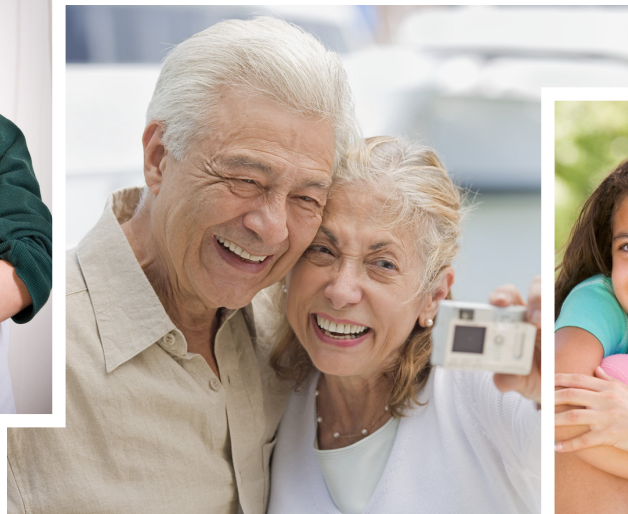


# TDAHP

Total Dental Administrators Health Plan

## TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.



### INDIVIDUAL/FAMILY DENTAL PLAN **A800R**

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

**Retain this document as your Enrollment and Membership Plan Booklet**

# INDEX

|                      |  |
|----------------------|--|
| <b>Section I:</b>    | <b>Plan Information</b>                        |
| <b>Section II:</b>   | <b>Schedule of Benefits and Copays</b>         |
| <b>Section III:</b>  | <b>Copays</b>                                  |
| <b>Section IV:</b>   | <b>Specialty Care</b>                          |
| <b>Section V:</b>    | <b>Effective Date of Coverage</b>              |
| <b>Section VI:</b>   | <b>Participating Plan Providers (Dentists)</b> |
| <b>Section VII:</b>  | <b>Emergency Care</b>                          |
| <b>Section VIII:</b> | <b>Scheduling an Appointment</b>               |
| <b>Section IX:</b>   | <b>Plan Identification Card</b>                |

|                      |   |
|----------------------|---|
| <b>Section X:</b>    | <b>Workers' Compensation Exclusion</b>      |
| <b>Section XI:</b>   | <b>Third Party Liability Exclusion</b>      |
| <b>Section XII:</b>  | <b>Termination</b>                          |
| <b>Section XIII:</b> | <b>Dental Records</b>                       |
| <b>Section XIV:</b>  | <b>Customer Service Inquiries</b>           |
| <b>Section XV:</b>   | <b>Grievance and Appeal</b>                 |
| <b>Section XVI:</b>  | <b>Formal Grievance and Appeal</b>          |
| <b>Section XVII:</b> | <b>Principal Exclusions and Limitations</b> |

## SECTION I: PLAN INFORMATION

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

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

#### TDAHP DENTAL COVERAGE

Dental coverage includes dental services and treatment for:

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

#### TDAHP ADVANTAGES

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

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

#### LOW MONTHLY RATES

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

#### HOW TO ENROLL

1. Complete the enclosed dental application. Include information about your spouse and/or child(ren) if you are applying for dependent coverage.
2. Select the general dental office you and your dependents wish to use from the Participating Provider Directory. You may obtain a Participating Provider Directory by contacting your Broker, CSA General Insurance Agency, Inc., or Total Dental Administrators Health Plan, Inc. The Participating Provider Directory may also be viewed on the TDAHP Web site, [www.tdadental.com](http://www.tdadental.com).
3. All family members must receive care at the same General Dentist office. Each participating dental facility listed in the Participating Provider Directory has a Provider Number listed to the left of the dental office. Be sure to use the **Provider Number CODE** to identify your selection on the dental application. Turn your dental application into your Broker, CSA General Insurance Agency, Inc. or TDAHP, Inc. for processing.
4. Premium payment is made by you to Total Dental Administrators Health Plan, Inc. Annual premium payment may be made by personal check, money order, or credit card (Visa, MasterCard, or Discover Card accepted). Monthly premium payment may be made by checking account bank draft (electronic fund transfer, *i.e.*, EFT) or credit card.

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

### SAMPLE COST COMPARISON

| ADA Code                           | Procedure                                      | Usual and Customary Fee* | Plan TDAHP A800R Copay | Savings In Dollars | Percent Savings |
|------------------------------------|--|--------------------------|------------------------|--------------------|-----------------|
| <b>Preventive &amp; Diagnostic</b> |  |                          |                        |                    |                 |
| 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%             |
| <b>Restorative</b>                 |  |                          |                        |                    |                 |
| 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%             |
| <b>Crown and Bridge</b>            |  |                          |                        |                    |                 |
| 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%             |
| <b>Endodontics</b>                 |  |                          |                        |                    |                 |
| 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%             |
| <b>Oral Surgery</b>                |  |                          |                        |                    |                 |
| D7140                              | Extraction, erupted tooth                      | \$190.00                 | \$60.00                | \$130.00           | 68%             |
| D7220                              | Soft Tissue Impaction                          | \$393.00                 | \$120.00               | \$273.00           | 69%             |
| <b>Prosthetics</b>                 |  |                          |                        |                    |                 |
| D5130                              | Immediate Denture - Maxillary                  | \$1,600.00               | \$825.00♦♦             | \$775.00           | 48%             |
| <b>Periodontics</b>                |  |                          |                        |                    |                 |
| D4260                              | Osseous Surgery - 4 or more teeth per quad     | \$1,900.00               | \$475.00               | \$1,425.00         | 75%             |

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

♦ Includes lab fee on crowns \$100.00

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

#### DENTAL PLAN INFORMATION

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

**2111 East Highland Avenue, Suite 250 ♦ Phoenix, Arizona 85016  
Phone: (602) 266-1995 or Toll Free 1-888-422-1995**

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

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

#### ELIGIBILITY:

- A. Individuals of any age who live, work or reside within the state of Arizona and their eligible dependents may enroll in this Individual Prepaid / Dental HMO Plan.
- B. Eligible dependents include your spouse and your child(ren), to age 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 TDAH A800R**

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

| ADA CODE                          | PROCEDURE DESCRIPTION  | MEMBER COPAY | ADA CODE                                | PROCEDURE DESCRIPTION   | MEMBER COPAY                       |
|-----------------------------------|--|--------------|---|---|------------------------------------|
| <b>PERIODONTICS** (continued)</b> |  |              | <b>FIXED PROSTHODONTICS (continued)</b> |   |                                    |
| D4320                             | Provisional splinting – intraoral  | \$150        | D6251                                   | Pontic – Resin w/Predom Base Metal  | \$475+                             |
| D4321                             | Provisional splinting – extracoronaral   | \$125        | D6252                                   | Pontic – Resin w/Noble Metal  | \$475+                             |
| D4341                             | Periodontal scaling & root planing – 4 or more teeth per quad  | \$95         | D6545                                   | Crown – Cast Metal/Resin bonded/Fixed prosthesis  | \$475+                             |
| D4342                             | Periodontal scaling & root planing – 1-3 teeth per quad  | \$70         | D6720                                   | Crown – Resin w/High Noble Metal  | \$280+                             |
| D4355                             | Full mouth debridement to enable evaluation & diagnosis  | \$75         | D6721                                   | Crown – Resin w/Predom Base Metal   | \$280+                             |
| D4381                             | Local del of chemotherapeutic agent (via controlled release vehicle) per tooth, by report                                  | \$75         | D6722                                   | Crown – Resin w/Noble Metal   | \$280+                             |
| D4910                             | Periodontal maintenance following active therapy   | \$60         | D6740                                   | Crown – Porcelain/Ceramic   | \$495+                             |
| <b>REMOVABLE PROSTHODONTICS</b>   |  |              | D6750                                   | Crown – Porcelain fused to High Noble Metal   | \$495+                             |
| D5110                             | Complete Denture (Maxillary) – (3 adj. w/in 60 days)   | \$675++      | D6751                                   | Crown – Porcelain fused to Predom Base Metal  | \$475+                             |
| D5120                             | Complete Denture (Mandibular) – (3 adj. w/in 60 days)  | \$675++      | D6752                                   | Crown – Porcelain fused to Noble Metal  | \$475+                             |
| D5130                             | Immediate Denture (Maxillary) – (4 adj. w/in 60 days)  | \$700++      | D6780                                   | Crown – ¾ Cast – High Noble Metal   | \$495+                             |
| D5140                             | Immediate Denture (Mandibular) – (4 adj. w/in 60 days)   | \$700++      | D6781                                   | Crown – ¾ Cast – Predom Base Metal  | \$475+                             |
| D5211                             | Partial Denture (Maxillary) – Resin Base   | \$675++      | D6782                                   | Crown – ¾ Cast – Noble Metal  | \$475+                             |
| D5212                             | Partial Denture (Mandibular) – Resin Base  | \$675++      | D6783                                   | Crown – ¾ Porcelain/Ceramic   | \$475+                             |
| D5213                             | Partial Denture (Maxillary) – Cast Metal Framework w/resin denture bases (incl. any conventional clasps, rests and teeth)  | \$700++      | D6790                                   | Crown – Full Cast – High Noble Metal  | \$495+                             |
| D5214                             | Partial Denture (Mandibular) – Cast Metal Framework w/resin denture bases (incl. any conventional clasps, rests and teeth) | \$700++      | D6791                                   | Crown – Full Cast – Predom Base Metal   | \$475+                             |
| D5281                             | Partial Denture – Removable Unilateral – 1 piece metal cast  | \$380++      | D6792                                   | Crown – Full Cast – Noble Metal   | \$475+                             |
| D5410                             | Denture Adjustment (Maxillary) – full or partial   | \$30         | D6920                                   | Connector bar   | \$90                               |
| D5422                             | Denture Adjustment (Mandibular) – full or partial  | \$30         | D6930                                   | Re-cement Fixed Partial Denture – per cemented unit                                     | \$30                               |
| D5510                             | Repair broken complete denture base  | \$70+Lab     | D6940                                   | Stress breaker – non-rigid connector  | \$145+Lab                          |
| D5520                             | Replace missing/broken teeth – complete denture base   | \$70+Lab     | D6950                                   | Precision attachment  | \$235                              |
| D5610                             | Repair resin denture base  | \$70+Lab     | D6970                                   | Cast post/core/add to br. retainer, per tooth   | \$125                              |
| D5620                             | Repair cast framework, partial denture   | \$70+Lab     | D6972                                   | Prefab post/core in addition to br. retainer, per tooth                                 | \$85                               |
| D5630                             | Repair or replace broken clasp, partial denture  | \$70+Lab     | D6973                                   | Core build-up including any pins, per tooth   | \$70                               |
| D5640                             | Replace broken tooth (per tooth), partial denture  | \$70+Lab     | D6980                                   | Fixed Partial Denture Repair, by report   | \$100                              |
| D5650                             | Add tooth to existing partial denture  | \$70+Lab     | <b>ORAL SURGERY **</b>                  |   |                                    |
| D5660                             | Add clasp to existing partial denture  | \$70+Lab     | D7111                                   | Extraction – coronal remnants – deciduous tooth   | \$45                               |
| D5670                             | Replace all teeth & acrylic cast metal framework U/L - Maxillary   | \$70+Lab     | D7140                                   | Extraction – erupted tooth or exposed root  | \$60                               |
| D5671                             | Replace all teeth & acrylic cast metal framework U/L - Mandibular  | \$70+Lab     | D7210                                   | Surgical removal of erupted tooth   | \$90                               |
| D5710                             | Rebase Complete Denture (Maxillary)  | \$250+Lab    | D7220                                   | Removal of impacted tooth – soft tissue   | \$120                              |
| D5711                             | Rebase Complete Denture (Mandibular)   | \$250+Lab    | D7230                                   | Removal of impacted tooth – partial bony  | \$160                              |
| D5720                             | Rebase Partial Denture (Maxillary)   | \$250+Lab    | D7240                                   | Removal of impacted tooth – complete bony   | \$190                              |
| D5721                             | Rebase Partial Denture (Mandibular)  | \$250+Lab    | D7250                                   | Surgical removal – residual tooth roots   | \$100                              |
| D5730                             | Reline Chair side (Maxillary) – full   | \$135        | D7270                                   | Tooth re-implantation & stabilization   | \$220                              |
| D5731                             | Reline Chair side (Mandibular) – full  | \$135        | D7280                                   | Surgical exposure of impacted tooth   | \$230                              |
| D5740                             | Reline Chair side (Maxillary) – partial  | \$135        | D7286                                   | Biopsy of oral tissue – soft  | \$175+Lab                          |
| D5741                             | Reline Chair side (Mandibular) – partial   | \$135        | D7310                                   | Alveoloplasty per quad with extraction  | \$125                              |
| D5750                             | Reline, lab (Maxillary) – full   | \$145+Lab    | D7311                                   | Alveoloplasty in conjunction w/extraction, 1 to 3 teeth, per quad                       | \$85                               |
| D5751                             | Reline, lab (Mandibular) – full  | \$145+Lab    | D7320                                   | Alveoloplasty per quad without extraction   | \$250                              |
| D5760                             | Reline, lab (Maxillary) – partial  | \$145+Lab    | D7321                                   | Alveoloplasty (edentulous area) not in conjunction w/extraction, 1 to 3 teeth, per quad | \$135                              |
| D5761                             | Reline, lab (Mandibular) – partial   | \$145+Lab    | D7471                                   | Removal of lateral exostosis (Maxillary/Mandibular)                                     | \$500                              |
| D5850                             | Tissue conditioning (Maxillary)  | \$25         | D7510                                   | Intraoral I & D abscess   | \$145                              |
| D5851                             | Tissue conditioning (Mandibular)   | \$25         | D7910                                   | Suture of recent small wound, up to 5 cm  | \$10                               |
| <b>FIXED PROSTHODONTICS</b>       |  |              | D7960                                   | Frenulectomy (frenectomy or frenotomy)  | \$230                              |
| D6205                             | Pontic – Indirect Resin Based Composite  | \$270+       | D7971                                   | Excision of pericoronal gingival  | \$90                               |
| D6210                             | Pontic – Cast – High Noble Metal   | \$495+       | <b>OTHER SERVICES</b>                   |   |                                    |
| D6211                             | Pontic – Cast – Predom Base Metal  | \$475+       | D9110                                   | Palliative (emergency) tx of dental pain, minor tx                                      | \$20                               |
| D6212                             | Pontic – Cast – Noble Metal  | \$475+       | D9210                                   | Local Anesthesia not in conj. w/operative procedure                                     | \$0                                |
| D6240                             | Pontic – Porcelain – High Noble Metal  | \$495+       | D9215                                   | Local Anesthesia  | \$0                                |
| D6241                             | Pontic – Porcelain – Predom Base Metal   | \$475+       | D9220                                   | General Anesthesia (first 30 minutes)   | \$195                              |
| D6242                             | Pontic – Porcelain – Fused to Noble Metal  | \$475+       | D9221                                   | General Anesthesia (each additional 15 minutes)   | \$75                               |
| D6245                             | Pontic – Porcelain/Ceramic   | \$495+       | D9230                                   | Analgesia, inhalation of nitrous oxide  | \$25                               |
| D6250                             | Pontic – Resin w/High Noble Metal  | \$495+       | D9241                                   | I. V. Sedation (first 30 minutes)   | \$195                              |
| D6250                             | Pontic – Resin w/High Noble Metal  | \$495+       | D9440                                   | Office visit (after regularly scheduled hours)  | \$40                               |
|                                   |  |              | D9940                                   | Nightguard (occlusal guard) limited to 1 in a 12-24 month period                        | \$125+Lab                          |
|                                   |  |              | D9951                                   | Occlusal adjustment – Limited (per visit)   | \$45                               |
|                                   |  |              | D9952                                   | Occlusal adjustment – Complete  | \$250                              |
|                                   |  |              | D9972                                   | Bleaching, arch – Take Home Trays   | 25% below the dentist regular fees |
|                                   |  |              | D9973                                   | Bleaching, tooth - In-Office Procedure  | 25% below the dentist regular fees |
|                                   |  |              | D9999                                   | Missed/Cancelled Appointment (without 24 hr notice)                                     | \$25                               |

**SECTION II: SCHEDULE OF BENEFITS AND COPAYS (continued)**

**PLAN TDAH A800R**

**\*\*ENDODONTIC SPECIALTY CARE:**

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

**IMPLANTS**

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

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

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

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

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

**TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)**

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

**ORTHODONTICS**

Orthodontic procedures or services not listed, including *Invisalign*® and *Ortho Clear*® braces, shall be provided at the dentist's regular fees.

Orthodontic diagnostic x-rays, study models, or other related services are not covered if provided by an out of network radiology facility or any other type of out of network facility.

**ORTHODONTICS (continued)**

Extractions for orthodontic purposes are not included as a benefit.

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

**SPECIAL LIMITATIONS**

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

**\* ADDITIONAL SERVICES**

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

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

+ Plus lab fee on crowns \$100.00

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

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

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

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

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

**V EFFECTIVE DATE OF COVERAGE**

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

**VI PARTICIPATING PLAN PROVIDERS (DENTISTS)**

- A. Benefits Obtained from Plan Providers - Except for emergency care, benefits are available only from your selected Plan Provider.
- B. List of Plan Providers - You may obtain a current list of Plan Providers by calling TDAHP at (602) 266-1995 or toll free at 1-888-422-1995. A current list of Plan Providers is also available at the TDAHP website, [www.tdadental.com](http://www.tdadental.com).
- C. Choosing a Plan Provider - You may choose any Plan Provider from the list of Plan Providers referred to above. Upon request, the Plan, TDAHP, will assist you in selecting a Plan Dentist; but may not recommend any particular dentist. All covered family Members must go to the same Plan Provider. You must choose a Plan Provider at the time you enroll. You must have a Plan provider to receive benefits.

## **VI PARTICIPATING PLAN PROVIDERS (DENTISTS) (continued)**

- D. Changing Plan Providers - You may change Plan Providers. If you notify the Plan, in writing, by the twentieth (20th) day of the month, the change will be effective on the first of the following month. Should your Plan Provider stop participation, the Plan reserves the right temporarily to transfer you to another Plan Provider until you inform us of your new provider selection.
- E. All Plan Providers (Dentists) furnishing services to a Member do so as independent contractors. TDAHP shall not be liable for any claim or demand for damages arising out of or in any manner connected with any injuries suffered by a Member while receiving dental services.

## **VII EMERGENCY CARE**

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

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

**IX PLAN IDENTIFICATION CARD** - Although an I.D. card will be issued to you, it is not necessary in order to receive dental care from your Plan Provider. Your name will appear on an eligibility list, which is sent to your selected dentist each month.

**X WORKERS' COMPENSATION EXCLUSION** - Expenses for which payment is required under applicable Workers' Compensation statutes are not eligible for payment under this dental Plan.

**XI THIRD PARTY LIABILITY EXCLUSION** – Expenses for services that are the result of an injury for which a Third Party is liable, are not eligible for payment under this dental Plan.

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

- XII TERMINATION** –Benefits under this Plan shall cease upon any of the following events:
- A. On the date of the expiration of the period for which the last payment was made.
  - B. On the date the Plan contract terminates, if not renewed.
- XIII DENTAL RECORDS** - The dental records of the Member and/or Subscriber concerning services performed herein shall remain the property of the Plan dentist.
- XIV CUSTOMER SERVICE INQUIRES** - Customer Service is available by calling TDAHP at (602) 266-1995 or toll-free at 1-888-422-1995 during normal business hours. All Individual Dental Plan inquires, including grievance procedures, are handled by TDAHP.
- XV GRIEVANCE AND APPEAL** - A complaint is any oral or written expression of concern of dissatisfaction regarding a Plan service or procedure, whether dental or non-dental in nature. In the event you have a complaint, an initial attempt should be made to resolve it by communicating with TDAHP's Customer Service Department. If a resolution cannot be reached in this manner, the following **Formal Grievance and Appeal** process should be used.
- XVI FORMAL GRIEVANCE AND APPEAL** – Levels of Review: TDAHP members may ask TDAHP to review its decisions involving their requests for service or requests to have claims paid. The Arizona State Legislatures have established four levels of review. Companies that perform utilization review activities after services are provided (TDAHP is in this category) are not required to provide Level 1 and Level 2 reviews. TDAHP members have two levels of review available to them. They are Level 3, Formal Appeal, and Level 4, External, Independent Review.
- Level 1.** Expedited Dental Review-TDAHP is not required to do the Expedited Dental Review because its utilization review activities are performed on services already provided.
  - Level 2.** Informal Reconsideration-TDAHP is not required to do the Informal Reconsideration because its utilization review activities are performed on services already provided.
  - Level 3.** Formal Appeal
  - Level 4.** External, Independent Review

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

**Total Dental Administrators Health Plan, Inc.  
Grievance and Appeals Coordinator  
2111 East Highland Avenue, Suite 250  
Phoenix, Arizona 85016-4741  
Telephone (602) 266-1995 or Toll Free (888) 422-1995  
Facsimile: (602) 266-1948  
www.tdadental.com**

## SECTION XVII: PLAN TDAH A800R

### PRINCIPAL EXCLUSIONS AND LIMITATIONS

1. Sealants are covered to the age of seventeen (17) and are limited to once per permanent molar only.
2. Periodontal treatment (sub-gingival curettage and root planing) is limited to five quadrants in any thirty-six (36) consecutive months.
3. Replacement of a restoration is covered only when it is dentally necessary.
4. Fixed bridgework shall be covered only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment and is not covered.
5. Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
6. Partial dentures are not to be replaced within any five (5) year period from the date of last placement, regardless if last placement occurred while covered under this Plan, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
7. Full upper and/or lower dentures are not to exceed one each in any five (5) year period from the date of last placement, regardless if last placement occurred while covered under this Plan. Replacement shall be provided by the Plan for an existing full or partial denture only if it is unsatisfactory and cannot be made satisfactory by either relines or repair.
8. Denture relines are limited to two (2) in any year.
9. Services for injuries or conditions, which are covered under Workers' Compensation or Employers' Liability Laws are not covered.
10. Services of a Pedodontist (children's dentist) are not covered except as provided herein.
11. Services, which, in the opinion of the attending dentist are not necessary for patient's dental health, are not covered.
12. Temporomandibular joint treatment (TMJ), except as provided herein, is not covered.
13. Elective or cosmetic dentistry, except as provided herein, is not covered.
14. Oral surgery requiring the setting of fractures or dislocations is not covered.
15. Orthonognathic surgery or extractions solely for orthodontic purposes are not covered.
16. Treatment of malignancies, cysts or neoplasms or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth, adoption, or placement for adoption, is not covered.
17. Dispensing of drugs is not covered.
18. Hospital charges of any kind are not covered.
19. Loss or theft of dentures or bridgework is not covered.
20. Any procedure of implantation or of an experimental nature, (*i.e.*, a service, procedure, drug or treatment for a specific diagnosis from the appropriate governmental regulatory body), except as provided herein, are not covered.
21. General anesthesia or IV/conscious sedation, except as provided herein, is not covered.

## **SECTION XVII: PLAN TDAH A800R**

### **PRINCIPAL EXCLUSIONS AND LIMITATIONS (continued)**

22. Fees incurred for broken or missed appointments (without 24 hours notice) are the Member's responsibility.
23. Dental expenses incurred in connection with any dental procedure started prior to the effective date of coverage are the Member's responsibility and are not covered.
24. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage are the Member's responsibility and are not covered.
25. Any procedure performed for the purpose of correcting contour, contact or occlusion, except as provided herein, is not covered.
26. Any procedure to correct tooth structure lost due to attrition, erosion, or abrasion is not covered.
27. Any procedure that is not specifically listed as a covered benefit is not covered.
28. Provider may refuse treatment to any patient who continually fails to follow a prescribed course of treatment.
29. Any dental treatment, which, in the opinion of the Plan's dental consultant has a poor prognosis, is not covered.
30. Nightguard (occlusal guard) limited to one each twelve (12) months.
31. Services performed by a dentist who is not a Participating Dentist are not covered, except for emergency care as provided herein.

### **ORTHODONTIC PLAN EXCLUSIONS AND LIMITATIONS**

1. No benefits will apply for a treatment program, which began before the Member/Subscriber enrolled in the Orthodontic Plan.
2. No benefits will apply for lost or broken appliances, except as provided herein.
3. Extractions done for orthodontic purposes are not included as a benefit.
4. No benefit will apply for the following:
  - a. Care required in excess of 24 months from the time of banding.
  - b. Gross non-cooperation.
  - c. Accidents occurring during the period of treatment.
  - d. Cases involving surgical orthodontics.
  - e. Cases involving myofunctional therapy of TMJ.
5. If the Member and/or Subscriber relocates to an area and is unable to receive treatment from a member Orthodontist, coverage under the Plan ceases and it becomes the obligation of the Member and/or Subscriber to pay the usual and customary fee of the Orthodontist were the treatment is completed.
6. Choice of an Orthodontist is limited to Orthodontists participating in the Plan or to Orthodontists who will accept the fees outlined in the Plan.
7. If the Member and/or Subscriber become ineligible for benefits under this Plan for treatment, coverage under the Plan ceases and it becomes the obligation of the Member and/or Subscriber to pay the remaining balance due the Orthodontist.



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

**TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.  
2111 East Highland Avenue, Suite 250 ♦ Phoenix, Arizona 85016  
[www.tdadental.com](http://www.tdadental.com)**

**— RETAIN THIS DOCUMENT FOR YOUR RECORDS —**