



National Payroll Specialists

PPO/MAC Plan B

The following is a brief outline of dental benefits offered through your employer which is intended to help you understand your benefits and does not guarantee coverage. For a complete list of covered benefits please refer to your employee booklet/certificate you will receive after enrollment or contact TDA.

	In-Network	Out-of-Network
Provider Network/Reimbursement	PPO Provider Network	In Network PPO Fee
Class 1 -Preventive Services -Oral Examinations (2 every 12 months) -Cleanings (1 every 6 months) -X-Rays (bitewing 1 every 6 months) -Palliative Emergency Treatment	100%	100% MAC*
Class 2 -Basic Services -Restorations (fillings) -Extractions -Oral Surgery	100%	100% MAC*
Class 3 -Major Services -Crowns -Dentures -Bridges -Other Prosthetic Services -Endodontics (root canal therapy) -Periodontal Services (treatment of gum tissue)	25%	25% MAC*
Class 4 -Orthodontic Services	Ortho Edge	No Coverage
Deductible Calendar Year	\$50.00/\$150.00 applies to Class 2 and Class 3	
Annual Maximum per Calendar Year	\$1,000.00 applies to Class 1, Class 2 and Class 3	
Lifetime Orthodontic Maximum	Based Upon Fee Schedule applies to Adults and Children	

*MAC (Maximum Allowable Charge)

Explanation of Benefits (EOB's) are available online and accessible 24 hours a day, 7 days a week by visiting www.TDA dental.com/tdaonline.

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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 Co-payments.

YOU MUST VISIT AN ARIZONA TDA CONTRACTED PROVIDER IN ORDER TO RECEIVE SERVICES.

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.TDADental.com.

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

All Payments listed under the Schedule of Services and Co-payments 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 Co-Payments

ORTHODONTICS	Patient/Total Co-payment
D8999 Screening exam	No Charge
D8999 Diagnostic Workup, x-rays/models	\$ 200.00
D8030 Limited orthodontic treatment (child under age 19)	\$ 2,800.00
D8040 Limited orthodontic treatment (adult/age 19 & over)	\$ 3,200.00
D8080 Comprehensive orthodontic treatment (child under age 19)	\$ 3,400.00
D8090 Comprehensive orthodontic 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 Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$ 150.00
D8691 Repair of orthodontic appliance	\$ 50.00
D8692 Replacement of lost or broken retainer	\$ 150.00
D8999 Final orthodontic records	\$ 100.00

*Procedures or services not listed may be provided at usual & customary fees

ORTHODONTIC PLAN EXCLUSIONS AND LIMITATIONS

1. No benefits will apply for a treatment program that began before the Member/Subscriber enrolled in the Orthodontic Plan.
2. No benefits will apply for lost or broken appliances, except as provided herein.
3. Extractions for orthodontic purposes are not included as a benefit.
4. No benefit will apply for the following:
 - a. Care required in excess of 24 months from the time of banding.
 - b. Gross non-cooperation.
 - c. Accidents occurring during the period of treatment.
 - d. Cases involving surgical orthodontics.
 - e. Cases involving myofunctional therapy or T.M.J.
5. If the Member and/or Subscriber relocate 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 where the treatment is completed.
6. Choice of 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.