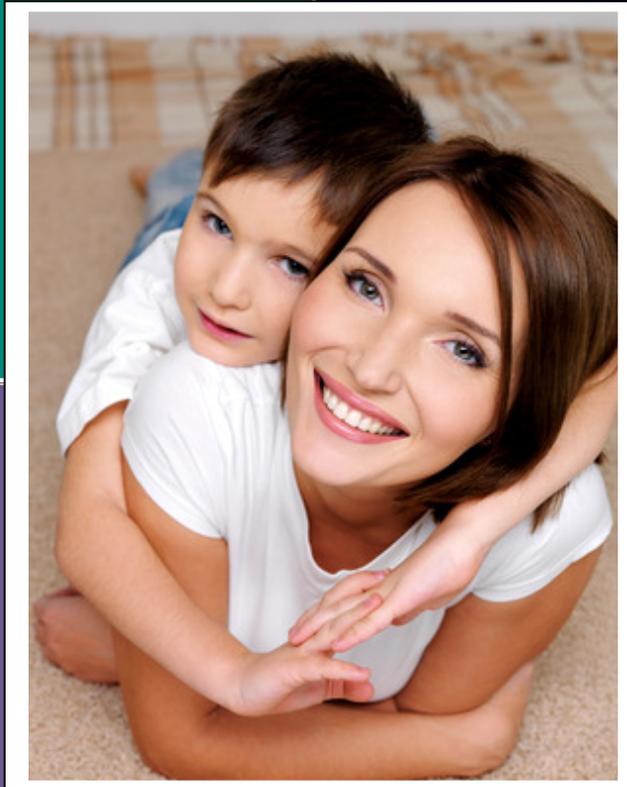


North Dakota

Dental Elite Choice



2111 East Highland Avenue, Suite 250
Phoenix, Arizona 85016

888-422-1995 • 602-266-1995
602-266-1948 (FAX)

ELITE CHOICE GROUP DENTAL PLAN

Welcome to the **ELITE CHOICE GROUP DENTAL PLAN** available exclusively from Total Dental Administrators.

The **ELITE CHOICE DENTAL PLAN** offers you the option of receiving your dental care from any dentist you choose (Out-Of-Network) or from any 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 an In-Network dentist, your out of pocket costs will be less.

The following is an outline of your dental coverage. For a complete listing of procedures please refer to the employee booklet/certificate you will receive after enrollment. Services not listed are available on a fee for service basis, no discount applies.

Elite Plan Advantages

- No In-Network Deductibles
- \$2,000 Annual Maximum
- No In-Network Waiting Period
(6 Month Waiting Period for Major Services Out-Of-Network)

Utilizing An In-Network Dentist

There are no deductibles for dental services provided by participating In-Network dentists. Co-pays in the column titled "In-Network" apply to services performed by participating In-Network dentists only. The member is responsible for the amount listed under the In-Network Patient Co-pay.

Utilizing An Out-Of-Network Dentist

There are no deductibles for Diagnostic or Preventive (Class I) services. A \$50.00 per person and \$150.00 per family annual deductible will be applied to all dental services not listed in the Diagnostic and Preventive (Class I) categories. Members must meet a 6-month waiting period for all Major (Class III) services. The fees listed in the column titled "Out-Of-Network" are what the plan covers toward those services. The member is responsible for the difference between the amount paid by the plan, and the amount your dentist charges. The member is therefore responsible for any balanced-billed amount.

Code	Description	In-Network Patient Co-pay	Out-of-Network Plan Pays to Dentist, Patient responsible for difference
CLASS I DIAGNOSTIC			
D0120	Periodic Oral Evaluation	No Charge	\$32.00
D0140	Limited Oral Evaluation	No Charge	\$47.00
D0150	Comprehensive Oral Evaluation	No Charge	\$53.00
D0180	Comprehensive Perio Oral Eval	No Charge	\$51.00
D0210	Intraoral-Complete Incl Bitewings	No Charge	\$85.00
D0220	Intraoral - Periapical First Film	No Charge	\$21.00
D0230	Intraoral-Periapical- Ea Addl Film	No Charge	\$16.00
D0272	Bitewings- 2 Films	No Charge	\$35.00
D0274	Bitewings- 4 Films	No Charge	\$44.00
D0277	Vertical Bitewings- 7-8 Films	No Charge	\$65.00
D0330	Panoramic Film	No Charge	\$80.00
CLASS I PREVENTIVE			
D1110	Prophylaxis-Adult	\$15.00	\$48.00
D1120	Prophylaxis-Child	\$10.00	\$33.00
D1206	Topical application of fluoride varnish	No Charge	\$43.00
D1208	Topical application of fluoride	No Charge	\$25.00
D1351	Sealant- per tooth	\$15.00	\$17.00
D1510	Space maintainer-fixed-unilateral	No Charge	\$198.00
D1515	Space maintainer - fixed bilateral	No Charge	\$278.00
CLASS II RESTORATIVE			
D2140	Amalgam-1 surface	\$55.00	\$35.00
D2150	Amalgam- 2 surfaces	\$55.00	\$54.00
D2160	Amalgam-3 surfaces	\$65.00	\$75.00
D2161	Amalgam-4 or more surfs	\$65.00	\$97.00
D2330	Resin-1 surface, anterior	\$65.00	\$47.00
D2331	Resin-2 surfaces, anterior	\$70.00	\$69.00
D2332	Resin-3 surfaces, anterior	\$75.00	\$85.00
D2335	Res-4 or more surf-invl inc angle ant.	\$95.00	\$112.00
D2390	Resin-based composite crown, anterior	\$100.00	\$110.00
D2391	Resin-based composite - 1 surf, post	\$70.00	\$45.00
D2392	Resin-based composite - 2 surf, post	\$85.00	\$85.00
D2393	Resin-based composite-3 surf post	\$95.00	\$97.00
D2394	Resin-based composite-4 or more surf, post	\$150.00	\$137.00
CLASS III RESTORATIVE			
D2510	Inlay-metallic-1 surface	\$350.00	\$219.00
D2520	Inlay metallic -2 surfaces	\$350.00	\$245.00
D2530	Inlay-metallic 3 or more surf	\$400.00	\$302.00
D2740	Crown-porcelain ceramic substrate	\$605.00	\$207.00
D2750	Crown-porcelain-high noble metal	\$605.00	\$192.00
D2751	Crown-porcelain-predom base metallic	\$585.00	\$178.00
D2752	Crown-porcelain fused-noble metal	\$595.00	\$175.00
D2790	Crown-full cast high noble metal	\$605.00	\$194.00
D2930	Crown - Prefabricated Stainless Steel - Primary tooth	\$140.00	\$58.00
D2932	Prefabricated resin crown	\$140.00	\$135.00
D2950	Core build-up, including any pins	\$130.00	\$68.00

Code	Description	In-Network Patient Copy	Out-of-Network Plan Pays to Dentist, Patient responsible for difference
CLASS III RESTORATIVE CONTINUED			
D2951	Pin ret/tooth, in add-restoration	\$25.00	\$12.00
D2952	Cast post and core in add to crown	\$155.00	\$106.00
D2954	Prefab post/core in add to crown	\$155.00	\$84.00
D2980	Crown repair, by report	\$75.00	\$34.00
CLASS III ENDODONTICS			
D3110	Pulp cap-direct (exc final rest)	\$30.00	\$15.00
D3120	Pulp cap-indir (exc final rest)	\$25.00	\$14.00
D3220	Thera pulpotomy (exc final rest)	\$75.00	\$32.00
D3310	Root canal-anterior (excl finl rest)	\$295.00	\$156.00
D3320	Root can-bicuspid (excl fnl rest)	\$360.00	\$200.00
D3330	Root canal-molar (excl final rest)	\$450.00	\$270.00
D3346	Retreat Prev Root Canal - Anterior	\$360.00	\$280.00
D3347	Retreat Prev Root Canal - Bicuspid	\$410.00	\$325.00
D3348	Retreat Prev Root Canal - Molar	\$510.00	\$350.00
D3410	Apicoectomy/periradicular surg-antr	\$300.00	\$236.00
D3421	Apicoectomy/Periradicular surg-Bicuspid-1st Rt	\$290.00	\$273.00
D3425	Apicoectomy/Periradicular surg-Molar 1st Rt	\$400.00	\$276.00
D3430	Retrograde filling-per root	\$95.00	\$82.00
D3450	Root amputatuion-per root	\$185.00	\$131.00
CLASS III PERIODONTICS			
D4210	Gingivectomy or gingivoplasty-quad 4 or more teeth	\$150.00	\$255.00
D4211	Gingivectomy or gingivoplas-y-tooth 1 to 3 teeth	\$80.00	\$62.00
D4240	Ging flap proc inc root plng/quad 4 or more teeth	\$225.00	\$278.00
D4241	Ging flap proc inc root plng/tooth 1 to 3 teeth	\$95.00	\$169.00
D4341	Perio scaling & root plng-quad 4 or more teeth	\$115.00	\$71.00
D4342	Perio scaling & root plng-tooth 1 to 3 teeth	\$55.00	\$44.00
D4355	Full mouth debride-enable eval & dx	\$65.00	\$42.00
D4910	Perio maint proc following act ther	\$55.00	\$43.00
CLASS III REMOVABLE PROSTHODONTICS			
D5110	Complete denture maxillary	\$895.00	\$236.00
D5120	Complete denture-mandibular	\$895.00	\$236.00
D5130	Immediate denture-maxillary	\$925.00	\$274.00
D5140	Immediate denture-mandibular	\$925.00	\$274.00
D5211	Maxillary part denture-resin base	\$585.00	\$310.00
D5212	Mandibular part denture-resin base	\$585.00	\$310.00
D5510	Repair broken comp denture base	\$65.00	\$48.00
D5520	Replace miss/brkn teeth-comp dent	\$65.00	\$34.00
D5610	Repair resin denture base	\$60.00	\$67.00
D5630	Repair or repl brkn clasp, pd	\$100.00	\$60.00
D5640	Replace brkn teeth/ tooth, pd	\$60.00	\$43.00
D5650	Add tooth to existing pd	\$100.00	\$51.00
D5660	Add clasp to existing pd	\$100.00	\$74.00
D5850	Tissue conditioning, maxillary	\$60.00	\$39.00
D5851	Tissue conditioning, mandibular	\$60.00	\$39.00
D6210	Pontic-cast high noble metal	\$500.00	\$194.00

Code	Description	In-Network Patient Copy	Out-of-Network Plan Pays to Dentist, Patient responsible for difference
CLASS III IMPLANTS			
D6010	Surgical placement of implant: endosteel implant.	\$1650.00	\$150.00
D6056	Prefabricated abutment – includes placement.	\$295.00	\$135.00
D6057	Custom abutment – includes placement	\$475.00	\$119.00
D6058	Abutment supported porcelain/ceramic crown.	\$895.00	\$214.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal).	\$885.00	\$209.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$775.00	\$284.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$775.00	\$305.00
D6062	Abutment supported cast metal crown (high noble metal).	\$775.00	\$301.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$775.00	\$165.00
D6065	Implant supported porcelain/ceramic crown.	\$795.00	\$346.00
CLASS III ORAL SURGERY			
D7111	Extraction, coronal remnants-deciduous tooth	\$35.00	\$34.00
D7140	Extraction, erupted tooth or esposed root	\$55.00	\$44.00
D7210	Surg rem erup tooth req flap/bone	\$110.00	\$57.00
D7220	Remov of impacted tooth-soft tis	\$125.00	\$65.00
D7230	Remov of impacted tooth-par bony	\$165.00	\$81.00
D7240	Remov of impacted tooth-comp bony	\$195.00	\$93.00
D7241	Remov of impacted tooth-comp bony, complicated	\$255.00	\$44.00
D7250	Surg rem of residual tooth roots	\$110.00	\$65.00
D7510	I&d abscess intraoral-soft tissue	\$75.00	\$113.00
D7960	Frenulectomy-frenectomy/frenotomy	\$190.00	\$65.00
OTHER SERVICES			
D9110	Palliative (er) tx-dent pain-minor	\$40.00	\$28.00
D9220	Deep Sedation/General Anesthesia – first 30 minutes	\$165.00	\$140.00
D9221	Deep Sedation/General Anesthesia - each Add'l 15 minutes	\$50.00	\$61.00
D9241	IV Conscious Sedation, first 30 minutes	\$165.00	\$140.00
D9242	IV Conscious Sedation, each additional 15 minutes	\$50.00	\$61.00
D6010			

Principal Exclusions & Limitations

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

1. 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, 0140, 0150, 0180, 1110, 1120, 1206 and 1208.
2. 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.
3. 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.
4. 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.
5. For any procedure begun before the Insured was covered under this section.
6. 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.
7. To replace lost or stolen appliances.
8. For appliances, restorations, or procedures to:
 - a. alter vertical dimensions;
 - 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.
9. For any procedure which is not shown on the List of Dental Procedures.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
11. For the completion of claim forms.
12. 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.
13. Gingival flap procedure, including root planning (procedure numbers 4240, 4241, 4340 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
14. Because of an injury arising out of, or in the course of, work for wage or profit.
15. By an Insured because of a sickness, injury or condition for which he or she is eligible for benefits under Worker's Compensation or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For services which are not recommended by a dentist or which are not required for necessary care and treatment.
18. Because of war or any act of war, declared or not.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. Any services related to: equilibration; bite registration or bit analysis.
21. Crowns for the purpose of periodontal splinting.
22. Charges for: any implants; precision or semi-precision attachments and any endodontic treatment associated with it; other customized attachments, unless specifically listed in this booklet.
23. For endodontic treatment of the same tooth within a three (3) year period.
24. 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.
25. For more than one filling for each tooth surface in a 24 month period.
26. For non-surgical periodontal treatment more than once in two (2) year period.
27. For surgical periodontal treatment more than once in a three (3) year period.
28. For crown build-ups when less than three (3) of the five (5) tooth surfaces are destroyed.
29. For crown build-ups (pin, bonded, or post and core) more than once in a five (5) year period.

Managed by



**2111 East Highland Avenue, Ste. 250
Phoenix, Arizona 85016**

**888-422-1995 • 602-266-1995
602-266-1948 (FAX)**

www.tdadental.com

Underwritten by:



Companion Life

www.CompanionLife.Com