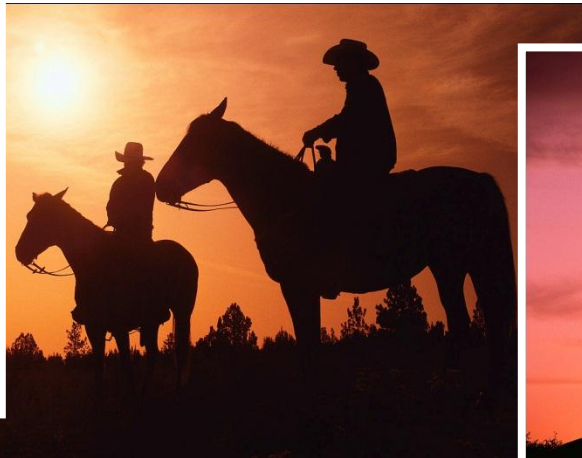


**TOTAL DENTAL ADMINISTRATORS
HEALTH PLAN, INC.**

GROUP DENTAL PLAN

Plan TDA—A500S



UNIVERSITY OF ARIZONA

Effective January 1, 2011
Alternative Dental HMO Insurance

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

Retain this for your Enrollment and Employee Plan Booklet

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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
- Orthodontics

TDAHP ADVANTAGES

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

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

LOW MONTHLY RATES

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

HOW TO ENROLL

1. Complete an Enrollment Form or online enrollment. Include information about your Domestic Partner of the opposite gender and/or child(ren) if you are applying for dependent coverage.
2. Select the general dental office you and your dependents wish to use from the enclosed Participating Provider Directory. Each participating dental facility listed in the Provider Directory has a Dental Office Code number listed to the left of the dental office. Be sure to use the **CODE** number to identify your selection on the Enrollment Form.
3. Premium payment is made by payroll deduction, if employee contributions are required. Turn your enrollment card into your Employer's personnel office or benefits department for processing.

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

SAMPLE COST COMPARISON

ADA Code	Procedure	Usual and Customary Fee*	Plan TDA-A500S Copayment	Savings In Dollars	Percent Savings
Preventive & Diagnostic					
D0150	Comprehensive Oral Eval (once in a 6 month period)	\$ 68.00	\$ 0	\$ 68.00	100%
D0210	Intraoral – Complete – incl. bitewings	\$107.00	\$ 0	\$107.00	100%
D1110	Adult - Prophylaxis (Cleaning)	\$ 73.00	\$ 0	\$ 73.00	100%
Restorative					
D2140	Amalgam - One Surface – Primary or Permanent	\$115.00	\$ 12.00	\$103.00	90%
D2330	Resin - One Surface – Anterior	\$ 116.00	\$ 26.00	\$ 90.00	78%
Crown and Bridge					
D2750	Crown - Porcelain – high noble metal	\$858.00	\$455.00◆	\$403.00	47%
D2790	Crown – Full Cast – high noble metal	\$828.00	\$455.00◆	\$373.00	45%
Endodontics					
D3310	RCT-Anterior (excluding final restoration)	\$578.00	\$175.00	\$403.00	70%
D3330	RCT-Molar (excluding final restoration)	\$911.00	\$395.00	\$516.00	57%
Oral Surgery					
D7140	Extraction, erupted tooth	\$115.00	\$ 30.00	\$ 85.00	74%
D7220	Soft Tissue Impaction	\$254.00	\$ 85.00	\$169.00	67%
Prosthetics					
D5130	Immediate Denture - Maxillary	\$1,279.00	\$600.00◆◆	\$679.00	53%
Periodontics					
D4260	Osseous Surgery/4 or more teeth per quad	\$1,080.00	\$390.00	\$690.00	64%

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

◆ Includes lab fee on crowns \$185

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

DENTAL PLAN INFORMATION

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

2111 East Highland Avenue, Suite 250 ♦ Phoenix, Arizona 85016

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

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

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

I ELIGIBILITY:

- A. You are eligible if you are Benefit Eligible Employee who has entered into a Domestic Partnership with an individual of the opposite gender and if you are employed at 20 hours per week (.50 FTE) or greater and in a position that is six (6) months or more in duration (except graduate assistant/associate positions) as determined by the Arizona Department of Administration.
- B. Eligible dependents include your Domestic Partner of the opposite gender with whom you have entered into a Domestic Partnership through the use of an affidavit filed with your Employer and the dependent child(ren) of you and/or your Domestic Partner, to age 26 or age 26 or older if the dependent child has been continuously covered under this Plan, and who, before the age of 26 has been certified by a physician to be incapable of self-support because of physical handicap or mental retardation.
- C. Dependents of the 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 by the Group on a current basis.

**SECTION II: PLAN TDA A500-S
SCHEDULE OF BENEFITS AND COPAYMENTS**

ADA CODE	PROCEDURE DESCRIPTION	CO-PAYMENT	ADA CODE	PROCEDURE DESCRIPTION	CO-PAYMENT
DIAGNOSTIC			RESTORATIVE, continued		
D0120	Periodic Oral Exam (once in a 6 month period)*	N/C	D2722	Crown – Resin with Noble Metal	\$183 +
D0120	Periodic Oral Exam (Additional)	\$ 15	D2740	Crown – Porcelain/Ceramic Substrate	\$270 +
D0140	Problem Focused Oral Exam (during office hours)	\$ 15	D2750	Crown – Porcelain – High Noble Metal	\$270 +
D0150	Comprehensive Oral Evaluation (once in a 6 month period)*	N/C	D2751	Crown – Porcelain – Predom Base Metal	\$270 +
D0150	Comprehensive Oral Evaluation (additional)	\$ 20	D2752	Crown – Porcelain – Fused – Noble Metal	\$270 +
D0170	Re-evaluation, limited, problem focused (est. patient)	N/C	D2780	Crown – ¾ Cast – High Noble Metal	\$270 +
D0210	Intraoral x-rays, complete series including bitewing x-rays (D0210 or D0330 are covered once in a 3 yr. period)	N/C	D2781	Crown – ¾ Cast – Predom Base Metal	\$270 +
D0210	Intraoral x-rays, complete series (additional)	\$ 55	D2782	Crown – ¾ Cast – Noble Metal	\$270 +
D0220	Intraoral x-ray – Periapical first film	N/C	D2783	Crown – ¾ Cast – Porcelain/Ceramic	\$270 +
D0230	Intraoral x-ray – Periapical – each additional film	N/C	D2790	Crown – Full Cast – High Noble Metal	\$270 +
D0270	Bitewing – Single film	N/C	D2791	Crown – Full Cast – Predom Base Metal	\$270 +
D0272	Bitewings – Two films (once in a 6 month period)	N/C	D2792	Crown – Full Cast – Noble Metal	\$270 +
D0272	Bitewings – Two films (additional)	\$ 10	D2910/20	Re-cement inlay/crown	\$ 18
D0274	Bitewings – Four films (once in a 6 month period)	N/C	D2930	Crown – Prefabricated Stainless Steel, primary tooth	\$ 75
D0274	Bitewings – Four films (additional)	\$ 20	D2932	Crown – Prefabricated Resin	\$ 85
D0277	Vertical bitewings, 7 to 8 films (once in a 6 month period)	N/C	D2940	Sedative Filling	\$ 30
D0277	Vertical bitewings, 7 to 8 films (additional)	\$ 22	D2950	Core build-up including any pins	\$ 70
D0330	Panoramic film – including bitewing x-rays (D0330 or D0210 once in a 3 yr. period)	N/C	D2951	Pin retention per tooth, in addition to restoration	\$ 18
D0330	Panoramic film (additional)	\$ 45	D2952	Cast post and core in addition to crown	\$110
D0470	Diagnostic Casts	N/C	D2954	Prefabricated post/core in addition to crown	\$ 75
D9310	Consultation	N/C	D2960	Labial veneer (resin laminate) – Chairside	\$295
D9430	Office Visit	N/C	D2970	Temporary crown (fractured tooth)	\$ 25
PREVENTIVE			ENDODONTICS***		
D1110	Prophylaxis – Adult (once in a 6 month period)*	N/C	D0140	Limited Oral Exam (by specialist)	\$ 35
D1110	Prophylaxis – Adult (additional)	\$ 40	D0220	Periapical x-rays, first film (by specialist)	\$ 12
D1120	Prophylaxis – Child (once in a 6 month period)*	N/C	D3110	Pulp Cap – Direct (excluding final restoration)	\$ 15
D1120	Prophylaxis – Child (additional)	\$ 25	D3120	Pulp Cap – Indirect (excluding final restoration)	\$ 15
D1203	Fluoride treatment (limit 1 per year to age 15)**	N/C	D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 45
D1203	Fluoride treatment (additional to age 15)	\$ 10	D3221	Pulpal debridement, primary and permanent teeth	\$ 45
D1310	Nutrition Counseling – Control/Den Disease	N/C	D3310	Root Canal – Anterior (excluding final restoration)	\$175
D1330	Preventive Dental Education, home care	N/C	D3320	Root Canal – Bicuspid (excluding final restoration)	\$250
D1351	Sealant permanent molar, to age 17 – per tooth	\$ 10	D3330	Root Canal – Molar (excluding final restoration)	\$395
D1510	Space Maintainer – Fixed – Unilateral	\$150	D3410	Apicoectomy/Perirad Surgery – Anterior	\$290
D1515	Space Maintainer – Fixed – Bilateral	\$160	D3421	Apicoectomy/Perirad Surgery – Bicuspid, 1 st root	\$335
D1520	Space Maintainer – Removable – Unilateral	\$150	D3425	Apicoectomy/Perirad Surgery – Molar, 1 st root	\$395
D1525	Space Maintainer – Removable – Bilateral	\$200	D3426	Apicoectomy/Perirad Surgery – (each additional root)	\$190
D1550	Re-cement Space Maintainer	\$ 10	D3430	Retrograde filling, per root	\$ 50
RESTORATIVE			PERIODONTICS***		
D2140	Amalgam – 1 surface,	\$ 10	D0180	Comprehensive Periodontal Exam (by specialist)*	\$ 65
D2150	Amalgam – 2 surfaces, primary	\$ 20	D0330	Panoramic film (by specialist)	\$ 25
D2160	Amalgam – 3 surfaces, primary	\$ 26	D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quad	\$225
D2161	Amalgam – 4 or more surfaces, primary	\$ 30	D4211	Gingivectomy or gingivoplasty – 1-3 teeth per quad	\$ 96
D2140	Amalgam – 1 surface, permanent	\$ 12	D4240	Ging. flap procedure, incl. root planing, 4 or more teeth per quad	\$250
D2150	Amalgam – 2 surfaces, permanent	\$ 24	D4241	Ging. flap procedure, incl. root planing, 1-3 teeth per quad	\$105
D2160	Amalgam – 3 surfaces, permanent	\$ 29	D4260	Osseous surg./Flap Entry/Closure, 4 or more teeth per quad	\$390
D2161	Amalgam – 4 or more surfaces, permanent	\$ 37	D4261	Osseous surg./Flap Entry/Closure, 1-3 teeth per quad	\$167
D2330	Resin – 1 surface, anterior	\$ 26	D4320	Provisional splinting – intraoral	\$ 75
D2331	Resin – 2 surfaces, anterior	\$ 38	D4321	Provisional splinting – extracoronaral	\$ 80
D2332	Resin – 3 surfaces, anterior	\$ 52	D4341	Periodontal scaling & root planing – 4 or more teeth per quad	\$ 90
D2335	Resin – 4 or more surfaces, anterior	\$ 70	D4342	Periodontal scaling & root planing – 1-3 teeth per quad	\$ 46
D2391	Resin – 1 surface, posterior	\$ 40	D4355	Full mouth debridement to enable evaluation & diagnosis	\$ 50
D2392	Resin – 2 surfaces, posterior	\$ 60	D4381	Local del of chemotherapeutic agent (via controlled release vehicle) per tooth, by report	\$ 75
D2393	Resin – 3 surfaces, posterior	\$ 70	D4910	Periodontal maintenance following active therapy	\$ 55
D2394	Resin – 4 or more surfaces, posterior	\$ 76	REMOVABLE PROSTHODONTICS		
D2510	Inlay metallic – 1 surface	\$250	D5110	Complete Denture (Maxillary) – (3 adj. w/in 60 days)	\$300 ++
D2520	Inlay metallic – 2 surfaces	\$279	D5120	Complete Denture (Mandibular) – (3 adj. w/in 60 days)	\$300 ++
D2530	Inlay metallic – 3 surfaces	\$327	D5130	Immediate Denture (Maxillary) – (4 adj. w/in 60 days)	\$325 ++
D2542	Onlay metallic – 2 surfaces	\$320	D5140	Immediate Denture (Mandibular) – (4 adj. w/in 60 days)	\$325 ++
D2543/44	Onlay metallic – 3 or more surfaces	\$340	D5211/12	Partial Denture (Maxillary/Mandibular) – Resin Base	\$260 ++
D2710	Crown – Resin – indirect	\$148	D5213/14	Partial Denture (Maxillary/Mandibular) – Cast Metal	\$375 ++
D2720	Crown – Resin with High Noble Metal	\$183 +	Framework w/resin denture bases (incl. any conventional clasps, rests and teeth)		
D2721	Crown – Resin – Predominantly Base Metal	\$183 +			

ADA CODE	PROCEDURE DESCRIPTION	CO-PAYMENT
REMOVABLE PROSTHODONTICS, continued		
D5281	Partial Denture – Removable Unilateral – 1 piece metal cast	\$ 80 ++
D5410/22	Denture Adjustment (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
D5670/71	Replace all teeth & acrylic cast metal framework U/L	\$20+Lab
D5710/11	Rebase Complete Denture (Maxillary/Mandibular)	\$20+Lab
D5720/21	Rebase Partial Denture (Maxillary/Mandibular)	\$20+Lab
D5730/41	Reline Chairside (Maxillary/Mandibular) – full or partial	\$ 70
D5750/61	Reline, lab (Maxillary/Mandibular) – full or partial	\$20+Lab
D5850/51	Tissue conditioning (Maxillary/Mandibular)	\$ 15
FIXED PROSTHODONTICS		
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 prosthesis	\$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 fused to High Noble Metal	\$270 +
D6751	Crown – Porcelain fused to 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 cemented unit	\$ 10
D6940	Stress breaker – non-rigid connector	\$35+Lab
D6950	Precision attachment	\$260
D6970	Cast post/core/add to br. retainer, per tooth	\$110
D6972	Prefab post/core in addition to br. retainer, per tooth	\$ 75
D6973	Core build-up including any pins, per tooth	\$ 70
D6980	Fixed Partial Denture Repair, by report	\$50+Lab
ORAL SURGERY ***		
D0140	Limited Oral Exam (by specialist)	\$ 35
D0330	Panoramic Film (by specialist)	\$ 25
D7111	Extraction – coronal remnants – deciduous tooth	\$ 30
D7140	Extraction – erupted tooth or exposed root	\$ 30
D7210	Surgical removal of erupted tooth	\$ 60
D7220	Removal of impacted tooth – soft tissue	\$ 85
D7230	Removal of impacted tooth – partial bony	\$105
D7240	Removal of impacted tooth – complete bony	\$145
D7250	Surgical removal – residual tooth roots	\$ 70
D7270	Tooth re-implantation & stabilization	\$140
D7280	Surgical exposure of impacted tooth	\$130
D7286	Biopsy of oral tissue – soft	\$50+Lab
D7310	Alveoloplasty per quad with extraction	\$ 85
D7320	Alveoloplasty per quad without extraction	\$190
D7471	Removal of lateral exostosis (Maxillary/Mandibular)	\$320
D7510	Intraoral I & D abscess	\$ 65
D7910	Suture of recent small wound, up to 5 cm	\$ 10
D7960	Frenectomy (frenectomy or frenotomy)	\$135
D7971	Excision of pericoronal gingival	\$ 70

ADA CODE	PROCEDURE DESCRIPTION	CO-PAYMENT
OTHER SERVICES		
D9110	Palliative (emergency) tx of dental pain, minor tx	\$ 20
D9210/15	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) limited – one in a 12-mo period	\$ 99
D9951	Occlusal adjustment – Limited	\$ 40
D9952	Occlusal adjustment – Complete	\$250
D9999	Missed/Cancelled Appointment (without 24 hour notice)	\$ 20

TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)

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

PEDODONTIC SPECIALTY CARE: Pedodontic Specialist services will be provided by a plan Pedodontist, where available, at a 20% to 25% discount off the dentist's regular fees

PROSTHODONTIC SPECIALTY CARE: Prosthodontic Specialist services will be provided by a plan Prosthodontist, where available, at a 20% to 25% discount off the dentist's regular fees

ORTHODONTICS

Orthodontic procedures or services not listed, including *Invisalign®* and *Ortho Clear®* braces, will 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.

Extractions for orthodontic purposes are not included as a benefit.

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 the 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 to age 15. If necessary, additional services may be provided to age at listed fee.**

***** ENDODONTIC, PERIODONTIC, & ORAL SURGERY TREATMENTS FROM A PLAN SPECIALIST ARE LIMITED TO THOSE SERVICES LISTED UNDER ENDODONTICS, PERIODONTICS, AND ORAL SURGERY.**

+ 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.

III CO-PAYMENTS - The Co-payment amounts listed in the Schedule of Benefits and Co-Payments, contained herein are payable by you directly to the Dental Office as treatment is received. You should discuss all future payments and costs before new appointment are made. The Dental Office staff will help you plan your dental treatment and payments.

IV SPECIALTY CARE - 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 services available at the listed copayment are those services specifically listed in the Endodontic, Periodontic, and Oral Surgery categories within the Schedule of Benefits and Co-payments.

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

VI EFFECTIVE DATE OF COVERAGE

A. Initial enrollment must be made within thirty-one (31) days of initial hire date or benefits-eligibility date, with coverage effective on the first day of the pay period after enrollment. An enrollment form or online enrollment must be completed and returned to the Group, who will then send the information to the Plan so that coverage can begin in accordance with the effective date of coverage as contained herein.

B. In the event that a Domestic Partner of the opposite gender and child(ren) are newly acquired through Domestic Partnership and are to be covered by the member's dental plan, member must notify TDAHP and the Group in writing within thirty-one (31) days of the Domestic Partnership, with coverage effective on the first day of the pay period after enrollment. 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 thirty-one (31) 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. Eligible Dependents who do not enroll during the initial enrollment period, cannot enroll until the next annual open enrollment period.

VII PARTICIPATING PLAN PROVIDERS (DENTISTS)

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

B. List of Plan Providers - You may obtain a current list of Plan Providers from TDAHP's office located at 2111 East Highland Avenue, Suite 250, Phoenix Arizona 85016, (602) 266-1995 or 1-888-422-1995.

C. Choosing a Plan Provider -You may choose any Plan Provider from the list of Plan Providers referred to above. Upon request, the Plan, TDAHP will assist you in selecting a Plan Dentist, but may not recommend any particular dentist. All covered family members choose a different Plan Provider. You must choose a Plan Provider at the time you enroll. You must have a Plan provider to receive benefits.

D. Changing Plan Providers - You may change Plan Providers. If you notify the Plan, in writing, by the fifteenth (15th) day of the month, the change will be effective on the first of the following month. Should your Plan Provider stop participation, the Plan reserves the right to transfer you to another Plan Provider of your choosing.

All Plan Providers (Dentists) furnishing services to a Member do so as independent contractors. TDAHP shall not be liable for any claim or demand for damages arising out of or in any manner connected with any injuries suffered by a Member while receiving dental services.

VIII EMERGENCY CARE

A. You should always FIRST attempt to obtain emergency care from your Plan Provider when you are within the area served by your designated Plan Provider. If you are seeking emergency care during normal business hours and your selected Plan Provider is not accessible, you may contact the Plan for assistance at (602) 266-1995 or 1-888-422-1995.

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

C. The maximum allowable reimbursement for a dental emergency is \$50, less any member costs which you would normally be charged for the procedure.

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

- X PLAN IDENTIFICATION CARD** - Although an I.D. card will be issued to you, it is not necessary in order to receive dental care from your Plan Provider. Your name will appear on an eligibility list, which is sent to your selected dentist each month.
- XI WORKERS' COMPENSATION EXCLUSION** - Expenses for which payment is required under applicable Workers' Compensation statutes are not eligible for payment under this dental plan.
- XII CONTINUATION OF COVERAGE** - When your TDAHP coverage terminates, you have the option of converting to a TDAHP Conversion Plan. Please contact our Customer Service Department at (602) 266-1995 or 1-888-422-1995 for information. For continuation under the **COBRA** Act, if applicable, contact your Employer for details.
- XIII TERMINATION** - Benefits under this Plan shall cease upon any of the following events:
- A. On the date of the expiration of the period for which the last payment was made.
 - B. Upon the date of entry into full-time military service.
 - C. On the last day of the month during which termination notice occurs.
 - D. 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.)
 - E. 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.
 - F. On the date the Plan contract terminates, if not renewed.
- XIV DENTAL RECORDS** - The dental records of the Member and/or Subscriber concerning services performed herein shall remain the property of the Plan dentist. Request for transfer of records must be submitted to dentist in writing. Member is financially responsible for any fees charged by Plan dentist for transfer of records.
- XV CUSTOMER SERVICE INQUIRES** - Plan Members and/or Subscribers customer service is available by calling TDAHP at (602) 266-1995 or toll-free 1-888-422-1995 during normal business hours. All group dental plan inquires, including grievance procedures, are handled by TDAHP.
- XVI GRIEVANCE AND APPEAL** - A complaint is any oral or written expression of concern of dissatisfaction regarding a Plan service or procedure, whether dental or non-dental in nature. In the event you have a complaint, an initial attempt should be made to resolve it by communicating with TDAHP's Customer Service Department. If a resolution cannot be reached in this manner, the following **Formal Grievance and Appeal** process should be used.
- XVII FORMAL GRIEVANCE AND APPEAL** - Levels of Review: TDAHP members may ask TDAHP to review its decisions involving their requests for service or requests to have claims paid. The Arizona State Legislatures have established four levels of review. Companies that perform utilization review activities after services are provided (TDAHP is in this category) are not required to provide Level 1 and Level 2 reviews. TDAHP members have two levels of review available to them. They are Level 3, Formal Appeal, and Level 4, External, Independent Review.
- Level 1.** Expedited Dental Review-TDAHP is not required to do the Expedited Dental Review because its utilization review activities are performed on services already provided.
 - Level 2.** Informal Reconsideration-TDAHP is not required to do the Informal Reconsideration because its utilization review activities are performed on services already provided.
 - Level 3.** Formal Appeal
 - Level 4.** External Independent Review

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

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

PRINCIPAL EXCLUSIONS AND LIMITATIONS

1. Sealants are covered to the age of seventeen (17) and are limited to permanent molars only.
2. Periodontal treatment (sub-gingival curettage and root planing) is limited to five quadrants in any thirty-six (36) consecutive months. Replacement of a restoration is covered only when it is dentally necessary.
3. 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.
4. Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
5. Partial dentures are not to be replaced within any five (5) year period unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.

PRINCIPAL EXCLUSIONS AND LIMITATIONS (Cont'd.)

6. 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.
7. Denture relines are limited to two (2) in any year.
8. Services for injuries or conditions, which are covered under Workers' Compensation or Employers' Liability Laws. 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. Orthognathic 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, except as provided herein. Any procedure to correct tooth structure lost due to attrition, erosion, or abrasion.
24. Any procedure that is not specifically listed as a covered benefit.
25. Provider may refuse treatment to any patient who continually fails to follow a prescribed course of treatment.
26. Any dental treatment which, in the opinion of the Plan's dental consultant has a poor prognosis.
27. Nightguard (occlusal guard) limited to one each twelve (12) months.
28. Services performed by a dentist who is not a Participating Dentist, except for emergency care as provided herein.

ORTHODONTIC PLAN EXCLUSIONS AND LIMITATIONS

1. No benefits will apply for a treatment program, which began before the Member/Subscriber enrolled in the Orthodontic Plan.
2. No benefits will apply for lost or broken appliances, except as provided herein.
3. Extractions 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.
- 8.

**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
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