

Puzzled over how to get started?

What do I do to sign up?

Fill out the membership form. Select your method of payment; monthly or yearly, fill in the appropriate information and mail it to the address below. Or you can sign up on the internet at www.totaldentaladmin.com.

Who is Eligible to Join?

Everyone is eligible to participate in the Dental Eclipse II Plan. Individuals, senior citizens, children from 6 to 106, married couple and their children are eligible. (Under the Family Plan, unmarried dependents are to age 23.)

How soon will Coverage Begin?

If the enrollment application and membership fee are received by TDA on or before the 20th of the month, membership will begin on the 1st day of the following month. With the permission of your selected dentist your plan membership can be effective immediately.

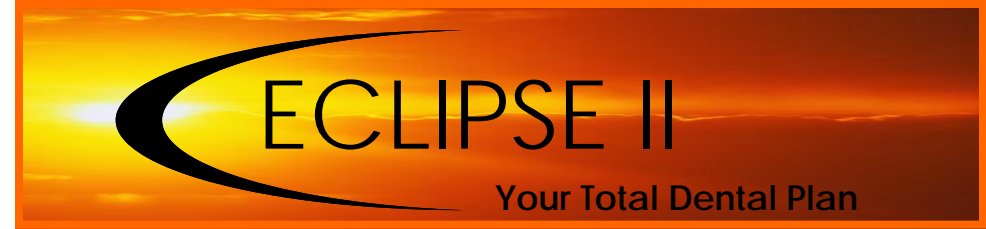
How do I Receive Care?

Upon enrollment, you will receive one Dental Eclipse II membership ID card. Simply select a dentist from the Dental Eclipse II Plan Directory, make an appointment and present your Dental Eclipse II 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 your fee schedule directly to the dental office. Fees must be paid in full at each visit. Of course, there are no deductibles.

Is the Dental Eclipse II Plan Insurance?

Dental Eclipse II is not an insurance plan. It is a reduced fee plan comprised of participating dental providers who are dedicated to quality dental care services at reasonable and affordable prices.

Administered by
Total Dental Administrators, Inc.
www.totaldentaladmin.com



The Individual/Family Dental Plan

Administered by:
Total Dental Administrators, Inc.
2111 E. Highland Ave., Suite 425
Phoenix, AZ 85016-4735
(602) 266-1995 or 1-888-422-1995

Individual membership only \$72.00 a year!

Welcome to the DENTAL ECLIPSE II PLAN

The Dental Eclipse II Plan is a reduced fee dental program administered by a licensed insurance company (Total Dental Administrators, Inc.), and consisting of over 1200 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 II provides for substantially reduced fees on most dental procedures (as much as 20% to 60% off usual and customary rates).** 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 to visits or amount of dental care.**
- * **Cosmetic Dentistry is a covered benefit**



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Dental Eclipse II

Yearly Cost

	<u>Annual</u>
Subscriber	\$ 72
Subscriber + 1 Dependent	\$108
Family	\$144

Membership fees include a nonrefundable \$25.00 administrative fee

Examples of Member Savings

<i>Treatment</i>	<i>Usual Fees</i>	<i>Plan</i>	<i>Savings</i>
Oral Exam	\$ 65	\$ 24	\$ 41
Full Mouth x-rays	\$ 88	\$ 35	\$ 53
Adult Cleaning	\$ 75	\$ 38	\$ 37
One Surface Filling	\$ 85	\$ 61	\$ 24
SAVINGS = 50%	\$313	\$158	\$155

Dental Eclipse II Plan

Schedule of Benefits and Member Fees

Code	Description	Fee
<u>Diagnostic</u>		
D0120	Exam, periodic	\$24
D0140	Exam, problem focused	\$33
D0150	Exam, comp, new or established patient	\$25
D0180	Exam, periodontal, including charting	\$33
D9440	Exam, problem focused, after regular hours	\$50
D9999	Missed/cancelled appt w/o 24 hour notice	\$25
<u>Preventative</u>		
D0210	Full mouth x-ray, intraoral	\$35
D0220-30	Single x-ray, intraoral, periapical	\$12
D0270	Bitewing x-ray 1 film	\$12
D0272	Bitewing x-ray 2 films	\$18
D0274	Bitewing x-ray 4 films	\$20
D0330	Panoramic x-ray	\$42
D0350	Oral/facial images (photographs)	\$15
D0460	Pulp vitality test - 1 or more teeth	\$10
D0470	Diagnostic Models	\$56
D1110	Prophylaxis (cleaning) adult	\$38
D1120	Prophylaxis (cleaning) child	\$28
D1203-04	Fluoride treatment, topical	\$16
D1320	Tobacco Counsel - Control/Prev Disease	\$20
D1351	Sealant - per tooth	\$25
D1510	Space maintainer-fixed unilateral	\$185
D1515	Space maintainer-fixed bilateral	\$280
D1550	Recement Space Maintainer	\$33
<u>Restorative (Fillings)</u>		
D2140	Amalgam-1 surface, prim or perm	\$61
D2150	Amalgam-2 surface, prim or perm	\$74
D2160	Amalgam-3 surface, prim or perm	\$95
D2161	Amalgam-4 surface or more, prim or perm	\$117
D2330	Resin-1 surface-anterior	\$69
D2331	Resin-2 surface-anterior	\$88
D2332	Resin-3 surface-anterior	\$109
D2335	Resin-4 or more surface-anterior	\$126
D2391	Resin-1 surface-posterior	\$82
D2392	Resin-2 surface-posterior	\$104
D2393	Resin-3 surface-posterior	\$130
D2394	Resin-4 or more surface-posterior	\$138
<u>Inlay/Onlay Restorations</u>		
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	\$539
D2543	Onlay-metallic 3 surface	\$580
D2544	Onlay-metallic 4 or more surfaces	\$594
D2610	Inlay-ceramic 1 surface	\$419

Code	Description	Fee
D2620	Inlay-ceramic 2 surface	\$465
<u>Inlay/Onlay Restorations</u>		
D2630	Inlay-ceramic 3 or more surfaces	\$547
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	\$657
D2750	Crown-Porcelain high noble metal	\$626
D2751	Crown-Porcelain fused to base metal	\$584
D2752	Crown-Porcelain fused to noble metal	\$611
D2790	Crown-full cast high noble metal	\$594
D2791	Crown-full cast-base metal	\$528
D2792	Crown-full cast-noble metal	\$551
D2920	Recementation of crown	\$40
D2930	Crown-prefab stainless steel, prim tooth	\$121
D2950	Core build up/including pins, per tooth	\$112
D2951	Pin retention, in addition to restoration	\$25
D2952	Cast post/core in addition to crown	\$183
D2954	Prefab/post/core in addition to crown	\$149
<u>Endodontics when performed by General Dentist</u>		
D3220	Therapeutic pulpotomy	\$76
D3221	Pulp debridement/not done as part of RCT	\$80
D3310	Root Canal Therapy - anterior	\$365
D3320	Root Canal Therapy - bicuspid	\$436
D3330	Root Canal Therapy - molar	\$607
D3410	Apicoectomy-anterior	\$331
D3421	Apicoectomy-bicuspid - 1st root	\$383
D3425	Apicoectomy-molar - 1st root	\$439
D3426	Apicoectomy-each additional root	\$165
D3430	Retrograde filling, per root	\$99
<u>Periodontics when performed by General Dentist</u>		
D4210	Gingivectomy/Gingivoplasty 4+ teeth per quadrant	\$298
D4211	Gingivectomy/Gingivoplasty 1 to 3 teeth per quadrant	\$170
D4260	Osseous Surgery, including flap entry and closure 4 or more teeth - quad	\$658
D4261	Osseous Surgery, including flap entry and closure 1 to 3 teeth - quad	\$425
D4341	Scaling/root planing, 4+ teeth per quad	\$110
D4342	Scaling/root planing, 1 to 3 teeth per quad	\$56
D4355	Full mouth debridement to enable evaluation and diagnosis	\$80
D4910	Periodontal maintenance, per visit	\$65
<u>Removable Prosthodontics-Dentures/Partials</u>		
D5110-20	Complete denture-per arch	\$778

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

**The above fee schedule is for general dentists only.
ALL LAB FEES ARE INCLUDED IN THE FEES LISTED.**

Code	Description	Fee
D5130-40	Complete Immed denture-per arch	\$856
D5213-14	Partial dent-cast frame resin base conv clasps, rests, teeth, per arch	\$900
D5281	Removable unilateral partial denture cast metal, all clasps and teeth	\$350
D5510-5610	Partial dent-repair base, per arch	\$96
D5520-5640	Dent/partial replace teeth, each tooth	\$87
D5620	Partial denture-repair cast framework	\$100
D5630-5660	Partial dent repair/replace/add clasp	\$93
D5730-5731	Reline complete denture, chairside/per/arch	\$165
D5740-5741	Reline partial denture, chairside, per arch	\$132
D5750-5751	Reline complete denture in lab, per arch	\$250
D5760-5761	Reline partial denture in lab, per arch	\$216
D5820-5821	Interim partial denture, per arch	\$298
<u>Fixed Prosthodontics (Bridges)</u>		
D6210	Pontic-Cast-high noble metal	\$594
D6211	Pontic-Cast base metal	\$528
D6212	Pontic-Cast noble metal	\$551
D6240	Pontic-Porcelain/high noble metal	\$626
D6241	Pontic-Porcelain-predom base metal	\$584
D6242	Pontic-Porcelain/noble metal	\$611
D6245	Pontic-Porcelain/ceramic	\$657
D6740	Crown-Porcelain ceramic	\$657
D6750	Crown-Porcelain/high noble metal	\$626
D6751	Crown-Porcelain/base metal	\$584
D6752	Crown-Porcelain noble metal	\$611
D6790	Crown-cast high noble metal	\$594
D6791	Crown-cast base metal	\$594
D6792	Crown-cast noble metal	\$551
D6930	Recementation of bridge	\$66
D6970	Cast post/core per tooth	\$180
D6973	Core buildup- including pins	\$100
<u>Oral Surgery preformed by General Dentist.</u>		
D7111	Extraction-coronal remnants, prim	\$58
D7140	Extraction-erupted tooth	\$74
D7210	Extraction-erupted tooth surgical	\$120
D7220	Extraction-soft tissue impaction	\$152
D7230	Extraction-partial bony impaction	\$186
D7240	Extraction-comp bony impaction	\$235
<u>Cosmetic Dentistry</u>		
D2960	Labial Veneer (resin laminated) chairside	-20%
D2961	Labial Veneer (resin laminated) laboratory	-20%
D2962	Labial Veneer (porcelain laminate)	-20%
D9940	Occlusal guard, by report	-20%
D9941	Fabrication of athletic mouthguard	-20%
D9972	Bleaching - take home trays	-20%

Code	Description	Fee
<u>Cosmetic Dentistry Continued</u>		
D9999	Bleaching - in office bleaching	-20%
<u>Orthodontics</u>		
D8999	Diagnostic Workup, x-rays/models	\$200
D8030	Limited ortho treatment under 19	\$2,800
D8040	Limited ortho treatment 19 and over	\$3,200
D8080	Comprehensive ortho treatment under 19	\$3,400
D8090	Comprehensive ortho treatment 19 & over	\$3,700
D8210	Removable appliance therapy	\$700
D8220	Fixed appliance therapy	\$700
D8660	Pre-orthodontic treatment visit	\$45
D8680	Ortho retention (removal of appliances, construction/replacement of retainer(s) per arch	\$150
D8691	Repair functional appliance/palatal expanders	\$50
D8692	Replace lost or irreparable retainer	\$150
D8999	Final ortho records	\$100
ORTHODONTIC EXCLUSIONS AND LIMITATIONS		
<ol style="list-style-type: none"> 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. Ortho extractions are not included as a benefit. No benefits will apply for the following: <ol style="list-style-type: none"> 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 & customary fee of the Orthodontist where the treatment is completed. Choice of Orthodontist is limited to Orthodontists participating who will accept the fees outlined in the Plan. If the Member &/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 the Orthodontist. 		