

Welcome to the

**DENTAL ECLIPSE III PLAN**

The Dental Eclipse III Plan is a reduced fee dental program administered by Total Dental Administrators, Inc., consisting of hundreds of dental providers. This plan offers a cost-effective alternative to traditional dental insurance by providing quality dental care at reasonable and affordable prices. **Dental Eclipse III provides for substantially reduced fees on most dental procedures (as much as 20% to 60% off usual and customary fees).** There are no limits on visits or the amount of dental care you receive per year. Our belief is that proper preventive and comprehensive dental care provided regularly, at affordable prices, will assure that you and your family have the healthiest and happiest smiles possible.

**WHAT ARE THE BENEFITS?**

- Reduced fees for all dental services
- No waiting periods
- No claim forms
- No deductibles
- Pre-existing conditions are covered
- No limits on visits or amount of dental care
- Cosmetic Dentistry is a covered benefit

**Examples of Member Savings**

<u>Treatment</u>	<u>Usual Fees</u>	<u>Plan</u>	<u>Savings</u>
Oral Exam	\$66	\$25	\$41
Full Mouth X-Rays	\$149	\$70	\$79
Adult Cleaning	\$104	\$56	\$48
One Surface Filling	\$200	\$65	\$135
<b>SAVINGS</b>	<b>\$519</b>	<b>\$158</b>	<b>\$361</b>
<b>Dental Eclipse III Yearly Cost</b>			
			<b><u>Annually</u></b>
Member		\$64	
Member + 1 Dependent		\$94	
Family		\$114	
Membership fees include a nonrefundable \$25 administrative fee			

*Membership is available to all individuals who elect to join without regard to age, income, or employment status.*

**IS DENTAL ECLIPSE III INSURANCE?**

Dental Eclipse III is not insurance; it is a reduced fee plan comprised of participating dental providers who have agreed to accept a discounted fee for their services. It is a reasonable, cost-effective alternative to insurance, and may be used when traditional insurance has lapsed.

**WHO IS ELIGIBLE TO JOIN?**

Everyone is eligible to participate in the Dental Eclipse III Plan. Individuals of any age and their spouses are eligible. Under the Family Tier, dependents up to age 26 are eligible.

**HOW SOON WILL COVERAGE BEGIN?**

If the enrollment application and membership fee are received by TDA on or before the 18th of the month, membership will begin the 1st day of the following month. With the permission of your selected dentist your plan membership can be effective immediately.

**HOW DO I RECEIVE CARE?**

Upon enrollment, you will receive a Dental Eclipse III membership ID card. Simply select a dentist from the Dental Eclipse III Plan directory, make an appointment and present your ID card at the time of the appointment. Family members do not need to select the same dentist. When you receive care, simply pay the member fees listed on the fees schedule directly to the dental office. Fees must be paid in full at each visit. Of course, there are no deductibles.

**WHAT IF I NEED A SPECIALIST?**

Dental Eclipse III Plan benefits include a panel of dental specialists who provide members with specialty care at a 20% discount off their usual and customary fees. Specialty Care is limited to availability of participating plan specialists.

**CAN I COORDINATE BENEFITS?**

The Dental Eclipse III Plan is not dental insurance and is not designed to coordinate with any other dental coverage; however, the Dental Eclipse III Plan can be used after all your other dental benefits have exhausted.

Administered by:



2800 North 44th Street, Suite 500

Phoenix, Arizona 85008

(602)266-1995 or 1-888-422-1995

[TDA dental.com](http://TDA dental.com)

**LIMITATIONS/EXCLUSIONS**

1. Treatment that began prior to the Member’s enrollment in the Dental Eclipse III Plan.
2. Prophylaxis is limited to once every six months under code 1110.
3. Denture relines are limited to two in any year.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Myofunctional Therapy, except as provided herein.
6. Prescription and over the counter medications are not covered benefits.
7. Treatment of malignancies, cysts, neoplasm, or congenital malformations.
8. Hospital care needed in conjunction with dental treatment.
9. Loss or theft of any dental appliance.
10. Services that cannot be performed due to the general health of the member.
11. Any procedure, therapy, and/or appliance used to increase vertical dimension or to restore the occlusion and/or treat conditions of the TMJ (temporomandibular joint).
12. Services provided by nonparticipating dental providers.
13. Dental care covered by Worker’s Compensation, Employer Liability Laws, no cost services provided or by any governmental agency can not be combined with the Dental Eclipse III Plan.
14. An insufficient automatic bank withdrawal will automatically cancel your coverage.
15. Implants and all related services are not a covered benefit.

**VALUE ADDED BENEFIT**

With no additional cost to you!

Dental Eclipse III is pleased to announce that all members will automatically receive a vision discount plan and a hearing discount plan free of charge. These benefits provide unlimited choice with quality and value.

For questions and a list of providers visit:

[TDA dental.com/members/value\\_added\\_benefits.php](http://TDA dental.com/members/value_added_benefits.php)



**Quality Individual Dental Insurance, Redefined.**

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Please mail application to the above address

ATTENTION : Individual Department

or enroll online at:

[TDA dental.com](http://TDA dental.com)

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone Number:</b>
<b>Dependents Last Name:</b>	<b>First Name:</b>	<b>Birth Date:</b>	<b>Email Address:</b>	
			<b>Annual Premium:</b>	
			<b>Payment Options:</b>	
			Member only <b>\$64</b> <input type="checkbox"/> Check <input type="checkbox"/> Visa Member Plus 1 <b>\$94</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Member Plus 2 or more <b>\$114</b> <input type="checkbox"/> *** We do not accept American Express***	
			Card Holders Name: _____	
			Credit Card #: _____	
			CVC # last 3 numbers in signature box on back of card _____	
			Expiration Date: _____	
			Card Holders Signature: _____	
			Date	



Please mail application to 2111 East Highland Avenue, Suite 250, Phoenix, Arizona 85016, ATTENTION : Individual Department or enroll online at [TDAdental.com](http://TDAdental.com)

Code	Description	Fee	Fee
D0120	Exam, periodic	\$25	
D0140	Exam, problem focused	\$36	
D0150	Exam, comp, new or established patient	\$35	
D0180	Exam, periodontal, including charting	\$36	
D9440	Exam, problem focused, after regular hours	\$50	
D9999	Missed/cancelled appt w/o 24 hour notice	\$25	
D0210	Full mouth x-ray, intraoral	\$70	
D020-30	Single x-ray, intraoral, periapical	\$14	
D0270	Bitewing x-ray 1 film	\$14	
D0272	Bitewing x-ray 2 films	\$22	
D0274	Bitewing x-ray 4 films	\$29	
D0330	Panoramic x-ray	\$60	
D0350	(Rat/facial images (photographs)	\$15	
D0460	Pulp vitality test - 1 or more teeth	\$10	
D0470	Diagnostic Models	\$66	
D1110	Prophylaxis (cleaning) adult	\$56	
D1120	Prophylaxis (cleaning) child	\$42	
D1203-04	Fluoride treatment, topical	\$17	
D1320	Tobacco Counsel - Contri/Prev Disease	\$0	
D1510	Sealant - per tooth	\$27	
D1515	Space maintainer-fixed unilateral	\$185	
D1550	Reeement Space Maintainer	\$300	
D2140	Amalgam-1 surface, prim or perm	\$65	
D2150	Amalgam-2 surface, prim or perm	\$82	
D2160	Amalgam-3 surface, prim or perm	\$102	
D2161	Amalgam-4 surface or more, prim or perm	\$120	
D2330	Resin-1 surface-anterior	\$80	
D2331	Resin-2 surface-anterior	\$100	
D2332	Resin-3 surface-anterior	\$120	
D2391	Resin-1 surface-posterior	\$95	
D2392	Resin-2 surface-posterior	\$130	
D2393	Resin-3 surface-posterior	\$150	
D2394	Resin-4 or more surface-posterior	\$160	
D2510	Inlay-metallic 1-surface	\$401	
D2520	Inlay-metallic 2-surface	\$446	
D2530	Inlay-metallic 3-or more surfaces	\$491	
D2542	Onlay-metallic 2 surfaces	\$540	
D2543	Onlay-metallic 3 surface	\$580	
D2544	Onlay-metallic 4 or more surfaces	\$594	
D2610	Inlay-ceramic 1 surface	\$440	
D2620	Inlay-ceramic 2 surface	\$480	
D2630	Inlay-ceramic 3 or more surfaces	\$575	
D2642	Onlay-ceramic 2 surface	\$560	
D2643	Onlay-ceramic 3 surface	\$634	
D2644	Onlay-ceramic 4 or more surfaces	\$659	
D2740	Crown-Porcelain/ceramic substrate	\$750	
D2750	Crown-Porcelain high noble metal	\$725	
D2751	Crown-Porcelain fused to base metal	\$675	

**This fee schedule is for General Dentists only.**  
**ALL LAB FEES ARE INCLUDED IN THE FEES LISTED.**

Code	Description	Fee	Fee
D2752	Crown-Porcelain fused to noble metal	\$700	
D2790	Crown-full cast high noble metal	\$700	
D2791	Crown-full cast-base metal	\$650	
D2792	Crown-full cast-noble metal	\$675	
D2920	Reeementation of crown	\$54	
D2930	Crown-prelab stainless steel, prim tooth	\$150	
D2950	Core build up/including pins, per tooth	\$135	
D2951	Pin retention, in addition to restoration	\$33	
D2952	Cast post/core in addition to crown	\$200	
D2954	Prelab/post/core in addition to crown	\$173	
D3220	Therapeutic Pulpotomy	\$90	
D3221	Pulp debridement/not done as part of RCT	\$90	
D3310	Root Canal Therapy - anterior	\$405	
D3320	Root Canal Therapy - bicuspid	\$480	
D3330	Root Canal Therapy - molar	\$640	
D3410	Apicoectomy-anterior	\$463	
D3421	Apicoectomy-bicuspid - 1st root	\$495	
D3425	Apicoectomy-molar - 1st root	\$557	
D3426	Apicoectomy-each additional root	\$174	
D3430	Retrograde filling, per root	\$143	
D4210	Gingivectomy/Gingivoplasty 4+ teeth per quadrant	\$315	
D4211	Gingivectomy/Gingivoplasty 1 to 3 teeth per quad	\$131	
D4260	Cosseous Surgery, incl flap entry closure 4+ th quad	\$690	
D4261	Cosseous Surgery, incl flap entry closure 1-3 th quad	\$395	
D4341	Scaling/root planing, 4+ teeth per quad	\$148	
D4342	Scaling/root planing, 1 to 3 teeth per quad	\$59	
D4355	Full mouth debridement to enable to enable eval. & diag	\$76	
D4910	Periodontal maintenance, per visit	\$66	
D5110-20	Complete denture-per arch	\$825	
D5130-40	Complete Immed denture-per arch	\$875	
D5213-14	Partial dent-cast frame resin base conv clasps, rests, teeth, per arch	\$900	
D5281	Removable unilateral partial denture cast metal all clasps & th	\$350	
D5510-5640	Partial dent-repair base, per arch	\$116	
D5520-5640	Dent/partial replace teeth, each tooth	\$90	
D5620	Partial denture-repair cast framework	\$112	
D5630-60	Partial dent repair/replace/add clasp	\$117	
D5730-31	ReLine complete denture,chair side/per/arch	\$175	
D5740-41	ReLine partial denture, chair side, per arch	\$157	
D5750-51	ReLine complete denture in lab, per arch	\$250	
D5760-61	ReLine partial denture in lab, per arch	\$231	
D5820-21	Interim partial denture, per arch	\$298	
D6210	Portic-Cast-high noble metal	\$640	
D6211	Portic-Cast base metal	\$590	
D6212	Portic-Cast noble metal	\$610	
D6240	Portic-Porcelain/high noble metal	\$700	
D6241	Portic-Porcelain-precum base metal	\$675	
D6242	Portic-Porcelain/noble metal	\$700	
D6245	Portic-Porcelain/ceramic	\$750	
D6740	Crown-Porcelain ceramic	\$750	

All specialty treatment performed at a participating specialist is at a 20% discount off of their fee schedules (Endodontist, Oral Surgeon or Periodontist)

Code	Description	Fee	Fee
D6751	Crown-Porcelain/base metal	\$700	
D6752	Crown-Porcelain noble metal	\$700	
D6790	Crown-cast high noble metal	\$700	
D6791	Crown-cast base metal	\$650	
D6792	Crown-cast noble metal	\$675	
D6930	Reeementation of brdge	\$75	
D6970	Cast post/core per tooth	\$203	
D6973	Core buildup- including pins	\$100	
D7111	Extraction-coral remnants, prim	\$60	
D7140	Extraction-erupted tooth	\$70	
D7210	Extraction-erupted tooth surgical	\$136	
D7220	Extraction-soft tissue impaction	\$160	
D7230	Extraction-partial bony impaction	\$200	
D7240	Extraction-comp bony impaction	\$236	
D2960	Labial Veneer (resin laminated) chair side	-20%	
D2961	Labial Veneer (resin laminated) laboratory	-20%	
D2962	Labial Veneer (porcelain laminate)	-20%	
D9940	Occlusal guard, by report	-20%	
D9941	Fabrication of athletic mouth guard	-20%	
D9972	Bleaching - take home trays	-20%	
D9999	Bleaching - in office bleaching	-20%	
D8999	Diagnostic Workup, x-rays/models	\$275	
D8030	Limited ortho treatment under 19	\$3,500	
D8040	Limited ortho treatment 19 and over	\$3,900	
D8080	Comprehensive ortho treatment under 19	\$4,150	
D8090	Comprehensive ortho treatment 19 & over	\$4420	
D8210	Removable appliance therapy	\$755	
D8220	Fixed appliance therapy	\$755	
D8660	Pre-orthodontic treatment visit	\$90	
D8680	Ortho retention removal of appliances, construction/replace per arch	\$150	
D8691	Repair functional appliance/palatal expanders	\$90	
D8692	Replace lost or irreparable retainer	\$150	
D8999	Final ortho records	\$125	

**ORTHODONTIC EXCLUSIONS AND LIMITATIONS**

- No benefits will apply for a treatment program that began before the Member/Subscriber enrolled in orthodontic plan.
- No benefits will apply for lost or broken appliances, except as provided herein.
- Extractions are not included as a benefit.
- No benefits will apply for the following:
  - Care required in excess of 24mo. from the time of banding.
  - Gross non-cooperation.
  - Accidents occurring during the period of treatment.
  - Cases involving surgical orthodontics.
  - Cases involving Myofunctional Therapy or T.M.J.
- 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 & custom-ary fee of the Orthodontist where the treatment is completed.
  - Choice of Orthodontist is limited to participating Orthodontists who will accept the fees outlined in the Plan.
  - If the Member and/or Subscriber become ineligible for benefits or this Plan ceases, it becomes the obligation of the Member and/or the Subscriber to pay the remaining balance due to the Orthodontist.