	D2543	Onlay metallic – 3 or more surfaces	\$340
D0145	Oral Evaluation, patient under 3 years' of age (Additional*)	\$20	D2544	Onlay metallic – 4 or more surfaces	\$380
D0150	Comprehensive Oral Evaluation (once in a 6 month period)	\$5	D2710	Crown – Resin – indirect	\$148+
D0150	Comprehensive Oral Evaluation (Additional*)	\$20	D2720	Crown – Resin with High Noble Metal	\$183+
D0160	Detailed Oral Exam (problem focused)	\$15	D2721	Crown – Resin – Predominantly Base Metal	\$183+
D0170	Re-evaluation, limited, problem focused (est. patient)	\$0	D2722	Crown – Resin with Noble Metal	\$183+
D0210	Intraoral x-rays, complete series including bitewing x-rays (D0210 or D0330 are covered once in a 3 year period)	\$5	D2740	Crown – Porcelain/Ceramic Substrate	\$495+
D0210	Intraoral x-rays, complete series (Additional*)	\$55	D2750	Crown – Porcelain – High Noble Metal	\$495+
D0220	Intraoral x-ray – Periapical first film	\$0	D2751	Crown – Porcelain – Predom Base Metal	\$475+
D0230	Intraoral x-ray – Periapical – each additional film	\$0	D2752	Crown – Porcelain – Fused – Noble Metal	\$475+
D0270	Bitewing – Single film	\$0	D2780	Crown – ¾ Cast – Predom Base Metal	\$475+
D0272	Bitewings – Two films (once in a 6 month period)	\$0	D2781	Crown – ¾ Cast – Predom Base Metal	\$475+
D0272	Bitewings – Two films (Additional*)	\$10	D2782	Crown – ¾ Cast – Noble Metal	\$475+
D0273	Bitewings – Three Films (once in a 6 month period)	\$0	D2783	Crown – ¾ Cast – Porcelain/Ceramic	\$475+
D0273	Bitewings – Three Films (Additional*)	\$15	D2790	Crown – Full Cast – High Noble Metal	\$495+
D0274	Bitewings – Four films (once in a 6 month period)	\$0	D2791	Crown – Full Cast – Predom Base Metal	\$475+
D0274	Bitewings – Four films (Additional*)	\$20	D2792	Crown – Full Cast – Noble Metal	\$475+
D0277	Vertical bitewings, 7 to 8 films (once in a 6 month period)	\$0	D2910	Re-cement inlay	\$20
D0277	Vertical bitewings, 7 to 8 films (Additional*)	\$22	D2915	Re-cement Cast or Prefabricated Post and Cord	\$20
D0330	Panoramic film – including bitewing x-rays (D0330 or D0210 once in a 3 year period)	\$5	D2920	Re-cement crown	\$20
D0330	Panoramic film (Additional*)	\$45	D2930	Crown – Prefabricated Stainless Steel, primary tooth	\$90
D0470	Diagnostic Casts	\$0	D2932	Crown – Prefabricated Resin	\$95
D9310	Consultation	\$0	D2933	Crown – Prefabricated Stainless Steel w/Resin Window	\$110
D9430	Office Visit – per patient/per visit	\$0	D2934	Crown – Prefabricated Esthetic Coated Stainless Steel , primary tooth	\$110
PREVENTIVE			D2940	Sedative Filling	\$35
D1110	Prophylaxis – Adult (once in a 6 month period)	\$10	D2950	Core build-up including any pins	\$70
D1110	Prophylaxis – Adult (Additional*)	\$40	D2951	Pin retention per tooth, in addition to restoration	\$20
D1120	Prophylaxis – Child (once in a 6 month period)	\$5	D2952	Cast post and core in addition to crown	\$125
D1120	Prophylaxis – Child (Additional*)	\$25	D2954	Prefabricated post/core in addition to crown	\$85
D1203	Fluoride treatment (limit 1 per year to age 15)	\$0	D2960	Labial veneer (resin laminate) – Chair side	\$350
D1203	Fluoride treatment (Additional* to age 15)	\$10	D2961	Labial veneer (resin laminate)	\$350+Lab
D1310	Nutrition Counseling – Control/Den Disease	\$0	D2962	Labial veneer (porcelain laminate)	\$350+Lab
D1330	Preventive Dental Education, home care	\$0	D2970	Temporary crown (fractured tooth)	\$50
D1351	Sealant permanent molar, to age 17 – once per tooth	\$15	D2980	Crown repair, by report	\$100
D1510	Space Maintainer – Fixed – Unilateral	\$150	ENDODONTICS**		
D1515	Space Maintainer – Fixed – Bilateral	\$160	D3110	Pulp Cap – Direct (excluding final restoration)	\$20
D1520	Space Maintainer – Removable – Unilateral	\$150	D3120	Pulp Cap – Indirect (excluding final restoration)	\$20
D1525	Space Maintainer – Removable – Bilateral	\$200	D3220	Therapeutic pulpotomy (excluding final restoration)	\$55
D1550	Re-cement Space Maintainer	\$15	D3221	Pulpal debridement, primary and permanent teeth	\$65
RESTORATIVE			D3310	Root Canal – Anterior (excluding final restoration)	\$250
D2140	Amalgam – 1 surface, primary	\$15	D3320	Root Canal – Bicuspid (excluding final restoration)	\$350
D2150	Amalgam – 2 surfaces, primary	\$25	D3330	Root Canal – Molar (excluding final restoration)	\$450
D2160	Amalgam – 3 surfaces, primary	\$35	D3410	Apicoectomy/Perirad Surgery – Anterior	\$350
D2161	Amalgam – 4 or more surfaces, primary	\$45	D3421	Apicoectomy/Perirad Surgery – Bicuspid, 1 st root	\$400
D2140	Amalgam – 1 surface, permanent	\$15	D3425	Apicoectomy/Perirad Surgery – Molar, 1 st root	\$450
D2150	Amalgam – 2 surfaces, permanent	\$25	D3426	Apicoectomy/Perirad Surgery – (each additional root)	\$190
D2160	Amalgam – 3 surfaces, permanent	\$35	D3430	Retrograde filling, per root	\$95
D2161	Amalgam – 4 or more surfaces, permanent	\$45	D3450	Root amputation, per root	\$195
D2330	Resin – 1 surface, anterior	\$30	D3920	Hemisection – incl. root removal – not incl. root canal therapy	\$165
D2331	Resin – 2 surfaces, anterior	\$45	PERIODONTICS**		
D2332	Resin – 3 surfaces, anterior	\$55	D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quad	\$265
D2335	Resin – 4 or more surfaces, anterior	\$70	D4211	Gingivectomy or gingivoplasty – 1-3 teeth per quad	\$150
D2391	Resin – 1 surface, posterior	\$40	D4240	Ging. flap procedure, incl. root planing, 4 or more teeth per quad	\$295
D2392	Resin – 2 surfaces, posterior	\$60	D4241	Ging. flap procedure, incl. root planing, 1-3 teeth per quad	\$155
D2393	Resin – 3 surfaces, posterior	\$75	D4260	Osseous surg./Flap Entry/Closure, 4 or more teeth per quad	\$475
D2394	Resin – 4 or more surfaces, posterior	\$80	D4261	Osseous surg./Flap Entry/Closure, 1-3 teeth per quad	\$250
D2510	Inlay metallic – 1 surface	\$250			

ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY	ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY
PERIODONTICS** (continued)			FIXED PROSTHODONTICS (continued)		
D4320	Provisional splinting – intraoral	\$150	D6251	Pontic – Resin w/Predom Base Metal	\$475+
D4321	Provisional splinting – extracoronal	\$125	D6252	Pontic – Resin w/Noble Metal	\$475+
D4341	Periodontal scaling & root planing – 4 or more teeth per quad	\$95	D6545	Crown – Cast Metal/Resin bonded/Fixed prosthesis	\$475+
D4342	Periodontal scaling & root planing – 1-3 teeth per quad	\$70	D6720	Crown – Resin w/High Noble Metal	\$280+
D4355	Full mouth debridement to enable evaluation & diagnosis	\$75	D6721	Crown – Resin w/Predom Base Metal	\$280+
D4381	Local del of chemotherapeutic agent (via controlled release vehicle) per tooth, by report	\$75	D6722	Crown – Resin w/Noble Metal	\$280+
D4910	Periodontal maintenance following active therapy	\$60	D6740	Crown – Porcelain/Ceramic	\$495+
REMOVABLE PROSTHODONTICS			D6750	Crown – Porcelain fused to High Noble Metal	\$495+
D5110	Complete Denture (Maxillary) – (3 adj. w/in 60 days)	\$675++	D6751	Crown – Porcelain fused to Predom Base Metal	\$475+
D5120	Complete Denture (Mandibular) – (3 adj. w/in 60 days)	\$675++	D6752	Crown – Porcelain fused to Noble Metal	\$475+
D5130	Immediate Denture (Maxillary) – (4 adj. w/in 60 days)	\$700++	D6780	Crown – ¾ Cast – High Noble Metal	\$495+
D5140	Immediate Denture (Mandibular) – (4 adj. w/in 60 days)	\$700++	D6781	Crown – ¾ Cast – Predom Base Metal	\$475+
D5211	Partial Denture (Maxillary) – Resin Base	\$675++	D6782	Crown – ¾ Cast – Noble Metal	\$475+
D5212	Partial Denture (Mandibular) – Resin Base	\$675++	D6783	Crown – ¾ Porcelain/Ceramic	\$475+
D5213	Partial Denture (Maxillary) – Cast Metal Framework w/resin denture bases (incl. any conventional clasps, rests and teeth)	\$700++	D6790	Crown – Full Cast – High Noble Metal	\$495+
D5214	Partial Denture (Mandibular) – Cast Metal Framework w/resin denture bases (incl. any conventional clasps, rests and teeth)	\$700++	D6791	Crown – Full Cast – Predom Base Metal	\$475+
D5281	Partial Denture – Removable Unilateral – 1 piece metal cast	\$380++	D6792	Crown – Full Cast – Noble Metal	\$475+
D5410	Denture Adjustment (Maxillary) – full or partial	\$30	D6920	Connector bar	\$90
D5422	Denture Adjustment (Mandibular) – full or partial	\$30	D6930	Re-cement Fixed Partial Denture – per cemented unit	\$30
D5510	Repair broken complete denture base	\$70+Lab	D6940	Stress breaker – non-rigid connector	\$145+Lab
D5520	Replace missing/broken teeth – complete denture base	\$70+Lab	D6950	Precision attachment	\$235
D5610	Repair resin denture base	\$70+Lab	D6970	Cast post/core/add to br. retainer, per tooth	\$125
D5620	Repair cast framework, partial denture	\$70+Lab	D6972	Prefab post/core in addition to br. retainer, per tooth	\$85
D5630	Repair or replace broken clasp, partial denture	\$70+Lab	D6973	Core build-up including any pins, per tooth	\$70
D5640	Replace broken tooth (per tooth), partial denture	\$70+Lab	D6980	Fixed Partial Denture Repair, by report	\$100
D5650	Add tooth to existing partial denture	\$70+Lab	ORAL SURGERY **		
D5660	Add clasp to existing partial denture	\$70+Lab	D7111	Extraction – coronal remnants – deciduous tooth	\$45
D5670	Replace all teeth & acrylic cast metal framework U/L - Maxillary	\$70+Lab	D7140	Extraction – erupted tooth or exposed root	\$60
D5671	Replace all teeth & acrylic cast metal framework U/L - Mandibular	\$70+Lab	D7210	Surgical removal of erupted tooth	\$90
D5710	Rebase Complete Denture (Maxillary)	\$250+Lab	D7220	Removal of impacted tooth – soft tissue	\$120
D5711	Rebase Complete Denture (Mandibular)	\$250+Lab	D7230	Removal of impacted tooth – partial bony	\$160
D5720	Rebase Partial Denture (Maxillary)	\$250+Lab	D7240	Removal of impacted tooth – complete bony	\$190
D5721	Rebase Partial Denture (Mandibular)	\$250+Lab	D7250	Surgical removal – residual tooth roots	\$100
D5730	Reline Chair side (Maxillary) – full	\$135	D7270	Tooth re-implantation & stabilization	\$220
D5731	Reline Chair side (Mandibular) – full	\$135	D7280	Surgical exposure of impacted tooth	\$230
D5740	Reline Chair side (Maxillary) – partial	\$135	D7286	Biopsy of oral tissue – soft	\$175+Lab
D5741	Reline Chair side (Mandibular) – partial	\$135	D7310	Alveoloplasty per quad with extraction	\$125
D5750	Reline, lab (Maxillary) – full	\$145+Lab	D7311	Alveoloplasty in conjunction w/extraction, 1 to 3 teeth, per quad	\$85
D5751	Reline, lab (Mandibular) – full	\$145+Lab	D7320	Alveoloplasty per quad without extraction	\$250
D5760	Reline, lab (Maxillary) – partial	\$145	D7321	Alveoloplasty (edentulous area) not in conjunction w/extraction, 1 to 3 teeth, per quad	\$135
D5761	Reline, lab (Mandibular) – partial	\$145	D7471	Removal of lateral exostosis (Maxillary/Mandibular)	\$500
D5850	Tissue conditioning (Maxillary)	\$25	D7510	Intraoral I & D abscess	\$145
D5851	Tissue conditioning (Mandibular)	\$25	D7910	Suture of recent small wound, up to 5 cm	\$10
FIXED PROSTHODONTICS			D7960	Frenulectomy (frenectomy or frenotomy)	\$230
D6205	Pontic – Indirect Resin Based Composite	\$270+	D7971	Excision of pericoronal gingival	\$90
D6210	Pontic – Cast – High Noble Metal	\$495+	OTHER SERVICES		
D6211	Pontic – Cast – Predom Base Metal	\$475+	D9110	Palliative (emergency) tx of dental pain, minor tx	\$20
D6212	Pontic – Cast – Noble Metal	\$475+	D9210	Local Anesthesia not in conj. w/operative procedure	\$0
D6240	Pontic – Porcelain – High Noble Metal	\$495+	D9215	Local Anesthesia	\$0
D6241	Pontic – Porcelain – Predom Base Metal	\$475+	D9220	General Anesthesia (first 30 minutes)	\$75
D6242	Pontic – Porcelain – Fused to Noble Metal	\$475+	D9230	Analgesia, inhalation of nitrous oxide	\$25
D6245	Pontic – Porcelain/Ceramic	\$495+	D9241	I. V. Sedation (first 30 minutes)	\$195
D6250	Pontic – Resin w/High Noble Metal	\$495+	D9440	Office visit (after regularly scheduled hours)	\$40
D6250	Pontic – Resin w/High Noble Metal	\$495+	D9940	Nightguard (occlusal guard) limited to 1 in a 12-24 month period	\$125+Lab
			D9951	Occlusal adjustment – Limited (per visit)	\$45
			D9952	Occlusal adjustment – Complete	\$250
			D9972	Bleaching, arch – Take Home Trays	25% below the dentist regular fees
			D9973	Bleaching, tooth - In-Office Procedure	25% below the dentist regular fees
			D9999	Missed/Cancelled Appointment (without 24 hr notice)	\$25

SECTION II: SCHEDULE OF BENEFITS AND COPAYS (continued)

PLAN TDAH A800R

****ENDODONTIC SPECIALTY CARE:**

Endodontic Specialist services shall be provided by a Plan Endodontist, where available, at the participating provider's negotiated TDAH fee schedule.

IMPLANTS

Implants and implant related procedures and services shall be provided to the Member at 20% below the dentist's regular fees.

****ORAL SURGERY SPECIALTY CARE:** Oral Surgeon Specialist services shall be provided by a Plan Oral Surgeon, where available, at the participating provider's negotiated TDAH fee schedule.

PEDODONTIC SPECIALTY CARE: Pedodontic Specialist services shall be provided by a Plan Pedodontist, where available, at a 20% discount off the dentist's regular fees.

****PERIODONTIC SPECIALTY CARE:** Periodontic Specialist services shall be provided by a Plan Periodontist, where available, at the participating provider's negotiated TDAH fee schedule.

PROSTHODONTIC SPECIALTY CARE: Prosthodontic Specialist services shall be provided by a Plan Prosthodontic Specialist, where available, at a 20% discount off the dentist's regular fees.

TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)

(Non-Surgical Treatment) TMJ procedures and services shall be provided to the Member at 20% below the dentist's regular fees.

ORTHODONTICS

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.

ORTHODONTICS (continued)

Extractions for orthodontic purposes are not included as a benefit.

ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY
D8999	Screening Exam	\$0
D8999	Diagnostic work-up, x-rays/models	\$200
D8030	Limited Orthodontic Treatment – adolescent dentition	\$2,800
D8040	Limited Orthodontic Treatment – adult dentition	\$3,200
D8050	Interceptive Orthodontic Treatment – primary dentition	\$1,135
D8060	Interceptive Orthodontic Treatment – transitional dentition	\$1,140
D8080	Comprehensive Ortho Treatment – adolescent dentition	\$3,400
D8090	Comprehensive Ortho Treatment – adult dentition	\$3,700
D8210	Removable appliance therapy	\$700
D8220	Fixed appliance therapy	\$700
D8660	Pre-orthodontic treatment visit	\$45
D8680	Orthodontic retention (removal of appliances, construction & placement of retainers/arch)	\$150
D8691	Repair of orthodontic appliance (functional appliances & palatal expanders)	\$50
D8692	Replacement of lost or broken retainer	\$150
D8693	Rebonding or re-cementing; and/or repair, as required, of fixed retainers	\$150
D8999	Final Orthodontic Records	\$100

SPECIAL LIMITATIONS

Any procedure or service not listed shall be provided at the General dentist's regular fees

*** ADDITIONAL SERVICES**

Additional services, as indicated and provided for beyond the stated frequency limitation, may be performed, if necessary, at the stated copayment.

**** 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 TDAH FEE SCHEDULE AMOUNT FOR THE COVERED SERVICE.**

+ Plus lab fee on crowns \$100.00

++ Plus lab fee on dentures and partial dentures \$125.00

Other Lab Fees will vary depending upon dental laboratory, procedure, and materials used.

III COPAYS - 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 TDAHP 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 TDAHP 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 TDAHP 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 TDAHP 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 TDAHP 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 PLAN PROVIDERS (DENTISTS)

- 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 TDAHP at (602) 266-1995 or toll free at 1-888-422-1995. A current list of Plan Providers is also available at the TDAHP 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, TDAHP, 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.

VI PARTICIPATING PLAN PROVIDERS (DENTISTS) (continued)

- 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. TDAHP 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.

VII 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 TDAHP 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 TDAHP, 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.

VIII 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 I.D. 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 LIABILITY 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 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 TDAHP 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 TDAHP.
- 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 TDAHP'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: TDAHP members may ask TDAHP 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 (TDAHP is in this category) are not required to provide Level 1 and Level 2 reviews. TDAHP 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-TDAHP is not required to do the Expedited Dental Review because its utilization review activities are performed on services already provided.
 - Level 2.** Informal Reconsideration-TDAHP 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 Health Plan, Inc.
Grievance and Appeals Coordinator
2111 East Highland Avenue, Suite 250
Phoenix, Arizona 85016-4741
Telephone (602) 266-1995 or Toll Free (888) 422-1995
Facsimile: (602) 266-1948
www.tdadental.com**

SECTION XVII: PLAN TDAH A800R

PRINCIPAL EXCLUSIONS AND LIMITATIONS

1. Sealants are covered to the age of seventeen (17) and are limited to once per permanent molar only.
2. Periodontal treatment (sub-gingival curettage and root planing) is limited to five 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 and is not covered.
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 are not covered.
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, is not covered.
13. Elective or cosmetic dentistry, except as provided herein, is not covered.
14. Oral surgery requiring the setting of fractures or dislocations is not covered.
15. Orthonognathic surgery or extractions solely for orthodontic purposes are not covered.
16. Treatment of malignancies, cysts or neoplasms or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth, adoption, or placement for adoption, is not covered.
17. Dispensing of drugs is not covered.
18. Hospital charges of any kind are not covered.
19. Loss or theft of dentures or bridgework is 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), except as provided herein, are not covered.
21. General anesthesia or IV/conscious sedation, except as provided herein, is not covered.

SECTION XVII: PLAN TDAH A800R

PRINCIPAL EXCLUSIONS AND LIMITATIONS (continued)

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 and 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 is not covered.
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. Nightguard (occlusal guard) limited to one each twelve (12) months.
31. Services performed by a dentist who is not a Participating Dentist are not covered, except for emergency care as provided herein.

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, except as provided herein.
3. Extractions done for orthodontic purposes are not included as a benefit.
4. No benefit will apply for the following:
 - a. Care required in excess of 24 months from the time of banding.
 - b. Gross 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 were 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 become ineligible for benefits under this Plan for treatment, coverage under the Plan ceases and it becomes the obligation of the Member and/or Subscriber to pay the remaining balance due the Orthodontist.



**FOR MORE INFORMATION CALL:
(602) 266-1995 or Toll-Free 1-888-422-1995**

**TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.
2111 East Highland Avenue, Suite 250 ♦ Phoenix, Arizona 85016
www.tdadental.com**

— RETAIN THIS DOCUMENT FOR YOUR RECORDS —