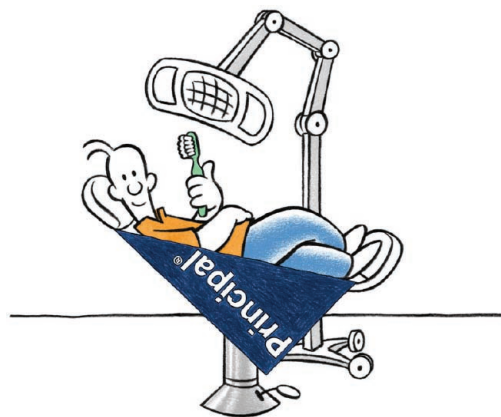


Employers Dental Services

Dental Enrollment & Coverage Guide



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Questions? Contact Customer Service

- Select a dentist
- Change your current dentist (changes received by the 24th of the month will be effective the first of the following month)
- Request an 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

Phone:

Phoenix: 602-248-8912

Tucson: 520-696-4343

Statewide: 800-722-9772

Spanish speaking representatives available

Mailing Address:

P.O. Box 36600

Tucson, AZ 85740-6600

www.mydentalplan.net

Did you know?

- Each year dental illness accounts for:¹
 - 164 million lost work hours
 - 6.1 million days of disability
 - 12.7 million days workers are placed on restricted activity
- According to MayoClinic.com, some diseases and conditions may be impacted by poor oral health, including cardiovascular disease, premature birth and diabetes. Others like HIV/AIDS, osteoporosis, certain cancers, eating disorders and substance abuse can often be detected in the mouth before other symptoms are evident.²
- Diabetes sufferers are more likely to have gum disease, and it may make it more difficult for diabetics to control their blood sugar.³

¹ "White Paper on Increasing Access to and Utilization of Oral Health Care Services," Academy of General Dentistry, July 2008

² mayoclinic.com/health/dental/DE00001, viewed February 2009

³ Diabetes and Your Oral Health, www.ada.org/public/topics/diabetes_faq.asp, March 2007

Employers Dental Services

A company of the Principal Financial Group®

Employers Dental Services (EDS) 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 missing tooth clause
- No waiting period for basic, preventive or major services
- Coverage for pre-existing conditions, except procedures in progress
- Orthodontic benefits for children and 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 & Coverage Guide carefully.
- 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.
- You are eligible after you have met your employer's waiting period or during your employer's annual open 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 300R

General dentists: Member costs listed below are for services provided by your chosen EDS general dentist.

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.

| ADA* Code | CDT - Procedure description | Average cost | Member cost |
|---|---|--------------|-------------|
| DIAGNOSTIC — Procedures that aid the dentist in evaluating existing conditions and determining required dental care. | | | |
| D09431 | Office visit - per patient/per visit | | 3.00 |
| D0120 | Periodic oral evaluation | 40.00 | No charge |
| D0140 | Limited oral evaluation - problem focused | 65.00 | 12.00 |
| D0145 | Comprehensive oral evaluation - new or established patient under age 3 | | No charge |
| D0150 | Comprehensive oral evaluation - new or established patient | 70.00 | No charge |
| D0160 | Detailed and extensive oral evaluation - Problem focused, by periodontist's report br | | 55.00 |
| D0170 | Re-evaluation - limited, problem focused (established patient) | 72.00 | 15.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | | No charge |
| D0210 | X-rays - complete series | 90.00 | No charge |
| D0220 | X-rays - first film | 105.00 | No charge |
| D0220 | X-rays - first film | 22.00 | No charge |
| D0230 | X-rays - each additional film | 18.00 | No charge |
| D0240 | X-rays - occlusal film | 30.00 | No charge |
| D0270 | X-rays - bitewing - single film | 24.00 | No charge |
| D0272 | X-rays - bitewings - two films | 34.00 | No charge |
| D0273 | X-rays - bitewings - three films | 42.00 | No charge |
| D0274 | X-rays - bitewings - four films | 49.00 | No charge |
| D0330 | X-rays - panoramic film | 88.00 | No charge |
| D0460 | Pulp vitality tests | 45.00 | No charge |
| D0470 | Diagnostic casts | 85.00 | 10.00 |

| ADA* Code | CDT - Procedure description | Average cost | Member cost |
|--|--|--------------|-------------|
| PREVENTIVE — Procedures that prevent the occurrence of oral diseases. | | | |
| D1110 | Cleaning adult (prophylaxis) | 74.00 | No charge |
| D1120 | Cleaning child (prophylaxis) | 56.00 | No charge |
| D1203 | Topical application of fluoride (prophylaxis not included) - child | 26.00 | No charge |
| D1204 | Topical application of fluoride (prophylaxis not included) - adult | 26.00 | No charge |
| D1310 | Nutritional counseling for control of dental disease | 30.00 | No charge |
| D1330 | Oral hygiene instructions | 48.00 | No charge |
| D1351 | Sealant-per tooth | 43.00 | 12.00 |
| D1510 | Space maintainer-fixed-unilateral | 321.00 | 20.00+Lab |
| D1515 | Space maintainer-fixed-bilateral | 450.00 | 20.00+Lab |
| D1520 | Space maintainer-removable-unilateral | 225.00 | 20.00+Lab |
| D1525 | Space maintainer-removable-bilateral | 389.00 | 20.00+Lab |
| D1550 | Recementation of space maintainer | 50.00 | 20.00 |
| D1555 | Removal of fixed space maintainer by dentist who did not place | 45.00 | 25.00 |

| ADA* Code | CDT - Procedure description | Average cost | Member cost |
|---|--|--------------|-------------|
| RESTORATIVE — Procedures for restoring lost tooth structure. | | | |
| D2140 | Amalgam filling - 1 surface, primary or permanent | 125.00 | 9.00 |
| D2150 | Amalgam filling- 2 surfaces, primary or permanent | 160.00 | 13.00 |
| D2160 | Amalgam filling - 3 surfaces, primary or permanent | 185.00 | 17.00 |
| D2161 | Amalgam filling - 4 or more surfaces, primary or permanent | 215.00 | 21.00 |
| D2330 | Resin-based composite filling - 1 surface, anterior | 130.00 | 22.00 |
| D2331 | Resin-based composite filling - 2 surfaces, anterior | 161.00 | 28.00 |
| D2332 | Resin-based composite filling - 3 surfaces, anterior | 192.00 | 40.00 |
| D2335 | Resin-based composite filling - 4 or more surfaces or involving incisal angle (anterior) | 227.00 | 52.00 |
| D2390 | Resin-based composite crown-anterior | 260.00 | 70.00 |
| D2391 | Resin-based composite - 1 surface, posterior | 141.00 | 22.00 |
| D2392 | Resin-based composite - 2 surfaces, posterior | 180.00 | 28.00 |
| D2393 | Resin-based composite - 3 surfaces, posterior | 223.00 | 44.00 |
| D2394 | Resin-based composite - 4 or more surfaces, posterior | 260.00 | 44.00 |
| D2510 | Inlay-metallic - 1 surface | 700.00 | 135.00 |
| D2520 | Inlay-metallic - 2 surfaces | 810.00 | 150.00 |
| D2530 | Inlay-metallic - 3 or more surfaces | 900.00 | 170.00 |
| D2721 | Crown-resin based with predominantly base metal | 600.00 | 250.00+Lab |
| D2740 | Crown-porcelain/ceramic substrate | 930.00 | 260.00+Lab |
| D2750 | Crown-porcelain fused to high noble metal | 880.00 | 250.00+Lab |
| D2751 | Crown-porcelain fused to predominantly base metal | 840.00 | 250.00+Lab |
| D2752 | Crown-porcelain fused to noble metal | 855.00 | 250.00+Lab |
| D2780 | Crown-3/4 cast high noble metal | 850.00 | 250.00+Lab |
| D2781 | Crown-3/4 cast predominantly base metal | 700.00 | 250.00+Lab |
| D2782 | Crown-3/4 cast predominantly noble metal | 827.00 | 250.00+Lab |
| D2783 | Crown-3/4 porcelain/ceramic | 940.00 | 250.00+Lab |
| D2790 | Crown-full cast high noble metal | 885.00 | 250.00+Lab |
| D2791 | Crown-full cast predominantly base metal | 840.00 | 250.00+Lab |
| D2792 | Crown-full cast noble metal | 860.00 | 250.00+Lab |
| D2799 | Provisional crown - interim restoration of at least 6 months | 250.00 | 38.00 |
| D2910 | Recement inlay, onlay or partial coverage restoration | 85.00 | 20.00 |
| D2920 | Recement crown | 85.00 | 20.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | 226.00 | 50.00 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | 280.00 | 50.00 |
| D2940 | Sedative filling temporary filling to relieve pain | 85.00 | No charge |
| D2950 | Core buildup including pins | 205.00 | 40.00 |
| D2951 | Pin retention-per tooth, in addition to restoration | 60.00 | 40.00 |
| D2952 | Cast post and core in addition to crown | 345.00 | 70.00 |
| D2953 | Each additional cast post - same tooth | 150.00 | 45.00 |
| D2954 | Prefabricated post and core in addition to crown | 250.00 | 60.00 |
| D2960 | Labial veneer-resin laminate-chairside | 470.00 | 175.00 |
| D2961 | Labial veneer-resin laminate-laboratory | 495.00 | 175.00+Lab |
| D2962 | Labial veneer-porcelain laminate-laboratory | 1,000.00 | 250+Lab |
| D2970 | Temporary crown (fractured tooth) | 185.00 | 40.00 |

* Current Dental Terminology © American Dental Association.

| ADA* Code | CDT - Procedure description | Average cost | Member cost |
|--|---|--------------|-------------|
| ENDODONTICS (Root Canal Therapy) — Procedures for treating diseases of the dental pulp (nerve). | | | |
| D3110 | Pulp cap-direct (excluding final restoration) | 60.00 | 5.00 |
| D3120 | Pulp cap-indirect (excluding final restoration) | 60.00 | 5.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) | 155.00 | 30.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | 190.00 | 55.00 |
| D3230 | Pulpal therapy-resorbable filling-anterior primary tooth (excluding final restoration) | 211.00 | 75.00 |
| D3240 | Pulpal therapy-resorbable filling-posterior primary tooth (excluding final restoration) | 264.00 | 85.00 |
| D3310 | Root canal - anterior | 620.00 | 170.00 |
| D3320 | Root canal - bicuspid | 735.00 | 190.00 |
| D3330 | Root canal - molar | 900.00 | 265.00 |
| D3346 | Retreatment of previous root canal-anterior | 785.00 | 320.00 |
| D3347 | Retreatment of previous root canal-bicuspid | 850.00 | 350.00 |
| D3348 | Retreatment of previous root canal-molar | 1,025.00 | 450.00 |
| D3351 | Apexification/recalcification-initial | 283.00 | 90.00 |
| D3352 | Apexification/recalcification-interim | 142.00 | 90.00 |
| D3353 | Apexification/recalcification-final | 575.00 | 90.00 |
| D3410 | Apicoectomy/periradicular surgery-anterior | 725.00 | 170.00 |
| D3421 | Apicoectomy/periradicular surgery-bicuspid (first root) | 750.00 | 170.00 |
| D3425 | Apicoectomy/periradicular surgery-molar (first root) | 895.00 | 170.00 |
| D3426 | Apicoectomy/periradicular surgery- (each additional root) | 250.00 | 125.00 |
| D3430 | Retrograde filling-per root | 200.00 | 90.00 |
| D3450 | Root amputation-per root | 421.00 | 90.00 |
| D3920 | Hemisection (including any root removal) | 285.00 | 90.00 |

| ADA* Code | CDT - Procedure description | Average cost | Member cost |
|---|---|--------------|-------------|
| PERIODONTICS — Procedures for treating diseases of the gingival tissues (gums) and periodontal membrane. | | | |
| D4210 | Gingivectomy or gingivoplasty - four or more teeth per quadrant | 700.00 | 225.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three teeth, per quadrant | 205.00 | 150.00 |
| D4240 | Gingival flap procedures, including root planing - four or more teeth per quadrant | 750.00 | 250.00 |
| D4241 | Gingival flap procedure, including root planing - one to three teeth, per quadrant | 500.00 | 200.00 |
| D4249 | clinical crown lengthening-hard tissue | 825.00 | 250.00 |
| D4260 | Osseous surgery (including flap entry & closure) - four or more teeth per quadrant | 1000.00 | 365.00 |
| D4261 | Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant | 950.00 | 300.00 |
| D4320 | Provisional splinting-intracoronaral | 300.00 | 75.00 |
| D4321 | Provisional splinting-extracoronaral | 320.00 | 80.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | 225.00 | 90.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth, per quadrant | 165.00 | 75.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | 155.00 | 80.00 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release (per tooth) - BR | 106.00 | 25.00 |
| D4910 | Periodontal maintenance | 110.00 | 60.00 |

| ADA* Code | CDT - Procedure description | Average cost | Member cost |
|--|---|--------------|-------------|
| PROSTHODONTICS — Procedures for providing artificial replacements of missing natural teeth. | | | |
| D5110 | Complete denture-upper | 1,320.00 | 325.00+Lab |
| D5120 | Complete denture-lower | 1,320.00 | 325.00+Lab |
| D5130 | Immediate denture-upper | 1,500.00 | 350.00+Lab |
| D5140 | Immediate denture-lower | 1,500.00 | 350.00+Lab |
| D5211 | Upper partial denture - resin base (including any conventional clasps, rests and teeth) | 1,275.00 | 375.00+Lab |
| D5212 | Lower partial denture - resin base (including any conventional clasps, rests and teeth) | 1,150.00 | 375.00+Lab |
| D5213 | Upper partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 1,400.00 | 400.00+Lab |
| D5214 | Lower partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 1,370.00 | 400.00+Lab |
| D5281 | Removable unilateral partial denture - 1 piece cast metal (including clasps and teeth) | 490.00 | 160+Lab |
| D5410 | Adjust complete denture-upper | 70.00 | 25.00 |
| D5411 | Adjust complete denture-lower | 70.00 | 25.00 |
| D5421 | Adjust partial denture-upper | 75.00 | 25.00 |
| D5422 | Adjust partial denture-lower | 75.00 | 25.00 |
| D5510 | Repair broken complete denture base | 173.00 | 10.00+Lab |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | 140.00 | 10.00+Lab |
| D5610 | Repair resin denture base | 155.00 | 10.00+Lab |
| D5620 | Repair cast framework | 155.00 | 10.00+Lab |
| D5630 | Repair or replace broken clasp | 180.00 | 10.00+Lab |
| D5640 | Replace broken teeth-per tooth | 150.00 | 10.00+Lab |
| D5650 | Add tooth to existing partial denture | 175.00 | 10.00+Lab |
| D5660 | Add clasp to existing partial denture | 180.00 | 10.00+Lab |
| D5710 | Rebase complete upper denture | 350.00 | 20.00+Lab |
| D5711 | Rebase complete lower denture | 350.00 | 20.00+Lab |
| D5720 | Rebase upper partial denture | 350.00 | 20.00+Lab |
| D5721 | Rebase lower partial denture | 350.00 | 20.00+Lab |
| D5730 | Reline complete upper denture (chairside) | 300.00 | 69.00 |
| D5731 | Reline complete lower denture (chairside) | 300.00 | 69.00 |
| D5740 | Reline upper partial denture (chairside) | 300.00 | 69.00 |
| D5741 | Reline lower partial denture (chairside) | 300.00 | 69.00 |
| D5750 | Reline complete upper denture (laboratory) | 360.00 | 10.00+Lab |
| D5751 | Reline complete lower denture (laboratory) | 360.00 | 10.00+Lab |
| D5760 | Reline upper partial denture (laboratory) | 370.00 | 10.00+Lab |
| D5761 | Reline lower partial denture (laboratory) | 370.00 | 10.00+Lab |
| D5820 | Interim partial denture (upper) | 475.00 | 150.00+Lab |
| D5821 | Interim partial denture (lower) | 505.00 | 150.00+Lab |
| D5850 | Tissue conditioning, upper | 150.00 | 20.00 |
| D5851 | Tissue conditioning, lower | 130.00 | 20.00 |
| D6210 | Pontic-cast high noble metal | 895.00 | 250.00+Lab |
| D6211 | Pontic-cast predominantly base metal | 780.00 | 250.00+Lab |
| D6212 | Pontic-cast noble metal | 850.00 | 250.00+Lab |
| D6240 | Pontic-porcelain fused to high noble metal | 890.00 | 250.00+Lab |
| D6241 | Pontic-porcelain fused to predominantly base metal | 850.00 | 250.00+Lab |
| D6242 | Pontic-porcelain fused to noble metal | 870.00 | 250.00+Lab |
| D6245 | Pontic-porcelain/ceramic | 1,000.00 | 235.00+Lab |
| D6251 | Pontic-resin fused to predominantly base metal | 725.00 | 250.00+Lab |
| D6545 | Retainer-cast metal for resin bonded fixed prosthesis | 435.00 | 165.00+Lab |
| D6721 | Crown-resin with predominantly base metal | 600.00 | 250.00+Lab |
| D6740 | Crown-porcelain/ceramic | 930.00 | 235.00+Lab |
| D6750 | Crown-porcelain fused to high noble metal | 880.00 | 250.00+Lab |
| D6751 | Crown-porcelain fused to predominantly base metal | 840.00 | 250.00+Lab |
| D6752 | Crown-porcelain fused to noble metal | 855.00 | 250.00+Lab |
| D6780 | Crown-3/4 cast high noble metal | 835.00 | 250.00+Lab |
| D6781 | Crown-3/4 cast predominantly base metal | 665.00 | 250.00+Lab |
| D6782 | Crown-3/4 cast noble metal | 827.00 | 250.00+Lab |
| D6783 | Crown-3/4 porcelain/ceramic | 900.00 | 250.00+Lab |
| D6790 | Crown-full cast high noble metal | 885.00 | 250.00+Lab |
| D6791 | Crown-full cast predominantly base metal | 840.00 | 250.00+Lab |
| D6792 | Crown-full cast noble metal | 860.00 | 250.00+Lab |
| D6930 | Recement fixed partial denture | 125.00 | 30.00 |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer | 250.00 | 60.00 |

* Current Dental Terminology © American Dental Association.

| ADA* Code | CDT - Procedure description | Average cost | Member cost |
|--|--|--------------|-------------|
| ORAL SURGERY — Procedures for treating nonrestorable teeth and diseases or injury in the oral cavity. | | | |
| D7111 | Coronal remnants - deciduous tooth | 115.00 | 35.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 140.00 | 55.00 |
| D7210 | Surgical removal of erupted tooth | 250.00 | 60.00 |
| D7220 | Removal of impacted tooth-soft tissue | 235.00 | 85.00 |
| D7230 | Removal of impacted tooth-partially bony | 300.00 | 100.00 |
| D7240 | Removal of impacted tooth-completely bony | 345.00 | 120.00 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | 295.00 | 70.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 285.00 | 150.00 |
| D7310 | Alveoloplasty in conjunction with extractions-per quadrant | 250.00 | 110.00 |
| D7320 | Alveoloplasty not in conjunction with extractions-per quadrant | 300.00 | 110.00 |
| D7510 | Incision and drainage of abscess-intraoral soft tissue | 205.00 | 80.00 |
| D7960 | Frenulectomy (or frenectomy or fremontomy separate procedure) | 375.00 | 90.00 |
| D7971 | Excision of pericoronal gingiva | 179.00 | 90.00 |

| ADA* Code | CDT - Procedure description | Average cost | Member cost |
|-----------------------|---|--------------|-------------|
| OTHER SERVICES | | | |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedures | 100.00 | 5.00 |
| D9230 | Analgesia, anxiety, nitrous oxide | 52.00 | 25.00 |
| D9430 | Office visit for observation during regularly scheduled hours-no other services performed | 60.00 | No charge |
| D9431 | Office visit - per patient/per visit | 7.00 | 3.00 |
| D9440 | Office visit-after regularly scheduled hours | 110.00 | 45.00 |
| D9630 | Other drugs and/or medicaments | | UCR |
| D9630 | Peridex (periodontal home care) | 12.00 | 12.00 |
| D9920 | Behavior management, by report | 200.00 | 35.00 |
| D9940 | Occlusal guards, by report | 500.00 | 90.00+Lab |
| D9951 | Occlusal adjustment limited | 90.00 | 45.00 |
| D9952 | Occlusal adjustment complete | 350.00 | 120.00 |
| D9972 | External bleaching (per arch) | 150.00 | 125.00 |
| D9973 | External bleaching - per tooth | 175.00 | 60.00 |
| D9974 | Internal bleaching - per tooth | 110.00 | 60.00 |
| D9988 | Missed appointment - first | 25.00 | 25.00 |
| D9988 | Missed appointment - additional | 35.00 | 20.00 |
| D9990 | Records transfer - duplication fee | BR | UCR |

UCR: Usual customary and reasonable or normal office fees

LAB: Fees charged by the dental laboratory to fabricate certain dental products, including crowns, dentures or bridges. This fee varies depending on the dental laboratory and materials used.

* Current Dental Terminology © American Dental Association.

Find an EDS dentist or specialist

EDS dentists and specialists are listed on our Internet Web site. Follow these easy steps to choose a provider or specialist:

1. Visit the EDS Web site at: www.mydentalplan.net
2. Under the **Quick links** menu on the left side of the page, choose an option:
 - Click **Find a Dentist** to search for a provider based on location and specialty.
 - Click **Print a Provider Directory** to access a directory in PDF format. Directory options include all network providers, regional providers, new dentists, and dentists with two- or three-week appointment availability. Click the directory that meets your needs.

Orthodontics for children and adults

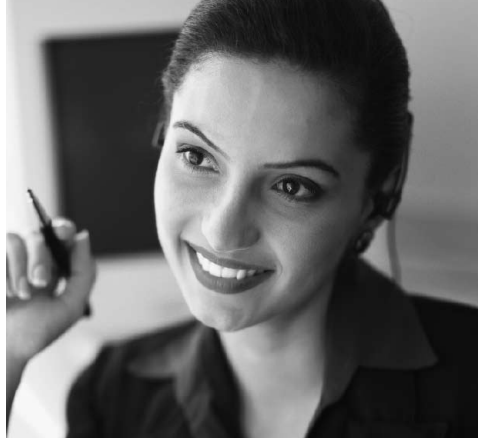
EDS orthodontic coverage includes:

- No waiting period
- No referral required
- No lifetime benefit maximum

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

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 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

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
- Infection

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

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

All receipts must be received by EDS within 90 days of the date of receipt. Follow-up or additional treatment must be done by your EDS general dentist.

Eligible dependents

Eligible dependents will include lawful spouse, children to age 26. Participants may add dependents mid-year if a marriage occurs. Participants may add dependents at date of employer group open enrollment. Dependent newborns, 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 removed from enrollment 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 800-722-9772 for information. Enrollment forms are accepted within 31 days of coverage termination.

Prescription drug discount program¹

You and your entire family can save money by using a prescription drug discount program available through Employers Dental Services. The discount program, provided by OneBeacon Services®, is easy to use. There are no enrollment or periodic fees and no forms to complete. You only pay for the cost of your medication – at a discount! Begin using the program today and get the most value for your money.

Advantages

Significant savings on medications – Save an average of 40 percent on generic drugs and 15 percent on brand-name drugs.

Wide variety of medications – More than 11,000 generic and 5,000 brand-name prescription drugs are available.

Pharmacy locations nationwide – More than 53,000 pharmacies, including most chain and independent pharmacies, participate in this program.

Who benefits

Your entire family has access to the prescription drug discount program, including:

Individuals with limited or no coverage² – They can save money whenever they purchase prescription drugs.

Individuals with prescription drug coverage² – Those with existing coverage may still find benefit from this program. After verifying how this program works with their existing coverage, they can compare the price of a prescription drug under their current program to the OneBeacon Services discounted price and select the most cost-effective solution.

How it works

Using the prescription drug discount program is as easy as 1, 2, 3:

- 1** Print a prescription drug discount card at www.mydentalplan.net/prescriptiondrug.
- 2** Give your prescription and discount card to the pharmacist each time. The discount card contains instructions for the pharmacy about the discounted rate.
- 3** Pay the discounted price based on the pharmacy's negotiated rate.

Online features

To learn more, visit www.mydentalplan.net/prescriptiondrug. No login is required. Share the website with your entire family to:

- Locate participating pharmacies
- Compare medication costs
- Place a mail order
- Print additional discount cards

Start saving today! Take advantage of this added benefit for you and your entire family.

This discount program is not insurance.

¹ This discount drug program is not part of any insurance contract and may be changed or discontinued at any time. This discount drug program is not available to individuals with medical coverage insured or with third party administrative services provided by Principal Life. This discount program is NOT insurance or a Medicare prescription drug program. OneBeacon Services® is a member of OneBeacon. OneBeacon Services may provide its services through third parties. The third party providers are solely responsible for their products or services. The Principal Financial Group® is not liable for product defects, provider negligence or other errors in the delivery of health care products and services. OneBeacon Services is not a member of the Principal Financial Group.

² The use of the word coverage does not refer to the Discount Prescription Drug Plan provided by OneBeacon Services.

Member rights

You have the right to:

1. Have an initial appointment (non-emergency) scheduled within 63 days of your request.
2. Have access to emergency dental health services 24 hours a day, 365 days a year.
3. Obtain appropriate care from your EDS participating dentist.
4. 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. Be informed about your current dental health, treatment options, possible risks, and likely outcomes, and 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. Voice recommendations for changes in policies and services to our company.
7. Voice grievances concerning our company, or the care delivered by our company's participating dentists.
8. Receive information regarding our company's appeals, complaint and grievance process and to receive a Formal Appeals and Grievance Brochure.
9. Receive information concerning changes in benefits or termination of any covered services or participating dentists that may affect you.
10. Receive information regarding your member cost and payment of charges for which you will be responsible before your dentist begins any procedure.
11. 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. 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. Review your dental records, treatment plan, and progress report on treatment that has already been provided, and have the information explained to you except when restricted by law.
14. Change your participating primary care dentist by calling our customer service department at 800-722-9772 by the 24th of any month. The change will be effective on the first day of the following month.
15. Have a recall appointment, at an interval specified by your dentist, to have your teeth cleaned and/or an oral examination.
16. 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. Continue your dental health care coverage upon disenrollment through COBRA, where available.
18. Have a customer service representative assist you in getting an appointment and/or resolving problems by calling 800-722-9772.

Member responsibilities

You are responsible for:

1. Recognizing the effect of your lifestyle on your personal dental health.
2. Calling us at 800-722-9772 and reporting to our customer service department any situation where you perceive that your rights are violated.
3. Providing, to the extent possible, accurate information needed by participating primary care dentists to provide care for your dental health, including past illnesses, medical history and use of medicines.
4. Providing a copy of any written directives from another healthcare provider to your participating dentist.
5. Selecting a participating primary care dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
6. Following our company's guidelines for obtaining referrals and/or authorizations to participating specialists for care.
7. Asking questions of your dental health professional when you do not understand information or instruction.
8. Seeking support from our customer service department by calling 800-722-9772 when you need assistance to access your dental health care benefits.
9. 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. Obtaining and following 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. Showing courtesy, consideration and respect to participating dentists, their staff and to our company's representatives.
12. Knowing what is covered and excluded from your dental benefit.
13. Understanding and paying, at the time of service, any required member costs for dental procedures as indicated in your schedule of benefits.
14. Contacting your participating primary care dentist for follow-up dental care instructions after any emergency dental treatment.
15. Staying in the dental office if you are the parent or legal guardian of minor dependent children while they receive dental treatment.
16. Providing 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. Following our guidelines as described above and in your enrollment and coverage brochure. If you are unable to do so, it will result in termination of the dental benefit.

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 judgment of the dentist, are not reasonable and necessary for the prevention, correction or improvement of a condition that 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.
- 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, state, federal or local program, or any program of medical benefits sponsored and paid for by the federal, state, 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, that 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 an intentionally self-inflicted condition.
- Oral surgery or extractions that are solely for orthodontic purposes or requiring the setting of fractures or dislocations.
- 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, restore an occlusion or 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.
- If a member continually fails to follow prescribed course of treatment, the treating EDS dentist may refuse to continue that course of treatment at any time.



VSP Access Plan

Vision Care Discounts and Savings

You and your family can save on eye exams, glasses and sunglasses. If you have enrolled in the Employers Dental Services dental benefit, you're eligible for a vision discount plan offered by VSP. The VSP Access Plan is available to you and your family at no extra cost.

The VSP Access Plan includes discounts on exams, glasses and sunglasses from doctors in VSP's national network. The VSP network is so extensive that 90% of Americans live within 10 miles of a VSP provider. (www.vsp.com, February 2010)

Services and discounts

You and your dependents receive these discounted services through a VSP provider:

| SERVICE | DISCOUNT |
|--|---|
| Eye Exam | 20% discount on the VSP doctor's fee |
| Prescription Glasses (Lenses & Frame) Discount | 20% discount on complete pairs of glasses from any VSP doctor within 12 months of the last covered eye exam |
| Lens Options | 20% savings on lens options such as progressive, scratch coatings and anti-reflective coatings |
| Non-Prescription Sunglasses | 20% discount on complete pairs of non-prescription sunglasses from any VSP doctor within 12 months of the last covered eye exam |
| Contact Lens Exam | 15% discount on contact lens exam, fittings and follow-up visits |
| Laser Vision Correction | Special discounts available through contracted LASIK and PRK surgery facilities |

Cut out and keep this card as a **reminder** of the VSP benefits available to you.

This discount plan is not vision insurance.

USING VSP IS AS EASY As 1 - 2 - 3

You and your dependents can receive discounts on eye exams and eyewear through the VSP Access Plan.

- 1. Locate a VSP doctor.** Visit www.vsp.com or call 800-877-7195.
- 2. Make the appointment.** Tell the doctor you are a VSP member.
- 3. Your VSP doctor** will handle the rest.

This discount plan is not vision insurance.



How to use VSP

Accessing discounts from VSP providers is easy.

- **Locate a VSP doctor near you.** Find a VSP network doctor at www.vsp.com or call 800-877-7195.
 - **Make the appointment.** To receive the VSP benefit, you and your dependents just identify yourselves as VSP members.
 - **VSP will take it from there.** VSP and your VSP doctor will handle the rest. Fees are automatically reduced at the point of service.
 - **Keep the card.** The attached wallet card outlines your VSP benefits and how to access them. While you don't need to present the card to the VSP provider to receive the discount, it's a great reminder of the VSP Access Plan and the discounts it provides.
- Start saving today! Take advantage of this added benefit available to you and your family.

Employers Dental Services

A member of



Employers Dental Services
Tucson • Phoenix
Arizona
www.mydentalplan.net

Employers Dental Services, a member of the Principal Financial Group®, has arranged with VSP to make its vision discount program available to individuals enrolled in EDS pre-paid dental plans. This discount plan is not vision insurance. This arrangement is subject to change or termination at any time. VSP is responsible for goods and services provided through this program. VSP is not a member of the Principal Financial Group®.

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| SERVICE | DISCOUNT |
|---------------------------------------|---|
| Eye Exam | 20% discount on the VSP doctor's fee |
| Prescription Glasses (Lenses & Frame) | 20% discount on complete pairs of glasses from any VSP doctor within 12 months of the last covered eye exam |
| Lens Options | 20% savings on lens options such as progressive, scratch coatings and anti-reflective coatings |
| Non-Prescription Sunglasses | 20% discount on complete pairs of non-prescription sunglasses from any VSP doctor within 12 months of the last covered eye exam |
| Contact Lens Exam | 15% discount on contact lens exam, fittings and follow-up visits |
| Laser Vision Correction | Special discounts available through contracted LASIK and PRK surgery facilities |

Formal grievance and appeals process

EDS members can ask EDS to review its decisions involving their requests for services or requests to have claims paid. 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 patient's condition.

| Levels | Expedited Appeals <i>(For urgently needed service you have not yet received)</i> | Standard Appeals <i>(For non-urgent services or denied claims)</i> |
|---------------|--|--|
| Level 1 | Expedited dental review | Informal reconsideration |
| Level 2 | Expedited appeal | Formal appeal |
| Level 3 | Expedited external independent dental review | 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: 800-722-9772

Fax: 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, call our customer service department at:

Phoenix: 602-248-8912 | Tucson: 520-696-4343 | Statewide: 800-722-9772

*The Arizona state legislature has 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) or Level 3 (expedited external independent dental review), or Standard Appeals Level 1 (informal reconsideration).

The group policy determines all of the rights, benefits, qualifications and exclusions of the insurance described here. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law.

Employers Dental Services

A member of



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