



Total Dental Administrators

# TOTAL CARE

A Division of Total Dental Administrators of Utah, Inc. (TDAUT, Inc.) domiciled in Utah



## GROUP DENTAL PLAN Signature Plus

*A Comprehensive DHMO Program with Specialty Care Coverage*

Retain this for your Enrollment and Employee Plan Booklet

# Welcome to Total Care

Total Care is a comprehensive "Managed Care" Group Dental Program marketed, managed and administered by Total Dental Administrators of Utah, Inc. (TDAUT) domiciled in Utah and its parent company Total Dental Administrators, Inc. TDAUT "Your Total Dental Insurance Benefit Specialist", has contracted with established private practicing dentists to provide you convenient, affordable and quality dental care.

## TOTAL CARE DENTAL COVERAGE

Dental coverage includes dental services and treatment for:

- Diagnostic
- Preventive
- Restorative
- Endodontics
- Periodontics
- Prosthodontics
- Oral surgery
- TMJ
- Orthodontics
- Cosmetic

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

## TOTAL CARE ADVANTAGES

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

## Low Monthly Rates

We have enclosed a premium rate form that applies to your specific group.

Please contact your Employer or our Administrative Office should you have any questions.

## How To Enroll

1. Complete the enclosed enrollment card. 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 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:

(801) 268-9740 or toll free 1-800-880-3536

Total Dental Administrators of Utah Inc. (TDAUT)

969 East Murray Holladay Road, Suite 4E ♦ Salt Lake City, Utah 84117

[www.tdadental.com](http://www.tdadental.com)

## SAMPLE COST COMPARISON

ADA Code	Procedure	Usual and Customary Fee*	Plan Copayment	Savings in Dollars	Percent Savings
<b>Preventive</b>					
D0210	Complete series x-rays	\$127.00	\$5.00	\$122.00	96%
D0150	Initial Oral Exam	\$72.00	\$5.00	\$67.00	93%
D1110	Adult - Prophylaxis (Cleaning)	\$76.00	\$10.00	\$66.00	87%
D9430	Office Visit	\$68.00	\$10.00	\$58.00	85%
<b>Restorative</b>					
D2140	Amalgam - One Surface	\$133.00	\$26.00	\$107.00	80%
D2330	Resin - One Surface	\$120.00	\$44.00	\$76.00	63%
<b>Crown &amp; Bridge</b>					
D2750	Crown porcelain Hi Noble Metal	\$907.00	\$400.00**	\$507.00	56%
D2950	Crown buildup, including any pins	\$222.00	\$75.00	\$147.00	66%
<b>Endodontics</b>					
D3310	RCT-1 Canal	\$616.00	\$250.00	\$366.00	59%
D3330	RCT-3 Canals	\$972.00	\$490.00	\$482.00	50%
<b>Oral Surgery</b>					
D7140	Extraction, erupted tooth exposed roots	\$129.00	\$50.00	\$79.00	61%
D7220	Soft Tissue Impaction	\$293.00	\$90.00	\$203.00	69%
<b>Prosthetics</b>					
D5110/20	Complete Upper/Lower Denture	\$1,486.00	\$675.00***	\$811.00	55%
<b>Periodontics</b>					
D4260	Osseous surgery/quad	\$1,256.00	\$380.00	\$876.00	70%
<b>Orthodontics</b>					
D8080	24 Month Orthodontic Treatment	\$4,700.00	25% Discount	\$1,175.00	25%

\*Usual fee is an average of dental fees throughout the state. The actual fee and savings may vary. \*\*D2750 copayment is \$275 + Lab Fee – approximate lab fee of \$125. Lab fees may vary. \*\*\*D5211-12 copayment is \$275 + Lab Fee – approximate lab fee of \$400. Lab fees may vary.

## 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 TDAUT, Inc. 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 TDAUT, Inc. at: 969 East Murray Holladay Road Suite 4E, Salt Lake City, Utah 84117  
Telephone: (801) 268-9740 or Toll Free 1-800-880-3536

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 a full-time 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 moment of 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 TDAUT 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.

**SIGNATURE PLUS**  
**II. Schedule of Benefits and Copayments**

<b>ADA Code</b>	<b>Procedure Description</b>	<b>Co-payment</b>
<b>Diagnostic</b>		
D0120	Periodic oral exam (twice in any 12 consecutive month)	\$5
<i>D0120</i>	<i>Periodic oral exam (additional)</i>	<i>\$15</i>
D0140	Emergency oral exam (during office hours)	\$25
D0145	Oral exam for patient under 3 years of age	\$5
D0150	Initial oral exam (twice in any 12 consecutive months)	\$5
<i>D0150</i>	<i>Initial oral exam (additional)</i>	<i>\$20</i>
D0170	Re-Evaluation - limited, problem focused	\$25
D0180	Comprehensive periodontal evaluation (twice in any 12 consecutive months)	\$5
D0210	Intraoral - complete including bitewing x-ray (once in a 3 year period)	\$5
D0220	Single periapical x-ray	N/C
D0230	Periapical x-ray - each additional x-ray	N/C
D0270/72	Bitewing x-rays - single & two films(once in a 12 mo period)	N/C
<i>D0272</i>	<i>Bitewing x-rays - two films (additional)</i>	<i>\$12</i>
D0273	Bitewing x-rays - three films (once in a 12 mo period)	N/C
D0274	Bitewing x-rays - four films (once in a 12 mo period)	N/C
<i>D0274</i>	<i>Bitewing x-rays - four films (additional)</i>	<i>\$25</i>
D0277	Verticle Bitewing x-rays (once in a 12 mo period)	N/C
D0330	Panoramic film-incl. bitewing x-rays(once in a 3 year period)	\$5
D0470	Diagnostic casts	N/C
D9310	Consultation	N/C
D9430	Office Visit	\$10
D9999	Sterilization	N/C
<b>Preventive</b>		
D1110	Prophylaxis-Adult (once in a 6 month period)	\$10
<i>D1110</i>	<i>Prophylaxis-Adult (additional)</i>	<i>\$37</i>
D1120	Prophylaxis-Child (once in a 6 month period)	\$10
<i>D1120</i>	<i>Prophylaxis-Child (additional)</i>	<i>\$25</i>
D1203/06	Fluoride treatment (once in a 12 month period to age 15)	N/C
D1310	Dietary planning	N/C
D1330	Preventive dental education, home care	N/C
D1351	Sealant per tooth	\$12
D1510	Space maintainer -fixed unilateral	\$30+Lab Fee
D1515	Space Maintainer -fixed bilateral	\$50+Lab Fee
D1520	Space Maintainer -removable unilateral	\$30+Lab Fee
D1525	Space Maintainer -removable bilateral	\$50+Lab Fee
D1550	Recement space maintainer	\$15
<b>Restorative</b>		
D2140	Amalgam - 1 surface permanent	\$26
D2150	Amalgam - 2 surface permanent	\$36
D2160	Amalgam - 3 surface permanent	\$47
D2161	Amalgam - 4 or more surfaces permanent	\$63
D2330	Resin - 1 surface anterior	\$44
D2331	Resin - 2 surfaces anterior	\$53
D2332	Resin - 3 surfaces anterior	\$63
D2335	Resin - 4 or more surfaces anterior	\$74
D2390	Resin - based composite crown, anterior	\$95
D2391	Resin - 1 surface posterior	\$51
D2392	Resin - 2 surface posterior	\$78
D2393	Resin - 3 surface posterior	\$93
D2394	Resin - 4 or more surfaces posterior	\$110
D2510	Inlay metallic - 1 surface	\$155
D2520	Inlay metallic - 2 surfaces	\$195
D2530	Inlay metallic - 3 surfaces	\$245
D2542	Onlay metallic - 2 surfaces	\$195
D2543	Onlay metallic - 3 surfaces	\$235
D2544	Onlay metallic - 4 or more surfaces	\$275
D2710	Acrylic (plastic) crown - lab processed	\$115
D2720-22	Acrylic w/metal crown	\$275+Lab Fee
D2740	Porcelain crown	\$275+Lab Fee
D2750-52	Porcelain w/metal crown	\$275+Lab Fee
D2780-82	3/4 metal crown	\$200+Lab Fee
D2783	3/4 ceramic crown	\$200+Lab Fee
D2790-92	Full crown	\$275+Lab Fee
D2910-20	Recement crown, inlay, facing only	\$20
D2930	Stainless steel crown primary tooth	\$55
D2932	Prefabricated resin crown	\$75
D2933/34	Prefabricated stainless steel crown	\$100

<b>ADA Code</b>	<b>Procedure Description</b>	<b>Co-payment</b>
<b>Restorative (Continued)</b>		
D2940	Sedative filling	\$22
D2950	Crown buildup, including any pins	\$75
D2951	Pin retention per tooth	\$10
D2952	Cast post and core	\$85
D2954	Prefabricated post and core	\$75
D2960	Labial veneer laminate - chairside	\$250
D2970	Temporary crown (Fractured Tooth)	N/C
D2980	Repair crown	N/C
<b>Endodontics**</b>		
<b>(Treatment from a Plan specialist MUST be pre-approved by the Plan, TDAUT, PRIOR to any services rendered.)</b>		
D3110	Pulp capping/direct	\$20
D3120	Pulp capping/indirect	\$20
D3220	Therapeutic pulpotomy	\$45
D3230	Pulpal Therapy (Resorbable Filling) Anterior Primary	\$50
D3240	Pulpal Therapy (Resorbable Filling) Posterior Primary	\$50
D3310	Root Canal Therapy - anterior	\$250
D3320	Root Canal Therapy - bicuspid	\$350
D3330	Root Canal Therapy - molar	\$490
D3346	Retreat Previous RCT anterior	20% Discount
D3347	Retreat Previous RCT bicuspid	20% Discount
D3348	Retreat Previous RCT molar	20% Discount
D3351	Apexification/Recalcification-Initial	20% Discount
D3352	Apexification/Recalcification-Interiml	20% Discount
D3353	Apexification/Recalcification-Final	20% Discount
D3410	Apicoectomy per tooth (anterior only)	\$250
D3421	Apicoectomy per tooth (bicuspid)	20% Discount
D3425	Apicoectomy per tooth (molar)	20% Discount
D3426	Apicoectomy per tooth (each add)	20% Discount
D3430	Retro fill per tooth	\$85
D3450	Root amputation	\$95
D3920	Hemisection	\$125
<b>Periodontics**</b>		
<b>(Treatment from a Plan specialist MUST be pre-approved by the Plan, TDAUT, PRIOR to any services rendered.)</b>		
D4210	Gingivectomy or gingivoplasty/quad	\$200
D4211	Gingivectomy or gingivoplasty/tooth	\$60
D4240	Gingival flap procedure inc. rt. Planning 4+ teeth	\$250
D4241	Gingival flap procedure inc. rt. Planning 1-3 teeth	\$150
D4260	Osseous surg/quad (flap entry & closure) 4+ teeth	\$380
D4261	Osseous surg/tooth (flap entry & closure) 1-3 teeth	\$250
D4320	Provisional splinting - intracoronal	\$100
D4321	Provisional splinting - extracoronal	\$100
D4341	Periodontal scaling & root planing/quad 4+ teeth	\$95
D4342	Periodontal scaling & root planing/tooth 1-3 teeth	\$65
D4355	Full mouth debridement	\$60
D4381	Local Delivery-Chemo to Tissue	20% Discount
D4910	Periodontal maintenance following active therapy	\$55
<b>Removable Prosthodontics</b>		
D5110	Complete upper denture(3 adj. w/in 60 days)	\$275+Lab Fee
D5120	Complete lower denture(3 adj. w/in 60 days)	\$275+Lab Fee
D5130	Immediate upper denture(4 adj. w/in 60 days)	\$275+Lab Fee
D5140	Immediate lower denture(4 adj. w/in 60 days)	\$275+Lab Fee
D5211/12	Upper or lower partial - resin base	\$275+Lab Fee
D5213/14	Upper or lower partial - cast metal base w/resin saddles (including any conventional clasps, rests & teeth)	\$275+Lab Fee
D5281	Removable unilateral partial denture	\$250
D5410-22	Denture adjustment (upper, lower, complete or partial)	\$35
D5510	Repair broken complete denture base	\$20+Lab Fee
D5520	Replace missing/broken teeth complete denture base	\$20+Lab Fee
D5610	Repair resin saddle or base	\$25+Lab Fee
D5620	Repair cast framework	\$25+Lab Fee
D5630	Repair or replace broken clasp	\$30+Lab Fee
D5640	Replace broken teeth (per tooth)	\$20+Lab Fee
D5650	Add tooth to existing partial denture	\$20+Lab Fee
D5660	Add clasp to existing partial denture	\$20+Lab Fee
D5670/71	Replace all teeth and acrylic-cast metal	20% Discount
D5710-21	Rebase (upper, lower, complete or partial)	\$25+Lab Fee

## II. Schedule of Benefits and Copayments Continued

ADA Code	Procedure Description	Co-payment
<b>Removable Prosthodontics (Continued)</b>		
D5730-41	Reline chairside (Upper, lower, complete or partial)	\$70
D5750-61	Reline lab (Upper, lower, complete or partial)	\$45+Lab Fee
D5850	Tissue reconditioning per denture	\$30

**Fixed Prosthodontics**

D6010-95	Implant procedures	20% Discount
D6100-99	Implant procedures continued	20% Discount
D6210-12	Cast pontic	\$275+Lab Fee
D6240-42	Porcelain w/metal pontic	\$275+Lab Fee
D6245	Porcelain ceramic pontic	\$275+Lab Fee
D6250-52	Acrylic pontic	\$275+Lab Fee
D6545	Cast metal retainer for acid etch bridge (Maryland Bridge - per unit)	\$175
D6720-22	Acrylic w/metal crown retainer	\$275+Lab Fee
D6740	Porcelain ceramic crown retainer	\$275+Lab Fee
D6750-52	Porcelain w/metal crown retainer	\$275+Lab Fee
D6780-83	3/4 metal crown retainer	\$200+Lab Fee
D6790-92	Full metal crown retainer	\$275+Lab Fee
D6920	Connector Bar	\$45
D6930	Recement bridge - per cemented unit	\$30
D6940	Stress breaker, simple	\$25+Lab Fee
D6950	Precision attachment	\$150
D6980	Bridge repair	\$25+Lab Fee

**Oral Surgery\*\***

(Treatment from a Plan specialist MUST be pre-approved by the Plan, TDAUT, PRIOR to any services rendered.)

D7111	Extraction, coronal remnants – deciduous tooth	\$35
D7140	Extraction, erupted tooth or exposed roots	\$50
D7210	Surgical extraction	\$90
D7220	Soft tissue impaction	\$90
D7230	Partial bony impaction	\$105
D7240	Complete bony impaction	\$125
D7241	Complete bony impaction with complications	\$140
D7250	Surgical root recovery	\$60
D7270	Tooth reimplantation & stabilization	\$125
D7280	Surgical exposure of impacted tooth	\$160
D7286	Biopsy of oral tissue - soft	\$35+Lab Fee
D7310	Alveoplasty/quad with extraction 1 to 3 teeth	\$80
D7311	Alveoplasty/quad with extraction 4 or more teeth	\$40
D7320	Aveoloplasty/quad w/out extraction 1 to 3 teeth	\$200
D7321	Aveoloplasty/quad w/out extraction 4 or more teeth	\$85
D7471	Removal of exostosis - maxilla or mandible	\$265
D7510	Intra - oral I & D or abscess	\$65
D7911	Simple suture (includes post op. visit)	\$0
D7960	Frenectomy	\$140

**Orthodontics**

D8010	Limited orthodontic treatment-primary dentition	15-25% Discount
D8020	Limited orthodontic treatment-transitional dentition	15-25% Discount
D8030	Limited orthodontic treatment-adolescent dentition	15-25% Discount
D8040	Limited orthodontic treatment-adult dentition	15-25% Discount
D8050	Interceptive orthodontic treatment-primary dentition	15-25% Discount
D8060	Interceptive orthodontic treatment-transitional dentition	15-25% Discount
D8070	Comprehensive orthodontic treatment-transitional dentition	15-25% Discount
D8080	Comprehensive orthodontic treatment-adolescent dentition	15-25% Discount
D8090	Comprehensive orthodontic treatment-adult dentition	15-25% Discount
D8210	Removable appliance therapy	15-25% Discount
D8220	Fixed appliance therapy	15-25% Discount
D8660	Pre-orthodontic treatment visit	15-25% Discount
D8670	Periodic orthodontic TX visit	15-25% Discount
D8680	Orthodontic retention-removal of appliance, construct and place retainer(s)	15-25% Discount
D8690	Orthodontic TX (alter bill to contract)	15-25% Discount
D8691	Repair of orthodontic appliance	15-25% Discount
D8692	Replacement of lost or broken retainer	15-25% Discount

ADA Code	Procedure Description	Co-payment
<b>Orthodontics (Continued)</b>		
D8693	Rebonding/recementing; and/or repair, as Required, of fixed retainers	15-25% Discount
D8999	Unspecified orthodontic procedure	15-25% Discount

**Temporomandibular Joint Dysfunction (TMJ)**

TMJ Treatment	15-25% Discount
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**Other Services**

D9110	Emergency palliative treatment	\$35
D9210	Local anesthetic	N/C
D9230	Analgesia / Nitrous oxide	\$20
D9310	Consultation	N/C
D9430	Office Visit (during regular scheduled hours)	\$10
D9440	Office visit (after regular scheduled hours)	\$35
D9940	Nightguard-occlusal guard (limited to one in a 12 month period)	\$155
D9951	Occlusal adjustment - limited per visit	\$25
D9952	Occlusal adjustment - complete	\$90
D9972	Cosmetic Bleaching, Per arch	\$110
D9973	Cosmetic Bleaching, per tooth	\$10
D9999	Missed/canceled appointment (without 24 hour notice)	\$25

**SPECIAL LIMITATIONS**

- This Schedule Of Benefits And Co-payments is for non-precious metals only. If gold is used, there will be an additional charge according to the current market value of gold.
- Procedures or services not listed will be provided at Usual & Customary fees.

\*Orthodontic coverage is the discount filed with TDAUT. Please see provider listing for details.

\*\* ENDODONTIC, PERIODONTIC AND ORAL SURGERY TREATMENTS FROM A PLAN SPECIALIST MUST BE PRE-APPROVED BY THE PLAN ADMINISTRATOR, TDAUT, PRIOR TO ANY SERVICES RENDERED.

SPECIALITY CARE SERVICES NOT LISTED ARE DISCOUNTED BY THE RATE FILED WITH TDAUT INC

\*\*\* Pedodontic coverage is the discount filed with TDAUT (20-25% off the participating pedodontists regular fee).

**III. Co-payments** - The Co-payment amount 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 appointments are made. The Dental Office staff will help you plan your dental treatment and payments.

**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 Total Care Dental Network who specializes in the care you need. Depending on your plan of coverage (refer to your Schedule of Benefits and Co-Payments), treatment provided by a specialist may require Plan authorization. Your selected Plan Provider will initiate this authorization. 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. Initial enrollment must be made within thirty (30) days following the date of hire or the Employer's period of probation. If enrollment is received prior to the fifteenth (15th) day of the month, coverage will begin on the first day of the following month. If TDAUT does not receive the completed application as required above, the Employee must wait until the next open enrollment period.
- B. A spouse and child(ren), newly acquired through marriage, must make application within thirty (30) days of marriage. If said application is received prior to the fifteenth (15th) day of the month, coverage will begin on the first day of the following month. Except for newborn natural children and adopted children, who are enrolled within sixty (60) days from the date of the birth of the natural child or sixty (60) days after placement of the adopted child, family members, 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 out-of area 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 the Plan's Administrative Office located at 969 East Murray Holladay Road, Suite 4E, Salt Lake City, Utah 84117, telephone no. (801) 268-9740 or 1-800-880-3536.
- C. Choosing a Plan Provider - You may choose any Plan Provider from the list of Plan Providers referred to above. Upon request, the Plan Administrator 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 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. TDAUT 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 Plan Provider, you should always attempt to obtain emergency care from your Plan Provider FIRST.
- B. If you are seeking emergency care during normal business hours and your selected Plan Provider is not accessible, you should contact the Plan for assistance at (801) 268-9740 or 1-800-880-3536.
- C. If your Plan Provider is not accessible and after you have made a reasonable attempt to contact the Plan for assistance or you are more than fifty (50) miles from your Plan Provider, 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 TDAUT, Inc. for reimbursement. If it is necessary to have additional treatment, it must be done by your Plan Provider.

**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. Coordination of Benefits** - This Coordination of Benefits (COB) provision applies to this Plan when a Member and/or Subscriber has other dental care coverages. In the event benefits apply under two or more dental care coverages, each plan determines its order of benefits using the first of the following rules that apply:

- A. Non-dependent or Dependent. The plan that covers the person other than as a dependent, such as an employee, member, policyholder retiree or subscriber, is the primary plan and the plan that covers the person as a dependent is the secondary plan.
- B. Child Covered Under More Than One Plan. Unless there is a court decree stating otherwise, plans covering a child shall determine the order of benefits as follows:
  1. For a child whose parents are married or living together if they have never been married:
    - a. The plan of the parent whose birthday falls earlier in the calendar year is the primary plan; or
    - b. If both parents have the same birthday, the plan that has covered the parent longest is the primary plan.
  2. For a child whose parents are divorced or separated or are not living together if they have never been married:
    - a.
      - i. If a court decree states that one of the parents is responsible for the child's health care expenses or health care coverage, the responsible parent's plan is primary.
      - ii. If the parent with responsibility has no health care coverage for the child's health care expenses, but the spouse of the responsible parent does have health care coverage for the child's health care expenses, the responsible parent's spouse's plan is the primary plan.
    - b. If a court decree states that both parents are responsible for the child's health care expenses or health care coverage, the provisions of R590-131-6.B.1. shall determine the order of benefits.
    - c. If a court decree states that the parents have joint custody without stating that one parent has responsibility for the health care expenses or health care coverage of the child the provisions of R590-131-6.B.1. shall determine the order of benefits, or
    - d. If there is no court decree allocating responsibility for the child's health care expenses or health care coverage, the order of benefits for the child are as follows:
      - i. the plan covering the custodial parent;
      - ii. the plan covering the custodial parent's spouse;
      - iii. the plan covering the non-custodial parent; and then
      - iv. the plan covering the non-custodial parent's spouse.
    - e. For a child covered under more than one plan, and one or more of the plans provides coverage for individuals who are not the parents of the child, such as a guardian, the order of benefits shall be determined under R590-131-6.B.1. or 2. as if those individuals were parents of the child.
- C. Longer or Shorter Length of Coverage.
  1. If the preceding rules do not determine the order of benefits, the plan that covered the person for the longer period of time is the primary plan and the plan that covered the person for the shorter period of time is the secondary plan.
  2.
    - a. To determine the length of time a person has been covered under a plan, two successive plans shall be treated as one if the claimant was eligible under the second within 24 hours after coverage under the first plan ended.
    - b. The start of a new plan does not include:
      - i. a change in the amount or scope of a plan's benefits;
      - ii. a change in the entity that pays, provides or administers the plan's benefits; or
      - iii. a change from one type of plan to another, such as, from a single employer plan to a multiple employer plan.

- c. The person's length of time covered under a plan is measured from the person's first date of coverage under that plan. If that date is not readily available, the date the person first became a member of the group shall be used as the date from which to determine the length of time the person's coverage under the present plan has been in force.
- D. If none of the above rules determine the primary plan, the allowable expenses shall be shared equally between the plans.
- E. If the plans cannot agree on the order of benefits within 30 calendar days after the plans have received all of the information needed to pay the claim, the plans shall immediately pay the claim in equal shares and determine their relative liabilities following payment, except that no plan shall be required to pay more than it would have paid had it been the primary plan.

**XIII. Third Party Responsibility** - In the event a Member and/or Subscriber sustains any illness or injury for which a third party may be responsible, the Plan, up to the amount of benefits paid or provided, shall be entitled to the proceeds of any settlement or judgement which results in a recovery from the third party; but only under the conditions that the covered Member and/or Subscriber is made whole first.

**XIV. Continuation of Coverage** - You and your dependents are entitled to continue coverage, should you and/or your dependents' eligibility under the Plan. You must provide written notification of request for continuation of coverage with appropriate membership dues (premium) within sixty (60) days of the date your eligibility ceases. For continuation under the COBRA Act, if applicable, contact your Employer for details.

**XV. 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, or thirty (30) days from the date that the termination notice is received by the Member and/or Subscriber, whichever date is later, 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 last day of the month during which the delinquency occurred.
- E. On the date the Plan contract terminates, if not renewed.

**XVI. Dental Records** - The dental records of the Member and/or Subscriber concerning services performed herein shall remain the property of the Plan dentist.

**XVII. Customer Service Inquires** - Plan Members and/or Subscribers customer service is available by calling TDAUT at (801) 268-9740 or toll-free 1-800-880-3536 during normal business hours. All group dental plan inquires, including grievance procedures are handled by TDA UT.

**XVIII. Early Termination Penalty** - While employed with the Group, the Subscriber agrees to remain enrolled as a Member of the Group Dental Plan for a minimum of one year. Less than one-year membership may result in the Subscriber being billed usual service fees minus premium and Co-payments paid.

**XIV. Proof of Loss** - Written proof of loss must be given to Plan within 90 days after the date of the loss for which encounter is made. If it was not reasonably possible to give written proof within the 90 day period, Plan will not reduce or deny an encounter for this reason if the proof is filed as soon as is reasonably possible.



## PRINCIPAL EXCLUSIONS AND LIMITATIONS

1. Sealants are covered to the age of fifteen (15) and are limited to once per 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 shall 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 from the date of last placement, regardless if last placement occurred while covered under this Plan, 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 from the date of last placement, regardless if last placement occurred while covered under this Plan. Replacement shall be provided by the Plan for an existing full or partial denture only if it is unsatisfactory and cannot be made satisfactory by either reline 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. Services, which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
10. Services of a Pedodontist (children's dentist) are not covered except as provided herein.
11. Services, which, in the opinion of the attending dentist are not necessary for patient's dental health are not covered.
12. Temporomandibular joint treatment (TMJ), except as provided herein.
13. Elective or cosmetic dentistry, except as provided herein.
14. Oral surgery requiring the setting of fractures or dislocations. Orthonognathic surgery or extractions solely for orthodontic purposes.
15. Orthognathic surgery or extractions solely for orthodontic purposes are not covered.
16. 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.
17. Dispensing of drugs is not covered.
18. Hospital charges of any kind are not covered.
19. Loss or theft of dentures or bridgework are not covered.
20. 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) are not covered.
21. General anesthesia or IV/conscious sedation, except as provided herein.
22. Fees incurred for broken or missed appointments (without 24 hours notice) are the Member's responsibility.
23. Dental expenses incurred in connection with any dental procedure started prior to the effective date of coverage are the Member's responsibility and are not covered.
24. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage are the Member's responsibility and are not covered..
25. Any procedure performed for the purpose of correcting contour, contact or occlusion, except as provided herein, is not covered.
26. Any procedure to correct tooth structure lost due to attrition, erosion or abrasion.
27. Any procedure that is not specifically listed as a covered benefit is not covered.
28. Provider may refuse treatment to any patient who continually fails to follow a prescribed course of treatment.
29. Any dental treatment, which, in the opinion of the Plan's dental consultant has a poor prognosis is not covered.
30. Night guard (occlusal guard) limited to one each twenty-four (24) months.
31. Services performed by a dentist who is not a Participating Dentist are not covered, 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 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 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 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.