



Employers Dental Services

Understand your benefits

Dental enrollment and coverage guide
100N



Get affordable dental benefits



Here's good news:

You and your family now have access to high-quality dental care at a reduced cost. That's something to smile about!

When you enroll in this pre-paid dental plan

from Employers Dental Services (EDS), a Principal® company, you get coverage for both routine and specialized services. This plan is available in Arizona.

In addition, you benefit from:

- No deductibles, waiting periods, yearly maximums or claim forms
- Orthodontic benefits for children and adults
- Worldwide emergency dental benefits 24 hours a day

Who's eligible?

You can enroll in coverage after meeting your employer's eligibility requirements or during annual benefits enrollment. You can also cover family members (known as dependents).

Ask your employer for details about when you can enroll and which dependents are eligible. You must add dependents within 31 days of becoming eligible for coverage. And don't forget to remove dependent children when they're no longer eligible.

Enrolling is easy

It takes just three easy steps:

- 1 Get the details of your coverage by reading this book.
- 2 Choose a participating general dentist at employersdental.com. You and your dependents must use the same dentist.
- 3 Follow your employer's guidelines for enrolling.

After enrolling, you'll receive an ID card. And even though you won't need to show it at appointments, we know some people like to carry one.

Let's connect

Web: employersdental.com

Phone: Talk to English or Spanish speaking representatives.
Monday-Friday, 8 a.m. – 5 p.m.
(Arizona time)
Tucson: 520-696-4343
Phoenix: 800-722-9772
Statewide: 800-722-9772

Email: EDSCS@principal.com

Mail: Employers Dental Services
3430 East Sunrise Dr., Suite 160
Tucson, AZ 85718

Employers Dental Services

We're one of the largest pre-paid dental plans in Arizona. As a member, you have access to a high-quality dental network. Our providers meet rigorous credentialing requirements and undergo requalification every three years.

And whether you're more comfortable speaking English or Spanish, bilingual customer service and management teams in Arizona can help you out.

Your benefits

Seeing your dentist. Your dental care starts with the general dentist you select when you enroll. Make an appointment with your dentist after your coverage begins. At your first appointment, your dentist evaluates your oral health. Before any treatment begins, you can discuss your concerns and questions, and work together to achieve or maintain good dental health.

Be sure to ask your dentist which procedures they perform—not all dentists perform all procedures. For example, some dentists don't do extractions, or use amalgam (silver-colored) fillings. If your general dentist feels you need to see a specialist (like an endodontist, periodontist, or oral surgeon), you won't need a separate referral.

It's important to keep appointments since you may be charged a fee for missed appointments. Call your dental office at least 24 hours in advance if you're unable to keep a scheduled appointment.

Cost of services. Your EDS dentist may recommend some type of dental service. Once you have a treatment plan, staff at the dental office explain the costs you're responsible for. Need to see a specialist? With our network of dental specialists, you get up to **25% off** the office fees.

For each appointment, you're charged an office visit fee plus the cost for any services. Keep in mind, payment is due at the time you receive services.

You can check out your savings in the **covered services and cost** section in this book. It compares your cost to the average cost of a procedure without EDS benefits.

What's covered. With this coverage, many of the services you think should be covered are—like exams, cleanings and fillings. Plus, you get extra discounts on eyewear.

For a complete listing of covered dental services, refer to the **covered services and cost** section in this book.

Orthodontic benefits for children and adults. If you need orthodontic treatment (including braces), this coverage provides the extra care you need. And, you benefit from no waiting periods, no required referrals and no lifetime benefit maximums.

Visiting an EDS orthodontist means you save **25% off** the office fees. Keep in mind, to get this discount, you must have EDS coverage for the duration of treatment.

Orthodontists typically require you sign a contract for treatment. After signing it, you get a treatment plan and payment terms. If you already have orthodontia treatment in process, you're not eligible for this service.

Temporomandibular Joint Disorder (TMJ). Having TMJ (problems with your jaw and the muscles in your face that control it) can be difficult. If you have TMJ and need extra care, EDS covers procedures and services for that treatment. And, when you visit an EDS TMJ dentist, you save up to **25% off** the office fees. Plus, you don't need a referral.

Emergency care benefits. Sometimes, emergencies happen. Fortunately, your EDS plan covers the **temporary relief** of pain, bleeding, and acute infection.


For a dental emergency, you're reimbursed up to \$200 less any costs you'd normally be charged for treatment. If you have a dental emergency:

- 1 Contact your general dentist first. If you're unable to reach your dentist, you may seek care immediately from any licensed dentist.
- 2 Mail a copy of your paid, itemized receipt (in English) to EDS within 90 days, so you can be reimbursed.
- 3 Follow-up with your general dentist for additional care or treatment.

Covered services and cost

EDS 100N

These costs are for services provided by your EDS general dentists. When you visit an EDS specialist, you get up to 25% off the office fees. Plus, you don't need a referral. Specialists include endodontists, oral surgeons, pediatric dentists, periodontists, prosthodontists, and TMJ dentists.

ADA* Code	Procedure description-CDT	Average cost	Your cost
<div style="text-align: center;">  </div>			
<div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;"> Want to see your savings? Compare your cost to the average cost of a procedure without EDS benefits. </div>			
<div style="background-color: #0056b3; color: white; padding: 5px;"> Diagnostic Procedures that aid the dentist in evaluating existing conditions and determining required dental care. </div>			
D9431	Office visit – per patient/per visit	50.00	5.00
D0120	Periodic oral evaluation – periodic oral evaluation – est patient	61.00	No charge
D0140	Limited oral evaluation – problem focused	94.00	20.00
D0145	Oral evaluation – new or established patient under age 3/counseling with primary caregiver	85.00	No charge
D0150	Comprehensive oral evaluation – new or established patient	96.00	No charge
D0160	Detailed and extensive oral evaluation – problem focused, by report	149.00	55.00
D0170	Reevaluation – limited, problem focused (established patient; not post-op visit)	81.00	15.00
D0180	Comprehensive periodontal evaluation new or established patient	114.00	No charge
D0190	Screening of patient	63.00	No charge
D0191	Assessment of patient	87.00	No charge
D0210	Intraoral – complete series (including bitewings)	146.00	23.00
D0220	Intraoral – periapical – first film	34.00	No charge
D0230	Intraoral – periapical – each additional film	27.00	No charge
D0240	Intraoral – occlusal film	40.00	No charge
D0270	Bitewing – single film	38.00	No charge
D0272	Bitewings – two films	54.00	No charge
D0273	Bitewings – three films	55.00	No charge
D0274	Bitewings – four films	72.00	No charge
D0277	Vertical bitewings – 7 to 8 films	100.00	40.00
D0330	Panoramic film	127.00	23.00
D0431	Adjunctive prediagnostic test that aids in detection of mucosal abnormalities including pre alignment and malignant lesions, not to include cytology or biopsy procedures	45.00	30.00
D0460	Pulp vitality tests	46.00	No charge
D0470	Diagnostic casts	117.00	9.00
<div style="background-color: #0056b3; color: white; padding: 5px;"> Preventive Procedures that prevent the occurrence of oral diseases. </div>			
D1110	Prophylaxis (cleaning) adult	104.00	5.00
D1120	Prophylaxis (cleaning) child	82.00	5.00
D1206	Topical Fluoride Varnish – therapeutic application for moderate to high caries risk patients	56.00	15.00
D1208	Topical fluoride application – excluding varnish	45.00	No charge
D1310	Nutritional counseling for control of dental disease	24.00	No charge
D1320	Tobacco counseling for the control and prevention of oral disease	66.00	No charge
D1330	Oral hygiene instructions	95.00	No charge
D1351	Sealant – per tooth	62.00	13.00
D1510	Space maintainer – fixed-unilateral	363.00	140.00
D1516	Space maintainer – fixed-bilateral, upper	538.00	165.00
D1517	Space maintainer – fixed-bilateral, lower	564.00	165.00
D1520	Space maintainer – removable unilateral	348.00	140.00
D1526	Space maintainer – removable bilateral	440.00	165.00
D1527	Space maintainer – removable bilateral, lower	440.00	165.00
D1551	Recementation of space maintainer	78.00	22.00
D1552	Recementation of space maintainer – mandibular	84.00	22.00

ADA* Code	Procedure description-CDT	Average cost	Your cost
Restorative Services to restore and repair teeth.			
D2140	Amalgam filling – one surface, primary or permanent	177.00	13.00
D2150	Amalgam filling – two surfaces, primary or permanent	210.00	17.00
D2160	Amalgam filling – three surfaces, primary or permanent	253.00	23.00
D2161	Amalgam filling – four or more surfaces, primary or permanent	236.00	28.00
D2330	Resin filling – one surface, anterior	181.00	32.00
D2331	Resin filling – two surfaces, anterior	222.00	41.00
D2332	Resin filling – three surfaces, anterior	269.00	52.00
D2335	Resin – based composite-four or more surfaces(anterior)	327.00	61.00
D2390	Resin based composite crown, anterior	365.00	73.00
D2391	Resin filling – one surface, posterior	200.00	37.00
D2392	Resin filling – two surfaces, posterior	252.00	44.00
D2393	Resin filling – three surfaces, posterior	308.00	54.00
D2394	Resin filling – four or more surfaces, posterior	355.00	56.00
D2510	Inlay – metallic – one surface	1046.00	235.00
D2520	Inlay – metallic – two surfaces	1084.00	250.00
D2530	Inlay – metallic – three or more surfaces	1030.00	270.00
D2542	Onlay – metallic – two surfaces	1010.00	827.00
D2543	Onlay – metallic – three surfaces	1357.00	875.00
D2544	Onlay metallic – four or more surfaces	1376.00	812.00
D2721	Crown – resin with predominantly base metal	1331.00	465.00
D2722	Crown – resin with noble metal	1360.00	285.00 +Lab
D2740	Crown – porcelain ceramic substrate	1306.00	465.00
D2750	Crown – porcelain fused to high noble metal	1015.00	285.00 +Lab
D2751	Crown – porcelain fused to predominantly base metal	929.00	465.00
D2752	Crown – porcelain fused to noble metal	1156.00	285.00 +Lab
D2780	Crown – 3/4 cast high noble metal	1348.00	285.00 +Lab
D2781	Crown – 3/4 cast predominantly base metal	1298.00	465.00
D2782	Crown – 3/4 cast noble metal	1448.00	285.00 +Lab
D2783	Crown – 3/4 cast porcelain/ceramic	1380.00	465.00
D2790	Crown – full cast high noble metal	1295.00	285.00 +Lab
D2791	Crown – full cast predominantly base metal	1300.00	465.00
D2792	Crown – full cast noble metal	1283.00	285.00 +Lab
D2794	Crown – titanium	1420.00	465.00

ADA* Code	Procedure description-CDT	Average cost	Your cost
D2799	Provisional crown-temporary restoration of at least six months	567.00	39.00
D2910	Re-cement inlay, onlay, or partial coverage restoration	125.00	20.00
D2920	Re-cement crown	120.00	20.00
D2930	Prefabricated stainless steel crown – primary tooth	280.00	60.00
D2931	Prefabricated stainless steel crown – permanent tooth	329.00	60.00
D2932	Prefabricated resin crown	458.00	80.00
D2933	Prefabricated stainless steel crown with resin window	380.00	85.00
D2940	Sedative filling temporary filling to relieve pain	132.00	23.00
D2950	Core buildup including pins	301.00	39.00
D2951	Pin retention – per tooth, in addition to restoration	92.00	39.00
D2952	Post and core in addition to crown, indirectly fabricated	418.00	165.00
D2953	Each additional indirectly fabricated post-same tooth	276.00	140.00
D2954	Prefabricated post and core in addition to crown	344.00	65.00
D2957	Each additional prefabricated post – same tooth	155.00	50.00
D2960	Labial veneer (resin laminate)-chairside	821.00	315.00
D2961	Labial veneer (resin laminate)-laboratory	922.00	555.00
D2962	Labial veneer (porcelain laminate) – laboratory	1483.00	630.00
D2980	Crown repair, by report	292.00	140.00

Endodontics (root canal therapy)
Procedures for treating diseases of the dental pulp (nerve).

D3110	Pulp cap – direct (excluding final restoration)	97.00	7.00
D3120	Pulp cap – indirect (excluding final-restoration)	88.00	7.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	215.00	55.00
D3221	Pulpal debridement primary and permanent teeth	264.00	55.00
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	261.00	75.00
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	310.00	90.00
D3310	Anterior (excluding final restoration)	907.00	180.00
D3320	Bicuspid (excluding final restoration)	1019.00	220.00
D3330	Molar (excluding final restoration)	1312.00	305.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	550.00	85.00

ADA* Code	Procedure description-CDT	Average cost	Your cost
D3346	Retreatment of previous root canal therapy – anterior	1226.00	325.00
D3347	Retreatment of previous root canal therapy – bicuspid	1386.00	355.00
D3348	Retreatment of previous root canal therapy – molar	1609.00	456.00
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	155.00	90.00
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	278.00	90.00
D3353	Apexification/recalcification – final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	926.00	90.00
D3410	Apicoectomy/periradicular surgery – anterior	934.00	170.00
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	1045.00	170.00
D3425	Apicoectomy/periradicular surgery – molar (first root)	1154.00	170.00
D3426	Apicoectomy/periradicular surgery – (each additional root)	403.00	125.00
D3430	Retrograde filling – per root	350.00	100.00
D3450	Root amputation – per root	600.00	100.00
D3920	Hemisection (including any root removal) not including root canal therapy	565.00	90.00

Periodontics

Procedures for treating diseases of the gingival tissues (gum) and periodontal membrane.

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces-per quadrant	825.00	225.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces -per quadrant	454.00	150.00
D4240	Gingival flap procedures, including root planing – four or more contiguous teeth or bounded teeth spaces – per quadrant	852.00	255.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces – per quadrant	543.00	205.00
D4249	Clinical crown lengthening – hard tissue	935.00	255.00
D4260	Osseous surgery including flap entry & closure – four or more contiguous teeth or bounded teeth spaces – per quadrant	1408.00	375.00
D4261	Osseous surgery including flap entry & closure – one to three contiguous teeth or bounded teeth spaces – per quadrant	1358.00	305.00
D4320	Provisional splinting-intracoronal	358.00	75.00
D4321	Provisional splinting-extracoronal	377.00	80.00

ADA* Code	Procedure description-CDT	Average cost	Your cost
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	273.00	90.00
D4342	Periodontal scaling and root planing – one-three teeth per quadrant	206.00	75.00
D4346	Scaling in presence of generalized gingival inflammation – full mouth, after oral evaluation	224.00	185.00
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	190.00	80.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	139.00	27.00
D4910	Periodontal maintenance	160.00	60.00

Prosthodontics

Procedures for providing artificial replacements of missing natural teeth.

D5110	Complete denture – upper	1657.00	575.00
D5120	Complete denture – lower	1679.00	575.00
D5130	Immediate denture – upper	1829.00	575.00
D5140	Immediate denture – lower	1884.00	575.00
D5211	Upper partial-resin base (including any conventional clasps, rests and teeth)	1326.00	490.00
D5212	Lower partial – resin base (including any conventional clasps, rests and teeth)	1332.00	490.00
D5213	Upper partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1772.00	515.00
D5214	Lower partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1748.00	515.00
D5282	Removable unilateral partial denture – 1 piece cast metal (including clasps and teeth) – upper	1059.00	320.00
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth) – lower	1059.00	320.00
D5410	Adjust complete denture – upper	92.00	33.00
D5411	Adjust complete denture – lower	95.00	33.00
D5421	Adjust partial denture – upper	92.00	33.00
D5422	Adjust partial denture – lower	98.00	33.00
D5511	Repair broken complete denture base – lower	226.00	70.00
D5512	Repair broken complete denture base – upper	223.00	70.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	187.00	70.00
D5611	Repair resin partial denture base – lower	168.00	70.00
D5612	Repair resin partial denture base – upper	221.00	70.00
D5621	Repair cast framework – lower	215.00	70.00
D5622	Repair cast framework – upper	215.00	70.00

ADA* Code	Procedure description-CDT	Average cost	Your cost
D5630	Repair or replace partial denture broken clasp	291.00	70.00
D5640	Replace partial denture broken teeth – per tooth	202.00	70.00
D5650	Add tooth to existing partial denture	220.00	70.00
D5660	Add clasp to existing partial denture	274.00	70.00
D5670	Replace all teeth and acrylic on cast metal framework (upper)	715.00	369.00
D5671	Replace all teeth and acrylic on cast metal framework (lower)	715.00	369.00
D5710	Rebase complete upper denture	580.00	70.00
D5711	Rebase complete lower denture	527.00	70.00
D5720	Rebase upper partial denture	824.00	70.00
D5721	Rebase lower partial denture	824.00	70.00
D5730	Reline complete upper denture (chairside)	408.00	70.00
D5731	Reline complete lower denture (chairside)	426.00	70.00
D5740	Reline upper partial denture (chairside)	303.00	70.00
D5741	Reline lower partial denture (chairside)	381.00	70.00
D5750	Reline complete upper denture (laboratory)	498.00	140.00
D5751	Reline complete lower denture (laboratory)	506.00	140.00
D5760	Reline upper partial denture (laboratory)	438.00	140.00
D5761	Reline lower partial denture (laboratory)	469.00	140.00
D5820	Interim partial denture (upper)	676.00	330.00
D5821	Interim partial denture (lower)	730.00	330.00
D5850	Tissue conditioning, upper	233.00	27.00
D5851	Tissue conditioning, lower	272.00	27.00
D6055	Dental implant supported connecting bar	473.00	250.00
D6056	Prefabricated abutment – includes placement	680.00	450.00
D6057	Custom abutment – includes placement	989.00	440.00
D6058	Abutment supported porcelain/ceramic crown	1599.00	770.00
D6059	Abutment supported porcelain fused to metal crown-high noble metal	1677.00	570.00 +Lab
D6060	Abutment supported porcelain fused to metal crown – predominantly base metal	1267.00	770.00
D6061	Abutment supported porcelain fused to metal crown-noble metal	1472.00	570.00 +Lab
D6062	Abutment supported cast metal crown-high noble metal	1535.00	570.00 +Lab
D6063	Abutment supported cast metal crown-predominantly base metal	1686.00	770.00
D6064	Abutment supported cast metal crown-noble metal	1688.00	570.00 +Lab
D6065	Implant supported porcelain/ceramic crown	1633.00	770.00

ADA* Code	Procedure description-CDT	Average cost	Your cost
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1514.00	770.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	1541.00	770.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	1514.00	560.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1503.00	560.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1929.00	560.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	1381.00	435.00 +Lab
D6072	Abutment supported retainer for cast metal-high noble metal	1992.00	435.00 +Lab
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	1819.00	560.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	1933.00	435.00 +Lab
D6075	Implant supported retainer for ceramic FPD	1897.00	560.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, high noble metal)	1183.00	560.00
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, high noble metal)	1923.00	560.00
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	1253.00	925.00
D6090	Repair implant supported prosthesis, by report	2562.00	1475.00
D6210	Pontic – cast high noble metal	786.00	285.00 +Lab
D6211	Pontic – cast predominantly base metal	1285.00	460.00
D6212	Pontic – cast noble metal	1153.00	285.00 +Lab
D6240	Pontic – porcelain fused to high noble metal	1097.00	285.00 +Lab
D6241	Pontic – porcelain fused to predominantly base metal	890.00	460.00
D6242	Pontic – porcelain fused to noble Metal	1057.00	285.00 +Lab
D6245	Pontic – porcelain/ceramic	1255.00	465.00
D6250	Pontic – resin with high noble metal	1337.00	285.00 +Lab
D6251	Pontic – resin fused to predominantly base metal	1233.00	465.00
D6252	Pontic – resin with noble metal	1273.00	285.00 +Lab

ADA* Code	Procedure description-CDT	Average cost	Your cost
D6545	Retainer – cast metal for resin bonded fixed prosthesis	868.00	280.00
D6720	Crown – resin with high noble metal	1349.00	285.00 +Lab
D6721	Crown – resin fused to predominantly base metal	1279.00	465.00
D6722	Crown – resin with noble metal	1206.00	285.00 +Lab
D6740	Crown – porcelain/ceramic	1251.00	465.00
D6750	Crown – porcelain fused to high noble metal	1083.00	285.00 +Lab
D6751	Crown – porcelain fused to predominantly base metal	951.00	465.00
D6752	Crown – porcelain fused to noble metal	1055.00	290.00 +Lab
D6780	Crown – 3/4 cast high noble metal	1303.00	285.00 +Lab
D6781	Crown – 3/4 cast predominantly base metal	1303.00	465.00
D6782	Crown – 3/4 cast noble metal	1210.00	290.00 +Lab
D6783	Crown – 3/4 cast porcelain/ceramic	1341.00	465.00
D6790	Crown – full cast high noble metal	1169.00	285.00 +Lab
D6791	Crown – full cast predominantly base metal	1242.00	465.00
D6792	Crown – full cast noble metal	1310.00	290.00 +Lab
D6920	Connector bar FPD	190.00	60.00
D6930	Re-cement fixed partial denture	131.00	33.00
D6940	Stress breaker FPD	455.00	140.00
D6950	Precision attachment FPD	799.00	175.00
D6980	Fixed partial repair by report	363.00	80.00

Oral surgery

Procedures for treating non-restorable teeth and diseases or injury in the oral cavity

D7111	Coronal remnants – deciduous tooth	152.00	33.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	189.00	60.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	317.00	65.00
D7220	Removal of impacted tooth – soft tissue	357.00	90.00
D7230	Removal of impacted tooth – partially bony	415.00	100.00
D7240	Removal of impacted tooth – completely bony	508.00	120.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	340.00	75.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	715.00	150.00
D7280	Surgical access of an unerupted tooth	541.00	140.00

ADA* Code	Procedure description-CDT	Average cost	Your cost
D7286	Biopsy of oral tissue soft	421.00	190.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	324.00	105.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	255.00	100.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	720.00	105.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	393.00	110.00
D7471	Removal of lateral exostosis (maxilla or mandible)	703.00	380.00
D7510	Incision and drainage of abscess-intraoral soft tissue	304.00	80.00
D7961	Frenulectomy – Buccal/Labial	453.00	90.00
D7962	Frenulectomy – Lingual	511.00	90.00
D7971	Excision of pericoronal gingiva	191.00	80.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	200.00	23.00

Other services

D9110	Palliative treatment of dental pain – per visit	134.00	4.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	69.00	30.00
D9215	Local anesthesia	48.00	10.00
D9222	Deep sedation/general anesthesia – first 15 minutes	238.00	155.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minutes increments	236.00	60.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	96.00	27.00
D9310	Consultation (diagnostic service provided by a dentist other than requesting dentist)	146.00	55.00
D9430	Office visit for observation during regularly scheduled hours – no other services performed	78.00	No charge
D9431	Office visit-per patient/per visit	50.00	5.00
D9440	Office visit-after regularly scheduled hours	166.00	40.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	93.00	No charge
D9630	Other drugs and/or medicaments, by report	60.00	UCR
D9630	Other drugs and/or medicaments, Peridex	60.00	13.00

ADA* Code	Procedure description-CDT	Average cost	Your cost
D9910	Application of desensitizing medicament-treatment for root sensitivity "per visit"; not to be used for bases, liners or adhesives used under restorations.	101.00	25.00
D9911	Application of desensitizing resin for cervical and/or root surface-per tooth	139.00	28.00
D9920	Behavior management, by report	200.00	30.00
D9944	Occlusal guard – hard appliance, full arch	610.00	85.00 +Lab
D9945	Occlusal guard – soft appliance, full arch	582.00	85.00 +Lab
D9946	Occlusal guard – hard appliance, partial arch	663.00	85.00 +Lab

ADA* Code	Procedure description-CDT	Average cost	Your cost
D9951	Occlusal adjustment limited	181.00	47.00
D9952	Occlusal adjustment complete	262.00	120.00
D9961	Records transfer – duplication fee	50.00	UCR
D9970	Enamel microabrasion (per treatment visit)	223.00	33.00
D9972	External bleaching – per arch	260.00	145.00
D9973	External bleaching – per tooth	277.00	57.00
D9974	Internal bleaching – per tooth	281.00	57.00
D9988	Missed appointment – first	50.00	25.00
D9988	Missed appointment – additional	50.00	20.00

* Current Dental Terminology © American Dental Association. All rights reserved.

UCR (usual customary and reasonable) – This fee is based on what providers in the area usually charge for the same or similar service as determined by EDS.

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



employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718

This is an advertisement for a pre-paid dental plan. This plan is licensed by the Arizona Department of Insurance as a pre-paid dental plan. You and your dependents enroll in the plan for a monthly fee. You select a dentist that has contracted with EDS to charge a discounted fee for members. You agree to pay that fee at the time of service. Additional terms and conditions may apply. Available only in Arizona. EDS is a member of the Principal Financial Group®.

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Exclusions and limitations

Although your EDS plan covers many dental services, there are some it doesn't cover. It's important you're aware of these before you get dental care.

1. Visits or services performed by a dentist, specialist or professional not contracted with Employers Dental Services except in connection with dental emergencies.
2. 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.
3. Any dental services, other than emergency dental services, which are necessitated as a result of an intentionally self-inflicted condition.
4. 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.
5. Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member.
6. Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation.
7. 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.
8. 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.
9. Any dental service not specifically described in the covered services and costs.
10. Any dental services, other than emergency dental services, that are related to accidents or accidental injury.
11. 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.
12. Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the **covered services and costs**.
13. Oral surgery or extractions that are solely for orthodontic purposes or requiring the setting of fractures or dislocations.
14. Treatment of malignancies, cysts, neoplasm, or congenital defects.
15. Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion, except as may be specifically provided for in the covered services and costs.
16. Any general anesthetic charges or services of an anesthetist or anesthesiologist.
17. Gold foil restoration.

Member rights and responsibilities

As an EDS member, you have certain **rights**.

Access to care

You have the right to:

- Have your first appointment (non-emergency) scheduled within 63 days of your request.
- Have access to emergency dental care 24 hours a day, 365 days a year.
- Get additional exams and cleanings as recommended by your dentist.

What to expect from your dentist

You have the right to:

- Have appropriate, considerate, and respectful care from all EDS dentists and staff in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap, or national origin.
- Be informed about your current dental health, treatment options, possible risks, and likely outcomes, and participate in decision-making with your EDS dentist. This may include, but isn't limited to, a second opinion from another EDS dentist.

Changing your dentist

You have the right to:

Change your EDS dentist by calling our customer service department or by submitting a request on employersdental.com. Changes received by the 24th of the month will be effective on the first day of the following month.

Your privacy and records

You have the right to:

- Know that information about your dental records and the dentist/patient relationship is kept confidential unless you've given us written permission to release this information, except if required or allowed by law.
- 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.

Keeping coverage after leaving your employer

You have the right to:

Continue your EDS coverage upon termination through the Consolidated Omnibus Budget Reconciliation Act (COBRA) where available or the EDS Conversion Plan.

Policies affecting you

You have the right to:

- Give us your recommendations on policies, services and grievances about the care you receive from our company, or any EDS dentist. Customer service is here to help you with any issues.
- Receive information regarding our company's appeals, complaint and grievance process and receive a Formal Appeals and Grievance Brochure.
- Receive information on any changes to your benefits, your cost, or termination of any EDS dentist that may affect you.
- Know our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, how to obtain dental health care services, and your member rights and responsibilities.

As an EDS member, you have certain **responsibilities**:

Information about your health

You're responsible for:

- Providing, to the extent possible, accurate information needed by your EDS dentist to provide care for your dental health, including past illnesses, medical history, and use of medicines.
- Providing a copy of any written directives from another healthcare provider to your EDS dentist.
- Contacting your EDS dentist for follow-up dental care instructions after any emergency dental treatment.

Your relationship with your dentist

You're responsible for:

- Selecting an EDS dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
- Following through with dental health care that's prescribed, or directed by your EDS dentist that you agree to, and is authorized by EDS.
- Showing courtesy, consideration and respect to your EDS dentist, their staff and EDS representatives.

Knowing your benefits and payment responsibilities

You're responsible for:

- Knowing what's covered and excluded from your dental benefit.
- Paying, at the time of service, your costs for dental procedures as listed in the covered services and cost.
- Following our guidelines as described in this enrollment and coverage guide. Failure to follow these guidelines will result in termination of your dental benefit.

Your minor children

You're responsible for:

Staying in the dental office with your minor dependent children while they receive dental treatment.

Canceling your appointment

You're responsible for:

Giving a 24-hour notice if you're unable to keep a scheduled appointment. Failure to notify the dentist office may result in a missed appointment fee.

Report your concerns

You're responsible for:

Reporting any situation where you believe your rights have been violated to our customer service department.

Grievance and appeals

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 For urgently needed services you haven't yet received	Standard appeals For non-urgent services or denied claims
1	Expedited dental review	Informal reconsideration
2	Expedited appeal	Formal appeal
3	Expedited external independent dental review	External independent dental review

How to submit a request for a formal appeal

Send a **written** request to:

EDS Grievance and Appeals Coordinator
3430 East Sunrise Dr., Suite 160
Tucson, AZ 85718

Phone: 800-722-9772

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:

Tucson: 520-696-4343

Phoenix: 800-722-9772

Arizona 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 and/or the individual enrollment and coverage guide 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. This coverage is only available in Arizona.

If you leave your employer

If you terminate employment with your employer, you may continue your EDS coverage by converting to an EDS conversion plan. Call customer service for information.

Employers Dental Services

Immediate savings on eye care and eyewear with VSP[®] Vision Savings Pass[™]

Everybody loves a discount. Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your pre-paid dental plan from Employers Dental Services. And with 89,400 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

Service and eyewear	Reduced prices and discounts*
Eye exam (once every calendar year)	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, you save on lenses and frames. <ul style="list-style-type: none"> • Single vision lenses \$40 • Lined bifocal lenses \$60 • Lined trifocal lenses \$75 25% savings off frames.
Lens enhancements	Average savings of 30% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings.
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam.
Contact lens exam	15% savings on contact lens exam (fitting and evaluation).
Laser vision correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening	Your eye doctor takes a high-resolution image of the inside of your eye to identify potential or existing vision and health problems. \$39 maximum fee.

* Based on applicable laws, benefits may vary by location.

This discount program is not vision insurance.

Using VSP is easy. Just follow these steps.

Step 1 | Find a VSP eye doctor near you. Go to principal.com/vsp or call 800-877-7195.

Step 2 | Make an appointment. Identify yourself as a VSP member to receive the discount.

Step 3 | Let VSP take it from there. Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.

employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718, a member of the Principal Financial Group®.

The VSP Vision Savings Pass is not vision insurance. This discount is not a part of your pre-paid dental contract and may be changed or discontinued at any time. VSP is solely responsible for the goods and services provided through this program. VSP is not a member of the Principal Financial Group®.

VSP is a registered trademark, and Vision Savings Pass is a trademark of Vision Service Plan.

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group dental expense, group vision care expense, group hospital indemnity and/or group critical illness insurance with us (“insurance”). As used in this Notice, the term “health information” means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective August 1, 2022.

We are required by law to maintain the privacy of our members’ and dependents’ health information and to provide notice of our legal duties and privacy practices with respect to their health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all health information maintained by us. Copies of revised Notices will be mailed to plan sponsors for distribution to the members then covered by our insurance. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

Uses and Disclosures of Your Health Information

Authorization. Except as explained below, we will not use or disclose your health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. Once we receive your request, a form to revoke an authorization will be sent to your attention for completion.

Disclosures for Treatment. We may disclose your health information as necessary for your treatment. For instance, a doctor or healthcare facility involved in your care may request your health information in our possession to assist in your care.

Uses and Disclosures for Payment. We will use and disclose your health information as necessary for payment purposes. For instance, we may use your health information to process or pay claims, for subrogation, to provide a pre-determination of benefits or to perform prospective reviews. We may also forward information to another insurer in order for it to process or pay claims on your behalf. Unless we agree in writing to do otherwise, we will send all mail regarding a member’s spouse or dependents to the member, including information about the payment or denial of insurance claims.

Uses and Disclosures for Health Care Operations. We will use and disclose your health information as necessary for health care operations. For instance, we may use or disclose your health information for quality assessment and quality improvement, credentialing health care providers, premium rating, conducting or arranging for medical review or compliance. We may also disclose your health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We participate in an organized health care arrangement with the health plan of a member’s employer. We may disclose your health information to the health plan for certain functions of its health care operations. This Privacy Notice does not cover the privacy practices of that plan. We may contact your health care providers concerning prescription drug or treatment alternatives.

Other Health-Related Uses and Disclosures. We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you.

Information Received Pre-enrollment. We may request and receive from you and your health care providers health information prior to your enrollment under the insurance. We will use this information to determine whether you are eligible to enroll under the insurance and to determine the rates. We will not use or disclose any genetic information we obtain about you or provided from your family history. If you do not enroll, we will not use or disclose the information we obtained about you for any other purpose. Information provided on enrollment forms or applications will be utilized for all coverages being applied for, some of which may be protected by the state, not federal, privacy laws.

Business Associate. Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of

your health information. Principal Life Insurance Company may itself be a business associate of your health plan or health insurance company. We may disclose your health information to your health plan or insurance company and its business associates as needed to fulfill our contractual obligations to them. Please see the notice of privacy practices issued by your plan or insurance company for information about how it uses and discloses your health information.

Plan Sponsor. When permitted by law, we may disclose to the plan sponsor the minimum necessary amount of your health information that it needs to perform administrative functions on behalf of the plan (if any), provided that the plan sponsor certifies that the information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

Family, Friends, and Personal Representatives. With your approval, we may disclose to family members, close personal friends, or another person you identify, your health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your health information without your approval. We may also disclose your health information to public or private entities to assist in disaster relief efforts.

Other Uses and Disclosures. We are permitted or required by law to use or disclose your health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We are prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of determining eligibility for coverage, the amount of benefits or premiums or discounts, including rebates, payments in kind, or other premium or benefit differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program. We will not request, use or disclose psychotherapy notes without your authorization (except to defend ourselves in a legal action brought by you.) We will not sell your protected health information or use or disclose it for marketing purposes without your authorization, except as permitted by law. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Your Rights

Restrictions on Use and Disclosure of Your Health Information. You have the right to request restrictions on how we use or disclose your health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

Receiving Confidential Communications of Your Health Information. You have the right to request communications regarding your health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests.

Access to Your Health Information. You have the right to inspect and/or obtain a copy of your health information we maintain in your designated record set, subject to certain exceptions. A fee will be charged for copying and postage.

Amendment of Your Health Information. You have the right to request an amendment to your health information to correct inaccuracies. We are not required to grant the request in certain circumstances.

Accounting of Disclosures of Your Health Information. You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

Exercising your rights

To exercise any of the above rights, you must submit a written request indicating which rights you are requesting to: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines IA 50392-0002. Once we receive your request, a form(s) will be sent to your attention for completion.

Complaints. If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002 or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may contact the Group Call Center at Principal Life Insurance Company at (800) 843-1371.



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