

DENTAL ELITE CHOICE



PREFERRED PROVIDER ORGANIZATION

GROUP DENTAL COPAYMENT PLAN

BENEFIT SUMMARY


Total Dental Administrators
2111 E Highland Avenue, Suite 250
Phoenix, Arizona 85016
888-422-1995 ♦ 602-266-1995
www.TDAdental.com

Welcome to the Elite Choice DPPO Group Dental Plan available exclusively from Total Dental Administrators, Inc.

The Elite Choice Dental Plan offers you the option of receiving your dental care from any dentist you choose (Out-of-Network) or from a Participating Plan Dentist (In-Network); and you don't need to make that decision until you need dental care! However, should you elect to receive your dental care from an In-Network (Participating) Plan Dentist; your out-of-pocket expenses will be less.

There is no deductible to meet and you cannot exhaust your benefits since there is no annual plan maximum.



Elite Choice uses TDA's Dental Preferred Provider Organization Network

If you visit a **Participating Dentist**, you will be responsible to pay the covered service copayment to the contracted DPPO Dental Provider.

If covered services are provided Out-of-Network by a **non-Participating Dentist**, TDA will pay the Provider the Plan Allowance and you may be billed and responsible for any difference between the billed amount and the TDA Plan Allowance.

The following is an outline and general summary of your Elite Choice dental coverage. For a complete listing of procedures, please refer to the employee booklet/certificate you will receive after enrollment. Services not listed in your booklet/certificate are available on a fee-for-service basis, no discount applies.

SAMPLE COST COMPARISON			
Procedure	Usual & Customary Fee	Elite Choice Copayment	Savings & Savings Percentage
D0150 Comprehensive Oral Evaluation	\$61	\$10	\$51/84%
D0330 Panoramic X-Ray	\$78	\$10	\$68/87%
D1110 Prophylaxis Adult (cleaning)	\$70	\$0	\$70/100%
D1120 Prophylaxis Child (cleaning)	\$48	\$0	\$48/100%
D2140 Amalgam Filling One Surface	\$91	\$20	\$71/78%
D2330 Resin Filling, One Surface Anterior	\$102	\$28	\$74/73%
D2740 Porcelain Crown	\$833	\$310	\$523/63%
D2750 Crown, Porcelain to High Noble Metal	\$822	\$305	\$517/63%
D3310 Root Canal, Anterior Tooth	\$539	\$170	\$369/68%
D3330 Root Canal, Molar Tooth	\$850	\$370	\$480/56%
D7140 Extraction, Erupted Tooth	\$101	\$43	\$58/57%
D7240 Extraction, Full Bony Impaction	\$325	\$165	\$160/49%
D5110 Complete Denture Maxillary	\$986	\$310	\$676/69%
D4341 Periodontal Scaling & Root Planing (per quad)	\$175	\$88	\$87/50%

ADA CODE	DESCRIPTION	In-Network Member Pays Copayment to the Dentist	Out-of-Network Plan Pays Allowance to the Dentist
DIAGNOSTIC			
D0999	Office Visit	No Charge	\$0
D0120	Periodic Oral Evaluation	\$10	\$20
D0140	Limited Oral Evaluation	\$10	\$32
D0150	Comprehensive Oral Evaluation	\$10	\$33
D0180	Comprehensive Periodontal Evaluation	No Charge	\$33
D0210	Intraoral-Complete Series Including Bitewings	\$5	\$56
TWO EVALUATIONS WILL BE ALLOWED IN ANY 12 MONTH PERIOD. ADA CODES INCLUDED: 0120, 0140, AND 0150			
D0220	Intraoral-Periapical First Film	\$5	\$11
D0230	Intraoral-Periapical Each Additional Film	\$5	\$9
D0270	Bitewings-Single Film	\$5	\$11
D0272	Bitewings-Two Films	\$5	\$17
D0274	Bitewings-Four Films	\$5	\$24
D0277	Vertical Bitewings-7 to 8 Films	No Charge	\$32
BITEWING FILMS ARE LIMITED TO ONCE IN A 6 MONTH PERIOD. CODES 0270, 0272, 0274, OR 0277 COUNT TOWARD THIS MAXIMUM.			
D0330	Panoramic Film	\$10	\$50
ONLY ONE OF THE FOLLOWING PROCEDURES WILL BE ALLOWED IN A 3-YEAR PERIOD. ADA CODES: 0210 AND 0330			
PREVENTIVE			
D1110	Prophylaxis-Adult	No Charge	\$45
D1120	Prophylaxis-Child	No Charge	\$33
PROPHYLAXIS (CLEANING) WILL BE ALLOWED ONCE IN A 6 MONTH PERIOD. ADA CODES 1110 AND 1120 COUNT TOWARD THIS MAXIMUM.			
D1203	Topical Application of Fluoride-Child to age 19 once in 12 months	No Charge	\$16
D1351	Sealant-Per Tooth	\$15	\$10
D1510	Space Maintainer-Fixed-Unilateral	\$45	\$102
D1515	Space Maintainer-Fixed Bilateral	\$50	\$150
D1520	Space Maintainer-Removable-Unilateral	\$50	\$137
D1525	Space Maintainer-Removable Bilateral	\$50	\$204
D1550	Re-cementation of Space Maintainer	\$15	\$16
RESTORATIVE			
D2140	Amalgam-One Surface	\$20	\$32
D2150	Amalgam-Two Surfaces	\$28	\$41
D2160	Amalgam-Three Surfaces	\$33	\$50
D2161	Amalgam-Four or More Surfaces	\$38	\$63
D2330	Resin-One Surface, Anterior	\$28	\$39
D2331	Resin-Two Surfaces, Anterior	\$33	\$51
D2332	Resin-Three Surfaces, Anterior	\$38	\$65
D2335	Resin-Four or More Surfaces or Involving Incisal Angle (Anterior)	\$48	\$67
D2390	Resin-Based Composite Crown, Anterior	\$70	\$60
D2391	Resin-Based Composite-One Surface, Posterior	\$30	\$57
D2392	Resin-Based Composite-Two Surfaces, Posterior	\$40	\$67
D2393	Resin-Based Composite-Three Surfaces, Posterior	\$55	\$75
D2394	Resin-Based Composite-Four Or More Surfaces, Posterior	\$70	\$60
D2510	Inlay-Metallic-One Surface	\$120	\$220
D2520	Inlay Metallic-Two Surfaces	\$180	\$220
D2530	Inlay-Metallic-Three or More Surfaces	\$225	\$210
D2710	Crown-Resin-Based Composite (Indirect)	\$85	\$129
D2720	Crown-Resin with High Noble Metal	\$260	\$216
D2721	Crown-Resin with Predominantly Base Metal	\$250	\$150
D2722	Crown-Resin with Noble Metal	\$255	\$185
D2740	Crown-Porcelain/Ceramic Substrate	\$310	\$258

ADA CODE	DESCRIPTION	In-Network Member Pays Copayment to the Dentist	Out-of-Network Plan Pays Allowance to the Dentist
D2750	Crown-Porcelain Fused to High Noble Metal	\$305	\$240
D2751	Crown-Porcelain Fused to Predominantly Base Metal	\$255	\$260
D2752	Crown-Porcelain Fused to Noble Metal	\$275	\$260
D2790	Crown-Full Cast High Noble Metal	\$255	\$265
D2791	Crown-Full Cast Predominantly Base Metal	\$230	\$220
D2792	Crown-Full Cast Noble Metal	\$250	\$235
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	\$50	\$71
D2931	Prefabricated Stainless Steel Crown-Permanent tooth	\$50	\$77
D2932	Prefabricated Resin Crown	\$50	\$90
D2940	Sedative Filling	\$20	\$22
D2950	Core Build-Up, Including Any Pins	\$55	\$62
D2951	Pin Retention per Tooth, In Addition to Restoration	\$10	\$12
D2952	Post and Core in addition to Crown, Indirectly Fabricated	\$55	\$107
D2954	Prefabricated Post and Core in addition to Crown	\$55	\$80
D2970	Temporary Crown (Fractured Tooth)	\$50	\$52
ENDODONTICS			
D3110	Pulp Cap-Direct (Excluding Final Restoration)	\$15	\$15
D3120	Pulp Cap-Indir (Excluding Final Restoration)	\$10	\$14
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$36	\$40
D3310	Root Canal-Anterior (Excluding Final Restoration)	\$170	\$172
D3320	Root Canal-Bicuspid (Excluding Final Restoration)	\$215	\$195
D3330	Root Canal-Molar (Excluding Final Restoration)	\$370	\$157
D3346	Retreatment of Previous Root Canal Therapy-Anterior	\$486	\$0
D3347	Retreatment of Previous Root Canal Therapy-Bicuspid	\$573	\$0
D3348	Retreatment of Previous Root Canal Therapy-Molar	\$690	\$0
D3351	Apexification/Recalcification-Initial Visit	\$165	\$0
D3352	Apexification/Recalcification-Interim Medication Replacement	\$71	\$0
D3353	Apexification/Recalcification-Final Visit	\$260	\$0
D3410	Apicoectomy/Periradicular Surgery-Anterior	\$323	\$0
D3421	Apicoectomy/Periradicular Surgery-Bicuspid-First Root	\$360	\$0
D3425	Apicoectomy/Periradicular Surgery-Molar-First Root	\$400	\$0
D3426	Apicoectomy/Periradicular Surgery-Each Additional Root	\$133	\$0
D3430	Retrograde Filling-Per Root	\$39	\$60
D3450	Root Amputation-Per Root	\$175	\$42
D3920	Hemisection/Root Removal-Excluding Root Canal Therapy	\$75	\$95
PERIODONTICS			
D4210	Gingivectomy or Gingivoplasty-4 + Teeth per Quadrant	\$195	\$66
D4211	Gingivectomy or Gingivoplasty-1-3 Teeth per Quadrant	\$40	\$71
D4240	Gingival Flap Proc. Including Root Planing-4+ Teeth per Quadrant	\$298	\$0
D4241	Gingival Flap Proc Including Root Planing-1-3 Teeth per Quadrant	\$178	\$0
D4341	Periodontal Scaling & Root Planing-4+ Teeth per Quadrant	\$88	\$40
D4342	Periodontal Scaling & Root Planing-1-3 Teeth per Quadrant	\$65	\$11
D4355	Full Mouth Debridement to enable Comp Evaluation & Diagnosis	\$70	\$20
D4910	Periodontal Maintenance-following active periodontal therapy	\$65	\$19
PROSTHODONTICS			
D5110	Complete Denture-Maxillary	\$310	\$300
D5120	Complete Denture-Mandibular	\$310	\$300
D5130	Immediate Denture-Maxillary	\$330	\$330
D5140	Immediate Denture-Mandibular	\$330	\$330
D5510	Repair Broken Complete Denture Base	\$35	\$32

ADA CODE	DESCRIPTION	In-Network Member Pays Copayment to the Dentist	Out-of-Network Plan Pays Allowance to the Dentist
D5630	Repair or Replace Broken Clasp	\$40	\$48
D5850	Tissue Conditioning, maxillary	\$20	\$35
ORAL SURGERY			
D7111	Extraction, Coronal Remnants-Deciduous Tooth	\$25	\$33
D7140	Extraction, Erupted Tooth Or Exposed Root	\$43	\$36
D7210	Surgical Removal of Erupted Tooth Rquiring Flap/Bone Removal	\$70	\$33
D7220	Removal of Impacted Tooth-Soft Tissue	\$87	\$38
D7230	Removal of Impacted Tooth-Par Bony	\$140	\$39
D7240	Removal of Impacted Tooth-Comp Bony	\$165	\$35
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	\$60	\$48
D7270	Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$150	\$50
D7510	Incision & Drainage of Abscess-Intraoral Soft Tissue	\$65	\$36
D7960	Frenulectomy (Frenectomy or Frenotomy)-Separate Procedure	\$219	\$0
D7971	Excision of Pericoronal Gingiva	\$78	\$0
MISCELLANEOUS			
D9110	Palliative (Emergency) Treatment of Dental Pain-Minor Procedure	\$10	\$32
D9220	Deep Sedation/General Anesthesia – First 30 Minutes	\$195	\$0
D9221	Deep Sedation/General Anesthesia – Each Add'l 15 Minutes	\$79	\$0
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$20	\$0
D9310	Consultation-Diagnostic Service other Dentist	\$10	\$50
D9430	Office Visit for Observation-(During Regular Hours) No other Services Performed	No Charge	\$0
D9951	Occlusion Adjustment-Limited	\$60	\$0
D9952	Occlusion Adjustment-Complete	\$337	\$0

ORTHODONTIC EDGE
THIS PROGRAM IS NOT INSURANCE • THIS PROGRAM IS A POINT OF SALE DISCOUNT PLAN

TDA has contracted with established Orthodontists in Arizona to provide comprehensive Orthodontic Dental Care at substantial savings for children and adults in accordance with the following TDA ORTHODONTIC EDGE PLAN Schedule of Services and Copayments.

YOU MUST VISIT AN ARIZONA TDA CONTRACTED PROVIDER IN ORDER TO RECEIVE SERVICES. NO BENEFIT IS AVAILABLE FROM NON-PARTICIPATING DENTAL PROVIDERS.

To obtain orthodontic dental services, refer to the TDA Directory of Participating Orthodontists or you may receive facility information by calling TDA at (602) 266-1995 or by visiting our Web site at www.TDA dental.com.

To schedule an appointment, contact an Arizona Participating Orthodontist's Office convenient for you and identify yourself as a TDA Plan member.

All Copayments listed under the Schedule of Services are made by the member directly to the Orthodontic office. You should discuss all future payments and costs before new appointments are made. The Dental Office staff will help you plan your orthodontic treatment and payments.

ORTHODONTIC EDGE SCHEDULE OF SERVICES AND COPAYMENTS

ORTHODONTICS	IN-NETWORK MEMBERS PAYS COPAYMENT TO THE DENTIST
D8999 Screening exam	No Charge
D8999 Diagnostic Workup, x-rays/models	\$200.00
D8030 Limited ortho treatment (child under age 19)	\$2,800.00
D8040 Limited ortho treatment (adult/age 19 & over)	\$3,200.00
D8080 Comprehensive ortho treatment (child under age 19)	\$3,400.00
D8090 Comprehensive ortho treatment (adult/age 19 & over)	\$3,700.00
D8210 Removable appliance therapy	\$700.00
D8220 Fixed appliance therapy	\$700.00
D8660 Pre-orthodontic treatment visit	\$45.00
D8680 Ortho retention (removal of appliances, construction and placement of retainer(s) per arch)	\$150.00
D8691 Repair functional ortho appliance/palatal expanders	\$50.00
D8692 Replacement of lost or irreparable retainer	\$150.00
D8999 Final ortho records	\$100.00
PROCEDURES OR SERVICES NOT LISTED MAY BE PROVIDED AT THE PROVIDER'S USUAL & CUSTOMARY FEES	

Covered Expenses Will Not Include and No Benefits Will Be Payable:

1. In the first twelve months that a person is insured if, the person is a Late Entrant; except for exams, cleanings, and fluoride application. The benefits are limited to procedures numbered 0120, 0130, 0140, 0150, 1110, 1120, 1201 and 1203.
2. For any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this section, it will be a Covered Expense.
4. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this section. However, the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
5. For any procedure begun before the Insured was covered under this section.
6. For any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
7. To replace lost or stolen appliances.
8. For appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat disturbances of the Temporomandibular joint.
9. For any procedure which is not shown on the List of Dental Procedures.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene, or dental plaque control.
11. For the completion of claim forms.
12. For sealants which are:
 - a. not applied to a permanent molar.
 - b. applied after attaining age 17.
 - c. applied to a molar more than once.
13. Subgingival curettage or root planing (procedure numbers 4220, 4340, and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
14. Because of an injury arising out of, or in the course of, work for wage or profit.
15. By an Insured because of a sickness, injury or condition for which he or she is eligible for benefits under any Worker's Compensation act or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For services which are not recommended by a dentist or which are not required for necessary care and treatment.
18. Because of war or any act of war, declared or not.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. Any services related to equilibration; bite registration or bite analysis.
21. Crowns for the purpose of periodontal splinting.
22. Charges for: any implants; precision or semi-precision attachments, and any endodontic treatment associated with it; other customized attachments.
23. For endodontic treatment of the same tooth within a three (3) year period.
24. For root canal retreatment when it has not been demonstrated that unusual morphological or pathological conditions exist and when performed by a non-endodontic specialist.
25. For more than one filling for each tooth surface in a 24 month period.
26. For non-surgical periodontal treatment more than once in a two (2) year period.
27. For surgical periodontal treatment more than once in a three (3) year period.
28. For crown build-ups when less than three (3) of the five (5) tooth surfaces are destroyed.
29. For crown build-ups (pin, bonded, or post and core) more than once in a five (5) year period.

Orthodontic Edge Discount Orthodontia Limitations and Exclusions

1. Orthodontic Edge IS NOT INSURANCE. IT IS A POINT OF SALE DISCOUNT PLAN.
2. No benefits will apply for a treatment program that began before the Member/Subscriber enrolled in the Orthodontic Plan.
3. No benefits will apply for lost or broken appliances, except as provided herein.
4. Extractions for orthodontic purposes are not included as a benefit.
5. 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 or T.M.J.
6. If the Member and/or Subscriber relocate to an area and are 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 where the treatment is completed.
7. Choice of Orthodontist is limited to Orthodontists participating in the Plan or to Orthodontists who will accept the fees outlined in the Plan.
8. 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.

The Dental Elite Choice Preferred Provider Organization Group Dental Copayment Plan is underwritten by Companion Life Insurance Company rated A+ (Superior) by A.M. Best and administered by Total Dental Administrators, Inc.

This is General Summary only and does NOT provide a complete listing of covered benefits.

DENTAL ELITE CHOICE

PREFERRED PROVIDER ORGANIZATION
GROUP DENTAL COPAYMENT PLAN



Total Dental Administrators

2111 E Highland Avenue, Suite 250
Phoenix, Arizona 85016
888-422-1995 ♦ 602-266-1995
www.TDA dental.com