



**CONTACT INFORMATION**

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<b>TDA DHMO</b>		
In-Network		
Class I Preventative	100% after \$10 copay	
Class II Basic	Approx. 80%	
Class III Major	Approx. 55%	
Class IV Orthodontics	15% - 25% Discount	
Annual Maximum	Unlimited	
Specialists	Specialty Care	
Endodontics Periodontics	Based Upon Fee schedule	
Deductible	None	
Waiting Periods	None	None
Employee	\$11.96	
2 Party	\$24.82	
Family	\$37.84	

<b>TDA ELITE CHOICE</b>			
In-Network		Out-Of-Network	
Class I Preventative	100% after \$15 copay	Approx 75 %	
Class II Basic	80%	Approx 50 %	
Class III Major	50%	Approx 35 %	
Class IV Orthodontics	15 %- 25%	No Coverage	
Annual Maximum	\$1,500.00		
Specialists	Same as General Dentist		
Endodontics Periodontics	Based Upon Fee schedule		
Deductible	None		
Waiting Periods	None	None	
Employee	\$26.40		
2 Party	\$51.72		
Family	\$84.20		

<b>TDA PPO / MAC</b>			
In-Network		Out-Of-Network	
Class I Preventative	100%	90% MAC	
Class II Basic	80%	70% MAC	
Class III Major	50%	40% MAC	
Class IV Orthodontics	50%	50% MAC	
Annual Maximum	\$1,200.00		
Ortho Lifetime Maximum	\$1,000.00 Up to Age 19		
Endodontics Periodontics	Class III		
Deductible	\$50 PP / \$150 Family		
Waiting Periods	Class III 12 Months	Class IV 12 Months	
Employee	\$31.42		
2 Party	\$65.05		
Family	\$105.77		

<b>TDA COMPANION</b>			
In-Network		Out-Of-Network	
Class I Preventative	100%	100% MPR	
Class II Basic	80%	80% MPR	
Class III Major	50%	50% MPR	
Class IV Orthodontics	50%	50% MPR	
Annual Maximum	\$1,000.00		
Ortho Lifetime Maximum	\$1,000.00 Up to Age 19		
Endodontics Periodontics	Class III		
Deductible	\$100.00 Lifetime		
Waiting Periods	Class III 12 Months	Class IV 12 Months	
Employee	\$37.99		
2 Party	\$78.67		
Family	\$127.91		

2010 COPAY FEE EXAMPLES		
2331	Porcelain filling 2 surface anterior	\$50
2394	Porcelain filling 4 surface posterior	\$105
7240	Complete boney impaction	\$115
4210	Gingivectomy (periodontics)	\$200
3330	Molar Root Canal	\$365
2750	Porcelain Crown (plus lab fee)	\$275
9430	Office Visit	\$10

2010 COPAY FEE EXAMPLES			
In-Network			
2331	Porcelain filling 2 surface anterior	\$40	
2394	Porcelain filling 4 surface posterior	\$95	
7240	Complete boney impaction	\$125	
4210	Gingivectomy (periodontics)	\$250	
3330	Molar Root Canal	\$323	
2750	Porcelain Crown	\$365	
9430	Office Visit	\$15	

2010 COPAY FEE EXAMPLES			
2331	Porcelain filling 2 surface anterior	Class II	
2394	Porcelain filling 4 surface posterior	Class II	
7240	Complete boney impaction	Class II	
4210	Gingivectomy (periodontics)	Class III	
3330	Molar Root Canal	Class III	
2750	Porcelain Crown	Class III	
9430	Office Visit	Class I	

2010 COPAY FEE EXAMPLES			
2331	Porcelain filling 2 surface anterior	Class II	
2394	Porcelain filling 4 surface posterior	Class II	
7240	Complete boney impaction	Class III	
4210	Gingivectomy (periodontics)	Class III	
3330	Molar Root Canal	Class III	
2750	Porcelain Crown	Class III	
9430	Office Visit	Class I	