Texas Society of Certified Public Accountants

TSCPA Dental Brochure

Maintaining a healthy smile is important to your overall health, but regular trips to the dentist can be costly. TSCPA Group Dental Insurance helps keep your budget in check. Our plan covers both preventive and emergency services, ensuring your smile stays bright year after year.

Why Choose TSCPA Group Dental Insurance?
TSCPA Group Dental Insurance provides incredible value for the cost. With TSCPA, you'll have:

- **Choices:** You'll have access to thousands of dentists and specialists located throughout the country
- **Quality:** Each participating dentist has gone through a rigorous and ongoing review and selection process [1]
- **Freedom:** You can choose the dentist you want, regardless of whether he or she is inside or outside of our network
- **Efficiency:** We process 76% of our claims in just one business day [2]
- **Savings**: Our negotiated fees [3] are typically 15-45% less than average fees for the same or similar services charged by dentists in your area [2]

How does this plan work?
The TSCPA Group Dental Insurance plan provides benefits for preventive care and most forms of emergency and specialty dental treatment. You can choose between the High Plan or the Low Plan, depending on your specific needs and budget. Details of each option are outlined below.

Low Plan

Annual Maximums: You and your covered spouse and dependents are entitled to receive up to $1,000 each in dental benefits in any calendar year after the cash deductible is satisfied.

Deductibles: For Type B (basic) and Type C (major) services, an annual deductible of $75 is required for individual coverage. For family coverage, the annual deductible is $225. For Type A (preventive) services, the deductible is waived.

Reimbursement: You and your covered dependents will receive reimbursement for dental services according to the following guidelines:

- Type A (preventive): 80%
- Type B (basic): 60%
- Type C (major): 50%

The reimbursement schedule for dental services is the same, regardless of whether you choose an in-network or out-of-network dentist. However, your out-of-pocket costs may be higher with an out-of-network dentist. Out-of-network dentists have not agreed to accept negotiated fees, which are typically 15-45% less than the average fees changed in a dentist's community for the same or similar services.

High Plan

Annual Maximums: You and your covered dependents are entitled to receive up to $2,000 each in dental benefits in any calendar year after the cash deductible is satisfied.

Deductibles: For Type B (basic) and Type C (major) services, an annual deductible of $50 is required for individual coverage. For family coverage, the annual deductible is $150. For Type A (preventive) services, the deductible is waived.

Reimbursement: You and your covered dependents will receive reimbursement for dental services according to the following guidelines:

- Type A (preventive): 100%
- Type B (basic): 80%
- Type C (major): 50%

The reimbursement schedule for dental services is the same, regardless of whether you choose an in-network or out-of-network dentist. However, your out-of-pocket costs may be higher with an out-of-network dentist. Out-of-network dentists have not agreed to accept negotiated fees, which are typically 15-45% less than the average fees changed in a dentist's community for the same or similar services.

What Services Does the Plan Cover?
Both the High Plan and the Low Plan cover preventive, basic, and major dental services. Specific services covered under each plan are outlined below. This brochure presents the majority of services within each category, but is not a complete description of the plan.

Preventive Services – Type A

- **Prophylaxis (regular cleanings):** Two per calendar year, separated by 6 months
- **Oral examinations:** Two exams per calendar year, separated by 6 months
- **Examinations – problem focused:** Combined with examinations limit
- **Topical fluoride applications:** One fluoride treatment per 12 months for dependent children up to age 14
- **Periodontics:** Total number of periodontal maintenance treatments and prophylaxis (regular cleanings) cannot exceed two treatments in a calendar year, separated by 6 months
- **Full mouth x-rays:** Once every 60 months
- **Bitewing x-rays:** One set per 12 months for adults; two sets per calendar year for children under age 19, separated by 6
- **Space maintainers:** 1 per lifetime for a child under age 14

[1]Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendors credentialing process and requirements, not MetLife's. If you should have any questions, contact MetLife Customer Service. [2]MetLife data as of year-end 2015. [3]Negotiated fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

Help ensure your family is protected

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Basic Services – Type B

- **Fillings:** 1 replacement per surface in 24 months
- **Resin composite fillings:** Excludes coverage for composite fillings on molars
- **Simple extractions**
- **Oral surgery**
- **Endodontics:** Root canal treatment limited to once per tooth per 24 months
- **General anesthesia:** When dentally necessary in connection with oral surgery, extractions, or other covered dental services
- **Periodontics:** Periodontal scaling and root planing once per quadrant, every 24 months
- **Periodontal surgery:** Once per quadrant, every 36 months
- **Sealants:** One application every 3 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child under age 16

Major Services – Type C

- **Implant services/prosthetics:** 1 per tooth every 5 years
- **Implant repairs:** 1 per tooth in 12 months
- **Bridges and dentures:** Initial placement to replace 1 or more natural teeth, which are lost while covered by the plan
- **Bridges and dentures – replacements:** Once every 5 calendar years; replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
- **Crown, denture, and bridge repair/ recementations:** Once every 24 months
- **Crowns, inlays, and onlays:** Replacement once per tooth every 5 calendar years
- **Consultations:** 2 in 12 months
- **Occlusal adjustments:** 1 in 12 months

Is Orthodontia a Covered Service?

Your children, up to age 19, are covered for orthodontic diagnostics and treatment under the High Plan at a 50% reimbursement rate. The lifetime maximum is $1,000. Orthodontia is not covered under the Low Plan.

What Does the Plan Cost ?

The TSCPA Group Dental Insurance plan offers a High Plan and a Low Plan, depending on your specific needs and budget. Refer to the Area Table to determine the area and rate that applies to you.

Low Plan Rate Summary

COVERAGE	MEMBER ONLY	MEMBER + SPOUSE	MEMBER + CHILD(REN)	MEMBER + FAMILY
Area 1	$25.69	$48.93	$51.94	$82.41
Area 2	$27.90	$53.43	$56.71	$92.44
Area 3	$31.22	$63.56	$67.46	$101.21
Area 4	$33.43	$68.06	$72.24	$109.99
Area 5	$34.53	$70.31	$74.62	$117.82
Area 6	$36.74	$75.09	$79.70	$126.59

High Plan Rate Summary

COVERAGE	MEMBER ONLY	MEMBER + SPOUSE	MEMBER + CHILD(REN)	MEMBER + FAMILY
Area 1	$35.76	$73.31	$77.82	$119.06
Area 2	$40.07	$85.05	$90.28	$141.85
Area 3	$48.69	$97.45	$103.45	$161.43
Area 4	$51.46	$104.76	$111.20	$176.71
Area 5	$54.94	$111.85	$118.73	$187.44
Area 6	$59.25	$121.59	$129.07	$202.45

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Who Is Eligible for Coverage?
As a member of TSCPA, you and your lawful spouse and eligible dependents may enroll for coverage. Eligible dependents include children age 26 or younger. You and your eligible spouse and dependents must reside in the United States.

When Does Coverage Begin?
Your dental coverage will become effective following receipt of your enrollment form and first premium payment.

When Does Coverage End?
Your dental coverage will remain in effect unless you cease to be a member of TSCPA, you fail to pay the appropriate premium when due, or the group policy is discontinued. Coverage for dependents will end at age 26.

How will I Receive Payments?
For services provided by an in-network dentist, benefits will be paid directly to the dentist. For services provided by an out-of-network dentist, you can request that benefits be paid either directly to your dentist or directly to you. Claims are payable immediately from the start date of your coverage.

How Do I Enroll?
To apply for TSCPA Group Dental Insurance, go to tscpainsure.org/dental, and download the enrollment form. Mail your completed and signed enrollment form, along with your payment, to:

TSCPA Member Insurance Program
Plan Administrator
1200 E. Glen Ave.
Peoria Heights, IL 61616-5348

Certificate of Insurance
This brochure is only a brief description of the principal provisions and features of the TSCPA Group Dental Insurance plan. The complete terms and conditions are set forth in the group policy issued by MetLife.

When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the plan. In the event of any conflict or inconsistency between the information in this brochure and the information contained in the underlying plan documents, the plan documents will in all respects control and govern. If any provision is not explained or is only partially explained, your rights will always be determined under the provisions of the underlying plan documents. Insurance coverage and availability may vary by state.

Questions?
We're here to help. Contact a TSCPA Group Dental Insurance representative at **800.845.8941**.

Exclusions
No benefits will be paid for the following:

- Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature
- Services for which you would not be required to pay in the absence of dental insurance
- Services or supplies received by you or your dependent before the dental insurance starts for that person
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate of Insurance)
- Services which are neither performed nor prescribed by a dentist, except for those services of a licensed dental hygienist, which are supervised and billed by a dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments
- Services or appliances which restore or alter occlusion or vertical dimension
- Restoration of tooth structure damaged by attrition, abrasion, or erosion
- Restorations or appliances used for the purpose of periodontal splinting
- Counseling or instruction about oral hygiene, plaque control, nutrition, and tobacco
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss
- Decoration, personalization, or inscription of any tooth, device, appliance, crown or other dental work
- Missed appointments
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any association liability law;
  - For which the association of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital
- Services covered under other coverage provided by the policyholder
- Temporary or provisional restorations
- Temporary or provisional appliances
- Prescription drugs
- Services for which the submitted documentation indicates a poor prognosis
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that dental insurance under the group policy be paid first
- The following when charged by the dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide

- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food
- Caries susceptibility tests
- Initial installation of a fixed and permanent denture to replace one or more natural teeth which were missing before such person was insured for dental insurance, except for congenitally missing natural teeth;
- Other fixed denture prosthetic services not described elsewhere in the certificate
- Precision attachments, except when the precision attachment is related to implant prosthetics
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it
- Duplicate prosthetic devices or appliances
- Replacement of a lost or stolen appliance, cast restoration, or denture
- Intra- and extra-oral photographic images
- Fixed and removable appliances for correction of harmful habits
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota
- Orthodontia services in the Low Plan
- Repair or replacement of an orthodontic appliance
- Initial installation of a full or removable denture to replace one or more natural teeth which were missing before such person was insured for dental insurance, except for congenitally missing natural teeth
- Addition of teeth to a partial removable denture to replace one or more natural teeth which were missing before such person was insured for dental insurance, except for congenitally missing natural teeth
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for dental insurance, except for congenitally missing natural teeth

Area Table

STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Alabama	1 2	350-354, 362-364, 367-369 355-361, 365-366
Alaska	6	
Arizona	2 3	850-857 859-865
Arkansas	2	
California	2 3 4 5	923-925 900, 905-922, 926-938, 952-953, 955-961 901-904, 939, 945-946, 948, 950-951 940-944, 947, 949, 954
Colorado	3	
Connecticut	4	
Delaware	4 5	197, 199 198
D.C.	3	
Florida	2 3 4	320-322, 325-329, 334-338, 342-349 323-324, 333, 339-341 330-332
Georgia	2 3	306-310, 312, 319 300-305, 311, 313-318, 398
Hawaii	3	
Idaho	2	
Illinois	1 2 3	624, 628-629 609-623, 625-627 600-608

Area Table

STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Indiana	1 2 3	471, 475 460-462, 465-470, 472-474, 476-479 463-464
Iowa	1 2 3	508-510, 512-516 500-507, 520-528 511
Kansas	2	
Kentucky	1 2	400-404, 406-409, 411-419, 425-427 405, 410, 420-424
Louisiana	2	
Maine	3 4	042-044, 046-047, 049 039-041, 045, 048
Maryland	1 2 3	215 206, 210-214, 216-219 207-209
Massachusetts	3 4	197, 199 198
Michigan	2 3	486 480-485, 487-499
Minnesota	3	
Mississippi	2	
Missouri	1 2 3	645 630-644, 646-651, 653-659 652
Montana	3	

Area Table

STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Montana	3	
Nebraska	1 2	680-684, 689-690 685-688, 691-693
Nevada	2 4	889-891 893-898
New Hampshire	4 5	030, 032, 034-038 031, 033
New Jersey	2 3 4	071-072 070, 073, 077, 080-087 074-076, 078-079, 088-089
New Mexico	3	
New York	2 3 4 6	104, 124-129, 133-136, 142 103, 109-110, 115, 117-123, 130-132, 137-141,143-149 063, 105-108, 111-114, 116 100-102
North Carolina	3 4	270-281, 283-289 282
North Dakota	3	
Ohio	2 3	430-435, 437-459 436
Oklahoma	2 3	731, 735-749 730, 734
Oregon	3	
Pennsylvania	1 2 3	150-156, 159-161, 163-164, 171-172, 185, 187 157-158, 162, 165-168, 170, 173-176, 180-184, 186,188, 190-192 169, 177-179, 189, 193-196

Area Table

STATE	AREA	FIRST 3 DIGITS OF ZIP CODE (IF APPLICABLE)
Puerto Pico	1	
Rhode Island	3	
South Carolina	3	
South Dakota	2 3	570, 572-577 571
Tennessee	2	
Texas	1 2 3	782 754-759, 764-769, 773-774, 776-781, 783-785, 788-789, 794-799 750-753, 760-763, 770-772, 775, 786-787, 790-793, 885
Utah	1	
Vermont	4	
Virgina	2 3	230-246 201, 220-229
Virgin Islands	3	
Washington	3 4 5	990-992, 994 985-989, 993 980-984
West Viginia	2	
Wisconsin	3	
Wyoming	2	