



# SUMMIT CARE PLUS

## GROUP DENTAL PLAN

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



**Retain this for your Enrollment and Employee Plan Booklet**

**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

**INDEX**

Section I:	Eligibility	Section VII:	Plan Dentists	Section XIII:	Termination
Section II:	Schedule of Benefits	Section VIII:	Emergency Care	Section XIV:	Dental Records
Section III:	Co-Payments	Section IX:	Appointments	Section XV:	Customer Service Inquiries
Section IV:	Specialty Care	Section X:	Identification Cards	Section XVI:	Grievance/Appeal
Section V:	Extended Care	Section XI:	Workers Comp.	Section XVII:	Formal Grievance/Appeal
Section VI:	Effective Date	Section XII:	Continuation of Coverage	Section XVIII:	Exclusions

---

**SECTION I: Eligibility**

---

**HOW TO ENROLL**

1. Complete the enrollment form. Include information about your spouse 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 Participating Provider Directory located on our website. Each participating dental office listed in the 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. You may find a list of DHMO providers at TDAdental.com.
3. If employee contributions are required, premium payment is made by payroll deduction. Return your enrollment form in to your employer’s personnel office or benefits department for processing.

**I. ELIGIBILITY**

- A. You are eligible if you are an employee, working within an eligible class.
- B. Eligible dependents include your spouse and your child(ren), who are dependent on you for their support, through the last day of the month in which they turn age 26; Newborn and adopted children are covered from the first day of the month following birth or date of placement; Children for whom a court order of support applies.
- C. The date of eligibility is determined by your organization. Newborn children are covered the first day of the month following the date of birth and legally adopted children, foster children, and stepchildren are covered the first day of the month following placement, as long as TDAHP is notified within thirty (30) days and any prepayment fee is paid within that period. Check with your employer organization if you have any questions about when coverage begins.
- D. Dependents of an enrollee 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.

For more information please contact us at:

**Total Dental Administrators Health Plan, Inc.**  
2800 North 44th St., Suite #500  
Phoenix, AZ 85008  
www.TDAdental.com

Local: (602) 266-1995    Toll Free: 1 (888) 422-1995

**SECTION II. SCHEDULE OF BENEFITS  
SUMMIT CARE PLUS**

**ADA CODE Procedure Description Copayment**

<b>Diagnostic</b>		
D0120	Periodic oral evaluation (2 every 12 months)	N/C
D0120	Periodic oral evaluation (additional)	\$15
D0140	Limited oral evaluation (problem focused)	\$15
D0145	Oral exam for patient under 3 years of age	N/C
D0150	Comprehensive oral exam (2 every 12 months)	N/C
D0150	Comprehensive oral exam (additional)	\$21
D0180	Comprehensive periodontal evaluation (2 every 12 months)	N/C
D0210	Intraoral - complete including bitewing x-ray (1 every 5 year period)	\$5
D0220	Single periapical x-ray	N/C
D0230	Periapical x-ray: each additional x-ray	N/C
D0270	Bitewing x-ray: single & 2 films (2 every 12 months)	N/C
D0272	Bitewing x-rays 2 films (additional)	\$12
D0273	Bitewing x-rays 3 films (2 every 12 months)	N/C
D0274	Bitewing x-rays 4 films (2 every 12 months)	N/C
D0274	Bitewing x-rays 4 films (additional)	\$21
D0277	Vertical bitewing x-rays (2 every 12 months)	N/C
D0330	Panoramic film incl. bitewing x-rays (1 every 5 years)	\$5
D0470	Diagnostic casts	N/C
D9310	Consultation	N/C
D9430	Office visit	N/C
<b>Preventive</b>		
D1110	Prophylaxis adult (2 every 12 months)	N/C
D1110	Prophylaxis adult (additional)	\$39
D1120	Prophylaxis child (2 every 12 months)	N/C
D1120	Prophylaxis child (additional)	\$27
D1206	Fluoride treatment (once in 12 month period to age 15)	N/C
D1310	Dietary planning	N/C
D1330	Preventative dental education, home care	N/C
D1351	Sealant per tooth	\$15
D1510	Space maintainer - fixed unilateral	\$175
D1515	Space maintainer- fixed bilateral	\$180
D1520	Space maintainer - removable unilateral	\$175
D1525	Space maintainer - removable bilateral	\$200
D1550	Recement space maintainer	\$20
<b>Restorative</b>		
D2140	Amalgam - 1 surface, permanent	\$13
D2150	Amalgam - 2 surfaces, primary or permanent	\$24

**ADA CODE Procedure Description**

**Copayment**

D2160	Amalgam - 3 surfaces, primary or permanent	\$30
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$35
D2330	Resin - 1 surface anterior	\$29
D2331	Resin - 2 surfaces anterior	\$40
D2332	Resin - 3 surfaces anterior	\$56
D2335	Resin - 4 or more surfaces anterior	\$72
D2391	Resin - 1 surface posterior	\$45
D2392	Resin - 2 surface posterior	\$65
D2393	Resin - 3 surface posterior	\$75
D2394	Resin - 4 or more surfaces posterior	\$80
D2510-30	Inlay metallic 1-4 surfaces	20% Discount
D2542-44	Onlay metallic 2-4 or more surfaces	20% Discount
D2710	Acrylic (plastic) crown - lab processed	\$195
D2720-22	Acrylic with metal crown	\$425
D2740	Crown - porcelain/ceramic	\$495
D2750-52	Porcelain with metal crown	\$495
D2780-82	3/4 metal crown	\$495
D2783	3/4 ceramic crown	\$495
D2790-92	Full crown	\$495
D2910-20	Recement crown, inlay, facing only	\$35
D2930	Stainless steel crown primary tooth	\$125
D2932	Prefabricated resin crown	\$175
D2933	Prefabricated stainless resin crown	\$120
D2940	Sedative filling	\$35
D2950	Crown buildup, including any pins	\$80
D2951	Pin retention per tooth	\$20
D2952	Cast post and core	\$135
D2954	Prefabricated post and core	\$135
D2960	Labial veneer laminate - chairside	\$295
D2980	Temporary crown (fractured tooth)	\$85
<b>Endodontics**</b>		
<i>Treatment from a plan specialist MUST be pre-approved by the plan PRIOR to any services rendered</i>		
D3110	Pulp capping/direct	\$20
D3120	Pulp capping/indirect	\$20
D3220	Therapeutic pulpotomy	\$60
D3310	Root canal therapy - anterior	\$195
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$275
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$399
D3346-48	Retreat previous RCT (anterior, premolar, molar)	20% Discount
D3351-53	Apexification/Recalcification (Initial, interim, final)	20% Discount
D3410	Apicoectomy per tooth (anterior only)	\$290

**ADA CODE Procedure Description**

**Copayment**

D3421	Apicoectomy per tooth (bicuspid)	\$335
D3425	Apicoectomy per tooth (molar)	\$395
D3426	Apicoectomy per tooth (each additional)	\$190
D3430	Retro fill per tooth	\$50
D3450	Root amputation	\$95
D3920	Hemisection	\$90
<b>Periodontics**</b>		
<i>Treatment from a plan specialist MUST be pre-approved by the plan PRIOR to any services rendered</i>		
D4210	Gingivectomy or gingivoplasty/quad	\$225
D4211	Gingivectomy or gingivoplasty/tooth	\$96
D4240	Gingival flap procedure inc. rt. planning 4+ teeth	\$250
D4241	Gingival flap procedure inc. rt. planning 1-3 teeth	\$105
D4260	Osseous surg/quad (flap entry & closure) 4+ teeth	\$390
D4261	Osseous surg/tooth (flap entry & closure) 1-3 teeth	\$167
D4320	Provisional splinting - intracoronal	\$75
D4321	Provisional splinting - extracoronal	\$80
D4341	Periodontal scaling & root planing/quad 4+ teeth	\$90
D4342	Periodontal scaling & root planing/tooth 1-3 teeth	\$46
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis sub visit	\$50
D4381	Localized delivery of antimicrobial agents	\$75
D4910	Periodontal maintenance following active therapy	\$55
<b>Removable Prosthodontics</b>		
D5110	Complete upper dentures (3 adj w/in 60 days)	\$615
D5120	Complete lower denture (3 adj. w/in 60 days)	\$615
D5130	Immediate upper denture (4 adj. w/in 60 days)	\$640
D5140	Immediate lower denture (4 adj. w/in 60 days)	\$640
D5211/12	Upper or lower partial - resin base	\$550
D5213/14	Upper or lower partial - cast metal base with resin saddles (including any conventional clasps, rests & teeth)	\$600
D5281	Removable unilateral partial denture	\$355
D5410	Adjust complete denture - maxillary	\$30 Plus Lab
D5411	Adjust complete denture - mandibular	\$30 Plus Lab
D5421	Adjust partial denture - maxillary	\$30 Plus Lab
D5422	Adjust partial denture - mandibular	\$30 Plus Lab
D5511	Repair broken complete denture base - mandibular	\$30 Plus Lab
D5512	Repair broken complete denture base - maxillary	\$30 Plus Lab
D5520	Replace missing/broken teeth (complete denture base)	\$30 Plus Lab
D5611	Repair resin denture base - mandibular	\$30 Plus Lab
D5612	Repair resin denture base - maxillary	\$30 Plus Lab
D5621	Repair cast framework - mandibular	\$30 Plus Lab
D5622	Repair Cast framework - maxillary	\$30 Plus Lab
D5630	Repair or replace broken clasp - per tooth	\$30 Plus Lab

**ADA CODE Procedure Description**

**Copayment**

D5640	Replace broken teeth (per tooth)	\$30 Plus Lab
D5650	Add tooth to existing partial denture	\$30 Plus Lab
D5660	Add clasp to existing partial denture	\$30 Plus Lab
D5670/71	Replace all teeth and acrylic - cast metal	20% Discount
D5710-21	Rebase (upper, lower, complete or partial)	\$150
D5730-41	Reline chairside (upper, lower, complete or partial)	\$125
D5750-61	Reline lab (upper, lower, complete or partial)	\$195
D5850	Tissue reconditioning per denture	\$15
<b>Fixed Prosthodontics</b>		
D6010-95	Implant procedures	20% Discount
D6100-99	Implant procedures continued	20% Discount
D6210-12	Cast pontic	\$455
D6240-42	Porcelain w/ metal pontic	\$495
D6245	Porcelain ceramic pontic	\$495
D6250-52	Acrylic pontic	\$495
D6720-22	Acrylic w/ metal crown retainer	\$280
D6740	Porcelain ceramic crown retainer	\$495
D6750-52	Porcelain w/ metal crown retainer	\$495
D6780-83	3/4 metal crown retainer	\$495
D6790-92	Full metal crown retainer	\$495
D6920	Connector bar	\$90
D6930	Recement bridge - per cemented unit	\$10
D6940	Stress breaker, simple	\$35
D6950	Precision attachment	\$260
D6980	Bridge repair	\$100
<b>Oral Surgery**</b>		
<i>Treatment from a plan specialist MUST be pre-approved by the plan PRIOR to any services rendered</i>		
D7111	Extraction, coronal remnants - primary tooth	\$35
D7140	Extraction, erupted tooth or exposed roots	\$40
D7210	Surgical extraction	\$70
D7220	Soft tissue impaction	\$90
D7230	Partial bony impaction	\$110
D7240	Complete bony impaction	\$150
D7250	Surgical root recovery	\$75
D7270	Tooth reimplantation & stabilization	\$140
D7280	Surgical exposure of impacted tooth	\$135
D7286	Biopsy of oral tissue - soft	\$50
D7310	Alveoloplasty/quad with extraction 1 to 3 teeth	\$85
D7311	Alveoloplasty/quad with extraction 4 or more teeth	\$85
D7320	Alveoloplasty/quad without extraction 1 to 3 teeth	\$190
D7321	Alveoloplasty/quad without extraction 4 or more teeth	\$135

ADA CODE	Procedure Description	Copayment
D7471	Removal of exostosis - maxilla or mandible	\$320
D7510	Intra - oral I & D or abscess	\$65
D7960	Frenectomy	\$135
<b>Orthodontics</b>		
D8030	Limited ortho treatment (adolescent dentition)	\$2,900
D8040	Limited ortho treatment (adult dentition)	\$3,300
D8080	Comprehensive ortho treatment (adolescent dentition)	\$4,100
D8090	Comprehensive ortho treatment (adult dentition)	\$4,300
D8210	Removable appliance therapy	\$750
D8220	Fixed appliance therapy	\$750
D8660	Pre-ortho treatment visit	\$75
D8670	Periodic orthodontic TX visit	\$125
D8680	Orthodontic retention - removal of appliance, construct and place retainer(s)	\$225
D8690	Orthodontic TX (alter bill contract)	\$125
D8691	Repair of orthodontic appliance	\$75
D8692	Replacement of lost or broken retainer	\$175
D8693	Rebonding/recementing, and/or repair as required of fixed retainers	\$75
D8999	Unspecified orthodontic procedure	15-25% Discount
<b>Temporomandibular Joint Dysfunction (TMJ)</b>		
	TMJ Treatment	15-25% Discount
<b>Other Services</b>		
D9110	Emergency palliative treatment	\$20
D9210	Local anesthetic	N/C
D9222	Deep sedation/general anesthesia - first 15 minutes	\$105
D9223	Deep sedation/general anesthesia - each additional 15 minutes	\$105
D9230	Analgesia/Nitrous oxide	\$35
D9310	Consultation	N/C
D9440	Office visit (after regular scheduled hours)	\$40
D9940	Nightguard - occlusal guard (limited to 1 in a 24 month period)	\$200
D9951	Occlusal adjustment - limited per visit	\$40
D9952	Occlusal adjustment - complete	\$250
D9972	Cosmetic bleaching, per arch	15-25% Discount
D9973	Cosmetic bleaching, per tooth	15-25% Discount
D9986	Missed/canceled appointment (without 24 hours notice)	\$25
D9999	Unspecified adjunctive procedure, by report	\$25

**SPECIAL LIMITATIONS**

Procedure or services not listed will be provided at Usual & Customary 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 TREATMENTS FROM A PLAN SPECIALIST MUST BE APPROVED BY THE PLAN (TDAHP) PRIOR TO ANY SERVICES RENDERED & ONLY APPLY TO THOSE SERVICES LISTED UNDER THE SPECIALIST CATEGORY.

### **III. COPAYMENTS**

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.

### **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 TDAH P 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.

### **V. EXTENDED CARE**

Upon termination of eligibility or termination of the Group Agreement, the plan will complete any procedures started, but only the procedures in progress.

### **VI. EFFECTIVE DATE OF COVERAGE**

- A. If enrollment information is received prior to the twentieth (20th) day of the month, coverage will begin on the first day of the following month.
- B. In the event that a spouse and child(ren) are newly acquired through marriage and are to be covered by the Member's dental plan, Member must notify TDA within thirty (30) days of the marriage. If said notification is received prior to the twentieth (20th) day of the month, coverage will begin on the first day of the following month. If coverage for said spouse and child(ren) results in additional premium becoming due, coverage will begin on the first day of the month following receipt of revised premium payment agreement.
- C. In the event that a spouse and child (ren) are newly acquired through marriage and are to be covered by the Member's dental plan, Member must notify TDA in writing within thirty (30) days of the marriage. If said notification is received prior to the twentieth (20th) day of the month, coverage shall begin on the first day of the following month. 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 TDA of coverage of a natural child, adopted child or court/administrative order within sixty (60) 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. Family Members, who do not enroll during the initial enrollment period, cannot enroll until the next annual open enrollment period.

### **VII. PARTICIPATING DENTAL OFFICES**

- 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 by calling TDA at (602) 266-1995 or toll free at 1-888-422-1995. A current list of Plan Providers is also available at the TDA website, [www.TDA dental.com](http://www.TDA dental.com).
- C. Choosing a Plan Provider -You may choose any Plan Provider from the list of Plan Providers referred to above. Upon request, the Plan, TDA, will assist you in selecting a Plan Dentist; but may not recommend any particular dentist. All covered family Members must go to the same 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 twentieth (20th) 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 temporarily to transfer you to another Plan Provider until you inform us of your new provider selection.
- E. All Plan Providers (Dentists) furnishing services to a Member do so as independent contractors. TDA 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.

All Plan Providers (Dentists) furnishing services to a Member do so as independent contractors. TDAH P 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. If you are less than fifty (50) miles from your general dentist, you should always attempt to obtain emergency care from your general dentist FIRST.
- B. If you are seeking emergency care during normal business hours and your selected general dentist is not accessible, you should contact the plan for assistance at (602) 266-1995 or 1 (888) 422-1995.
- C. If your general dentist is not accessible and you have made a reasonable attempt to contact the plan for assistance or you are more than fifty (50) miles from your general dentist, then you should seek emergency dental care for the relief of pain, bleeding or swelling from any licensed dentist. Under such circumstances, the plan will pay up to a maximum of \$50.00 per contract year per person. A written itemized statement for these services must be presented to TDAH P for reimbursement. If it is necessary to have additional treatment, it must be done by your general dentist.



## **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 ID card will be issued to you, it is not necessary in order to receive dental care from your general dentist. 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 (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, 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.
- D. 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.
- E. 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 dental records must be presented to dentist in writing. Member is financially responsible for any fees charged by Plan Dentist for transfer of records.

## **XV. CUSTOMER SERVICE INQUIRES**

Plan member and/or subscriber 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 TDA'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: TDA members may ask TDA 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 (TDA is in this category) are not required to provide Level 1 and Level 2 reviews. TDA 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-TDA is not required to do the Expedited Dental Review because its utilization review activities are performed on services already provided.
- Level 2.** Informal Reconsideration-TDA 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:**

**Total Dental Administrators, Inc.  
Grievance and Appeals Coordinator  
2800 N 44th Street, Suite 500 - Phoenix, Arizona 85008  
Telephone (602) 266-1995 or Toll Free (888) 422-1995.  
Facsimile: (602) 266-1948  
www.TDA dental.com**

## SECTION XVIII: PRINCIPLE 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
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 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.
3. Extractions are not included as a benefit.
4. Additional fees, for which you are responsible, may be charged by the dentist for:
  - a. Care required in excess of twenty-four (24) months from the time of banding.
  - b. Cross 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 where 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 becomes ineligible for benefits under the plan for treatment, coverage under the plan ceases and it becomes the obligation of the member and/or subscriber to pay the remaining balance to the orthodontist.