the SOLINSKY
FINANCIAL GROUP INC

"AN INDEPENDENT INSURANCE AGENCY"

Life – Health – Disability Insurance
Employee Benefit Plans

Thank you for your interest in The Solinsky Financial Group Dental Plan. SFG acts as the Plan Administrator, but the Managed Care Plan is provided by Employers Dental Services (EDS), one of the oldest and largest Managed Care Plans in Arizona. EDS offers quality, affordable, dental services by contracting with participating Primary Care Dentists throughout Arizona. For your convenience, many of these have extended office hours.

Coverage begins the first day of the month after the initial payment and enrollment information is received by SFG. You may stay on the plan for as long as you wish, as long as you continue to pay your premiums to **AVX Enterprises.** However, **you must remain on the plan for a minimum of one year.** Also, **coverage needs to be continuous.** You cannot get on and off the plan at will. If you do lapse, then wish to come back on, recontracting occurs and there is a fee for the time between the cancellation and recontracting dates.

There are no claim forms, no deductibles, and no yearly maximums. All pre-existing conditions are covered except for those procedures that are in progress. EDS offers an orthodontic (braces) benefit for both children and adults. Refer to the schedule of benefits for a complete list of covered procedures and member costs. When the services of a Specialist are required, the member may receive those services from a participating EDS authorized Specialist, where one is available. Where a participating EDS authorized Specialist is available, the member pays a reduced fee from the authorized Specialist's normal office charges.

The family rate is for the entire family, no matter how many children. But, children are only covered until the limiting age. You choose, single or family coverage. Follow these directions to enroll in The Solinsky Financial Group Dental Plan through EDS:

1. Complete the enrollment card. Select a Dental Facility from the list of participating Dentists (use the code number).
2. Make out your check to **AVX Enterprises** for the premium amount.
3. Send the enrollment card (both copies) and the **check** for the premium to:

The Solinsky Financial Group, Inc.
11240 E. Calle Vaqueros
Tucson, AZ 85749

After the initial premium payment that accompanies the enrollment form, you will be billed through the mail for this valuable coverage.

INDIVIDUALS:	$ 187.00 Annually	MEMBER & DEPENDENTS:	$ 412.00 Annually
	$ 96.00 Semi-annual		$ 211.00 Semi-annual

*11240 E. Calle Vaqueros * Tucson, Arizona 85749*
Toll Free (877) 885-6623
** (520) 885-6623 * (520) 203-0216 -fax * email Phil@Solinsky-inc.com*

EDS 700N FORM

Dental Enrollment & Coverage Guide

Employers Dental Services

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Questions? Contact Customer Service

- Select a dentist
- Change your current dentist (changes received by the 24th of the month will be effective the first of the following month)
- Request an ID card
- Resolve and report a concern
- Explain the formal grievance process
- Explain benefits and your costs
- Process a change of address
- Facilitate care for a dental emergency

Phone:
Phoenix: 602-248-8912
Tucson: 520-696-4343
Statewide: 800-722-9772
Spanish speaking representatives available

Mailing Address:
P.O. Box 36600
Tucson, AZ 85740-6600
www.mydentalplan.net

Did you know?

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

[1] cdc.gov/OralHealth/publications/factsheets, viewed February 2012
[2] mayoclinic.com/health/dental/DE00001, viewed February 2012
[3] perio.org/consumer/mbc.diabetes.htm, viewed February 2012

Employers Dental Services

A company of the Principal Financial Group®

Employers Dental Services (EDS) is a prepaid dental care organization that has been committed to delivering dental care at an affordable cost since 1974.

Advantages

- No deductibles
- No claim forms
- No yearly maximums
- No missing tooth clause
- No waiting period for basic, preventive or major services
- Coverage for pre-existing conditions, except procedures in progress
- Orthodontic benefits for children and adults
- Prescription discount program
- Customer service department based in Arizona
- Large network of participating dentists
- Emergency benefit 24 hours a day
- EDS dentists participate in our quality management and peer review programs
- Value and affordability with focus on preventive procedures

Enrollment

- Please read this Enrollment & Coverage Guide carefully.
- Select a dentist from the EDS Directory of Participating Dentists and Specialists for you and your family. You and your enrolled dependents will be seen by the dental office you choose.
- Complete all sections of your enrollment form.
- Return your completed enrollment form to your benefits administrator.
- You will receive an ID card after your effective date. Your ID card is not required for dental appointments.
- You are eligible after you have met your employer's waiting period or during your employer's annual open enrollment.

Appointments

- Schedule your appointment with your chosen dental office after your effective date.
- Your first appointment will be to meet the dentist and receive an evaluation of your oral health.
- If you are unable to keep your scheduled appointment, please notify the dental office at least 24 hours in advance or a missed appointment fee will be charged.
- Office policies and practices vary by dental office. Not all dentists perform all procedures.
- Your dentist will answer questions about your treatment plan.

Member costs

- An office visit fee will be charged at each appointment.
- All fees will be paid to the dental office at the time services are rendered.
- Your member costs, listed on the following pages of this booklet, are for procedures performed by your chosen EDS general dentist.
- The column listed as average costs represents what you could expect to pay without any dental coverage.

Orthodontics for children and adults

EDS orthodontic coverage includes:

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

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

Treatment plan and payment terms are defined by the contract you sign with your chosen EDS orthodontist. EDS coverage must be maintained for the duration of treatment to avoid normal and customary fees.

Individuals receiving orthodontic treatment under another program are not eligible to participate. This is considered treatment in progress and is therefore excluded.

Temporomandibular Joint Dysfunction – TMD

EDS provides coverage for the treatment of TMD as a part of your dental care benefit. Procedures and services for the treatment of TMD will be charged at up to 25% off the TMD dentist's office fees. You may call an EDS TMD dentist at any time. Please consult the list of EDS TMD dentists in your area. Referral from general dentist not required.

Emergency care benefit

EDS provides coverage for dental emergencies. Please contact your EDS general dentist first. If you are unable to reach your EDS general dentist, you may seek care immediately from any licensed dentist. EDS will provide coverage for the temporary relief of:

- Pain (palliative treatments to control pain)
- Bleeding
- Infection

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

After emergency treatment, you may receive your reimbursement by submitting a copy of your paid itemized receipt to: EDS, P.O. Box 36600, Tucson, AZ 85740-6600

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

Eligible dependents

You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent. All newly eligible dependents must be added within 31 days of change. Dependent children must be removed from enrollment when they are no longer eligible.

EDS conversion plan

When your EDS coverage terminates, you have the option of converting to an EDS conversion plan. Please call our customer service department at 800-722-9772 for information. Enrollment forms are accepted within 31 days of coverage termination.

Schedule of Benefits EDS 700N

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

Specialists: Endodontists, oral surgeons, pediatric dentists, periodontists, prosthodontists and TMD dentists. EDS specialists offer up to 25% off their normal fees for services specifically described in this schedule of benefits. All fees will be paid to the specialist at the time of treatment. A referral is not required.

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
DIAGNOSTIC — *Procedures that aid the dentist in evaluating existing conditions and determining required dental care.*			
D9431	Office visit-per patient/per visit	35.00	5.00
D0120	Periodic oral evaluation	42.00	No charge
D0140	Limited oral evaluation-problem focused	64.00	25.00
D0145	Comprehensive oral evaluation-new or established patient under age 3	49.00	No charge
D0150	Comprehensive oral evaluation	65.00	No charge
D0160	Detailed and extensive oral evaluation-problem focused, by report	95.00	55.00
D0170	Re-evaluation-limited, problem focused	56.00	17.00
D0180	Comprehensive periodontal evaluation new or established patient	79.00	No charge
D0210	Intraoral-complete series (including bitewings)	103.00	25.00
D0220	Intraoral-periapical-first film	22.00	No charge
D0230	Intraoral-periapical-each additional film	18.00	No charge
D0240	Intraoral-occlusal film	30.00	No charge
D0270	Bitewing-single film	22.00	No charge
D0272	Bitewings-two films	35.00	No charge
D0273	Bitewings-three films	43.00	No charge
D0274	Bitewings-four films	49.00	No charge
D0277	Vertical bitewings	70.00	50.00
D0330	Panoramic film	89.00	25.00
D0431	Prediagnostic test that aids in detection of mucosal abnormalities	50.00	40.00
D0460	Pulp vitality tests	40.00	No charge
D0470	Diagnostic casts	84.00	11.00
PREVENTIVE — *Procedures that prevent the occurrence of oral diseases.*			
D1110	Prophylaxis (cleaning) adult	77.00	7.00
D1120	Prophylaxis (cleaning) child	57.00	7.00
D1203	Topical application of fluoride (excluding prophylaxis)-child	28.00	No charge
D1204	Topical application of fluoride (excluding prophylaxis)-adult	26.00	No charge
D1206	Topical fluoride varnish-therapeutic application	34.00	17.00
D1310	Nutritional counseling for control of dental disease	49.00	No charge
D1320	Tobacco counseling for the control and prevention of oral disease	60.00	No charge
D1330	Oral hygiene instructions	40.00	No charge
D1351	Sealant-per tooth	43.00	15.00
D1510	Space maintainer-fixed-unilateral	253.00	150.00
D1515	Space maintainer-fixed-bilateral	429.00	175.00
D1520	Space maintainer-removable-unilateral	223.00	150.00
D1525	Space maintainer-removable-bilateral	368.00	175.00
D1550	Re-cementation of space maintainer	64.00	25.00
D1555	Removal of fixed space maintainer-by dentist who did not place appliance	53.00	35.00
RESTORATIVE — *Procedures for restoring lost tooth structure.*			
D2140	Amalgam filling-one surface, primary or permanent	122.00	15.00
D2150	Amalgam filling-two surfaces, primary or permanent	152.00	19.00
D2160	Amalgam filling-three surfaces, primary or permanent	187.00	25.00
D2161	Amalgam filling-four or more surfaces, primary or permanent	214.00	30.00
D2330	Resin filling-one surface, anterior	129.00	35.00
D2331	Resin filling-two surfaces, anterior	160.00	45.00
D2332	Resin filling-three surfaces, anterior	187.00	55.00
D2335	Resin filling-four or more surfaces or involving incisal angle (anterior)	204.00	65.00
D2390	Resin based composite crown, anterior	249.00	75.00
D2391	Resin filling-one surface, posterior	139.00	40.00
D2392	Resin filling-two surfaces, posterior	177.00	47.00
D2393	Resin filling-three surfaces, posterior	218.00	57.00
D2394	Resin filling-four or more surfaces, posterior	252.00	60.00
D2510	Inlay-metallic-one surface	712.00	250.00
D2520	Inlay-metallic-two surfaces	744.00	265.00
D2530	Inlay-metallic-three surfaces	816.00	285.00
D2542	Onlay-metallic two surfaces	919.00	847.00
D2543	Onlay metallic three surfaces	966.00	895.00
D2544	Onlay metallic four or more surfaces	960.00	832.00
D2721	Crown-resin with predominantly base metal	915.00	485.00
D2722	Crown-resin with noble metal	847.00	305.00 + Lab
D2740	Crown-porcelain ceramic substrate	1007.00	485.00
D2750	Crown-porcelain fused to high noble metal	880.00	305.00 + Lab
D2751	Crown-porcelain fused to predominantly base metal	845.00	485.00
D2752	Crown-porcelain fused to noble metal	847.00	305.00 + Lab
D2780	Crown 3/4 cast high noble metal	983.00	305.00 + Lab
D2781	Crown 3/4 cast predominantly base metal	1027.00	485.00
D2782	Crown 3/4 cast noble metal	990.00	305.00 + Lab
D2783	Crown 3/4 cast porcelain/ceramic	970.00	485.00
D2790	Crown-full cast high noble metal	900.00	305.00 + Lab
D2791	Crown-full cast predominantly base metal	942.00	485.00
D2792	Crown-full cast noble metal	875.00	305.00 + Lab
D2794	Crown-titanium	832.00	485.00
D2799	Provisional crown-temporary restoration of at least six months	271.00	42.00
D2910	Re-cement inlay	89.00	23.00
D2920	Re-cement crown	80.00	23.00
D2930	Prefabricated stainless steel crown-primary tooth	205.00	65.00
D2931	Prefabricated stainless steel crown-permanent tooth	235.00	65.00
D2932	Prefabricated resin crown	257.00	85.00
D2933	Prefabricated stainless steel crown with resin window	246.00	90.00
D2940	Sedative filling temporary filling to relieve pain	81.00	27.00
D2950	Core buildup including pins	203.00	42.00
D2951	Pin retention-per tooth, in addition to restoration	51.00	42.00
D2952	Cast post and core in addition to crown	298.00	180.00
D2953	Each additional cast post-same tooth	230.00	150.00
D2954	Prefabricated post and core in addition to crown	250.00	75.00
D2957	Each additional prefabricated post-same tooth	131.00	60.00
D2960	Labial veneer (resin laminate)-chairside	449.00	325.00
D2961	Labial veneer (resin laminate)-laboratory	806.00	575.00
D2962	Labial veneer (porcelain laminate)-laboratory	1038.00	650.00
D2970	Temporary crown (fractured tooth)	194.00	45.00
D2980	Crown repair, by report	218.00	150.00
ENDODONTICS *(Root Canal Therapy) — Procedures for treating diseases of the dental pulp (nerve).*			
D3110	Pulp cap-direct (excluding final restoration)	62.00	9.00
D3120	Pulp cap-indirect (excluding final restoration)	59.00	9.00
D3220	Therapeutic pulpotomy (excluding final restoration)	139.00	65.00
D3221	Pulpal debridement primary and permanent	162.00	60.00
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	183.00	80.00
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	240.00	95.00
D3310	Anterior (excluding final restoration)	617.00	195.00
D3320	Bicuspid (excluding final restoration)	720.00	230.00
D3330	Molar (excluding final restoration)	937.00	315.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	325.00	95.00
D3346	Retreatment of previous root canal therapy-anterior	818.00	335.00
D3347	Retreatment of previous root canal therapy-bicuspid	943.00	365.00
D3348	Retreatment of previous root canal therapy-molar	1147.00	461.00

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	296.00	95.00
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	223.00	95.00
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/ calcific repair of perforations, root resorption, etc.)	652.00	95.00
D3410	Apicoectomy/periradicular surgery-anterior	725.00	180.00
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	805.00	180.00
D3425	Apicoectomy/periradicular surgery-molar (first root)	915.00	180.00
D3426	Apicoectomy/periradicular surgery-(each additional root)	272.00	135.00
D3430	Retrograde filling-per root	216.00	105.00
D3450	Root amputation-per root	494.00	105.00
D3920	Hemisection (including any root removal) not including root canal therapy	355.00	95.00

PERIODONTICS — *Procedures for treating diseases of the gingival tissues (gums) and periodontal membrane.*

D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or bounded teeth spaces-per quadrant	394.00	235.00
D4211	Gingivectomy or gingivoplasty-one-three teeth, per quadrant	228.00	160.00
D4240	Gingival flap procedures, including root planing-four or more contiguous teeth or bounded teeth spaces-per quadrant	631.00	265.00
D4241	Gingival flap procedures, including root planing-one-three teeth per quadrant	468.00	215.00
D4249	Clinical crown lengthening-hard tissue	665.00	265.00
D4260	Osseous surgery including flap entry & closure-four or more contiguous teeth or bounded teeth spaces-per quadrant	1019.00	385.00
D4261	Osseous surgery including flap entry & closure-one-three teeth per quadrant	836.00	315.00
D4320	Provisional splinting-intracoronal	240.00	85.00
D4321	Provisional splinting-extracoronal	237.00	90.00
D4341	Periodontal scaling and root planing-four or more contiguous teeth or bounded teeth spaces-per quadrant	204.00	95.00
D4342	Periodontal scaling and root planing-one-three teeth per quadrant	139.00	80.00
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	148.00	85.00
D4381	Localized delivery of periodontal irrigation agents (per site)	57.00	30.00
D4910	Periodontal maintenance procedures (following active therapy)	115.00	65.00

PROSTHODONTICS — *Procedures for providing artificial replacements of missing natural teeth.*

D5110	Complete denture-upper	1187.00	595.00
D5120	Complete denture-lower	1149.00	595.00
D5130	Immediate denture-upper	1333.00	595.00
D5140	Immediate denture-lower	1350.00	595.00
D5211	Upper partial-resin base (including any conventional clasps,rests and teeth)	909.00	510.00
D5212	Lower partial-resin base (including any conventional clasps, rests and teeth)	967.00	510.00
D5213	Upper partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1237.00	535.00
D5214	Lower partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1254.00	535.00
D5281	Removable unilateral partial denture-1 piece cast metal (including clasps and teeth)	709.00	340.00
D5410	Adjust complete denture-upper	66.00	35.00
D5411	Adjust complete denture-lower	67.00	35.00
D5421	Adjust partial denture-upper	71.00	35.00
D5422	Adjust partial denture-lower	64.00	35.00
D5510	Repair broken complete denture base	143.00	75.00
D5520	Replace missing or broken teeth-complete denture (each tooth)	115.00	75.00
D5610	Repair resin denture base	142.00	75.00
D5620	Repair cast framework	199.00	75.00
D5630	Repair or replace broken clasp	171.00	75.00

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
D5640	Replace broken teeth-per tooth	129.00	75.00
D5650	Add tooth to existing partial denture	157.00	75.00
D5660	Add clasp to existing partial denture	183.00	75.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	608.00	389.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	608.00	389.00
D5710	Rebase complete upper denture	484.00	75.00
D5711	Rebase complete lower denture	443.00	75.00
D5720	Rebase upper partial denture	588.00	75.00
D5721	Rebase lower partial denture	448.00	75.00
D5730	Reline complete upper denture (chairside)	257.00	75.00
D5731	Reline complete lower denture (chairside)	247.00	75.00
D5740	Reline upper partial denture (chairside)	213.00	75.00
D5741	Reline lower partial denture (chairside)	223.00	75.00
D5750	Reline complete upper denture (laboratory)	340.00	150.00
D5751	Reline complete lower denture (laboratory)	345.00	150.00
D5760	Reline upper partial denture (laboratory)	355.00	150.00
D5761	Reline lower partial denture (laboratory)	345.00	150.00
D5820	Interim partial denture (upper)	440.00	350.00
D5821	Interim partial denture (lower)	460.00	350.00
D5850	Tissue conditioning, upper	112.00	30.00
D5851	Tissue conditioning, lower	122.00	30.00
D6055	Dental implant supported connecting bar	392.00	275.00
D6056	Prefabricated abutment	515.00	475.00
D6057	Custom abutment	686.00	450.00
D6058	Abutment supported porcelain/ceramic crown	1216.00	785.00
D6059	Abutment supported porcelain fused to metal crown-high noble metal	1180.00	585.00 + Lab
D6060	Abutment supported porcelain fused to metal crown-predominantly base metal	1196.00	785.00
D6061	Abutment supported porcelain fused to metal crown-noble metal	1147.00	585.00 + Lab
D6062	Abutment supported cast metal crown-high noble metal	1066.00	585.00 + Lab
D6063	Abutment supported cast metal crown-predominantly base metal	1343.00	785.00
D6064	Abutment supported cast metal crown-noble metal	1232.00	585.00 + Lab
D6065	Implant supported porcelain/ceramic crown	1350.00	785.00
D6066	Implant supported porcelain fused to metal crown	1255.00	785.00
D6067	Implant supported metal crown	1381.00	785.00
D6068	Abutment supported retainer for porcelain/ ceramic	974.00	575.00
D6069	Abutment supported retainer for porcelain fused to metal	1240.00	575.00
D6070	Abutment supported retainer for porcelain fused to metal-predominantly base metal	1100.00	575.00
D6071	Abutment supported retainer for porcelain fused to metal-noble metal	1010.00	450.00 + Lab
D6072	Abutment supported retainer for cast metal-high noble metal	1170.00	450.00 + Lab
D6073	Abutment supported retainer for cast metal-predominantly base metal	1245.00	575.00
D6074	Abutment supported retainer for cast metal-noble metal	1232.00	450.00 + Lab
D6075	Implant supported retainer for ceramic	1216.00	575.00
D6076	Implant supported retainer for porcelain fused to metal	1040.00	575.00
D6077	Implant supported retainer for cast metal	1343.00	575.00
D6078	Implant/abutment supported fixed denture for completely edentulous arch	5500.00	3900.00
D6079	Implant/abutment supported fixed denture for partially edentulous arch	5000.00	3550.00
D6080	Implant maintenance procedures	1700.00	950.00
D6090	Repair implant supported prosthesis, by report	2500.00	1500.00
D6210	Pontic-cast high noble metal	924.00	305.00 + Lab
D6211	Pontic-cast predominantly base metal	874.00	480.00
D6212	Pontic-cast noble metal	775.00	305.00 + Lab
D6240	Pontic-porcelain fused to high noble metal	880.00	305.00 + Lab
D6241	Pontic-porcelain fused to predominantly base metal	845.00	480.00
D6242	Pontic-porcelain fused to noble metal	847.00	305.00 + Lab
D6245	Pontic-porcelain/ceramic	1030.00	485.00
D6250	Pontic-resin with high noble metal	880.00	305.00 + Lab
D6251	Pontic-resin fused to predominantly base metal	915.00	485.00
D6252	Pontic-resin with noble metal	874.00	305.00 + Lab
D6545	Retainer-cast metal for resin bonded fixed prosthesis	339.00	290.00

ADA* Code	CDT - Procedure description	2011 Average cost	Member cost
D6720	Crown-resin with high noble metal	880.00	305.00 + Lab
D6721	Crown-resin fused to predominantly base metal	1027.00	485.00
D6722	Crown-resin with noble metal	874.00	305.00 + Lab
D6740	Crown-porcelain	1042.00	485.00
D6750	Crown-porcelain fused to high noble metal	880.00	305.00 + Lab
D6751	Crown-porcelain fused to predominantly base metal	853.00	485.00
D6752	Crown-porcelain fused to noble metal	847.00	310.00 + Lab
D6780	Crown-3/4 cast high noble metal	1003.00	305.00 + Lab
D6781	Crown-3/4 cast predominantly base metal	1027.00	485.00
D6782	Crown-3/4 cast noble metal	960.00	310.00 + Lab
D6783	Crown-3/4 cast porcelain/ceramic	889.00	485.00
D6790	Crown-full cast high noble metal	884.00	305.00 + Lab
D6791	Crown-full cast predominantly base metal	967.00	485.00
D6792	Crown-full cast noble metal	983.00	310.00 + Lab
D6920	Connector bar	177.00	70.00
D6930	Re-cement fixed partial denture	119.00	35.00
D6940	Stress breaker	242.00	150.00
D6950	Precision attachment	400.00	200.00
D6970	Cast post/core add to retainer per tooth	263.00	100.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	249.00	75.00
D6973	Core buildup including any pins per tooth	192.00	70.00
D6977	Each additional prefabricated post-same tooth	200.00	60.00
D6980	Fixed partial repair by report	178.00	90.00
ORAL SURGERY — *Procedures for treating nonrestorable teeth and diseases or injury in the oral cavity.*			
D7111	Coronal remnants-deciduous tooth	94.00	35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	122.00	65.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	214.00	70.00
D7220	Removal of impacted tooth-soft tissue	250.00	95.00
D7230	Removal of impacted tooth-partially bony	312.00	110.00
D7240	Removal of impacted tooth-completely bony	376.00	130.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	231.00	80.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	357.00	160.00
D7280	Surgical exposure of impacted tooth	406.00	150.00
D7286	Biopsy of oral tissue soft	303.00	200.00
D7310	Alveoloplasty in conjunction with extractions-per quadrant	240.00	115.00
D7311	Alveoloplasty in conjunction with extractions-one-three teeth or tooth spaces, per quadrant	199.00	105.00
D7320	Alveoloplasty not in conjunction with extractions-per quadrant	299.00	115.00
D7321	Alveoloplasty not in conjunction with extractions-one-three teeth or tooth spaces, per quadrant	216.00	115.00
D7510	Incision and drainage of abscess-intraoral soft tissue	950.00	85.00
D7471	Removal of lateral exostosis	540.00	390.00
D7960	Frenulectomy (frenectomy or frenotomy)-separate procedure	445.00	95.00
D7971	Excision of pericoronal gingiva	168.00	95.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	175.00	25.00
OTHER SERVICES			
D9110	Palliative (emergency) treatment of dental pain-minor procedures	95.00	5.00
D9210	Local anesthetic	45.00	35.00
D9215	Local anesthetic	29.00	15.00
D9220	General anesthesia-first thirty (30) minutes	335.00	165.00
D9221	General anesthesia-each additional fifteen (15) minutes	123.00	65.00
D9230	Analgesia (nitrous oxide)-per 15 minute unit	54.00	30.00
D9310	Consultation (diagnostic service provided by a dentist other than practitioner providing treatment)	90.00	60.00
D9430	Office visit for observation during regularly scheduled hours-no other services performed	40.00	No charge
D9431	Office visit-per patient/per visit	35.00	5.00
D9440	Office visit-after regularly scheduled hours	90.00	45.00
D9450	Case presentation, detailed and extensive treatment planning-separate visit	50.00	No charge
D9630	Other drugs and/or medicaments, by report	34.00	UCR
D9630	Other drugs and/or medicaments, Peridex	34.00	15.00
D9910	Application of desensitizing medicament-per visit; not to be used for bases, liners or adhesives used under restorations.	36.00	30.00
D9911	Application of desensitizing resin for cervical and/or root surface-per tooth	45.00	30.00
D9920	Behavior management	136.00	35.00
D9940	Occlusal guard, by report	422.00	90.00 + Lab
D9951	Occlusal adjustment limited	100.00	50.00
D9952	Occlusal adjustment complete	415.00	125.00
D9970	Enamel microabrasion per treatment visit	67.00	35.00
D9972	External bleaching-per arch	206.00	150.00
D9973	External bleaching-per tooth	156.00	60.00
D9974	Internal bleaching-per tooth	219.00	60.00
D9988	Missed appointment-first	25.00	25.00
D9988	Missed appointment-additional	20.00	20.00
	Records transfer-duplication fee	20.00	UCR

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

UCR: Usual customary and reasonable or normal office fees

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

Member rights

You have the right to:

1. Have an initial appointment (non-emergency) scheduled within 63 days of your request.
2. Have access to emergency dental health services 24 hours a day, 365 days a year.
3. Obtain appropriate care from your EDS participating dentist.
4. Considerate and respectful care from all participating primary care dentists and staff members in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap, or national origin.
5. Be informed about your current dental health, treatment options, possible risks, and likely outcomes, and participate in decision-making with your participating dentist. This may include, but is not limited to, obtaining a second opinion from another participating primary care dentist.
6. Voice recommendations for changes in policies and services to our company.
7. Voice grievances concerning our company, or the care delivered by our company's participating dentists.
8. Receive information regarding our company's appeals, complaint and grievance process and to receive a Formal Appeals and Grievance Brochure.
9. Receive information concerning changes in benefits or termination of any covered services or participating dentists that may affect you.
10. Receive information regarding your member cost and payment of charges for which you will be responsible before your dentist begins any procedure.
11. Expect that our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, participating primary care dentists, how to obtain dental health care services, and your member rights and responsibilities.
12. Expect that information concerning your dental records and the dentist/patient relationship is kept confidential unless you have given written permission to release such information, except when otherwise required or permitted by law.

Member rights, *continued*

13. Review your dental records, treatment plan, and progress report on treatment that has already been provided, and have the information explained to you except when restricted by law.
14. Change your participating primary care dentist by calling our customer service department at 800-722-9772 by the 24th of any month. The change will be effective on the first day of the following month.
15. Have a recall appointment, at an interval specified by your dentist, to have your teeth cleaned and/or an oral examination.
16. Obtain care while temporarily out of the service area for infection, temporary relief of dental pain and the control of bleeding due to dental problems by going to the dentist of your choice.
17. Continue your dental health care coverage upon disenrollment through COBRA, where available.
18. Have a customer service representative assist you in getting an appointment and/or resolving problems by calling 800-722-9772.

Member responsibilities

You are responsible for:

1. Recognizing the effect of your lifestyle on your personal dental health.
2. Calling us at 800-722-9772 and reporting to our customer service department any situation where you perceive that your rights are violated.
3. Providing, to the extent possible, accurate information needed by participating primary care dentists to provide care for your dental health, including past illnesses, medical history and use of medicines.
4. Providing a copy of any written directives from another healthcare provider to your participating dentist.
5. Selecting a participating primary care dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
6. Following our company's guidelines for obtaining referrals and/or authorizations to participating specialists for care.
7. Asking questions of your dental health professional when you do not understand information or instruction.
8. Seeking support from our customer service department by calling 800-722-9772 when you need assistance to access your dental health care benefits.
9. Letting your dentist know if you feel that you will not be able to follow through with a recommended treatment plan or post-operative instructions.
10. Obtaining and following through with dental health care that is prescribed, or directed by your participating dentist that you agree to, and is authorized by our company.
11. Showing courtesy, consideration and respect to participating dentists, their staff and to our company's representatives.
12. Knowing what is covered and excluded from your dental benefit.
13. Understanding and paying, at the time of service, any required member costs for dental procedures as indicated in your schedule of benefits.
14. Contacting your participating primary care dentist for follow-up dental care instructions after any emergency dental treatment.
15. Staying in the dental office if you are the parent or legal guardian of minor dependent children while they receive dental treatment.
16. Providing 24 hours notice of cancellation on any appointment you are unable to keep. Failure to do so will result in a missed appointment fee being charged.
17. Following our guidelines as described above and in your enrollment and coverage brochure. If you are unable to do so, it will result in termination of the dental benefit.

Exclusions and limitations

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

Employers Dental Services

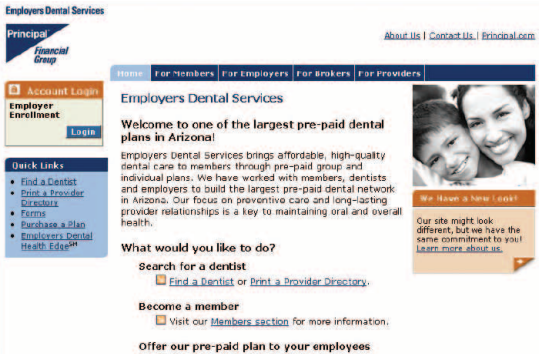
Finding Providers

At Employers Dental Services (EDS), we try to make life simpler for our customers. Follow these easy steps to find EDS dentists and specialists listed on our Internet Web site, **www.mydentalplan.net**.

1

Visit our Web site at **www.mydentalplan.net**

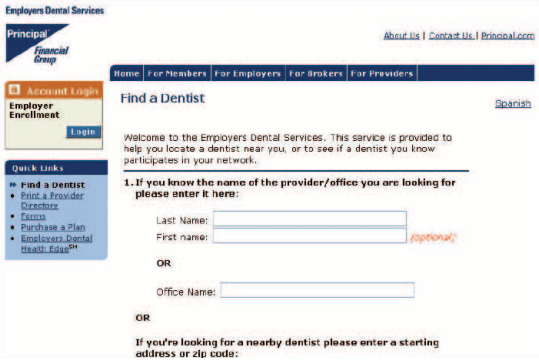
- To Find a Dentist, go to either Quick Links on the left side or Search for a Dentist in the middle of the screen.
- To Print a Provider Directory, go to either Quick Links on the left side or Print a Provider Directory in the middle of the screen.



2

To Find a Dentist:

- Search by dentist name/office name.
- Or find a nearby dentist by address or ZIP code.
- Enter a specialty, if desired.



3

To Print a Provider Directory, choose from:

- Arizona statewide directory
- Northern Arizona
- Southern Arizona
- You can also get a regional list of dental offices with two- or three-week appointment availability for initial appointments.

Requests to change your dentist received by the 25th of the month are effective the 1st of the following month.

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

This summary is not a complete statement of the rights, benefits, exclusions or limitations of the coverage described here.

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Prescription Drug Discount Program

Stretching Your Dollar is Easy

You and your entire family can save money by using a prescription drug discount program available through Employers Dental Services. The discount program, provided by OneBeacon Services®, is easy to use. There are no enrollment or periodic fees and no forms to complete. You only pay for the cost of your medication – at a discount! Begin using the program today and get the most value for your money. **This discount program is not insurance.**

Advantages

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

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

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

Who benefits

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

Individuals with limited or no coverage[1] – They can save money whenever they purchase prescription drugs.

Individuals with prescription drug coverage[1] – Those with existing coverage may still find benefit from this program. After verifying how this program works with their existing coverage, they can compare the price of a prescription drug under their current program to the OneBeacon Services discounted price and select the most cost-effective solution.

How it works

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

1. Cut out and keep the attached prescription drug discount card. You may make additional copies for family members.
2. Give your prescription and discount card to the pharmacist each time. The discount card contains instructions for the pharmacy about the discounted rate.
3. Pay the discounted price based on the pharmacy's negotiated rate.

Find participating pharmacies and compare their medication costs at: www.mydentalplan.net/prescriptiondrug

OneBeacon SERVICES®

DISCOUNT PRESCRIPTION DRUG PLAN

Member ID: BCN024237
Group ID: BCN04000

Valid for entire family

BIN : 009265
PCN : AG

powered by Agelity™

Online features

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

Locate participating pharmacies – Enter your ZIP code to find participating pharmacies in your area.

Compare medication costs – Find the cost of your prescription from each participating pharmacy.

Place a mail order – Save even more by using the mail order service. If you're using maintenance medications for 30 days or more to treat chronic or long-term conditions, you'll appreciate the convenience and savings of the mail order service.

Print additional discount cards – Print discount cards for your entire family.

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

This discount program is not insurance.

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

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

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

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This discount plan is **NOT** insurance

By using this card the holder agrees to the terms under which it was issued. Void where prohibited. Process all prescriptions electronically.

Customer Service: 1-800-527-1255
"Listen for the OneBeacon Services prompt"
Pharmacy Help Desk: 1-800-847-7447

onebeaconeds.agelity.com

VSP Access Plan

Vision Care Discounts and Savings

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

The VSP Access Plan provides discounts on exams, glasses and sunglasses from doctors in VSP's national network. The VSP network is so extensive that 90% of Americans live within 10 miles of a VSP provider. (www.vsp.com, March 2011)

Services and discounts

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

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

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

This discount plan is not vision insurance.

USING VSP IS AS EASY As 1 - 2 - 3

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

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

This discount plan is not vision insurance.

Employers Dental Services
A member of
Principal Financial Group

How to use VSP

Accessing discounts from VSP providers is easy.

- **Locate a VSP doctor near you.** Find a VSP network doctor at www.principal.com/vsp by selecting the VSP Signature Network or call 800-877-7195.
- **Make the appointment.** To receive the VSP discounted services, you and your dependents just identify yourselves as VSP members.
- **VSP will take it from there.** VSP and your VSP doctor will handle the rest. Fees are automatically reduced at the point of service.
- **Keep the card.** The attached wallet card outlines your VSP discounts and how to access them. While you don't need to present the card to the VSP provider to receive the discount, it's a great reminder of the VSP Access Plan and the discounts it provides.

Start saving today! Take advantage of the discounts available to you and your family.

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

The VSP Access Plan is not vision insurance. This discount is not a part of any Principal Life insurance 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®.

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

Employers Dental Services

A member of

Principal® Financial Group

EDS Dental Benefit Enrollment & Change Form

Contract number | Effective Date

☐ New enrollment ☐ Change address (complete sections 1, 2, 3, 9) ☐ Name change (complete sections 1, 2, 9)

☐ Cancel coverage ☐ Add dependent(s) (complete sections 1, 2, 5, 9, 11) Former name: _____

☐ COBRA enrollment ☐ Delete dependent(s) (complete sections 1, 2, 9, 11) ☐ Change dental office (complete sections 1, 2, 3, 4, 9)

(1) Employer/ Company name | Date employed | (7) Home telephone

SOLDA

(2)Your name (last, first, middle initial) | (8) Work telephone

(3) Mailing address, city | ZIP Code | (9) Social security number

(4) Dental office selection for you and your enrolled dependents: | (10) Date of birth

ID number: | Name of office:

(5) Total number of dependents you are enrolling | (6) Your email address | Sex ☐ Male ☐ Female

(11) List all Eligible dependents you wish to enroll: Attach additional cards if necessary

	Last name (if different)	First name	Initial	Date of birth
Spouse				
Child				
Child				
Child				
Child				

Eligibility: You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent. All newly eligible dependents must be added within 31 days of change. Dependent children must be removed from enrollment when they are no longer eligible.

Benefits are available at your selected contracted dental facility ONLY.

I hereby apply for coverage under EMPLOYERS DENTAL SERVICES for which I am now entitled or may become entitled under the provisions of the Master Agreement. I authorize deductions from my earnings at the required contributions toward the cost of the coverage. I certify that I am eligible to participate and that the above information is correct. I authorize any dentist or other dental care provider to furnish any representative of Employers Dental Services any and all records pertaining to dental history, services, or treatment of anyone enrolled for purposes of review, investigation, or evaluation of an application or claim. A photocopy of this authorization shall be valid as the original. This authorization shall remain valid for so long as my coverage remains in force. My authorized representative or myself are entitled to receive a copy of the authorizations form.

Date _____ Signature _____

Employers Dental Services

A member of

Principal Financial Group

Formulario de Inscripción y Cambio de Beneficios Dentales EDS

La versión en español del presente documento es suministrada por cortesía de Principal Life Insurance Company. Los documentos originales que establecen todas las disposiciones de las políticas, los derechos, las responsabilidades y las obligaciones legales están redactados en inglés.

Si necesita asistencia, llame al 1-800-243-1404
entre las 8:00 a.m. y las 6:00 p.m., hora central, de lunes a viernes.

Número de contrato | Fecha de entrada en vigor

☐ Nueva inscripción
☐ Cancelación de cobertura
☐ Inscripción en COBRA
☐ Cambio de dirección (complete las secciones 1, 2, 3, 9)
☐ Añadir dependientes (complete las secciones 1, 2, 5, 9, 11)
☐ Eliminar dependientes (complete las secciones 1, 2, 9, 11)
☐ Cambio de nombre (complete las secciones 1, 2, 9)
☐ Nombre anterior: _____
Cambio de consultorio dental (complete las secciones 1, 2, 3, 4, 9)

(1) Nombre de la compañía/empleador: SOLDA | Fecha de inicio de empleo | (7) Teléfono de casa

(2) Su nombre (apellido, primer nombre, inicial del segundo nombre) | (8) Teléfono del trabajo

(3) Dirección postal, ciudad | Código postal | (9) Número del Seguro Social

(4) Selección de consultorio dental para usted y sus dependientes inscritos: | (10) Fecha de nacimiento
Número de identificación: | Nombre del consultorio:

(5) Número total de dependientes que está inscribiendo | (6) Su email | Sexo ☐ Hombre ☐ Mujer

(11) Enumere todos los dependientes elegibles que desea inscribir: adjunte credenciales adicionales si es necesario.

	Apellido (si fuera diferente)	Nombre	Inicial	Fecha de nacimiento
Cónyuge				
Hijo				
Hijo				
Hijo				
Hijo				

Elegibilidad: Es posible que pueda elegir cobertura para dependientes elegibles. Consulte con su empleador los detalles de la definición de dependiente elegible. Se deben agregar todos los nuevos dependientes elegibles dentro del plazo de 31 días a partir del cambio. Se deben eliminar de la inscripción los hijos dependientes cuando ya no son elegibles.

Puede disponer de los beneficios ÚNICAMENTE en el centro dental contratado que seleccionó.

Por la presente solicito la cobertura de EMPLOYERS DENTAL SERVICES para la que califico o puedo calificar en virtud de las disposiciones del Acuerdo Principal. Autorizo a que se deduzcan de mis ingresos las contribuciones necesarias para cubrir el costo de la cobertura. Certifico que soy elegible para participar y que la información brindada con anterioridad es correcta. Autorizo a cualquier dentista u otro proveedor de atención dental a entregar a cualquier representante de Employers Dental Services todos los registros relacionados con el historial, los servicios o los tratamientos de cualquier miembro inscrito para fines de revisión, investigación o evaluación de una solicitud o reclamo. Una fotocopia de esta autorización será tan válida como el original. Esta autorización será válida mientras mi cobertura tenga vigencia. Mi representante autorizado o yo tenemos derecho a recibir una copia de los formularios de autorización.

Fecha _____ Firma _____

Formal grievance and appeals process

EDS members can ask EDS to review its decisions involving their requests for services or requests to have claims paid. EDS members have two levels of review available to them.* They are Standard Appeals Level 2 (formal appeal) and Level 3 (external independent dental review).

There are two types of appeals: an expedited appeal for urgent matters and a standard appeal. Each type of appeal has 3 levels. The appeals operate in similar fashion, except that expedited appeals are processed much faster because of a patient's condition.

Levels	Expedited Appeals *(For urgently needed service you have not yet received)*	Standard Appeals *(For non-urgent services or denied claims)*
Level 1	Expedited dental review	Informal reconsideration
Level 2	Expedited appeal	Formal appeal
Level 3	Expedited external independent dental review	External independent dental review

To submit a request for formal appeal, please send a written request to:
EDS Grievance and Appeals Coordinator
P.O. Box 36600
Tucson, AZ 85740-6600
Phone: 800-722-9772
Fax: 520-696-4311

Need more information?

After you enroll, a complete Formal Grievance and Appeals brochure will be mailed to your home with your ID card. To receive a copy, call our customer service department at:

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

*The Arizona state legislature has established six levels of review. Companies that perform utilization review activities after services are provided (EDS is in this category) are not required to provide the Expedited Appeals Level 1 (expedited dental review), Level 2 (expedited Appeal) or Level 3 (expedited external independent dental review), or Standard Appeals Level 1 (informal reconsideration).

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

Questions?

Contact Customer Service

PHONE:

Phoenix: 602-248-8912

Tucson: 520-696-4343

Statewide: 800-722-9772

Spanish speaking representatives available

MAILING ADDRESS:

P.O. Box 36600

Tucson, AZ 85740-6600

www.mydentalplan.net

Employers Dental Services

A member of

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

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