

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

**GROUP DENTAL PLAN  
Plan TDA—A500S**



***State of Arizona***

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

**Please Retain This Booklet for Your Records**

**Total Dental Administrators Health Plan, Inc. (TDAHP) is a comprehensive Prepaid Dental Plan, which has contracted with established private practicing dentists to provide you convenient, affordable and quality dental care.**

**DENTAL PLAN INFORMATION**

This Employee Plan Summary explains the Benefits, Limitations, Exclusions, provisions and conditions of your Coverage through the Group Agreement your organization has with TDAHP. 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.

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**SECTION I: ELIGIBILITY**

You may obtain eligibility information online at [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov)

**SECTION II: TDA PLAN A500S SCHEDULE OF BENEFITS and COPAYMENTS**

ADA Code	Procedure Description	Co-Payment	ADA Code	Procedure Description	Co-Payment
<b>DIAGNOSTIC</b>					
D0120	Periodic Oral Exam (once in a 6 month period)*	N/C	D1120	Prophylaxis – Child (additional)	\$ 25
D0120	Periodic Oral Exam (Additional)	\$ 15	D1203	Fluoride treatment (limit 1 per year to age 15)**	N/C
D0140	Problem Focused Oral Exam (during office hours)	\$ 15	D1203	Fluoride treatment (additional to age 15)	\$ 10
D0150	Comprehensive Oral Evaluation (once in a 6 month period)*	N/C	D1310	Nutrition Counseling – Control/Den Disease	N/C
D0150	Comprehensive Oral Evaluation (additional)	\$ 20	D1330	Preventive Dental Education, home care	N/C
D0170	Re-evaluation, limited, problem focused (est. patient)	N/C	D1351	Sealant permanent molar, to age 17 – per tooth	\$ 10
D0210	Intraoral x-rays, complete series including bitewing x-rays (D0210 or D0330 are covered once in a 3 yr. period)	N/C	D1510	Space Maintainer – Fixed – Unilateral	\$150
<b>D0210</b>	Intraoral x-rays, complete series (additional)	\$ 55	D1515	Space Maintainer – Fixed – Bilateral	\$160
D0220	Intraoral x-ray – Periapical first film	N/C	D1520	Space Maintainer – Removable – Unilateral	\$150
D0230	Intraoral x-ray – Periapical – each additional film	N/C	D1525	Space Maintainer – Removable – Bilateral	\$200
D0270	Bitewing – Single film	N/C	D1550	Re-cement Space Maintainer	\$ 10
D0272	Bitewings – Two films (once in a 6 month period)	N/C	<b>RESTORATIVE</b>		
D0272	Bitewings – Two films (additional)	\$ 10	D2140	Amalgam – 1 surface, primary	\$ 10
D0274	Bitewings – Four films (once in a 6 month period)	N/C	D2150	Amalgam – 2 surfaces, primary	\$ 20
D0274	Bitewings – Four films (additional)	\$ 20	D2160	Amalgam – 3 surfaces, primary	\$ 26
D0277	Vertical bitewings, 7 to 8 films (once in a 6 month period)	N/C	D2161	Amalgam – 4 or more surfaces, primary	\$ 30
D0277	Vertical bitewings, 7 to 8 films (additional)	\$ 22	D2140	Amalgam – 1 surface, permanent	\$ 12
D0330	Panoramic film – including bitewing x-rays (D0330 or D0210 once in a 3 yr. period)	N/C	D2150	Amalgam – 2 surfaces, permanent	\$ 24
D0330	Panoramic film (additional)	\$ 45	D2160	Amalgam – 3 surfaces, permanent	\$ 29
D0470	Diagnostic Casts	N/C	D2161	Amalgam – 4 or more surfaces, permanent	\$ 37
D9310	Consultation	N/C	D2330	Resin – 1 surface, anterior	\$ 26
D9430	Office Visit	N/C	D2331	Resin – 2 surfaces, anterior	\$ 38
<b>PREVENTIVE</b>					
D1110	Prophylaxis – Adult (once in a 6 month period)*	N/C	D2332	Resin – 3 surfaces, anterior	\$ 52
D1110	Prophylaxis – Adult (additional)	\$ 40	D2335	Resin – 4 or more surfaces, anterior	\$ 70
D1120	Prophylaxis-Child (once in a 6 month period)*	N/C	D2391	Resin – 1 surface, posterior	\$ 40
			D2392	Resin – 2 surfaces, posterior	\$ 60
			D2393	Resin – 3 surfaces, posterior	\$ 70
			D2394	Resin – 4 or more surfaces, posterior	\$ 76
			D2510	Inlay metallic – 1 surface	\$250
			D2520	Inlay metallic – 2 surfaces	\$279
			D2530	Inlay metallic – 3 surfaces	\$327
			D2542	Onlay metallic – 2 surfaces	\$320
			D2543	Onlay metallic – 3 surfaces	\$340
			D2544	Onlay metallic – 4 or more surfaces	\$340
			D2710	Crown – Resin – indirect	\$148
			D2720	Crown – Resin with High Noble Metal	\$183 +
			D2721	Crown – Resin – Predominantly Base Metal	\$183 +
			D2722	Crown – Resin with Noble Metal	\$183 +
			D2740	Crown – Porcelain/Ceramic Substrate	\$270 +
			D2750	Crown – Porcelain – High Noble Metal	\$270 +

ADA Code	Procedure Description	Co-Payment
D2751	Crown – Porcelain – Predom Base Metal	\$270 +
D2752	Crown – Porcelain – Fused – Noble Metal	\$270 +
D2780	Crown – ¾ Cast – High Noble Metal	\$270 +
D2781	Crown – ¾ Cast – Predom Base Metal	\$270 +
D2782	Crown – ¾ Cast – Noble Metal	\$270 +
D2783	Crown – ¾ Cast – Porcelain/Ceramic	\$270 +
D2790	Crown – Full Cast – High Noble Metal	\$270 +
D2791	Crown – Full Cast – Predom Base Metal	\$270 +
D2792	Crown – Full Cast – Noble Metal	\$270 +
D2910	Re-cement inlay	\$ 18
D2920	Re-cement crown	\$ 18
D2930	Crown – Prefabricated Stainless Steel, primary tooth	\$ 75
D2932	Crown – Prefabricated Resin	\$ 85
D2940	Sedative Filling	\$ 30
D2950	Core build-up including any pins	\$ 70
D2951	Pin retention per tooth, in addition to restoration	\$ 18
D2952	Cast post and core in addition to crown	\$110
D2954	Prefabricated post/core in addition to crown	\$ 75
D2960	Labial veneer (resin laminate) – Chairside	\$295
D2970	Temporary crown (fractured tooth)	\$ 25
D2980	Crown repair, by report	\$ 75
<b>ENDODONTICS***</b>		
D0140	Limited Oral Exam (by specialist)	\$ 35
D0220	Periapical x-rays, 1 <sup>st</sup> film (by specialist)	\$ 12
D3110	Pulp Cap – Direct (excluding final restoration)	\$ 15
D3120	Pulp Cap – Indirect (excluding final restoration)	\$ 15
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 45
D3221	Pulpal debridement, primary and permanent teeth	\$ 45
D3310	Root Canal – Anterior (excluding final restoration)	\$175
D3320	Root Canal – Bicuspid (excluding final restoration)	\$250
D3330	Root Canal – Molar (excluding final restoration)	\$395
D3410	Apicoectomy/Perirad Surgery – Anterior	\$290
D3421	Apicoectomy/Perirad Surgery – Bicuspid, 1st root	\$335
D3425	Apicoectomy/Perirad Surgery – Molar, 1st root	\$395
D3426	Apicoectomy/Perirad Surgery – (each additional root)	\$190
D3430	Retrograde filling, per root	\$ 50
D3450	Root amputation, per root	\$ 95
D3920	Hemisection – incl. root removal – not incl. root canal therapy	\$ 90
<b>PERIODONTICS***</b>		
D0180	Comprehensive Periodontal Exam (by specialist)*	\$ 65
D0330	Panoramic film (by specialist)	\$ 25
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quad	\$225
D4211	Gingivectomy or gingivoplasty – 1-3 teeth per quad	\$ 96
D4240	Ging. flap procedure, incl. root planing, 4 or more teeth per quad	\$250
D4241	Ging. flap procedure, incl. root planing, 1-3 teeth per quad	\$105
D4260	Osseous surg./Flap Entry/Closure, 4 or more teeth per quad	\$390
D4261	Osseous surg./Flap Entry/Closure, 1-3 teeth per quad	\$167
D4320	Provisional splinting – intraoral	\$ 75
D4321	Provisional splinting – extracoronal	\$ 80
D4341	Periodontal scaling & root planing – 4 or more teeth per quad	\$ 90
D4342	Periodontal scaling & root planing – 1-3 teeth per quad	\$ 46
D4355	Full mouth debridement to enable diagnosis	\$ 50

ADA Code	Procedure Description	Co-Payment
D4381	Local del of chemotherapeutic agent (via controlled release vehicle) per tooth, by report	\$ 75
D4910	Periodontal maintenance following active therapy	\$ 55
<b>REMOVABLE PROSTHODONTICS</b>		
D5110	Complete Denture (Maxillary) – (3 adj. w/in 60 days)	\$300 ++
D5120	Complete Denture (Mandibular) – (3 adj. w/in 60 days)	\$300 ++
D5130	Immediate Denture (Maxillary) – (4 adj. w/in 60 days)	\$325 ++
D5140	Immediate Denture (Mandibular) – (4 adj. w/in 60 days)	\$325 ++
D5211/12	Partial Denture (Maxillary/Mandibular) – Resin Base	\$260 ++
D5213/14	Partial Denture –Cast metal Framework – Maxillary/Mandibular	\$375 ++
D5281	Partial Denture – Removable Unilateral – 1 piece metal cast	\$ 80 ++
D5410/22	Denture Adj (Maxillary/Mandibular) – full or partial	\$ 25
D5510	Repair broken complete denture base	\$20+Lab
D5520	Replace missing/broken teeth – complete denture base	\$20+Lab
D5610	Repair resin denture base	\$20+Lab
D5620	Repair cast framework, partial denture	\$20+Lab
D5630	Repair or replace broken clasp, partial denture	\$20+Lab
D5640	Replace broken tooth (per tooth), partial denture	\$20+Lab
D5650	Add tooth to existing partial denture	\$20+Lab
D5660	Add clasp to existing partial denture	\$20+Lab
D5670	Replace all teeth & acrylic cast metal framework – Maxillary	\$20+Lab
D5671	Replace all teeth & acrylic cast metal framework –Mandibular	\$20+Lab
D5710	Rebase Complete Denture- Maxillary	\$20+Lab
D5720	Rebase Partial Denture-Maxillary	\$20+Lab
D5721	Rebase Partial Denture-Mandibular	\$20+Lab
D5730	Reline Chairside (Maxillary/Mandibular) – full or partial	\$ 70
D5741		
D5750	Reline, lab (Maxillary/Mandibular) – full or partial	\$20+Lab
D5850	Tissue conditioning-Maxillary	\$ 15
D5851	Tissue conditioning -Mandibular	\$ 15
<b>FIXED PROSTHODONTICS</b>		
D6210	Pontic – Cast – High Noble Metal	\$270 +
D6211	Pontic – Cast – Predom Base Metal	\$270 +
D6212	Pontic – Cast – Noble Metal	\$270 +
D6240	Pontic – Porcelain – High Noble Metal	\$270 +
D6241	Pontic – Porcelain – Predom Base Metal	\$270 +
D6242	Pontic – Porcelain – Fused to Noble Metal	\$270 +
D6245	Pontic – Porcelain/Ceramic	\$270 +
D6250	Pontic – Resin w/High Noble Metal	\$210 +
D6251	Pontic – Resin w/Predom Base Metal	\$210 +
D6252	Pontic – Resin w/Noble Metal	\$210 +
D6545	Crown – Cast Metal/Resin bonded/Fixed	\$175
D6720	Crown – Resin w/High Noble Metal	\$ 95 +
D6721	Crown – Resin w/Predom Base Metal	\$ 95 +
D6722	Crown – Resin w/Noble Metal	\$270 +
D6750	Crown – Porcelain /High Noble Metal	\$270 +
D6751	Crown – Porcelain / Predom Base Metal	\$270 +
D6752	Crown – Porcelain fused to Noble Metal	\$270 +
D6780	Crown – ¾ Cast – High Noble Metal	\$270 +
D6781	Crown – ¾ Cast – Predom Base Metal	\$270 +
D6782	Crown – ¾ Cast – Noble Metal	\$270 +
D6790	Crown – Full Cast – High Noble Metal	\$270 +
D6791	Crown – Full Cast – Predom Base Metal	\$270 +
D6792	Crown – Full Cast – Noble Metal	\$270 +
D6920	Connector bar	\$ 90
D6930	Re-cement Fixed Partial Denture – per unit	\$ 10
D6940	Stress breaker – non-rigid connector	\$35+Lab
D6950	Precision attachment	\$260

ADA Code	Procedure Description	Co-Payment
D6970	Cast post/core/add to br. retainer, per tooth	\$110
D6972	Prefab post/core in addition to crm, per th	\$ 75
D6973	Core build-up including any pins, per tooth	\$ 70
D6980	Fixed Partial Denture Repair, by report	\$50+Lab
<b>ORAL SURGERY ***</b>		
D0140	Limited Oral Exam (by specialist)	\$ 35
D0330	Panoramic Film (by specialist)	\$ 25
D7111	Extraction – coronal remnants – prim 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 (Max/Mand)	\$320
D7510	Intraoral I & D abscess	\$ 65
D7910	Suture of recent small wound, up to 5 cm	\$ 10
D7960	Frenulectomy (frenectomy or frenotomy)	\$135
D7971	Excision of pericoronal gingiva	\$ 70
<b>OTHER SERVICES</b>		
D9110	Palliative (ER) tx of dental pain, minor tx	\$ 20
D9210	Local Anesthetic	N/C
D9215	Local Anesthetic	N/C
D9220	General Anesthesia (first 30 minutes)	\$195
D9230	Analgesia, inhalation of nitrous oxide	\$ 20
D9240	I. V. Sedation (first 30 minutes)	\$150
D9440	Office visit (after regularly scheduled hours)	\$ 40
D9940	Nightguard (occlusal guard) – one in 12 mos	\$ 99
D9951	Occlusal adjustment – Limited	\$ 40
D9952	Occlusal adjustment – Complete	\$250
D9999	Missed/Cancelled Appt (without 24 hr notice)	\$ 20

**TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ) (NON-SURGICAL PROCEDURES)**

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

**ORTHODONTICS**

D8999	Screening Exam	N/C
D8999	Diagnostic work-up, x-rays/models	\$200
D8030	Limited Orthodontic Treatment – adolescent dentition	\$2,800
D8040	Limited Orthodontic Treatment – adult dentition	\$3,200
D8080	Comprehensive Ortho Treatment – adolescent dentition	\$3,400
D8090	Comprehensive Ortho Treatment – adult dentition	\$3,700
D8210	Removable appliance therapy	\$700
D8220	Fixed appliance therapy	\$700
D8660	Pre-orthodontic treatment visit	\$ 45
D8680	Orthodontic retention (removal of appliances, construction & placement of retainers/arch)	\$150
D8691	Repair of orthodontic appliance (functional appliances & palatal expanders)	\$ 50
D8692	Replacement of lost or broken retainer	\$150
D8999	Final Orthodontic Records	\$100

**SPECIAL LIMITATIONS**

Procedure or services not listed will be provided at dentist's regular fees.

\* 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.

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

\*\*\* **ENDODONTIC, PERIODONTIC & ORAL SURGERY PROCEDURES PERFORMED BY A PARTICIPATING DENTAL SPECIALIST ARE LIMITED TO THOSE SERVICES LISTED UNDER THE SPECIALIST CATEGORY.**

**PEDODONTIC, and PROSTHODONTIC CARE:** 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.

+ Plus lab fee on crowns \$185

++ Plus lab fee on dentures and partial dentures \$275

Other lab fees will vary depending upon dental laboratory, procedure and materials used.

**SECTION 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.

**SECTION 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. Eligible dental care services from a specialist are those services specifically listed under the specialist category of the Schedule of Benefits and Co-payments.

**SECTION 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.

**SECTION VI EFFECTIVE DATE OF COVERAGE**

A. You may obtain information regarding effective date of coverage on line at [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov)

**SECTION VII PARTICIPATING PLAN PROVIDERS (DENTISTS)**

Benefits Obtained from Plan Providers - Except for emergency care, benefits are available only from your selected Plan Provider.

List of Plan Providers - You may obtain a current list of Plan Providers by calling TDAHP at (602) 381-4280 or toll free at (866) 921-7687, or by accessing our website [www.totaldentaladmin.com](http://www.totaldentaladmin.com).

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.

## **SECTION VII PARTICIPATING PLAN PROVIDERS (DENTISTS) Continued**

Changing Plan Providers - You may change Plan Providers once a month by calling TDAHP or through the website [www.totaldentaladmin.com](http://www.totaldentaladmin.com). Please notify the Plan by the fifteenth (15th) day of the month, to make the change 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.

## **SECTION VIII EMERGENCY CARE**

Please attempt to obtain emergency care from your Plan Provider when you are within your local area. If your selected Plan Provider is not accessible, please contact TDAHP for assistance at (602) 381-4280 or toll free at (866) 921-7687. If the emergency occurs outside your local area you may seek emergency dental care from any licensed dental health professional to control bleeding, relieve pain, 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. The maximum allowable reimbursement for a dental emergency is \$50 less any member costs which you would normally be charged for the procedure.

**SECTION 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 services.

**SECTION 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.

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

**SECTION 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 (888) 422-1995 for information. For continuation under the COBRA Act, if applicable, contact your Employer for details.

**SECTION XIII TERMINATION** - Benefits under this Plan shall cease upon any of the following events:

On the date of the expiration of the period for which the last payment was made.

Upon the date of entry into full-time military service.

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.

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.

On the date the Plan contract terminates, if not renewed.

**SECTION XIV DENTAL RECORDS** - The dental records of the Member and/or Subscriber concerning services performed herein shall remain the property of the Plan dentist. Request for transfer of dental records must be presented to dentist in writing. Member is financially responsible for any fees charged by Plan Dentist for transfer of records.

**SECTION XV CUSTOMER SERVICE INQUIRES** - Plan Members and/or Subscribers customer service is available by calling TDAHP at (602) 381-4280 or toll free at (866) 921-7687 during normal business hours. All group dental plan inquires, including grievance procedures are handled by TDAHP.

**SECTION 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.

**SECTION 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) 381-4280 ♦ Toll Free: (866) 921-7687 ♦ Facsimile: (602) 266-1948***

## **SECTION XVIII EXCLUSIONS AND LIMITATIONS**

### **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.
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 Exclusions and Limitations**

No benefits will apply for a treatment program, which began before the Member/Subscriber enrolled in the Orthodontic Plan.  
No benefits will apply for lost or broken appliances, except as provided herein.

Extractions are not included as a benefit.

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.

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.

Choice of an Orthodontist is limited to Orthodontists participating in the Plan or to Orthodontists who will accept the fees outlined in the Plan.

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 OR ACCESS WEBSITE:***

***Telephone: (602) 381-4280 ♦ Toll Free: (866) 921-7687 ♦ Facsimile: (602) 266-1948  
www.totaldentaladmin.com***

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