

TOTAL DENTAL ADMINISTRATORS INC.



${\color{red}A800R}$

Underwritten and Managed by: Total Dental Administrators, Inc. (TDA)

Retain this document as your Enrollment and Membership Plan Booklet

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SECTION I: PLAN INFORMATION

Welcome to Total Dental Administrators, 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 ADVANTAGES

Dental coverage includes dental services and treatment for:

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

- 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 or TDA should you have any questions.

A800R Pre-Paid /DHMO Plan—Premiums	Monthly Installment
Individual	\$17.58
Individual + 1	\$29.98
Individual + 2 or more	\$46.53

HOW TO ENROLL

- 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 or Total Dental Administrators, Inc. The Participating Provider Directory may also be viewed on the TDA 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 or TDA, Inc. for processing.
- Premium payment is made by you to Total Dental Administrators, Inc. Monthly premium payment may only be made by credit 4. 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, Inc. (TDA)

2111 East Highland Avenue, Suite 250 ♦ Phoenix, Arizona 85016

www.TDAdental.com

SAMPLE COST COMPARISON

ADA Code	Procedure	Usual and Customary Fee*	Plan TDA A800R Copay	Savings In Dollars	Percent Savings
Preventi	ive & 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%
Restorat	tive				
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%
Endodo	ntics				
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 Su	rgerv				
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%
Periodo	ntics				
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 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:

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 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 A800R

DAGKONSTIC	ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY	ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY
Deliza Periodic Oral Exama (datificinal*) S15 D2530 Ialay metallic - 2 surfaces S270	DIAGNOSTIC			RESTOR	ATIVE (continued)	
Delication Permotic Crial Exam (Additional*) S15 D2530 D2543 D2542 Oral Evaluation, patient under 3 years of age S2 D2543 Oral Evaluation, patient under 3 years of age S2 D2543 Oral Evaluation, patient under 3 years of age S2 D2544 Oral Evaluation, patient under 3 years of age S2 D2544 Oral Evaluation (note in a 6 month period) S2 D2545 Oral Evaluation (note in a 6 month period) S2 D2740 Crown - Resin with High Noble Metal S183 + D2740 Crown - Resin - Profesion Base Metal S			\$5		· · · · · · · · · · · · · · · · · · ·	\$279
Double Problem Focused Oral Exam (during office hours) \$15 D2542 Oalsy metallis - 2 surfaces \$320 D0145 Oral Evaluation, patient under 3 years' of age \$20 D2544 Oalsy metallis - 2 or more surfaces \$380 D0150 Oral Evaluation (note in a 6 month \$5 D2741 Oalsy metallis - 2 or more surfaces \$380 D0150 Oral Evaluation (note in a 6 month \$5 D2741 Orang-Rein-in-indiguished Metal \$183 D0160 Orang-Denkenis v Oral Evaluation (Additional*) \$20 D2722 Orang-Rein-Indiguished Metal \$183 D0160 Orang-Denkenis v Oral Evaluation (Additional*) \$15 D2740 Orang-Rein-Indiguished Metal \$183 D0160 Orang-Denkenis v Oral Evaluation (Additional*) \$15 D2740 Orang-Parcelain Teanus Metal \$183 D0160 Orang-Denkenis v Oral Evaluation (Additional*) \$15 D2740 Orang-Parcelain Teanus Metal \$183 D0160 D0170 Orang-Denkenis v Oral Evaluation (Additional*) \$15 D2740 Orang-Parcelain Teanus Metal \$175 D0270 D0170 D0170 Orang-Denkenis v Orang-						
Double Cont Perchain patient under 3 years of age 20 20 25 30 25 30 30 30 30 30 30 30 3		· · · · · · · · · · · · · · · · · · ·				
Dots Comprehensive Corn Evaluation (mote in a 6 month 55 D2720 Cown - Resin - Petidentiantly Base Metal S183 + Petidentiantly Base Metal S18						
Additional*						
Doctor Period P	D0143		\$20		•	
Decision Decision Decision Compelensive Oral Evaluation (Additional*) \$15 D2740 Crown - Percelaim Ceramis Substrate \$495 D2740 Crown - Decision - High Noble Metal \$475 D2740 Crown - Decision - High Noble Metal \$475 D2740 Crown - Decision - High Noble Metal \$475 D2740 Crown - Decision - High Noble Metal \$475 D2740 Crown - Decision - High Noble Metal \$475 D2740 D2740 Crown - Decision - Freedown Base Metal \$475 D2740 Crown - Decision - Freedown Base Metal \$475 D2740 D27	D0150		¢ <i>E</i>			
D0150 Comprehensive Oral Evaluation (Additional*) S20 D2722 Crown — Recin with Noble Metal \$183 + 100160 Detailed Oral Exam problem focused (set patient) S15 D2740 Crown — Procelain-Cramic Substrate \$495 + 100170 Re-evaluation, limited, problem focused (set patient) S15 D2740 Crown — Procelain — Praction Base Metal \$495 + 100170 Re-evaluation, limited, problem focused (set patient) S20 D2750 Crown — Procelain — Praction Base Metal \$495 + 100170 Re-evaluation, limited, problem focused (set patient) S20 D2750 Crown — Procelain — Praction Base Metal \$495 + 100170 Re-evaluation S495 + 100170 Re-evaluation R	D0130	*	\$3			
D2740 D241alct Oral Exam (problem focused) S15 D2740 Crown — Procelain/Cernain Substrate S495+ D0210 D0770 Revealuation, limited, problem focused (set, patient) S0 D2750 Crown — Procelain — High Noble Metal S475+ D0210 D0720 D0720 D0720 D0720 S175 D2750 Crown — Procelain — Fleed holded S475+ D0210 D0720 D0720 D0720 D0720 S175 D2750 Crown — Procelain — Fleed holded S475+ D0210 D0720 D0720 D0720 S175 D2750 Crown — Procelain — Fleed holded S475+ D0210 D0720 D0720 D0720 S175 D2750 Crown — Scat — High Noble Metal S475+ D0720 D0720 D0720 D0720 S175 D0720 S17	50450		000		· · · · · · · · · · · · · · · · · · ·	
D0170 Re-evaluation, limited, problem focused (est, patient) S0 D275 Crown - Procedian - Fight Noble Metal S475+ rays (D0210 or D0330 are covered once in a 3 year profit of p						
D2751 Introral x-rays, complete series including bilewing x Period D2751 Crown - Proteclian - Preed - Medit Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Preclain - Pused - Metal \$475 + Crown - Pused -						
rays (DQ210 or 700300 are covered once in a 3 year period D2782 Crown – Focelain — Fused — Noble Metal \$475 + 100210 Intraoral x-ray, e-Crown — Sec. 3 — High Noble Metal \$475 + 100220 Intraoral x-ray, e-Periapical first film \$0					Crown – Porcelain – High Noble Metal	\$495+
D2780 Crown – 34 Cast – High Oxbob Metal \$475+ D2780 Crown – 34 Cast – Predom Base Metal \$475+ D2781 Crown – 34 Cast – Predom Base Metal \$475+ D2781 Crown – 34 Cast – Predom Base Metal \$475+ D2782 Crown – 34 Cast – Predom Base Metal \$475+ D2783 Crown – 34 Cast – Predom Base Metal \$475+ D2784 Crown – 34 Cast – Predom Base Metal \$475+ D2784 Evenings – Two films (additional*) \$0 D2783 Crown – 34 Cast – Predom Base Metal \$475+ D2784 Evenings – Two films (Additional*) \$10 D2793 Bitewings – Two films (Additional*) \$10 D2794 Bitewings – Two films (Cone in a 6 month period) \$0 D2795 Bitewings – Two films (Additional*) \$10 D2796 Bitewings – Two films (Additional*) \$10 D2797 Bitewings – Two films (Additional*) \$10 D2798 Bitewings – Two films (Additional*) \$10 D2799 Crown – Full Cast – Robb Metal \$475+ D2790 Bitewings – Two films (Additional*) \$20 D2791 Crown – Full Cast – Robb Metal \$475+ D2792 Crown – Full Cast – Robb Metal \$475+ D2793 Bitewings – Two films (Additional*) \$20 D2794 Crown – Full Cast – Robb Metal \$475+ D2795 Crown – Full Cast – Robb Metal \$475+ D2796 Crown – Full Cast – Robb Metal \$475+ D2797 Vertical bitewings – Two films (Additional*) \$20 D2799 Vertical bitewings – Two films (Additional*) \$20 D2790 Vertical bitewings – Two films (Additional*) \$20 D2791 Vertical bitewings – Two films (Additional*) \$20 D2792 Vertical bitewings – Two films (Additional*) \$20 D2793 Vertical bitewings – Two films (Additional*) \$20 D2794 Vertical bitewings – Two films (Additional*) \$20 D2795 Vertical bitewings – Two films (Additional*) \$20 D2796 Vertical bitewings – Two films (Additional*) \$20 D2797 Vertical bitewings – Two films (Additional*) \$20 D2798 Vertical bitewings – Two films (Additional*) \$20 D2799 Vertical bitewings – Two films (Additional*) \$20 D2790 Vertical bitewings – Two films (Additional*) \$20	D0210	Intraoral x-rays, complete series including bitewing x-	\$5	D2751	Crown – Porcelain – Predom Base Metal	\$475+
D0220 Intronal x-rays, complete series (Additional*) S55 D2781 Crown - ¾ Cast - Noble Metal S475-		rays (D0210 or D0330 are covered once in a 3 year			Crown – Porcelain – Fused – Noble Metal	\$475+
D0230		period)		D2780	Crown − ¾ Cast − High Noble Metal	\$475+
D0270 D0270 Intraorn's "-periapical — echa additional film S0 D2783 Crown — "A Cast — Procelain/Ceramic S175- D0272 Bitewing — Simple film S0 D279 Crown — Fall Cast — Flack Doth Metal S495- D0272 Bitewings — Two films (once in a 6 month period) S0 D279 Crown — Fall Cast — Predom Base Metal S475- D0273 Bitewings — Three Films (once in a 6 month period) S0 D291 Re-cement clast or Prefabricated Post and Cord S20 D0274 Bitewings — Three Films (Additional") S15 D291 Re-cement Cast or Prefabricated Post and Cord S20 D0274 Bitewings — Four films (Additional") S20 D292 Crown — Prefabricated Stainless Steel, primary tooth S0 D0274 Bitewings — Four films (Additional") S20 D293 Crown — Prefabricated Stainless Steel, primary tooth S0 D0274 Vertical bitewings, 7 to 8 films (Additional") S20 D293 Crown — Prefabricated Stainless Steel, primary tooth D2010 once in a 3 year period) D2030 Paromaine film — including bitewing x-rays (D0330 or S5 D2030	D0210	Intraoral x-rays, complete series (Additional*)	\$55	D2781	Crown – 3/4 Cast – Predom Base Metal	\$475+
D0270	D0220		\$0	D2782	Crown − ¾ Cast − Noble Metal	\$475+
D0270	D0230		\$0	D2783		
D0272 Bitewings — Two films (additional*) 510 D2791 Crown — Full Cast — Problem Metal \$475+ D0273 Bitewings — Two films (Additional*) 515 D2910 Re-cement inlay \$20 D0274 Bitewings — Three Films (additional*) 515 D2910 Re-cement inlay \$20 D0274 Bitewings — Three Films (Additional*) 520 D290 Re-cement Cast or Prefabricated Post and Cord \$20 D0274 Bitewings — Four films (Additional*) 520 D290 Re-cement Cast or Prefabricated Post and Cord \$20 D0274 Bitewings — Four films (Additional*) 520 D2930 Crown — Prefabricated Stainless Steel, primary tooth \$90 D0277 Vertical bitewings — Four films (Additional*) 520 D2930 Crown — Prefabricated Stainless Steel, primary tooth \$90 D0277 Vertical bitewings — Four films (Additional*) 520 D2930 Crown — Prefabricated Stainless Steel, primary tooth \$90 D0277 Vertical bitewings — Four films (Additional*) 520 D2931 Crown — Prefabricated Stainless Steel primary tooth \$90 D0278 D2790 Crown — Prefabricated Stainless Steel, primary tooth \$90 D2791 Crown — Prefabricated Post and Cord \$20 D2792 Re-cement Cast or Prefabricated Post and Cord \$20 D2793 Crown — Prefabricated Resin \$95 D2930 Crown — Prefabricated Stainless Steel primary tooth \$90 D2793 Crown — Prefabricated Stainless Steel primary tooth \$90 D2793 Crown — Prefabricated Stainless Steel primary tooth \$90 D2793 Crown — Prefabricated Stainless Steel primary tooth \$90 D2793 Crown — Prefabricated Stainless Steel primary tooth \$90 D2793 Crown — Prefabricated Stainless Steel primary tooth \$90 D2794 D2795 Crown Prefabricated Stainless Steel primary tooth \$90 D2795 Crown — Prefabricated Stainless Steel primary tooth \$90 D2796 D2796 Crown — Prefabricated Stainless Steel primary tooth \$90 D2797 D2		, ,				
D2772 Bitewings — Three Films (once in a 6 month period) S0 D2773 Bitewings — Three Films (once in a 6 month period) S0 D2774 Bitewings — Four films (once in a 6 month period) S0 D2774 Bitewings — Four films (once in a 6 month period) S0 D2777 Vertical bitewings, 7 to 8 films (once in a 6 month period) D2920 Re-cement crown S20 D2770 Vertical bitewings, 7 to 8 films (once in a 6 month period) D2932 Crown — Prefabricated Stainless Steel, primary tooth D2770 Vertical bitewings, 7 to 8 films (Additional*) S22 D2791 D279					e	
D2973 Bitewings — Three Films (andei onal period) S15 D2910 Re-cement Inlay S20 D2924 Bitewings — Three Films (Additional*) S15 D293 Re-cement Cast or Prefabricated Post and Cord S20 D2974 Bitewings — Four films (Additional*) S20 D293 Re-cement Cast or Prefabricated Stainless Steel, primary tooth S90 D297 Vertical bitewings — Four films (Additional*) S20 D293 Crown — Prefabricated Stainless Steel primary tooth S90 D293 Crown — Prefabricated Stainless Steel primary tooth S90 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D297 Vertical bitewings — To to films (Additional*) S22 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D297 Vertical bitewings — To to films (Additional*) S22 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless Steel w/Resin Window S110 D293 Crown — Prefabricated Stainless w/Resin W/Resin W/Resin W/Resin W/Res						
D0273 Bitewings — Force Films (Additional*) S0 D2915 Re-cement Casi or Prefabricated Post and Cord \$20 D2920 D294 Bitewings — Four films (once in a 6 month period) \$0 D2920 Crown — Prefabricated Resin \$95 D2970 Crown — Prefabricated Resin \$95 D2971 Vertical bitewings, \$7 to 8 films (once in a 6 month \$0 D2932 Crown — Prefabricated Resin \$95 D2973 Crown — Prefabricated Resin \$95 D2973 Crown — Prefabricated Resin \$95 D2974 Crown — Prefabricated Stainless Steel wResin Window \$110 D2974 Crown — Prefabricated Stainless Steel wResin Window \$110 D2974 Crown — Prefabricated Stainless Steel wResin Window \$110 D2974 D2						
D0274 Bitewings - Four films (once in a 6 month period) S0 D290 Re-cement crown S0 D2907 Vertical bitewings - Four films (Additional*) S2 D2930 Crown - Prefabricated Stainless Steel, primary tooth S0 D2930 Crown - Prefabricated Stainless Steel with S0 D2930 Crown - Prefabricated Stainless Steel with S0 D2930 Crown - Prefabricated Estime S0 D2930 Crown - Prefabricated Es					•	
D0277 Vertical bisewings, 7 to 8 films (once in a 6 month period) D2932 Crown - Prefabricated Stainless Steel, primary tooth period) D2933 Crown - Prefabricated Resin S95 D2934 Crown - Prefabricated Resin S95 D2934 Crown - Prefabricated Resin S95 D2934 Crown - Prefabricated Stainless Steel S110 D2934 Cro		` ,				
D0277 Vertical bitewings, 7 to 8 films (once in a 6 month period) P0277 Vertical bitewings, 7 to 8 films (Additional*) S22 D0330 Panoramic film -including bitewing x-rays (D030 or D0210 once in a 3 year period) D0210 once in a 3 year period) S25 D0330 Panoramic film -including bitewing x-rays (D030 or D0210 once in a 3 year period) S25 D0330 Panoramic film (Additional*) S45 D2950 Core build-up including any pins S70 D2940 Sedative Filling S25 S26 D2951 Core build-up including any pins S70 D2952 Cast post and core in addition to restoration S20 D2954 Perfabricated post/core in addition to crown S12 S26 D2951 D2951 D2952 Cast post and core in addition to crown S85 D2951 D2951 Eabial veneer (resin laminate) - Chair side S350 D2951 Eabial veneer (resin laminate) - Chair side S350 D2951 Eabial veneer (resin laminate) + ++ S350+Lat D2961 Labial veneer (resin laminate) + ++ S350+Lat D2961 Labial veneer (porcelain laminate) + ++ S350+Lat D2961 Labial veneer (porcelain laminate) + ++ S350+Lat D2961 Labial veneer (porcelain laminate) + ++ S350+Lat D2962 Labial veneer (porcelain laminate) + ++ S350+Lat D2963 Eabial veneer (porcelain laminate) + ++ S350+Lat D2964 Eabial veneer (porcelain laminate) + ++ S350+Lat D2965 Eabial veneer (porcelain laminate) + ++ S350+Lat D2965 Eabial veneer (porcelain laminate) + ++ S350+Lat D2965 Eabial veneer (porcelain laminate) + ++ S350+Lat D2966 Eabial ven						
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D0277 Vertical bitewings, 7 to 8 films (Additional*) S22 D0303 or noramic film -including bitewing x-rays (D030 or D0210 once in a 3 year period) S25 D0210 once in a 3 year period) S25 D0210 once in a 3 year period) S25 D0290	D0277	•	\$0			
Danoramic film - including bitewing x-rays (D0330 or D0210 one in a 3 year period)						
D0210 once in a 3 year period)				D2934	Crown - Prefabricated Esthetic Coated Stainless Steel,	\$110
D0330	D0330	Panoramic film – including bitewing x-rays (D0330 or	\$5		primary tooth	
D0470 Diagnostic Casts S0 D2951 Pin retention per tooth, in addition to restoration \$20		D0210 once in a 3 year period)		D2940	Sedative Filling	\$35
D0470 Diagnostic Casts S0 D2951 Pin retention per tooth, in addition to restoration \$20	D0330	Panoramic film (Additional*)	\$45	D2950	Core build-up including any pins	\$70
D9310 Consultation S0 D2952 Cast post and core in addition to crown \$125	D0470	Diagnostic Casts	\$0	D2951		\$20
D9430 Office Visit – per patient/per visit S0	D9310	C	\$0	D2952		\$125
D2960						
D2961	D) 150	office visit per patient per visit	ΨΟ			
D1110	PREVEN	NTIVE			,	
D1110			\$10		· · · · · · · · · · · · · · · · · · ·	
D1120						
D11202 Prophylaxis - Child (Additional*) \$25						
D1203 Fluoride treatment (Imin't 1 per year to age 15) S10 D1203 Fluoride treatment (Additional* to age 15) S10 D3110 Nutrition Counseling - Control/Den Disease S0 D3120 Pulp Cap - Direct (excluding final restoration) \$20 D1330 Preventive Dental Education, home care \$0 D3220 Therapeutic pulpotomy (excluding final restoration) \$55 D1351 Sealant permanent molar, to age 17 - once per tooth \$15 D3220 Therapeutic pulpotomy (excluding final restoration) \$55 D1510 Space Maintainer - Fixed - Unilateral \$150 D3310 Root Canal - Anterior (excluding final restoration) \$250 D1515 Space Maintainer - Fixed - Bilateral \$160 D3320 Root Canal - Anterior (excluding final restoration) \$350 D1520 Space Maintainer - Removable - Unilateral \$150 D3330 Root Canal - Molar (excluding final restoration) \$350 D1520 Space Maintainer - Removable - Bilateral \$150 D3320 Root Canal - Molar (excluding final restoration) \$350 D1520 Space Maintainer - Removable - Bilateral \$150 D3430 Root Canal - Molar (excluding final restoration) \$350 D3410 Apicoectomy/Perirad Surgery - Anterior \$350 D3421 Apicoectomy/Perirad Surgery - Anterior \$450 D3425 Apicoectomy/Perirad Surgery - Molar, 1* root \$450 D3426 Apicoectomy/Perirad Surgery - (each additional root) \$190 D3426 Amalgam - 2 surfaces, primary \$35 D3430 Retrograde filling, per root \$195 D3430 Root amputation, per root \$190 D3430				D2980	Crown repair, by report	\$100
Dil					0.5 mm x 0.0 L	
Di 310 Nutrition Counseling - Control/Den Disease S0 Di 3120 Pulp Cap - Indirect (excluding final restoration) \$20 Di 330 Preventive Dental Education, home care \$0 Di 3220 Therapeutic pulpotomy (excluding final restoration) \$55 Di 351 Sealant permanent molar, to age 17 - once per tooth \$15 Di 3221 Pulpal debridement, primary and permanent teeth \$65 Di 510 Space Maintainer - Fixed - Unilateral \$150 Di 3310 Root Canal - Anterior (excluding final restoration) \$250 Di 515 Space Maintainer - Fixed - Bilateral \$150 Di 330 Root Canal - Bicuspid (excluding final restoration) \$350 Di 520 Space Maintainer - Removable - Unilateral \$150 Di 330 Root Canal - Molar (excluding final restoration) \$350 Di 520 Space Maintainer - Removable - Bilateral \$200 Di 3410 Apicoectomy/Perirad Surgery - Anterior \$350 Di 520 Re-cement Space Maintainer \$150 Di 3420 Apicoectomy/Perirad Surgery - Anterior \$350 Di 520 Re-cement Space Maintainer \$150 Di 3420 Apicoectomy/Perirad Surgery - Molar, 1st root \$400 Di 520 Amelgam - 1 surface, primary \$150 Di 3420 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 Di 52150 Amalgam - 2 surfaces, primary \$150 Di 3420 Apicoectomy/Perirad Surgery - (each additional root) \$190 Di 52150 Amalgam - 2 surfaces, primary \$150 Di 3420 Apicoectomy/Perirad Surgery - (each additional root) \$190 Di 52150 Amalgam - 3 surfaces, primary \$150 Di 3420 Apicoectomy/Perirad Surgery - (each additional root) \$190 Di 52150 Amalgam - 3 surfaces, primary \$150 Di 3420 Apicoectomy/Perirad Surgery - (each additional root) \$190 Di 52150 Amalgam - 3 surfaces, primary \$150 Di 3420 Apicoectomy/Perirad Surgery - (each additional root) \$190 Di 52150 Amalgam - 3 surfaces, primary \$150 Di 3420 Apicoectomy/Perirad Surgery - (each additional root) \$190 Di 52150 Amalgam - 4 or more surfaces, primary \$150 Di 3420 Apicoectomy/Perirad Surgery - (each						
Di330						
D1351 Sealant permanent molar, to age 17 - once per tooth D1510 Space Maintainer = Fixed - Unilateral \$150 D3310 Root Canal - Anterior (excluding final restoration) \$250 D330 Root Canal - Anterior (excluding final restoration) \$350 D1520 Space Maintainer = Removable - Unilateral \$150 D3320 Root Canal - Molar (excluding final restoration) \$450 D3520 Root Canal - Molar (excluding final restoration) \$450 D3520 Root Canal - Molar (excluding final restoration) \$450 D3520 Root Canal - Molar (excluding final restoration) \$450 D3520 Root Canal - Molar (excluding final restoration) \$450 D3520 Root Canal - Molar (excluding final restoration) \$450 D3410 Apicoectomy/Perirad Surgery - Anterior \$350 D3410 Apicoectomy/Perirad Surgery - Holar, 1st root \$450 D3421 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 D3426 Apicoectomy/Perirad Surgery - (each additional root) \$190 D3420 Amalgam - 2 surfaces, primary \$15 D3430 Retrograde filling, per root \$195 D3450 Root amputation, per root \$195 D345						
D1510 Space Maintainer – Fixed – Unilateral \$150 D3310 Root Canal – Anterior (excluding final restoration) \$250 D1515 Space Maintainer – Fixed – Bilateral \$160 D3320 Root Canal – Bicuspid (excluding final restoration) \$350 D1520 Space Maintainer – Removable – Unilateral \$150 D3330 Root Canal – Bicuspid (excluding final restoration) \$450 D1525 Space Maintainer – Removable – Bilateral \$200 D3410 Apicoectomy/Perirad Surgery – Anterior \$350 D1550 Re-cement Space Maintainer – Removable – Bilateral Apicoectomy/Perirad Surgery – Anterior Space Maintainer – Baltiateral Space – Baltiateral Surgery – Molar, 1st root Space Maintainer – Removable – Bilateral Space – Baltiateral Space – Baltiateral Space – Baltiateral Surgery – Molar, 1st root Space – Space Maintainer – Baltiateral Space – Baltiateral Space – Baltiateral Surgery – Molar, 1st root Space – Space – Baltiateral Space – Baltiateral Space – Balt	D1330				Therapeutic pulpotomy (excluding final restoration)	
D1510 Space Maintainer – Fixed – Unilateral \$150 D3310 Root Canal – Anterior (excluding final restoration) \$250 D1515 Space Maintainer – Fixed – Bilateral \$160 D3320 Root Canal – Bicuspid (excluding final restoration) \$350 D1520 Space Maintainer – Removable – Unilateral \$150 D3330 Root Canal – Molar (excluding final restoration) \$450 D1525 Space Maintainer – Removable – Bilateral \$200 D3410 Apicoectomy/Perirad Surgery – Anterior \$350 D1550 Re-cement Space Maintainer — \$15 D3421 Apicoectomy/Perirad Surgery – Bicuspid, 1st root \$400 D3425 Apicoectomy/Perirad Surgery – Molar, 1st root \$440 D3425 Apicoectomy/Perirad Surgery – (each additional root) \$190 D3426 Apicoectomy/Perirad Surgery – (each additional root) \$190 D3426 Amalgam – 2 surfaces, primary \$25 D3450 Root amputation, per root \$95 D2150 Amalgam – 2 surfaces, primary \$35 D3450 Root amputation, per root \$195 D2160 Amalgam – 3 surfaces, primary \$45 D2160 Amalgam – 4 or more surfaces, primary \$45 D2160 Amalgam – 2 surfaces, permanent \$15 D2150 Amalgam – 2 surfaces, permanent \$15 D2150 Amalgam – 2 surfaces, permanent \$15 D2161 Amalgam – 4 or more surfaces, permanent \$35 D4210 Gingivectomy or gingivoplasty – 4 or more teeth per \$265 D2161 Amalgam – 4 or more surfaces, permanent \$45 D2330 Resin – 1 surface, anterior \$45 D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 3 surfaces, posterior \$40 D4241 Ging, flap procedure, incl. root planing, 4 or more teeth per quad \$150 D2331 Resin – 2 surfaces, posterior \$40 D4241 Ging, flap procedure, incl. root planing, 1-3 teeth per \$475 D2394 Resin – 4 or more surfaces, posterior \$575 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D2394 Resin – 4 or more surfaces, posterior \$80 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or	D1351	Sealant permanent molar, to age 17 – once per tooth	\$15	D3221	Pulpal debridement, primary and permanent teeth	\$65
D1520 Space Maintainer - Removable - Unilateral S150 D330 Root Canal - Molar (excluding final restoration) \$450 D1525 Space Maintainer - Removable - Bilateral \$200 D3410 Apicoectomy/Perirad Surgery - Anterior \$350 D3421 Apicoectomy/Perirad Surgery - Bicuspid, 1st root \$440 D3425 Apicoectomy/Perirad Surgery - Molar, 1st root \$440 D3425 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 D3425 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 D3425 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 D3426 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 D3420 Remisection - incl. root removal - not incl. root canal \$165 D4210 Singivectomy or gingivoplasty - 4 or more teeth per \$265 D4210 Singivectomy or gingivoplasty - 4 or more teeth per \$265 D4210 Singivectomy or gingivoplasty - 1-3 teeth per \$265 D4210 Singivectomy or gingivoplasty - 1-3 teeth per \$265 D4210 Singivectomy or gingivoplasty - 1-3 teeth per \$265 D4210 Singivectomy or gingivoplasty - 1-3 teeth per \$265 D4210 Singivectomy or gingivoplasty - 1-3 teeth per \$265 D4210 Singivectomy or gingivoplasty - 1-3 teeth per \$265 D4210 Singivect	D1510		\$150	D3310	Root Canal – Anterior (excluding final restoration)	\$250
Di520 Space Maintainer - Removable - Unilateral Si50 Di330 Root Canal - Molar (excluding final restoration) \$450 Di525 Space Maintainer - Removable - Bilateral \$200 Di3410 Apicoectomy/Perirad Surgery - Anterior \$350 Di550 Re-cement Space Maintainer \$15 Di3421 Apicoectomy/Perirad Surgery - Bicuspid, 1st root \$440 Si325 Apicoectomy/Perirad Surgery - Molar, 1st root \$440 Si325 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 Si325 Apicoectomy/Perirad Surgery - (each additional root) \$190 Si325 Amalgam - 1 surface, primary \$15 Di3430 Retrograde filling, per root \$195 Si325 Amalgam - 3 surfaces, primary \$25 Di3450 Root amputation, per root \$195 Si325	D1515	Space Maintainer – Fixed – Bilateral	\$160	D3320	Root Canal – Bicuspid (excluding final restoration)	\$350
D1525 Space Maintainer - Removable - Bilateral \$200 D3410 Apicoectomy/Perirad Surgery - Anterior \$350 D3421 Apicoectomy/Perirad Surgery - Bicuspid, 1st root \$400 S440 S450 Apicoectomy/Perirad Surgery - Bicuspid, 1st root \$400 S450 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 S450 S450 Apicoectomy/Perirad Surgery - Molar, 1st root \$450 S450 S4						
D1550 Re-cement Space Maintainer S15 D3421 Apicoectomy/Perirad Surgery – Bicuspid, 1st root S450 D3425 Apicoectomy/Perirad Surgery – Molar, 1st root S450 D3426 Apicoectomy/Perirad Surgery – Molar, 1st root S450 D3426 Apicoectomy/Perirad Surgery – (each additional root) S190 D3420 Amalgam – 1 surface, primary S15 D3430 Retrograde filling, per root S195 D3450 Amalgam – 2 surfaces, primary S35 D3450 Root amputation, per root S195 D3450 Amalgam – 4 or more surfaces, primary S45 D3450 Hemisection – incl. root removal – not incl. root canal S165		•			, ,	
RESTORATIVE D2140 Amalgam – 1 surface, primary D2150 Amalgam – 2 surfaces, primary D2161 Amalgam – 3 surfaces, primary D2161 Amalgam – 4 or more surfaces, primary D2160 Amalgam – 2 surfaces, primary D2160 Amalgam – 3 surfaces, primary D2161 Amalgam – 4 or more surfaces, primary D2160 Amalgam – 2 surfaces, primary D2160 Amalgam – 3 surfaces, permanent D2161 Amalgam – 2 surfaces, permanent D2160 Amalgam – 3 surfaces, permanent D2161 Amalgam – 2 surfaces, permanent D2160 Amalgam – 3 surfaces, permanent D2161 Amalgam – 2 surfaces, permanent D2161 Amalgam – 2 surfaces, permanent D2162 Amalgam – 3 surfaces, permanent D2163 Resin – 1 surface, anterior D2331 Resin – 2 surfaces, anterior D2332 Resin – 3 surfaces, anterior D2335 Resin – 4 or more surfaces, anterior D2391 Resin – 1 surface, posterior D2392 Resin – 2 surfaces, posterior D2393 Resin – 3 surfaces, posterior S40 D2394 Resin – 3 surfaces, posterior S70 D2394 Resin – 3 surfaces, posterior S80 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per S45 D450 D460 Osseous surg./Flap Entry/Closure, 4 or more teeth per S45 D470 D480 S45 D480 S45 D480 S45 D480 S45 D480 S45 D480 S45 D480 S460 S475 S475 S475 S475 S475 S475 S475 S475						
RESTORATIVE D2140 Amalgam – 1 surface, primary D2150 Amalgam – 2 surfaces, primary D2160 Amalgam – 3 surfaces, primary D2161 Amalgam – 4 or more surfaces, primary D2161 Amalgam – 2 surfaces, primary D2160 Amalgam – 3 surfaces, primary D2161 Amalgam – 2 surfaces, primary D2160 Amalgam – 2 surfaces, primary D2160 Amalgam – 3 surface, permanent D2150 Amalgam – 2 surfaces, permanent D2150 Amalgam – 2 surfaces, permanent D2160 Amalgam – 3 surfaces, permanent D2160 Amalgam – 3 surfaces, permanent D2161 Amalgam – 4 or more surfaces, permanent D2330 Resin – 1 surface, anterior D2331 Resin – 2 surfaces, anterior D2332 Resin – 3 surfaces, anterior D2335 Resin – 4 or more surfaces, anterior D2391 Resin – 2 surfaces, posterior D2392 Resin – 2 surfaces, posterior D2393 Resin – 3 surfaces, posterior D2394 Resin – 4 or more surfaces, posterior S30 D4260 Apicoectomy/Perirad Surgery – (each additional root) S95 D3450 Retrograde filling, per root S95 Root amputation, per root S195 PB810DNTICS** D4210 Gingivectomy or gingivoplasty – 4 or more teeth per surfaces, posterior S45 D4211 Gingivectomy or gingivoplasty – 1-3 teeth per quad S150 D4240 Ging. flap procedure, incl. root planing, 4 or more teeth surfaces, per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per surfaces, per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per surfaces, per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per surfaces, per quad D4240 Osseous surg./Flap Entry/Closure, 4 or more teeth per surfaces, per quad D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per surfaces, per quad	D 1330	re cement space manualier	Ψ15			
D2140 Amalgam – 1 surface, primary \$15 D3430 Retrograde filling, per root \$95 D2150 Amalgam – 2 surfaces, primary \$25 D3450 Root amputation, per root \$195 D2160 Amalgam – 3 surfaces, primary \$35 D3450 Root amputation, per root \$195 D3450 P450 P550 P550 P550 P550 P550 P550 P	DESTOR	O A TIVE				
D2150 Amalgam – 2 surfaces, primary \$25 D2160 Amalgam – 3 surfaces, primary \$35 D2161 Amalgam – 4 or more surfaces, primary \$45 D2140 Amalgam – 1 surface, permanent \$15 D2150 Amalgam – 2 surfaces, permanent \$25 D2161 Amalgam – 2 surfaces, permanent \$25 D2160 Amalgam – 3 surfaces, permanent \$35 D2161 Amalgam – 3 surfaces, permanent \$35 D2161 Amalgam – 4 or more surfaces, permanent \$35 D2161 Amalgam – 4 or more surfaces, permanent \$45 D2330 Resin – 1 surface, anterior \$30 D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 3 surfaces, anterior \$45 D2333 Resin – 3 surfaces, anterior \$55 D2334 Resin – 4 or more surfaces, anterior \$55 D2335 Resin – 4 or more surfaces, anterior \$55 D2391 Resin – 1 surface, posterior \$40 D2392 Resin – 2 surfaces, posterior \$60 D2393 Resin – 3 surfaces, posterior \$60 D2394 Resin – 3 surfaces, posterior \$75 D2394 Resin – 4 or more surfaces, posterior \$80 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475			¢15			
D2160 Amalgam – 3 surfaces, primary \$35 D2161 Amalgam – 4 or more surfaces, primary \$45 D2140 Amalgam – 1 surface, permanent \$15 D2150 Amalgam – 2 surfaces, permanent \$25 D2161 Amalgam – 3 surfaces, permanent \$25 D2160 Amalgam – 3 surfaces, permanent \$35 D2161 Amalgam – 4 or more surfaces, permanent \$35 D2161 Amalgam – 4 or more surfaces, permanent \$45 D2330 Resin – 1 surface, anterior \$30 D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 2 surfaces, anterior \$45 D2333 Resin – 4 or more surfaces, anterior \$55 D2334 Resin – 4 or more surfaces, anterior \$55 D2335 Resin – 4 or more surfaces, anterior \$50 D2336 Resin – 1 surface, posterior \$40 D2391 Resin – 2 surfaces, posterior \$60 D2392 Resin – 2 surfaces, posterior \$60 D2393 Resin – 3 surfaces, posterior \$60 D2394 Resin – 4 or more surfaces, posterior \$80 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 Quad						
D2161 Amalgam – 4 or more surfaces, primary D2140 Amalgam – 1 surface, permanent D2150 Amalgam – 2 surfaces, permanent D2160 Amalgam – 3 surfaces, permanent D2161 Amalgam – 4 or more surfaces, permanent D2161 Amalgam – 4 or more surfaces, permanent D2162 Amalgam – 4 or more surfaces, permanent D2163 Resin – 1 surface, anterior D2164 Amalgam – 4 or more surfaces, anterior D2165 Amalgam – 4 or more surfaces, anterior D2166 Amalgam – 4 or more surfaces, anterior D2167 Amalgam – 4 or more surfaces, anterior D2168 Amalgam – 4 or more surfaces, anterior D2169 Resin – 2 surfaces, anterior D2170 Surfaces, anterior D2180 Resin – 4 or more surfaces, anterior D2181 Resin – 4 or more surfaces, anterior D2182 Resin – 4 or more surfaces, anterior D2183 Resin – 4 or more surfaces, anterior D2184 Resin – 2 surfaces, posterior S2184 Surfaces, posterior S2185 Surfaces, posterior S2296 Surfaces, posterior S2297 Surfaces, posterior S2298 Resin – 2 surfaces, posterior S22998 Resin – 3 surfaces, posterior S22999 Resin – 4 or more surfaces, posterior S22990 Surfaces, posterior S22990 Surfaces, posterior S22990 Surfaces, posterior S22990 Surfaces, posterior S23990 Surfaces, posterior S240 Surfaces, posterior S250 D4260 Surfaces, posterior S265 Surfaces, posterior S270 Surfac		71 7				
D2140 Amalgam – 1 surface, permanent \$15 D2150 Amalgam – 2 surfaces, permanent \$25 D2160 Amalgam – 3 surfaces, permanent \$35 D2161 Amalgam – 4 or more surfaces, permanent \$45 D2330 Resin – 1 surface, anterior \$30 D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 3 surfaces, anterior \$45 D2335 Resin – 4 or more surfaces, anterior \$55 D2335 Resin – 4 or more surfaces, anterior \$50 D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 3 surfaces, anterior \$55 D2333 Resin – 4 or more surfaces, anterior \$55 D2340 Resin – 1 surface, posterior \$40 D2391 Resin – 2 surfaces, posterior \$60 D2392 Resin – 2 surfaces, posterior \$60 D2393 Resin – 3 surfaces, posterior \$60 D2394 Resin – 4 or more surfaces, posterior \$75 D2394 Resin – 4 or more surfaces, posterior \$80 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 Quad				D3920		\$165
D2150 Amalgam – 2 surfaces, permanent D2160 Amalgam – 3 surfaces, permanent D2161 Amalgam – 4 or more surfaces, permanent D2300 Resin – 1 surface, anterior D2311 Resin – 2 surfaces, anterior D2322 Resin – 3 surfaces, anterior D2335 Resin – 4 or more surfaces, anterior D2336 Resin – 1 surface, anterior D2317 Resin – 2 surfaces, anterior D2318 Resin – 3 surfaces, anterior D2319 Resin – 2 surfaces, anterior D2310 Resin – 3 surfaces, anterior D2310 Resin – 3 surfaces, anterior D2311 Resin – 3 surfaces, anterior D2312 Resin – 4 or more surfaces, anterior D2313 Resin – 4 or more surfaces, anterior D2314 Resin – 1 surface, posterior D2315 Resin – 2 surfaces, posterior D2316 Resin – 2 surfaces, posterior D2317 Resin – 3 surfaces, posterior S25 D4240 Ging. flap procedure, incl. root planing, 4 or more teeth serior S27 per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per surfaces, posterior S27 quad D2391 Resin – 3 surfaces, posterior S40 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per surfaces, posterior S47 quad					therapy	
D2160 Amalgam – 3 surfaces, permanent \$35 D2161 Amalgam – 4 or more surfaces, permanent \$45 D2330 Resin – 1 surface, anterior \$30 D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 3 surfaces, anterior \$45 D2333 Resin – 3 surfaces, anterior \$55 D2335 Resin – 4 or more surfaces, anterior \$70 D2391 Resin – 1 surface, posterior \$40 D2392 Resin – 2 surfaces, posterior \$60 D2393 Resin – 3 surfaces, posterior \$75 D2394 Resin – 3 surfaces, posterior \$80 D4210 Gingivectomy or gingivoplasty – 4 or more teeth per quad \$150 D4211 Gingivectomy or gingivoplasty – 1-3 teeth per quad \$150 D4240 Ging. flap procedure, incl. root planing, 4 or more teeth \$295 D4240 Ging. flap procedure, incl. root planing, 1-3 teeth per quad \$150 D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per \$155 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per quad						
D2161 Amalgam – 4 or more surfaces, permanent D2330 Resin – 1 surface, anterior D2331 Resin – 2 surfaces, anterior D2332 Resin – 3 surfaces, anterior D2335 Resin – 4 or more surfaces, anterior D2336 Resin – 4 or more surfaces, anterior D2337 Resin – 4 or more surfaces, anterior D2398 Resin – 2 surfaces, posterior D2399 Resin – 2 surfaces, posterior D2390 Resin – 3 surfaces, posterior D2391 Resin – 3 surfaces, posterior D2392 Resin – 3 surfaces, posterior D2393 Resin – 3 surfaces, posterior D2394 Resin – 4 or more surfaces, posterior S20 Secous surg./Flap Entry/Closure, 4 or more teeth per surfaces, posterior S20 Secous surg./Flap Entry/Closure, 4 or more teeth per surfaces, quad						
D2330 Resin – 1 surface, anterior \$30 D4211 Gingivectomy or gingivoplasty – 1-3 teeth per quad \$150 D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 3 surfaces, anterior \$55 D4240 Ging. flap procedure, incl. root planing, 4 or more teeth \$295 D2335 Resin – 4 or more surfaces, anterior \$70 per quad D2391 Resin – 1 surface, posterior \$40 D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per \$155 D2392 Resin – 2 surfaces, posterior \$60 quad D2393 Resin – 3 surfaces, posterior \$75 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 D2394 Resin – 4 or more surfaces, posterior \$80 quad		Amalgam – 3 surfaces, permanent	\$35	D4210	Gingivectomy or gingivoplasty – 4 or more teeth per	\$265
D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 3 surfaces, anterior \$55 D2335 Resin – 4 or more surfaces, anterior \$70 D2391 Resin – 1 surface, posterior \$40 D2392 Resin – 2 surfaces, posterior \$60 D2393 Resin – 3 surfaces, posterior \$75 D2394 Resin – 4 or more surfaces, posterior \$80 D4240 Ging. flap procedure, incl. root planing, 4 or more teeth \$295 per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 4 or more teeth per quad	D2161	Amalgam – 4 or more surfaces, permanent	\$45		quad	
D2331 Resin – 2 surfaces, anterior \$45 D2332 Resin – 3 surfaces, anterior \$55 D2335 Resin – 4 or more surfaces, anterior \$70 D2391 Resin – 1 surface, posterior \$40 D2392 Resin – 2 surfaces, posterior \$60 D2393 Resin – 3 surfaces, posterior \$75 D2394 Resin – 4 or more surfaces, posterior \$80 D4240 Ging. flap procedure, incl. root planing, 4 or more teeth \$295 per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad D4241 Ging. flap procedure, incl. root planing, 4 or more teeth per quad	D2330	Resin – 1 surface, anterior	\$30	D4211	Gingivectomy or gingivoplasty – 1-3 teeth per quad	\$150
D2332 Resin – 3 surfaces, anterior \$55 D2335 Resin – 4 or more surfaces, anterior \$70 D2391 Resin – 1 surface, posterior \$40 D2392 Resin – 2 surfaces, posterior \$60 D2393 Resin – 3 surfaces, posterior \$75 D2394 Resin – 4 or more surfaces, posterior \$80 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 quad						
D2335 Resin – 4 or more surfaces, anterior D2391 Resin – 1 surface, posterior D2392 Resin – 2 surfaces, posterior D2393 Resin – 3 surfaces, posterior D2394 Resin – 4 or more surfaces, posterior S40 D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per quad quad D475 D476 D476 D477 D478 D478 D478 D478 D478 D478 D478				D4240	Ging, flap procedure, incl. root planing, 4 or more teeth	\$295
D2391 Resin – 1 surface, posterior \$40 D4241 Ging. flap procedure, incl. root planing, 1-3 teeth per \$155 purple surfaces, posterior \$60 purple surfaces, posterior \$75 purple surfaces, posterior \$80 purple surfaces, p				2.2.0		+=/-
D2392 Resin – 2 surfaces, posterior \$60 quad D2393 Resin – 3 surfaces, posterior \$75 D2394 Resin – 4 or more surfaces, posterior \$80 quad D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 quad				D/12/11		\$155
D2393 Resin – 3 surfaces, posterior \$75 D2394 Resin – 4 or more surfaces, posterior \$80 D4260 Osseous surg./Flap Entry/Closure, 4 or more teeth per \$475 quad				D4241		φ1.33
D2394 Resin – 4 or more surfaces, posterior \$80 quad				D4000		¢475
1.2				D4260		\$475
D2510 Inlay metallic – 1 surface \$250 D4261 Osseous surg./Flap Entry/Closure, 1-3 teeth per quad \$250						
	D2510	Inlay metallic – 1 surface	\$250	D4261	Osseous surg./Flap Entry/Closure, 1-3 teeth per quad	\$250

ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY	ADA CODE	PROCEDURE DESCRIPTION	MEMBER COPAY
PERIOD	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	\$95	D6545	Crown - Cast Metal/Resin bonded/Fixed prosthesis	\$475+
	per quad		D6720	Crown – Resin w/High Noble Metal	\$280+
D4342	Periodontal scaling & root planing – 1-3 teeth per quad	\$70	D6721	Crown – Resin w/Predom Base Metal	\$280+
D4355	Full mouth debridement to enable evaluation &	\$75	D6722	Crown – Resin w/Noble Metal	\$280+
	diagnosis		D6740	Crown – Porcelain/Ceramic	\$495+
D4381	Local del of chemotherapeutic agent (via controlled	\$75	D6750	Crown – Porcelain fused to High Noble Metal	\$495+
	release vehicle) per tooth, by report		D6751	Crown - Porcelain fused to Predom Base Metal	\$475+
D4910	Periodontal maintenance following active therapy	\$60	D6752	Crown – Porcelain fused to Noble Metal	\$475+
			D6780	Crown – ¾ Cast – High Noble Metal	\$495+
	ABLE PROSTHODONTICS	*	D6781	Crown – ³ / ₄ Cast – Predom Base Metal	\$475+
D5110	Complete Denture (Maxillary) – (3 adj. w/in 60 days)	\$675+++	D6782	Crown – ¾ Cast – Noble Metal	\$475+
D5120	Complete Denture (Mandibular) – (3 adj. w/in 60 days)	\$675+++	D6783	Crown – ³ / ₄ Porcelain/Ceramic	\$475+
D5130	Immediate Denture (Maxillary) – (4 adj. w/in 60 days)	\$700+++	D6790	Crown – Full Cast – High Noble Metal	\$495+
D5140	Immediate Denture (Mandibular) – (4 adj. w/in 60	\$700+++	D6791	Crown – Full Cast – Predom Base Metal	\$475+
D5011	days)	ф <i>с</i> 75	D6792	Crown – Full Cast – Noble Metal	\$475+
D5211	Partial Denture (Maxillary) – Resin Base	\$675+++	D6920	Connector bar	\$90
D5212	Partial Denture (Mandibular) – Resin Base	\$675+++	D6930	Re-cement Fixed Partial Denture – per cemented unit	\$30
D5213	Partial Denture (Maxillary) – Cast Metal Framework	\$700+++	D6940	Stress breaker – non-rigid connector +++	\$145+Lab
	w/resin denture bases (incl. any conventional clasps, rests and teeth)		D6950 D6970	Precision attachment Cast post/core/add to br. retainer, per tooth	\$235 \$125
D5214	Partial Denture (Mandibular) – Cast Metal Framework	\$700+++	D6970 D6972		\$123 \$85
D5214	,	\$700+++	D6972 D6973	Prefab post/core in addition to br. retainer, per tooth Core build-up including any pins, per tooth	\$70
	w/resin denture bases (incl. any conventional clasps, rests and teeth)		D6980	Fixed Partial Denture Repair, by report	\$100
D5281	Partial Denture – Removable Unilateral – 1 piece metal	\$380+++	D0960	rixed Fartial Defiture Repair, by report	\$100
D3201	cast	ФЭООТТТ	ORAL S	URGERY **	
D5410	Denture Adjustment (Maxillary) – full or partial	\$30	D7111	Extraction – coronal remnants – deciduous tooth	\$45
D5422	Denture Adjustment (Mandibular) – full or partial	\$30	D7111	Extraction – erupted tooth or exposed root	\$60
D5510	Repair broken complete denture base +++	\$70+Lab	D7210	Surgical removal of erupted tooth	\$90
D5520	Replace missing/broken teeth – complete denture base	\$70+Lab	D7220	Removal of impacted tooth – soft tissue	\$120
D5610	Repair resin denture base +++	\$70+Lab	D7230	Removal of impacted tooth – partial bony	\$160
D5620	Repair cast framework, partial denture +++	\$70+Lab	D7240	Removal of impacted tooth – complete bony	\$190
D5630	Repair or replace broken clasp, partial denture +++	\$70+Lab	D7250	Surgical removal – residual tooth roots	\$100
D5640	Replace broken tooth (per tooth), partial denture +++	\$70+Lab	D7270	Tooth re-implantation & stabilization	\$220
D5650	Add tooth to existing partial denture +++	\$70+Lab	D7280	Surgical exposure of impacted tooth	\$230
D5660	Add clasp to existing partial denture +++	\$70+Lab	D7286	Biopsy of oral tissue – soft +++	\$175+Lab
D5670	Replace all teeth & acrylic cast metal framework U/L	\$70+Lab	D7310	Alveoloplasty per quad with extraction	\$125
	– Maxillary +++		D7311	Alveoloplasty in conjunction w/extraction, 1 to 3 teeth,	\$85
D5671	Replace all teeth & acrylic cast metal framework U/L	\$70+Lab		per quad	
	– Mandibular +++		D7320	Alveoloplasty per quad without extraction	\$250
D5710	Rebase Complete Denture (Maxillary) +++	\$250+Lab	D7321	Alveoloplasty (edentulous area) not in conjunction	\$135
D5711	Rebase Complete Denture (Mandibular) +++	\$250+Lab		w/extraction, 1 to 3 teeth, per quad	
D5720	Rebase Partial Denture (Maxillary) +++	\$250+Lab	D7471	Removal of lateral exostosis (Maxillary/Mandibular)	\$500
D5721	Rebase Partial Denture (Mandibular) +++	\$250+Lab	D7510	Intraoral I & D abscess	\$145
D5730	Reline Chair side (Maxillary) – full	\$135	D7910	Suture of recent small wound, up to 5 cm	\$10
D5731	Reline Chair side (Mandibular) – full	\$135	D7960	Frenulectomy (frenectomy or frenotomy)	\$230
D5740	Reline Chair side (Maxillary) – partial	\$135	D7971	Excision of pericoronal gingival	\$90
D5741	Reline Chair side (Mandibular) – partial	\$135	OWNER	CERTIFICATION OF THE PROPERTY	
D5750	Reline, lab (Maxillary) – full +++	\$145+Lab		SERVICES	420
D5751	Reline, lab (Mandibular) – full +++	\$145+Lab	D9110	Palliative (emergency) tx of dental pain, minor tx	\$20
D5760	Reline, lab (Maxillary) – partial +++	\$145+Lab	D9210	Local Anesthesia not in conj. w/operative procedure	\$0
D5761	Reline, lab (Mandibular) – partial +++	\$145+Lab	D9215	Local Anesthesia	\$0
D5850	Tissue conditioning (Maxillary)	\$25	D9220	General Anesthesia (first 30 minutes)	\$195
D5851	Tissue conditioning (Mandibular)	\$25	D9221	General Anesthesia (each additional 15 minutes)	\$75 \$25
EIVED D	POCTHODONTICS		D9230	Analgesia, inhalation of nitrous oxide	\$25 \$105
	PROSTHODONTICS Position Indicate Region Record Community	\$270.	D9241	I. V. Sedation (first 30 minutes) Office visit (after regularly scheduled hours)	\$195 \$40
D6205	Pontic - Indirect Resin Based Composite	\$270+	D9440	,	
D6210 D6211	Pontic – Cast – High Noble Metal Pontic – Cast – Predom Base Metal	\$495+ \$475+	D9940	Nightguard (occlusal guard) limited to 1 in a 12-24	\$125+Lab
D6211 D6212	Pontic – Cast – Predom Base Metal Pontic – Cast – Noble Metal	\$475+ \$475+	D9951	month period +++ Occlusal adjustment – Limited (per visit)	\$45
D6212 D6240		\$475+ \$495+	D9951 D9952	Occlusal adjustment – Limited (per visit) Occlusal adjustment – Complete	\$45 \$250
D6240 D6241	Pontic – Porcelain – High Noble Metal Pontic – Porcelain – Predom Base Metal	\$495+ \$475+	D9932 D9972	Bleaching, arch – Take Home Trays	3230 25% below
D6241 D6242	Pontic – Porcelain – Fused to Noble Metal	\$475+ \$475+	D3312	Dicaching, aich – Take Hollie Hays	the dentist
D6242 D6245	Pontic – Porcelain – Fused to Noble Metal Pontic – Porcelain/Ceramic	\$475+ \$495+			regular fees
D6250	Pontic – Resin w/High Noble Metal	\$495+	D9973	Bleaching, tooth - In-Office Procedure	25% below
D6250	Pontic – Resin w/High Noble Metal	\$495+	2,,,,,	Siedening, toom in office Hoccume	the dentist
		e tom f			regular fees
			D9999	Missed/Cancelled Appointment (without 24 hr notice)	\$25
				11	•

SECTION II: SCHEDULE OF BENEFITS AND COPAYS (continued)

PLAN TDA A800R

**ENDODONTIC SPECIALTY CARE:

Endodontic Specialist services shall be provided by a Plan Endodontist, where available, at the participating provider's negotiated TDA 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 TDA 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 TDA 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	MEMBE
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 TDAHP 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.

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 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 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 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.

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. 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.

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 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.
- 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.
- **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 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
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 TDA 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 reline 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 TDA 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, INC.
2111 East Highland Avenue, Suite 250 ♦ Phoenix, Arizona 85016

www.TDAdental.com

— RETAIN THIS DOCUMENT FOR YOUR RECORDS —