

**TOTAL DENTAL ADMINISTRATORS
HEALTH PLAN, INC.**

GROUP DENTAL PLAN

Plan TDA—A500M



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

Retain this for your Enrollment and Employee Plan Booklet

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

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

TDAHP DENTAL COVERAGE

Dental coverage includes dental services and treatment for:

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

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

TDAHP ADVANTAGES

- No deductibles
- No claim forms
- No annual or lifetime benefit maximums
- No industry exclusions
- Covers Pre-existing conditions
- Covers Orthodontics (Braces)
- Local service

LOW MONTHLY RATES

We have enclosed a premium rate form that applies to your specific group. Please contact your Employer or our office should you have any questions.

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 enclosed Participating Provider Directory. Each participating dental facility listed in the Provider Directory has a Dental Office Code number listed to the left of the dental office. Be sure to use the **CODE** number to identify your selection on the Enrollment Form.
3. Premium payment is made by payroll deduction, if employee contributions are required. Turn your enrollment card into your Employer's personnel office or benefits department for processing.

FOR MORE INFORMATION CALL:

(602) 266-1995 or toll free 1-888-422-1995

**Total Dental Administrators Health Plan, Inc. (TDAHP)
2111 East Highland Avenue, Suite 250
Phoenix, Arizona 85016**

SAMPLE COST COMPARISON

ADA Code	Procedure	Usual and Customary Fee*	Plan TDA-A500M Copayment	Savings In Dollars	Percent Savings
Preventive & Diagnostic					
D0150	Comprehensive Oral Eval (once in a 6 month period)	\$ 68.00	\$ 0	\$ 68.00	100%
D0210	Intraoral – Complete – incl. bitewings	\$107.00	\$ 0	\$107.00	100%
D1110	Adult - Prophylaxis (Cleaning)	\$ 73.00	\$ 0	\$ 73.00	100%
Restorative					
D2140	Amalgam - One Surface – Primary or Permanent	\$115.00	\$ 12.00	\$103.00	90%
D2330	Resin - One Surface – Anterior	\$ 116.00	\$ 26.00	\$ 90.00	78%
Crown and Bridge					
D2750	Crown - Porcelain – high noble metal	\$858.00	\$455.00◆	\$403.00	47%
D2790	Crown – Full Cast – high noble metal	\$828.00	\$455.00◆	\$373.00	45%
Endodontics					
D3310	RCT-Anterior (excluding final restoration)	\$578.00	\$175.00	\$403.00	70%
D3330	RCT-Molar (excluding final restoration)	\$911.00	\$395.00	\$516.00	57%
Oral Surgery					
D7140	Extraction, erupted tooth	\$115.00	\$ 30.00	\$ 85.00	74%
D7220	Soft Tissue Impaction	\$254.00	\$ 85.00	\$169.00	67%
Prosthetics					
D5130	Immediate Denture - Maxillary	\$1,279.00	\$600.00◆◆	\$679.00	53%
Periodontics					
D4260	Osseous Surgery/4 or more teeth per quad	\$1,080.00	\$390.00	\$690.00	64%

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

◆ Includes lab fee on crowns \$185

◆◆ Includes lab fee on dentures and partial dentures \$275

DENTAL PLAN INFORMATION

This Employee Plan Booklet explains the Benefits, Limitations, Exclusions, provisions and conditions of your Coverage through the Group Agreement your organization has with TDAHP. The Group Agreement is the document, which specifies any rights to Benefits you may have. If the explanations in this Employee Plan Booklet can be interpreted differently from the provisions of the Group Agreement, the Group Agreement shall always control. You may examine the Group Agreement by contacting your organization or by contacting TDAHP at:

2111 East Highland Avenue, Suite 250

Phoenix, Arizona 85016

Phone: (602) 266-1995 or toll free 1-888-422-1995

Please read this document with care so that you will have a full understanding of the Plan and what it could mean to you and your family.

This document is void and of no effect if you are not entitled to or have ceased to be entitled to the dental coverage.

I ELIGIBILITY

- A. You are eligible if you are a full-time employee, working within an eligible class.
- B. Eligible dependents include your spouse and your child(ren), to age 19 or to age 25 if unmarried and a full-time student in an accredited school, or a dependent nineteen (19) or older who has been continuously covered under this Plan, and who, before the age of nineteen (19), has been certified by a physician to be incapable of self-support because of physical handicap or mental retardation.
- C. Dependents of an Enrollee 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 by the Group on a current basis.

PLAN TDA A500-M
SCHEDULE OF BENEFITS AND COPAYMENTS

ADA CODE	PROCEDURE DESCRIPTION	CO-PAYMENT	ADA CODE	PROCEDURE DESCRIPTION	CO-PAYMENT
DIAGNOSTIC			RESTORATIVE, continued		
D0120	Periodic Oral Exam (once in a 6 month period)*	N/C	D2721	Crown – Resin – Predominantly Base Metal	\$183 +
D0120	Periodic Oral Exam (Additional)	\$ 15	D2722	Crown – Resin with Noble Metal	\$183 +
D0140	Problem Focused Oral Exam (during office hours)	\$ 15	D2740	Crown – Porcelain/Ceramic Substrate	\$270 +
D0150	Comprehensive Oral Evaluation (once in a 6 month period)*	N/C	D2750	Crown – Porcelain – High Noble Metal	\$270 +
D0150	Comprehensive Oral Evaluation (additional)	\$ 20	D2751	Crown – Porcelain – Predom Base Metal	\$270 +
D0170	Re-evaluation, limited, problem focused (est. patient)	N/C	D2752	Crown – Porcelain – Fused – Noble Metal	\$270 +
D0180	Comprehensive perio exam (once in 6 month period)*	N/C	D2780	Crown – ¾ Cast – High Noble Metal	\$270 +
D0180	Comprehensive perio exam (additional)	\$ 20	D2781	Crown – ¾ Cast – Predom Base Metal	\$270 +
D0210	Intraoral x-rays, complete series including bitewing x-rays (D0210 or D0330 are covered once in a 3 yr. period)	N/C	D2782	Crown – ¾ Cast – Noble Metal	\$270 +
D0211	Intraoral x-rays, complete series (additional)	\$ 55	D2783	Crown – ¾ Cast – Porcelain/Ceramic	\$270 +
D0220	Intraoral x-ray – Periapical first film	N/C	D2790	Crown – Full Cast – High Noble Metal	\$270 +
D0230	Intraoral x-ray – Periapical – each additional film	N/C	D2791	Crown – Full Cast – Predom Base Metal	\$270 +
D0270	Bitewing – Single film	N/C	D2792	Crown – Full Cast – Noble Metal	\$270 +
D0272	Bitewings – Two films (once in a 6 month period)	N/C	D2910/20	Re-cement inlay/crown	\$ 18
D0272	Bitewings – Two films (additional)	\$ 10	D2930	Crown – Prefabricated Stainless Steel, primary tooth	\$ 75
D0274	Bitewings – Four films (once in a 6 month period)	N/C	D2932	Crown – Prefabricated Resin	\$ 85
D0274	Bitewings – Four films (additional)	\$ 20	D2940	Sedative Filling	\$ 30
D0277	Vertical bitewings, 7 to 8 films (once in a 6 month period)	N/C	D2950	Core build-up including any pins	\$ 70
D0277	Vertical bitewings, 7 to 8 films (additional)	\$ 22	D2951	Pin retention per tooth, in addition to restoration	\$ 18
D0330	Panoramic film – including bitewing x-rays (D0330 or D0210 once in a 3 yr. period)	N/C	D2952	Cast post and core in addition to crown	\$110
D0330	Panoramic film (additional)	\$ 45	D2954	Prefabricated post/core in addition to crown	\$ 75
D0470	Diagnostic Casts	N/C	D2960	Labial veneer (resin laminate) – Chairside	\$295
D9310	Consultation	N/C	D2970	Temporary crown (fractured tooth)	\$ 25
D9430	Office Visit	N/C	D2980	Crown repair, by report	\$ 75
PREVENTIVE			ENDODONTICS***		
D1110	Prophylaxis – Adult (once in a 6 month period)*	N/C	D3110	Pulp Cap – Direct (excluding final restoration)	\$ 15
D1110	Prophylaxis – Adult (additional)	\$ 40	D3120	Pulp Cap – Indirect (excluding final restoration)	\$ 15
D1120	Prophylaxis – Child (once in a 6 month period)*	N/C	D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 45
D1120	Prophylaxis – Child (additional)	\$ 25	D3221	Pulpal debridement, primary and permanent teeth	\$ 45
D1203	Fluoride treatment (limit 1 per year to age 15)**	N/C	D3310	Root Canal – Anterior (excluding final restoration)	\$175
D1203	Fluoride treatment (additional to age 15)	\$ 10	D3320	Root Canal – Bicuspid (excluding final restoration)	\$250
D1310	Nutrition Counseling – Control/Den Disease	N/C	D3330	Root Canal – Molar (excluding final restoration)	\$395
D1330	Preventive Dental Education, home care	N/C	D3410	Apicoectomy/Perirad Surgery – Anterior	\$290
D1351	Sealant permanent molar, to age 17 – per tooth	\$ 10	D3421	Apicoectomy/Perirad Surgery – Bicuspid, 1 st root	\$335
D1510	Space Maintainer – Fixed – Unilateral	\$150	D3425	Apicoectomy/Perirad Surgery – Molar, 1 st root	\$395
D1515	Space Maintainer – Fixed – Bilateral	\$160	D3426	Apicoectomy/Perirad Surgery – (each additional root)	\$190
D1520	Space Maintainer – Removable – Unilateral	\$150	D3430	Retrograde filling, per root	\$ 50
D1525	Space Maintainer – Removable – Bilateral	\$200	D3450	Root amputation, per root	\$ 95
D1550	Re-cement Space Maintainer	\$ 10	D3920	Hemisection – incl. root removal – not incl. root canal therapy	\$ 90
RESTORATIVE			PERIODONTICS***		
D2140	Amalgam – 1 surface, primary	\$ 10	D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quad	\$225
D2150	Amalgam – 2 surfaces, primary	\$ 20	D4211	Gingivectomy or gingivoplasty – 1-3 teeth per quad	\$ 96
D2160	Amalgam – 3 surfaces, primary	\$ 26	D4240	Ging. flap procedure, incl. root planing, 4 or more teeth per quad	\$250
D2161	Amalgam – 4 or more surfaces, primary	\$ 30	D4241	Ging. flap procedure, incl. root planing, 1-3 teeth per quad	\$105
D2140	Amalgam – 1 surface, permanent	\$ 12	D4260	Osseous surg./Flap Entry/Closure, 4 or more teeth per quad	\$390
D2150	Amalgam – 2 surfaces, permanent	\$ 24	D4261	Osseous surg./Flap Entry/Closure, 1-3 teeth per quad	\$167
D2160	Amalgam – 3 surfaces, permanent	\$ 29	D4320	Provisional splinting – intraoral	\$ 75
D2161	Amalgam – 4 or more surfaces, permanent	\$ 37	D4321	Provisional splinting – extracoronal	\$ 80
D2330	Resin – 1 surface, anterior	\$ 26	D4341	Periodontal scaling & root planing – 4 or more teeth per quad	\$ 90
D2331	Resin – 2 surfaces, anterior	\$ 38	D4342	Periodontal scaling & root planing – 1-3 teeth per quad	\$ 46
D2332	Resin – 3 surfaces, anterior	\$ 52	D4355	Full mouth debridement to enable evaluation & diagnosis	\$ 50
D2335	Resin – 4 or more surfaces, anterior	\$ 70	D4381	Local del of chemotherapeutic agent (via controlled release vehicle) per tooth, by report	\$ 75
D2391	Resin – 1 surface, posterior	\$ 40	D4910	Periodontal maintenance following active therapy (24 months, maximum)	\$ 55
D2392	Resin – 2 surfaces, posterior	\$ 60	REMOVABLE PROSTHODONTICS		
D2393	Resin – 3 surfaces, posterior	\$ 70	D5110	Complete Denture (Maxillary) – (3 adj. w/in 60 days)	\$300 ++
D2394	Resin – 4 or more surfaces, posterior	\$ 76	D5120	Complete Denture (Mandibular) – (3 adj. w/in 60 days)	\$300 ++
D2510	Inlay metallic – 1 surface	\$250	D5130	Immediate Denture (Maxillary) – (4 adj. w/in 60 days)	\$325 ++
D2520	Inlay metallic – 2 surfaces	\$279	D5140	Immediate Denture (Mandibular) – (4 adj. w/in 60 days)	\$325 ++
D2530	Inlay metallic – 3 surfaces	\$327	D5211/12	Partial Denture (Maxillary/Mandibular) – Resin Base	\$260 ++
D2542	Onlay metallic – 2 surfaces	\$320	D5213/14	Partial Denture (Maxillary/Mandibular) – Cast Metal	\$375 ++
D2543/44	Onlay metallic – 3 or more surfaces	\$340	Framework w/resin denture bases (incl. any conventional clasps, rests and teeth)		
D2710	Crown – Resin – indirect	\$148			
D2720	Crown – Resin with High Noble Metal	\$183 +			

**PLAN TDA A-500M
SCHEDULE OF BENEFITS AND COPAYMENTS**

ADA CODE	PROCEDURE DESCRIPTION	CO-PAYMENT	ADA CODE	PROCEDURE DESCRIPTION	CO-PAYMENT
REMOVABLE PROSTHODONTICS, continued			ORAL SURGERY, continued		
D5281	Partial Denture – Removable Unilateral – 1 piece metal cast	\$ 80 ++	D7910	Suture of recent small wound, up to 5 cm	\$ 10
D5410/22	Denture Adjustment (Maxillary/Mandibular) – full or partial	\$ 25	D7960	Frenulectomy (frenectomy or frenotomy)	\$135
D5510	Repair broken complete denture base	\$20+Lab	D7971	Excision of pericoronal gingiva	\$ 70
D5520	Replace missing/broken teeth – complete denture base	\$20+Lab			
D5610	Repair resin denture base	\$20+Lab	OTHER SERVICES		
D5620	Repair cast framework, partial denture	\$20+Lab	D9110	Palliative (emergency) tx of dental pain, minor tx	\$ 20
D5630	Repair or replace broken clasp, partial denture	\$20+Lab	D9210/15	Local Anesthetic	N/C
D5640	Replace broken tooth (per tooth), partial denture	\$20+Lab	D9220	General Anesthesia (first 30 minutes)	\$195
D5650	Add tooth to existing partial denture	\$20+Lab	D9230	Analgesia, inhalation of nitrous oxide	\$ 20
D5660	Add clasp to existing partial denture	\$20+Lab	D9240	I. V. Sedation (first 30 minutes)	\$150
D5670/71	Replace all teeth & acrylic cast metal framework – Maxillary/Mandibular	\$20+Lab	D9440	Office visit (after regularly scheduled hours)	\$ 40
D5710/11	Rebase Complete Denture (Maxillary/Mandibular)	\$20+Lab	D9940	Nightguard (occlusal guard) limited – one in a 12-mo prd.	\$ 99 + Lab
D5720/21	Rebase Partial Denture (Maxillary/Mandibular)	\$20+Lab	D9951	Occlusal adjustment – Limited	\$ 40
D5730/41	Reline Chairside (Maxillary/Mandibular) – full or partial	\$ 70	D9952	Occlusal adjustment – Complete	\$250
D5750/61	Reline, lab (Maxillary/Mandibular) – full or partial	\$20+Lab	D9999	Missed/Cancelled Appointment (without 24 hour notice)	\$ 20
D5850/51	Tissue conditioning (Maxillary/Mandibular)	\$ 15			
FIXED PROSTHODONTICS			TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)*** (Non-Surgical Treatment) ***TMJ procedures and services available will be provided to the member at 20% below the dental office's customary fee.		
D6210	Pontic – Cast – High Noble Metal	\$270 +	ORTHODONTICS		
D6211	Pontic – Cast – Predom Base Metal	\$270 +	Orthodontic procedures or services not listed below, including <i>Invisalign®</i> and <i>Ortho Clear®</i> braces, will be provided at the Orthodontist's regular fees.		
D6212	Pontic – Cast – Noble Metal	\$270 +	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.		
D6240	Pontic – Porcelain – High Noble Metal	\$270 +	D8999	Screening Exam	N/C
D6241	Pontic – Porcelain – Predom Base Metal	\$270 +	D8999	Diagnostic work-up, x-rays/models	\$200
D6242	Pontic – Porcelain – Fused to Noble Metal	\$270 +	D8030	Limited Orthodontic Treatment – adolescent dentition	\$2,800
D6245	Pontic – Porcelain/Ceramic	\$270 +	D8040	Limited Orthodontic Treatment – adult dentition	\$3,200
D6250	Pontic – Resin w/High Noble Metal	\$210 +	D8080	Comprehensive Ortho Treatment – adolescent dentition	\$3,400
D6251	Pontic – Resin w/Predom Base Metal	\$210 +	D8090	Comprehensive Ortho Treatment – adult dentition	\$3,700
D6252	Pontic – Resin w/Noble Metal	\$210 +	D8210	Removable appliance therapy	\$700
D6545	Crown – Cast Metal/Resin bonded/Fixed prosthesis	\$175	D8220	Fixed appliance therapy	\$700
D6720	Crown – Resin w/High Noble Metal	\$ 95 +	D8660	Pre-orthodontic treatment visit	\$ 45
D6721	Crown – Resin w/Predom Base Metal	\$ 95 +	D8680	Orthodontic retention (removal of appliances, construction & placement of retainers/arch)	\$150
D6722	Crown – Resin w/Noble Metal	\$270 +	D8691	Repair of orthodontic appliance (functional appliances & palatal expanders)	\$ 50
D6750	Crown – Porcelain fused to High Noble Metal	\$270 +	D8692	Replacement of lost or broken retainer	\$150
D6751	Crown – Porcelain fused to Predom Base Metal	\$270 +	D8999	Final Orthodontic Records	\$100
D6752	Crown – Porcelain fused to Noble Metal	\$270 +			
D6780	Crown – ¾ Cast – High Noble Metal	\$270 +	SPECIAL LIMITATIONS		
D6781	Crown – ¾ Cast – Predom Base Metal	\$270 +	<i>Procedure or services not listed will be provided at Usual & Customary Fees.</i>		
D6782	Crown – ¾ Cast – Noble Metal	\$270 +	* NO CHARGE for one routine 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.		
D6790	Crown – Full Cast – High Noble Metal	\$270 +	** NO CHARGE Fluoride treatment is limited to one per year or more frequently if necessary until age 15 at listed fee.		
D6791	Crown – Full Cast – Predom Base Metal	\$270 +	*** ENDODONTIC, PERIODONTIC, ORAL SURGERY, PEDODONTIC, and PROSTHODONTIC PROCEDURES: 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 copayments 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 TDAHP.		
D6792	Crown – Full Cast – Noble Metal	\$270 +	+ Plus lab fee on crowns \$185		
D6920	Connector bar	\$ 90	++ Plus lab fee on dentures and partial dentures \$275		
D6930	Re-cement Fixed Partial Denture – per cemented unit	\$ 10	Other lab fees will vary depending upon dental laboratory, procedure and materials used.		
D6940	Stress breaker – non-rigid connector	\$35+Lab			
D6950	Precision attachment	\$260			
D6970	Cast post/core/add to br. retainer, per tooth	\$110			
D6972	Prefab post/core in addition to br. retainer, per tooth	\$ 75			
D6973	Core build-up including any pins, per tooth	\$ 70			
D6980	Fixed Partial Denture Repair, by report	\$50+Lab			
ORAL SURGERY ***					
D7111	Extraction – coronal remnants – deciduous tooth	\$ 30			
D7140	Extraction – erupted tooth or exposed root	\$ 30			
D7210	Surgical removal of erupted tooth	\$ 60			
D7220	Removal of impacted tooth – soft tissue	\$ 85			
D7230	Removal of impacted tooth – partial bony	\$105			
D7240	Removal of impacted tooth – complete bony	\$145			
D7250	Surgical removal – residual tooth roots	\$ 70			
D7270	Tooth re-implantation & stabilization	\$140			
D7280	Surgical exposure of impacted tooth	\$130			
D7286	Biopsy of oral tissue – soft	\$50+Lab			
D7310	Alveoloplasty per quad with extraction	\$ 85			
D7320	Alveoloplasty per quad without extraction	\$190			
D7471	Removal of lateral exostosis (Maxillary/Mandibular)	\$320			
D7510	Intraoral I & D abscess	\$ 65			

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 appointment 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 specialist. In this case, your dentist will refer you, where available, to a fully qualified specialist in the TDAHP Dental Network who specializes in the care you need. Depending on your plan of coverage (refer to your Schedule of Benefits and Co-Payments), treatment provided by a specialist may require Plan authorization. Your selected Plan Provider will initiate this authorization.

V EXTENDED CARE - Upon termination of eligibility or termination of the Group Agreement, the Plan will complete any procedures started; but only the procedure in progress.

VI EFFECTIVE DATE OF COVERAGE

A. Initial enrollment must be made within thirty (30) days following the date of hire or the Employer's period of probation. If enrollment is received prior to the fifteenth (15th) day of the month, coverage will begin on the first day of the following month. If TDAHP does not receive the completed application as required above, the Employee must wait until the next open enrollment period.

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 in writing within thirty (30) days of the marriage. If said notification is received prior to the fifteenth (15th) day of the month, coverage will begin on the first day of the following month. Newborn natural children, adopted children and the addition of children required to be covered under a court or administrative order are automatically covered from said child's date of birth, adoption, adoption placement or court/administrative order provided you have Dependent Coverage in force. However, you must notify TDAHP of coverage of a natural child, adopted child or court/administrative order within sixty (60) days from the date of birth, adoption, adoption placement or court/administrative order for coverage to continue if coverage for said child results in additional premium becoming due. Family members, who do not enroll during the initial enrollment period, cannot enroll until the next annual open enrollment period.

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 from TDAHP's office located at 2111 East Highland Avenue, Suite 250, Phoenix Arizona 85014, (602) 266-1995 or 1-888-422-1995.

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 fifteenth (15th) 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 transfer you to another Plan Provider of your choosing.

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 always FIRST 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, you may contact the Plan for assistance at (602) 266-1995 or 1-888-422-1995.

B. If your Plan Provider is not accessible or when the emergency occurs outside the area served by your Plan Provider, then you should seek emergency dental care from a licensed dental health professional to control bleeding, relieve pain, including local anesthesia, or eliminate acute infection. Medications, which may be prescribed by the dentist but must be obtained through a pharmacy, are excluded. A written itemized statement for these services must be presented to TDAHP, Inc. for reimbursement. If it is necessary to have additional treatment, it must be done by your designated Plan Provider.

C. The maximum allowable reimbursement for a dental emergency is \$50 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 CONTINUATION OF COVERAGE** – When your TDAHP coverage terminates, you have the option of converting to a TDAHP Conversion Plan. Please contact our Customer Service Department at (602) 266-1995 or 1-888-422-1995 for information. For continuation under the **COBRA** Act, if applicable, contact your Employer for details.
- 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. Upon the date of entry into full-time military service.
 - C. On the last day of the month during which termination notice occurs, in the event that a Member and/or Subscriber fails to maintain a satisfactory dentist-patient relationship, i.e. the Plan Provider no longer desires to treat the Member and/or Subscriber.
 - D. In the event premiums are delinquent, services and benefits under the Plan shall be suspended effective on the first day of the month during which the delinquency occurred.
 - E. On the date the Plan contract terminates, if not renewed.
- 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** - Plan Members and/or Subscribers customer service is available by calling TDAHP at (602) 266-1995 or toll-free 1-888-422-1995 during normal business hours. All group 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:

TDAHP Grievance and Appeals Coordinator
 2111 East Highland Avenue, Suite 250
 Phoenix, Arizona 85016
 Telephone: (602) 266-1995
 Facsimile: (602) 266-1948

PRINCIPAL EXCLUSIONS AND LIMITATIONS

1. Sealants are covered to the age of seventeen (17) and are limited to permanent molars 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 will be covered only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
5. Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
6. Partial dentures are not to be replaced within any five (5) year period unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.

PRINCIPAL EXCLUSIONS AND LIMITATIONS (Cont'd.)

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 year.
9. Services for injuries or conditions, which are covered under Workers' Compensation or Employers' Liability Laws.
10. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
11. Temporomandibular joint treatment (TMJ), except as provided herein.
12. Elective or cosmetic dentistry, except as provided herein.
13. Oral surgery requiring the setting of fractures or dislocations. Orthonognathic surgery or extractions solely for orthodontic purposes.
14. 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.
15. Dispensing of drugs.
16. Hospital charges of any kind.
17. Loss or theft of dentures or bridgework.
18. 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.
19. General anesthesia or IV/conscious sedation, except as provided herein.
20. Fees incurred for broken or missed appointments (without 24 hours notice) are the Member's responsibility.
21. Dental expenses incurred in connection with any dental procedure started prior to the effective date of coverage.
22. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage.
23. Any procedure performed for the purpose of correcting contour, contact or occlusion. Any procedure to correct tooth structure lost due to attrition, erosion or abrasion.
24. Any procedure that is not specifically listed as a covered benefit.
25. Provider may refuse treatment to any patient who continually fails to follow a prescribed course of treatment.
26. Any dental treatment which, in the opinion of the Plan's dental consultant has a poor prognosis.
27. Nightguard (occlusal guard) limited to one each twelve (12) months.
28. Services performed by a dentist who is not a Participating Dentist, 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 are not included as a benefit.
4. No benefit will apply for the following:
 - a. Care required in excess of 24 months from the time of banding.
 - b. Gross non-cooperation.
 - c. Accidents occurring during the period of treatment.
 - d. Cases involving surgical orthodontics.
 - e. Cases involving myofunctional therapy of TMJ.
5. If the Member and/or Subscriber relocates to an area and is unable to receive treatment from a member Orthodontist, coverage under the Plan ceases and it becomes the obligation of the Member and/or Subscriber to pay the usual and customary fee of the Orthodontist were the treatment is completed.
6. Choice of an Orthodontist is limited to Orthodontists participating in the Plan or to Orthodontists who will accept the fees outlined in the Plan.
7. If the Member and/or Subscriber become ineligible for benefits under this Plan for treatment, coverage under the Plan ceases and it becomes the obligation of the Member and/or Subscriber to pay the remaining balance due the Orthodontist.

FOR MORE INFORMATION CALL:

(602) 266-1995

OR

Toll-Free 1-888-422-1995

TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.

2111 East Highland Avenue, Suite 250

Phoenix, Arizona 85016