



Group: Alpine UniServ
Plan: Peak Care Plus
Underwritten by: Total Dental Administrators Utah
Administered by: Total Dental Administrators Utah
Effective Date: 9/1/2026
Benefit Year: Contract

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	See Co-Pay Schedule	No Coverage*
Type 2 - Basic Fillings	See Co-Pay Schedule	No Coverage*
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	No Coverage*
Type 4 - Orthodontics Dependent children up to age	Discount Only	No Coverage
Adult Orthodontics	Discount Only	No Coverage
Sealants	See Co-Pay Schedule	No Coverage*
Space Maintainers	See Co-Pay Schedule	No Coverage*
Endodontics	See Co-Pay Schedule	No Coverage*
Periodontics	See Co-Pay Schedule	No Coverage*
Simple Extractions	See Co-Pay Schedule	No Coverage*
Oral Surgery	See Co-Pay Schedule	No Coverage*
Specialists	Included **	No Coverage
** All in-network copayments included in the co-pay schedule apply to services performed at general dentist, endodontist, oral surgeon, and periodontist offices. Services performed at a pediatric dentist receive a discount only. There is no benefit at non-participating offices.		

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None

Deductible	In and Out of Network Deductibles are Combined
Per Person	\$0.00
Family Max	\$0.00
Deductible Applies To	Type 2 & Type 3

Annual Maximum Per Person	Unlimited
Orthodontic Lifetime Maximum	N/A

Network / Reimbursement Schedule	DHMO-UT	No Coverage*
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Monthly Rates	
Employee	\$15.70
Two Party	\$32.60
Family	\$51.10

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 15
Sealants	Up to age 15
Space Maintainers	No Frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	No Frequency
Panoramic X-Ray	1 every 5 years
Impacted Teeth	See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	See Co-Pay Schedule
Implants / Implant Abutments	See Co-Pay Schedule
Crowns, Pontics, Abutments, Onlays and Dentures	No Frequency
Fillings on the same surface	No Frequency

* When using a non-participating provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!



PEAK CARE PLUS

GROUP DENTAL PLAN

A division of Total Dental Administrators of Utah, Inc. (TDAUT),
domiciled in Utah, using the DHMO Plan Network.



Welcome to Peak Care Plus

Quality Dental Insurance, Redefined.

PLEASE RETAIN THIS BOOKLET FOR LIST OF COVERED SERVICES, ENROLLMENT INFORMATION AND HOW TO FIND A PROVIDER.

Peak Care Plus DHMO Plan is a comprehensive, total care group dental program with specialty care marketed, managed, and administered by Total Dental Administrators of Utah, Inc. (TDAUT) domiciled in Utah. Its affiliated company, Total Dental Administrators, Inc. (TDA) has contracted with established private practicing dentists to provide you with convenient, affordable, and quality dental care.

HOW THE PLAN WORKS

PEAK CARE PLUS DHMO COVERAGE INCLUDES		PEAK CARE PLUS ADVANTAGES
Diagnostic	Refer to the enclosed Schedule of Benefits and Copayments for a detailed listing of covered procedures	No Deductibles
Preventive		No Claim Forms
Restorative		No Annual or Lifetime Benefit Maximums
Endodontics		No Industry Exclusions
Periodontics		Covers Pre-existing Conditions
Prosthodontics		Covers Orthodontics (Braces)
Oral Surgery		Local Service
TMJ		
Orthodontics		
Cosmetic		

HOW TO ENROLL & UPDATES

1. Complete the enrollment form. Include information about your spouse and/or child(ren) if you are applying for dependent coverage.
2. Select the general dental office you and your dependents wish to use from the Participating Provider Directory located on our website. Each participating dental office listed in the directory has a dental office code number listed to the left of the dental office. Be sure to use the code number to identify your selection on the enrollment form. You may find a list of DHMO providers at TDA dental.com.
3. If employee contributions are required, premium payment is made by payroll deduction. Return your enrollment form to your employer's personnel office or benefits department for processing.

UNDERSTANDING YOUR PLAN

Your general dentist and this booklet are the keys to your plan. You pay a pre-negotiated price for services provided by your general dentist. This is not a discount plan. There are minimal costs for preventative cleanings, x-rays and exams, and set copayments for other covered services. Some major services may require laboratory work which will be an additional variable cost to the fixed copayments. The plan does not cover services from out-of-network dentists, except for emergency care. Be sure to review your plan booklet for important plan information such as covered procedures.

DENTAL PLAN INFORMATION

Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY! If the explanations in this plan booklet can be interpreted differently from the provisions of the policy, the policy shall always prevail. You may examine the policy by contacting TDAUT at: 5101 South Commerce Drive, Murray, UT 84107, toll-free 1 (800) 880-3536. This dental policy is for a contract of 12 months and is guaranteed renewable. Please read this document with care so that you will have a full understanding of the plan and what it could mean to you and your family. This document is void and of no effect if you are not entitled to or have ceased to be entitled to the dental coverage.

I. ELIGIBILITY

- A. You are eligible if you are an employee, or working within an eligible class.
- B. Eligible dependents include your spouse and your child(ren) through the last day of the month in which they turn age 26; Children for whom a court order of support applies; Newborn and adopted children are covered from the day of birth or date of placement as long as TDAUT is notified within thirty (30) days and any premium is paid within that period. If no additional premium is required for a child to receive coverage, the certificate holder must enroll a newly born or adopted child no later than 30 days after the first notification of denial of a claim for services for that child.
- C. Disabled dependents, with documentation, may be covered after turning 26.

The eligibility of all covered persons, for the purpose of receiving benefits under the plan, shall, at all times, be contingent upon the applicable monthly premium payment having been made for such covered persons on a current basis.

For more information please contact us at:

Total Dental Administrators of Utah, Inc.
5101 South Commerce Drive
Murray, UT 84107
www.TDAdental.com

Local: (801) 268-9740 Toll Free: 1 (800) 880-3536

PEAK CARE PLUS PLAN SAMPLE COST COMPARISON			
CDT Code	PROCEDURE	PEAK CARE PLUS PLAN COPAYMENT	PERCENT SAVINGS
	PREVENTIVE/DIAGNOSTIC		
D0274	Bitewing x-rays 4 films (2 every 12 mo.)	\$0	100%
D0150	Initial oral exam	\$5	94%
D1110	Adult - Prophylaxis (cleaning)	\$5	97%
D9430	Office Visit	\$0	100%
	RESTORATIVE		
D2140	Amalgam - One surface	\$30	78%
D2150	Amalgam - two surfaces	\$40	77%
D2330	Resin - one surface	\$43	73%
D2331	Resin - two surfaces	\$52	72%
	CROWN & BRIDGE		
D2750	Crown porcelain, hi noble metal	\$325*	68%
D2950	Crown buildup, including any pins	\$78	70%
	ENDODONTICS		
D3310	Root canal therapy - anterior	\$225	68%
D3330	Root canal therapy - molar	\$395	63%
	ORAL SURGERY		
D7140	Extraction, erupted tooth exposed roots	\$45	71%
D7220	Soft tissue impaction	\$85	73%
	PROSTHETICS		
D5110	Complete denture - maxillary	\$350*	79%
D5212	Partial denture - mandibular	\$350*	75%
	PERIODONTICS		
D4260	Osseous surgery/quad	\$390	57%
*Listed percentage savings reflects copayment and does not include the lab fee. Lab fee may vary; please ask your provider for details.			

PEAK CARE PLUS
III. SCHEDULE OF BENEFITS AND COPAYMENTS

CDT	Procedure Description	Copayment
D0120	Periodic oral evaluation (2 every 12 months)	\$5
D0120	Periodic oral evaluation (additional)	\$16
D0140	Limited oral evaluation (problem focused) (2 every 12 months)	\$25
D0145	Oral exam for patient under 3 years of age (2 every 12 months)	\$5
D0145	Oral exam for patient under 3 years of age (additional)	\$16
D0150	Comprehensive oral exam (2 every 12 months)	\$5
D0150	Comprehensive oral exam (additional)	\$21
D0160	Detailed oral evaluation - problem focused report (2 every 12 months)	\$35
D0170	Re-evaluation - limited problem focused (2 every 12 months)	\$5
D0180	Comprehensive periodontal evaluation (2 every 12 months)	\$15
D0210	Intraoral - complete including bitewing x-ray (1 every 5 year period)	\$5
D0210	Intraoral - complete including bitewing x-ray (additional)	\$54
D0220	Single periapical x-ray	\$0
D0230	Periapical x-ray: each additional x-ray	\$0
D0240	Intraoral - occlusal film	\$12
D0270	Bitewing x-ray: single (2 every 12 months)	\$0
D0272	Bitewing x-ray: 2 films (2 every 12 months)	\$0
D0272	Bitewing x-rays 2 films (additional)	\$16
D0273	Bitewing x-rays 3 films (2 every 12 months)	\$0
D0273	Bitewing x-rays 3 films (additional)	\$22
D0274	Bitewing x-rays 4 films (2 every 12 months)	\$0
D0274	Bitewing x-rays 4 films (additional)	\$29
D0277	Vertical bitewing x-rays (2 every 12 months)	\$0
D0277	Vertical bitewing x-rays (additional)	\$29
D0330	Panoramic film incl. bitewing x-rays (1 every 5 year period)	\$5
D0330	Panoramic film incl. bitewing x-rays (additional)	\$44
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D1110	Prophylaxis adult (2 every 12 months)	\$5
D1110	Prophylaxis adult (additional)	\$41
D1120	Prophylaxis child (2 every 12 months)	\$5
D1120	Prophylaxis child (additional)	\$29
D1206	Fluoride treatment (1 every 12 months up to age 15)	\$0
D1206	Fluoride treatment (up to age 15, additional)	\$14
D1208	Topical application of fluoride - excluding varnish (to age 15)	\$0
D1208	Topical application of fluoride - excluding varnish (to age 15, additional)	\$14
D1310	Dietary planning	\$0
D1330	Preventative dental education, home care	\$0
D1351	Sealant per tooth	\$14
D1510	Space maintainer - fixed unilateral	\$95
D1516	Space maintainer - fixed - bilateral, maxillary	\$150
D1517	Space maintainer - fixed - bilateral, mandibular	\$150

D1520	Space maintainer - removable unilateral	\$95
D1526	Space maintainer - removable - bilateral, maxillary	\$150
D1527	Space maintainer - removable - bilateral, mandibular	\$150
D1551	Recement/rebond of bilateral space maintainer - maxillary	\$18
D1552	Recement/rebond of bilateral space maintainer - mandibular	\$18
D1553	Recement/rebond of unilateral space maintainer - per quadrant	\$18
D2140	Amalgam - 1 surface, permanent	\$30
D2150	Amalgam - 2 surfaces, primary or permanent	\$40
D2160	Amalgam - 3 surfaces, primary or permanent	\$50
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$60
D2330	Resin - 1 surface anterior	\$43
D2331	Resin - 2 surfaces anterior	\$52
D2332	Resin - 3 surfaces anterior	\$65
D2335	Resin - 4 or more surfaces anterior	\$72
D2390	Resin-based composite crown anterior	\$140
D2391	Resin - 1 surface posterior	\$55
D2392	Resin - 2 surface posterior	\$75
D2393	Resin - 3 surface posterior	\$92
D2394	Resin - 4 or more surfaces posterior	\$108
D2510	Inlay - metallic - one surface	20% Discount
D2520	Inlay - metallic - two surfaces	20% Discount
D2530	Inlay - metallic - three or more surfaces	20% Discount
D2542	Onlay - metallic - two surfaces	20% Discount
D2543	Onlay - metallic - three surfaces	20% Discount
D2544	Onlay - metallic - four or more surfaces	20% Discount
D2610	Inlay - porcelain/ceramic - one surface	20% Discount
D2620	Inlay - porcelain/ceramic - two surfaces	20% Discount
D2630	Inlay - porcelain/ceramic - three/more surfaces	20% Discount
D2642	Onlay - porcelain/ceramic - two surfaces	20% Discount
D2643	Onlay - porcelain/ceramic - three surfaces	20% Discount
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	20% Discount
D2650	Inlay - resin-based composite - one surface	20% Discount
D2651	Inlay - resin-based composite - two surfaces	20% Discount
D2652	Inlay - resin-based composite - 3 or more surfaces	20% Discount
D2662	Onlay - resin-based composite - two surfaces	20% Discount
D2663	Onlay - resin-based composite - three surfaces	20% Discount
D2664	Onlay - resin-based composite - four or more surfaces	20% Discount
D2710	Acrylic (plastic) crown - lab processed	\$125 + Lab
D2720	Crown - resin with high noble metal	\$325 + Lab
D2721	Crown - resin with predominately base metal	\$325 + Lab
D2722	Crown - resin with noble metal	\$325 + Lab
D2740	Crown - porcelain/ceramic	\$325 + Lab
D2750	Crown - porcelain fused to high noble metal	\$325 + Lab
D2751	Crown - porcelain fused predominately base metal	\$325 + Lab
D2752	Crown - porcelain fused to noble metal	\$325 + Lab
D2753	Crown - porcelain fused to titanium and titanium alloys	\$325 + Lab
D2780	Crown - 3/4 cast high noble metal	\$275 + Lab
D2781	Crown - 3/4 cast predominately base metal	\$275 + Lab

D2782	Crown - 3/4 cast noble metal	\$275 + Lab
D2783	Crown - 3/4 porcelain/ceramic	\$275 + Lab
D2790	Crown - full cast high noble metal	\$325 + Lab
D2791	Crown - full cast predominately base metal	\$325 + Lab
D2792	Crown - full cast noble metal	\$325 + Lab
D2910	Recement inlay onlay/part coverage restoration	\$20
D2915	Recement cast or prefabricated post and core	\$20
D2920	Recement crown	\$20
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$100
D2930	Prefabricated Stainless steel crown primary tooth	\$75
D2931	Prefabricated stainless steel crown - permanent tooth	\$100
D2932	Prefabricated resin crown	\$75
D2933	Prefabricated stainless steel crown with resin window	\$100
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$110
D2940	Sedative filling	\$24
D2950	Crown buildup, including any pins	\$78
D2951	Pin retention per tooth	\$12
D2952	Cast post and core	\$85 + Lab
D2953	Each additional indirectly fab post same tooth	\$70 + Lab
D2954	Prefabricated post and core	\$80
D2957	Each additional prefabricated post - same tooth	\$68
D2960	Labial veneer laminate - chairside	\$250
D2961	Labial veneer laminate - laboratory	\$295 + Lab
D2962	Labial veneer (porcelain laminate) - laboratory	\$375 + Lab
D2980	Temporary crown (fractured tooth)	\$95 + Lab
D3110	Pulp capping/direct	\$20
D3120	Pulp capping/indirect	\$20
D3220	Therapeutic pulpotomy	\$45
D3221	Pulpal debridement, primary and permanent teeth	\$45
D3230	Pulpal therapy - anterior primary tooth	\$70
D3240	Pulpal therapy - posterior primary tooth	\$74
D3310	Root canal therapy - anterior	\$225
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$295
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$395
D3346	Retreatment previous root canal therapy - anterior	20% Discount
D3347	Retreatment previous root canal therapy - premolar	20% Discount
D3348	Retreatment previous root canal therapy - molar	20% Discount
D3351	Apexification/recalcification - initial visit	20% Discount
D3352	Apexification/recalcification - interim medication replacement	20% Discount
D3353	Apexification/recalcification - final visit	20% Discount
D3410	Apicoectomy per tooth (anterior only)	20% Discount
D3421	Apicoectomy per tooth (bicuspid)	20% Discount
D3425	Apicoectomy per tooth (molar)	20% Discount
D3426	Apicoectomy per tooth (each additional)	20% Discount
D3430	Retro fill per tooth	\$85
D3450	Root amputation	\$95
D3920	Hemisection	\$125
D4210	Gingivectomy or gingivoplasty/quad	\$200

D4211	Gingivectomy or gingivoplasty/tooth	\$60
D4240	Gingival flap procedure inc. rt. planning 4+ teeth	\$250
D4241	Gingival flap procedure inc. rt. planning 1-3 teeth	\$150
D4260	Osseous surg/quad (flap entry & closure) 4+ teeth	\$390
D4261	Osseous surg/tooth (flap entry & closure) 1-3 teeth	\$275
D4322	Splint - intracoronal; natural teeth or prosthetic crowns	\$100
D4323	Splint - extracoronal; natural teeth or prosthetic crowns	\$100
D4341	Periodontal scaling & root planning/quad 4+ teeth	\$90
D4342	Periodontal scaling & root planning/tooth 1-3 teeth	\$60
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis sub visit	\$60
D4381	Localized delivery of antimicrobial agents	\$35
D4910	Periodontal maintenance following active therapy	\$58
D5110	Complete upper dentures (3 adj w/in 60 days)	\$350 + Lab
D5120	Complete lower denture (3 adj. w/in 60 days)	\$350 + Lab
D5130	Immediate upper denture (4 adj. w/in 60 days)	\$350 + Lab
D5140	Immediate lower denture (4 adj. w/in 60 days)	\$350 + Lab
D5211	Maxillary partial denture- resin base	\$350 + Lab
D5212	Mandibular partial denture- resin base	\$350 + Lab
D5213	Max partial denture-cast metal framework w/resin base	\$350 + Lab
D5214	Mandibular partial denture- cast metal framework w/resin base	\$350 + Lab
D5221	Immediate maxillary partial denture-resin base	\$350 + Lab
D5222	Immediate mandibular partial denture- resin base	\$350 + Lab
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases	\$350 + Lab
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases	\$350 + Lab
D5227	Immediate maxillary part denture flex base (including any clasps, rests and teeth)	\$350 + Lab
D5228	Immediate mandibular part denture flex base (including any clasps, rests and teeth)	\$350 + Lab
D5282	Remove unilateral partial denture - 1 piece cast metal, maxillary (including any clasps, rests and teeth)	\$260 + Lab
D5283	Remove unilateral partial denture - 1 piece cast metal, mandibular (including any clasps, rests and teeth)	\$260 + Lab
D5284	Remove unilateral partial denture - 1 piece flexible base (including any clasps, rests and teeth) - per quadrant	\$260 + Lab
D5286	Remove unilateral partial denture - 1 piece resin (including any clasps, rests and teeth) - per quadrant	\$260 + Lab
D5410	Adjust complete denture- maxillary	\$35 + Lab
D5411	Adjust complete denture- mandibular	\$35 + Lab
D5421	Adjust partial denture- maxillary	\$35 + Lab
D5422	Adjust partial denture- mandibular	\$35 + Lab
D5511	Repair broken complete denture base, mandibular	\$30 + Lab
D5512	Repair broken complete denture base, maxillary	\$30 + Lab
D5520	Replace missing/broken teeth (complete denture base)	\$30 + Lab
D5611	Repair resin denture base, mandibular	\$30 + Lab
D5612	Repair resin denture base, maxillary	\$30 + Lab
D5621	Repair cast framework, mandibular	\$30 + Lab
D5622	Repair cast framework, maxillary	\$30 + Lab
D5630	Repair or replace broken clasp	\$35 + Lab
D5640	Replace broken teeth (per tooth)	\$30 + Lab
D5650	Add tooth to existing partial denture	\$35 + Lab
D5660	Add clasp to existing partial denture	\$35 + Lab
D5670	Replace all teeth & acrylic cast metal framework maxillary	20% Discount

D5671	Replace all teeth & acrylic cast metal framework mandibular	20% Discount
D5710	Rebase complete maxillary denture	\$50 + Lab
D5711	Rebase complete mandibular denture	\$50 + Lab
D5720	Rebase maxillary partial denture	\$50 + Lab
D5721	Rebase mandibular partial denture	\$50 + Lab
D5730	Reline complete maxillary denture chairside	\$70 + Lab
D5731	Reline complete mandibular denture chairside	\$70 + Lab
D5740	Reline maxillary partial denture chairside	\$70 + Lab
D5741	Reline mandibular partial denture chairside	\$70 + Lab
D5750	Reline complete maxillary denture laboratory	\$50 + Lab
D5751	Reline complete mandibular denture laboratory	\$50 + Lab
D5760	Reline maxillary partial denture laboratory	\$50 + Lab
D5761	Reline mandibular partial denture laboratory	\$50 + Lab
D5850	Tissue reconditioning per denture	\$40
D5851	Tissue conditioning, mandibular	\$40
D6010	Surgical placement implant body: endosteal implant	20% Discount
D6011	Second stage implant surgery	20% Discount
D6012	Surgical placement interim implant transitional pros: endos	20% Discount
D6013	Surgical placement of mini implant	20% Discount
D6040	Surgical placement: eposteal implant	20% Discount
D6049	Scaling/debridement in presence of inflammation/peri-implantitis - single implant	20% Discount
D6050	Surgical placement: transosteal implant	20% Discount
D6051	Interim abutment	20% Discount
D6055	Connecting bar implant or abutment supported	20% Discount
D6056	Prefabricated abutment includes placement	20% Discount
D6057	Custom abutment includes placement	20% Discount
D6058	Abutment supported porcelain/ceramic crown	20% Discount
D6059	Abutment supported porcelain to metal crown hi noble metal	20% Discount
D6060	Abutment supported porcelain to metal crown predominately base metal	20% Discount
D6061	Abutment supported porcelain to metal crown noble metal	20% Discount
D6062	Abutment supported cast metal crown high noble metal	20% Discount
D6063	Abutment supported cast metal crown predominately base metal	20% Discount
D6064	Abutment supp cast metal crown noble metal	20% Discount
D6065	Implant supported porcelain/ceramic crown	20% Discount
D6066	Implant supported porcelain fused to metal crown	20% Discount
D6067	Implant supported metal crown	20% Discount
D6068	Abutment supported retainer porcelain/ceramic fpd	20% Discount
D6069	Abutment supported retainer porcelain to metal fpd hi noble	20% Discount
D6070	Abutment supported retainer porcelain to metal fpd predominately base	20% Discount
D6071	Abutment supported retainer porcelain fused metal fpd	20% Discount
D6072	Abutment supported retainer for cast metal fpd	20% Discount
D6073	Abutment supported retainer cast metal fpd predominately base metal	20% Discount
D6074	Abutment supported retainer cast metal fpd noble metal	20% Discount
D6075	Implant supported retainer for ceramic fpd	20% Discount
D6076	Implant supported retain porcelain fused metal fpd	20% Discount
D6077	Implant supported retainer for cast metal fpd	20% Discount
D6080	Implant maintenance procedures removed prosthetics & reinserted	20% Discount
D6081	Scaling/debridement in presence of inflammation/mucositis-single implant	20% Discount

D6082	Implant supported crown porcelain fused predominately base alloys	20% Discount
D6083	Implant supported crown porcelain fused noble alloys	20% Discount
D6084	Implant supported crown porcelain fused titanium and titanium alloys	20% Discount
D6085	Provisional implant crown	20% Discount
D6086	Implant supported crown predominately base alloys	20% Discount
D6087	Implant supported crown noble alloys	20% Discount
D6088	Implant supported crown titanium and titanium alloys	20% Discount
D6090	Repair implant supported prosthetics by report	20% Discount
D6091	Replacement attachment implant/abutment supported prosthetics per attachment	20% Discount
D6092	Recement implant/abutment supported crown	20% Discount
D6093	Recement implant/abutment supported fixed partial denture	20% Discount
D6094	Abutment supported crown titanium	20% Discount
D6095	Repair implant abutment by report	20% Discount
D6096	Remove broken implant retaining screw	20% Discount
D6097	Abutment supported crown porcelain fused titanium and titanium alloys	20% Discount
D6098	Implant supported retainer porcelain fused predominately base alloys	20% Discount
D6099	Implant supported retainer fpd porcelain fused noble alloys	20% Discount
D6100	Implant removal by report	20% Discount
D6101	Debridement of peri-implant defect	20% Discount
D6102	Debridement of peri-implant defect	20% Discount
D6103	Bone graft repair of peri-implant	20% Discount
D6104	Bone graft time of implant placement	20% Discount
D6110	Implant/abutment supported removable denture edentulous arch-maxillary	20% Discount
D6111	Implant/abutment supported removable denture edentulous arch-mandibular	20% Discount
D6112	Implant/abutment supported removable denture part edentulous arch-maxillary	20% Discount
D6113	Implant/abutment supported removable denture part edentulous arch-mandibular	20% Discount
D6114	Implant/abutment supported fixed denture complete edentulous arch-maxillary	20% Discount
D6115	Implant/abutment supported fixed denture complete edentulous arch-mandibular	20% Discount
D6116	Implant/abutment supported fixed denture complete edentulous arch-maxillary	20% Discount
D6117	Implant/abutment supported fixed denture complete edentulous arch-mandibular	20% Discount
D6118	Implant/abutment supported interim fixed denture edentulous arch-mandibular	20% Discount
D6119	Implant/abutment supported interim fixed denture edentulous arch-maxillary	20% Discount
D6120	Implant supported retainer porcelain fused titanium and titanium alloys	20% Discount
D6121	Implant supported retainer metal fpd predominately base alloys	20% Discount
D6122	Implant supported retainer metal fpd noble alloys	20% Discount
D6123	Implant supported retainer metal fpd titanium and titanium alloys	20% Discount
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	20% Discount
D6190	Radiographic/surgical implant index by report	20% Discount
D6193	Replacement of an implant screw	20% Discount
D6194	Abutment supported retainer crown for fpd	20% Discount
D6195	Abutment supported retainer porcelain fused titanium and titanium alloys	20% Discount
D6199	Unspecified implant procedure by report	20% Discount
D6205	Pontic - indirect resin based composite	\$150
D6210	Pontic - cast high noble metal	\$275 + Lab
D6211	Pontic - cast predominately base metal	\$275 + Lab
D6212	Pontic - cast noble metal	\$275 + Lab
D6240	Pontic - porcelain fused to high noble metal	\$275 + Lab
D6241	Pontic - porcelain fused to predominately base metal	\$275 + Lab

D6242	Pontic - porcelain fused to noble metal	\$275 + Lab
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$275 + Lab
D6245	Pontic - porcelain/ceramic	\$275 + Lab
D6250	Pontic - resin with high noble metal	\$275 + Lab
D6251	Pontic - resin with predominately base metal	\$275 + Lab
D6252	Pontic - resin with noble metal	\$275 + Lab
D6280	Implant maintenance procedures when implant/abutment denture are removed and reinserted, including cleansing of prostheses and abutments	20% Discount
D6720	Retainer crown - resin with high noble metal	\$300 + Lab
D6721	Retainer crown - resin with predominately base metal	\$300 + Lab
D6722	Retainer crown - resin with noble metal	\$300 + Lab
D6740	Retainer crown - porcelain/ceramic	\$300 + Lab
D6750	Retainer crown - porcelain fused to high noble metal	\$300 + Lab
D6751	Retainer crown - porcelain fused to predominately base metal	\$300 + Lab
D6752	Retainer crown - porcelain fused to noble metal	\$300 + Lab
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$300 + Lab
D6780	Retainer crown - 3/4 cast high noble metal	\$300 + Lab
D6781	Retainer crown - 3/4 cast predominately based metal	\$300 + Lab
D6782	Retainer crown - 3/4 cast noble metal	\$300 + Lab
D6783	Retainer crown - 3/4 porcelain/ceramic	\$300 + Lab
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$300 + Lab
D6790	Retainer crown - full cast high noble metal	\$300 + Lab
D6791	Retainer crown - full cast predominately base metal	\$300 + Lab
D6792	Retainer crown - full cast noble metal	\$300 + Lab
D6920	Connector bar	\$55 + Lab
D6930	Recement bridge - per cemented unit	\$35 + Lab
D6940	Stress breaker, simple	\$40 + Lab
D6950	Precision attachment	\$150 + Lab
D6980	Bridge repair	\$25 + Lab
D7111	Extraction, coronal remnants - primary tooth	\$35
D7140	Extraction, erupted tooth or exposed roots	\$45
D7210	Surgical extraction	\$85
D7220	Soft tissue impaction	\$85
D7230	Partial bony impaction	\$125
D7240	Complete bony impaction	\$135
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	\$155
D7250	Surgical root recovery	\$65
D7270	Tooth reimplantation & stabilization	\$125
D7280	Surgical exposure of impacted tooth	\$160
D7286	Biopsy of oral tissue - soft	\$35 + Lab
D7310	Alveoloplasty/quad with extraction 1 to 3 teeth	\$80
D7311	Alveoloplasty/quad with extraction 4 or more teeth	\$45
D7320	Alveoloplasty/quad without extraction 1 to 3 teeth	\$200
D7321	Alveoloplasty/quad without extraction 4 or more teeth	\$125
D7471	Removal of exostosis - maxillary or mandibular	\$265
D7510	Intra - oral I & D or abscess	\$65
D7961	Buccal / labial frenectomy (frenulectomy)	\$140
D7962	Lingual frenectomy (frenulectomy)	\$140
Temporomandibular Joint Dysfunction (TMJ)		Discount Only

	Orthodontics	Discount Only
D9110	Emergency palliative treatment	\$35
D9210	Local anesthetic	\$0
D9222	Deep sedation/general anesthesia - first 15 minutes	\$110
D9223	Deep sedation/general anesthesia - each additional 15 minute increment	\$110
D9224	General anesthesia with advanced airway – first 15 minutes	\$110
D9225	General anesthesia with advanced airway – each additional 15 minute increment	\$110
D9230	Analgesia/Nitrous oxide	\$25
D9239	IV (conscious) sedation/analgesia - first 15 minutes	\$50
D9243	IV (conscious) sedation/analgesia - each additional 15 min	\$45
D9310	Consultation	\$0
D9430	Office visit	\$0
D9440	Office visit (after regular scheduled hours)	\$35
D9944	Occlusal guard - hard appliance, full arch	\$160 + Lab
D9945	Occlusal guard - soft appliance, full arch	\$160 + Lab
D9946	Occlusal guard - hard appliance, partial arch	\$160 + Lab
D9951	Occlusal adjustment - limited per visit	\$25
D9952	Occlusal adjustment - complete	\$90
D9972	Cosmetic bleaching, per arch	\$110
D9973	Cosmetic bleaching, per tooth	\$25
D9986	Missed/canceled appointment (without 24 hours notice)	\$25
D9999	Unspecified adjunctive procedure, by report	\$25

Special Limitations

This Schedule of Benefits and Copayments is for non-precious metals only. If gold is used, there will be an additional charge according to the current market value of gold. Procedures or services not listed will be provided at usual & customary fees.

*Endodontic, periodontic and oral surgery treatments from a plan specialist must be approved by the plan administrator, TDAUT, prior to any services rendered. Specialty care services not listed are discounted by the rate filed with TDAUT. Pedodontist coverage is the discount filed with TDAUT (20-25% off the participating pedodontists regular fee).

**Orthodontic coverage is the discount filed with TDAUT. Please see provider listing for details.

III. COPAYMENTS

The copayment amount in the Schedule Of Benefits and Copayments, contained herein are payable by you directly to the dental office as treatment is received. You should discuss all future payments and costs before new appointments are made. The dental office staff will help you plan your dental treatment and payments.

IV. SPECIALTY CARE

Sometimes your selected dentist will identify a problem that is best treated by a specialist. In this case, your dentist will refer you, where available, to a fully qualified specialist in the DHMO network who specializes in the care you need. Depending on your plan of coverage (refer to your Schedule of Benefits and Copayments), treatment provided by a specialist may require plan authorization. Your selected general dentist will initiate this authorization. Eligible dental care services from a specialist are those services specifically listed under the specialist category of the Schedule of Benefits and Copayments.

V. EXTENDED CARE

Upon termination of eligibility or termination of the Group Agreement, the plan will complete any procedures started, but only the procedures in progress.

VI. EFFECTIVE DATE OF COVERAGE

- A. Initial enrollment must be made within thirty (30) days following the date of hire or the employer's period of probation. If enrollment is received prior to the fifteenth (15th) day of the month, coverage will begin on the first day of the following month. If TDAUT does not receive the completed application as required above, the employee must wait until the next open enrollment period.
- B. A spouse and child(ren), newly acquired through marriage, must make an application within thirty (30) days of marriage. If said application is received prior to the fifteenth (15th) day of the month, coverage will begin on the first day of the following month. Except for newborn natural children and adopted children, who are enrolled within thirty (30) days from the date of the birth of the natural child or thirty (30) days after placement of the adopted child, family members, who do not enroll during the initial enrollment period, cannot enroll until the next annual open enrollment period.

VII. PARTICIPATING DENTAL OFFICES

- A. Benefits Obtained from General Dentists: Except for out of area emergency care, benefits are available only from your selected general dentist.
- B. List of General Dentists: You may obtain a current list of general dentists from the plan's administrative office located at 5101 South Commerce Drive, Murray, UT 84107, by calling (801) 268-9740 or 1 (800) 880-3536, or on our website at TDAdental.com and selecting the "Find a Provider" link.
- C. Choosing a General Dentist: You may choose any general dentist from the list of general dentists listed on our website. Upon request, the plan administrator will assist you in selecting a plan dentist but may not recommend any particular dentist. All covered family members must go to the same general dentist. You must choose a general dentist at the time you enroll. You must have a general dentist to receive benefits.
- D. Changing General Dentists: You may change general dentists. If you notify the plan, in writing, by the fifteenth (15th) day of the month, the change will be effective on the first of the following month. Should your general dentist stop participation, the plan reserves the right to transfer you to another general dentist of your choosing.

All dentists furnishing services to a member do so as independent contractors. TDAUT shall not be liable for any claim or demand for damages arising out of or in any manner connected with any injuries suffered by a member while receiving dental services.

VIII. EMERGENCY CARE

In an emergency, we are here to help! The plan will apply the same in-network payment for any out-of-network emergency care. To realize the maximum benefit please seek care from an in-network provider. For help please call TDAUT at (801) 268-9740 or 1 (800) 880-3536.

IX. SCHEDULING AN APPOINTMENT

After your plan becomes effective, you can schedule an appointment by contacting your selected general dentist. Your dentist will offer you an appointment generally within thirty (30) days of your call or within 24 hours for emergency care. Most dental appointments are scheduled Monday through Friday during regular working hours. Each dentist is an independent practitioner who establishes his or her own hours. Call your general dentist to ask about office hours and the availability of emergency dental services.

X. PLAN IDENTIFICATION CARD

Although an ID card will be issued to you, it is not necessary in order to receive dental care from your general dentist. Your name will appear on an eligibility list, which is sent to your selected dentist each month.

XI. WORKERS' COMPENSATION EXCLUSION

Expenses for which payment is required under applicable Workers' Compensation statutes are not eligible for payment under this dental plan.

XII. COORDINATION OF BENEFITS

This Coordination of Benefits (COB) provision applies to this plan when a member and/or subscriber has other dental care coverages. In the event benefits apply under two or more dental care coverages, each plan determines its order of benefits using the first of the following rules that apply:

- A. Non-Dependent or Dependent: The plan that covers the person other than as a dependent, such as an employee, member, policyholder, retiree or subscriber, is the primary plan and the plan that covers the person as a dependent is the secondary plan.
- B. Child Covered Under More Than One Plan: Unless there is a court decree stating otherwise, plans covering a child shall determine the order of benefits as follows:
 - a. For a child whose parents are married or living together if they have never been married:
 - i. The plan of the parent whose birthday falls earlier in the calendar year is the primary plan; or
 - ii. If both parents have the same birthday, the plan that has covered the parent longest is the primary plan.
 - b. For a child whose parents are divorced or separated or are not living together if they have never been married:
 - i. If a court decree states that one of the parents is responsible for the child's healthcare expenses or healthcare coverage, the responsible parent's plan is primary.
 - ii. If the parent with responsibility has no healthcare coverage for the child's healthcare expenses, but the spouse of the responsible parent does have healthcare coverage for the child's healthcare expenses, the responsible parent's spouse's plan is the primary plan. If a court decree states that both parents are responsible for the child's healthcare expenses or healthcare coverage, the provisions of R590-131-6.B.1. shall determine the order of benefits.
 - iii. If a court decree states that the parents have joint custody without stating that one parent has responsibility for the healthcare expenses or healthcare coverage of the child, the provisions of R590-131-6.B.1. shall determine the order of benefits, or
 - iv. If there is no court decree allocating responsibility for the child's healthcare expenses or healthcare coverage, the order of benefits for the child are as follows:
 - 1. the plan covering the custodial parent;
 - 2. the plan covering the custodial parent's spouse;
 - 3. the plan covering the non-custodial parent; and then
 - 4. the plan covering the non-custodial parent's spouse.
 - v. For a child covered under more than one plan, and one or more of the plans provides coverage for individuals who are not the parents of the child, such as a guardian, the order of benefits shall be determined under R590-131-6.B.1 or 2 as if those individuals were parents of the child.
- C. Active, Retired, or Laid-Off Employee.
 - a. The plan that covers a person as an active employee who is neither laid off, nor retired, nor a dependent of an active employee, is the primary plan. The plan covering that same person as a retired or laid-off employee or as a dependent of a retired or laid-off employee is the secondary plan.
 - b. If the other plan does not have this rule, and the plans do not agree on the order of benefits, this rule is ignored.
 - c. This Subsection does not apply if the rule in Subsection D.a. can determine the order of benefits.
- D. COBRA or State Continuation Coverage.
 - a. If a person whose coverage is provided pursuant to COBRA or under a right of continuation pursuant to state or other federal law is covered under another plan, the plan covering the person as an employee, member, subscriber or retiree or covering the person as a dependent of an employee, member, subscriber or retiree is the primary plan and the plan covering that same person pursuant to COBRA or under a right of continuation pursuant to state or other federal law is the secondary plan.
 - b. If the other plan does not have this rule, and the plans do not agree on the order of benefits, this rule is ignored.
 - c. This rule does not apply if the rule in R590-131-6.A. can determine the order of benefits.
- E. Longer or Shorter Length of Coverage.
 - a. If the preceding rules do not determine the order of benefits, the plan that covered the person for the longer period of time is the primary plan and the plan that covered the person for the shorter period of time is the secondary plan.
 - b. To determine the length of time a person has been covered under a plan, two successive plans shall be treated as one if the claimant was eligible under the second within 24 hours after coverage under the first plan ended.
 - i. The start of a new plan does not include:
 - 1. a change in the amount or scope of a plan's benefits;
 - 2. a change in the entity that pays, provides or administers the plan's benefits; or
 - 3. a change from one type of plan to another, such as, from a single employer plan to a multiple employer plan.
 - ii. The person's length of time covered under a plan is measured from the person's first date of coverage under that plan. If that date is not readily available, the date the person first became a member of the group shall be used as the date from which to determine the length of time the person's coverage under the present plan has been in force.
 - iii. If none of the above rules determine the primary plan, the allowable expenses shall be shared equally between the plans.
 - iv. If the plans cannot agree on the order of benefits within 30 calendar days after the plans have received all of the information needed to pay the claim, the plans shall immediately pay the claim in equal shares and determine their relative liabilities following payment, except that no plan shall be required to pay more than it would have paid had it been the primary plan.

XIII. THIRD PARTY RESPONSIBILITY

In the event a member and/or subscriber sustains any illness or injury for which a third party may be responsible, the plan, up to the amount of benefits paid or provided, shall be entitled to the proceeds of any settlement or judgment which results in a recovery from the third party; but only under the conditions that the covered member and/or subscriber is made whole first.

XIV. CONTINUATION OF COVERAGE

You and your dependents are entitled to continue coverage, should you and/or your dependents' eligibility lapse under the plan. You must provide written notification of request for continuation of coverage with appropriate membership dues (premium) within sixty (60) days of the date your eligibility ceases. For continuation under the COBRA Act, if applicable, contact your employer for details.

XV. APPEAL/GRIEVANCE

In the event you have a complaint, an initial attempt should be made to resolve it by communicating with TDAUT's Customer Service Department. If a resolution cannot be reached in this manner, the Formal Grievance and Appeal process should be used.

XVI. FORMAL APPEAL/GRIEVANCE

You may ask TDAUT to review its decisions involving requests for service or requests to have claims paid. "Adverse Benefit determination" means the denial of a benefit, reduction of a benefit, termination of a benefit or failure to provide or make payment, in whole or in part, for a benefit. "Adverse benefit determination" includes:

- A. denial, reduction, termination, or failure to provide or make payment that is based on a determination of an insured's or a beneficiary's eligibility to participate in a plan;
- B. with respect to individual or group health plans, and a denial, reduction, or termination of, or a failure to provide or make payment, in whole or in part, for, a benefit resulting from the application of a utilization review; and
- C. failure to cover an item or service for which benefits are otherwise provided because it is determined to be experimental, investigational, or not medically necessary or appropriate.

The following levels of review will be available to a covered person and/or their designated representative. Internal Reviews - for written grievances, including those resulting from an adverse benefit determination. Expedited Reviews – for cases involving urgent care claims. Voluntary Independent Review – for resolution of adverse benefit determinations of medical necessity. To receive a Formal Grievance and Appeals Form, or to submit a request for Formal Appeal, you may send a written request to: TDUT Grievance and Appeals Coordinator, 5101 South Commerce Drive, Murray, Utah, 84107 Local: (801) 268-9740 Toll Free: 1 (800) 880-3536 Facsimile: (801) 268-9873. You may contact the Utah Insurance Department if you have a question or concern regarding your coverage under this contract. The Department may be contacted: In Writing: Utah Insurance Department, 3110 State Office Building, Salt Lake City, UT 84114-6901. Or by phone: 801-538-3800.

XVII. TERMINATION

Benefits under this plan shall cease upon any of the following events:

- A. On the date of the expiration of the period for which the last payment was made.
- B. Upon the date of entry into full-time military service.
- C. On the last day of the month during which termination notice occurs, or thirty (30) days from the date that the termination notice is received by the member and/or subscriber, whichever date is later, in the event that a member and/or subscriber fails to maintain a satisfactory dentist-patient relationship, i.e. the general dentist no longer desires to treat the member and/or subscriber.
- D. In the event premiums are delinquent, services and benefits under the plan shall be suspended effective on the last day of the month during which the delinquency occurred.
- E. On the date the plan contract terminates, if not renewed.

XVIII. DENTAL RECORDS

The dental records of the member and/or subscriber concerning services performed herein shall remain the property of the plan dentist.

XIX. CUSTOMER SERVICE INQUIRES

Plan member and/or subscriber customer service is available by calling TDAUT at (801) 268-9740 or toll-free 1 (800) 880-3536 during normal business hours. All group dental plan inquiries, including grievance procedures are handled by TDAUT.

XX. EARLY TERMINATION PENALTY

While employed with the group, the subscriber agrees to remain enrolled as a member of the group dental plan for a minimum of one year. Less than one-year membership may result in the subscriber being billed usual service fees minus premium and copayments paid.

XXI. PROOF OF LOSS

Written proof of loss must be given to plan within ninety (90) days after the date of the loss for which encounter is made. If it was not reasonably possible to give written proof within the 90-day period, plan will not reduce or deny an encounter for this reason if the proof is filed as soon as is reasonably possible.

XXII. GRACE PERIOD

A 30-day grace period will be granted for payment of premiums accrued after the first premium has been paid. During this period the Policy will remain in force, but you will be liable to TDAUT for any premiums accrued and claims paid for services rendered during this period.

XXIII. RIGHTS OF SPOUSE

- A. In the event of the insured's death the spouse of the insured shall become the insured.
- B. Spouse has rights to continuation of coverage in the event of termination.

PRINCIPLE EXCLUSIONS AND LIMITATIONS

- 1. Sealants are covered to the age of fifteen (15) and are limited to once per permanent molars only.
- 2. Periodontal treatment (sub-gingival curettage and root planning) is limited to four quadrants in any thirty-six (36) consecutive months.
- 3. Replacement of a restoration is covered only when it is dentally necessary.
- 4. Fixed bridgework shall be covered only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
- 5. Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
- 6. Partial dentures are not to be replaced within any five (5) year period from the date of last placement, regardless if last placement occurred while covered under this plan, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
- 7. Full upper and/or lower dentures are not to exceed one each in any five (5) year period from the date of last placement, regardless if last placement occurred while covered under this plan. Replacement shall be provided by the plan for an existing full or partial denture only if it is unsatisfactory and cannot be made satisfactory by either relines or repair.
- 8. Denture relines are limited to two (2) in any year.
- 9. Services for injuries or conditions, which are covered under Workers' Compensation or Employers' Liability Laws.
- 10. Services of a Pedodontist (children's dentist) are not covered except as provided herein.
- 11. Services, which, in the opinion of the attending dentist are not necessary for patient's dental health, are not covered.
- 12. Temporomandibular Joint Treatment (TMJ), except as provided herein.
- 13. Elective or cosmetic dentistry, except as provided herein.
- 14. Oral surgery requiring the setting of fractures or dislocations.
- 15. Orthognathic surgery or extractions solely for orthodontic purposes are not covered.
- 16. Treatment of malignancies, cysts, neoplasms or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth, adoption or placement for adoption.
- 17. Dispensing of drugs is not covered.
- 18. Hospital charges of any kind are not covered.
- 19. Loss or theft of dentures or bridgework are not covered
- 20. Any procedure of implantation or of an experimental nature, (i.e., a service, procedure, drug or treatment for a specific diagnosis from the appropriate governmental regulatory body) are not covered.
- 21. General anesthesia or IV/conscious sedation, except as provided herein.
- 22. Fees incurred for broken or missed appointments (without 24-hour notice) are the member's responsibility.
- 23. Dental expenses incurred in connection with any dental procedure started prior to the effective date of coverage are the member's responsibility and are not covered.
- 24. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage are the member's responsibility are not covered.
- 25. Any procedure performed for the purpose of correcting contour, contact or occlusion, except as provided herein, is not covered.
- 26. Any procedure to correct tooth structure lost due to attrition, erosion or abrasion.
- 27. Any procedure that is not specifically listed as a covered benefit is not covered.
- 28. Provider may refuse treatment to any patient who continually fails to follow a prescribed course of treatment.
- 29. Any dental treatment, which, in the opinion of the plan's dental consultant, has a poor prognosis is not covered.
- 30. Night guard (occlusal guard) limited to one each twenty-four (24) months.
- 31. Services performed by a dentist who is not a participating dentist are not covered, except for emergency care provided herein.

ORTHODONTIC PLAN EXCLUSIONS AND LIMITATIONS

- 1. No benefits will apply for a treatment program which began before the member/subscriber enrolled in the orthodontic plan.
- 2. No benefits will apply for lost or broken appliances.
- 3. Extractions are not included as a benefit.
- 4. Additional fees, for which you are responsible, may be charged by the dentist for:
 - a. Care required in excess of twenty-four (24) months from the time of banding.
 - b. Cross non-cooperation.
 - c. Accidents occurring during the period of treatment.
 - d. Cases involving surgical orthodontics.

e. Cases involving myofunctional therapy of TMJ.

5. If the member and/or subscriber relocates to an area and is unable to receive treatment from a member orthodontist, coverage under the plan ceases and it becomes the obligation of the member and/or subscriber to pay the usual and customary fee of the orthodontist where the treatment is completed.
6. Choice of an orthodontist is limited to orthodontists participating in the plan or to orthodontists who will accept the fees outlined in the plan.
7. If the member and/or subscriber becomes ineligible for benefits under the plan for treatment, coverage under the plan ceases and it becomes the obligation of the member and/or subscriber to pay the remaining balance to the orthodontist.