



Total Dental Administrators, Inc.
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REALTY EXECUTIVES DPPO PLAN B MPR

Welcome to the TDA-PPO Dental Plan, underwritten by Companion Life Insurance Company, rated A+ (superior) by A.M. Best Company. The TDA-PPO Dental Plan offers you the option of receiving your dental care from any licensed dentist you choose (out-of-network) or from a Participating Plan Dentist (in-network), and you don't need to make that decision until you need dental care! However, should you elect to receive your dental care from a Participating Plan Dentist, your out-of-pocket costs will be less.

Below is a brief outline of your dental coverage. For complete coverage details and information, please refer to the employee booklet/certificate, a copy of which can be obtained by contacting TDA.

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible •Waived for Class I and Class IV	\$50 per person, maximum 3 per family	
Class I: Preventive •Oral Examinations (two every 12 months) •Cleanings (once every 6 months) •X-Rays (bite-wings once every 6 months) •Palliative Emergency Treatment	100% of TDA's Contracted Amount	100% of TDA's MPR Allowed Amount
Class II: Basic Dentistry •Restorations (fillings) •Extractions •Oral Surgery	90% of TDA's Contracted Amount	80% of TDA's MPR Allowed Amount
Class III: Major Dentistry •Endodontic (root canal therapy) •Periodontal Services (treatment of gum tissue) •Crowns •Dentures •Bridges •Other Prosthetic Services	60% of TDA's Contracted Amount	50% of TDA's MPR Allowed Amount
Class IV: Orthodontics •Adults & Children •Discount orthodontic benefit (NOT insurance)	OrthoEdge No Lifetime Maximum	No Coverage
Maximum Calendar Year Benefit per Person •For all Class I, II, and III expenses	\$1,000	

No Waiting Periods apply to any Classes of Benefits
 MPR = 90th percentile of TDA's Maximum Plan Reimbursement
 Group Number: BGZ-2299





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Covered Expenses Will Not Include and No Benefits Will Be Payable:

1. unless this limitation is waived in the Schedule of Benefits contained herein, for Class III Procedures in the first 12 months that the insured is covered under this plan except when replacing another plan with similar benefits which results in 12 months of continuous coverage for Class III Procedures and Takeover Benefits have been approved by Companion Life.
2. in the first twelve months that a person is insured if the person is a Late Entrant; except for exams, cleanings and fluoride application. The benefits are limited to procedures numbered 0120, 0130, 0140, 0150, 1110, 1120, 1201 and 1203.
3. for any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both.
4. to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this section, it will be a Covered Expense.
5. for initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
6. for any procedure begun before the Insured was covered under this section.
7. for any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
8. to replace lost or stolen appliances.
9. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat disturbances of the temporomandibular joint.
10. for any procedure which is not shown on the List of Dental Procedures.
11. for education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
12. for the completion of claim forms.
13. for orthodontia service, Class IV, when this optional coverage is not elected and the premium is not paid.

In any event, orthodontia covered charges will not include charges:

- a. incurred by employee or spouse, unless adult orthodontia is specifically provided in the Schedule of Benefits; or
- b. incurred by dependent children age 19 or over on the date orthodontia services began; or
- c. for any services payable under any other provisions of the policy; or
- d. for any services in the first 12 months the insured person is covered under the policy, unless waiting period is specifically

waived in the Schedule of Benefits.

14. for sealants which are:
 - a. not applied to a permanent molar.
 - b. applied after attaining age 17.
 - c. applied to a molar more than once.
15. subgingival curettage or root planing (procedure numbers 4220, 4340 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
16. because of an injury arising out of, or in the course of, work for wage or profit.
17. by an Insured because of a sickness, injury or condition for which he or she is eligible for benefits under any Worker's Compensation act or similar laws.
18. for charges for which the Insured is not liable or which would not have been made had no insurance been in force.
19. for services which are not recommended by a dentist or which are not required for necessary care and treatment.
20. because of war or any act of war, declared or not.
21. to an Insured if payment is not legal where the Insured is living when expenses are incurred.
22. Any services related to: equilibration; bite registration or bite analysis.
23. Crowns for the purpose of periodontal splinting.
24. Charges for: any implants; precision or semi-precision attachments, and any endodontic treatment associated with it; other customized attachments.
25. for endodontic treatment of the same tooth within a three (3) year period.
26. for root canal retreatment when it has not been demonstrated that unusual morphological or pathological conditions exist and when performed by a non-endodontic specialist.
27. for more than one filling for each tooth surface in a 24 month period.
28. for non-surgical periodontal treatment more than once in a two (2) year period.
29. for surgical periodontal treatment more than once in a three (3) year period.
30. for crown build-ups when less than three (3) of the five (5) tooth surfaces are destroyed.
31. for crown build-ups (pin, bonded, or post and core) more than once in a five (5) year period.

Payment For Services Shall Be Limited As Follows:

1. If this plan replaces another plan of similar benefits and is to offer continuous coverage and honor the deductibles satisfied under the prior plan, we limit what we pay to the lesser of: (1) what the prior plan would have paid; or (2) what this plan would usually pay. We will deduct any benefits actually paid by the prior plan under any extension provision.
2. In the first calendar year of this plan, we will reduce this plan's deductibles by the amount of covered charges applied against the prior plan's deductible. And in the first calendar year, we will charge benefits which were paid by the prior plan against this plan's payment limits.