

INDEMNITY PLAN

AFFORDABLE



CONVENIENT



QUALITY



Protect-A-Dent Indemnity Plan

Premier - Schedule 4 Benefit Information

Underwritten By: Colorado Bankers Life Insurance Company
Administered By: TDN Administrative Services, LLC

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DENTAL CARE



REIMBURSEMENT SCHEDULE

Protect-A-Dent Indemnity Plan

PREMIER — SCHEDULE 4

ADA CODE	PROCEDURE NAME	PLAN PAYS
I. DIAGNOSTIC & PREVENTIVE		
0120	Periodic Oral Evaluation	28
0140	Limited Oral Evaluation – Problem Focused	43
0150	Comprehensive Oral Evaluation – New Or Established Patient	43
0160	Detailed And Extensive Oral Evaluation – Problem Focused, By Report	43
0180	Comprehensive Periodontal Evaluation – New Or Established Patient	43
0210	Intraoral – Complete Series (Including Bitewings)	82
0220	Intraoral – Periapical – First Film	16
0230	Intraoral – Periapical – Each Additional Film	12
0240	Intraoral – Occlusal Film	23
0270	Bitewing – Single Film	17
0272	Bitewings – Two Films	26
0274	Bitewings – Four Films	38
0277	Bitewings – Vertical (Seven Or Eight Films)	50
0330	Panoramic Film	72
1110	Prophylaxis - Adult	58
1120	Prophylaxis - Child	41
1201	Topical Application Of Fluoride (Including Prophylaxis) - Child	55
1203	Topical Application Of Fluoride (Prophylaxis Not Included) - Child	22
1351	Sealant – Per Tooth	32
II. MINOR RESTORATIVE		
1510	Space Maintainer – Fixed – Unilateral	102
1515	Space Maintainer - Fixed Bilateral	134
1520	Space Maintainer – Removable – Unilateral	126
1525	Space Maintainer – Removable – Bilateral	172
1550	Recementation Of Space Maintainer	22
2140	Amalgam – One Surface, Primary Or Permanent	61
2150	Amalgam – Two Surfaces, Primary Or Permanent	74
2160	Amalgam – Three Surfaces, Primary Or Permanent	90
2161	Amalgam – Four Or More Surfaces, Primary Or Permanent	111
2330	Resin-Based Composite – One Surface, Anterior	70
2331	Resin-Based Composite – Two Surfaces, Anterior	88
2332	Resin-Based Composite – Three Surfaces, Anterior	106
2335	Resin-Based Composite – Four Or More Surfaces Or Involving Incisal Angle (Anterior)	126
2390	Resin-Based Composite Crown, Anterior	150

ADA CODE	PROCEDURE NAME	PLAN PAYS
2391	Resin-Based Composite – One Surface, Posterior	78
2392	Resin-Based Composite – Two Surfaces, Posterior	106
2393	Resin-Based Composite – Three Surfaces, Posterior	132
2394	Resin-Based Composite – Four Or More Surfaces, Posterior	158
2910	Recement Inlay	46
2920	Recement Crown	48
2930	Prefabricated Stainless Steel Crown – Primary Tooth	82
2931	Prefabricated Stainless Steel Crown – Permanent Tooth	93
2932	Prefabricated Resin Crown	101
2933	Prefabricated Stainless Steel Crown With Resin Window	113
2940	Sedative Filling	50
6930	Recement Fixed Partial Denture	43
	III. MAJOR RESTORATIVE	
2510	Inlay – Metallic - One Surface	241
2520	Inlay – Metallic – Two Surfaces	273
2530	Inlay - Metallic - Three Or More Surfaces	315
2542	Onlay – Metallic – Two Surfaces	309
2543	Onlay - Metallic - Three Surfaces	323
2544	Onlay - Metallic - Four Or More Surfaces	336
2610	Inlay – Porcelain/Ceramic – One Surface	284
2620	Inlay – Porcelain/Ceramic – Two Surfaces	299
2630	Inlay – Porcelain/Ceramic – Three Or More Surfaces	319
2642	Onlay – Porcelain/Ceramic – Two Surfaces	310
2643	Onlay Porcelain/Ceramic – Three Surfaces	334
2644	Onlay – Porcelain/Ceramic – Four Or More Surfaces	354
2650	Inlay – Resin-Based Composite – One Surface	186
2651	Inlay – Resin-Based Composite – Two Surfaces	222
2652	Inlay – Resin-Based Composite – Three Or More Surfaces	233
2662	Onlay – Resin-Based Composite – Two Surfaces	203
2663	Onlay – Resin-Based Composite – Three Surfaces	238
2664	Onlay – Resin-Based Composite – Four Or More Surfaces	255
2710	Crown – Resin (Indirect)	144
2720	Crown – Resin With High Noble Metal	354
2721	Crown – Resin With Predominantly Base Metal	332
2722	Crown – Resin With Noble Metal	339
2740	Crown – Porcelain/Ceramic Substrate	364
2750	Crown - Porcelain Fused To High Noble Metal	354
2751	Crown - Porcelain Fused To Predominantly Base Metal	334
2752	Crown - Porcelain Fused To Noble Metal	342
2780	Crown – ¾ Cast High Noble Metal	344
2781	Crown – ¾ Cast Predominantly Base Metal	324
2782	Crown – ¾ Cast Noble Metal	335
2783	Crown – ¾ Porcelain/Ceramic (This Code Does Not Include Facial Veneers.)	354
2790	Crown - Full Cast High Noble Metal	346
2791	Crown - Full Cast Predominantly Base Metal	328

ADA CODE	PROCEDURE NAME	PLAN PAYS
2792	Crown - Full Cast Noble Metal	334
2950	Core Build-Up, Including Any Pins	125
2951	Pin Retention – Per Tooth, In Addition To Restoration	17
2952	Cast Post And Core In Addition To Crown	120
2953	Each Additional Cast Post – Same Tooth	60
2954	Prefabricated Post And Core In Addition To Crown	99
2957	Each Additional Prefabricated Post – Same Tooth	50
2980	Crown Repair	73
	IV. ENDODONTICS	
3110	Pulp Cap – Direct (Excluding Final Restoration)	35
3120	Pulp Cap – Indirect (Excluding Final Restoration)	28
3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of Medicament	83
3221	Pulpal Debridement, Primary And Permanent Teeth	91
3230	Pulpal Therapy (Resorable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	88
3240	Pulpal Therapy (Resorable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	94
3310	Root Canal -- Anterior (Excluding Final Restoration)	351
3320	Root Canal -- Bicuspid (Excluding Final Restoration)	429
3330	Root Canal -- Molar (Excluding Final Restoration)	554
3346	Retreatment Of Previous Root Canal Therapy - Anterior	351
3347	Retreatment Of Previous Root Canal Therapy - Bicuspid	429
3348	Retreatment Of Previous Root Canal Therapy - Molar	554
3351	Apexification/Recalcification – Initial Visit (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	199
3352	Apexification/Recalcification – Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	87
3353	Apexification/Recalcification – Final Visit (Includes Completed Root Canal Therapy – Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	294
3410	Apicoectomy/Periradicular Surgery – Anterior	402
3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	439
3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	497
3426	Apicoectomy/Periradicular Surgery - (Each Additional Root)	166
3430	Retrograde Filling – Per Root	122
3450	Root Amputation – Per Root	246
3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	193
	V. PERIODONTICS	
4210	Gingivectomy Or Gingivoplasty – Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	312
4211	Gingivectomy Or Gingivoplasty – One To Three Teeth, Per Quadrant	83

ADA CODE	PROCEDURE NAME	PLAN PAYS
4240	Gingival Flap Procedure, Including Root Planing – Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	367
4241	Gingival Flap Procedure, Including Root Planing – One To Three Teeth, Per Quadrant	184
4249	Clinical Crown Lengthening - Hard Tissue	419
4260	Osseous Surgery (Including Flap Entry And Closure) – Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	593
4261	Osseous Surgery (Including Flap Entry And Closure) – One To Three Teeth, Per Quadrant	297
4263	Bone Replacement Graft – First Site In Quadrant	179
4264	Bone Replacement Graft – Each Additional Site In Quadrant	90
4270	Pedicle Soft Tissue Graft Procedure	438
4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	451
4273	Subepithelial Connective Tissue Graft Procedures	481
4274	Distal Or Proximal Wedge Procedure (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	136
4276	Combined Connective Tissue And Double Pedicle Graft	481
4341	Periodontal Scaling & Root Planing – Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	121
4342	Periodontal Scaling And Root Planing – One To Three Teeth, Per Quadrant	61
4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagnosis	80
4910	Periodontal Maintenance Procedures (Following Active Therapy)	72
VI. PROSTHETICS		
5110	Complete Denture – Maxillary	412
5120	Complete Denture – Mandibular	412
5130	Immediate Denture - Maxillary	449
5140	Immediate Denture - Mandibular	449
5211	Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests & Teeth)	348
5212	Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests & Teeth)	404
5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests & Teeth)	455
5214	Mandibular Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests & Teeth)	455
5281	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps And Teeth)	265
5410	Adjust Complete Denture - Maxillary	23

ADA CODE	PROCEDURE NAME	PLAN PAYS
5411	Adjust Complete Denture - Mandibular	23
5421	Adjust Partial Denture – Maxillary	23
5422	Adjust Partial Denture - Mandibular	23
5510	Repair Broken Complete Denture Base	45
5520	Replace Missing Or Broken Teeth – Complete Denture (Each Tooth)	38
5610	Repair Resin Denture Base	49
5620	Repair Cast Framework, Partial Denture	53
5630	Repair Or Replace Broken Clasp, Partial Denture	64
5640	Replace Broken Teeth - Per Tooth, Partial Denture	42
5650	Add Tooth To Existing Partial Denture	57
5660	Add Clasp To Existing Partial Denture	68
5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	158
5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	158
5710	Rebase Complete Maxillary Denture	167
5711	Rebase Complete Mandibular Denture	160
5720	Rebase Maxillary Partial Denture	158
5721	Rebase Mandibular Partial Denture	158
5730	Reline Complete Maxillary Denture (Chair Side)	94
5731	Reline Complete Mandibular Denture (Chair Side)	94
5740	Reline Maxillary Partial Denture (Chair Side)	87
5741	Reline Mandibular Partial Denture (Chair Side)	87
5750	Reline Complete Maxillary Denture (Laboratory)	126
5751	Reline Complete Mandibular Denture (Laboratory)	126
5760	Reline Maxillary Partial Denture (Laboratory)	124
5761	Reline Mandibular Partial Denture (Laboratory)	124
5860	Overdenture – Complete, By Report	412
5861	Overdenture – Partial, By Report	348
6210	Pontic - Cast High Noble Metal	325
6211	Pontic - Cast Predominantly Base Metal	304
6212	Pontic - Cast Noble Metal	316
6240	Pontic - Porcelain Fused To High Noble Metal	321
6241	Pontic - Porcelain Fused To Predominantly Base Metal	296
6242	Pontic - Porcelain Fused To Noble Metal	312
6245	Pontic – Porcelain/Ceramic	331
6250	Pontic – Resin With High Noble Metal	316
6251	Pontic – Resin With Predominantly Base Metal	292
6252	Pontic – Resin With Noble Metal	301
6545	Retainer – Cast Metal For Resin Bonded Fixed Prosthesis	135
6548	Retainer – Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	148
6600	Inlay – Porcelain/Ceramic, Two Surfaces	300
6601	Inlay – Porcelain/Ceramic, Three Or More Surfaces	300
6602	Inlay – Cast High Noble Metal, Two Surfaces	280
6603	Inlay – Cast High Noble Metal, Three Or More Surfaces	321

ADA CODE	PROCEDURE NAME	PLAN PAYS
6604	Inlay – Cast Predominantly Base Metal, Two Surfaces	280
6605	Inlay – Cast Predominantly Base Metal, Three Or More Surfaces	321
6606	Inlay – Cast Noble Metal, Two Surfaces	280
6607	Inlay – Cast Noble Metal, Three Or More Surfaces	321
6608	Onlay – Porcelain/Ceramic, Two Surfaces	300
6609	Onlay – Porcelain/Ceramic, Three Or More Surfaces	300
6610	Onlay – Cast High Noble Metal, Two Surfaces	329
6611	Onlay – Cast High Noble Metal, Three Or More Surfaces	343
6612	Onlay – Cast Predominantly Base Metal, Two Surfaces	329
6613	Onlay – Cast Predominantly Base Metal, Three Or More Surfaces	343
6614	Onlay – Cast Noble Metal, Two Surfaces	329
6615	Onlay – Cast Noble Metal, Three Or More Surfaces	343
6720	Crown – Resin With High Noble Metal	357
6721	Crown – Resin With Predominantly Base Metal	339
6722	Crown – Resin With Noble Metal	345
6740	Crown – Porcelain/Ceramic	376
6750	Crown – Retainer – Porcelain Fused To High Noble Metal	366
6751	Crown – Retainer – Porcelain Fused To Predominantly Base Metal	341
6752	Crown – Retainer – Porcelain Fused To Noble Metal	350
6780	Crown – Retainer – 3/4 Cast High Noble Metal	345
6781	Crown – Retainer – 3/4 Cast Predominantly Base Metal	345
6782	Crown – Retainer – 3/4 Cast Noble Metal	321
6783	Crown – Retainer – 3/4 Porcelain/Ceramic	355
6790	Crown – Retainer – Full Cast High Noble Metal	353
6791	Crown – Retainer – Full Cast Predominantly Base Metal	335
6792	Crown – Retainer – Full Cast Noble Metal	347
6970	Cast Post And Core In Addition To Fixed Partial Denture Retainer	119
6971	Cast Post As Part Of Fixed Partial Denture Retainer	104
6972	Prefabricated Post And Core In Addition To Fixed Partial Denture Retainer	97
6973	Core Buildup For Retainer, Including Any Pins	78
6976	Each Additional Cast Post – Same Tooth	50
6977	Each Additional Prefabricated Post – Same Tooth	48
6980	Fixed Partial Denture Repair, By Report	73
6985	Pediatric Partial Denture - Fixed	348
VII. ORAL SURGERY		
7111	Coronal Remnants – Deciduous Tooth	70
7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	70
7210	Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Flap And Removal Of Bone And/Or Section Of Tooth	124
7220	Removal Of Impacted Tooth – Soft Tissue	156

ADA CODE	PROCEDURE NAME	PLAN PAYS
7230	Removal Of Impacted Tooth – Partially Bony	207
7240	Removal Of Impacted Tooth – Completely Bony	243
7241	Removal Of Impacted Tooth – Completely Bony, With Unusual Surgical Complications	306
7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	131
7310	Alveoloplasty In Conjunction With Extractions - Per Quadrant	145
7320	Alveoloplasty - Not In Conjunction With Extractions Per Quadrant	647
7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	462
7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	725
7510	Incision And Drainage Of Abscess – Intraoral Soft Tissue	138
7960	Frenulectomy (Frenectomy Or Frenotomy) - Separate Procedure	305
7970	Excision Of Hyperplastic Tissue - Per Arch	314
7971	Excision Of Pericoronal Gingiva	100
7972	Surgical Reduction Of Fibrous Tuberosity	100
VIII. ADJUNCTIVE SERVICES		
9110	Palliative (Emergency) Treatment Of Dental Pain – Minor Procedure	43
9220	Deep Sedation/General Anesthesia – First 30 Minutes	174
9221	Deep Sedation/General Anesthesia – Each Additional 15 Minutes	73
9241	Intravenous Conscious Sedation/Analgesia – First 30 Minutes	137
9242	Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes	58
9248	Non-Intravenous Conscious Sedation	29
IX. ORTHODONTICS		
	Charges Not To Exceed Maximum, Based Upon Fifty Percent (50%) Of Usual And Customary And Reasonable Fees, Per Eligible Dependent Child Under Nineteen (19) Years Of Age	1,000

LIMITATIONS

1. Exams (0120, 0150, 0160, 0180) – two per calendar year
2. Intraoral Radiographs/Complete Series (0210) – one every 36 months
3. Panoramic Film (0330) – one every 36 months
4. Bitewings (0270, 0272, 0274, 0277) – two per calendar year
5. Cleanings (1110, 1120, 1201) – two per calendar year
6. Fluoride (1203) – one per calendar year; up to age 19
7. Sealants (1351) – first and second molars; up to age 19
8. Periodonal maintenance (4910) – two per calendar year

PLAN DEFINITIONS

DEDUCTIBLE

Colorado Bankers Life Insurance Co. shall not be obligated to pay for the first fifty dollars (\$50) ("Deductible Amount") of the eligible benefits "Insurance Allowance" for Dental Procedures or Services Received by a Covered Individual during each Benefit Year. For Family Unit Coverage, the maximum deductible amount shall be one hundred fifty dollars (\$150).

Such Deductible amount shall apply to all Dental Benefits, except Coverage I. Diagnostic & Preventive, and IX. Orthodontics.

COVERAGE LIMITS

The Maximum amount of Dental Benefits for all coverages except Coverage IX shall be one thousand dollars (\$1,000) per Benefit Year.

Orthodontic benefits under Coverage IX are subject to a separate lifetime maximum of one thousand dollars (\$1,000) per dependent child under nineteen (19) years of age.

WAITING PERIOD

Covered individuals must be enrolled in this Colorado Bankers Life Insurance Co. Group Dental Plan for twelve months before receiving Dental Benefits listed under Coverages III, V, VI, and IX. There is no waiting period for procedures in all other categories.

ELIGIBLE EXPENSES

We will pay you for Eligible Expenses you incur by or on behalf of you or any insured Dependent. Expenses must be incurred while the Policy is in force and the person is covered by the Policy. Any deductible and Maximum Calendar Year Limit is shown in the coverage schedule.

To be an Eligible Expense, the dental service must be performed by:

1. a licensed Dentist acting within the scope of his/her license;
2. a licensed Physician performing dental services within the scope of his/her license; or
3. a licensed dental hygienist acting under the supervision and direction of a Dentist.

EXPENSES INCURRED

An Eligible Expense is considered incurred on the following dates.

1. for full and partial dentures – on the date the final impression is taken.
2. for fixed bridges, crowns, and inlays – on the date the teeth are first prepared.
3. for root canal therapy – on the date the pulp chamber is opened.

4. for periodontal surgery – on the date the surgery is performed.
5. for orthodontic services – on the date the appliance or bands are inserted or on the date a one step orthodontic procedure is performed.
6. for all other services – on the date the service is performed.

EXPENSES NOT COVERED

No benefits will be paid for expenses incurred:

1. for any portion of charge or for any service in excess of the Scheduled Benefit.
2. for any procedure not listed as a Scheduled Benefit.
3. for overdentures and associated procedures.
4. for cosmetic procedures.
5. for the replacement of full and partial dentures, bridges, inlays or crowns that can be repaired or restored to normal function.
6. for implants; and for (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouthguards; (d) precision or semi-precision attachments; (e) or for denture duplication.
7. for oral hygiene instructions; and for (a) plaque control; (b) the completion of a claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride; or for (f) diagnostic photographs.
8. for services not completed by the end of the month in which coverage terminates.
9. for procedures that are begun but not completed.
10. for those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge.
11. for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
12. for care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar law.
13. that are applied toward satisfaction of a Deductible, if any.

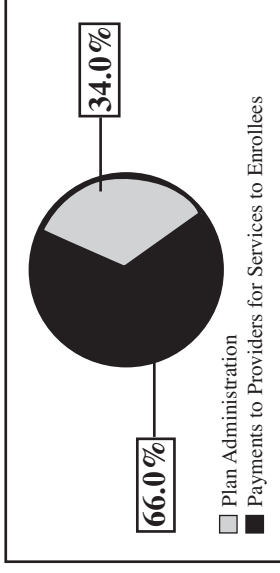
Health Care Consumer Information and Education Act

Effective October 1, 1997, the Health Care Consumer Information and Education Act was enacted which requires health care carriers, including dental plans to reveal to enrollees its method for reimbursing providers and to summarize its distribution of premium dollars. This disclosure refers to internal distribution of funds by The Dental Network, Inc. (TDN) and does not, in any way, change any aspect of your dental benefit programs.

TDN utilizes the following methods of paying physicians (dentists) who render health care (dental) services to our enrollees: Capitation, Fee-for-Service, and Discounted Fee-for-Service. If you wish additional information about how we compensate our dentists or the method which is used to reimburse your dentist, please communicate your question, in writing, and we will be happy to respond. Direct inquiries to The Dental Network, Inc., 1946 Greenspring Drive, Timonium, MD 21093.

The Dental Network

The chart below shows how premium dollars were distributed in 2006 and is based upon the percentage of every \$100 in premiums that TDN used to pay providers for services to enrollees and for administrative costs and services.



Methods of Paying Physicians

This table shows definitions of how insurance carriers may pay physicians for your health care services with a simple example of how each payment mechanism works.

Terms	The example shows how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.
Salary	A physician is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services. Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing prenatal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have any effect upon Dr. Jones salary.
Capitation - 100% of The Dental Network, Inc.'s participating General Dentists are compensated by this method.	A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires. Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.
Fee-for-Service	A physician charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder. Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.
Discounted Fee-for-Service - 100% of The Dental Network, Inc.'s participating Specialists are compensated by this method.	Payment is less than the rate usually received by the physician for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician, who usually gets an increased volume of patients. Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the insurer or HMO.
Bonus	A physician is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services. An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.
Case Rate	The HMO or insurer and the physician agree in advance that payment will cover a combination of services provided by both the physician and hospital for an episode of care. This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.

Privacy Notice

TDN values you as a customer and respects your right to privacy. When you apply for any type of insurance, you disclose information about yourself and/or members of your family. Federal and state law regulates the collection, use, and disclosure of this information. Protecting your personal and/or financial information is something we take very seriously at The Dental Network. Please review the important information contained in this privacy policy.

TDN Confidentiality and Security Policy

We do not sell or disclose any personal information about our clients to anyone outside of the Company, except when permitted by law. We request only necessary information relevant to our business. We maintain physical, electronic, and procedural safeguards in accordance with federal and state standards that protect your information. We permit only authorized persons to have access to that information. These individuals are thoroughly trained to properly handle customer information.

Personal Information We May Collect

We may collect nonpublic, personal, financial, and medical information about you from the following sources:

- Information you provide on the dental application or other forms, such as your name, address, social security number, and dependents.
- Information from dental providers, such as dental records and utilization data; and
- Financial data such as premium payment and coverage change information.

Disclosure of Personal Information

In order to protect your privacy we do not share personal information with others without your written consent unless necessary to conduct our business or required by law. Under certain circumstances we are allowed by law to disclose information to certain organizations without your consent, such as:

- Individuals or companies who perform a professional service for TDN;
- Your Insurance Agent or Broker; and
- Insurance regulators and law enforcement departments.

Please contact us if you have any questions about our privacy policy. It is our highest priority to safeguard your personal information. This is true even if you are no longer a TDN client.

You can review our current policy and procedures online at www.thedentalnet.org by clicking on *Privacy Notice* on the TDN home page.