



# Employers Dental Services

Enrollment and Coverage Booklet  
EDS 700R



Employers  
Dental  
Services

*A Company of the  
Principal Financial Group*

WE'LL GIVE YOU AN EDGE<sup>SM</sup>

**Principal<sup>®</sup>**  
*Financial  
Group*

# Did You Know?

- About 80% of the population believes that a smile is very important to a person's appearance. (May 1998)\*
- At least 60% of adults in the US have moderate to severe gum disease. (July 1999)\*
- Periodontal (gum) disease is America's number-one oral health issue. (March 1999)\*
- Oral diseases and conditions are associated with other health problems\*\*
- 18% of 2 to 4 year old children have experienced tooth decay and 16% have untreated decay.\*\*
- As a result of dental disease:
  - Employed adults lose more than 164 million hours of work each year
  - More than 51 million school hours are lost each year\*\*

\* ADA News Releases

\*\* Office of the Surgeon General  
Oral Health 2000, Facts and Figures  
Oral Health in America, A Report of the Surgeon General (2000)

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## Questions?

### *Customer Service* Can Help

- Select a dentist
- Change your current dentist  
*(changes received by the 24th of the month will be effective the first of the following month)*
- Process a new ID card
- Resolve and report a concern
- Explain the formal grievance process
- Explain benefits and your costs
- Process a change of address
- Facilitate care for a dental emergency

#### **If you need assistance, please call:**

Customer Service  
Phoenix: (602) 248-8912  
Tucson: (520) 696-4343  
Statewide: 1-800-722-9772

*Spanish speaking representatives available*

P.O. Box 36600  
Tucson, AZ 85740-6600

**[www.mydentalplan.net](http://www.mydentalplan.net)**

# Employers Dental Services

A Company of the Principal Financial Group®

*Employers Dental Services is a prepaid dental care organization that has been committed to delivering dental care at an affordable cost since 1974.*

## Advantages

- No Deductibles
- No Claim Forms
- No Yearly Maximums
- No Waiting Period for Basic, Preventive or Major Services
- Coverage for Pre-existing Conditions, except Procedures in Progress
- Orthodontic Benefits for Children & Adults
- Prescription Discount Program
- Customer Service Department based in Arizona
- Large Network of Participating Dentists
- Emergency Benefit 24 Hours a Day
- EDS Dentists Participate in our Quality Management and Peer Review Programs
- Value and Affordability with Focus on Preventive Procedures

## Enrollment

- Please read this Enrollment and Coverage Booklet carefully.
- You are eligible after you have met your employer's waiting period or during your employer's annual open enrollment.
- Select a dentist from the EDS DIRECTORY OF PARTICIPATING DENTISTS AND SPECIALISTS for you and your family. You and your enrolled dependents will be seen by the dental office you choose.
- Complete **all** sections of your enrollment form.
- Return your completed enrollment form to your Benefits Administrator.
- You will receive an ID card after your effective date. Your ID card is **not** required for dental appointments.
- Your Benefits Administrator will be able to assist you with your enrollment.

## Appointments

- Schedule your appointment with your chosen dental office after your effective date.
- Your first appointment will be to meet the dentist and receive an evaluation of your oral health.
- If you are unable to keep your scheduled appointment, please notify the dental office at least 24 hours in advance or a missed appointment fee will be charged.
- Office policies and practices vary by dental office. Not all dentists perform all procedures.
- Your dentist will answer questions about your treatment plan.

## Member Costs

- An office visit fee will be charged at each appointment.
- All fees will be paid to the dental office at the time services are rendered.
- Your member costs, listed on the following pages of this booklet, are for procedures performed by your chosen EDS general dentist.
- The column listed as average costs represents what you could expect to pay without any dental coverage.



# Schedule of Benefits EDS 700R

## Specialists

### Endodontists, Oral Surgeons, Pediatric Dentists, Periodontists, Prosthodontists and TMD Dentists

EDS Specialists offer up to 25% off their normal fees for services specifically described in this schedule of benefits. All fees will be paid to the specialist at the time of treatment. **A referral is not required.**

## General Dentists

Member costs listed below are for services provided by your chosen EDS General Dentist.

| ADA* CODE   | CDT - PROCEDURE DESCRIPTION  | AVERAGE COST | MEMBER COST |
|---|--|--------------|-------------|
| <b>DIAGNOSTIC — Procedures that aid the dentist in evaluating existing conditions and determining what dental care is required.</b> |  |              |             |
| 09431   | OFFICE VISIT - PER PATIENT/PER VISIT   |              | 5.00        |
| D0120   | PERIODIC ORAL EVALUATION   | 34.00        | NO CHARGE   |
| D0140   | LIMITED ORAL EVALUATION - PROBLEM FOCUSED  | 56.00        | 20.00       |
| D0150   | COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT                         | 55.00        | NO CHARGE   |
| D0160   | DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY PERIODONTIST'S REPORT |              | 55.00       |
| D0170   | RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT)                     | 72.00        | 15.00       |
| D0180   | COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT                  | 56.00        | NO CHARGE   |
| D0210   | X-RAYS - COMPLETE SERIES (INCLUDING BITEWINGS)                                     | 90.00        | NO CHARGE   |
| D0220   | X-RAYS - FIRST FILM  | 19.00        | NO CHARGE   |
| D0230   | X-RAYS - EACH ADDITIONAL FILM  | 16.00        | NO CHARGE   |
| D0240   | X-RAYS - OCCLUSAL  | 20.00        | NO CHARGE   |
| D0270   | X-RAYS - BITEWING - SINGLE FILM  | 18.00        | NO CHARGE   |
| D0272   | X-RAYS - BITEWINGS - TWO FILMS   | 29.00        | NO CHARGE   |
| D0274   | X-RAYS - BITEWINGS - FOUR FILMS  | 41.00        | NO CHARGE   |
| D0330   | X-RAYS - PANORAMIC FILM  | 75.00        | NO CHARGE   |
| D0460   | PULP VITALITY TESTS  | 28.00        | NO CHARGE   |
| D0470   | DIAGNOSTIC CASTS   | 79.00        | 10.00       |

### PREVENTIVE — Procedures that prevent the occurrence of oral diseases.

|       |  |        |           |
|-------|--|--------|-----------|
| D1110 | CLEANING ADULT (PROPHYLAXIS)   | 65.00  | 7.00      |
| D1120 | CLEANING CHILD (PROPHYLAXIS)   | 50.00  | 5.00      |
| D1201 | TOPICAL APPLICATION OF FLUORIDE & CLEANING (INCLUDING PROPHYLAXIS) - CHILD | 70.00  | 7.00      |
| D1203 | TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHILD         | 23.00  | NO CHARGE |
| D1310 | NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE                       | 30.00  | NO CHARGE |
| D1330 | ORAL HYGIENE INSTRUCTIONS  | 35.00  | NO CHARGE |
| D1351 | SEALANT - PER TOOTH  | 36.00  | 12.00     |
| D1510 | SPACE MAINTAINER - FIXED - UNILATERAL                                      | 221.00 | 25.00+LAB |
| D1515 | SPACE MAINTAINER - FIXED - BILATERAL                                       | 334.00 | 25.00+LAB |
| D1520 | SPACE MAINTAINER - REMOVABLE - UNILATERAL                                  | 225.00 | 25.00+LAB |
| D1525 | SPACE MAINTAINER - REMOVABLE - BILATERAL                                   | 389.00 | 25.00+LAB |
| D1550 | RECEMENTATION OF SPACE MAINTAINER  | 50.00  | 20.00     |

### RESTORATIVE — Procedures for restoring lost tooth structure.

|       |   |        |       |
|-------|---|--------|-------|
| D2140 | AMALGAM FILLING - ONE SURFACE, PRIMARY OR PERMANENT           | 103.00 | 13.00 |
| D2150 | AMALGAM FILLING - TWO SURFACES, PRIMARY OR PERMANENT          | 125.00 | 17.00 |
| D2160 | AMALGAM FILLING - THREE SURFACES, PRIMARY OR PERMANENT        | 150.00 | 21.00 |
| D2161 | AMALGAM FILLING - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT | 160.00 | 30.00 |
| D2330 | RESIN FILLING - ONE SURFACE, ANTERIOR                         | 110.00 | 30.00 |
| D2331 | RESIN FILLING - TWO SURFACES, ANTERIOR                        | 138.00 | 40.00 |

| ADA* CODE | CDT - PROCEDURE DESCRIPTION   | AVERAGE COST | MEMBER COST |
|-----------|---|--------------|-------------|
| D2332     | RESIN FILLING - THREE SURFACES, ANTERIOR  | 162.00       | 50.00       |
| D2335     | RESIN FILLING - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)     | 190.00       | 60.00       |
| D2390     | RESIN-BASED COMPOSITE CROWN-ANTERIOR  | 180.00       | 70.00       |
| D2391     | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR                                  | 120.00       | 35.00       |
| D2392     | RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR                                 | 155.00       | 42.00       |
| D2393     | RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR                               | 190.00       | 52.00       |
| D2394     | RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR                        | 216.00       | 55.00       |
| D2510     | INLAY-METALLIC - ONE SURFACE  | 450.00       | 135.00+LAB  |
| D2520     | INLAY-METALLIC - TWO SURFACES   | 650.00       | 150.00+LAB  |
| D2530     | INLAY-METALLIC - THREE SURFACES   | 795.00       | 170.00+LAB  |
| D2721     | CROWN-RESIN WITH PREDOMINATELY BASE METAL                                       | 600.00       | 280.00+LAB  |
| D2740     | CROWN-PORCELAIN/CERAMIC SUBSTRATE   | 803.00       | 280.00+LAB  |
| D2750     | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL                                       | 750.00       | 280.00+LAB  |
| D2751     | CROWN-PORCELAIN FUSED TO PREDOMINATELY BASE METAL                               | 690.00       | 280.00+LAB  |
| D2752     | CROWN-PORCELAIN FUSED TO NOBLE METAL  | 720.00       | 280.00+LAB  |
| D2780     | CROWN - 3/4 CAST HIGH NOBLE METAL   | 720.00       | 280.00+LAB  |
| D2781     | CROWN - 3/4 CAST PREDOMINATELY BASE METAL                                       | 665.00       | 280.00+LAB  |
| D2782     | CROWN - 3/4 CAST PREDOMINATELY NOBLE METAL                                      | 690.00       | 280.00+LAB  |
| D2783     | CROWN - 3/4 PORCELAIN/CERAMIC   | 700.00       | 280.00+LAB  |
| D2790     | CROWN - FULL CAST HIGH NOBLE METAL  | 750.00       | 280.00+LAB  |
| D2791     | CROWN - FULL CAST PREDOMINATELY BASE METAL                                      | 710.00       | 280.00+LAB  |
| D2792     | CROWN - FULL CAST NOBLE METAL   | 715.00       | 280.00+LAB  |
| D2799     | PROVISIONAL CROWN - CROWN - USED AS AN INTERIM RESTORATION OF AT LEAST 6 MONTHS | 200.00       | 38.00       |
| D2910     | RECEMENT INLAY  | 70.00        | 20.00       |
| D2920     | RECEMENT CROWN  | 73.00        | 20.00       |
| D2930     | PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH                             | 175.00       | 60.00       |
| D2931     | PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH                           | 200.00       | 60.00       |
| D2940     | SEDATIVE FILLING  | 72.00        | 25.00       |
| D2950     | CORE BUILDUP INCLUDING PINS   | 178.00       | 40.00       |
| D2951     | PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION                           | 50.00        | 40.00       |
| D2952     | CAST POST AND CORE IN ADDITION TO CROWN   | 288.00       | 70.00+LAB   |
| D2953     | EACH ADDITIONAL CAST POST - SAME TOOTH  | 150.00       | 45.00+LAB   |
| D2954     | PREFABRICATED POST AND CORE IN ADDITION TO CROWN                                | 220.00       | 70.00       |
| D2970     | TEMPORARY CROWN (FRACTURED TOOTH)   | 160.00       | 40.00       |

### ENDODONTICS (Root Canal Therapy) — Procedures for treating diseases of the dental pulp (nerve).

|       |  |        |        |
|-------|--|--------|--------|
| D3110 | PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)                | 57.00  | 5.00   |
| D3120 | PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)              | 45.00  | 5.00   |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)            | 113.00 | 30.00  |
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH                | 150.00 | 55.00  |
| D3230 | PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR PRIMARY TOOTH   | 170.00 | 75.00  |
| D3240 | PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR PRIMARY TOOTH  | 221.00 | 85.00  |
| D3310 | ROOT CANAL - ANTERIOR  | 530.00 | 185.00 |
| D3320 | ROOT CANAL - BICUSPID  | 650.00 | 220.00 |
| D3330 | ROOT CANAL - MOLAR   | 855.00 | 305.00 |
| D3346 | RETREATMENT OF PREVIOUS ROOT CANAL - ANTERIOR                  | 667.00 | 320.00 |
| D3347 | RETREATMENT OF PREVIOUS ROOT CANAL - BICUSPID                  | 750.00 | 350.00 |
| D3348 | RETREATMENT OF PREVIOUS ROOT CANAL - MOLAR                     | 950.00 | 450.00 |
| D3351 | APEXIFICATION/RECALCIFICATION - INITIAL VISIT                  | 283.00 | 90.00  |
| D3352 | APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT | 142.00 | 90.00  |
| D3353 | APEXIFICATION/RECALCIFICATION - FINAL VISIT                    | 575.00 | 90.00  |
| D3410 | APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR                   | 550.00 | 170.00 |
| D3421 | APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)      | 675.00 | 170.00 |
| D3425 | APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)         | 795.00 | 170.00 |
| D3426 | APICOECTOMY/PERIRADICULAR SURGERY - (EACH ADDITIONAL ROOT)     | 212.00 | 125.00 |
| D3430 | RETROGRADE FILLING - PER ROOT                                  | 200.00 | 90.00  |
| D3450 | ROOT AMPUTATION - PER ROOT                                     | 390.00 | 90.00  |
| D3920 | HEMISECTION (INCLUDING ANY ROOT REMOVAL)                       | 250.00 | 90.00  |

| ADA*<br>CODE  | CDT - PROCEDURE DESCRIPTION  | AVERAGE<br>COST | MEMBER<br>COST | ADA*<br>CODE  | CDT - PROCEDURE DESCRIPTION  | AVERAGE<br>COST | MEMBER<br>COST |
|---|--|-----------------|----------------|---|--|-----------------|----------------|
| <b>PERIODONTICS — Procedures for treating diseases of the gingival tissues (gums) and periodontal membrane.</b> |  |                 |                |   |  |                 |                |
| D4210   | GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE TEETH OR BOUNDED TEETH SPACES PER QUADRANT  | 410.00          | 225.00         | D6242   | PONTIC - PORCELAIN FUSED TO NOBLE METAL  | 715.00          | 280.00+LAB     |
| D4211   | GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE TEETH, PER QUADRANT                         | 200.00          | 150.00         | D6245   | PONTIC - PORCELAIN/CERAMIC   | 770.00          | 280.00+LAB     |
| D4240   | GINGIVAL FLAP PROCEDURES, INCLUDING ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT       | 625.00          | 250.00         | D6251   | PONTIC - RESIN FUSED TO PREDOMINANTLY BASE METAL   | 600.00          | 280.00+LAB     |
| D4241   | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT       | 490.00          | 200.00         | D6545   | RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS  | 435.00          | 175.00+LAB     |
| D4249   | CLINICAL CROWN LENGTHENING - HARD TISSUE   | 650.00          | 250.00         | D6721   | CROWN - RESIN FUSED TO PREDOMINANTLY BASE METAL  | 600.00          | 280.00+LAB     |
| D4260   | OSSEOUS SURGERY (INCLUDING FLAP ENTRY & CLOSURE) - FOUR OR MORE TEETH PER QUADRANT       | 870.00          | 365.00         | D6740   | CROWN - PORCELAIN/CERAMIC  | 850.00          | 280.00+LAB     |
| D4261   | OSSEOUS SURGERY - ONE TO THREE TEETH, PER QUADRANT                                       | 880.00          | 300.00         | D6750   | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL  | 750.00          | 280.00+LAB     |
| D4320   | PROVISIONAL SPLINTING - INTRACORONAL   | 165.00          | 75.00          | D6751   | CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL  | 730.00          | 280.00+LAB     |
| D4321   | PROVISIONAL SPLINTING - EXTRACORONAL   | 310.00          | 80.00          | D6752   | CROWN - PORCELAIN FUSED TO NOBLE METAL   | 723.00          | 280.00+LAB     |
| D4341   | PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH, PER QUADRANT                  | 200.00          | 90.00          | D6780   | CROWN - 3/4 CAST HIGH NOBLE METAL  | 720.00          | 280.00+LAB     |
| D4342   | PERIODONTAL SCALING & ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT                    | 165.00          | 75.00          | D6781   | CROWN - 3/4 CAST PREDOMINANTLY BASE METAL  | 665.00          | 280.00+LAB     |
| D4355   | FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS                  | 140.00          | 80.00          | D6782   | CROWN - 3/4 CAST NOBLE METAL   | 690.00          | 280.00+LAB     |
| D4381   | LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS (PER SITE)                                 |                 | 25.00          | D6783   | CROWN - 3/4 PORCELAIN/CERAMIC  | 700.00          | 280.00+LAB     |
| D4910   | PERIODONTAL MAINTENANCE  | 97.00           | 60.00          | D6790   | CROWN - FULL CAST HIGH NOBLE METAL   | 745.00          | 280.00+LAB     |
| <b>PROSTHODONTICS — Procedures for providing artificial replacements for missing natural teeth.</b>             |  |                 |                |   |  |                 |                |
| D5110   | COMPLETE DENTURE - UPPER   | 1,000.00        | 325.00+LAB     | D6791   | CROWN - FULL CAST PREDOMINANTLY BASE METAL   | 625.00          | 280.00+LAB     |
| D5120   | COMPLETE DENTURE - LOWER   | 950.00          | 325.00+LAB     | D6792   | CROWN - FULL CAST NOBLE METAL  | 710.00          | 280.00+LAB     |
| D5130   | IMMEDIATE DENTURE - UPPER  | 1,100.00        | 325.00+LAB     | D6930   | RECEMENT FIXED PARTIAL DENTURE   | 103.00          | 30.00          |
| D5140   | IMMEDIATE DENTURE - LOWER  | 1,000.00        | 325.00+LAB     | D6972   | PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER  | 225.00          | 60.00          |
| D5211   | UPPER PARTIAL DENTURE - RESIN BASE   | 775.00          | 375.00+LAB     | <b>ORAL SURGERY — Procedures for treating nonrestorable teeth and diseases or injury in the oral cavity.</b>  |  |                 |                |
| D5212   | LOWER PARTIAL DENTURE - RESIN BASE   | 875.00          | 375.00+LAB     | D7111   | CORONAL REMNANTS - DECIDUOUS TOOTH   | 100.00          | 35.00          |
| D5213   | UPPER PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES                    | 1,050.00        | 400.00+LAB     | D7140   | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)   | 128.00          | 55.00          |
| D5214   | LOWER PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES                    | 1,050.00        | 400.00+LAB     | D7210   | SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTION OF TOOTH | 187.00          | 60.00          |
| D5281   | REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH) | 440.00          | 160.00+LAB     | D7220   | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  | 187.00          | 85.00          |
| D5410   | ADJUST COMPLETE DENTURE - UPPER  | 64.00           | 25.00          | D7230   | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY   | 225.00          | 100.00         |
| D5411   | ADJUST COMPLETE DENTURE - LOWER  | 53.00           | 25.00          | D7240   | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  | 268.00          | 120.00         |
| D5421   | ADJUST PARTIAL DENTURE - UPPER   | 53.00           | 25.00          | D7250   | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)   | 195.00          | 70.00          |
| D5422   | ADJUST PARTIAL DENTURE - LOWER   | 53.00           | 25.00          | D7270   | TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH                                     | 250.00          | 150.00         |
| D5510   | REPAIR BROKEN COMPLETE DENTURE BASE  | 134.00          | 20.00+LAB      | D7310   | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT   | 175.00          | 110.00         |
| D5520   | REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)                          | 110.00          | 20.00+LAB      | D7320   | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT   | 200.00          | 110.00         |
| D5610   | REPAIR RESIN DENTURE BASE  | 119.00          | 20.00+LAB      | D7510   | INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE   | 150.00          | 80.00          |
| D5620   | REPAIR CAST FRAMEWORK  | 155.00          | 20.00+LAB      | D7960   | FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE  | 316.00          | 90.00          |
| D5630   | REPAIR OR REPLACE BROKEN CLASP   | 179.00          | 20.00+LAB      | D7971   | EXCISION OF PERICORONAL GINGIVA  | 140.00          | 90.00          |
| D5640   | REPLACE BROKEN TEETH-PER TOOTH   | 112.00          | 20.00+LAB      | D7997   | APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR                                     | 48.00           | 25.00          |
| D5650   | ADD TOOTH TO EXISTING PARTIAL DENTURE  | 150.00          | 20.00+LAB      | <b>OTHER SERVICES</b>   |  |                 |                |
| D5660   | ADD CLASP TO EXISTING PARTIAL DENTURE  | 130.00          | 20.00+LAB      | D9110   | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES   | 84.00           | 5.00           |
| D5710   | REBASE COMPLETE UPPER DENTURE  | 350.00          | 20.00+LAB      | D9230   | ANALGESIA (NITROUS OXIDE)  | 44.00           | 25.00          |
| D5711   | REBASE COMPLETE LOWER DENTURE  | 350.00          | 20.00+LAB      | D9430   | OFFICE VISIT FOR OBSERVATION DURING REGULARLY SCHEDULED HOURS - NO OTHER SERVICES PERFORMED                              | 50.00           | NO CHARGE      |
| D5720   | REBASE UPPER PARTIAL DENTURE   | 350.00          | 20.00+LAB      | D9431   | OFFICE VISIT - PER PATIENT/PER VISIT   | 7.00            | 5.00           |
| D5721   | REBASE LOWER PARTIAL DENTURE   | 350.00          | 20.00+LAB      | D9440   | OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS   | 105.00          | 45.00          |
| D5730   | RELINE COMPLETE UPPER DENTURE (CHAIRSIDE)  | 200.00          | 69.00          | D9630   | OTHER DRUGS AND/OR MEDICAMENTS   | 45.00           | UCR            |
| D5731   | RELINE COMPLETE LOWER DENTURE (CHAIRSIDE)  | 180.00          | 69.00          | D9630   | PERIDEX (PERIODONTAL HOME CARE)  | 12.00           | 12.00          |
| D5740   | RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)   | 180.00          | 69.00          | D9920   | BEHAVIOR MANAGEMENT, BY REPORT   | 165.00          | 35.00          |
| D5741   | RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)   | 180.00          | 69.00          | D9940   | OCCUSAL GUARD, BY REPORT   | 416.00          | 90.00+LAB      |
| D5750   | RELINE COMPLETE UPPER DENTURE (LABORATORY)   | 286.00          | 25.00+LAB      | D9951   | OCCUSAL ADJUSTMENT LIMITED   | 75.00           | 45.00          |
| D5751   | RELINE COMPLETE LOWER DENTURE (LABORATORY)   | 275.00          | 25.00+LAB      | D9952   | OCCUSAL ADJUSTMENT COMPLETE  | 325.00          | 120.00         |
| D5760   | RELINE UPPER PARTIAL DENTURE (LABORATORY)  | 360.00          | 25.00+LAB      | D9972   | EXTERNAL BLEACHING - PER ARCH  | 150.00          | 145.00         |
| D5761   | RELINE LOWER PARTIAL DENTURE (LABORATORY)  | 250.00          | 25.00+LAB      | D9973   | EXTERNAL BLEACHING - PER TOOTH   | 125.00          | 60.00          |
| D5820   | INTERIM PARTIAL DENTURE (UPPER)  | 350.00          | 150.00+LAB     | D9974   | INTERNAL BLEACHING - PER TOOTH   | 162.00          | 60.00          |
| D5821   | INTERIM PARTIAL DENTURE (LOWER)  | 394.00          | 150.00+LAB     | D9988   | MISSED APPOINTMENT - FIRST   | 25.00           | 25.00          |
| D5850   | TISSUE CONDITIONING, UPPER   | 120.00          | 20.00          | D9988   | MISSED APPOINTMENT - ADDITIONAL  | 35.00           | 25.00          |
| D5851   | TISSUE CONDITIONING, LOWER   | 120.00          | 20.00          |   | RECORDS TRANSFER - DUPLICATION FEE   | 20.00           | UCR            |
| D6210   | PONTIC - CAST HIGH NOBLE METAL   | 745.00          | 280.00+LAB     | <b>UCR: Usual Customary and Reasonable or Normal Office Fees</b>  |  |                 |                |
| D6211   | PONTIC - CAST PREDOMINANTLY BASE METAL   | 620.00          | 280.00+LAB     | <b>LAB: Fees charged by the dental laboratory to fabricate certain dental products e.g. crowns, dentures or bridges. This fee varies depending on the dental laboratory and materials used.</b> |  |                 |                |
| D6212   | PONTIC - CAST NOBLE METAL  | 665.00          | 280.00+LAB     | <i>*Current Dental Terminology© American Dental Association.</i>  |  |                 |                |
| D6240   | PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL   | 747.00          | 280.00+LAB     |   |  |                 |                |
| D6241   | PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL                                     | 702.00          | 280.00+LAB     |   |  |                 |                |

# Orthodontics for Children and Adults

EDS Orthodontists offer 25% off their normal and customary fees.

There is:

- **No Waiting Period**
- **No Referral Required**
- **No Lifetime Benefit Maximum**

Treatment plan and payment terms are defined by the contract you sign with your chosen EDS Orthodontist.

EDS Coverage must be maintained for the duration of treatment in order to avoid normal and customary fees.

*Individuals receiving Orthodontic treatment under another program are not eligible to participate. This is considered treatment in progress and is therefore excluded.*



# Temporomandibular Joint Dysfunction - TMD

EDS provides coverage for the treatment of TMD as a part of your dental care benefit. Procedures and services for the treatment of TMD will be charged at up to 25% off the TMD dentist's office fees.

You may call an EDS TMD dentist at any time. Please consult the list of EDS TMD dentists in your area.

Referral from general dentist not required.

## Emergency Care Benefit

*The maximum allowable reimbursement is \$200 minus any member costs which are listed in this booklet.*

EDS provides coverage for dental emergencies. Please contact your EDS general dentist first. If you are unable to reach your EDS general dentist, you may seek care immediately from any licensed dentist.

EDS will provide coverage for the *temporary* relief of:

- Pain (palliative treatments to control pain),
- Bleeding, and
- Infection.

**Follow up or additional treatment must be done by your EDS general dentist.**

After emergency treatment, you may receive your reimbursement by submitting a copy of your paid itemized receipt to:

EDS  
P.O. Box 36600  
Tucson, AZ 85740-6600

The maximum allowable reimbursement for a dental emergency is \$200 **minus any member costs** which are listed in this booklet.



## Prescription Discount Program (not an insurance)

### What is the Prescription Discount Program?

It is a program that offers substantial discounts on prescription drugs purchased through affiliated pharmacies. As a member of Employers Dental Services you are eligible for a prescription drug benefit.

### How does the program work?

When you need to fill a prescription, go to one of the participating pharmacies and present your EDS I.D. card with the prescription. **YOU MUST PRESENT YOUR EDS CARD** to receive the following discount:

- **Brand Name** drugs are offered at the average wholesale price less 15%, plus a \$3.00 dispensing fee.
- **Generic Substitutes** are offered at the average wholesale price less 30%, plus a \$3.00 dispensing fee.

This program is not valid in combination with other discount plans, HMO prescription benefits or prescription cards. The program is available to EDS members and their families. All family members do not have to be enrolled in EDS to utilize the prescription discount program. This benefit is good on medical as well as dental prescriptions.

### Which stores participate in the Prescription Discount Program?

Currently, pharmacies located in Bashas', Fry's, and Safeway stores participate in APN.



## Eligible Dependents

Eligible dependents will include lawful spouse and unmarried children to age 19, or any unmarried children to age 25, who attend an accredited educational institution on a full time basis and are fully dependent on employee for support or as stated in the employer's master contract.

Participants may add dependents midyear if a marriage occurs. Participants may add dependents at date of employer group open enrollment. Dependent newborns or adopted children or children placed for adoption will be eligible immediately upon birth or upon adoption or placement for adoption. All newly eligible dependents must be added within 31 days of change. Dependent children must be deleted when they are no longer eligible.

## EDS Conversion Plan

When your EDS coverage terminates, you have the option of converting to an EDS Conversion Plan. Please call our Customer Service Department at 1-800-722-9772 for information. Enrollment forms are accepted within 31 days of coverage termination.



# Member Rights and Responsibilities

## Member Rights

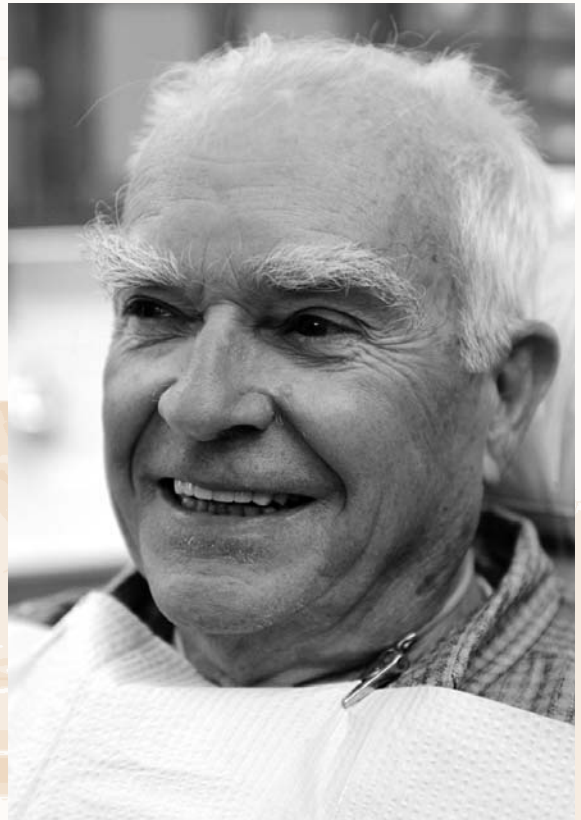
1. You have the right to have an initial appointment (non emergency) scheduled within 63 days of your request.
2. You have the right to have access to emergency dental health services 24 hours per day, 365 days per year.
3. You have the right to obtain appropriate care from your EDS participating dentist.
4. You have the right to considerate and respectful care from all participating primary care dentists and staff members in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap or national origin.
5. You have the right to be informed about your current dental health, treatment options, possible risks, likely outcomes, and to participate in decision-making with your participating dentist. This may include, but is not limited to obtaining a second opinion from another participating primary care dentist.
6. You have the right to voice recommendations for changes in policies and services to our company.
7. You have the right to voice grievances concerning our company, or the care delivered by our company's participating dentists.
8. You have the right to receive information regarding our company's appeals, complaint and grievance process and to receive a Formal Appeals and Grievance Brochure.
9. You have the right to receive information concerning changes in benefits or termination of any covered services or participating dentists that may affect you.
10. You have the right to receive information regarding your member cost and payment of charges for which you will be responsible before your dentist begins any procedure.
11. You have the right to expect that our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, participating primary care dentists, how to obtain dental health care services and your member rights and responsibilities.
12. You have the right to expect that information concerning your dental records and the dentist/patient relationship is kept confidential unless you have given written permission to release such information, except when otherwise required or permitted by law.
13. You have the right to review your dental records, treatment plan, a progress report on treatment that has already been provided and to have the information explained to you except when restricted by law.
14. You have the right to change your participating primary care dentist by calling our Customer Service Department at 1-800-722-9772 by the 24th of any month. The change will be effective on the first day of the following month.
15. You have the right to have a recall appointment, at an interval specified by your dentist, to have your teeth cleaned and/or an oral examination.
16. You have the right to obtain care while temporarily out of the service area for infection, temporary relief of dental pain, and the control of bleeding due to dental problems, by going to the dentist of your choice.
17. You have the right, where available, to continue your dental health care coverage upon disenrollment through COBRA.
18. You have the right to have a Customer Service Representative assist you in getting an appointment and/or resolving problems by calling 1-800-722-9772.

## Member Responsibilities

1. You are responsible to recognize the effect of your lifestyle on your personal dental health.
2. You are responsible to call us at 1-800-722-9772 and report to our Customer Service Representative any situation where you perceive that your rights are violated.
3. You are responsible to provide, to the extent possible, accurate information needed by participating primary care dentists in order to provide care for your dental health including past illnesses, medical history and use of medicines.
4. You are responsible, if you have a written directive from another health-care provider, to provide a copy of this to your participating dentist.
5. You are responsible for selecting a participating primary care dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
6. You are responsible for following our company's guidelines for obtaining referrals and/or authorizations to participating specialists for care.
7. You are responsible for asking questions of your dental health professional when you do not understand information or instruction.
8. You are responsible to seek support from our Customer Service Department, by calling 1-800-722-9772, when you need assistance to access your dental health care benefits.
9. You are responsible for letting your dentist know if you feel that you will not be able to follow through with a recommended treatment plan or post operative instructions.
10. You are responsible to obtain and follow through with dental health care that is prescribed, or directed by your participating dentist that you agree to, and is authorized by our company.
11. You are responsible to show courtesy, consideration and respect to participating dentists, their staff and to our company's representatives.
12. You are responsible, not the dental office, to know what is covered and what is excluded from your dental plan.
13. You are responsible to understand and to pay, at the time of service, any required member costs for dental procedures as indicated in your Schedule of Benefits.
14. You are responsible to contact your participating primary care dentist for follow up dental care instructions following any emergency dental treatment.
15. You are responsible, as a parent or legal guardian, to stay in the dental office while your minor dependent child(ren) receives dental treatment.
16. You are responsible to provide 24 hours notice of cancellation on any appointment you are unable to keep. Failure to do so will result in a missed appointment fee being charged.
17. You are responsible to follow our guidelines as described above and in your enrollment and coverage brochure. If you are unable to do so, it will result in termination from the plan.

# Exclusions and Limitations

- Visits or services performed by a Dentist, Specialist or professional not contracted with Employers Dental Services except in connection with dental emergencies.
- Any dental services which, in the judgement of the Dentist, are not reasonable and necessary for the prevention, correction or improvement of a condition which is subject to treatment by the practice of dentistry.
- Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member under this Plan.
- Any dental services related to any sickness or injury arising out of, or in the course of any occupation or unemployment for remuneration or profit. Also, any dental services for which the member is reimbursed, entitled to reimbursement, or is in any way indemnified for such expenses by, or through any public program, State, Federal or Local, or any program of medical benefits sponsored and paid for by the Federal Government, the State Government, any County or municipal government or any program of medical benefits sponsored and paid for by the Federal Government or any agency thereof.
- Any dental service not specifically described in the Schedule of Benefits.
- Any dental services, other than emergency dental services, which are related to accidents or accidental injury.
- Any costs or expenses incurred in the event the member desires to be or is involuntarily hospitalized for any dental procedures or services, except in connection with dental emergencies.
- Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the Schedule of Benefits.
- Any dental services, other than emergency dental services, which are necessitated as a result of intentionally self inflicted condition.
- Oral surgery or extractions which are solely for orthodontic purposes or requiring the setting of fractures or dislocations, except as may be specifically provided for in the Schedule of Benefits.
- Treatment of malignancies, cysts, neoplasm or congenital defects.
- Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion except as may be specifically provided for in the Schedule of Benefits.
- Any general anesthetic charges or services of an anesthetist or anesthesiologist.
- Gold foil restoration.
- Any dental services requiring, or pertaining to, cosmetic surgery for beautification, treatment of obesity and appliances or restoration necessary to increase vertical dimension or to restore an occlusion or to correct a congenital condition.
- Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation under the Plan.
- If a member continually fails to follow a prescribed course of treatment, the treating EDS dentist may refuse to continue that course of treatment at any time.



# Formal Grievance & Appeals Process

## Levels of Review

EDS members may ask EDS to review its decisions involving their requests for services or requests to have claims paid. The Arizona State Legislatures have established six levels of review. Companies that perform utilization review activities after services are provided (EDS is in this category) are not required to provide the Expedited Appeals Level 1 (Expedited Dental Review), Level 2, (Expedited Appeal), Level 3 (Expedited External Independent Dental Review) or Standard Appeals Level 1 (Informal Reconsideration). EDS members have two levels of review available to them. They are Standard Appeals Level 2 (Formal Appeal) and Level 3 (External Independent Dental Review).

There are two types of appeals: an expedited appeal for urgent matters, and a standard appeal. Each type of appeal has 3 levels. The appeals operate in similar fashion, except that expedited appeals are processed much faster because of a patients' condition.

### **Expedited Appeals**

*(For urgently needed service you have not yet received)*

|         |  |
|---------|--|
| Level 1 | Expedited Dental Review                      |
| Level 2 | Expedited Appeal                             |
| Level 3 | Expedited External Independent Dental Review |

### **Standard Appeals**

*(For non urgent services or denied claims)*

|                                    |
|------------------------------------|
| Informal Reconsideration           |
| Formal Appeal                      |
| External Independent Dental Review |

To submit a request for Formal Appeal, please send a written request to:

EDS Grievance and Appeals Coordinator  
P.O. Box 36600  
Tucson, AZ 85740-6600  
Phone: 1-800-722-9772  
Facsimile: (520) 696-4311

## **Need more information?**

After you enroll, a complete Formal Grievance and Appeals brochure will be mailed to your home with your ID card. To receive a copy of the formal Grievance and Appeals Brochure you may call our Customer Service Department at:

**Phoenix: (602) 248-8912**

**Tucson: (520) 696-4343**

**Statewide: 1-800-722-9772**



**Employers  
Dental  
Services**

Marketing Department  
P.O. Box 36600  
Tucson, AZ 85740-6600