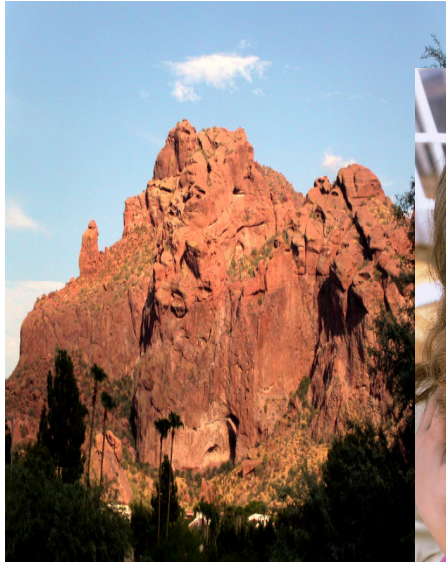




Total Dental Administrators Health Plan, Inc.



INDIVIDUAL/FAMILY DENTAL PLAN

Plan TDA—A800

Available only in Maricopa and Pima Counties

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



CSA GENERAL INSURANCE AGENCY, INC.

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:

- Preventive and Diagnostic
- Restorative
- Endodontics
- Periodontics
- Prostodontics
- Oral Surgery
- TMJ
- Orthodontics

Refer to the enclosed Schedule of Benefits and Co-payments for a detailed listing of covered procedures.

TDAHP ADVANTAGES

- Covers Pre-existing Conditions
- Covers Orthodontics (Braces)
- Covers Implants (Discounted Fees)
- Covers Pedodontic Care (Discounted Fees)
- No Deductibles
- No Claim Forms
- No Annual Benefit Maximums
- No Lifetime Benefit Maximums

SAMPLE COST COMPARISON

ADA Code	Procedure	Usual and Customary Fee*	Plan TDA-A800 Copayment	Savings in Dollars	Percent Savings
Preventive & Diagnostic					
D0150	Initial Oral Exam	\$ 68.00	\$ 0	\$ 68.00	100%
D0210	Complete Series X-Rays	\$ 107.00	\$ 0	\$ 107.00	100%
D1110	Adult - Prophylaxis (Cleaning)	\$ 73.00	\$ 10	\$ 73.00	100%
Restorative					
D2140	Amalgam - One Surface	\$ 105.00	\$ 15.00	\$ 90.00	86%
D2330	Resin - One Surface	\$ 116.00	\$ 30.00	\$ 86.00	74%
Crown and Bridge					
D2740	Porcelain/Ceramic Substrate	\$910.00	\$495.00	\$415.00	46%
D2750	Porcelain With High Noble Metal	\$892.00	\$495.00	\$397.00	45%
Endodontics					
D3310	RCT-Anterior	\$578.00	\$250.00	\$328.00	57%
D3330	RCT-Molar	\$911.00	\$450.00	\$461.00	51%
Oral Surgery					
D7140	Single Tooth	\$115.00	\$ 60.00	\$ 55.00	48%
D7220	Soft Tissue Impaction	\$254.00	\$120.00	\$134.00	53%
Prostodontics					
D5130/40	Immediate Upper/Lower Denture	\$1,279.00	\$700.00	\$579.00	45%
Periodontics					
D4260	Osseous Surgery/4 or more teeth, per quad	\$1,080.00	\$475.00	\$605.00	56%

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

DENTAL PLAN INFORMATION

This Individual Dental Plan Booklet explains the benefits, limitations, exclusions, provisions and conditions of your coverage with TDAHP. Please read this document with care to ensure that you fully understand your benefits and how your Dental Plan works.

The Individual Dental Plan Enrollment Agreement is the document which specifies any rights to benefits you may have. If the explanations in this Individual Dental Plan Booklet can be interpreted differently from the provisions of your Enrollment Agreement, the Enrollment Agreement shall always control.

LOW MONTHLY RATES

The Individual Plan Enrollment Agreement includes a premium rate form that applies to your specific Individual Plan.

HOW TO ENROLL

1. Complete the enclosed enrollment card. 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 directory by calling TDAHP at (602) 954-5602 or toll free at (866) 954-5602. The directory may also be viewed and/or printed from TDAHP web site, www.totaldentaladmin.com. All family members must receive care at the same dental office. Each participating dental facility listed in the Provider Directory has a Dental Office Identification number listed beneath the office address. Be sure to use the Identification number to identify your selection on the Enrollment Form.
3. Annual premium payment may be made by personal check, money order, or credit card (Visa and Master Card accepted). Monthly premium payments are made by automatic withdrawal from your bank account. Please indicate the method of payment you have selected on your enrollment card and mail to TDAHP for processing.

Please contact TDAHP if you have questions:

***Total Dental Administrators Health Plan, Inc.
2111 E. Highland Avenue, Suite 425
Phoenix, AZ 85016-4741
Telephone (602) 954-5602 or Toll Free (866) 957-5602
www.totaldentaladmin.com***

I. ELIGIBILITY

- A. Individuals of any age who reside in Maricopa and Pima counties and their eligible dependents may enroll in the TDA-A800 Individual/Family Prepaid Dental 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 (student status must be verified each semester), 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 or mental disability.

The eligibility of all Covered Persons is contingent upon the monthly or annual premium payments having been made on a current basis.

PLAN TDA-A800
II. SCHEDULE OF BENEFITS AND CO-PAYMENTS

<u>ADA CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>CO-PAYMENT</u>	<u>RESTORATIVE (continued)</u>		
DIAGNOSTIC			D2780	Crown – ¾ Cast – High Noble Metal \$475	
D0120	Periodic Oral Exam (once in a 6 month period)*	No Charge	D2781	Crown – ¾ Cast – Predominately Base Metal \$475	
D0120	Periodic Oral Exam (Additional)	\$ 15	D2782	Crown – ¾ Cast – Noble Metal \$475	
D0140	Emergency Oral Exam (during office hours)	\$ 15	D2783	Crown – ¾ Cast – Porcelain/Ceramic \$475	
D0150	Comprehensive Oral Exam (once in a 6 month period)*	N/C	D2790	Crown – Full Cast – High Noble Metal \$495	
D0150	Comprehensive Oral Exam (additional)	\$ 20	D2791	Crown – Full Cast – Predominately Base Metal \$475	
D160	Detailed Oral Exam Problem Focused	\$15	D2792	Crown – Full Cast – Noble Metal \$475	
D0170	Re-evaluation, limited, problem focused (est. patient)	No Charge	D2910/20	Re-cement inlay/crown \$ 20	
D0210	Intraoral x-rays, complete series including bitewing x-rays (D0210 or D0330 are covered once in a 36 month period)	No Charge	D2930	Crown – Prefabricated Stainless Steel, primary tooth \$ 90	
D0210	Intraoral x-rays, complete series (additional)	\$ 55	D2932	Crown – Prefabricated Resin \$ 95	
D0220/30	Intraoral x-ray – Periapical	No Charge	D2940	Sedative Filling \$ 35	
D0270	Bitewing – Single film	No Charge	D2950	Core build-up including any pins \$ 70	
D0272	Bitewings – Two films (once in a 6 month period)	No Charge	D2951	Pin retention per tooth, in addition to restoration \$ 20	
D0272	Bitewings – Two films (additional)	\$10	D2952	Cast post and core in addition to crown \$125	
D0274	Bitewings – Four films (once in a 6 month period)	No Charge	D2954	Prefabricated post/core in addition to crown \$ 85	
D0274	Bitewings – Four films (additional)	\$20	D2960	Labial veneer (resin laminate) – Chairside \$350	
D0277	Vertical bitewings, 7 to 8 films (once in a 6 month period)	N/C	D2962	Labial veneer (porcelain laminate) – lab \$350 + Lab	
D0277	Vertical bitewings, 7 to 8 films (additional)	\$22	D2970	Temporary crown (fractured tooth) \$ 50	
D0330	Panoramic film- (D0330 or D0210 once in a 36 month period)	No Charge	D6065-67	Implant supported single crown 20% Discount	
D0330	Panoramic film – additional	\$45	ENDODONTICS ***		
D9310	Diagnostic Casts	No Charge	D3110	Pulp Cap – Direct (excluding final restoration) \$ 20	
D9430	Consultation/office visit	No Charge	D3120	Pulp Cap – Indirect (excluding final restoration) \$ 20	
PREVENTIVE			D3220	Therapeutic pulpotomy (excluding final restoration) \$ 55	
D1110	Prophylaxis – Adult (once in a 6 month period)*	\$10	D3221	Pulpal debridement, primary and permanent teeth \$ 65	
D1110	Prophylaxis – Adult (additional)	\$40	D3310	Root Canal – Anterior (excluding final restoration) \$250	
D1120	Prophylaxis – Child (once in a 6 month period)*	\$5	D3320	Root Canal – Bicuspid (excluding final restoration) \$350	
D1120	Prophylaxis – Child (additional)	\$25	D3330	Root Canal – Molar (excluding final restoration) \$450	
D1203	Fluoride treatment (once in a 12 month period, to age 15)**	No Charge	D3410	Apicoectomy/Perirad Surgery – Anterior \$350	
D1203	Fluoride treatment ,to age 15 (additional)	\$10	D3421	Apicoectomy/Perirad Surgery – Bicuspid, 1 st root \$400	
D1310	Nutrition Counseling – Control/Den Disease	No Charge	D3425	Apicoectomy/Perirad Surgery – Molar, 1 st root \$450	
D1330	Preventive Dental Education, home care	No Charge	D3426	Apicoectomy/Perirad Surgery – (each additional root) \$190	
D1351	Sealant permanent molar, to age 17 – per tooth	\$ 10	D3430	Retrograde filling, per root \$ 95	
D1510	Space Maintainer – Fixed – Unilateral	\$150	D3450	Root amputation, per root \$195	
D1515	Space Maintainer – Fixed – Bilateral	\$160	D3920	Hemisection, including root removal \$165	
D1520	Space Maintainer – Removable– Unilateral	\$150	D3999	Bleaching of discolored tooth \$165	
D1525	Space Maintainer – Removable – Bilateral	\$200	PERIODONTICS ***		
D1550	Recent Space maintainer	\$15	D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quad \$ 265	
RESTORATIVE			D4211	Gingivectomy or gingivoplasty – 1-3 teeth per quad \$150	
D2140	Amalgam – 1 surface	\$ 15	D4240	Ging. flap procedure, incl. root planing, 4 or more teeth per quad \$295	
D2150	Amalgam – 2 surfaces	\$ 25	D4241	Ging. flap procedure, incl. root planing, 1-3 teeth per quad \$155	
D2160	Amalgam – 3 surfaces	\$ 35	D4260	Osseous surg./Flap Entry/Closure, 4 or more teeth per quad \$475	
D2161	Amalgam – 4 or more surfaces	\$ 45	D4261	Osseous surg./Flap Entry/Closure, 1-3 teeth per quad \$250	
D2330	Resin – 1 surface, anterior	\$ 30	D4320	Provisional splinting – intracoronal \$150	
D2331	Resin – 2 surfaces, anterior	\$ 45	D4321	Provisional splinting – extracoronal \$125	
D2332	Resin – 3 surfaces, anterior	\$ 55	D4341	Periodontal scaling & root planing – 4 or more teeth per quad \$ 95	
D2335	Resin – 4 or more surfaces, anterior	\$ 70	D4342	Periodontal scaling & root planing – 1-3 teeth per quad \$ 70	
D2391	Resin – 1 surface, posterior	\$ 40	D4355	Full mouth debridement to enable evaluation & diagnosis \$ 75	
D2392	Resin – 2 surfaces, posterior	\$ 60	D4381	Local delivery of chemotherapeutic agent, per tooth \$75	
D2393	Resin – 3 surfaces, posterior	\$ 70	D4910	Periodontal maintenance following active therapy \$60	
D2394	Resin – 4 or more surfaces, posterior	\$ 76	REMOVABLE PROSTHODONTICS		
D2510	Inlay metallic – 1 surface	\$250	D5110	Complete Denture (Mandibular) – (4 adj. w/in 60 days) \$675	
D2520	Inlay metallic – 2 surfaces	\$279	D5120	Immediate Denture (Maxillary) – (4 adj. w/in 60 days) \$675	
D2530	Inlay metallic – 3 surfaces	\$327	D5130	Immediate Denture (Mandibular) – (4 adj. w/in 60 days) \$700	
D2542	Onlay metallic – 2 surfaces	\$320	D5140	Partial Denture (Maxillary/Mandibular) – Resin Base \$700	
D2543	Onlay metallic – 3 surfaces	\$340	D5211/12	Partial De Framework rests and t	
D2544	Onlay metallic – 4 or more surfaces	\$380	D5213	Maxillary	
D2740	Crown – Porcelain/Ceramic Substrate	\$495	D5214	Mandibul	
D2750	Crown – Porcelain – High Noble Metal	\$495	D5281	Partial Dc	
D2751	Crown – Porcelain – Predominately Base Metal	\$475			
D2752	Crown – Porcelain – Fused – Noble Metal	\$475			
<u>ADA CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>CO-PAYMENT</u>	<u>ADA CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>CO-PAYMENT</u>

PLAN TDA-A800

II. SCHEDULE OF BENEFITS AND CO-PAYMENTS

D5410/22	Denture Adjustment (Maxillary/Mandibular) – full or partial	\$ 30
D5510	Repair broken complete denture base	\$ 70
D5520	Replace missing/broken teeth – complete denture base	\$ 70
D5610	Repair resin denture base	\$ 70
D5620	Repair cast framework, partial denture	\$ 70

REMOVABLE PROSTHODONTICS, continued

D5630	Repair or replace broken clasp, partial denture	\$70
D5640	Replace broken tooth (per tooth), partial denture	\$70
D5650	Add tooth to existing partial denture	\$70
D5660	Add clasp to existing partial denture	\$70
D5670/71	Replace all teeth & acrylic cast metal framework – Maxillary/Mandibular	\$70
D5710/11	Rebase Complete Denture (Maxillary/Mandibular)	\$250
D5720/21	Rebase Partial Denture (Maxillary/Mandibular)	\$250
D5730/31	Reline Chairside - full	\$135
D5740/41	Reline Chairside (Maxillary/Mandibular) – partial	\$135
D5750/61	Reline, lab (Maxillary/Mandibular) – full or partial	\$145
D5850/51	Tissue conditioning (Maxillary/Mandibular)	\$ 25

FIXED PROSTHODONTICS

D6055-94	Implant supported prosthetics	20% Discount
D6210	Pontic – Cast – High Noble Metal	\$495
D6211	Pontic –Cast- Predominately Base Metal	\$475
D6212	Pontic-Cast Noble Metal	\$475
D6240	Pontic – Porcelain – High Noble Metal	\$495
D6241	Pontic – Porcelain – Predominately Base Metal	\$475
D6242	Pontic – Porcelain – Fused to Noble Metal	\$475
D6245	Pontic – Porcelain/Ceramic	\$495
D6545	Crown – Cast Metal/Resin bonded/Fixed prosthesis	\$475
D6740	Crown – Porcelain/Ceramic	\$495
D6750	Crown – Porcelain fused to High Noble Metal	\$495
D6751	Crown – Porcelain fused to Predominately Base Metal	\$475
D6752	Crown – Porcelain fused to Noble Metal	\$475
D6780	Crown – ¾ Cast – High Noble Metal	\$495
D6781	Crown – ¾ Cast – Predominately Base Metal	\$475
D6782	Crown – ¾ Cast – Noble Metal	\$475
D6790	Crown – Full Cast – High Noble Metal	\$495
D6791	Crown – Full Cast – Predominately Base Metal	\$475
D6792	Crown – Full Cast – Noble Metal	\$475
D6930	Re-cement Fixed Partial Denture – per cemented unit	\$ 30
D6940	Stress breaker – non-rigid connector	\$145
D6950	Precision attachment	\$235
D6970	Cast post/core/add to br. retainer, per tooth	\$112
D6972	Prefab post/core in addition to br. retainer, per tooth	\$ 62
D6973	Core build-up	\$75

ORAL SURGERY ***

D7111	Extraction – coronal remnants – deciduous tooth	\$ 45
D7140	Extraction –erupted tooth or exposed root	\$ 60
D7210	Surgical removal of erupted tooth	\$ 90
D7220	Removal of impacted tooth – soft tissue	\$120
D7230	Removal of impacted tooth – partial bony	\$160
D7240	Removal of impacted tooth – complete bony	\$190
D7250	Surgical removal – residual tooth root	\$100
D7270	Tooth re-implantation & stabilization	\$220
D7280	Surgical exposure of impacted tooth	\$230
D7286	Biopsy of oral tissue - soft	\$175+ Lab
D7310	Alveoloplasty per quad with extraction	\$125
D7320	Alveoloplasty per quad without extraction	\$250
D7471	Removal of lateral exostosis	\$500
D7960	Frenulectomy (frenectomy or frenotomy)	\$230
D7971	Excision of pericoronal gingiva	\$ 90

OTHER SERVICES

D9110	Palliative (emergency) tx of dental pain minor tx	\$ 20
D9220	General Anesthesia (first 30 minutes)	\$195

<u>ADA</u>	<u>CO</u>
<u>CODE</u>	<u>PAYMENT</u>
<u>PROCEDURE DESCRIPTION</u>	

OTHER SERVICES

D9220	General Anesthesia (each additional 15 minutes)	\$75
D9230	Analgesia, inhalation of nitrous oxide	\$25
D9440	Office visit after regularly scheduled hours	\$40
D9940	Occlusal guard	\$125 +Lab
D9951	Occlusal adjustment – Limited	\$45
D9952	Occlusal adjustment – Complete	\$250
D9999	Missed/Cancelled Appointment (w/o 24hr notice)	\$25

TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)***

***TMJ procedures and services will be provided to the member at 20% below the dental office's customary fee.

PEDODONTIC CARE: Pediatric dental services will be provided by a plan Pedodontist, where available, at a 20% to 25% discount off the dentist's regular fees. If no plan Pedodontist is available member has no Pedodontic benefit. Dental services must be obtained from participating plan general dentist or specialist.

ORTHODONTICS

Orthodontic procedures or services not listed, including *Invisalign@* and *Ortho Clear@* braces, will 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. Extractions for orthodontic purposes are not included as a benefit.

D8999	Screening Exam	N/C
D8999	Diagnostic work-up, x-rays/models, when provided by plan orthodontist	\$ 200
D8030	Limited Orthodontic Treatment – adolescent dentition	\$2,800
D8040	Limited Orthodontic Treatment – adult dentition	\$3,200
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
D8999	Final Orthodontic Records	\$100

SPECIAL LIMITATIONS

Procedures or services not listed in the above Schedule of Benefits and Co-Payments may be provided at the dentist's regular fees.

*** A \$10.00 ADULT AND \$5.00 CHILD CHARGE for one Dental Prophylaxis** (Teeth Cleaning D1110/D1120) and one oral exam (D0120/D0150/D0180) once in a 6-month period. If medically necessary, additional cleanings and/or exams may be provided and charged to the patient at the listed fee.

**** NO CHARGE Fluoride treatment** is limited to one per 12 month period, or more frequently if necessary until age 15 at listed fee.

***** ENDODONTIC, PERIODONTIC & ORAL SURGERY co-payments as herein set forth apply only when treatment is performed by a participating GENERAL DENTIST.** If the services of a specialist are required, the co-payments herein set forth do not apply and the member will receive services from a participating specialist, where available, and the co-payment will be the discounted rate filed with TDAH.

- III CO-PAYMENTS** - The Co-payment amounts listed in the Schedule Of Benefits and Co-Payments, 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** - Sometimes your selected dentist will identify a problem that is best treated by a dental specialist. If the services of a dental specialist are required, the co-payments herein set forth do not apply and you will receive services from a participating dental specialist, where available, and the co-payment will be the discounted rate filed with TDAHP.
- VI 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. 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. If coverage for said child results in additional premium becoming due, you must notify TDAHP and pay all applicable additions to premiums within sixty (60) days from the date of birth, adoption, adoption placement or court/administrative order for coverage to continue.
- VII 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) 954-5602 or toll free at 1-866-954-5602. A current list of Plan Providers is also available at the TDAHP website, www.totaldentaladmin.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.
 - 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 to tentatively 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.
- VIII EMERGENCY CARE**
- A. You should attempt to obtain emergency care from your Plan Provider when you are within the area served by your designated Plan Provider. If you are seeking emergency care during normal business hours and your selected Plan Provider is not accessible, please contact the TDAHP for assistance at (602) 954-5602 or 1-866-954-5602.
 - 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 less any member costs which you would normally be charged for the procedure.
- IX 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.
- X. 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.
- XI WORKERS' COMPENSATION EXCLUSION** - Expenses for which payment is required under applicable Workers' Compensation statutes are not eligible for payment under this dental plan.

- XII 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.
- XIII 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.
 - C.
- XIV DENTAL RECORDS** - The dental records of the Member and/or Subscriber concerning services performed herein shall remain the property of the Plan dentist.
- XV CUSTOMER SERVICE INQUIRES** - Customer Service is available by calling TDAHP at (602) 954-5602 or toll-free at 1-866-954-5602 during normal business hours. All Individual Dental Plan inquires, including grievance procedures, are handled by TDAHP.
- XVI 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.
- XVII 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 425
Phoenix, Arizona 85016-4741
Telephone (602) 954-5602 or Toll Free (866) 954-5602
Facsimile: (602) 266-1948
www.totaldentaladmin.com

PRINCIPAL EXCLUSIONS AND LIMITATIONS

1. Sealants are covered to the age of seventeen (17) and are limited to permanent molars only.
2. Periodontal treatment (periodontal scaling 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 will be covered only when a partial denture cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
5. Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
6. Partial dentures are not to be replaced within any five (5) year period 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. Replacement will 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 12 month period.
9. Services for injuries or conditions which are covered under Workers' Compensation or Third Party' 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 the patient's dental health are not covered.
12. Temporomandibular joint treatment (TMJ), are not covered except as provided herein.

PRINCIPAL EXCLUSIONS AND LIMITATIONS

13. Elective or cosmetic dentistry is not covered, except as provided herein.
14. Oral surgery requiring the setting of fractures or dislocations is not covered.
15. Orthognathic 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.
17. Dispensing of drugs is not covered.
18. Hospital charges of any kind are not covered.
19. Loss or theft of dentures or bridgework are not covered.
20. Any procedure of implantation, other than those described in the Schedule of Benefits and Co-Payments, or procedures of an experimental nature, i.e. a service, procedure, drug or treatment for a specific diagnosis from the appropriate governmental regulatory body are not covered.
21. General anesthesia or IV/conscious sedation is not covered, except as provided herein.
22. Fees incurred for broken or missed appointments (without 24 hours notice) are the Member's responsibility.
23. Dental expenses incurred in connection with any dental procedure started prior to the effective date of coverage are the Member's responsibility.
24. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage are the Member's responsibility.
25. Any procedure performed for the purpose of correcting contour, contact or occlusion is not covered.
26. Any procedure that is not specifically listed is not a covered benefit.
27. Provider may refuse treatment to any patient who continually fails to follow a prescribed course of treatment.
28. Any dental treatment which, in the opinion of the Plan's dental consultant has a poor prognosis is not covered.
29. Night guard (occlusal guard) is limited to one in a twelve (12) month period.
30. 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 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 where no plan orthodontist is available and he or she 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.



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