



Integrity Outsource, LLC

EPO

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	No Coverage
Class 1 -Preventative Services -Oral Examinations (2 every 12 months) -Cleanings (1 every 6 months) -X-Rays (bitewing 1 every 6 months) -Palliative Emergency Treatment	100%	0%
Class 2 -Basic Services -Restorations (fillings) -Extractions -Oral Surgery	80%	0%
Class 3 -Endodontics (root canal therapy) -Periodontics (treatment of gum tissue) -Major Dentistry -Crowns -Dentures -Bridges -Other Prosthetic Services	50%	0%
Class 4 -Orthodontic Services	Ortho Edge	0%
Deductible	\$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	

Class 3 Waiting Period: None
 Class 4 Waiting Period: None
 (waiting period applies only to new applicants)

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