For over 25 years TDA has offered dental insurance that takes care of your oral health with simplicity and budget-conscious plan designs. Now you can manage your oral health while saving on dental insurance premiums and out-of-pocket costs with TDA.

2022 PLAN YEAR MONTHLY PREMIUMS

- Employee Only ............................................. $36.98
- Employee + Only One Dependent (adult or child) .... $69.96
- Employee + Two or More Dependents......................... $116.60

MORE BANG FOR YOUR BUCK

- $2,000 annual benefit per enrollee
- $0 deductible In-Network
- No benefit waiting periods In-Network
- Pay only your Copay(s) In-Network
- No balance billing from Participating dentists
- In- & Out-of-Network covered benefits

HOW DOES THE PLAN WORK?
You are responsible to pay only the co-payment required by the Plan to the Participating dentist for covered services. TDA will pay the balance of its contracted negotiated fees to the Preferred Provider. For covered benefits received by a non-Contracted provider, TDA will pay its out-of-network allowed amount to the provider and you may be responsible for any amount exceeding the Plan’s allowance (i.e., balance billing). You will have less out-of-pocket expense if you visit only Participating dental providers.

WHO CAN ENROLL IN TDA?
New hires can enroll within 31 days of hire or within 31 days of a ‘Qualifying Life Event’ that triggers a special enrollment period.

WHAT DO I NEED TO DO?
TDA is approved for pre-tax, monthly premium deductions.

If you are choosing to enroll with TDA’s Elite Choice dental plan or if you need to add or delete dependents, you will need to complete the TDA Enrollment form.

You may not cancel your TDA Elite Choice dental enrollment coverage during the calendar year unless you terminate employment or otherwise lose eligibility. You may make changes consistent with a ‘Qualifying Life Event’ or ineligibility of a dependent. This policy applies regardless if the premium is pre-taxed.

AVAILABLE FOR YOUR QUESTIONS OR COMMENTS:

RON HOLDEN  
(701) 721-3716  
RHolden@Minot.com

CHRIS JEHLE  
(602) 320-3261  
CJehle@dmcaz.com

View TDA Participating Dentists online at http://www.tdadental.com/providers/search/. Be sure to choose PPO as your Dental Plan Network and enter your ZIP code in the Location Box.

Total Dental Administrators, Inc. | 2800 North 44th Street, Suite 500 | Phoenix, AZ 85008  
(602) 266-1995 or (888) 422-1995 | www.TDAdental.com
How to Compare Dental Insurance

This checklist is designed to help you and your family when comparing dental insurance plans. Estimate how much you can afford on a monthly basis, consider how much you might spend on dental services, and complete the grid below to determine which dental plan is right for you. It may be helpful to prioritize what matters most to you. Is it affordability, level of coverage, or choice of dentist?

<table>
<thead>
<tr>
<th>What to Compare</th>
<th>Total Dental Administrators Elite Choice Dental Insurance Plan Year 2022</th>
<th>Other Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is my Monthly Premium?</td>
<td>EE only: $36.98</td>
<td></td>
</tr>
<tr>
<td>My Annual Premium: $</td>
<td>EE +1 Dependent: $69.96</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EE + 2 or More: $116.60</td>
<td></td>
</tr>
<tr>
<td>Is there an Annual Maximum Benefit?</td>
<td>Each enrolled family member has a $2,000 annual maximum benefit every year</td>
<td></td>
</tr>
<tr>
<td>If so, how much?</td>
<td>$0 deductible if I stay in-network.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If I go out-of-network, I must first pay a $50 deductible for Major services before TDA pays its allowance to the non-PPO dentist.</td>
<td></td>
</tr>
<tr>
<td>Is there a Deductible and how does it work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can I visit any Dentist I want?</td>
<td>Yes! And TDA has a PPO network available so I pay less for covered services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I pay only the listed copays in-network. TDA pays an allowance out-of-network and I can be balance billed the difference. (see brochure for amounts)</td>
<td></td>
</tr>
<tr>
<td>Are there fixed Copays amounts for services or does the plan pay based on coinsurance percentages?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare copays and coinsurance percentages for every level of coverage (be sure to watch for specific benefits paid at different levels):</td>
<td>The TDA Plan charges me in-network copays for covered exams, cleanings, x-rays, crowns, bridges, dentures, oral surgery, gum disease, and more. If Out-of-Network, I pay the remainder of the bill after TDA pays its allowance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preventive</td>
<td>% of what amount</td>
</tr>
<tr>
<td></td>
<td>• Basic</td>
<td>% of what amount</td>
</tr>
<tr>
<td></td>
<td>• Major</td>
<td>% of what amount</td>
</tr>
<tr>
<td>How many cleanings do I receive per year?</td>
<td>Two cleanings, one every six months.</td>
<td></td>
</tr>
<tr>
<td>Are there waiting periods for certain procedures?</td>
<td>No waiting periods if visiting a Participating dentist. I must wait six months for Major Services out-of-network as a new enrollee.</td>
<td></td>
</tr>
<tr>
<td>Which procedures are not covered?</td>
<td>Orthodontia is not covered. The Brochure and Certificate Booklet list all other exclusions &amp; limitations.</td>
<td></td>
</tr>
<tr>
<td>Is my Dentist contracted?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# GROUP DENTAL ENROLLMENT FORM

- **Name of Employer** (Use Name from Group Billing Notice or Master Application)
  - UNIVERSITY OF NORTH DAKOTA
  - **Group Number**: BUE NDE14990
  - **TDA Plan Design**: Elite Choice

## Personal Information

- **Social Security Number**
- **Effective Date**: Mo./Day/Year (4-digit)
- **Date Employed Fulltime**: Mo./Day/Year (4-digit)
- **Hours Worked in Week**

## Employment Details

- **Your Name**: (Last), (First) (Middle Initial)
- **Date of Birth**: Mo./Day/Year (4-digit)
- **Gender**
  - Male
  - Female

## Address Information

- **Home Address**: Coverage Requested
  - Employee Only
  - Employee + 1 Dependent
  - Employee + 2 or More

## Contact Information

- **Home Phone Number**
- **Work Phone Number**
- **Email Address**
- **Do you have ANY other Dental coverage?**
  - Yes
  - No

## Dependent Coverage

- **Spouse Name**: (Last), (First) (Middle Initial)
- **D.O.B.**
- **Gender**
- **Other Dental Coverage**
- **Name of Carrier**
  - Yes
  - No

## Fraud Warning

- **FRAUD WARNING** (Not Applicable in Arizona): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## Enrollment in Group Coverage

- **Enrollment in Group Coverage**: I elect the dental coverage selected for which I am eligible. If any contribution from me is necessary to pay part of the cost of insurance, I hereby authorize my employer to deduct the contribution from my wages.

## Refusal of Group Dental Coverage

- **Refusal of Group Dental Coverage**: I have been offered this insurance coverage and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will be required to furnish evidence of insurability at my own expense, and the company will have the right to refuse any request.

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Total Dental Administrators, Inc. | 2800 North 44th Street, Suite 500, Phoenix, AZ 85008 Telephone (888) 422-1995 | Facsimile (602) 266-1948
www.TDAdental.com | eforms@TDAdental.com | customerservice@TDAdental.com
RETURN FORM TO: brandi.byrne@UND.edu, UND Payroll Office Stop 7127 or Twamley Hall Rm 312