City of Peoria, Arizona
Notice of Request for Proposal

Request for Proposal No: P08-0110 Proposal Due Date: June 30, 2008

Materials and/or Services: Employee Dental Benefits Plan Proposal Time: 5:00 P.M. AZ Time

Contact:

Project No: Location: City of Peoria, Materials Management Phone: (623) 773-7115

Mailing Address: 8314 West Cinnabar Avenue, Peoria, AZ 85345

In accordance with City of Peoria Procurement Code competitive sealed proposals for the material or services specified will be received by the City of Peoria Materials Management at the specified location until the date and time cited above. Proposals shall be in the actual possession of the City of Peoria Materials Management on or prior to the exact date and time indicated above. Late proposals will not be considered, except as provided in the City of Peoria Procurement Code. ***Proposals shall be submitted in a sealed envelope with the Request for Proposal number and the offeror's name and address clearly indicated on the front of the envelope.*** All proposals shall be completed in ink or typewritten. Offerors are strongly encouraged to carefully read the *entire* Request for Proposal Package.

OFFER

To the City of Peoria: The undersigned on behalf of the entity, firm, company, partnership, or other legal entity listed below offers on its behalf to the City a proposal that contains all terms, conditions, specifications and amendments in the Notice of Request for Proposal issued by the City. Any exception to the terms contained in the Notice of Request for Proposal must be specifically indicated in writing and are subject to the approval of the City prior to acceptance. The signature below certifies your understanding and compliance with Paragraph 1 of the City of Peoria Standard Terms and Conditions (form COP 202) contained in the Request for Proposal package issued by the City.

For clarification of this offer contact:

Name: Mark Burnside Telephone: 602.308.0227 Fax: 602.263.0187

Assurant Employee Benefits (Company Name) Kimberly R. Reese (Authorized Signature for Offer)

5353 N. 16th Street, Ste. 370 (Address) Kimberly R. Reese (Printed Name)

Phoenix (City) AZ (State) 85016 (Zip Code) 2nd VP (Title)

ACCEPTANCE OF OFFER AND CONTRACT AWARD (For City of Peoria Use Only)

Your offer is accepted by the City, subject to approval of each written exception that your proposal contained. The contract consists of the following documents: 1.) Request for Proposal issued by the City; 2.) Your offer in Response to the City's Request for Proposal; 3.) This written acceptance and contract award.

As the contractor, you are now legally bound to sell the materials and/or services listed by the attached award notice, based on the solicitation of proposals, including all terms, conditions, specifications, amendments and your offer as now accepted by the City. The Contractor shall not commence any billable work or provide any material, service or construction under this contract until the Contractor receives an executed Purchase Order or written Notice to Proceed.

Attested by: Mary Jo Kief
Mary Jo Kief, City Clerk

City of Peoria, Arizona. Effective Date: 10/15/08

Approved as to form: Stephen M. Kemp
Stephen M. Kemp, City Attorney

CC: LDC 10/7/08

Contract Number: LCON18708

Contract Awarded Date 10/14/08

City Seal

Official File: _____

Carl Swenson, City Manager

COP 203RFP (05/05/08)HFK

United Dental Care of AZ, Inc
As vrant Employee Benefits

P08-0110

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
ATL-001633889-01

PRODUCER
Marsh USA Inc.
3475 Piedmont Road, NE
Suite 1200
Atlanta, GA 30305
Attn: Atlanta.Certrequest@marsh.com Fax#212-948-0337

664412---08-09

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

INSURED
Union Security Insurance Company
2323 Grand Boulevard
Kansas City, MO 64108

COMPANIES AFFORDING COVERAGE

COMPANY A Liberty Mutual Insurance Company

COMPANY B Great American Insurance Co.

COMPANY C N/A

COMPANY D

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below. 6

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	TB2-651-004240-038	01/09/08	01/09/09	GENERAL AGGREGATE	$ 2,000,000
	[X] COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	$ 1,000,000
	[ ] CLAIMS MADE [X] OCCUR				PERSONAL & ADV INJURY	$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$ 1,000,000
	[X] DEDUCTIBLE - $50,000				FIRE DAMAGE (Anyone fire)	$ 1,000,000
					MED EXP (Any one person)	$ 10,000
A	AUTOMOBILE LIABILITY	AS2-651-004240-048	01/09/08	01/09/09	COMBINED SINGLE LIMIT	$ 1,000,000
	[X] ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
					PROPERTY DAMAGE	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY	
					EACH ACCIDENT	$
					AGGREGATE	$
B	EXCESS LIABILITY	TUU3577376-07	01/09/08	01/09/09	EACH OCCURRENCE	$ 1,000,000
	[X] UMBRELLA FORM				AGGREGATE	$ 1,000,000
	OTHER THAN UMBRELLA FORM					$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WA7-65D-004240-018 (AOS)	01/09/08	01/09/09	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
					EL EACH ACCIDENT	$ 1,000,000
A	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: [X] INCL [ ] EXCL	WC7-651004240-028 (OR)	01/09/08	01/09/09	EL DISEASE-POLICY LIMIT	$ 1,000,000
					EL DISEASE-EACHEMPLOYEE	$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Re: City of Peoria #P08-0110.
The certificate holder, its agents, representatives, officers, directors, officials and employees are included as Additional Insured where required by written contract.

CERTIFICATE HOLDER

City of Peoria
Materials Management
8314 West Cinnabar Avenue
Peoria, AZ 85345

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
BY: Ted L. Young

Ted L. Young

MM1(3/02)

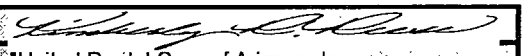
VALID AS OF:11/03/08

ASSURANT EMPLOYEE BENEFITS
BEST AND FINAL OFFER
EXHIBIT F
(dated 8/1/08)

CITY OF PEORIA
EXHIBIT F - DENTAL RATE QUOTATION FORM
PREPAID DENTAL BENEFITS
Effective: 1/1/2009-12/31/2009

Fully Insured Premium Rates	2009	2010	2011
Employee Only	$10.32	$10.32	$10.32
Employee +One Dependent	$16.70	$16.70	$16.70
Employee + Family	$25.58	$25.58	$25.58
Total Monthly Premium	$4,649	$4,649	$4,649
Total Annual Premium	$55,787	$55,787	$55,787
Enrollment Assumptions			
Employee Only	126	126	126
Employee + One Dependent	55	55	55
Employee + Family	95	95	95
Total	276	276	276
Are there any additional costs not included in your rates? If so, please identify.			
Confirm your patient charge schedule will not change for the period quoted?	Our proposed copayment schedule, Heritage Secure with Specialty Benefit Amendment will not change for the period quoted.		

Comments
The above rates are guaranteed for 2009, 2010, and 2011. We are willing to offer a rate cap of 7% for the years 2012 & 2013 combined. Please note: We can provide Fully Insured Premium Rates for the Heritage Secure on a 4 tier basis if needed.

Authorized Signature	
Vendor Name	United Dental Care of Arizona, Inc.
Date	1-Aug-08
Contact Phone Number	602.308.0227 Mark Burnside

REQUEST FOR PROPOSAL

INSTRUCTIONS TO OFFEROR

Materials Management
Procurement
8314 West Cinnabar Avenue
Peoria, Arizona 85345-6560
Phone: (623) 773-7115
Fax: (623) 773-7118

1. **PREPARATION OF PROPOSAL:**
   a. All proposals shall be on the forms provided in this *Request For Proposal* package. It is permissible to copy these forms if required. Telegraphic (facsimile) or mailgram proposals will not be considered.
   b. The Offer and Contract Award document (COP Form 203) shall be submitted with an original ink signature by a person authorized to sign the offer.
   c. Erasures, interlineations, or other modifications in the proposal shall be initialed in original ink by the authorized person signing the Vendor Offer.
   d. If price is a consideration and in case of error in the extension of prices in the proposal, the unit price shall govern. No proposal shall be altered, amended, or withdrawn after the specified proposal due date and time.
   e. Periods of time, stated as a number of days, shall be calendar days.
   f. It is the responsibility of all Offerors to examine the entire *Request For Proposal* package and seek clarification of any item or requirement that may not be clear and to check all responses for accuracy before submitting a bid. Negligence in preparing a Proposal confers no right of withdrawal after proposal due date and time.

2. **INQUIRIES:** Any question related to the *Request For Proposal* shall be directed to the Buyer whose name appears on the front. The Offeror shall not contact or ask questions of the department for which the requirement is being procured. Questions should be submitted in writing when time permits. The Buyer may require any and all questions be submitted in writing at the Buyer's sole discretion. Any correspondence related to a *Request For Proposal* should refer to the appropriate *Request For Proposal* number, page, and paragraph number. However, the Offeror shall not place the *Request For Proposal* number on the outside of any envelope containing questions since such an envelope may be identified as a sealed proposal and may not be opened until after the official *Request For Proposal* due date and time.

3. **PROSPECTIVE OFFERORS CONFERENCE:** A prospective offerors conference may be held. If scheduled, the date and time of this conference will be indicated on the cover page of this document. The purpose of this conference will be to clarify the contents of this *Request For Proposal* in order to prevent any misunderstanding of the City's position. Any doubt as to the requirements of this *Request For Proposal* or any apparent omission or discrepancy should be presented to the City at this conference. The City will then determine if any action is necessary and may issue a written amendment to the *Request for Proposal.* Oral statements or instructions will not constitute an amendment to this *Request for Proposal.*

4. **LATE PROPOSALS:** Late Proposals will not be considered, except as provided by the **City of Peoria Procurement Code**. A vendor submitting a late proposal shall be so notified.

5. **WITHDRAWAL OF PROPOSAL:** At any time prior to the specified proposal due date and time, a Vendor (or designated representative) may withdraw the proposal. Telegraphic (facsimile) or mailgram proposal withdrawals will not be considered.

6. **AMENDMENT OF PROPOSAL:** Receipt of a Solicitation Amendment (COP Form 207) shall be acknowledged by signing and returning the document prior to the specified proposal due date and time.

7. **PAYMENT:** The City will make every effort to process payment for the purchase of goods or services within thirty (30) calendar days after receipt of goods or services and a correct notice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any proposal that requires payment in less than thirty (30) calendar days shall not be considered.

8. **NEW:** All items shall be new, unless otherwise stated in the specifications.

9. **DISCOUNTS:** Payment discount periods will be computed from the date of receipt of material/service or correct invoice, whichever is later, to the date Buyer's payment is mailed. Unless freight and other charges are itemized, any discount provided will be taken on full amount of invoice. Payment discounts of thirty (30) calendar days or more will be deducted from the proposal price in determining the low bid. However, the Buyer shall be entitled to take advantage of any payment discount offered by the Vendor provided payment is made within the discount period.

10. **TAXES:** The City of Peoria is exempt from Federal Excise Tax, including the Federal Transportation Tax. Sales tax, if any, shall be indicated as a separate item.

11. **VENDOR REGISTRATION:** After the award of a contract, the successful Vendor shall have a completed Vendor Registration Form (COP Form 200) on file with the City of Peoria Materials Management Division.

12. **AWARD OF CONTRACT:**

    a. Unless the Offeror states otherwise, or unless provided within this *Request For Proposal*, the City reserves the right to award by individual line item, by group of line items, or as a total, whichever is deemed most advantageous to the City.

    b. Notwithstanding any other provision of this *Request For Proposal*, The City expressly reserves the right to:

       (1) Waive any immaterial defect or informality: or
       (2) Reject any or all proposals, or portions thereof, or
       (3) Reissue a *Request For Proposal.*

    c. A response to a *Request For Proposal* is an offer to contract with the City based upon the terms, conditions and specifications contained in the City's *Request For Proposal* and the written amendments thereto, if any. Proposals do not become contracts unless and until they are accepted by the **City Council**. A contract is formed when written notice of award(s) is provided to the successful Offeror(s). The contract has its inception in the award document, eliminating a formal signing of a separate contract. For that reason, all of the terms and conditions of the procurement contract are contained in the *Request For Proposal*; unless modified by a Solicitation Amendment (COP Form 207) or a Contract Amendment (COP Form 217).

STANDARD TERMS AND CONDITIONS

Materials Management
Procurement
8314 West Cinnabar Avenue
Peoria, Arizona 85345-6560
Phone: (623) 773-7115
Fax: (623) 773-7118

THE FOLLOWING TERMS AND CONDITIONS ARE AN EXPLICIT PART OF THE SOLICITATION AND ANY RESULTANT CONTRACT.

1. **CERTIFICATION:** By signature in the Offer section of the Offer and Contract Award page (COP Form 203), the Vendor certifies:

   a. The submission of the offer did not involve collusion or other anti-competitive practices.

   b. The Vendor shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11456.

   c. The Vendor has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip favor, or service to a public servant in connection with the submitted offer. Failure to sign the offer, or signing it with a false statement, shall void the submitted offer or any resulting contracts, and the vendor may be debarred.

2. **GRATUITIES:** The City may, by written notice to the Contractor, cancel this contract if it is found by the City that gratuities, in the form of entertainment, gifts or otherwise, were offered or given by the Contractor or any agent or representative of the Contractor, to any officer or employee of the City with a view toward securing an order, securing favorable treatment with respect to the awarding, amending, or the making of any determinations with respect to the performing of such order. In the event this contract is cancelled by the City pursuant to this provision, the City shall be entitled, in addition to any other rights and remedies, to recover or withhold from the Contractor the amount of the gratuity. Paying the expense of normal business meals which are generally made available to all eligible city government customers shall not be prohibited by this paragraph.

3. **APPLICABLE LAW:** In the performance of this agreement, contractors shall abide by and conform to any and all laws of the United States, State of Arizona and City of Peoria including but not limited to federal and state executive orders providing for equal employment and procurement opportunities, the Federal Occupational Safety and Health Act and any other federal or state laws applicable to this agreement.

   Contractor warrants, for the term of this agreement and for six months thereafter, that is has fully complied with the requirements of the Immigration Reform and Control Act of 1986 and all related or similar legal authorities.

   This contract shall be governed by the City and Contractor shall have all remedies afforded each by the Uniform Commercial Code, as adopted in the State of Arizona, except as otherwise provided in this contract or in statutes pertaining specifically to the City. This contract shall be governed by the laws of the State of Arizona and suit pertaining to this contract may be brought only in courts in the State of Arizona.

   This contract is subject to the provisions of ARS §38-511; the City may cancel this contract without penalty or further obligations by the City or any of its departments or agencies if any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the City or any of its departments or agencies, is at any time while the contract or any extension of the contract is in effect, an employee of any other party to the contract in any capacity or a consultant to any other party of the contract with respect to the subject matter of the contract.

4. **LEGAL REMEDIES:** All claims and controversies shall be subject to resolution according to the terms of the City of Peoria Procurement Code.

5. **CONTRACT:** The contract between the City and the Contractor shall consist of (1) the Solicitation, including instructions, all terms and conditions, specifications, scopes of work, attachments, and any amendments thereto, and (2) the offer submitted by the Vendor in response to the solicitation. In the event of a conflict in language between the Solicitation and the Offer, the provisions and requirements in the Solicitation shall govern. However, the City reserves the right to clarify, in writing, any contractual terms with the concurrence of the Contractor, and such written contract shall govern in case of conflict with the applicable requirements

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stated in the Solicitation or the Vendor's offer. The Solicitation shall govern in all other matters not affected by the written contract.

6. **CONTRACT AMENDMENTS:** This contract may be modified only by a written Contract Amendment (COP Form 217) signed by persons duly authorized to enter into contracts on behalf of the City and the Contractor.

7. **CONTRACT APPLICABILITY:** The Offeror shall substantially conform to the terms, conditions, specifications and other requirements found within the text of this specific Solicitation. All previous agreements, contracts, or other documents, which have been executed between the Offeror and the City are not applicable to this Solicitation or any resultant contract.

8. **PROVISIONS REQUIRED BY LAW:** Each and every provision of law and any clause required by law to be in the contract will be read and enforced as though it were included herein, and if through mistake or otherwise any such provision is not inserted, or is not correctly inserted, then upon the application of either party, the contract will forthwith be physically amended to make such insertion or correction.

9. **SEVERABILITY:** The provisions of this contract are severable to the extent that any provision or application held to be invalid shall not affect any other provision or application of the contract which may remain in effect without the invalid provision or application.

10. **RELATIONSHIP TO PARTIES:** It is clearly understood that each party will act in its individual capacity and not as an agent, employee, partner, joint venturer, or associate of the other. An employee or agent of one party shall not be deemed or construed to be the employee or agent of the other for any purpose whatsoever. The Contractor is advised that taxes or Social Security payments will not be withheld from any City payments issued hereunder and that the Contractor should make arrangements to directly pay such expenses, if any.

11. **INTERPRETATION-PAROL EVIDENCE:** This contract represents the entire agreement of the Parties with respect to its subject matter, and all pervious agreements, whether oral or written, entered into prior to this contract are hereby revoked and superseded by this contract. No representations, warranties, inducements or oral agreements have been made by any of the Parties except as expressly set forth herein, or in any other contemporaneous written agreement executed for the purposes of carrying out the provisions of this contact. This contract may not be changed, modified or rescinded except as provided for herein, absent a written agreement signed by both Parties. Any attempt at oral modification of this contract shall be void and of no effect.

12. **ASSIGNMENT-DELEGATION:** No right or interest in this contract shall be assigned by Contractor without prior written permission of the City and no delegation of any duty of Contractor shall be made without prior written permission of the City.

13. **SUBCONTRACTS:** No subcontract shall be entered into by the contractor with any other party to furnish any of the material, service or construction specified herein without the advance written approval of the City. The prime contractor shall itemize all sub-contractors which shall be utilized on the project. Any substitution of sub-contractors by the prime contractor shall be approved by the City and any cost savings will be reduced from the prime contractor's bid amount. All subcontracts shall comply with Federal and State laws and regulations which are applicable to the services covered by the subcontract and shall include all the terms and conditions set forth herein which shall apply with equal force to the subcontract and if the Subcontractor were the Contractor referred to herein. The Contractor is responsible for contract performance whether or not Subcontractors are used.

14. **RIGHTS AND REMEDIES:** No provision in this document or in the vendor's offer shall be construed, expressly or by implication, as waiver by the City of any existing or future right and/or remedy available by law in the event of any claim of default or breach of contract. The failure of the City to insist upon the strict performance of any term or condition of the contract or to exercise or delay the exercise of any right or remedy provided in the contract, or by law, or the City's acceptance of and payment for materials or services, shall not release the Contractor from any responsibilities or obligations imposed by this contract or by law, and shall not be deemed a waiver of any right of the City to insist upon the strict performance of the Contract.

15. **INDEMNIFICATION:** To the fullest extent permitted by law, the Contractor shall defend, indemnify and hold harmless the City, its agents, representatives, officers, directors, officials and employees (acting in their capacity as such for the City but not as insureds of any dental policy or members of any dental plan) from and against all claims, damages, losses and expenses (including but not limited to reasonable outside attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or alleged to have resulted from the negligent acts, errors, mistakes, omissions or the willful misconduct in the work or services of the Contractor, its employees, agents, or any tier of subcontractors in the performance of this Contract. Contractor's duty to defend, hold harmless and indemnify the City, its agents, representatives, officers, directors, officials and employees (acting in their capacity as such for the City but not as insureds of any dental policy or members of any dental plan) shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property including loss of use resulting therefrom, caused by any negligent acts, errors, mistakes, omissions or the willful misconduct in the work or services of the Contractor in the performance of this Contract, including any employee of the Contractor or any tier of subcontractor or any other person for whose negligent acts, errors, mistakes, omissions or for whose willful misconduct in the work or services in the performance of this Contract the Contractor may be legally liable.

    The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

16. **OVERCHARGES BY ANTITRUST VIOLATIONS:** The City maintains that, in practice, overcharges resulting from antitrust violations are borne by the purchaser. Therefore, to the extent permitted by law, the Contractor hereby assigns to the City any and all claims for such overcharges as to the goods and services used to fulfill the Contract.

17. **FORCE MAJEURE:** Except for payment for sums due, neither party shall be liable to the other nor deemed in default under this Contract if and to the extent that such party's performance of this Contract is prevented by reason of force Majeure. The term *"force majeure"* means an occurrence that is beyond the control of the party affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes acts of God: acts of the public enemy; war; acts of terror, hate crimes affecting public order; riots; strikes; mobilization; labor disputes; civil disorders; fire; floods; lockouts, injunctions-intervention-acts, or failures or refusals to act by government authority; events or obstacles resulting from a governmental authority's response to the foregoing; and other similar occurrences beyond the control of the party declaring force majeure which such party is unable to prevent by exercising reasonable diligence. The force majeure shall be deemed to commence when the party declaring force majeure notifies the other party of the existence of the force majeure and shall be deemed to continue as long as the results or effects of the force majeure prevent the party from resuming performance in accordance with this Contract.

    Force majeure shall not include the following occurrences:

    a. Late delivery of equipment or materials caused by congestion at a manufacturer's plant or elsewhere, an oversold condition of the market, inefficiencies, or similar occurrences.

    b. Late performance by a subcontractor unless the delay arises out of a force majeure occurrence in accordance with this Force Majeure term and Condition.

    Any delay or failure in performance by either party hereto shall not constitute default hereunder or give rise to any claim for damages or loss of anticipated profits if, and to the extent that such delay or failure is caused by force majeure. If either party is delayed at any time in the progress of the work by force majeure, then the delayed party shall notify the other party in writing of such delay within forty-eight (48) hours commencement thereof and shall specify the causes of such delay in such notice. Such notice shall be hand delivered or mailed *Certified-Return Receipt* and shall make a specific reference to this article, thereby invoking its provisions. The delayed party shall cause such delay to cease as soon as practicable and shall notify the other party in writing. The time of completion shall be extended by contract modification for a period of time equal to the time that the results or effects of such delay prevent the delayed party from performing in accordance with this contract.

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18. **RIGHT TO ASSURANCE:** Whenever one party to this contract in good faith has reason to question the other party's intent to perform he may demand that the other party give a written assurance of this intent to perform. In the event that a demand is made and no written assurance is given within five (5) days, the demanding party may treat this failure as an anticipatory repudiation of the Contract.

19. **RIGHT TO AUDIT RECORDS:** The City may, at reasonable times and places, audit the books and records of any Contractor as related to any contract held with the City.

20. **RIGHT TO INSPECT PLANT:** The City may, at reasonable times, inspect the part of the plant or place of business of a Contractor or Subcontractor which is related to the performance of any contract as awarded or to be awarded.

21. **WARRANTIES:** Contractor warrants that all material, service or construction delivered under this contract shall conform to the specifications of this contract. Unless otherwise stated in Contractor's response, the City is responsible for selecting items, their use, and the results obtained from any other items used with the items furnished under this contract. Mere receipt of shipment of the material/service specified and any inspection incidental thereto by the City shall not alter or affect the obligations of the Contractor or the rights of the City under the foregoing warranties. Additional warranty requirements may be set forth in the solicitation.

22. **INSPECTION:** All material and/or services are subject to final inspection and acceptance by the City. Materials and/or services failing to conform to the specifications of this Contract will be held at Contractor's risk and may be returned to the Contractor. If so returned, all costs are the responsibility of the Contractor. The City may elect to do any or all:

    a. Waive the non-conformance.

    b. Stop the work immediately.

    c. Bring material into compliance.

    This shall be accomplished by a written determination for the City.

23. **TITLE AND RISK OF LOSS:** The title and risk of loss of material and/or service shall not pass to the City until the City actually receives the material or service at the point of delivery, unless otherwise provided within this Contract.

24. **NO REPLACEMENT OF DEFECTIVE TENDER:** Every tender of materials shall fully comply with all provisions of the Contract. If a tender is made which does not fully conform, this shall constitute a breach of the Contract as a whole.

25. **DEFAULT IN ONE INSTALLMENT TO CONSTITUTE TOTAL BREACH:** Contractor shall deliver conforming materials in each installment of lot of this Contract and may not substitute nonconforming materials. Delivery of nonconforming materials or a default of any nature, at the option of the City, shall constitute a breach of the Contract as a whole.

26. **SHIPMENT UNDER RESERVATION PROHIBITED:** Contractor is not authorized to ship materials under reservation and no tender of a bill of lading will operate as a tender of the materials.

27. **LIENS:** All materials, service or construction shall be free of all liens, and if the City requests, a formal release of all liens shall be delivered to the City.

28. **LICENSES:** Contractor shall maintain in current status all Federal, State and Local licenses and permits required for the operation of the business conducted by the Contractor as applicable to this Contract.

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29. **PATENTS AND COPYRIGHTS:** All services, information, computer program elements, reports and other deliverables, which may be patented or copyrighted and created under this contract are the property of the City and shall not be used or released by the Contractor or any other person except with the prior written permission of the City.

30. **PREPARATION OF SPECIFICATIONS BY PERSONS OTHER THAN CITY PERSONNEL:** All specifications shall seek to promote overall economy for the purposes intended and encourage competition and not be unduly restrictive in satisfying the City's needs. No person preparing specifications shall receive any direct or indirect benefit from the utilization of specifications, other than fees paid for the preparation of specifications.

31. **COST OF BID/PROPOSAL PREPARATION:** The City shall not reimburse the cost of developing presenting or providing any response to this solicitation. Offers submitted for consideration should be prepared simply and economically, providing adequate information in a straightforward and concise manner.

32. **PUBLIC RECORD:** All offers submitted in response to this solicitation shall become the property of the City and shall become a matter of public record available for review, subsequent to the award notification, in accordance with the City's Procurement Code.

33. **ADVERTISING:** Contractor shall not advertise or publish information concerning this Contract, without prior written consent of the City.

34. **DELIVERY ORDERS:** The City shall issue a Purchase Order for the material and/or services covered by this contract. All such documents shall reference the contract number as indicated on the Offer and Contract Award (COP Form 203).

35. **FUNDING:** Any contract entered into by the City of Peoria is subject to funding availability. Fiscal years for the City of Peoria are July 1 to June 30. The City Council approves all budget requests. If a specific funding request is not approved, the contract shall be terminated.

36. **PAYMENT:** A separate invoice shall be issued for each shipment of material or service performed, and no payment will be issued prior to receipt of material and/or services and correct invoice.

SPECIAL TERMS AND CONDITIONS

Solicitation Number: **P08-0110**

Materials Management
Procurement
8314 West Cinnabar Avenue
Peoria, Arizona 85345-6560
Phone: (623) 773-7115
Fax: (623) 773-7118

1. **Purpose:** Pursuant to provisions of the City Procurement Code, the City of Peoria, Materials Management Division intends to establish a contract for **Employee Dental Benefits Plan.**

2. **Authority:** This Solicitation as well as any resultant contract is issued under the authority of the City. No alteration of any resultant contract may be made without the express written approval of the City Materials Manager in the form of an official contract amendment. Any attempt to alter any contract without such approval is a violation of the contract and the City Procurement Code. Any such action is subject to the legal and contractual remedies available to the City inclusive of, but not limited to, contract cancellation, suspension and/or debarment of the contractor.

3. **Offer Acceptance Period:** In order to allow for an adequate evaluation, the City requires an offer in response to this Solicitation to be valid and irrevocable for one-hundred twenty (120) days after the opening time and date.

4. **Eligible Agencies:** Any contract resulting from this Solicitation shall be for the exclusive use of the City of Peoria.

5. **Contract Type:** Fixed Price Term

6. **Term of Contract:** The term of any resultant contract shall commence on January 1, 2009 and shall continue for a period of one (1) year thereafter, unless terminated, cancelled or extended as otherwise provided herein.

7. **Contract Extension:** By mutual written contract amendment, any resultant contract may be extended for supplemental periods of up to a maximum of forty-eight (48) months.

8. **Affirmative Action Report:** It is the policy of the City of Peoria that suppliers of goods or services to the City adhere to a policy of equal employment opportunity and demonstrate an affirmative effort to recruit, hire, and promote regardless of race, color, religion, gender, national origin, age or disability.

9. **Interview Guidelines:** During any requested interview, which would be scheduled in the future, be prepared to discuss your firm's proposal, staff assignments, project approach and other pertinent information. The presentation shall be approximately 30 minutes, allowing 15 minutes for a question and answer session. The Consultant's Project/Team Manager shall lead the presentation team and answer questions on behalf of the Consultant. If work involves a major sub-consultant, the firms Project/Team Manager's presence may also be requested (by the City) at the interview.

10. **Discussions:** In accordance with the City of Peoria Procurement Code, after the initial receipt of proposals, discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for award.

11. **Proposal Opening:** Proposals shall be submitted at the time and place designated in the request for proposals. All information contained in the proposals shall be deemed as exempt from public disclosure based on the City's need to avoid disclosure of contents prejudicial to competing offerors during the process of negotiation. The proposals shall not be open for public inspection until after contract award. PRICES SHALL NOT BE READ. After contract award, the successful proposal and the evaluation documentation shall be open for public inspection.

12. **Performance Warranty:** Contractor warrants that the services rendered in performance will conform to the requirements and to the highest professional standards in the field.

13. **Inspection:** All work shall be subject to inspection, surveillance, and test by the City at reasonable times during the performance. The Contractor shall provide and maintain an inspection system which is acceptable to the City.

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14. **Insurance Requirements:** The Contractor, at Contractor's own expense, shall purchase and maintain the herein stipulated minimum insurance with companies duly licensed, possessing a current A.M. Best, Inc. Rating of A-, or approved unlicensed in the State of Arizona with policies and forms satisfactory to the City.

    All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted; failure to do so may, at the sole discretion of the City, constitute a material breach of this Contract.

    The Contractor's insurance shall be primary insurance as respects the City, and any insurance or self-insurance maintained by the City shall not contribute to it, unless due to the City of Peoria's negligence.

    Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect coverage afforded under the insurance policies to protect the City.

    The insurance policies, except Workers' Compensation, shall contain a waiver of transfer rights of recovery (subrogation) against the City, its agents, representatives, directors, officers, and employees for any claims arising out of the Contractor's acts, errors, mistakes, omissions, work or service.

    The insurance policies may provide coverage which contain deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to the City under such policies. The Contractor shall be solely responsible for the deductible and/or self-insured retention

    The City reserves the right to request and to receive, within 10 working days, a Certificate of Insurace. Certified copies of any or all of the herein required insurance policies and/or endorsements. The City shall not be obligated, however, to review same or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of the City's right to insist on, strict fulfillment of Contractor's obligations under this Contract.

    The insurance policies, except Workers' Compensation and Professional Liability, required by this Contract, shall name the City, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

15. **Required Insurance Coverage:**

    a. Commercial General Liability

       Contractor shall maintain Commercial General Liability insurance with a limit of not less than $1,000,000 for each occurrence with a $2,000,000 Products/Completed Operations Aggregate and a $2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage . The coverage will be at least as broad as Insurance Service Office, Inc. Policy Form CG 00011093 or any replacements thereof.

       Such policy shall contain a severability of interest provision.
       The Commercial General Liability policy shall contain additional insured endorsement.

    b. Automobile Liability

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Contractor shall maintain Commercial/Business Automobile Liability insurance with a combined single limit for bodily injury and property damage of not less than $1,000,000 each occurrence with respect to the Contractor's any owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work. Coverage will be at least as broad as coverage code 1, "any auto", (Insurance Service Office, Inc. Policy Form CA 00011293, or any replacements thereof.

c. Workers' Compensation

The Contractor shall carry Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services; and, Employer's Liability insurance of not less than $100,000 for each accident, $100,000 disease for each employee, and $500,000 disease policy limit.

In case any work is subcontracted, the Contractor will require the Subcontractor to provide Workers' Compensation and Employer's Liability to at least the same extent as required of the Contractor.

d. Professional Liability

Contractor is owned indirectly by Assurant, Inc. (traded on the NYSE as AIZ) and is self-insured for professional liability in accordance with Assurant's risk management program.

16. **Certificates of Insurance:** Prior to commencing work or services under this Contract, Contractor shall furnish the City with Certificates of Insurance, or formal endorsements as required by the Contract, issued by Contractor's insurer(s), as evidence that policies providing the required coverages, conditions and limits required by this Contract are in full force and effect.

In the event any insurance policy(ies) required by this contract is(are) written on a Aclaims made" basis, coverage shall extend for two years past completion and acceptance of the Contractor's work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to the City ten (10) days prior to the expiration date.

All Certificates of Insurance shall be identified with bid serial number and title. A $25.00 administrative fee will be assessed for all certificates received without the appropriate bid serial number and title.

17. **Cancellation and Expiration Notice:** Insurance required herein shall not expire, be canceled, or materially changed without thirty (30) days prior written notice to the City.

18. **Independent Contractor:**

a. General

i. The Contractor acknowledges that all services provided under this Agreement are being provided by him as an independent contractor, not as an employee or agent of the City Manager or the City of Peoria.

ii. Both parties agree that this Agreement is nonexclusive and that Contractor is not prohibited from entering into other contracts nor prohibited from practicing his profession elsewhere.

b. Liability

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i. The City of Peoria shall not be liable for any acts of Contractor outside the scope of authority granted under this Agreement or as the result of Contractor's acts, errors, misconduct, negligence, omissions and intentional acts.

ii. To the fullest extent permitted by law, the Contractor shall defend, indemnify and hold harmless the City, its agents, representatives, officers, directors, officials and employees from and against all claims, damages, losses and expenses (including but not limited to attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or alleged to have resulted from the acts, errors, mistakes, omissions, work or services of the Contractor, its employees, agents, or any tier of subcontractors in the performance of this Contract. Contractor's duty to defend, hold harmless and indemnify the City, its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property including loss of use resulting therefrom, caused by any acts, errors, mistakes, omissions, work or services in the performance of this Contract including any employee of the Contractor or any tier of subcontractor or any other person for whose acts, errors, mistakes, omissions, work or services the Contractor may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

c. Other Benefits

The Contractor is an independent contractor, therefore, the City Manager will not provide the Contractor with health insurance, life insurance, workmen's compensation, sick leave, vacation leave, or any other fringe benefits. Further, Contractor acknowledges that he is exempt from coverage of the Comprehensive Benefit and Retirement Act (COBRA). Any such fringe benefits shall be the sole responsibility of Contractor.

19. **Key Personnel:** It is essential that the Contractor provide adequate experienced personnel, capable of and devoted to the successful accomplishment of work to be performed under this contract. The Contractor must agree to assign specific individuals to the key positions.

a. The Contractor agrees that, once assigned to work under this contract, key personnel shall not be removed or replaced without written notice to the City.

b. If key personnel are not available for work under this contract for a continuous period exceeding 30 calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the City, and shall, subject to the concurrence of the City, replace such personnel with personnel of substantially equal ability and qualifications.

20. **Confidential Information:**

a. If a person believes that a bid, proposal, offer, specification, or protest contains information that should be withheld, a statement advising the Materials Supervisor of this fact shall accompany the submission and the information shall be identified.

b. The information identified by the person as confidential shall not be disclosed until the Materials Supervisor makes a written determination.

c. The Materials Supervisor shall review the statement and information and shall determine in writing whether the information shall be withheld.

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d. If the Materials Supervisor determines to disclose the information, the Materials Supervisor shall inform the bidder in writing of such determination.

21. **Confidentiality of Records:** The contractor shall establish and maintain procedures and controls that are acceptable to the City for the purpose of assuring that information contained in its records or obtained from the City or from others in carrying out its functions under the contract shall not be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the contract. Persons requesting such information should be referred to the City. Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of contractor as needed for the performance of duties under the contract.

22. **Licenses:** Contractor shall maintain in current status all Federal, State and Local licenses and permits required for the operation of the business conducted by the Contractor.

23. **Cancellation:** The City reserves the right to cancel the whole or any part of this contract due to failure by the contractor to carry out any obligation, term or condition of the contract. The City will issue written notice to the contractor for acting or failing to act as in any of the following:

    a. The contractor provides material that does not meet the specifications of the contract;

    b. The contractor fails to adequately perform the services set forth in the specifications of the contract;

    c. The contractor fails to complete the work required or to furnish the materials required within the time stipulated in the contract;

    d. The contractor fails to make progress in the performance of the contract and/or gives the City reason to believe that the contractor will not or cannot perform to the requirements of the contract.

    Upon receipt of the written notice of concern, the contractor shall have ten (10) days to provide a satisfactory response to the City. Failure on the part of the contractor to adequately address all issues of concern may result in the City resorting to any single or combination of the following remedies:

    a. Cancel any contract;

    b. Reserve all rights or claims to damage for breach of any covenants of the contract;

    c. Perform any test or analysis on materials for compliance with the specifications of the contract. If the results of any test or analysis find a material non-compliant with the specifications, the actual expense of testing shall be borne by the contractor;

    d. In case of default, the City reserves the right to purchase materials, or to complete the required work in accordance with the City Procurement Code. The City may recover any actual excess costs from the contractor by:

        i. Deduction from an unpaid balance;
        ii. Any combination of the above or any other remedies as provided by law.

ASSURANT Employee Benefits

Request for Proposal

Employee Dental Benefits Plan

#P08-0110

for

City of Peoria

Submitted by:
Mark Burnside
Assurant Employee Benefits
5353 N. 16th Street, Suite 370
Phoenix, AZ 85016
Office: 602.308.0227
Fax: 602.263.0187
Toll Free: 800.619.6996
mark.burnside@assurant.com

June 26, 2008

City of Peoria

Table of Contents

Cover Letter	Section I
Offer and Acceptance Form	Section II
Forms	Section III
▪ Exhibit D- Vendor Information Sheet	Exhibit 1
▪ Exhibit E- Dental Rate Quotation Form PPO / Proposal	Exhibit 2
▪ Exhibit F- Dental Rate Quotation Form Prepaid / Proposal	Exhibit 3
▪ Exhibit H-Provider Disruption	Exhibit 4
▪ Exhibit J- PPO Allowance	Exhibit 5
▪ Exhibit K-PPO Providers by location	Exhibit 6
▪ Exhibit L-Prepaid Providers by location	Exhibit 7
Schedule of Benefits Comparison	Section IV
▪ Prepaid Plan Design	Exhibit 8
▪ PPO Plan Design	Exhibit 9
Questionnaire	Section V
▪ Who is Assurant Employee Benefits?	Exhibit 10
▪ Sample Contracts Prepaid / PPO	Exhibit 11
▪ Sample AZ Appeals Document Prepaid / PPO	Exhibit 12
▪ Sample Certificate of Insurance PPO	Exhibit 13
▪ Continuance of Insurance-Extension of Benefits language	Exhibit 14
▪ GEO Access Report- PPO	Exhibit 15
▪ Performance Standards	Exhibit 16
▪ Sample Evidence of Coverage- Prepaid	Exhibit 17
▪ Quality Improvement Plan	Exhibit 18
▪ Credentialing Procedures	Exhibit 19
▪ Survey and Results	Exhibit 20
▪ GEO Access Report- Prepaid	Exhibit 21
Additional Information	Section VI
▪ Exceptions / Additional Information	Exhibit 22
▪ Provider Directories Prepaid / PPO	Exhibit 23
▪ New Patient Appointment Wait Time Summary	Exhibit 24
▪ Sample Member Enrollment Packet(s)	Exhibit 25
▪ Sample ID Cards	Exhibit 26
▪ Sample Dental Reporting Package	Exhibit 27
▪ Amendments	Exhibit 28
▪ Marketing Materials	Exhibit 29

ASSURANT
Employee
Benefits

June 26, 2008

Lisa Houg, CPPB
Contract Officer
City of Peoria
8401 West Monroe Street
Peoria, AZ 85345-6560

Re: Request for Proposal #P08-0110 for Employee Dental Benefits Plan

Dear Lisa,

It is our pleasure and privilege to participate in this important RFP process for you and we are pleased to provide you with our responses and recommendations. For a number of important reasons, we believe that Assurant Employee Benefits is the best qualified to provide superior dental care service to the employees and families of the City of Peoria. We have outlined those reasons in the Executive Summary which is included with our response.

I look forward to providing you with any additional information or clarification regarding our proposals. We hope to have the opportunity to meet with you and other members of the evaluation team to provide a more detailed briefing on our offer, our services, and our commitment to meeting the needs of The City of Peoria.

We would indeed be fortunate to have the dental contract for the City of Peoria and, to that end, we thank you for your consideration of Assurant Employee Benefits.

Sincerely,
Mark Burnside
KC

Mark R. Burnside
Group Sales Representative
(602) 308-0227
mark.burnside@assurant.com

EXHIBIT 1

CITY OF PEORIA
EXHIBIT D - VENDOR INFORMATION SHEET

VENDOR INFORMATION SHEET	
Organization Name	United Dental Care of Arizona, Inc. + Union Security Insurance Company
Date Founded	1985
Contact Person's Name	Kimberly R. Reese
Title	2nd VP
Address	5353 N. 16th Street, Ste. 370
County/State	Maricopa County, AZ
Phone Number	205.909.5898
Fax Number	205.909.5224
E-mail Address	kim.reese@assurant.com

Services Quoted (place "X" in box)	Yes	No
PPO Dental	X	
Pre-Paid Dental	X	

Current References (Municipalities Preferred)

Company Name	Contact Name	Phone Number and County Location	Number of Employees	Contract Start Date
Deer Valley School District	Jeanette Veag	623.445.5025 Maricopa County	350	7/1/96
Maricopa Community College	Dianne Johns	480.731.8415 Maricopa County	900	7/1/95
Tempe Union High School	Andi Jacquermin	480.345.3756 Maricopa County	450	5/1/96

Recently Terminated Clients (Municipalities Preferred)

Company Name	Contact Name	Phone Number	Termination Reason	Termination Date
Kyrene School District	Deb Spurgin	480.783.4017		7/1/06
Pima County Community College	Shirley Holland	520.206.4969		7/1/05
Promina Health Care System	Warren Gordon	770.596.9295		1/1/07

Authorized Signature	Kimberly R. Reese

EXHIBIT 2

CITY OF PEORIA
EXHIBIT E - DENTAL RATE QUOTATION FORM
FULLY INSURED INDEMNITY/PPO DENTAL BENEFITS
Effective: 1/1/2009-12/31/2009

This form must be completed in its entirety. Please do not alter, add or delete rows. Failure to complete the exhibit may result in rejection of your offer.

Rate Development must be PEPM	INDEMNITY/PPO PLAN
A. Claim Cost Development (PEPM)	
Incumbent Claim Cost (based on experience in RFP)	$55.80
Discount/Network/UM Differential Factor*	1.0
Plan Design Differential Factor*	1.0
Claim Cost prior to Trend	$55.80
Midpoint Trend	1.16
Expected Claims (based on experience)	$64.71
Manual Claim Cost (if applicable)	$0.00
Blended Claim Cost (experience/manual)	$0.00
Claim Margin	$0.00
Total (PEPM)	$64.71
B. Retention Expense (PEPM)	
Commission	$0.00
Administration / Profit / Risk	$10.14
Network Access	$0.45
Other (Specify)	$1.54
Total Retention Cost (PEPM)	$12.13
Assumed In-Network Penetration	15.0%
C. Premium Rate PEPM (A+B)	$76.74
Enrollment Assumptions	
Employee Only	303
Employee + Spouse	209
Employee + child(ren)	52
Employee + Family	295
Total	859
Fully Insured Premium Rates	
Employee Only	$32.20
Employee + Spouse	$66.80
Employee + child(ren)	$79.07
Employee + Family	$129.08
Total Monthly Premium	$65,908
Total Annual Premium	$790,896
Are there any additional costs not included in your rates? If so, please identify.	
Rate Guarantee or Rate Cap	
Will you provide rate caps for 2010-2011 plan year?	
If Yes, indicate percentage change to above rates.	
Will you provide rate caps for 2011-2012 plan year?	
If Yes, indicate percentage change to 2010-2011 Rates.	

* These are factors that your organization uses to adjust the incumbents claim experience. For example, a discount differential factor of less than 1.0 means you believe your discounts and/or network are better than the incumbent.

Comments
We do not offer the plan quoted in a 3 tier rate structure. Therefore, we have update the Enrollment Assumptions and Fully Insured Premium Rates to reflect our 4 tier structure. These rates are effective 1/1/2009 with a 24 month rate guarantee.

Authorized Signature	Kimberly A Reese
Vendor Name	**Union Security Insurance Company**
Date	**26-Jun-08**
Contact Phone Number	**602.308.0227 Mark Burnside**

Assurant Employee Benefits
5353 N. 16th Street, Suite 370
Phoenix, AZ 85016
T 602.308.0230 800.619.6996 F 602.263.0187

DENTAL SOLUTIONS

Group Name: City of Peoria
Presented by: Segal Co Western States Inc
Effective Date: 01/01/2009
Quote Expires: 09/23/2008*

SCHEDULE OF BENEFITS	DHA® PPO NETWORK - ACCESS PLAN PREMIER DENTAL SOLUTIONS	
Yearly Maximum	$1,500	
Coinsurance: Preventive	80%	
Basic	80%	
Major	50%	
Yearly Deductible	$50	
Waived for Preventive	Yes	
Family Deductible Member Limit	Yes, limit of 3	
Fourth Quarter Carryover	No	
Timely Applicant Waiting Period	None	
Open Enrollment at Issue	Yes	
Vision Discount Plan	No	
ORTHODONTIA - CHILD ONLY		
Ortho Deductible	$0	
Ortho Coinsurance	50%	
Ortho Lifetime Maximum	$2,000	
PARTICIPATION†	Number of Eligible	Participation Assumption
Employees	1210	75%
Spouses	756	99%
Child(ren)	484	99%
RATES (based on the participation assumption†)	Dental	
Employee	$32.20	
Employee + Spouse	$66.80	
Employee + Child(ren)	$79.07	
Employee + Family	$129.08	

The insurance policy or policies described in this document are underwritten by Union Security Insurance Company, a subsidiary of Assurant, Inc. Assurant Employee Benefits, a business unit of Assurant, Inc., markets life, disability and dental benefits plans as well as related products and services.

* If the Effective Date is delayed, please contact your Assurant Employee Benefits representative for a new quote.

† To get a 100% employee participation rate, all employees must have coverage (no opt-outs). If this is not the case, the 75% participation employee rates will apply.

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Access Plan

We are now extending managed care to our dental products with the introduction of Dental Health Alliance®, L.L.C. (DHA®), one of the fastest growing dental PPOs in the country. An Access plan allows employees to have access to DHA® providers and take advantage of their fee discounts. Dentists participating in the DHA® networks have agreed to discount their usual fees by up to 20% for employees and their dependents. The DHA® Access approach is a risk-free introduction to the advantages of a PPO program. We also offer a variety of PPO plan designs that are available. Ask your Assurant Employee Benefits representative for details.

Assurant Employee Benefits
5353 N. 16th Street, Suite 370
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T 602.308.0230 800.619.6996 F 602.263.0187

DENTAL SOLUTIONS CONDITIONS OF QUOTE

Our dental product is designed to maximize your benefits while minimizing your costs. The following is a brief description of the proposed plan design with the associated pricing assumptions:

RATE ASSUMPTIONS

- Rates assume a 01/01/2009 effective date and are guaranteed for 24 months.
- Rates assume 75% employee and 99% dependent participation. A Policyholder Affidavit is required to verify actual participation.
- Rates assume a maximum average of 4 children per employee.
- Rates assume Home Office Administration.
- If any one of these assumptions is incorrect, we reserve the right to retroactively adjust the rates.
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.

GENERAL INFORMATION

- The preferred provider network for this plan is called Dental Health Alliance, L.L.C.® (DHA). DHA is one of the largest national PPO networks in the country with 85,000+ referable locations and continues to grow![1] Participating dentists agree to charge DHA members their negotiated network fees, which may result in cost savings for the employees.

  [1]The dental preferred provider network offered by DHA includes 85,000+ referable locations under participating agreements with dentists and access arrangements with other dental PPO networks, subject to state approval. DHA is operated by Assurant Employee Benefits and owned by Union Security Insurance Company and Assurant, Inc.

- Dentistat-Certified providers are a select group of non-network dentists that have been screened, sanction checked and certified for cost-effective claims utilization patterns by Dentistat. Dentistat specializes in utilization review based on the largest independent claims database in the United States. Dentistat-Certified providers offer more choices for members with limited, or no availability to PPO network dentists.
- We provide electronic certificates, available as PDF files. If we prepare your Summary Plan Description (SPD), then it is also provided electronically. Electronic certificates and SPDs can be quickly and easily printed, distributed to employees via e-mail or uploaded to a company Intranet website. Convenient storage on a PC at the policyholder's location and easy retrieval are other advantages.
- We require a minimum participation of 65% of eligible employees and 65% of eligible dependents in order for a contract to be issued. Employees with dental coverage elsewhere will be included in the participation count. Dependents with dental coverage elsewhere will be excluded, but refusal cards will still be needed for those individuals. A minimum of 3 lives is also required.
- Benefits are paid at 90th percentile of Usual and Customary, one of the highest industry standards.
- The yearly maximum and yearly deductible are based on the calendar year.
- Claim forms are not required; the dentist's invoice will be accepted.
- The TMJ benefit maximum is $1,000.
- We will provide Orthodontia benefits to unmarried children less than age 19 or 24 if a full-time student.

Assurant Employee Benefits
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EMPLOYEE AND DEPENDENT ELIGIBILITY

- Eligible employees must be full-time employees of the employer or an associated company, at active work and working in the United States of America. Temporary or seasonal workers are not eligible.
- Eligible dependents of insured employees include the employee's lawful spouse and unmarried children less than age 19 or 24 if a full-time student.

TRANSFER TREATMENT

- Transfer treatment occurs when the policyholder has had dental coverage immediately preceding this coverage effective date. **No waiting periods** will apply if the employee or the employee's dependents were covered under the policyholder's prior plan on the day before it was replaced by this plan. Transfer treatment only applies to services that are covered under both plans.
- Transfer treatment means that we will pay pro-rated benefits for treatment in progress, as long as the expense is a covered expense under both plans. For this to occur, such employees must enroll in this dental plan within 31 days of becoming eligible.

TIMELY APPLICANT WAITING PERIOD

- A Timely Applicant Waiting Period does not apply.

LATE ENTRANT WAITING PERIOD

- Late Entrant Waiting Periods of **6 months for Class II Basic Restorative Services, 12 months for Class II Basic Non-Restorative Services, and 24 months for Class III Major Services and Class IV Orthodontia Services** will apply to employees who enroll in this dental plan **more than 31 days** after becoming eligible.
- Late Entrant Waiting Periods will also apply to those employees who were not covered under their employer's prior dental plan given that they were hired more than 3 months prior to this dental plan becoming effective.

PROPOSAL CONDITIONS

This proposal is not a contract. If there is any conflict between the proposal and the subsequently issued group policy, the latter controls. The rates quoted are based on the group's characteristics and benefits requested at the time the proposal was requested. Any changes in these factors may result in a change of the rates.

This proposal provides a general description of our contract. State mandated provisions are not shown, but all issued policies comply with applicable state law.

To become insured, all persons must be actively at work on a full-time basis at their usual place of business on the proposed effective date. If they are not actively at work (due to disability, leave of absence, etc.) on a full-time basis on that day, the date of coverage will be deferred until they return to active work.

PRIVACY POLICY

Union Security Insurance Company and affiliated prepaid dental companies do not disclose any personal information, financial or health, unless otherwise permitted by law. If you would like more information, you may obtain a copy of our Privacy Notice by writing Assurant Employee Benefits, Attention: Privacy Officer, P.O. Box 419052, Kansas City, MO 64141-6052, or by calling 800.733.7879, or by visiting our website at www.assurantemployeebenefits.com – Select "Privacy notices".

Assurant Employee Benefits
5353 N. 16th Street, Suite 370
Phoenix, AZ 85016
T 602.308.0230 800.619.6996 F 602.263.0187

Premier Dental Solutions

Employees view dental coverage as a "real" benefit - one they know they need. And, because our approach to dental coverage stresses prevention, this contract tends to be more affordable. Highlights of the Covered Services are shown below.

CLASS I: PREVENTIVE DENTAL SERVICES

- Periodic or comprehensive oral evaluation
- Intraoral complete series X-rays or Panoramic film
- Bitewing X-rays
- Routine cleanings
- Fluoride treatment
- Sealants
- Space maintainers
- Genetic test for susceptibility to oral diseases

CLASS II: BASIC DENTAL SERVICES

NON-RESTORATIVE

- Limited oral evaluation – problem focused
- Intraoral periapical or occlusal X-rays
- Periodontics (treatment of gums and supporting tissues)
  - Periodontal maintenance procedure
  - Localized delivery of antimicrobial agents
- Endodontics, including root canal therapy
- Oral surgery
- Accession and examination of tissue
- Stainless steel crowns
- Simple extractions
- Biopsy (including brush biopsy)
- Incision and drainage
- General anesthesia and intravenous sedation

RESTORATIVE

- Amalgam restorations
- Composite restorations
- Tooth-colored fillings on posterior teeth
- Pin retention restorations

CLASS III: MAJOR DENTAL SERVICES

- Crowns, inlays, and onlays
- Full and partial dentures
- Fixed bridges
- Implants
- Tissue conditioning
- Denture adjustments
- Non-surgical temporomandibular joint (TMJ) treatment

DISCLOSURE OF COMPENSATION

Group Name: *City of Peoria*

Plan: Dental

Assurant Employee Benefits is committed to full, fair, accurate, timely, and understandable disclosure of compensation paid to producers and other persons in connection with business placed with us or retained by us. We believe that transparency of compensation paid in connection with our products is in the best interests of our customers and the industry.

Producers who place business with Assurant Employee Benefits* may receive the following types of compensation** from us:

- **Base Commissions** – 0% of paid premium and payable to the producer(s) you have designated as the broker(s) of record.
- **Producer Bonus Program** – The producer may qualify for additional compensation based on the producer's total new sales and total cases retained with us for the prior calendar year. Any amount paid is a percentage of our standard commission scales for that same calendar year. These amounts are not charged directly to your policy and do not impact your premium rate.
- **Non-Monetary Compensation** – The producer may qualify for and receive taxable prizes, awards, continuing education programs, or other promotional items. These amounts are not charged directly to your policy and do not impact your premium rate.

* Insurance products marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company.

** For additional information, please visit our website at www.assurantemployeebenefits.com or call 800.708.0686.

EXHIBIT 3

CITY OF PEORIA
EXHIBIT F - DENTAL RATE QUOTATION FORM
PREPAID DENTAL BENEFITS
Effective: 1/1/2009-12/31/2009

Fully Insured Premium Rates	**2009**	**2010**	**2011**
Employee Only	$10.86	$10.86	$10.86
Employee +One Dependent	$17.58	$17.58	$17.58
Employee + Family	$26.92	$26.92	$26.92
Total Monthly Premium	$4,893	$4,893	$4,893
Total Annual Premium	$58,712	$58,712	$58,712
Enrollment Assumptions			
Employee Only	126	126	126
Employee + One Dependent	55	55	55
Employee + Family	95	95	95
Total	276	276	276
Are there any additional costs not included in your rates? If so, please identify.			
Confirm your patient charge schedule will not change for the period quoted?	Our proposed copayment schedule, Heritage Secure with Specialty Benefit Amendment will not change for the period quoted.		

Comments
Please note: We can provide Fully Insured Premium Rates for the Heritage Secure on a 4 tier basis if needed.

Authorized Signature	Kimberly R Reese
Vendor Name	United Dental Care of Arizona, Inc.
Date	26-Jun-08
Contact Phone Number	602.308.0227 Mark Burnside

United Dental Care of Arizona, Inc.
c/o Union Security Insurance Company
5353 N. 16th Street, Suite 370
Phoenix, AZ 85016
T 602.308.0230 800.619.6996 F 602.263.0187

Group Prepaid Dental Proposal

FOR THE EMPLOYEES OF
City of Peoria

To avoid a delay of the effective date, all enrollment materials must be received in the Sales Office by the 10th of the month prior to the proposed effective date.

Presented By
Segal Co Western States Inc

June 25, 2008

Benefits are provided by United Dental Care of Arizona, Inc., marketed by Assurant Employee Benefits, and administered by Union Security Insurance Company.

City of Peoria

Prepayment Fees

Secure

	Monthly Cost*
Employee	$10.86
Employee + One Dependent	$17.58
Employee + Family	$26.92

*** Cost Includes the Specialty Benefit Amendment**

RATE ASSUMPTIONS

- Group Effective Date: January 1, 2009
  Applications and enrollment materials for this plan are due by December 10, 2008.
- Initial Guarantee: 36 months from employer's effective date.
- The employer is NOT required to contribute to the prepayment fee.
- Minimum participation requirements of 5 enrolled employees per state.
- For groups of 25 or fewer enrolled employees, a monthly administration fee of $10.00 for the first month and $10.00 in each subsequent month will be due in addition to each month's total prepayment fee.

SECURE PLAN
Sample Copayment Schedule

Plan Dentist Services

The dental services listed in the following schedule are covered only when provided by the Member's selected Plan Dentist. The Member will be responsible for paying the amount listed in the "Member Copayment" column (plus any applicable lab fees*) at the time the service is received, or in accordance with the selected Plan Dentist's billing procedures. Dental services that do not appear on this list are not covered by the Plan.

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

Payment for each service of a Non-Plan Dentist (at that dentist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

2. Plan Specialist Services

See the enclosed Specialty Benefit Amendment Copayment Schedule.

ADA Code**	Service Description**	Member Copayment
	Appointments	
None	Office visit - during regularly scheduled hours***	10.00
D0120	Periodic oral evaluation	No Charge
	(may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	
D0140	Limited oral evaluation - problem focused	25.00
D0150	Comprehensive oral evaluation - new or established patient	No Charge
	(may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	
D0160	Detailed and extensive oral evaluation - problem focused, by report	20.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	20.00
D0180	Comprehensive periodontal evaluation - new or established patient	20.00
None	Missed appointment without 24 hour notice***	25.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	80.00
D9440	Office visit - after regularly scheduled hours	40.00
	Diagnostic Dentistry	
D0210	Intraoral - complete series (including bitewings)	10.00
	(once in any 3 calendar years)	
D0220	Intraoral - periapical first film	No Charge
D0230	Intraoral - periapical each additional film	No Charge
D0240	Intraoral - occlusal film	No Charge
D0250	Extraoral - first film	No Charge
D0260	Extraoral - each additional film	No Charge
D0270	Bitewing - single film	No Charge
D0272	Bitewings - two films	No Charge
	(may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	
D0274	Bitewings - four films	No Charge
	(may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	
D0277	Vertical bitewings - 7 to 8 films	No Charge
D0330	Panoramic film	10.00
	(once in any 3 calendar years)	
D0415	Collection of microorganisms for *culture and sensitivity*	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
	Preventive Dentistry	
D1110	Prophylaxis - adult	10.00
	(may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	
D1120	Prophylaxis - child	10.00

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
	(may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	
D1203	Topical application of fluoride (prophylaxis not included) - child	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	20.00
D1510	Space maintainer - fixed - unilateral*	85.00
D1515	Space maintainer - fixed - bilateral*	85.00
D1520	Space maintainer - removable - unilateral*	110.00
D1525	Space maintainer - removable - bilateral*	135.00
D1550	Re-cementation of space maintainer	25.00
None	Additional prophylaxis (D1110 or D1120 service does not apply to patients with periodontal disease)***	35.00
	Restorative Dentistry	
D2140	Amalgam - one surface, primary or permanent	25.00
D2150	Amalgam - two surfaces, primary or permanent	30.00
D2160	Amalgam - three surfaces, primary or permanent	45.00
D2161	Amalgam - four or more surfaces, primary or permanent	55.00
D2330	Resin-based composite - one surface, anterior	50.00
D2331	Resin-based composite - two surfaces, anterior	65.00
D2332	Resin-based composite - three surfaces, anterior	80.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	110.00
D2391	Resin-based composite - one surface, posterior	85.00
D2392	Resin-based composite - two surfaces, posterior	100.00
D2393	Resin-based composite - three surfaces, posterior	105.00
D2394	Resin-based composite - four or more surfaces, posterior	130.00
D2510	Inlay - metallic - one surface*	245.00
D2520	Inlay - metallic - two surfaces*	275.00
D2530	Inlay - metallic - three or more surfaces*	315.00
D2542	Onlay - metallic - two surfaces*	305.00
D2543	Onlay - metallic - three surfaces*	325.00
D2544	Onlay - metallic - four or more surfaces*	340.00
D2610	Inlay - porcelain/ceramic one surface*	280.00
D2620	Inlay - porcelain/ceramic two surfaces*	310.00
D2630	Inlay - porcelain/ceramic three or more surfaces*	330.00
D2740	Crown - porcelain/ceramic substrate*	295.00
D2750	Crown - porcelain fused to high noble metal*	295.00
D2751	Crown - porcelain fused to predominantly base metal*	295.00
D2752	Crown - porcelain fused to noble metal*	295.00
D2790	Crown - full cast high noble metal*	295.00
D2791	Crown - full cast predominantly base metal*	295.00
D2792	Crown - full cast noble metal*	295.00
D2910	Recement inlay, onlay, or partial coverage restoration	30.00
D2920	Recement crown	30.00
D2930	Prefabricated stainless steel crown - primary tooth	105.00
D2940	Sedative filling	35.00
D2950	Core buildup, including any pins	55.00
D2951	Pin retention - per tooth, in addition to restoration	25.00
D2952	Cast post and core in addition to crown*	135.00
D2954	Prefabricated post and core in addition to crown	105.00
D2962	Labial veneer (porcelain laminate) - laboratory*	330.00
D2980	Crown repair, by report*	30.00
None	Temporary filling***	25.00
	Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	25.00
D3120	Pulp cap - indirect (excluding final restoration)	22.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	60.00
D3310	Anterior (excluding final restoration)	145.00
D3320	Bicuspid (excluding final restoration)	225.00

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
D3330	Molar (excluding final restoration)	295.00
D3346	Retreatment of previous root canal therapy - anterior	335.00
D3347	Retreatment of previous root canal therapy - bicuspid	395.00
D3348	Retreatment of previous root canal therapy - molar	480.00
D3410	Apicoectomy/periradicular surgery - anterior	270.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	300.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	335.00
D3426	Apicoectomy/periradicular surgery - (each additional root)	115.00
D3430	Retrograde filling - per root	85.00
D3450	Root amputation - per root	175.00
D3920	Hemisection (including any root removal), not including root canal therapy	145.00
	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	175.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	75.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	170.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	130.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	490.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	284.00
D4320	Provisional splinting - intracoronal	170.00
D4321	Provisional splinting - extracoronal	150.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	90.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	57.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	90.00
D4910	Periodontal maintenance	55.00
None	Periodontal hygiene instructions***	5.00
	Prosthodontics, removable	
D5110	Complete denture - maxillary*	385.00
D5120	Complete denture - mandibular*	385.00
D5130	Immediate denture - maxillary*	480.00
D5140	Immediate denture - mandibular*	480.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*	410.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*	410.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	495.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	495.00
D5410	Adjust complete denture - maxillary	35.00
D5411	Adjust complete denture - mandibular	35.00
D5421	Adjust partial denture - maxillary	35.00
D5422	Adjust partial denture - mandibular	35.00
D5510	Repair broken complete denture base*	70.00
D5610	Repair resin denture base*	80.00
D5620	Repair cast framework*	80.00
D5630	Repair or replace broken clasp*	100.00
D5640	Replace broken teeth - per tooth*	65.00
D5650	Add tooth to existing partial denture*	90.00
D5730	Reline complete maxillary denture (chairside)	150.00
D5731	Reline complete mandibular denture (chairside)	150.00
D5740	Reline maxillary partial denture (chairside)	140.00
D5741	Reline mandibular partial denture (chairside)	140.00
D5750	Reline complete maxillary denture (laboratory)*	150.00
D5751	Reline complete mandibular denture (laboratory)*	150.00
D5760	Reline maxillary partial denture (laboratory)*	150.00
D5761	Reline mandibular partial denture (laboratory)*	150.00
D5850	Tissue conditioning, maxillary	60.00
D5851	Tissue conditioning, mandibular	60.00
D5862	Precision attachment, by report*	160.00
	Prosthodontics, fixed	
D6210	Pontic - cast high noble metal*	340.00

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
D6211	Pontic - cast predominantly base metal*	340.00
D6212	Pontic - cast noble metal*	340.00
D6240	Pontic - porcelain fused to high noble metal*	340.00
D6241	Pontic - porcelain fused to predominantly base metal*	340.00
D6242	Pontic - porcelain fused to noble metal*	340.00
D6251	Pontic - resin with predominantly base metal*	340.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	165.00
D6721	Crown - resin with predominantly base metal*	340.00
D6750	Crown - porcelain fused to high noble metal*	340.00
D6751	Crown - porcelain fused to predominantly base metal*	340.00
D6752	Crown - porcelain fused to noble metal*	340.00
D6780	Crown - 3/4 cast high noble metal*	340.00
D6790	Crown - full cast high noble metal*	340.00
D6791	Crown - full cast predominantly base metal*	340.00
D6792	Crown - full cast noble metal*	340.00
D6930	Recement fixed partial denture	55.00
D6940	Stress breaker	150.00
D6950	Precision attachment	230.00
D6980	Fixed partial denture repair, by report*	55.00
None	Resin bonded bridge pontic, per unit***(*)	245.00
	Oral Surgery	
D7111	Extraction, coronal remnants - deciduous tooth	25.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	25.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	85.00
D7220	Removal of impacted tooth - soft tissue	105.00
D7230	Removal of impacted tooth - partially bony	140.00
D7240	Removal of impacted tooth - completely bony	165.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	205.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	85.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	175.00
D7280	Surgical access of an unerupted tooth	165.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	95.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	140.00
D7510	Incision and drainage of abscess - intraoral soft tissue	95.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	205.00
	Other Services	
D9220	Deep sedation/general anesthesia - first 30 minutes	185.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	180.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	40.00
D9940	Occlusal guard, by report*	95.00
D9951	Occlusal adjustment - limited	55.00
D9952	Occlusal adjustment - complete	280.00
	Bleaching	
D9972	External bleaching - per arch	185.00

This is a sample Member Copayment Schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to Plan Dentists who perform the corresponding listed services. The Plan Dentist selected by the Member may not perform all listed services. Plan Specialists may not perform or offer all services listed. Availability and participation of Plan Dentists and Plan Specialists are subject to change.

Current and prior versions of the Current Dental Terminology (CDT) codes (in the **ADA Code column) and descriptors (in the **Service Description** column) are copyrighted by the American Dental Association (ADA) and are used by permission. *Current Dental Terminology* © American Dental Association.

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***Service does not have an American Dental Association Current Dental Terminology code or descriptor.

Specialty Benefit Amendment

Copayment Schedule for the Heritage Series

How Your Specialty Benefit Amendment (SBA) Works

Should you need the services of a dental care specialist, you may receive those services without a referral from your Plan Dentist.

To find a Plan Specialist (SBA or Non-SBA), refer to the provider directory. SBA Plan Specialists are indicated with "SBA". All other listed specialists are Non-SBA Plan Specialists. Or, you may visit the web site at *www.assurantemployeebenefits.com* (click on Provider Search, and then on Heritage Series). For more information about the SBA plan or for assistance in finding a Plan Specialist, call Customer Service at 800.443.2995.

If you use an SBA Plan Specialist (a specialist who is a part of the plan provider network and accepts SBA copayments) for a service listed on the schedule below, you will pay the corresponding Member Copayment shown in the "**SBA Plan Specialist Copayment**" column at the time of service.

All **other** services obtained from an SBA Plan Specialist, and **all** services obtained from a Non-SBA Plan Specialist (a specialist who is a part of the plan provider network but does **not** accept SBA copayments), will be provided to you at a reduction in that Plan Specialist's normal retail charges. A 15% reduction applies if that Plan Specialist is an endodontist. A 25% reduction applies if that Plan Specialist is any other type of specialist, including but not limited to an orthodontist. You will be responsible for paying the entire reduced charge at the time of service or in accordance with that Plan Specialist's billing procedures.

Payment for each service of a Non-Plan Specialist (a specialist who is **not** a part of the plan provider network), at that specialist's normal retail charge, is your responsibility, except for limited Plan Benefits for covered dental emergency services for temporary pain relief.

ADA Code**	Service Description**	SBA Plan Specialist Copayment
	Appointments	
D0140	Limited oral evaluation - problem focused	35.00
D0150	Comprehensive oral evaluation - new or established patient (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	45.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	67.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	35.00
D0180	Comprehensive periodontal evaluation - new or established patient	80.00
	Endodontics	
D3320	Bicuspid (excluding final restoration)	280.00
D3330	Molar (excluding final restoration)	395.00
D3346	Retreatment of previous root canal therapy - anterior	360.00
D3347	Retreatment of previous root canal therapy - bicuspid	525.00
D3348	Retreatment of previous root canal therapy - molar	545.00
D3410	Apicoectomy/periradicular surgery - anterior	265.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	280.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	310.00
D3430	Retrograde filling - per root	90.00
	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	355.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	100.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	495.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	100.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	70.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	80.00
	Oral Surgery	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	80.00

Continued On Next Page

ADA Code**	Service Description**	SBA Plan Specialist Copayment
D7220	Removal of impacted tooth - soft tissue	105.00
D7230	Removal of impacted tooth - partially bony	135.00
D7240	Removal of impacted tooth - completely bony	200.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	220.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	75.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	180.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	130.00
D7510	Incision and drainage of abscess - intraoral soft tissue	105.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	185.00
	Other Services	
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	170.00

This is a sample schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to SBA Specialists who perform the corresponding listed services. Plan Specialists may not perform or offer all services listed. Availability and participation of SBA and Non-SBA Plan Specialists are subject to change.

Current and prior versions of the Current Dental Terminology (CDT) codes (in the **ADA Code column) and descriptors (in the **Service Description** column) are copyrighted by the American Dental Association (ADA) and are used by permission. *Current Dental Terminology* © American Dental Association.

***Service does not have an American Dental Association Current Dental Terminology code or descriptor.

Pre-existing Conditions
Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

Limitations and Exclusions
Plan Benefits are not available for:

1. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
2. Any dental service initiated (a) before the effective date of the Member's enrollment or (b) after the Member's enrollment ends.
3. Services provided by Non-Plan Providers unless (a) for services of Non-Plan Specialists as specifically provided in the SPECIALIST SERVICES section of the Copayment Schedule or (b) for Emergency Services as specifically provided in the EMERGENCY PROCEDURES Article of the Evidence of Coverage.
4. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five-year period, appliance becomes unusable and cannot be made usable due to the Member's illness or an accident involving damage to the appliance while it is in use.
5. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
6. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
7. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
8. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
9. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
10. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
11. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
12. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
13. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

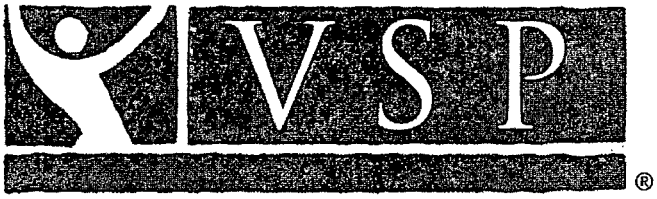
Orthodontic Extractions
Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

Renewability
After the initial Plan Year, each Plan Year of the Group Dental Service Agreement (Agreement) shall have a twelve-month term. The Agreement automatically renews each Plan Anniversary unless cancelled or otherwise terminated.

Termination
The Agreement may be terminated by **United Dental Care of Arizona, Inc.** for failure to pay proper monthly Prepayment Fees or (if applicable) the proper monthly Administration Fee, fraud or misrepresentation of fact in obtaining coverage under the Agreement, or material breach of any provision of the Agreement.

Cancellation
The Agreement may be cancelled at the Plan Anniversary or after the initial Plan Year, without cause, upon prior written notice by **United Dental Care of Arizona, Inc.** or Employer as stated in the Agreement.

Vision Discount Services



ACCESS PLAN

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams[1]
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options[2]
- **Contact Lenses** – 15% discount on VSP network doctor's contact lens exam fee.
- **Laser VisionCare**[SM] – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at **www.vsp.com**, or call VSP at **800.877.7195** to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member's* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

[1]Note: Does not apply to contact lens services. See contact lens section for applicable discount.
[2]Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

VSP Member Services Support: 800.877.7195
Visit our Web site at www.vsp.com

VSP

DISCLOSURE OF COMPENSATION

Group Name: City of Peoria

Plan: Prepaid Dental

Producers who place business with Assurant Employee Benefits* may receive the following types of compensation** from us:

- **Base Commissions** – 0% of paid premium and payable to the producer(s) you have designated as the broker(s) of record.
- **Producer Bonus Program** – The producer may qualify for additional compensation based on the producer's total new sales and total cases retained with us for the prior calendar year. Any amount paid is a percentage of our standard commission scales for that same calendar year. These amounts are not charged directly to your policy and do not impact your premium rate.
- **Non-Monetary Compensation** – The producer may qualify for and receive taxable prizes, awards, continuing education programs, or other promotional items. These amounts are not charged directly to your policy and do not impact your premium rate.

* Prepaid dental products are administered by Union Security Insurance Company and underwritten or provided by United Dental Care of Arizona, Inc.

** For additional information, please visit our website at www.assurantemployeebenefits.com or call 800.708.0686.

EXHIBIT 4

CITY OF PEORIA
EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
Garret F Harnett DDS	000605293	18555 N 79Th Ave, Ste A102	Glendale	AZ	85308	No	No
Arrowhead Childrens Dentistry Plc	000881217	18700 N 64Th Dr, Ste 302	Glendale	AZ	85308	No	No
Mounib M Shaaban DDS	000629436	7435 W Cactus Rd, Ste 103	Peoria	AZ	85381	No	No
Johnny L Smith DMD PA	001355996	9276 W Union Hills, Ste A	Peoria	AZ	85382	Yes	No
Jeffrey S Alexander DDS	000661874	8253 W Thunderbird, Ste 101	Peoria	AZ	85381	No	No
Thomas M Mack DDS PC	000747590	17215 N 72Nd Dr, Ste A100	Glendale	AZ	85308	No	No
Arrowhead Family Dentistry PC	000771250	7777 W Deer Valley, Ste 160	Peoria	AZ	85382	No	No
Rolfe Dental Group LLC	001647110	16772 W Bell Rd, Ste 100	Surprise	AZ	85374	Yes	No
Michael J Mansfield DMD	000718786	6677 W Thunderbird Rd, H 12	Glendale	AZ	85306	No	No
Westside Endodontic Professionals Ltd	000882523	18555 N 79Th Ave, Ste D104	Glendale	AZ	85308	No	No
Reflections Dental PC	000831247	6003 W Thunderbird Rd, Ste 2	Glendale	AZ	85306	No	No
Fletcher Heights Dental Care PC	000502568	8272 W Lake Pleasant Pkwy,	Peoria	AZ	85382	No	No
David R Hunter DDS PC	000814380	6525 W Sack Dr, Suite 101	Glendale	AZ	85308	No	No
Bruce J Lachot DDS	000925513	8535 E Hartford Dr, Ste 202	Scottsdale	AZ	85255	No	No
All West Family Dentistry Pllc	000413989	13470 N 83Rd Ave, Ste 100	Peoria	AZ	85381	No	No
Mark A Gaona DDS	000771232	18555 N 79Th Ave, Ste B107	Glendale	AZ	85308	No	No
Your Family Dentist PC	001445810	8390 W Cactus Rd, Ste 110	Peoria	AZ	85381	Yes	No
Affiliated Childrens Dental Dpecialists PC	000601528	6320 A W Union Hill Dr, Ste 2	Glendale	AZ	85308	No	No
Cosmetic And Restorative Dentistry	001725247	4025 W Bell Rd, Ste 7	Phoenix	AZ	85053	No	No
Charles J Gatti DDS PC	000689578	7505 W Deer Valley Rd, Ste 1	Peoria	AZ	85382	No	No
Affiliated Orthodontic Consultants	000073322	7505 W Deer Valley Rd, Ste 1	Peoria	AZ	85382	No	No
ı Valley Endodontics PA	000983134	706 E Bell Rd, Ste 106	Phoenix	AZ	85022	Yes	No
Arrowhead Oral And Maxillo Surgeons	000557471	18555 N 79Th Ave, Ste A103	Glendale	AZ	85308	No	No
John R Francis DDS	000795771	8671 W Union Hills Dr, Ste 50	Peoria	AZ	85382	Yes	No
Sasd PC	000994329	8987 W Olive Ave, Ste 120	Peoria	AZ	85345	No	No
Donald L Wilcox DDS	000628160	18275 N 59Th Ave, Ste 114	Glendale	AZ	85308	No	No
Wigwan Creek Dental Care PC	001547776	13000W Indian School Rd, Ste	Litchfield Park	AZ	85340	No	No
Raymone M Tanaka DDS Pllc	000833332	18301 N 79Th Ave, Ste F 160	Glendale	AZ	85308	No	No
Arizona Center For Implant,Facial & Oral Surge	000867410	18301 N 79Th Ave, Bldg G Ste	Glendale	AZ	85308	No	No
Roschamboe Pllc	000076937	13575 W Indian School Rd, St	Litchfield Park	AZ	85340	No	No
Navan Patel DDS PC	000755819	7616 W Thunderbird Rd, Ste 2	Peoria	AZ	85381	Yes	No
Darrel L Bischoff DDS PC	000843603	7966 W Thunderbird Rd, Ste 1	Peoria	AZ	85381	No	No
West Valley Pediatric Dentistry	001874566	13575 W Indian School Rd, St	Litchfield Park	AZ	85340	No	No
Robert Demarco DMD	000856978	8877 W Union Hills Dr, Ste 60	Peoria	AZ	85382	No	No
John J Marget DDS	000696649	5757 W Thunderbird Rd, Ste V	Glendale	AZ	85306	Yes	No
Bsf DMD Plc	001768569	14967 W Bell Rd, Ste 150	Surprise	AZ	85374	No	No
Thunderbird Dental Trust	000841830	13980 N 67Th Ave, Ste 2	Glendale	AZ	85306	No	No
Bruce T Aahrens DDS PC	000188663	7616 W Thunderbird Rd, Ste 1	Peoria	AZ	85381	Yes	No
Todd E Dickerson DDS	000856950	1200 W Warner Rd, Ste 1	Chandler	AZ	85224	No	No
Penttila Schroeder Maxfield DDS Ps	001660609	4476 W Van Giesen St	West Richland	WA	99353	No	No
Jennifer J Myers-Fineberg DDS	000779435	6750 W Deer Valley Rd, Ste C	Glendale	AZ	85310	No	No
Dental Studio 101	001872490	34597 N 60Th St, Ste 101	Scottsdale	AZ	85266	No	No
West Valley Pediatric Dentistry	001874568	15264 W Brookside Ln, Ste 15	Surprise	AZ	85374	Yes	No
Northwest Endodontics Ltd	000991305	7972 W Thunderbird Rd, Bldg	Peoria	AZ	85381	No	No
hwest Dental Group	001638931	15182 N 75Th Ave, Ste 120	Peoria	AZ	85381	Yes	No
Davis Orthodontics, Inc.	000819793	8509 N 51St Ave	Glendale	AZ	85302	No	No
My Kidz Dentist	001406263	19636 N 27Th Ave, Ste 403	Phoenix	AZ	85027	No	No
Stacey C Layman DDS Pllc	001521625	7200 W Bell Rd, Ste C3	Glendale	AZ	85308	No	No
Arrowhead Dental PC	000817305	8466 W Peoria Ave, Ste 12	Peoria	AZ	85345	No	No

CITY OF PEORIA

EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
Richard E Feldhake DMD & Assoc PC	000665099	7725 N 43Rd Ave, Ste 711	Phoenix	AZ	85051	No	No
Pleasent Dentistry	001821366	8279 W Lake Pleasant Pkwy,	Peoria	AZ	85382	No	No
Elizabeth J Fleming DDS	000791968	20950 N Tatum Blvd, Ste 280	Phoenix	AZ	85050	No	No
Nelson Family Dentistry PC	000957767	4491 W Northern Ave	Glendale	AZ	85301	Yes	No
David Barclay Dowling DDS	000708121	10613 N 43Rd Ave	Phoenix	AZ	85029	No	No
A Vinson Lee DDS PC	000819902	17235 N 75Th Ave, Ste A 150	Glendale	AZ	85308	No	No
Cosmetic And Restorative Dentistry	000808969	4025 W Bell Rd, Ste 7	Phoenix	AZ	85053	No	No
Wood Orthodontics PC	001830367	3618 W Anthem Way, Ste D1(	Phoenix	AZ	85086	No	No
Southwest Dental Group	001660056	15188 N 75Th Ave, Ste 280	Peoria	AZ	85381	Yes	Yes
Jane W Liu DMD Pllc	001551066	5750 W Thunderbird, Arizona	Glendale	AZ	85306	Yes	Yes
David P Terlizzi DDS Plc	001693297	20470 N Lake Pleasant Dr, St	Peoria	AZ	85382	Yes	No
West Valley Orthodontics PC	001650721	15276 W Brookside Ln, Ste 14	Surprise	AZ	85374	No	No
David Barclay Dowling DDS	000708162	7545 W Bell Rd, Ste 106	Peoria	AZ	85382	No	Yes
Matthew E Ford DDS	000952474	20241 N 67Th Ave, Ste A3	Glendale	AZ	85308	Yes	No
Amy J Mckeever DDS Pllc	001436415	5620 W Thunderbird Rd, Ste H	Glendale	AZ	85306	No	No
Joseph L Harris DDS PC	000573893	4444 N 32 St, Ste 208	Phoenix	AZ	85018	No	No
59Th Avenue Dentistry Ltd	000793811	8519 N 59Th Ave	Glendale	AZ	85302	No	No
Thomas R Walker DDS	000814405	10720 W Indian School Rd, St	Phoenix	AZ	85037	No	No
Clark L Jones DDS	000428580	4025 W Bell Rd, Ste 5	Phoenix	AZ	85053	No	No
ated Oral And Maxi Surgeons PC	000823999	5750 W Thunderbird Rd, Ste H	Glendale	AZ	85306	No	No
Union Hills Family Dentistry Pllc	001913993	18475 N 91St Ave, Ste 1	Peoria	AZ	85382	Yes	No
Dr Richard C Brenke	000274221	7505 W Der Valley Rd, Ste 11	Peoria	AZ	85382	Yes	No
Sun West Endodontics Ltd	001365962	13920 W Camino Del Sol, Ste	Sun City West	AZ	85375	No	Yes
Kathleen L Crowley DDS	000791979	18001 N 79Th Ave, Ste B16	Glendale	AZ	85308	No	No
Kimiko Management LLC	001644387	1900 W Chandler Blvd, Ste 22	Chandler	AZ	85224	No	No
Farzin Allameh DDS	001964619	5750 W Thunderbird Rd, Ste F	Glendale	AZ	85306	Yes	No
Farzin Allameh DDS	000985236	10320 W Mcdowell Rd, Ste A1	Avondale	AZ	85392	Yes	No
Holyoak Family Dentistry	000667765	12414 N 28Th Dr	Phoenix	AZ	85029	No	No
Charles C Clausen DDS PC	000609902	13055 W Mcdowell Ave, Ste G	Avondale	AZ	85392	No	No
Happy Valley Family Dentistry LLC	001612821	3830 W Pinnacle Peak Rd, Ste	Glendale	AZ	85310	No	No
Desert Sands Management, Inc.	001745368	245 E Bell Rd, Ste 2	Phoenix	AZ	85022	Yes	No
All West Family Dentistry Pllc	001382044	13470 N 83Rd Ave	Peoria	AZ	85381	No	No
Palm Valley Oral & Maxillofacial Surgery	001533741	1646 N Litchfield Rd, Ste 130	Goodyear	AZ	85395	No	No
Patrick J Canaday DDS	000098102	3201 W Peoria Ave, Ste D 709	Phoenix	AZ	85029	No	No
West Valley Dental	000479963	20359 N 59Th Ave, Ste 101	Glendale	AZ	85308	Yes	No
Ryan D Cullinan DDS	001519367	5700 W Olive Ave, Ste 107	Glendale	AZ	85302	Yes	No
Larry J Fink DDS	000701334	18425 N 51St Ave, Ste C	Glendale	AZ	85308	No	No
Joshua S Hong DDS Pllc	001565648	8520 W Peoria Ave, Ste 108	Peoria	AZ	85345	Yes	No
Glendale Dental Group Ltd	000548828	4419 W Glendale Ave	Glendale	AZ	85301	No	No
Apple Dentistry, Inc.	000717167	13821 N 35Th Dr, Ste 2	Phoenix	AZ	85053	Yes	No
nuel Gegamian DMD	001831001	5501 N 19Th Ave, Ste 307	Phoenix	AZ	85015	No	No
.est J Filippi DMD PC	000671947	10320 W Indian School Rd, St	Phoenix	AZ	85037	No	No
Third Millennium Group PC	001638929	8284 W Union Hill Dr	Glendale	AZ	85308	No	No
Dustin Karren DMD PC	001353890	702 E Bell Rd, Suite 110	Phoenix	AZ	85022	No	No
Randall Snyder DDS Pllc	001762044	4830 N Litchfield Rd	Litchfield Park	AZ	85340	Yes	No

CITY OF PEORIA
EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
J A Scweikert DDS PC	000630873	4025 W Bell Rd, Ste 9	Phoenix	AZ	85053	No	No
Preventive Dentistry Ltd	000164925	15640 N Seventh St, Ste A4	Phoenix	AZ	85022	No	No
Matt O Hanhila Jr DDS	000873191	20165 N 67Th Ave, Ste 102	Glendale	AZ	85308	Yes	No
Brian J Hanratty DDS Pllc	000923814	3655 W Anthem Way, Ste A11	Phoenix	AZ	85086	No	No
Westcoast Dental, Inc.	001817887	13706 W Bell Rd, Ste 2	Surprise	AZ	85374	No	No
L N Butler DDS	000554507	5406 W Glenn Dr, Ste 2	Glendale	AZ	85301	No	No
West Valley Pediatric Dentistry	001629052	3618 W Anathem Way, Ste D1	Phoenix	AZ	85086	Yes	No
Saguaro Family Dentistry	000669981	9813 N 95Th St, Ste 101	Scottsdale	AZ	85258	No	No
Sundance Endodontivs PC	001844292	13360 N 94Th Dr, Ste C	Peoria	AZ	85381	No	No
Artisan Family Dentistry LLC	001368816	18555 N 59Th Ave, Ste 127	Glendale	AZ	85308	Yes	No
Dr Thomas W Rogers DDS	000500136	7200 W Bell Rd, Ste C2	Glendale	AZ	85308	No	No
Asha & Ardeshir Dentistry Ltd	001409719	16816 N 35Th Ave, Ste 9	Phoenix	AZ	85053	Yes	No
Kelly K Hilgers DDS	001769847	14425 W Mcdowell Rd, Ste F1	Goodyear	AZ	85395	No	No
Patrick A Carr DDS	000553187	10333 W Coggins Dr	Sun City	AZ	85351	No	Yes
Associated Family Dentistry Ltd	000823656	9160 N 43Rd Ave	Glendale	AZ	85302	No	No
Desert Ridge Implant And Oral Surgery	000545076	20950 N Tatum Blvd, Ste 120	Phoenix	AZ	85050	No	No
Smiles Of Beauty Of Surprise Az, Inc.	000126876	15033 W Bell Rd, Ste 175	Surprise	AZ	85374	No	No
Benjamin Odom DDS	000665489	4855 E Thomas Rd A 4	Phoenix	AZ	85018	No	No
Desert Summit Dentistry PC	000972377	8194 W Deer Valley Rd, Ste 1	Peoria	AZ	85382	Yes	No
Baptist Dental Center	000824816	7802 N 43Rd Ave, Ste 8	Glendale	AZ	85301	No	Yes
Scweikert DDS PC	001374251	4025 W Bell Rd, St 9	Phoenix	AZ	85053	No	No
Artistic Dental	000686188	2333 E Campbell Ave	Phoenix	AZ	85016	No	No
Dental Impression Family Dentistry	001909911	13925 W Meeker Blvd, Ste 8	Sun City West	AZ	85375	Yes	Yes
William J Tufo DDS	000438441	7614 West Indian School Rd,	Phoenix	AZ	85033	Yes	No
Karen L Berrigan DMD PC	000814378	20100 N 51St Ave, Ste B230	Glendale	AZ	85308	No	No
Protection Plus Dental Center	000026982	1430 N Central Ave, Ste A	Avondale	AZ	85323	Yes	Yes
John G Wood DDS	000122349	20100 N 51St Ave, Ste E550	Glendale	AZ	85308	No	No
Canyon Trails Dental Care PC	001682252	500 N Estella Pkwy, Ste B1	Goodyear	AZ	85338	Yes	No
Bailey Orthodontics PC	001821553	14997 W Ball Rd, Ste 150	Surprise	AZ	85374	No	No
Paul D Woodbury DDS	000857785	4000 N Central Ave, Ste 1401	Phoenix	AZ	85012	No	No
Dale S Cutler DDS LLC	000774266	13920 W Camino Del Sol, Ste	Sun City West	AZ	85375	No	No
Spur Cross Dental Spa LLC	000549991	38252 N Jacqueline Dr, Ste E	Cave Creek	AZ	85331	No	No
El Hillal & Saavedra Orthodontics	001654983	8272 W Lake Pleasant Pkwy,	Peoria	AZ	85382	No	No
Howard A Levinson DDS PC	000872545	2501 W Happy Valley Rd, Ste	Phoenix	AZ	85085	Yes	No
W S A T Enterprises I LLC	001756836	140 N Litchfield Rd, Ste 201	Goodyear	AZ	85338	No	No
Rey A Bergelin DDS	000822375	1257 W Warner Rd, Ste B2	Chandler	AZ	85224	No	No
Mark H Lidner DDS	000645853	13203 N 103Rd Ave, Suite H1	Sun City	AZ	85351	Yes	No
Jeffrey G Wellman DDS	001417287	14979 W Bell Rd, Ste 150	Surprise	AZ	85374	No	No
Amy Liu DDS PC	000841204	5610 W Talavi Blvd, Ste 100	Glendale	AZ	85306	No	No
Associated Orthodontist Ltd	000823995	5750 W Thunderbird, Ste H-80	Glendale	AZ	85306	No	No
Joseph H Davis DDS PC	000854781	3003 N Central Ave, Ste 630	Phoenix	AZ	85012	No	No
Thomas Chong DDS	000515726	12630 N 103Rd Ave, Ste 142	Sun City	AZ	85351	No	No
Robert A Lindemoen DDS	000008269	4235 N 32Nd St, Ste C	Phoenix	AZ	85018	No	No
ert D Hurt DDS	000743321	6226 N 27 Ave	Phoenix	AZ	85017	No	No
Sierra Orthodontic Services Ltd	000659074	9301 E Shea Blvd, Ste 111	Scottsdale	AZ	85260	No	No
Aadm LLC	001924073	5940 W Union Hills Dr, Ste F1	Glendale	AZ	85308	No	No
Gary D Oreskovich DDS	000873187	1526 W Glendale Ave, Ste 107	Phoenix	AZ	85021	Yes	No
Arthur Orthodontics Plc	000601018	9360 E Raintree Dr, Ste 107	Scottsdale	AZ	85260	No	No
Brent R Hall DDS	000983880	8877 W Union Hills, Ste 600	Peoria	AZ	85382	Yes	No

CITY OF PEORIA

EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
Martin Margetis DDS	000404629	13000 N 103Rd Ave, Ste 71	Sun City	AZ	85351	No	No
Leonard Bafaloukos DDS	000803093	3902 W Camelback Road	Phoenix	AZ	85019	No	No
Ralph W Price DDS PC	000829683	4400 N 32Nd St	Phoenix	AZ	85018	No	No
Advanced Dental Group	000996431	15440 N 7Th St, Ste 8	Phoenix	AZ	85022	No	No
Joe Bryant DDS	000818903	20329 N 59Th Ave, Ste A11	Glendale	AZ	85308	No	No
Mark D Pogue DDS	000983865	8535 E Hartford Dr 100	Scottsdale	AZ	85255	No	No
Desert Vista Dental West Pllc	001595359	1646 N Litchfield Rd, Ste 125	Goodyear	AZ	85395	No	No
Irwin Feinberg DDS	000516704	7201 N 19Th Ave, Ste 1	Phoenix	AZ	85021	No	No
El Hillal & Saavedra Orthodontics	001813837	8272 W Lake Pleasant Pkwy,	Peoria	AZ	85382	No	No
Dunn Orthodontics Llp	001870327	5220 N Dysart Rd, Bldg E Ste	Litchfield Park	AZ	85340	No	No
David B Grubler DDS	000098148	333 W Hatcher Rd, Ste 1	Phoenix	AZ	85021	Yes	No
Smita V Palejwala DDS PC	000832027	6807 E Thomas Rd	Scottsdale	AZ	85251	Yes	No
Alan L Noelck DDS	000820546	551 Plaza Cr, Ste C	Litchfield Park	AZ	85340	No	No
Robert B Yacko DDS PC	000831035	6750 W Peoria Ave, Ste 134	Peoria	AZ	85345	No	No
Dennis C Trimble DMD PC	000749085	5406 W Glenn Dr, Ste 4	Glendale	AZ	85301	No	No
Palm Valley Oral & Maxillofacial Surgery	000739119	1646 N Litchfield Rd, Ste 130	Goodyear	AZ	85395	No	No
Belmont Dentistry LLC	000860930	8350 E Raintree Dr, Ste 115	Scottsdale	AZ	85260	Yes	No
Mark D Voight DDS PC	001855154	2024 S Don Carlos, Ste A	Mesa	AZ	85202	No	No
John J Mehlem DDS	000795442	17250 N 43Rd Ave, Ste 1	Glendale	AZ	85308	No	No
Mark A Jensen DDS	000436175	18275 N 59Th Ave, Bldg E Ste	Glendale	AZ	85308	No	No
Metro Dental	001819087	10000 N 31St Ave, Ste B102	Phoenix	AZ	85051	Yes	Yes
y Mountain Dentistry LLC	001782368	4205 W Anthem Way, Ste 106	Anthem	AZ	85086	No	No
Westside Dental Group PC	000053966	2330 N 75Th Ave, Ste 112	Phoenix	AZ	85035	No	No
John C Oatis DDS	000802451	17250 North 43Rd Ave	Glendale	AZ	85308	No	No
Dorsey W Baker DDS Plc	000619038	18275 N 59Th Ave, Ste 150 Bl	Glendale	AZ	85308	No	No
L N Butler DDS	001865775	5406 W Glenn Dr, Ste 2	Glendale	AZ	85301	No	No
Debora L Ralston Pak DDS	000980743	6501 E Greenway Pkwy, Bldg	Scottsdale	AZ	85254	No	No
Mettler And Griego Dentists PC	000680429	7505 W Deer Valley Rd, Ste 1	Peoria	AZ	85382	No	No
My Kidz Dentist	000561585	1728 W Glendale Ave, Ste 30	Phoenix	AZ	85021	No	No
Westview Family Dental Care Pllc	001773423	4130 N 108Th Ave, Ste 103-1	Phoenix	AZ	85037	Yes	No
Litchfield Center For Restorative Dentistry	000994695	4900 N Litchfield Rd, Bldg C S	Litchfield Park	AZ	85340	No	No
Frederick A Fenderson DDS	001321101	3150 Clearwater Dr	Prescott	AZ	86305	No	No
Shunyu Nieh DDS	000996363	10210 W Mcdowell Rd, Ste 14	Avondale	AZ	85392	Yes	No
Raymond A Skinner DDS MS Ltd	000155287	6535 W Camelback Rd, Ste 1	Phoenix	AZ	85033	No	No
Kamran Ruintan DMD PC	000756875	10211 N 32Nd St, Ste C1	Phoenix	AZ	85028	Yes	No
Affiliated Orthodontic Specialists PC	000773807	5310 W Thunderbird, Ste 111A	Glendale	AZ	85306	No	No
Mark A Gustus DDS	000517580	1646 N Litchfield Rd, Ste 225	Goodyear	AZ	85395	No	No
Heatherwood Dental	000512200	13619 N 59Th Ave	Glendale	AZ	85304	No	No
Wesley A Harper DDS PC	001687041	4025 W Bell Rd, Ste 21	Phoenix	AZ	85053	No	No
Arizona Dental	000959440	10001 W Bell Rd, Ste 123	Sun City	AZ	85351	No	No
Randy L Smith DMD	000533549	4614 E Shea Blvd, Ste D230	Phoenix	AZ	85028	No	No
Northwest Valley Oral And Facial Surgery PC	001895602	16936 W Bell Rd, Ste 203	Surprise	AZ	85374	Yes	No
Michael D Elliott DMD PC	000125731	564 W 9Th Pl, Ste 1	Mesa	AZ	85201	No	No
Howard E Wilt DDS PC	000776728	1455 E Guadalupe Roadst 2	Tempe	AZ	85283	No	Yes
la Hills Family Dentistry LLC	001888390	7425 W Peoria Ave, Ste 102	Peoria	AZ	85345	Yes	No
Arthurs Dental LLC	001884801	13925 W Meeker Blvd, Ste 2	Sun City West	AZ	85375	No	No
Todd S Garrett DDS PC	000279212	15009 W Bell Rd, Bldg 10 Ste	Surprise	AZ	85374	Yes	No
Drs Scheerer And West DDS, Inc.	000523295	735 Bishop St, Ste 211	Honolulu	HI	96813	No	No
Steven C Chang DDS PC	000847875	432 N Litchfield, Ste 316	Goodyear	AZ	85338	Yes	No
Dr Richard F Martin DDS	000764014	5700 W Olive Ave, Ste 102	Glendale	AZ	85302	No	No

CITY OF PEORIA

EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
Mcdowell Dentistry Of Goodyear PC	001988279	14122 W Mcdowell Rd, Ste 20	Goodyear	AZ	85395	No	No
Arizona Center For Aesthetic Dentistry Pllc	000799919	20542 N Lake Pleasant Rd, St	Peoria	AZ	85382	No	No
Robert J Kostial DDS PC	000150667	20950 N Tatum Blvd, Ste 260	Phoenix	AZ	85050	No	No
Greenway Dentistry LLC	001962949	16630 W Greenway Rd, Ste 3	Surprise	AZ	85388	No	No
Mark R Chase DDS	000739638	6701 W Union Hills Dr	Glendale	AZ	85308	No	No
Passell Kimble And Associates Llp	000704432	18555 N 79Th Ave, Ste B106	Glendale	AZ	85308	No	No
Avondale Family Dental Care	000762757	320 E Western Ave	Avondale	AZ	85323	Yes	No
Desert Dentistry Partners	000904864	6231 S Central Ave	Phoenix	AZ	85042	Yes	No
Matt O Hanhila Jr DDS	000864378	5406 W Glenn Dr, Ste 5	Glendale	AZ	85301	Yes	No
Brian J Wilson DDS	000632698	17250 N 43Rd Ave, Ste 1	Glendale	AZ	85308	No	No
G Ronald Doxey DDS	000525957	2525 W Greenway Rd, Ste 23	Phoenix	AZ	85023	No	No
Vanessa Marinho DDS PC	001627592	17250 N 43Rd Ave, Ste 5	Glendale	AZ	85308	Yes	No
Victor Cosmetic Damily Dentistry LLC	001739637	8663 W Union Hills Dr, Ste 40	Peoria	AZ	85382	Yes	Yes
Rex E Brewster DDS	000703614	1701 W Glendale, Ste 4	Phoenix	AZ	85021	No	No
Dunn Orthodontics Llp	001973767	7550 N 19Th Ave, Ste 101	Phoenix	AZ	85021	No	No
Ronald D Morgan & Associates, Inc.	000874881	4700 N 51St Ave, Ste 3	Phoenix	AZ	85031	No	No
Gordon D Gross DDS PC	000824144	2715 W Northern Ave, Ste 102	Phoenix	AZ	85051	Yes	No
Lon Woodruff DDS	000908585	5555 N Seventh St, Ste 2	Phoenix	AZ	85014	No	No
Dentistry By Schmid PC	000655455	13470 N 83Rd Ave, Ste 200	Peoria	AZ	85381	No	No
Patrick L Dobash DDS	000649349	13943 N 91St Ave, Ste H 102	Peoria	AZ	85381	No	No
Nelson J Mar DDS	000625331	5220 N Dysart Rd, Ste 144	Litchfield Park	AZ	85340	Yes	No
dford Orthodontics PC	001548557	10 N Alamos Dr	Cottonwood	AZ	86326	No	No
Farshad A Zaghi DMD	001780794	8380 W Cheyenne Ave, Ste 10	Las Vegas	NV	89129	No	No
l Robert Matloff DDS MS Ltd	000174962	4910 N 44Th St, Ste 10	Phoenix	AZ	85018	Yes	Yes
Paul L Jones DDS	000718441	7350 S Mcclintock, Ste 102	Tempe	AZ	85283	No	No
North Phoenix Pediatric Dentistry LLC	000975842	1526 W Glendale Ave 103	Phoenix	AZ	85021	No	No
Eca Investments LLC	001343611	4350 E Ray Rd, Ste 122	Phoenix	AZ	85044	No	No
Paul L Griego DDS	000055731	7777 W Deer Valley, Ste 160	Peoria	AZ	85382	No	No
Westridge Dental Group Ltd	000815783	3000 N Litchfield Rd, Ste 110	Goodyear	AZ	85395	No	No
Steven T Swager DMD	000554549	1277 E Missouri Ave, Ste 202	Phoenix	AZ	85014	No	No
Moataz Karawi DDS LLC	001696075	7701 E Indian School Rd, Ste	Scottsdale	AZ	85251	Yes	No
Michael A Mcclain DDS	000747287	1225 Willow Creek Rd	Prescott	AZ	86301	No	Yes
Westcoast Dental, Inc.	001634402	13706 W Bell Rd, Ste 2	Surprise	AZ	85374	No	No
Adrian Pulkrabek DDS LLC	000266172	18205 N 51St Ave, Ste 137	Glendale	AZ	85308	Yes	No
Tannez Z Malekzadeh DMD	001795849	13822 N 35Th Dr, Ste 4	Phoenix	AZ	85053	Yes	No
Thomas & Thomas Dental Ltd	000985788	7150 N 7Th St	Phoenix	AZ	85020	Yes	No
Steven E Geist DDS	000056023	16080 N 59Th Ave	Glendale	AZ	85306	No	No
Mark K Mcalister DDS	000824674	702 E Bell Rd, Ste B100	Phoenix	AZ	85022	No	No
Howard L Henry DDS Msc PC	000480531	11333 N Scottsdale Rd, Ste 25	Scottsdale	AZ	85254	No	No
Goodyear Endodontics	001551052	1646 N Litchfield, Ste 260	Goodyear	AZ	85395	Yes	No
John B Hughes DDS	000443940	7501 N 16Th St, Ste 100	Phoenix	AZ	85020	No	No
Shipley Orthodontics	001434523	20470 N Lake Pleasant Rd, St	Peoria	AZ	85382	No	No
Jeffrey C Kleiman DMD	000005305	13660 N 94Th Dr, Ste E 3	Peoria	AZ	85381	No	No
Dr Juan Alzate Dental Office	001687162	517 Bear Mountain Blvd	Arvin	CA	93203	No	No
ld K Altman DMD Px	001653305	8507 N 51St Ave	Glendale	AZ	85302	Yes	No
bine F Downing	000971334	17235 N 75Th Ave, Ste 135 B	Glendale	AZ	85308	No	No
Michael T Slattery DDS	000600284	18440 N Seventh St, Ste 10	Phoenix	AZ	85022	Yes	No
Friendly Family Dental Care	000051984	1579 N Dysart Rd, Ste F	Avondale	AZ	85392	No	No
Hilgers Orthodontics PC	001995230	1646 N Litchfield Rd, Ste 210	Goodyear	AZ	85395	No	No
Pleasent Dentistry	001332096	8279 W Lake Pleasant Pkwy	Peoria	AZ	85382	No	No

CITY OF PEORIA

EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
Richard E Warner DDS	001306540	14122 W Mcdowell Rd, Ste 20	Goodyear	AZ	85395	No	No
Palm Valley Family Dentistry, Inc.	001556162	10320 W Mcdowell Rd, Bldg C	Avondale	AZ	85392	No	No
Dysart Dental LLC	001783991	5220 N Dysart Rd, Ste 160	Litchfield Park	AZ	85340	Yes	No
Dysart Dental LLC	001784003	5220 N Dysart Rd, Ste 160	Litchfield Park	AZ	85340	Yes	No
Affiliated Orthodontic Consultants	001783229	15009 W Bell Rd, Ste 175	Surprise	AZ	85374	No	No
Oasis Orthodontics LLC	001586988	3303 S Lindsay Rd, Ste 126	Gilbert	AZ	85297	Yes	No
Michael Coggins DDS	000116709	10265 N Scottsdale Rd	Paradise Valle	AZ	85253	No	No
Valley Pediatric Dentists PC	000686358	6239 E Brown Rd, Ste 102	Mesa	AZ	85205	No	No
Scott Irwin DDS	001339008	2921 N 56Th St	Phoenix	AZ	85018	No	No
Robert S Holyoak DMD PC	000043969	9431 W Thunderbird Blvd	Peoria	AZ	85381	No	No
Dr R Tage Welindt Jr DDS Ltd	000131124	1515 N Harlem Ave, Ste 200	Oak Park	IL	60302	No	No
Dental Specialty Associates	001817838	2730 S Val Vista Dr, Ste 164 E	Gilbert	AZ	85295	Yes	No
Sasd PC	001736153	3902 W Camelback Rd	Phoenix	AZ	85019	No	No
Surprise Endodontics Plc	001909887	15294 W Brookside Ln, Ste 10	Surprise	AZ	85374	Yes	No
Perry H Fraiman DDS Pllc	001818589	18715 N Reems Rd, Ste 100	Surprise	AZ	85374	Yes	No
Desert Dentistry Partners	000849263	6231 S Central Ave	Phoenix	AZ	85042	Yes	No
Marissa Rubio Ellis DDS PC	000980855	822 E Union Hills Dr, Ste D6	Phoenix	AZ	85024	No	No
M Welikala DMD A Professional Corporation	001440382	55 W Los Angeles Ave	Moorpark	CA	93021	No	No
Eric Vansluylers DDS PC	001771957	6591 W Thunderbird Rd, Ste E	Glendale	AZ	85306	No	No
Albert M Higgins DDS	000626537	4025 W Bell Rd, Ste 18	Phoenix	AZ	85053	Yes	No
N Paul Kline DDS PC	000648115	5601 W Eugie Ave, Ste 206	Glendale	AZ	85304	No	No
an Martell Easton DDS	000477265	13825 N Seventh Street, Suite	Phoenix	AZ	85022	No	No
75Th Ave Dentistry PC	001970209	7545 W Bell Rd, Ste 105	Peoria	AZ	85382	Yes	Yes
Apex Endodontics LLC	001544772	3303 S Lindsay Rd, Ste 127	Gilbert	AZ	85297	Yes	No
Scott W Keith DDS & Associates	000701200	740 E Highland Ave, Ste 200	Phoenix	AZ	85014	No	No
Western Dental Services, Inc.	000993356	13651 N 35Th Ave	Phoenix	AZ	85029	Yes	No
Sun Valley Dental Care & Orthodontics	001666870	8249 W Thunderbird Rd, Ste 1	Peoria	AZ	85381	No	No
Desert Dentistry Partners	001953988	15033 W Bell Rd, Ste 100	Surprise	AZ	85374	Yes	No
Anthony Valenzuela DDS	000649715	17606 N 59Th Ave	Glendale	AZ	85308	Yes	No
James S Trichak DDS LLC	000564627	3850 W Greenway Rd, Ste 10	Phoenix	AZ	85053	Yes	No
Nolan E Cordon DMD MS	000991114	30012 N Cave Rd, Ste 102	Cave Creek	AZ	85331	Yes	No
Darwin N Davis DDS	000961792	3132 N Seventh St	Phoenix	AZ	85014	No	No
Donald A Eberhart DDS Pllc	000402646	14967 W Bell Rd, Ste 100	Surprise	AZ	85374	No	No
Dr Masih Shahlaie PC	001924579	16944 W Bell Rd, Ste 601	Surprise	AZ	85374	No	Yes
Heatherwood Dental	001394470	13619 N 59Th Ave	Glendale	AZ	85304	No	No
Thuy Ngo DMD	000400460	4550 E Bell Rd, Bldg 1 102	Phoenix	AZ	85032	No	No
Wayne W Botkin DDS	000461804	9180 E Desert Cove, Ste 101	Scottsdale	AZ	85260	No	No
Albert M Higgins DDS	000807939	4025 W Bell Rd, Ste 18	Phoenix	AZ	85053	Yes	No
John Y Kim DDS PC	001392013	14545 W Grand Ave, Ste 111	Surprise	AZ	85374	Yes	No
Jeffrey S Krohn DDS	000750362	4232 East Cactus Rd, Ste 210	Phoenix	AZ	85032	No	No
Double J D LLC	001646435	2620 S 83Rd Ave, Ste 104	Phoenix	AZ	85043	No	No
Greenway Family Dentistry PC	000950481	5930 W Greenway Rd, Ste 14	Glendale	AZ	85306	Yes	No
William C Kaus DDS	001906798	17250 N 43Rd Ave, Ste 1	Glendale	AZ	85308	No	Yes
Will G Campbell DDS	000778064	12020 N 35Th Ave, Ste 112	Phoenix	AZ	85029	No	No
ck Dostal DDS PC	000587158	6016 N 67Th Ave	Glendale	AZ	85301	No	No
Arrowhead Lakes Dentistry	001973184	20265 N 59Th Ave, Ste B5	Glendale	AZ	85308	Yes	No
Apdo PC	000749508	6868 E Becker Ln, Ste 101	Scottsdale	AZ	85254	No	No
Kristopher D Heap DDS	001923131	3651 E Baseline Rd, Ste 135	Gilbert	AZ	85234	No	No
David Barclay Dowling DDS	000570007	2330 N 75Th Ave, Ste 111	Phoenix	AZ	85035	No	No
Harvey Lester DMD PA	000176528	595 N Dobson Rd, Ste B40	Chandler	AZ	85224	Yes	No

CITY OF PEORIA

EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
All About Smiles Dental, Inc.	001579635	1855 W Green Way Rd, Ste 1(	Phoenix	AZ	85023	Yes	No
Steven C Elcock DMD	000109180	6535 W Camelback Rd, Ste 4	Phoenix	AZ	85033	Yes	No
Ventana Family Dentistry LLC	001567620	20403 N Lake Pleasant Rd, St	Peoria	AZ	85382	No	No
Valley View Dental	000166960	3201 W Peoria, Ste A 104	Phoenix	AZ	85029	No	No
Daniel A Allen DDS PC	000023053	4025 W Bell Rd, Ste 13	Phoenix	AZ	85053	No	Yes
Aaron A Johnson DDS	000890313	20542 N Lake Pleasant, Ste 1	Peoria	AZ	85382	Yes	No
Jeffrey E Fellner DDS	000791840	20265 N 59Th Ave, Ste B5	Glendale	AZ	85308	Yes	No
Jerrold K Altman DMD Px	000817543	8507 N 51St Ave	Glendale	AZ	85302	Yes	No
Chris Lewandowski DDS PC	001557354	8575 E Princess Dr, Ste 101	Scottsdale	AZ	85255	Yes	No
Gp Dental	001875866	10240 N 31St Ave, Ste 100	Phoenix	AZ	85051	Yes	No
Arizona Pediatric Dentistry	001414941	4145 N 108Th Ave, Bldg K101	Phoenix	AZ	85037	Yes	No
Stephen F Hardy DMD	000043082	1930 W Thunderbird Rd, Ste 1	Phoenix	AZ	85023	Yes	No
Scott G Myers DMD	000862553	7777 N 43Rd Ave	Phoenix	AZ	85051	Yes	No
Steven C Chang DDS PC	000667475	4105 N 51St Ave, Ste 109	Phoenix	AZ	85031	No	No
James A Diamond DDS PC	000673555	18555 N 79Th Ave, Ste B 104	Glendale	AZ	85308	No	No
Perfect Teeth Olive PC	001650134	10613 W Olive Ave, Ste 201	Peoria	AZ	85345	Yes	No
John N Scheckel DDS PC	000848422	3143 N 32Nd St	Phoenix	AZ	85018	No	No
George A Sullivan DDS M S P A	000821039	10752 N 89Th Pl, Ste 111	Scottsdale	AZ	85260	Yes	Yes
Aziz Bohra DDS Plc	001396555	13360 N 94Th Dr, Ste C	Peoria	AZ	85381	Yes	No
T R Rick Lawson DDS PC	000330039	9377 E Bell Rd, Ste 107	Scottsdale	AZ	85260	No	No
Tuscano Dental	001908192	7435 W Lower Buckeye Rd, S	Phoenix	AZ	85043	Yes	No
: B Hughes DDS PC	000803435	6591 W Thunderbird, Ste C1	Glendale	AZ	85306	Yes	No
Jeffrey Zimmerman DDS	000956996	770 E Thunderbird Rd, Ste A	Phoenix	AZ	85022	Yes	No
Martin Margetis DDS	000912036	10465 E Pinnacle Peak Pkwy,	Scottsdale	AZ	85255	No	Yes
Bruce G Baldwin DDS	000590419	6535 W Camelback 2	Phoenix	AZ	85033	No	No
Bradley J Lagers DMD PC	000713151	4845 E Thunderbird Rd, Ste 3	Scottsdale	AZ	85254	No	No
West Valley Dental	000793814	20359 N 59Th Ave, Ste 101	Glendale	AZ	85308	Yes	No
Jack Luftman PC	000969934	1820 W Thunderbird Rd, Ste 1	Phoenix	AZ	85023	Yes	No
Kathleen L Crowley DDS	001981282	18001 N 79Th Ave, Ste B 16	Glendale	AZ	85308	No	No
Sundance Dental Group	001990794	946 S Watson Rd, Ste 101	Buckeye	AZ	85326	Yes	No
Carlos Llanes DMD Pllc	001819251	4921 E Bell Rd, Ste 206	Scottsdale	AZ	85254	No	No
Ace Periodontics PC	001332748	10752 N 89Th Pl, Ste 214	Scottsdale	AZ	85260	Yes	No
Alan Persons DDS	000832324	8811 N 51St Ave 100	Glendale	AZ	85302	No	No
Dr Darren L Flowers DMD Pllc	001737892	3618 W Anthem Way D132	Phoenix	AZ	85086	No	No
Paul Hall DDS	000726831	901 Campus Dr, Ste 204	Daly City	CA	94015	No	No
Okun Dentistry PC	000346288	1050 E Southern Ave, Ste 8	Tempe	AZ	85282	No	No
Jenny V Wang DDS II LLC	001915472	15508 W Bell Rd, Ste 110	Surprise	AZ	85374	Yes	No
Associated Orthodontist Ltd	000822827	5750 W Thunderbird, Ste H 80	Glendale	AZ	85306	No	No
Associated Dental Care Providers PC	001526944	4159 W Thunderbird Rd	Phoenix	AZ	85053	Yes	No
John H Upton DDS	000007755	18555 N 79Th Ave, Ste A104	Glendale	AZ	85308	No	No
Maricopa Dental, Inc.	000132773	21300 N John Wayne Pkwy, S	Maricopa	AZ	85239	No	No
A Small World Pediatric Dentistry Pllc	001520231	5533 E Bell Rd, Ste 115	Scottsdale	AZ	85254	No	No
Absolute Dental, Inc.	001464371	8380 W Cheyenne Rd, Ste 10	Las Vegas	NV	89129	No	No
Christopher J Menghini DDS	000505468	7124 N 59Th Ave	Glendale	AZ	85301	No	No
r A Bassett DMD PC	000747515	9035 N 43Rd Ave, Ste H	Phoenix	AZ	85051	Yes	No
Albrecht And Stavoe DDS Pllc	000529824	14045 N Seventh St, Ste 3	Phoenix	AZ	85022	No	No
Anthony R Farraye DDS	000443727	2525 S Rural Road, Ste 2S	Tempe	AZ	85282	Yes	No
Phillip L Hopper DDS	000619789	5757 W Thunderbird Rd, Ste 3	Glendale	AZ	85306	No	No
Albrecht And Stavoe DDS Pllc	000816668	14045 N Seventh St, Ste 3	Phoenix	AZ	85022	No	No
American Dental Mgmt, Inc.	000989880	1628 E Southern, Ste 5	Tempe	AZ	85282	No	No

CITY OF PEORIA

EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
Ernest F Delmoe DDS	000825066	13760 N 93Rd Ave, Ste 111	Peoria	AZ	85381	Yes	No
Mark R Scilley DDS, Inc.	001591477	1229 E Mckellips Rd, Ste 106	Mesa	AZ	85203	Yes	No
Thomas T Pham DDS PC	001535726	10147 N Grand Ave, Ste B4	Sun City	AZ	85351	Yes	No
Paul K Owens DDS	000708509	11001 N 99Th Ave, Ste 113	Peoria	AZ	85345	Yes	No
Jupneesh Singh DDS	001854426	4215 W Dunlap Ave, Ste 3	Phoenix	AZ	85051	No	No
Jason R Arthurs DDS	001535709	8249 W Thunderbird Rd, Ste 1	Peoria	AZ	85381	Yes	No
W Keith Kirkland DMD	000500287	2170 B Savannah Hwy	Charleston	SC	29414	No	No
Shuaib M Khaderi DMD	001384189	1525 W Thomas Rd	Phoenix	AZ	85015	Yes	No
David R Ostler DDS	001450582	20542 N Lake Pleasant Rd, St	Peoria	AZ	85382	No	Yes
Desert Lake Family Dentistry	001760943	10750 W Mcdowell Rd, Ste B2	Avondale	AZ	85392	Yes	No
Adam Kristoff DDS Pllc	001632380	1030 E Baseline Rd, Ste 168	Tempe	AZ	85283	Yes	No
Frederick B Olsen DDS	000676650	2236 W Bethany Home Rd, St	Phoenix	AZ	85015	No	No
Estrella Orthodontic Specialists	001678481	530 N Estrella Pkwy, Ste C2 &	Goodyear	AZ	85338	No	No
Paul S Gebhart DDS	002006436	28451 N Vistancia Blvd, Ste 1(	Peoria	AZ	85383	Yes	No
John M Bracken DDS	000745676	213 E Monterey Way	Phoenix	AZ	85012	No	No
Wesley A Harper DDS PC	000607356	4025 W Bell Rd Ste 21	Phoenix	AZ	85053	No	Yes
Manpreet S Badyal DDS	001501911	590 N Alma School, Ste 5	Chandler	AZ	85224	Yes	No
John J Kim DDS PC	001673084	14044 W Camelback Rd, Ste 1	Litchfield Park	AZ	85340	No	Yes
Jacobi Family Dental PC	001698529	1300 S Watson Rd, Ste A 100	Buckeye	AZ	85326	No	No
Dale W Harvey DDS	000663324	9035 N 43Rd Ave, Ste B	Phoenix	AZ	85051	No	No
Associated Dental Care Providers PC	000647281	7200 W Bell Rd. Ste D-1	Glendale	AZ	85308	No	No
M Goodwin DDS	000668400	717 W Glendale Ave	Phoenix	AZ	85021	No	No
Stephen A Folson DDS	000716677	13260 N 94Th Dr, Ste 410	Peoria	AZ	85381	No	No
Scott Cairns DDS	000279501	18301 N 79Th Ave, Ste F164	Glendale	AZ	85308	No	No
David W Price DDS	000795473	5620 W Thunderbird Rd, Ste H	Glendale	AZ	85306	No	No
Michael Recuber DDS	001698401	8877 W Union Hill Dr, Ste E50	Peoria	AZ	85382	Yes	No
J Brent Sanders DDS	001908169	7505 W Deer Valley Rd, Ste 1	Peoria	AZ	85382	No	No
W S A T Enterprises I LLC	001699079	140 N Litchfield Rd, Ste 200	Goodyear	AZ	85338	No	No
An Elegant Smile PC	001646728	14155 N 83Rd Ave, Ste 3-113	Peoria	AZ	85381	Yes	No
My Kidz Dentist	001764490	1728 W Glendale Ave, Ste 305	Phoenix	AZ	85021	No	No
Robert F Guyette DMD	000853655	9741 N 90Th Pl	Scottsdale	AZ	85258	No	No
Perfect Teeth Waddell PC	001773382	13856 W Waddell, Ste 102	Surprise	AZ	85379	Yes	No
Pinnacle Peak Periodontics Pllc	001635802	7500 E Pinnacle Peak Rd, Ste	Scottsdale	AZ	85255	Yes	No
Robert D Hurt DDS	001614646	6226 N 27Th Ave	Phoenix	AZ	85017	No	No
Tyrel T Beavers DMD PC	000260883	4434 E Brown Rd	Mesa	AZ	85205	No	Yes
Paseo Dental Pllc	000735122	6120 W Bell Rd, Ste 190	Glendale	AZ	85308	Yes	No
Dana D Scafaru DDS	000618550	13540 W Camino Del Sol, Ste	Sun City West	AZ	85375	No	No
Roschamboe Pllc	000809254	135-75 W Indian School Rd, S	Litchfield Park	AZ	85340	No	No
Matthew E Ford DDS	001300103	20241 N 67Th Ave, Ste A3	Glendale	AZ	85308	Yes	No
Southwest Smiles	000135949	2487 S Gilbert Rd, Ste 105	Gilbert	AZ	85295	Yes	No
Eric C Solberg DDS	000333441	7301 E Sundance Ln	Carefree	AZ	85377	No	No
Youngtown Denture Clinic, Inc.	001426355	11100 W Michigan Ave	Youngtown	AZ	85363	No	No
Just Smiles, Inc.	000700481	7054 E Cochise Rd	Paradise Valle	AZ	85253	No	No
Maryland Ave Periodontics Pllc	000989882	6520 N Seventh, Ste 5	Phoenix	AZ	85013	No	No
na Smile Design PC	000145254	13920 W Camino Del Sol, Ste	Sun City West	AZ	85375	No	No
Valley Dental Care & Orthodontics	001913991	2855 E Brown Rd, Ste 15	Mesa	AZ	85213	No	No
Desert Sky Dentistry LLC	001457168	6615 W Happy Vly Rd, Ste B1	Glendale	AZ	85310	No	No
Grand Dental Care PC	000598736	11132 California Ave, Ste A	Youngtown	AZ	85363	No	No
Abbas Fazel DDS PC	000773450	8055 N Via De Negocio	Scottsdale	AZ	85258	Yes	No
William K Tadano DDS	000742082	7550 N 19Th Ave, Ste 101	Phoenix	AZ	85021	No	Yes

CITY OF PEORIA

EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
Darren L Flowers DMD	001307651	3618 W Anthem Way, Ste D 1	Phoenix	AZ	85086	No	No
James D Falk DDS	000125872	720 E Thunderbird, Ste 2	Phoenix	AZ	85022	No	No
Center Point Dental	001634785	9150 W Indian School Rd, Ste	Phoenix	AZ	85037	Yes	No
Gregory J Lagermeier DDS	000184331	1728 W Glendale Ave, Ste 305	Phoenix	AZ	85021	No	No
Glendale Dental Group Ltd	002012470	4419 W Glendale Ave	Glendale	AZ	85301	No	No
Nanston Dental Group PC	000985224	1040 Eagles Landing Pkwy, St	Stockbridge	GA	30281	No	No
Russell S Blackman DDS PC	000164710	16845 N 29Th Ave, Ste 6	Phoenix	AZ	85053	No	No
Az Dental Care Pllc	001899842	10659 Nw Grand Ave, Ste 4	Sun City	AZ	85351	No	No
Philip S Johnson DDS	000647725	4025 W Bell Rd, Ste 19	Phoenix	AZ	85053	No	Yes
Arrowhead Plaza Dental Group Plc	001743037	18205 N 51St Ave, Bldg 1 Ste	Glendale	AZ	85308	No	No
Avondale Dental PC	000666280	10665 W Indian School Rd, St	Avondale	AZ	85392	Yes	No
Matthew J Milana DDS Pllc	001905610	2921 N 56Th St	Phoenix	AZ	85018	Yes	No
Maridon Dental Group LLC	000900505	13920 Camino Del Sol, Ste 1	Sun City West	AZ	85375	No	No
Arrowhead Lakes Dentistry	000839291	20265 N 59Th Ave, Ste B 5	Glendale	AZ	85308	Yes	No
Marcie Chambers DDS	000952134	20241 N 67Th Ave, Ste A Thre	Glendale	AZ	85308	No	No
Clara P Fajardo DDS PC	000986016	18818 N 99Th Ave	Sun City	AZ	85373	Yes	No
An Elegant Smile PC	000757404	702 E Bell Rd, Ste 120	Phoenix	AZ	85022	Yes	No
Sean Y Kim DDS	000828666	5750 W Thunderbird Rd, Ste F	Glendale	AZ	85306	No	No
Chesser Group	001850198	9035 N 43Rd Ave, Ste H	Phoenix	AZ	85051	Yes	No
Fox Family Dental	000756418	10147 W Grand Ave, Ste A3	Sun City	AZ	85351	Yes	No
Florence P Ngo DDS	000468566	2114 Senter Rd, Ste 4	San Jose	CA	95112	No	No
ert L Critchfeild DDS PC	000052983	18275 N 59Th Ave, Ste D 120	Glendale	AZ	85308	No	No
Surprise Oral & Implant Surgery	001750854	15276 W Brookside Ln, Ste 14	Surprise	AZ	85374	No	No
Arrowhead Dental PC	000777843	8466 W Peoria Ave, Ste 12	Peoria	AZ	85345	No	No
Associated Dental Care Providers PC	000997421	6565 E Carondelet Dr, Ste 355	Tucson	AZ	85710	No	No
Surprise Smiles Of Beauty PC	001849653	15033 W Bell Rd, Ste 175	Surprise	AZ	85374	Yes	No
Grace M Hier DDS	000653386	7777 W Deer Valley, Ste 160	Peoria	AZ	85382	No	No
David E Kem DDS	000109894	15850 N 35Th Ave, Ste 2	Phoenix	AZ	85053	No	No
Brian J Daniels DDS PC	000812765	500 W Thomas, Ste 490	Phoenix	AZ	85013	No	No
Lee J Sorcinelli DDS	000795477	18275 N 59Th Ave, Bldg E Ste	Glendale	AZ	85308	No	No
Hanei Management LLC	001627538	15850 N 35Th Ave, Ste 1	Phoenix	AZ	85053	No	No
Saikou Management, Inc.	000544804	500 W Southern Ave, Ste 1	Mesa	AZ	85210	No	No
Desert Dentistry Partners	001606076	6226 N 27Th Ave, Ste C	Phoenix	AZ	85017	Yes	No
Edward G Babits DDS	000583542	1440 E Missouri Ave, Ste 125	Phoenix	AZ	85014	No	No
Ralph Green DDS PC	001637690	1904 W Parkside Ln, Ste 201	Phoenix	AZ	85027	No	No
Wigwan Creek Dental Care PC	001611205	13000 W Indian School Rd, St	Litchfield Park	AZ	85340	No	No
Alicia R Baryla DDS PC	000279098	20100 N 51St Ave, Ste D410	Glendale	AZ	85308	No	Yes
Century Dental Group PC	001628964	10645 N 43Rd Ave	Phoenix	AZ	85029	No	No
Ellsworth And Warren Family Dentistry Pllc	000826729	111 W Indian School Rd	Litchfield Park	AZ	85340	No	No
Sun Valley Dental Care & Orthodontics	001945135	10827 S 51St St, Ste 201	Phoenix	AZ	85044	No	No
Atlantic Dental PC	000518136	3229 E Greenway Rd, Ste 103	Phoenix	AZ	85032	Yes	No
Perfect Teeth Palm Valley PC	000439452	14175 W Indian School Rd, St	Goodyear	AZ	85395	Yes	No
An Elegant Smile PC	001385657	1425 S Greenfield Rd, Bldg 2	Mesa	AZ	85206	Yes	No
Neil Geske DDS	000078702	7561 S Willow Dr	Tempe	AZ	85283	No	No
ect Teeth Waddell PC	000022207	13856 W Waddell, Ste 102	Surprise	AZ	85379	Yes	No
A A Family Dentists LLC	001775151	9025 N 51St Ave	Glendale	AZ	85302	No	No
Advanced American Dental Assoc Pllc	000770714	1616 N Litchfield Rd, Ste 250	Goodyear	AZ	85395	No	No
James R Willcox DMD PC	000883295	7331 E Osborn Dr, Ste 310	Scottsdale	AZ	85251	Yes	No
John Mcdougall DDS PC	000540513	2150 E Brown Rd, Ste 4	Mesa	AZ	85213	No	No
Mettler And Griego Dentists PC	000680430	7505 W Deer Valley Rd	Peoria	AZ	85382	No	No

CITY OF PEORIA

EXHIBIT H - PROVIDER DISRUPTION

Indicate for each network proposed if the provider is in your network.

Provider Name	Tax ID Number	Address	City	ST	Zip	PPO Dental YES/NO	Prepaid Dental YES/NO
Michael A Mcclain DDS	001584934	1225 Willow Creek Rd	Prescott	AZ	86301	No	No
Jason R Zuch DDS	001487893	3030 N 67Th Pl	Scottsdale	AZ	85251	Yes	No
Dnc Holdings LLC	001432872	4244 N 19Th Ave	Phoenix	AZ	85015	No	No
Corwin D Martin PC	001393886	9450 E Ironwood Sq, Bldg 8 S	Scottsdale	AZ	85258	Yes	No
Affiliated Oral And Maxi Surgeons PC	000906235	5750 W Thunderbird Rd, Ste H	Glendale	AZ	85306	No	No
Las Tiendas Dental Group Professional Corpor	001777917	2895 S Alma School Rd, Ste 8	Chandler	AZ	85286	Yes	No
Mountain Terrace Dentistry PC	000978186	16936 W Bell Rd, Ste 201	Surprise	AZ	85374	No	No
Desert Dentistry Partners	000908459	6226 N 27Th Ave, Ste C	Phoenix	AZ	85017	Yes	No
Jerold C Wilde DDS	001623336	10133 W Clearwater Ave	Kennewick	WA	99336	No	No
Spurgeon Dental, Inc.	001391998	222 S Summit Ave, Ste 2	Prescott	AZ	86303	No	No
Christopher J Menghini DDS	000915762	7124 N 59Th Ave	Glendale	AZ	85301	No	No
Infeld And Graneto DMD Ltd	000725024	5945 W Bethany Home Rd, St	Glendale	AZ	85301	No	No
Amir K El Hassan DDS	001656361	620 E Butler Dr, Ste B	Phoenix	AZ	85020	Yes	Yes
Crown Dental Group LLC	001988397	42407 N Vision Way, Ste 101	Phoenix	AZ	85086	No	No
Arizona Center For Implant,Facial & Oral Surge	000014455	18301 N 79Th Ave, Bldg G Ste	Glendale	AZ	85308	No	No
Steven Hymovitch DDS	000866272	706 E Bell Rd, Ste 106	Phoenix	AZ	85022	Yes	No
Dennis P Olson DDS	000564530	13360 N 94Th Dr, Plaza Del R	Peoria	AZ	85381	No	No
John R Lee DMD	000473176	3501 N Scottsdale Rd, Suite 2	Scottsdale	AZ	85251	No	No
Michael B Hill DDS	001960617	42407 N Vision Way, Ste 101	Phoenix	AZ	85086	Yes	No
Associated Dental Care Providers PC	000167028	3773 W Ina Rd, Ste 180	Tucson	AZ	85741	Yes	No
James B Miller DMD Plc	000874812	9821 N 95Th St, Ste 110	Scottsdale	AZ	85258	Yes	No
ı Valley Endodontics PA	001772408	5310 W Thunderbird Rd, Ste 2	Glendale	AZ	85306	Yes	No
Dhky 83Rd Camelback LLC	001808900	8141 W Camelback Rd, Ste 3	Phoenix	AZ	85033	No	No
Ryan Odonnell DDS Pllc	001784524	6868 E Becker Ln, Ste 102	Scottsdale	AZ	85254	No	No
Frank L Ng DDS	000530711	931 W San Bruno Ave, Ste 8	San Bruno	CA	94066	No	No
Cholla Hills Family Dentistry LLC	001992822	7425 W Peoria Ave, Ste 102	Peoria	AZ	85345	Yes	No
Robert J Lytle DDS	001735103	6601 S Rural Rd, Ste 2	Tempe	AZ	85283	Yes	No
Southwest Dental Group	001817862	13375 W Grand Ave, Ste 109	Surprise	AZ	85374	Yes	No
Warren R Peterson DDS	000467772	4232 E Cactus Rd, Ste 109	Phoenix	AZ	85032	Yes	No
Arizona Dental	000996824	3010 E Cactus Rd	Phoenix	AZ	85032	No	No
Michael Levy DDS	000832261	59 East Lexington	Phoenix	AZ	85012	No	Yes
Olga Prokopets DDS PC	000731965	2401 W Glendale Ave, Ste 202	Phoenix	AZ	85021	Yes	No
Rolfe Dental Group LLC	001487334	16772 W Bell Rd, Ste 100	Surprise	AZ	85374	Yes	No
Lori K Anderson DDS PC	000647242	7201 N 19Th Ave, Ste 2	Phoenix	AZ	85021	Yes	No

EXHIBIT 5

CITY OF PEORIA
EXHIBIT J - PPO ALLOWANCE
PPO DENTAL NETWORK
Effective: 1/1/2009-12/31/2009

For the following procedures, list the most prevalent PPO fee reimbursement schedule that will apply under your dental plan for zip code 853xx.

Code	Description	PPO Allowance
0120	Periodic Oral Evaluation	$16.00
0140	Limited Oral Evaluation - Problem Focused	$26.00
0150	Complete Oral Evaluation	$29.00
0210	Intraoral - Complete (including Bitewings)	$73.00
0220	Intraoral - Periapical First Film	$15.00
0230	Intraoral - Periapical Each Add'l Film	$12.00
0272	Bitewings - 2 Films	$24.00
0274	Bitewings - 4 Films	$33.00
0330	Panoramic Film	$61.00
1110	Prophylaxis - Adult	$53.00
1120	Prophylaxis - Child	$39.00
1203	Top Application - Flouride (Pxs not inc.) - Child	$19.00
1204	Top Application - Flouride (Pxs not inc.) - Adult	$19.00
1351	Sealant - Per Tooth	$30.00
2120	Amalgam - 2 Surfaces Primary	*N/A
2140	Amalgam - 1 Surface Permanent	$75.00
2150	Amalgam - 2 Surfaces Permanent	$94.00
2160	Amalgam - 3 Surfaces Permanent	$111.00
2161	Amalgam - 4 or More Surfaces Permanent	$135.00
2330	Resin-Based Composite - 1 Surface Anterior	$86.00
2331	Resin-Based Composite - 2 Surfaces Anterior	$109.00
2332	Resin-Based Composite - 3 Surfaces Anterior	$133.00
2335	Resin-Based Composite - 4+ Surfaces Anterior	$156.00
2385	Resin-Based Composite - 1 Surface Post-Primary	*N/A
2386	Resin-Based Composite - 2 Surfaces Post-Primary	*N/A
2387	Resin-Based Composite - 3 Surfaces Post-Primary	*N/A
2750	Crown - Porcelain Fused, High Noble Metal	$634.00
2752	Crown - Porcelain Fused to Noble Metal	$600.00
2920	Recement Crown	$57.00
2950	Core Buildup, Including Any Pins	$142.00
2952	Cast Post & Core In Addition To Crown	$204.00
2954	Prefabricated Post & Core In Addition To Crown	$179.00
3310	Anterior (Excluding Final Restoration) - Root Canal	$414.00
3320	Bicuspid (Excluding Final Restoration) - Root Canal	$502.00
3330	Molar (Excluding Final Restoration) - Root Canal	$633.00
4260	Osseous Surgery (Flap Entry-Closure) - Per Quadrant	$645.00
4341	Periodontal Scaling - Root Planing Per Quadrant	$146.00
4910	Periodontal Maintenance (Follow Active Therapy)	$79.00
5110	Complete Denture - Maxillary	$849.00
5213	Maxillary Partial Denture - Cast Metal Frame	$894.00
5214	Mandible Partial Denture - Cast Metal Frame	$887.00
5650	Add Tooth to Existing Partial Denture	$107.00
6010	Surgical Placement - Implant Body (Endosteal Implant)	$1,278.00
6240	Pontic - Porcelain Fused to High Noble Metal	$644.00
6750	Crown - Porcelain Fused to High Noble Metal	$635.00
7110	Single Tooth (Extraction)	*N/A
7120	Each Additional Tooth (Extraction)	*N/A
7210	Removal Erupted Tooth with Mucoperistal Flap	$146.00
9110	Palliative Treatment of Dental Pain - Minor Procedure	$61.00
9310	Consultation Services by Non-Treating Practitioner	$57.00

*Please note that codes marked as "N/A" are no longer valid. Our fee schedules are developed using the latest version of the ADA's Current Dental Terminology. The most recent version no longer includes the above codes.

EXHIBIT 6

CITY OF PEORIA
EXHIBIT K - DENTAL PPO PROVIDERS BY LOCATION
Effective: 1/1/2009-12/31/2009

Vendor Name	Union Security Insurance Company
Contact Name	Mark Burnside
Contact Number	602.308.0227

Indicate the number of providers that are currently contracted as a "Network" provider with your organization in the locations indicated.

	PPO Dental Providers		
Location	**General Dentists**	**Specialty Dentists**	**Orthodontists**
Avondale	15	2	2
Peoria	37	8	1
Glendale	37	11	2
Phoenix	201	29	15
Scottsdale	46	10	4
Sun City	20	0	1
Sun City West	3	2	0
Surprise	31	2	1
Total	**390**	**64**	**26**

EXHIBIT 7

CITY OF PEORIA
EXHIBIT L - DENTAL PREPAID PROVIDERS BY LOCATION
Effective: 1/1/2009-12/31/2009

Vendor Name	United Dental Care of AZ, Inc.
Contact Name	Mark Burnside
Contact Number	602.308.0227

Indicate the number of providers that are currently contracted as a "Network" provider with your organization in the locations indicated.

	Prepaid Dental Providers		
Location	**General Dentists**	**Specialty Dentists**	**Orthodontists**
Avondale	8 GD in 4 facilities	1 SP in 2 facilities	2 OR in 2 facilities
Peoria	24 GD in 12 facilities	14 SP in 12 facilities	5 OR in 4 facilities
Glendale	23 GD in 14 facilities	5 SP in 2 facilities	5 OR in 6 facilities
Phoenix	91 GD in 63 facilities	45 SP in 40 facilities	17 OR in 16 facilities
Scottsdale	25 GD in 17 facilities	19 SP in 14 facilities	9 OR in 10 facilities
Sun City	9 GD in 6 facilities	0	0
Sun City West	4 GD in 2 facilities	2 SP in 2 facilities	0
Surprise	13 GD in 7 facilities	8 SP in 7 facilities	1 OR in 1 facility
Total	**197 GD in 125 Fac**	**94 SP in 79 Fac**	**39 OR in 39 Fac**

Indicate the number of providers that are currently accepting new patients in the locations indicated.

	Prepaid Dental Providers		
Location	**General Dentists**	**Specialty Dentists**	**Orthodontists**
Avondale	8 GD in 4 facilities	1 SP in 2 facilities	2 OR in 2 facilities
Peoria	23 GD in 11 facilities	14 SP in 12 facilities	5 OR in 4 facilities
Glendale	22 GD in 13 facilities	5 SP in 2 facilities	5 OR in 6 facilities
Phoenix	90 GD in 62 facilities	45 SP in 40 facilities	17 OR in 16 facilities
Scottsdale	25 GD in 17 facilities	19 SP in 14 facilities	9 OR in 10 facilitiies
Sun City	7 GD in 4 facilities	0	0
Sun City West	4 GD in 2 facilities	2 SP in 2 facilities	0
Surprise	13 GD in 7 facilities	8 SP in 7 facilities	1 OR in 1 facility
Total	**192 GD in 120 Fac**	**94 SP in 79 Fac**	**39 OR in 39 Fac**

EXHIBIT 8

Prepaid Dental Plan Design Requested Schedule of Benefits			
ADA Code	**Covered Plan Dentist Treatment**	**Current/Requested Copayment**	**Proposed Copayment**
	Appointments		
999	Routine Office Visit	$10	$10
9999	Missed Appointment without 24-Hour Notice	$25	$25
	Diagnostic		
210	X-Ray – Intraoral, Comp. Series, Incl. Bitewings	$10	$10
415	Bacterial Studies	No charge	No charge
	Preventive		
1110/1120	Routine Cleaning Adult/Child to age 18	$10	$10
1203	Fluoride Applications Child to age 18	No charge	No charge
1330	Oral Hygiene Instruction	No charge	No charge
1351	Application of Sealant, Per Tooth	$20.00	$20
1510	Space Maintainer (Fixed) – Unilateral*	$85	$85
1515	Space Maintainer (Fixed) – Bilateral*	$85	$85
1520	Space Maintainer (Removable) - Unilateral	$110	$110
1525	Space Maintainer (Removable) - Bilateral	$135	$135
	Restorative (Fillings/Crowns)		
2140	Amalgam – One Surface, Primary or Permanent	$25	$25
2150	Amalgam – Two Surfaces, Primary or Permanent	$30	$30
2160	Amalgam – Three Surfaces, Primary or Permanent	$45	$45
2161	Amalgam – Four or more Surfaces, Primary or Permanent	$55	$55
2330	Resin Filling – One Surface, Anterior	$50	$50
2331	Resin Filling – Two Surfaces, Anterior	$65	$65
2332	Resin Filling – Three Surfaces, Anterior	$80	$80
2335	Resin Filling Four or more Surfaces, Anterior	$110	$110
2391	Resin Filling – One Surface, Posterior, Permanent	$85	$85
2392	Resin Filling – Two Surfaces, Posterior, Permanent	$100	$100

Prepaid Dental Plan Design Requested Schedule of Benefits			
ADA Code	**Covered Plan Dentist Treatment**	**Current/Requested Copayment**	**Proposed Copayment**
2393	Resin Filling – Three Surfaces, Post, Perm	$105	$105
2750	Crown – Porcelain Fused to High Noble Metal*	$295	$295
2962	Labial Veneer (Porcelain Laminate) - Lab	$330	$330
	Endodontics (Root Canals)		
3310	Root Canal – Anterior (excluding final restoration)	$145	$145
3320	Root Canal – Bicuspid (excluding final restoration)	$225	$225
3330	Root Canal – Molar (excluding final restoration)	$295	$295
	Periodontics		
4341	Periodontal Scaling and Root Planing, Per Quadrant	$90	$90
4355	Full Mouth Debridement (Complicated Cleaning)	$90	$90
	Removable Prosthodontics (Dentures)		
5110	Complete Upper Denture*	$385	$385
5120	Complete Lower Denture	$385	$385
5211	Partial Denture – Upper Resin Base*	$410	$410
5212	Partial Denture – Lower Resin Base*	$410	$410
	Fixed Prosthodontics		
6750	Crown – Porcelain Fused to High Noble Metal, Per Unit*	$340	$340
	Oral Surgery		
7111	Extraction, coronal remnants, deciduous tooth	$25	$25
7140	Extraction, erupted tooth or exposed root	$25	$25
7220	Removable of Impacted Tooth – Soft Tissue	$105	$105
7230	Removal of Impacted Tooth – Partial Bony	$140	$140
7240	Removal of Impacted Tooth – Complete Bony	$165	$165
7241	Removal of Impacted Tooth – Complete Bony, with Complications	$205	$205

* Members are responsible for additional lab fees for these services.

EXHIBIT 9

Indemnity PPO Requested Schedule of Benefits		
Benefit Category	**Current / Requested Benefit Level (In & Out of Network)**	**Proposed Benefit Level (In & Out of Network)**
Class I		
Exams (2 per 12 months)	80%	80%*
Cleanings & Fluoride Treatments (to age 17) – (2 per 12 months)	80%	80%*
Bitewing X-rays (2 sets per 12 months)	80%	80%*
All Other X-rays (full mouth once every 36 mos)	80%	80%* -Class II
Space Maintainers (up through age 18)	80%	80%*
Fluoride Treatments (2 per 12 months)	80%	80%*
Class II		
Sealants (1 per tooth per 36 months through age 18 – permanent molars)	80%	80%*
Palliative Treatment (Emergency)	80%	80%*
Basic Restorative (Fillings, etc.)	80%	80%*
Simple Extractions	80%	80%*
Endodontics	80%	80%*
Non-Surgical Periodontics	80%	80%*
Surgical Periodontics	80%	80%*
Complex Oral Surgery	80%	80%*
Periodontal Scaling & root planing – 1 per two year period per area of the mouth	80%	80%*
General Anesthesia and/or IV Sedation	80%	80%*
Repair of Denture and Bridgework	80%	50%* -Class III
Class III		
Crowns & Onlays (one within five years of placement)	50%	50%*
Prosthetics (Bridges, Dentures)	50%	50%*
Orthodontics		

Indemnity PPO Requested Schedule of Benefits		
Benefit Category	**Current / Requested Benefit Level (In & Out of Network)**	**Proposed Benefit Level (In & Out of Network)**
Diagnostic, Active, Retention Treatment	50%	50%*
Maximums (per covered person)		
Calendar Year Maximum	$1,500 per person	$1,500 per person
Lifetime Orthodontic Maximum	$2,000 per person	$2,000 per person
Calendar Year Deductible (per person/per family)	$50.00/$150.00 Class II and III only	$50.00 / $150.00 Class II and III only

*** Please refer to Exhibit 13 for a Sample Certificate of Coverage that includes all plan limitations, exclusions, frequency & age limitations.**

QUESTIONNAIRE

For your convenience, the questionnaire is in MS Word format. Please provide answers to the questions in hard copy and on CD. **Please provide your answers in MS Word format, NOT Adobe Acrobat PDF.**

DO NOT ALTER THE QUESTIONS

GENERAL REQUIREMENTS (ALL OFFERORS)

- Complete this form and include it with your response.
- Indicate "**yes**" or "**no**" as to your organization's ability to meet the general requirements.
- Offeror will be held accountable for accuracy/validity of all answers.

GENERAL REQUIREMENTS (ALL OFFERORS)	YES	NO
1. a. Agree to submit your renewal to the client (or its designated consulting firm) within 150 days of the plan year and understand that **if this renewal deadline is not met**, this client will not grant a rate adjustment for the subsequent plan year.	X	
b. Please be advised that this client requires the following with each renewal package: any contract language changes requested, specific justification of rate/fee changes, current enrollment by rate class, additional options for consideration and all underwriting caveats.	X	
2. Rates guaranteed for a minimum of 12 months.	X	
3. Proposal is submitted net of commissions.	X	
4. Contract includes an indemnification/hold harmless clause to protect the Client.	*X	
5. The rates or fees quoted in your proposal are firm and will not be recalculated based on actual enrollment.	X	
6. You agree that any early termination provision contained in your contract cannot be tied to the renewal or financial provisions or penalties.	X	
7. You agree that the Client can terminate the contract without cause given 30 days advance notice.	X	
8. Do you agree to offer your standard performance guarantees to the Client? If so, please include a copy along with your proposal.	X	

9. If you answered "**No**" to any of the questions above, please provide an explanation below:

Question No.	Explanation
*4	**Please refer to Exhibit 22 for additional information.**

GENERAL INFORMATION (ALL OFFERORS)		
		VENDOR RESPONSE
GENERAL INFORMATION QUESTIONS		
1.	Identify those individuals who would be responsible for the day to day service contact with the City.	**Lynn McCarty in our Phoenix office will be responsible for the day to day service with the City.**
2.	Please confirm you would be able to have the client ready final contract delivered within 30 days. Can you provide a contract in a shorter period of time. Please specify.	**If awarded this business, we can provide the contract within 5 business days.**
3.	Please include a copy of your standard contract that would apply to the City should you be selected as the final contractor.	**Please refer to Exhibit 11 for a sample contract.**
4.	What are the most recent ratings for your company by the following:	**Rating** **Date**
	Standard and Poors	**USIC: A** **2006**
	Duff and Phelps	**N/A**
	A.M. Best	**USIC: A** **UDC of AZ: A-** **2006**
	Moody's	**USIC: A2** **2006**
5.	Enclose a copy of claims and appeals text you would like the City to consider adding to their Plan Document/SPD to outline the process for claims filing/payment and appeals with your organization.	**Please refer to Exhibit 12 for a copy of our claims and appeals document.**
6.	Please confirm that you have the ability to accept ongoing enrollment participation files electronically in the standard EDI 834 format, and that you will provide the City a secure internet site for transferring the files.	**Yes, we have the ability to accept ongoing enrollment participation files electronically in the standard EDI 834 format and we will provide the City a secure internet site for transferring the files.**
7.	Do you agree to maintain compliance with HIPAA EDI, Privacy and Security for the duration of the contract period?	**Yes, we agree to maintain compliance with HIPAA EDI, Privacy and Security for the duration of the contract.**

GENERAL INFORMATION (ALL OFFERORS)	
	VENDOR RESPONSE
8. What hours are your customer service team available in order to assist participants with questions?	**Our customer service hours are 7:00 am to 5:30 pm CST Monday through Friday. Our Interactive Voice Response (IVR) is available Monday through Friday from 6:30 am to 7:30 pm CST and on Saturday from 6:30 am to 3:00 pm CST for eligibility and benefit information.**
9. Please state what the grace period is for the payment of premium or in the case of a self funded plan the payment of fees.	**Our standard grace period for the plans we are quoting is 31 days from the due date of the first of the month.**
10. How do you handle transition of care for ongoing orthodontic treatment if the patient is using a non-contracted provider on the effective date of coverage?	**For otherwise-covered dental expenses for active orthodontic treatment, under the PPO plan, which started while the patient was continuously covered under the prior plan and is still ongoing when the patients insurance under our policy begins we will consider the lesser amount of Lifetime Maximum under both plans, subtract the amount of orthodontic benefits paid by the employer's prior plan, then divide the remaining benefit of Lifetime Maximum by the remaining months in treatment.**

INDEMNITY/PPO DENTAL	VENDOR RESPONSE
1. Provide a complete description of the benefit limitations and exclusions which your company proposes to make a part of the dental program. (Be specific about any provision which could be construed as pre-existing condition limitations. Be sure your description differentiates between pre-existing dental conditions for which dental treatment commenced prior to the effective date and those for which treatment has not commenced.)	**Please refer to Exhibit 13 for a sample Certificate of Insurance which includes all limitations and exclusions.**
2. From what location would this policyholder's claims be paid?	**The three benefit centers that will provide service to the City are:** **Minneapolis, Minnesota** **Kansas City, Missouri** **Birmingham, Alabama** **We provide toll free customer service lines with approximately 135 experienced team members that handle calls and claims. Our 'generalist' staffing model allows us to float staff between multiple functions including calls and claims, which gives us flexibility to better handle the peaks and valleys associated with the call center. This staffing model allows for optimum effectiveness and efficiency.**
3. What is your company's claims processing turn-around time for clean claims?	**90% of clean claims are processed within 10 business days.**
4. What percentage of claims are auto-adjudicated?	**Approximately 54% of Indemnity claims are auto-adjudicated.**
5. What percentage of claims are electronically filed by providers?	**Approximately 49% of claims are filed electronically.**

	INDEMNITY/PPO DENTAL	VENDOR RESPONSE
6.	How are "reasonable and customary" charges determined by your company in the administration of your proposed plan?	**Allowable charge is our reference to the common term Reasonable and Customary charges. In determining eligible covered charges for dental procedures we rely upon data obtained from a third party vendor. We receive this update of data every six months. The data is provided to the third party vendor by contributing insurance companies. The data contributed to the third party vendor for the purposes of providing this output consists of charges for specific procedures by zip code of the area where the attending dentist performed the dental service. The data is based on actual recorded charges for dental procedures. For each listed procedure there is the following information: Number of charges, mean charge, mode charge, and the percentile distribution of charges (50, 60, 70, 75, 80, 85, 90, 95). At one time the 90th percentile was used by the majority of companies for this purpose; however, over the past few years companies have begun to lower that percentile to generally the 75th, 80th or 85th percentile.**
7.	The current plan pays non-network claims at the 90% of R&C. Confirm that your quote matches this level.	**We will base non-network benefits on 90% of Usual and Customary.**
8.	The current plan has no missing tooth limitations. Confirm that you will continue to match this benefit.	**Please refer to Exhibit 22 for our Missing Tooth limitations.**

INDEMNITY/PPO DENTAL	VENDOR RESPONSE
9. Describe how your pretreatment review system operates.	**Whenever the expected cost of a treatment exceeds $300, we recommend that a dental treatment plan be submitted to us for review before treatment begins. The dental treatment plan should include supporting x-rays and any other appropriate diagnostic material. After we receive and process the dental treatment plan, a statement of approved benefits for the course of treatment is mailed to the insured /employee and the dentist (if benefits will be assigned) which states how much we will pay for the proposed course of treatment. Where appropriate as determined through our professional review process and in following accepted standards of care we may suggest procedures and materials that can accomplish the same result. If the dentist and the patient decide on a more costly method of treatment, we will only pay the amount identified on the pre-determination. We will not pay the excess amount. A pretreatment estimate process can help the insured and the attending dentist understand the covered expenses that are payable under his/her plan and the amount of out-of-pocket expense.** **If a dental treatment plan is not completed within six (6) months of the pretreatment estimate, we may consider it invalid. Pretreatment estimates are valid for six (6) months from the date issued, with disclaimer regarding eligibility, coordination of benefits and subsequent claims paid.** **Our standard turnaround time is 7-10 business days for pretreatments.**
10. Indicate any minimum requirement for employee and dependent participation in the Dental plan.	**There will be no minimum participation requirement.**
11. If this minimum is not achieved, what affect will it have on the policy *(i.e.,* can it still be issued, but at different rates)?	**There will be no minimum participation requirement.**

INDEMNITY/PPO DENTAL	VENDOR RESPONSE
12. Provide a description of those circumstances under which benefits continue being paid upon: a. termination of an insured's coverage; and b. termination of the policy.	**Please refer to Exhibit 14 for the Continuance of Insurance and Extension of Benefits language.**
13. Will you agree to furnish monthly reports showing paid premium, paid claims and subscriber and member enrollment and an annual utilization report?	**Yes, we will agree to furnish monthly reports showing paid premium, paid claims and subscriber and member enrollment and an annual utilization report.**
14. Do you have internet access to monthly claims and utilization reports?	**We continuously evaluate the internet needs of our customers; however, currently there are not specific plans for internet capabilities for monthly claims and utilization reports.**
15. Explain your peer review and claims auditing services and identify the qualifications of the person providing these services.	**We conduct random monthly audits on each team member for quality purposes. We audit approximately 5 claims per month per team member. The audits are conducted by Senior Claims Examiners.**
16. Do you wholly own and operate the network you are proposing for the City?	**Yes, we wholly own and operate the network we are proposing for the City.**
17. Do you agree to an annual open enrollment at which time you would waive pre-existing limitations?	**Yes, we agree to an annual open enrollment at which time you we will waive pre-existing limitations.**
18. a. Do you regularly conduct patient satisfaction surveys? b. If so, provide a copy or summary of the most recent results?	**We currently only perform surveys in select markets. We will be glad to work with the City to conduct a survey of their membership.**
19. What were your historic 2006 and 2007 PPO trends and anticipated 2008 trends for your proposed plan in the greater Phoenix metropolitan area?	**2006 – 7%** **2007 – 7%** **We anticipate the 2008 trend to be around 7% as well.**

INDEMNITY/PPO DENTAL	VENDOR RESPONSE
20. Briefly describe your renewal rating methodology. Please indicate the amount of credibility to be applied to the City's specific experience.	**Assuming PPO enrollment of 300 plus lives, the experience of the PPO plan will be given 100% credibility at renewal. The calculation will be based on paid claims with an adjustment for estimated incurred but unreported claims. The incurred loss ratio (incurred claims divided by expected premium) will be adjusted by trend, expenses (premium tax, claims, contract and general administration), and profit. We currently use an annual trend factor of 7%, but this is updated annually. If the result of this calculation exceeds 100%, a rate increase will be indicated. Renewals subsequent to first year are based on a blend of current and up to two years of prior experience.**
21. Please provide separate GeoAccess reports, by zip code, for your dental PPO network using the census data and access criteria of 2 dentists within 10 miles. Provide by general dentists and specialists separately.	**Please refer to Exhibit 15 for our PPO GEO Access report.**
22. Provide any performance guarantees you are willing to offer including amounts you are willing to put at risk either under a fully insured contract or self-insured contract.	**Please refer to Exhibit 16 for our Performance Standards. We are willing to discuss offering a financial risk based on actual enrollment.**
23. Please confirm you will be the claim fiduciary and will handle all levels of claims appeal.	**We are willing to agree we will be a fiduciary under ERISA but only with respect to the claims services we provide under our dental product. As such a fiduciary, we will handle all levels of claims appeals and make all decisions from the initial submission through the final appeal.**
24. The City reserves the right to audit their claims or dependent eligibility in the case of a self funded plan. Please confirm your agreement to their right to use an independent third party to perform the audits. Please also confirm there will not be a charge for either the production of a tape with the claims data or assistance with an onsite audit.	**We are not offering a self-funded plan, therefore, this is not applicable.**

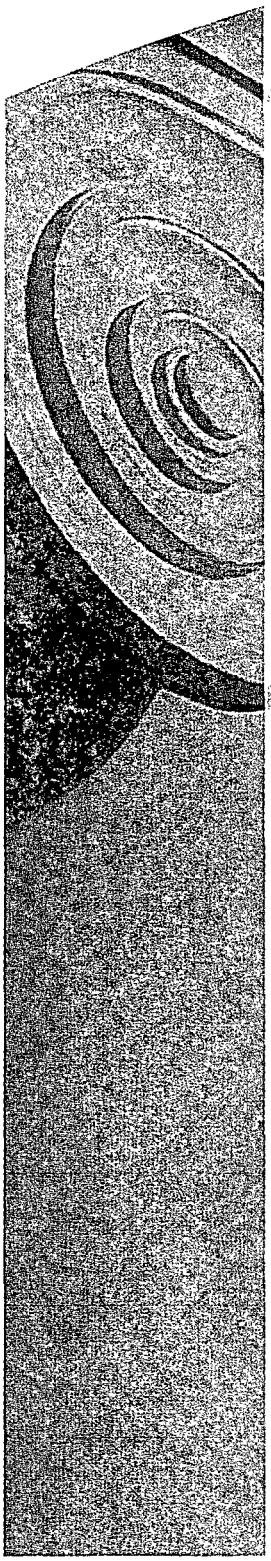
PREPAID DENTAL	
	VENDOR RESPONSE
1. Provide the following as part of your proposal: a. A schedule of benefits and copayments.	**Please refer to Exhibit 17 for a sample Evidence of Coverage which includes our copayment schedule.**
b. A complete description of the benefit limitations and exclusions.	**Our Evidence of Coverage includes a complete list of limitations and exclusions.**
2. What are your contract limitations relating to a pre-existing condition?	
3. a. Indicate any minimum enrollment requirements for employee and dependent participation in the dental plan.	**There are no minimum enrollment requirements pertaining to the prepaid plan.**
b. If these minimums are not achieved, what affect will it have on the policy (*i.e.*, can it still be issued, but at different rates?).	
4. Provide your 2006 and 2007 historical records regarding the time lag between a requested appointment and a scheduled appointment.	**Our standard acceptable wait time for routine dentistry is 3 weeks. The standard acceptable wait time for hygiene is 6 weeks.**
5. What percent (and number) of your providers are open to new patients in the greater Phoenix metropolitan area?	**Over 98% of the providers in the greater Phoenix metropolitan area are open to new patients.**
6. What were your historic 2006 and 2007 DHMO trends and anticipated 2008 trends for your proposed plan in the greater Phoenix metropolitan area?	**Since the Heritage Secure prepaid plan is a non-insured capitated copay plan, there are no claim reimbursements, deductibles, or coinsurance amounts. Accordingly, we do not report trend since there are no claims.**
7. Do you wholly own and operate the network you are proposing for the City?	**Yes, we wholly own and operate the network we are proposing for the City.**
8. How many dentists voluntarily terminated from your network in the geographic boundaries of the networks where care is provided to this group in 2006 and 2007?	**24 General Dentist and 14 Specialist voluntarily terminated from our network due to ownership change, practice consolidation, practice closure, plan reimbursement or provider relocation.**

PREPAID DENTAL	
	VENDOR RESPONSE
9. What percent of all dentists in the geographic boundaries of the networks where care is provided to this group are under contract with you to deliver care?	**40.6% of Dentist in Maricopa and Pinal counties.**
10. What method do you use to verify that participants are treated the same as the provider's fee for service patients.	**We monitor quality of dentistry through our Quality Improvement program. Members are encouraged to contact Customer Service should they have a question about their coverage or services and fees charged by their dentist. All grievances from letters or phone calls are entered into a confidential, proprietary system for tracking and resolution. Please refer to Exhibit 18 for our Quality Improvement plan.**
11. Explain your provider credentialing process?	**Please refer to Exhibit 19 for our Credentialing procedures.**
12. The current plan has no missing tooth limitations. Confirm that you will continue to match this benefit.	**The proposed prepaid plan does not have missing tooth limitations.**
13. a. Do you regularly conduct patient satisfaction surveys?	**Yes, we conduct patient satisfaction surveys on a quarterly basis.**
b. If so, provide a copy or summary of the most recent results?	**Please refer to Exhibit 20 for the most recent results.**
14. Please provide separate GeoAccess reports, by zip code, for your dental PPO network using the census data and access criteria (**open practices only**) of 2 dentists within 10 miles. Provide by general dentists and specialists separately.	**Please refer to Exhibit 21 for the prepaid GEO Access report.**
15. Provide any performance guarantees you are willing to offer including amounts you are willing to put at risk.	**Please refer to Exhibit 16 for our Performance Standards. We are willing to discuss offering a financial risk depending on actual enrollment.**
16. How long do you guarantee the benefit plan design proposed will be offered without changes (i.e., 1 year, 2 years, 3 years, longer)	**We guarantee the proposed prepaid plan design, Heritage Secure, will be offered without changes for 3 years.**

EXHIBIT 10

ASSURANT
Employee
Benefits

Who is Assurant Employee Benefits?



We are an established company with strong contracts and a solid history of integrity. Assurant Employee Benefits specializes in employer- and employee-paid disability, dental and life insurance for small to mid-size businesses.

Size - Assurant, Inc., our parent company is a premier provider of insurance products to many companies that are market leaders in their industries.

- Over $25 billion in assets and $7 billion in annual revenue.[1]
- A Fortune 500 company and member of the S&P 500 Index.
- Listed on the Forbes Global 2000 and Forbes 400 Best Big Companies.
- Traded on the New York Stock Exchange under the symbol AIZ.
- 13,000 employees worldwide.

Strength - Top financial ratings.[2]

- A (Excellent) by A.M. Best
- A (Strong) by Standard & Poor's
- A2 (Good) by Moody's

Experience - We know insurance.

- Nearly 100 years of experience in the insurance industry.
- Currently insuring over 40,000 companies with over 63,000 lines of coverage.[3]

Expertise - We specialize in ancillary benefits.

- A leader in disability insurance since 1962, ranked fourth[4] in the U. S. based on master contracts in force.
- Only one to offer Serious Disability Benefit with our patent-pending impairment rating definition.
- One of the first to offer coverage for dental implants and to launch a voluntary dental program.
- Industry leader in adding features to make dental benefits an integral part of overall health care – Lifetime of Smiles® program.

Easy To Do Business With - We make it easy to find answers and assistance.

- Dental claims call center for Customer-Driven Quality was designated a "Center of Excellence" in 2005 by the Purdue University Center.
- Online Advantage gives brokers, providers, employees and employers access to a wide range of information, everything from commissions to billing to claims.
- Regional customer service teams in a central location to resolve issues quicker due to access to people and information.

Products and services marketed by Assurant Employee Benefits are underwritten or provided by Union Security Insurance Company, Union Security Life Insurance Company of New York, or an affiliated prepaid dental company.

[1] Total liability $21,332,551 (in thousands) as of 12/31/06.

[2] Financial strength rating is for Union Security Insurance Company, June 2006 (A.M. Best), November 2005 (Standard & Poor's) and March 2006 (Moody's).

[3] Based on internal data for Union Security Insurance Company and Union Security Life Insurance Company of New York as of August, 2006.

[4] *Employee Benefit Plan Review,* September 2006. Rankings include contracts in force with Union Security Insurance Company and Union Security Life Insurance Company of New York.

Plans contain limitations, exclusions and restrictions.

ASSURANT
Employee
Benefits

2323 Grand Boulevard
Kansas City, MO 64108-2670
T 816.474.2345
F 816.881.8996
www.assurantemployeebenefits.com

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KC4422 (9/2007)

EXHIBIT 11

Sample Contract

Prepaid - GDSA
Group Dental Service Agreement

United Dental Care of Arizona, Inc.
2323 Grand Boulevard
Kansas City, MO 64108-2670
800.443.2995

GROUP DENTAL SERVICE AGREEMENT

It is agreed between City of Peoria ("Group") and United Dental Care of Arizona, Inc. ("Company") as follows:

ARTICLE I
COVERAGE INFORMATION

1.1 **Group:**

Name: City of Peoria

Address: _____

City, State, Zip: _____

1.2 **Group Coverage Basis**:

☒ Contributory ☐ Non-Contributory

1.3 **Class of Members to be Covered:**

☐ Active ☐ Retired

1.4 **Form of Coverage (choose one):**

☒ Group requests coverage under the Secure Plan with the Specialty Benefit Amendment (SBA).

☐ Group requests coverage under the Secure Plan without the Specialty Benefit Amendment (SBA).

1.5 **Total Group Prepayment Fee:** The Total Group Prepayment Fee is obtained by multiplying the number of Subscribers in each Fee Category by the Prepayment Fee for that category and adding the results. It is due and payable from Group as set out in this Agreement.

Fee Category	Plan Fee	+	SBA Fee	=	Monthly Prepayment Fee
Subscriber	$ _____		$ _____		$ _____
Subscriber + One	$ _____		$ _____		$ _____
Subscriber + Family	$ _____		$ _____		$ _____

1.6 **Group Administration Fee:**

☒ Not Applicable ☐ Applicable: A group Administration Fee of $0.00 for the initial month and $0.00 for each subsequent month is due and payable from Group with the Total Group Prepayment Fee.

1.7 **Initial Fee Guarantee Period:** Company will not change the Prepayment Fee for any Fee Category, or the applicability and amount of any Administration Fee, for the first 24 months during which Agreement is in effect (or for the entire period during which Agreement is in effect, if that is a shorter period).

1.8 **Effective Date, Initial Plan Year, Anniversary Date:** This Agreement becomes effective on the first day of January, 2009 ("Effective Date"). Agreement's initial Plan Year begins on the Effective Date and lasts for a period of 7 months, unless terminated before the end of that period by Company or Group. Agreement may be renewed pursuant to the renewal provisions of Agreement unless first terminated by Company or Group. If Agreement is renewed, Agreement's first Anniversary Date is the first day of August, 2009, with subsequent Anniversary Dates on the first day of August in each succeeding calendar year.

ARTICLE II
ENTIRE CONTRACT

2.1 **Entire Contract:** The Group Dental Service Agreement, Evidence of Coverage, Copayment Schedule and any applicable exhibits or amendments, hereinafter called "Agreement," form the entire agreement of the parties. This Agreement may be amended or modified. Changes must be in writing executed by Group and an authorized officer of Company.

ARTICLE III
DEFINITIONS

The following terms shall be defined as follows:

3.1 **Administration Fee:** The Group's Administration Fee (if applicable) is the fee paid by Group in addition to the Total Group Prepayment Fee.

3.2 **Anniversary Date:** The first Anniversary Date is the day after the initial Plan Year ends. The Anniversary Date occurs on the same date in each subsequent calendar year.

3.3 **Copayment:** Shall mean a per-service fee charged to Member by Plan Provider as identified in the Copayment Schedule.

3.4 **Dental Emergency:** Bleeding, pain or acute infection requiring Emergency Services.

3.5 **Dependent:** Subscriber's spouse and Subscriber's natural children from and after moment of birth, adopted children from date of placement, stepchildren and foster children. To be eligible, all such children must be under age nineteen (19) years (the "Limiting Age") and unmarried. To be eligible, stepchildren and foster children must also be chiefly dependent on Subscriber for maintenance and support. Eligibility may be extended past the Limiting Age for unmarried children under age twenty-five (25) years who are registered students in regular, full-time attendance at an accredited school, college or university and are chiefly dependent on Subscriber for maintenance and support. Eligibility may be extended past the Limiting Age for unmarried children who are not capable of self-sustaining employment due to a disability or physical handicap and are chiefly dependent on Subscriber for maintenance and support. If Company requests proof of a Dependent's eligibility, Subscriber must furnish proof within 31 days of Company's request. Company will not require proof of a Dependent's continuing eligibility more than once a year.

3.6 **Effective Date:** The date coverage begins under Agreement.

3.7 **Emergency Services:** Those dental services necessary to control bleeding, relieve pain, including local anesthesia, or eliminate acute infection. Medications that may be prescribed by the dentist but must be obtained through a pharmacy are excluded.

3.8 **Enrollment Form**: Shall mean the Group Enrollment Form.

3.9 **Fee Categories:** Member classifications used to determine the applicable Prepayment Fee for each Member's coverage under Agreement.

3.10 **Initial Fee Guarantee Period:** The period of time beginning on the Effective Date during which the Company agrees not to change the Prepayment Fee charged for any Fee Category, or the applicability or amount of any Administration Fee.

3.11 **Member**: Shall mean a Subscriber or Dependent who is enrolled in Plan.

3.12 **Non-Plan Dentist:** A general dentist who is not a Plan Dentist.

3.13 **Non-Plan Provider:** A Non-Plan Dentist or a Non-Plan Specialist, or a hygienist or technician acting with or assisting such a dentist.

3.14 **Non-Plan Specialist:** A dentist practicing in a dental specialty who is not a Plan Specialist.

3.15 **Plan Benefits:** Shall mean benefits for services provided under Agreement, subject to any limitations and exclusions.

3.16 **Plan Dentist:** Shall mean a licensed General Dentist who, at time Plan Benefits are provided, is under contract with Company to provide certain dental services to Members. Copayments listed in the **PLAN DENTIST SERVICES** Section of the Copayment Schedule apply only to Plan Dentists who perform the corresponding services listed in the Copayment Schedule. The Plan Dentist selected by Member may not perform all listed services. In order to fully understand payment responsibility for dental services, Member should discuss availability of services and the proposed treatment and its cost with selected Plan Dentist prior to receiving treatment.

3.17 **Plan Provider:** Shall mean a Plan Dentist or Plan Specialist who, at time Plan Benefits are provided, is under contract with Company to provide services to Members. The term shall include any hygienists and technicians recognized by the dental profession who act with and assist Plan Dentist or Plan Specialist. A list of Plan Providers shall be published in Plan Dentist Directory. Company has sole discretion to determine which providers may be Plan Providers. Plan Providers are independent contractors in private practice and are neither employees nor agents of Company. Company cannot guarantee the availability of any specific provider as a Plan Provider. The status of providers as Plan Providers is subject to change.

3.18 **Plan Specialist:** Shall mean a licensed dentist practicing in a dental specialty who, at time Plan Benefits are provided, is under contract with Company to provide dental specialty services to Members. Some examples of "dentists practicing in a dental specialty" are endodontists, periodontists, oral surgeons, orthodontists and pedodontists. If Group purchases the Specialty Benefit Amendment, each Plan Specialist will participate in only one of the following two categories:

Non-SBA Plan Specialist – offers any dental specialty service he provides to Members at a specific reduction from his normal retail charge.

SBA Plan Specialist – offers certain dental specialty services he provides to Members for specified Copayments (services and Copayments listed in the **PLAN SPECIALIST SERVICES** Section of the Copayment Schedule) and offers all other dental specialty services he provides to Members at a specific reduction from his normal retail charge.

In order to fully understand payment responsibility for dental specialty services, Member should discuss the proposed treatment and its cost with Plan Specialist prior to receiving treatment. Availability of specific types of specialty services from Plan Specialists (or SBA or Non-SBA Plan Specialists) depends on which types of dentists are Plan Specialists. Company cannot guarantee the availability of any specific type of dentist as a Plan Specialist (or an SBA or Non-SBA Plan Specialist). Types of dentists who are Plan Specialists (or SBA or Non-SBA Plan Specialists) may vary from time to time in different parts of the Service Area. If Group purchases the Specialty Benefit Amendment, the Copayments listed in the **PLAN SPECIALIST SERVICES** Section of the Copayment Schedule apply only to SBA Plan Specialists who perform the corresponding services listed in the Copayment Schedule. The SBA Plan Specialist selected by Member may not perform all listed services.

3.19 **Plan Year:** The initial Plan Year begins on the Effective Date and lasts until the day before the first Anniversary Date. Each subsequent Plan Year begins on the Anniversary Date and lasts for a period of twelve (12) calendar months.

3.20 **Prepayment Fee:** The periodic fee paid to Company for each Member's coverage.

3.21 **Service Area:** The geographic area where Plan Benefits are available. The extent of the Service Area is within the sole discretion and determination of Company.

3.22 **Subscriber:** Shall mean an employee, member, or beneficiary of Group who is eligible to participate in Plan under the eligibility requirements determined by Group.

3.23 **Total Group Prepayment Fee:** The sum of the Prepayment Fees for coverage of all Members.

ARTICLE IV
PREPAYMENT FEE, ADMINISTRATION FEE, AND ELIGIBILITY

4.1 **Prepayment Fee and Administration Fee:** Group shall pay Company the Prepayment Fee for each enrolled Member. Group shall also pay Company the Administration Fee (if applicable) at the same time and in the same manner as the Prepayment Fees. The Total Group Prepayment Fee and (if applicable) Administration Fee shall be paid in a single payment. This starts on the Effective Date and continues on the first day of each month thereafter while Agreement is in force.

After the Initial Fee Guarantee Period, Company reserves the right to change any Prepayment Fee and to change the applicability and amount of any Administration Fee upon sixty (60) days written notice to Group. Payment of any amended Prepayment Fee or Administration Fee indicates acceptance of the amended Prepayment Fee or Administration Fee.

4.2 **Provision of Plan Benefits/Plan Providers:** Group acknowledges that unless there is a need for Emergency Services, Agreement provides exclusively for services performed by a Plan Provider. Company shall not have any liability due to treatment by any Non-Plan Provider, physician, hospital, other person, institution or group. Each Member shall select a Plan Dentist from Plan Dentist Directory furnished by Company to Group. Agreement provides for services only. It is not an insurance policy. It does not reimburse Member or Group, except for Emergency Services.

4.3 **Eligibility List:** Group shall be responsible for providing Company, by the 20th day of the month, the names and other identifying data for each Member to be covered in order for eligibility to be effective on the 1st day of the succeeding month. Group shall identify those Members who are newly eligible to receive Plan Benefits. Group shall name the Plan Dentist selected by each Member who is newly eligible. Group shall identify those Members whose coverage will terminate. Group shall be responsible for payment of Prepayment Fees due Company for Members. Payment shall continue until notice of a change in eligibility is provided by Group to Company.

4.4 **Eligibility:** Group shall determine eligibility for participation in Plan. Company may rely upon such decision until Group provides notice of a change in eligibility. Any disputes or inquiries from Members regarding eligibility, including renewal or continuation of coverage, shall be referred by Company to Group. Group shall advise Company of its decision. Each Member must work or live in Plan Service Area in order to participate in Plan.

Subscriber and his Dependent(s) are eligible to become Members of Plan during the open enrollment period set by Group. If an additional Prepayment Fee is required for coverage of Subscriber's newly born natural child or Subscriber's child newly placed for adoption, and if Subscriber wishes to have the child covered as of the date of birth or placement, Group must notify Company and pay the additional Prepayment Fee within thirty-one (31) days after that date.

4.5 **Coverage of Members:** The Effective Date of coverage for Subscriber or Dependent shall be the first day of the month after written notice and payment of the Prepayment Fee is accepted by Company. Each Subscriber or Dependent enrolled in Plan and whose proper Prepayment Fee has been accepted by Company on or before the 20th day of a month will be covered beginning the first day of the following month. Each Subscriber or Dependent enrolled in Plan and whose proper Prepayment Fee has been accepted by Company after the 20th day, but by the last day, of the month will be covered beginning the first day of the second following month.

4.6 **Enrollment Forms:** Each Member shall complete an Enrollment Form or suitable proof of enrollment.

ARTICLE V
BENEFITS

5.1 **Plan Benefits:** Company shall provide benefits for dental services to Members as set forth in the Evidence of Coverage and Copayment Schedule. Services are subject to limitations and exclusions. Services are provided for the term of Agreement. Company reserves the right to change Plan Benefits after the initial Plan Year. Notice of change is subject to sixty (60) days written notice to Group.

5.2 **Copayments and Other Charges:** Member is responsible for payment of all Copayments, any additional laboratory fees for certain dental services as stated in the Copayment Schedule, and all charges for services that are not Plan Benefits. Member must pay dental provider at the time service is rendered. Member may have an option to pay according to provider's billing procedures.

5.3 **Current Dental Terminology:** The most current dental terminology may not be reflected in Agreement. However, Plan Benefits will be based on the most current dental terminology. From time to time, and with at least thirty (30) days written notice to Group, Company reserves the right to update Agreement to reflect the most current dental terminology.

ARTICLE VI
MEMBER/PLAN PROVIDER RELATIONSHIP

6.1 **Member/Plan Provider Relationship:** The relationship between Member and Plan Provider shall be an independent professional one. Plan Provider shall be solely responsible, without intrusion by Company or Group for all services within the professional relationship between Member and Plan Provider. Company has the right to refuse Plan Benefits, and Plan Provider has the right to refuse treatment, to any Member who: (1) fails to follow a prescribed course of treatment; (2) fails to keep confirmed appointments; (3) fails or refuses to make required payments (including but not limited to Copayments, laboratory fees or missed appointment fees) or any charges for non-covered procedures; (4) uses the relationship for illegal purposes; or (5) otherwise makes the professional relationship unduly burdensome.

6.2 **Plan Provider Facilities:** The operation and maintenance of Plan Provider's facilities and equipment shall be completely under the control of Plan Provider. This includes the selection of staff, supervision of personnel and operation of the professional practice. It also includes rendition of any particular professional service or treatment.

6.3 **Providers Not Participating with Plan:** Company does not review practice standards of Non-Plan Providers. Members who obtain services from Non-Plan Providers should separately assess the practice standards and skills of those providers.

ARTICLE VII
ADMINISTRATION

7.1 **Distribution of Plan Materials and Notices to Members:** Company may be obligated under state law to give notice or Plan materials to Member. If so, it shall be sufficient for Company to give notice or Plan materials to the Group's delegate, unless state law requires otherwise. Group shall then be responsible for providing notice or Plan materials to Subscribers.

7.2 **Grievance Resolution Procedures:** Any inquiries, complaints or grievances shall be made by contacting Company or Plan Provider. Members should take any question or concern directly to Plan Provider rendering service to resolve the issue immediately. Grievance resolution procedures and appeals processes are outlined in the Health Care Insurer Appeals Process Information Packet included with the Evidence of Coverage. Additional or replacement copies of the Health Care Insurer Appeals Process Information Packet may be obtained by contacting the Company.

7.3 **Selection of Provider:**

A. Plan Dentist: Each Member shall select a Plan Dentist from Plan Dentist Directory. To obtain Plan Benefits, Member shall contact selected Plan Dentist. Either Member or Plan Dentist may request a change of Plan Provider selection by contacting Company.

B. Plan Specialist:

Without Specialty Benefit Amendment: If Member requires specialty services covered under Plan that cannot be provided by Member's selected Plan Dentist, Member may obtain services from a Plan Specialist. No referral from the selected Plan Dentist is needed. Plan does not cover services received from Non-Plan Providers.

With Specialty Benefit Amendment: Under the Specialty Benefit Amendment, Member may obtain services from a Plan Specialist. No referral from the selected Plan Dentist is needed. Member's out-of-pocket amount may vary depending on whether services are received from an SBA Plan Specialist or a Non-SBA Plan Specialist. Plan does not cover services received from Non-Plan Providers.

7.4 **Emergency Services:** Procedures for obtaining Emergency Services are in the Evidence of Coverage. A copy of the procedures may also be obtained by contacting Company.

7.5 **Assignment of Benefits:** Member's coverage is intended for sole use and benefit of Member. Coverage cannot be transferred to a third party.

ARTICLE VIII
TERM AND TERMINATION

8.1 **Term:** After the initial Plan Year, each Plan Year of Agreement shall have a twelve month term. It shall be automatically renewed at the Anniversary Date unless otherwise terminated.

8.2 **Termination:** Agreement may be terminated as follows:

A. During the initial Plan Year by Company:

1. for failure to pay proper monthly Prepayment Fees or (if applicable) the proper monthly Administration Fee prior to the 10th of the month in which such fees are due, subject to a thirty (30) day grace period;

2. for fraud or misrepresentation of fact in obtaining coverage under Plan, effective immediately upon prior written notice to Group;

3. for material breach of any provision of Agreement, upon thirty (30) days written notice to Group.

B. At Anniversary Date, upon sixty (60) days prior written notice by Company to Group or by Group to Company.

C. After the initial Plan Year, without cause, upon sixty (60) days prior written notice by Company to Group or by Group to Company.

8.3 **Services in Progress at Termination:** If Member's enrollment ends for any reason, each Plan Provider is required to complete all dental services initiated prior to the date Member's enrollment ends. Member's financial responsibility for such services is determined according to the terms of Agreement in effect on the last day of Member's enrollment.

8.4 **Member Termination:** Member coverage shall terminate as follows:

A. On the last day of the month for which Group has placed Member on eligibility list and has paid Member's proper Prepayment Fee.

B. If Member commits fraud or material misrepresentation in the use of services or facilities, coverage for Member will terminate immediately upon written notice.

C. If Member commits fraud or material misrepresentation on Enrollment Form submitted by Member, coverage will terminate immediately upon written notice. This provision will not be enforced after two (2) years from the time Member's coverage begins.

D. If Group and/or Company terminates Agreement, coverage for Member shall cease on the termination date of Agreement. This shall be subject to any notice required by state law.

E. If Member fails to make required payments, including but not limited to Copayments, laboratory fees or missed appointment fees, Company reserves the right to terminate coverage upon sixty (60) days written notice. Prepayment Fees received on account of terminated Member, which apply to period after termination date shall be refunded to Group. Thereafter, Company shall have no further liability or responsibility to Member.

F. If Member, after reasonable efforts, is unable to establish and maintain a satisfactory dentist-patient relationship with Plan Provider, Company reserves the right to terminate coverage upon sixty (60) days written notice. Prepayment Fees received for terminated Member for the period after termination date shall be refunded to Group. Thereafter, Company shall have no further liability or responsibility to Member.

G. Coverage for Subscriber's Dependents will be terminated if the coverage for Subscriber terminates for any reason. This is subject to continuation privileges for certain Dependents as set forth herein.

H. Once a Member is no longer qualified as a Dependent, coverage for that Member will terminate.

I. If Member no longer works or lives in Plan Service Area.

8.5 **Continuation of Coverage under COBRA:** If under the provisions of Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Public Law 99-272, Member is granted the right to continuation of coverage beyond the date Member's coverage would otherwise terminate, the following applies. Agreement shall be deemed to allow continuation of coverage as necessary to comply with the provisions of applicable statutes. Member should contact Group concerning eligibility.

ARTICLE IX
GENERAL PROVISIONS

9.1 **Amendments:** Company reserves the right to modify, amend or alter Agreement. Any such change will be in writing and duly executed by Company, except to the extent Company updates Plan Benefits to be based on the most current dental terminology.

9.2 **Waiver:** The waiver by either party of one or more defaults shall not be construed as a waiver of any other or future default. This applies to any covenant or other condition contained in Agreement. Only an authorized officer of Company may waive any conditions or restrictions of Agreement. Only an authorized officer of Company can amend Agreement, extend time for making a payment or bind Company by making any promise or representation. Such promise or representation shall be in writing. No change in Agreement shall be valid unless endorsed by an authorized officer of Company.

9.3 **Notice:** Notice to either party under this Agreement shall be in writing. Notice shall be sent to the address shown in Agreement.

9.4 **Terms:** Throughout Agreement, the singular shall include the plural and the plural the singular. The masculine shall include the neuter and feminine. The neuter shall include the masculine and feminine.

9.5 **Invalidity:** If any provision of Agreement is determined to be illegal or invalid, all other provisions remain valid. This is true unless the illegality or invalidity prevents the purposes of Agreement from being realized.

9.6 **Assignment of Agreement:** No assignment of Agreement is binding upon Company unless Company agrees to it in writing. Any such assignment shall not waive Company's right to withhold its consent to any other assignment. There may occur a merger or acquisition involving Group. If so, Agreement shall remain in force with the surviving entity for the balance of the term of Agreement.

9.7 **Acknowledgment:** Each of the parties acknowledges that it has read Agreement and understands its contents. Each party acknowledges it executes Agreement voluntarily.

9.8 **Authority:** Group represents it has the authority under applicable law and its charter instrument to execute Agreement.

9.9 **Worker's Compensation:** Agreement is not in place of and does not affect any requirement for coverage by Worker's Compensation.

9.10 **Governing Law:** Agreement shall be governed by and construed according to laws of the State of Arizona.

9.11 **Circumstances Beyond Company's Control:** Rendition of dental services may be delayed or made impractical due to circumstances not within Company's control. If this occurs, neither Company nor Plan Provider shall have any liability or obligation to provide services on account of such delay. This includes, but is not limited to, complete or partial destruction of facilities, war, riot and civil insurrection. It also includes labor disputes or disability of a significant number of Plan Providers.

9.12 **Major Disaster or Epidemic:** If a major disaster or epidemic occurs, Plan Provider shall render dental services as practical according to his judgment. Such disaster or epidemic may limit available facilities or personnel. In such a situation, neither Company nor Plan Provider shall have any liability or obligation for delay or failure to provide dental services.

9.13 **Attorney's Fees and Costs:** If Group defaults in any of its obligations, Group agrees it will pay all of Company's costs to enforce its rights hereunder. This includes, but is not limited to, Company's attorneys' fees and court costs.

9.14 **ERISA:** If Group is regulated under the Employee's Retirement Income Security Act of 1974 (ERISA), Company will work with Group in supplying Group with any information in its possession in meeting any reporting requirements. Company is not and shall not be the chosen administrator or fiduciary for reporting requirements.

ARTICLE X
NON-INSURANCE DISCOUNT VISION PROGRAM

10.1 **Non-Insurance Discount Vision Program:** Each Member is eligible for a non-insurance discount vision program ("Vision Program"). Under the Vision Program, Company arranges for third party providers to furnish discounted vision services and/or goods to Members. The Vision Program offers discounts on goods and/or services. It is not insurance. Third party service providers, and not Company, are liable to Members for the provision of such goods and/or services. Company is not responsible for the provision of goods and/or services, nor is Company liable for the failure of the provision of the same. Company is not liable to Members for the negligent provision of such goods and/or services by third party service providers. The termination date of any Member's enrollment for Plan Benefits is the termination date of that Member's eligibility for the Vision Program. The termination date of Agreement is the termination date of the Vision Program. Company reserves the right to terminate or modify the Vision Program at its sole discretion and without notice to Members (whether or not during the initial Plan Year).

IN WITNESS WHEREOF, the parties have affixed their signature to this Agreement.

COMPANY: United Dental Care of Arizona, Inc.	GROUP: City of Peoria
By: James R Gimarelli	By:
Signature	Signature
James R. Gimarelli, President	
Print Name and Title	Print Name and Title
June 25, 2008	
Date	Date

UNITED DENTAL CARE OF ARIZONA, INC.

United Dental Care of Arizona, Inc.
16775 Addison Road, Suite 500
Addison, Texas 75001
800.442.0911, x1064

Health Care Insurer Appeals Process Information Packet

CAREFULLY READ THE INFORMATION IN THIS PACKET AND KEEP IT FOR FUTURE REFERENCE. IT HAS IMPORTANT INFORMATION ABOUT HOW TO APPEAL DECISIONS UNITED DENTAL CARE OF ARIZONA, INC. ("UDC") MAKES ABOUT YOUR HEALTH CARE.

Getting Information About the Health Care Appeals Process Help in Filing an Appeal: Standardized Forms and Consumer Assistance From the Department of Insurance

UDC must send you a copy of this information packet when you first receive your policy, and within 5 business days after UDC receives your request for an appeal. When your insurance coverage is renewed, UDC must also send you a separate statement to remind you that you can request another copy of this packet. UDC will also send a copy of this packet to you or your treating provider at any time upon request. Just call our customer/member services number at 800.443.2995 to ask.

At the back of this packet, you will find forms you can use for your appeal. The Arizona Insurance Department ("the Department") developed these forms to help people who want to file a health care appeal. You are not required to use them. UDC cannot reject your appeal if you do not use them. If you need help in filing an appeal, or you have questions about the appeals process, you may call the Department's Consumer Assistance Office at 602.364.2499 or 800.325.2548 or call UDC at 800.443.2995.

How to Know When You Can Appeal

When UDC does not authorize or approve a service or pay for a claim, UDC must notify you of your right to appeal that decision. Your notice may come directly from UDC, or through your treating provider.

Decisions You Can Appeal

You can appeal the following decisions:
1. UDC does not approve a service that you or your treating provider has requested.
2. UDC does not pay for a service that you have already received.
3. UDC does not authorize a service or pay for a claim because UDC says that it is not "dentally necessary."
4. UDC does not authorize a service or pay for a claim because UDC says that it is not covered under your dental plan, and you believe it is covered.
5. UDC does not notify you, within 10 business days of receiving your request, whether or not UDC will authorize a requested service.
6. UDC does not authorize a referral to a specialist.

Decisions You Cannot Appeal

You cannot appeal the following decisions:
1. You disagree with UDC's decision as to the amount of "allowable charges."
2. You disagree with how UDC is coordinating benefits when you have dental insurance with more than one insurer.
3. You disagree with how UDC has applied your claims or services to your plan deductible.
4. You disagree with the amount of coinsurance or copayments that you paid.
5. You disagree with our decision to issue or not issue a policy to you.
6. You are dissatisfied with any rate increases you may receive under your insurance policy.
7. You believe UDC has violated any other parts of the Arizona Insurance Code.

If you disagree with a decision that is not appealable according to this list, you may still file a complaint with the Arizona Department of Insurance, Consumer Affairs Division, 2910 N. 44th, Second Floor, Phoenix, AZ 85018.

Who Can File An Appeal?

Either you or your treating provider can file an appeal on your behalf. At the end of this packet is a form that you may use for filing your appeal. You are not required to use this form, and can send UDC a letter with the same information. If you decide to appeal our decision to deny authorization for a service, you should tell your treating provider so the provider can help you with the information you need to present your case.

Description of the Appeals Process

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 a similar fashion, except that expedited appeals are processed much faster because of the patient's condition.

	Expedited Appeals (for urgently needed services you have not yet received)	**Standard Appeals** (for non- urgent services or denied claims)
Level 1	Expedited Dental Review	Informal Reconsideration [1]
Level 2	Expedited Appeal	Formal Appeal
Level 3	Expedited External Independent Dental Review	External Independent Dental Review

UDC makes the decisions at Level 1 and Level 2. An outside reviewer, who is completely independent from our company, makes Level 3 decisions. You are not responsible to pay the costs of the external review if you choose to appeal to Level 3.

1 An informal reconsideration is not available for a denied claim.

EXPEDITED APPEAL PROCESS FOR URGENTLY NEEDED SERVICES NOT YET PROVIDED

Level 1. Expedited Dental Review

Your request: You may obtain Expedited Dental Review of your denied request for a service that has not already been provided if:

- You have coverage with UDC,
- UDC denied your request for a covered service, and
- Your treating provider certifies in writing and provides supporting documentation that the time required to process your request through the Informal Reconsideration and Formal Appeal process (about 60 days) is likely to cause a significant negative change in your dental condition. (At the end of this packet is a form that your provider may use for this purpose. Your provider could also send a letter or make up a form with similar information.) Your treating provider must send the certification and documentation to:

United Dental Care of Arizona, Inc.
Expedited Dental Review
P. O. Box 2509
Addison, TX 75001-2509

Our decision: UDC has 1 business day after UDC receives the information from the treating provider to decide whether UDC should change the decision and authorize your requested service. Within that same business day, UDC must call and tell you and your treating provider, and mail you our decision in writing. The written decision must explain the reasons for the decision and tell you the documents on which UDC based the decision.

If UDC denies your request: You may immediately appeal to Level 2.

If UDC grants your request: UDC will authorize the service and the appeal is over.

If UDC refers your case to Level 3: UDC may decide to skip Level 1 and Level 2 and send your case straight to an independent reviewer at Level 3.

Level 2: Expedited Appeal

Your request: If UDC denies your request at Level 1, you may request an Expedited Appeal. After you receive UDC's Level 1 denial, your treating provider must immediately send a written request (to the same person and address listed above under Level 1) to tell UDC you are appealing to Level 2. To help your appeal, your provider should also send UDC any more information (that the provider hasn't already sent UDC) to show why you need the requested service.

Our decision: UDC has 3 business days after UDC receives the request to make a decision.

> **If UDC denies your request**: You may immediately appeal to Level 3.
>
> **If UDC grants your request:** UDC will authorize the service and the appeal is over.
>
> **If UDC refers your case to Level 3:** UDC may decide to skip Level 2 and send your case straight to an independent reviewer at Level 3.

Level 3: Expedited External, Independent Review

Your request: You may appeal to Level 3 only after you have appealed through Levels 1 and 2. You have only 5 business days after you receive UDC's Level 2 decision to send your written request for Expedited External Independent Review. Send your request and any more supporting information to:

> United Dental Care of Arizona, Inc.
> Expedited External, Independent Review
> P. O. Box 2509
> Addison, TX 75001-2509

Neither you nor your treating provider is responsible for the cost of any external independent review.

PLEASE NOTE: DENTAL NECESSITY REVIEWS ARE NOT PERFORMED UNDER THIS PLAN.

The process: There are two types of Level 3 appeals, depending on the issues in your case:

(1) Dental necessity
These are cases where UDC has decided not to authorize a service because UDC thinks the services you (or your treating provider) are asking for, are not dentally necessary to treat your problem. For dental necessity cases, the independent reviewer is a provider retained by an outside independent review organization ("IRO"), that is procured by the Arizona Insurance Department, and not connected with our company. The IRO provider must be a provider who typically manages the condition under review.

(2) Contract coverage
These are cases where UDC has denied coverage because UDC believes the requested service is not covered under your insurance policy. For contract coverage cases, the Arizona Insurance Department is the independent reviewer.

Dental Necessity Cases

Within 1 business day of receiving your request, UDC must:

1. Mail a written acknowledgement of the request to the Director of Insurance, you, and your treating provider.

2. Send the Director of Insurance: the request for review; your policy, evidence of coverage or similar document; all dental records and supporting documentation used to render UDC's decision; a summary of the applicable issues including a

statement of UDC's decision; the criteria used and clinical reasons for UDC's decision; and the relevant portions of UDC's utilization review guidelines. UDC must also include the name and credentials of the health care provider who reviewed and upheld the denial at the earlier appeal levels.

Within 2 business days of receiving UDC's information, the Insurance Director must send all the submitted information to an external independent reviewer organization (the "IRO").

Within 5 business days of receiving the information the IRO must make a decision and send the decision to the Insurance Director.

Within 1 business day of receiving the IRO's decision, the Insurance Director must mail a notice of the decision to UDC, you, and your treating provider.

The decision (dental necessity): If the IRO decides that UDC should provide the service, UDC must authorize the service. If the IRO agrees with our decision to deny the service, the appeal is over. Your only further option is to pursue your claim in Superior Court.

Contract Coverage Cases
Within 1 business day of receiving your request, UDC must:
1. Mail a written acknowledgement of your request to the Insurance Director, you, and your treating provider.

2. Send the Director of Insurance: the request for review, your policy, evidence of coverage or similar document, all dental records and supporting documentation used to render UDC's decision, a summary of the applicable issues including a statement of UDC's decision, the criteria used and any clinical reasons for UDC's decision and the relevant portions of our utilization review guidelines.

Within 2 business days of receiving this information, the Insurance Director must determine if the service or claim is covered, issue a decision, and send a notice to UDC, you, and your treating provider.

Referral to the IRO for contract coverage cases: The Insurance Director is sometimes unable to determine issues of coverage. If this occurs, the Insurance Director will forward your case to an IRO. The IRO will have 5 business days to make a decision and send it to the Insurance Director. The Insurance Director will have 1 business day after receiving the IRO's decision to send the decision to UDC, you, and your treating provider.

The decision (contract coverage): If you disagree with Insurance Director's final decision on a contract coverage issue, you may request a hearing with the Office of Administrative Hearings ("OAH"). If UDC disagrees with the Director's final decision, UDC may also request a hearing before OAH. A hearing must be requested within 30 days of receiving the Director's decision. OAH must promptly schedule and complete a hearing for appeals from expedited Level 3 decisions.

STANDARD APPEAL PROCESS FOR NON-URGENT SERVICES AND DENIED CLAIMS

Level 1. Informal Reconsideration

Your request: You may obtain Informal Reconsideration of your denied request for a service if:

- You have coverage with UDC,
- UDC denied your request for a covered service,
- You do not qualify for an expedited appeal, and
- You or your treating provider asks for Informal Reconsideration within 2 years of the date UDC first denied the requested service by sending your request to:

United Dental Care of Arizona, Inc.
Informal Reconsideration
P. O. Box 2509
Addison, TX 75001-2509

Claim for a covered service already provided but not paid for: You may not obtain Informal Reconsideration of your denied request for the payment of a covered service. Instead, you may start the review process by seeking Formal Appeal.

Our acknowledgement: UDC has 5 business days after UDC receives your request for Informal Reconsideration ("the receipt date") to send you and your treating provider a notice that UDC got your request.

Our decision: UDC has 30 days after the receipt date to decide whether UDC should change the decision and authorize your requested service. Within that same 30 days, UDC must send you and your treating provider UDC's written decision. The written decision must explain the reasons for the decision and tell you the documents on which UDC based the decision.

If UDC denies your request: You have 60 days to appeal to Level 2.

If UDC grants your request: The decision will authorize the service and the appeal is over.

If UDC refers your case to Level 3: UDC may decide to skip Level 1 and Level 2 and send your case straight to an independent reviewer at Level 3.

Level 2. Formal Appeal

Your request: You may request Formal Appeal if: (1) UDC denies your request at Level 1, or (2) you have an unpaid claim and UDC did not provide a Level 1 review. After you receive our Level 1 denial, you or your treating provider must send UDC a written request within 60 days to tell UDC you are appealing to Level 2. If UDC did not provide a Level 1 review of your denied claim, you have 2 years from UDC's first denial notice to request Formal Appeal. To help UDC make a decision on your appeal, you or your provider should also send UDC any more information (that you haven't already sent UDC) to show why UDC should authorize the requested service or pay the claim. Send your appeal request and information to:

United Dental Care of Arizona, Inc.
Formal Appeals
P. O. Box 2509
Addison, TX 75001-2509

Our acknowledgement: UDC has 5 business days after UDC receives your request for Formal Appeal ("the receipt date") to send you and your treating provider a notice that UDC got your request.

Our decision: For a denied service that you have not yet received, UDC has 30 days after the receipt date to decide whether UDC should change its decision and authorize your requested service. For denied claims, UDC has 60 days to decide whether UDC should change its decision and pay your claim. UDC will send you and your treating provider its decision in writing. The written decision must explain the reasons for UDC's decision and tell you the documents on which UDC based its decision.

If UDC denies your request or claim: You have 30 days to appeal to Level 3.

If UDC grants your request: UDC will authorize the service or pay the claim and the appeal is over.

If UDC refers your case to Level 3: UDC may decide to skip Level 2 and send your case straight to an independent reviewer at Level 3.

Level 3: External, Independent Review

Your request: You may appeal to Level 3 only after you have appealed through Levels 1 and 2. You have 30 days after you receive UDC's Level 2 decision to send UDC your written request for External Independent Review. Send your request and any more supporting information to:

United Dental Care of Arizona, Inc.
External, Independent Review
P. O. Box 2509
Addison, TX 75001-2509

Neither you nor your treating provider is responsible for the cost of any external independent review.

PLEASE NOTE: DENTAL NECESSITY REVIEWS ARE NOT PERFORMED UNDER THIS PLAN.

The process: There are two types of Level 3 appeals, depending on the issues in your **case:**

(1) Dental necessity
These are cases where UDC has decided not to authorize a service because UDC thinks the services you (or your treating provider) are asking for, are not dentally necessary to treat your problem. For dental necessity cases, the independent reviewer is a provider retained by an outside independent review organization (IRO), procured by the Arizona Insurance Department, and not connected with UDC. For dental necessity cases, the provider must be a provider who typically manages the condition under review.

(2) Contract coverage
These are cases where UDC has denied coverage because UDC believes the requested service is not covered under your insurance policy. For contract coverage cases, the Arizona Insurance Department is the independent reviewer.

Dental Necessity Cases
Within 5 business days of receiving your request, UDC must:
1. Mail a written acknowledgement of the request to the Director of Insurance, you, and your treating provider.

2. Send the Director of Insurance: the request for review; your policy, evidence of coverage or similar document; all dental records and supporting documentation used to render UDC's decision; a summary of the applicable issues including a statement of UDC's decision; the criteria used and clinical reasons for UDC's decision; and the relevant portions of UDC's utilization review guidelines. UDC must also include the name and credentials of the health care provider who reviewed and upheld the denial at the earlier appeal levels.

Within 5 days of receiving UDC's information, the Insurance Director must send all the submitted information to an external independent review organization (the "IRO").

Within 21 days of receiving the information the IRO must make a decision and send the decision to the Insurance Director.

Within 5 business days of receiving the IRO's decision, the Insurance Director must mail a notice of the decision to UDC, you, and your treating provider.

The decision (dental necessity): If the IRO decides that UDC should provide the service or pay the claim, UDC must authorize the service or pay the claim. If the IRO agrees with UDC's decision to deny the service or payment, the appeal is over. Your only further option is to pursue your claim in Superior Court.

Contract Coverage Cases

Within 5 business days of receiving your request, UDC must:
1. Mail a written acknowledgement of your request to the Insurance Director, you, and your treating provider.
2. Send the Director of Insurance: the request for review; your policy, evidence of coverage or similar document; all dental records and supporting documentation used to render UDC's decision; a summary of the applicable issues including a statement of UDC's decision; the criteria used and any clinical reasons for UDC's decision; and the relevant portions of UDC's utilization review guidelines.

Within 15 business days of receiving this information, the Insurance Director must determine if the service or claim is covered, issue a decision, and send a notice to UDC, you, and your treating provider. If the Director decides that UDC should provide the service or pay the claim, UDC must do so.

Referral to the IRO for contract coverage cases: The Insurance Director is sometimes unable to determine issues of coverage. If this occurs, the Insurance Director will forward your case to an IRO. The IRO will have 21 days to make a decision and send it to the Insurance Director. The Insurance Director will have 5 business days after receiving the IRO's decision to send the decision to UDC, you, and your treating provider.

The decision (contract coverage): If you disagree with the Insurance Director's final decision on a coverage issue, you may request a hearing with the Office of Administrative Hearings ("OAH"). If UDC disagrees with the Director's determination of coverage issues, UDC may also request a hearing at OAH. Hearings must be requested within 30 days of receiving the coverage issue determination. OAH has rules that govern the conduct of their hearing proceedings.

Obtaining Dental Records

Arizona law (A.R.S. §12-2293) permits you to ask for a copy of your dental records. Your request must be in writing and must specify who you want to receive the records. The health care provider who has your records will provide you or the person you specified with a copy of your records.

Designated Decision-Maker: If you have a designated health care decision-maker, that person must send a written request for access to or copies of your dental records. The dental records must be provided to your health care decision-maker or a person designated in writing by your health care decision-maker unless you limit access to your dental records only to yourself or your health care decision-maker.

Confidentiality: Dental records disclosed under A.R.S. §12-2293 remain confidential. If you participate in the appeal process, the relevant portions of your dental records may be disclosed only to people authorized to participate in the review process for the dental condition under review. These people may not disclose your dental information to any other people.

Documentation for an Appeal

If you decide to file an appeal, you must give UDC any material justification or documentation for the appeal at the time the appeal is filed. If you gather new information during the course of your appeal, you should give it to UDC as soon as you get it. You must also give UDC the address and phone number where you can be contacted. If the appeal is already at Level 3, you should also send the information to the Department.

The Role of the Director of Insurance

Arizona law (A.R.S. §20-2533(F)) requires "any member who files a complaint with the Department relating to an adverse decision to pursue the review process prescribed" by law. This means, that for appealable decisions, you must pursue the health care appeals process before the Insurance Director can investigate a complaint you may have against UDC based on the decision at issue in the appeal.

The appeal process requires the Director to:

1. Oversee the appeals process.
2. Maintain copies of each utilization review plan submitted by insurers.
3. Receive, process, and act on requests from an insurer for External, Independent Review.
4. Enforce the decisions of insurers.
5. Review decisions of insurers.
6. Report to the Legislature.
7. Send, when necessary, a record of the proceedings of an appeal to Superior Court or to the Office of Administrative Hearings (OAH).
8. Issue a final administrative decision on coverage issues, including the notice of the right to request a hearing at OAH.

Receipt of Documents

Any written notice, acknowledgment, request, decision or other written document required to be mailed is deemed received by the person to whom the document is properly addressed on the fifth business day after being mailed. "Properly addressed" means your last known address.

UNITED DENTAL CARE OF ARIZONA, INC.

Please submit this form to:
Member Appeals
United Dental Care of Arizona, Inc.
P. O. Box 2509
Addison, TX 75001-2509

HEALTH CARE APPEAL REQUEST FORM

You may use this form to tell your insurer you want to appeal a denial decision.

Insured Member's Name_____ Member ID # _____
Name of representative pursuing appeal, if different from above_____
Mailing Address _____ Phone # _____
City _____ State _____ Zip Code _____

Type of Denial ☐ Denied Claim ☐ Denied Service Not Yet Received

Name of Insurer that denied the claim/service: _____

If you are appealing your insurer's decision to deny a service you have not yet received, will a 30 to 60 day delay in receiving the service likely cause a significant negative change in your health? If your answer is "Yes," you may be entitled to an expedited appeal. Your treating provider must sign and send a certification and documentation supporting the need for an expedited appeal.

What decision are you appealing? _____
_____
(Explain what you want your insurer to authorize or pay for.)

Explain why you believe the claim or service should be covered:
_____
_____
_____
_____
_____

(Attach additional sheets of paper, if needed.)

If you have questions about the appeals process or need help to prepare your appeal, you may call the Department of Insurance Consumer Assistance number 602.364.2499 or 800.325.2548, or UDC at 800.443.2995.

Make sure to attach everything that shows why you believe your insurer should cover your claim or authorize a service, including: Dental records Supporting documentation
(letter from your doctor, brochures, notes, receipts, etc.) **Also attach the certification from your treating provider if you are seeking expedited review.

_____ _____
Signature of insured or authorized representative Date

UNITED DENTAL CARE OF ARIZONA, INC.

Please submit this form to:
Expedited Dental Reviews
United Dental Care of Arizona, Inc.
P. O. Box 2509
Addison, TX 75001-2509

PROVIDER CERTIFICATION FORM FOR EXPEDITED DENTAL REVIEWS

(You and your provider may use this form when requesting an expedited appeal.)

A patient who is denied authorization for a covered service is entitled to an expedited appeal if the treating provider certifies and provides supporting documentation that the time period for the standard appeal process (about 60 days) "is likely to cause a significant negative change in the patient's dental condition at issue."

PROVIDER INFORMATION

Treating Dentist/Provider _____

Phone # _____ FAX # _____

Address _____

City _____ State _____ Zip Code _____

PATIENT INFORMATION

Patient's Name _____

Phone # _____ FAX # _____

Address _____

City _____ State _____ Zip Code _____

INSURER INFORMATION

Insurer Name _____

Phone # _____ FAX # _____

Address _____

City _____ State _____ Zip Code _____

Is the appeal for a service that the patient has already received? ☐ Yes ☐ No

If "Yes," the patient must pursue the standard appeals process and cannot use the expedited appeals process. If "No," continue with this form.

• What service denial is the patient appealing?

_____

_____

• Explain why you believe the patient needs the requested service and why the time for the standard appeal process will harm the patient.

_____

_____

Attach additional sheets if needed, and include: ☐ Dental records ☐ Supporting documentation

If you have questions about the appeals process or need help regarding this certification, you may call the Department of Insurance Consumer Assistance number 602.364.2499 or 800.325.2548. You may also call UDC at 800.443.2995.

I certify, as the patient's treating provider, that delaying the patient's care for the time period needed for the informal reconsideration and formal appeal processes (about 60 days) is likely to cause a significant negative change in the patient's dental condition at issue.

Provider's Signature _____ Date _____

Sample Contract

PPO –Preliminary Application

FRAUD STATEMENTS

Please read the following before completing the attached form.

☞ **If you live in the states of Arkansas or Louisiana, the following statement applies to you:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☞ **If you live in the state of California, the following statement applies to you:**

For your protection California law requires the following to appear on the form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

☞ **If you live in the state of Colorado, the following statement applies to you:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

☞ **If you live in the District of Columbia, the following statement applies to you:**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

☞ **If you live in the state of Florida, the following statement applies to you:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

☞ **If you live in the state of Maryland or Oregon, the following statement applies to you:**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

☞ **If you live in the state of New Jersey, the following statement applies to you:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

☞ **If you live in the state of Virginia, the following statement applies to you:**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

☞ **If you live in a state other than mentioned above, the following statement applies to you:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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.

To avoid unnecessary delays, be sure all parts of the Application are completed according to the instructions, and DO NOT SEPARATE the pages.

Group Insurance Preliminary Application

ASSURANT Employee Benefits

Policy no. _____

UNDERWRITING COMPANY: UNION SECURITY INSURANCE COMPANY (THE COMPANY)
(WE, US OR OUR WHEN USED HEREIN REFER TO THE COMPANY.)

APPLICANT INFORMATION ***(You and your when used herein refer to Applicant.)***

1. Exact legal name *(as it will appear in the contract and/or certificate)*. Please explain if different from deposit check.

_____

2. Full address and contact numbers of main office. **Note: If PO Box is used, a street address must also be included.**

Address _____

City _____ County _____ State _____ ZIP _____

Telephone no. _____ Fax no. _____ E-mail address _____

Note: The contract will be issued in the state where the main office is located unless otherwise requested and approved.

3. Correspondent's name and title

☐ Mr. ☐ Mrs. ☐ Ms. _____ Title _____

Is Correspondent an employee of the applicant? ☐ Yes ☐ No If "No," form KC2692 Appointment of Correspondent must be completed, including full address, and submitted with this preliminary application.

Renewal letters to be sent to: ☐ Same as above with copy to broker
☐ Other *(Please provide name, title and full address.)* with copy to broker.

_____

_____

APPLICANT'S BUSINESS INFORMATION

4. Nature of business *(Give details of products, services, manufacturing process and materials used.)* _____

Years in business _____ Employer Tax ID no. _____ SIC code _____ NAICS code *(optional)* _____

5. Business is organized as:

☐ Corporation	☐ Partnership	☐ Proprietorship
☐ Government Funded Non-Profit	☐ Other Non-Profit	☐ Trust
☐ Sub-Chapter S Corp	☐ Professional Corporation	☐ Professional Association
☐ Limited Partnership (LP)	☐ Limited Liability Company (LLC)	☐ Limited Liability Partnership (LLP)
☐ Prof. Limited Liability Co. (PLCC)	☐ Limited Liability Limited Partnership (LLLP)	☐ Political Subdivision

☐ Federal Agency Executive Branch ☐ Yes ☐ No If "Yes," subject to Executive Order 11246? ☐ Yes ☐ No
☐ Church Group If this is checked, it is: ☐ ERISA ☐ Non-ERISA
☐ Other *(Specify.)* _____

6. Financial Status *(If you answer yes to any part, please provide explanation below.)*

☐ Yes ☐ No Has Applicant ever filed or does it anticipate filing for bankruptcy or similar insolvency?
☐ Yes ☐ No Does Applicant anticipate ceasing, materially reducing or altering active business operations?
☐ Yes ☐ No Has Applicant opted out or does it anticipate opting out of Worker's Compensation, Social Security or PERS (if applicable)?

Explanation: _____

AFFILIATE OR SUBSIDIARY INFORMATION

7. Indicate any affiliates or subsidiaries to be covered. An affiliate or subsidiary is a separate firm owned or controlled by the Applicant. Its employees will be insured under the policy **only** if requested below and approved by the Company. Please complete all the requested information for each affiliate or subsidiary to be covered under the policy. See question 5 for business type.

Name	Address	Nature of Business	Business Type	SIC Code	No. of Employees	Percentage owned by Applicant

Is separate billing required? ☐ Yes ☐ No If "Yes," give complete details in question 12 of this application.

8. Coverages requested and effective date of coverage(s) _____ *(Please specify if dates differ by coverage.)*

Life and Accidental Death & Dismemberment Insurance

Check all that apply and complete required fields	Employer Contribution %	No. of Eligible Employees/ Dependents	No. of Participating Employees/ Dependents
☐ Employer Paid (with matching AD&D)	_____	_____	_____
☐ Employer Paid (without AD&D)	_____	_____	_____
☐ Additional Contributory Life	_____	_____	_____
☐ Dependent Life	_____	_____	_____
☐ Voluntary Life (with matching AD&D)	_____	_____	_____
☐ Voluntary Life (without AD&D)	_____	_____	_____
☐ Voluntary Dependent Life	_____	_____	_____

For Voluntary Life, indicate the number of eligible males _____ eligible females _____

Will the plan(s) requested replace other coverage as of the effective date of our coverage, if approved? ☐ Yes ☐ No

If "Yes," please provide a copy of prior carrier contract and bill. If "No," please explain. _____

Are you currently making application for any similar group insurance program? ☐ Yes ☐ No If "Yes," please explain.

_____

Short and Long Term Disability Insurance

Check all that apply and complete required fields	Employer Contribution %	No. of Eligible Employees	No. of Participating Employees
☐ Employer Paid Short Term Disability	_____	_____	_____
☐ Employer Paid Long Term Disability	_____	_____	_____
☐ Voluntary Short Term Disability	_____	_____	_____
☐ Voluntary Long Term Disability	_____	_____	_____

Are any of your employees eligible for a State Disability Plan? ☐ Yes ☐ No If "Yes," which state(s) _____

Do you provide salary continuance or any kind of income replacement plan (formal or informal) other than the coverages requested above? ☐ Yes ☐ No If "Yes," which of the following best describe the plan? Check all that apply:

☐ Salary Continuance ☐ Short Term Disability ☐ Long Term Disability ☐ Other *(Please describe.)* _____

Do you or can your employees elect to "gross up" (include as taxable income) the cost of disability coverage? ☐ Yes ☐ No

Will the plan(s) requested replace other coverages as of the effective date of our coverage, if approved? ☐ Yes ☐ No

If "Yes," please provide a copy of prior carrier contract and bill. If "No," please explain. _____

Are you currently making application for any similar group insurance program? ☐ Yes ☐ No If "Yes," please explain.

_____

Dental Insurance

Check all that apply and complete required fields	Employer Contribution %	No. of Eligible Employees/ Dependents	No. of Participating Employees/ Dependents
☐ Employer Paid Dental	_____	_____	_____
☐ Dependent Dental	_____	_____	_____
☐ Voluntary Dental	_____	_____	_____
☐ Voluntary Dependent Dental	_____	_____	_____

Will the plan(s) requested replace other coverage as of the effective date of our coverage, if approved? ☐ Yes ☐ No

If "Yes," please provide a copy of prior carrier contract and bill. If "No," please explain. _____

Are you currently making application for any similar group insurance program? ☐ Yes ☐ No If "Yes," please explain.

_____

Other* (must also purchase a fully insured product)

☐ Employee Assistance Program Select type: ☐ Phone and Online ☐ In Person Assessment ☐ Short Term Counseling

If elected, complete form KC3325 Employee Assistance Program Agreement.

☐ Healthy Solutions Discount Card If elected, please complete the Healthy Solutions Group Information form.

* Products provided by third-party vendors under separate agreements with Applicant.

BILLING AND ADMINISTRATION

9. Do you have a Section 125 Plan? ☐ Yes ☐ No **If "No," please proceed to question 10.**
   Will any of the requested coverages be part of the Section 125 Plan? ☐ Yes ☐ No
   If "Yes," please indicate whether contributions are: ☐ Post-tax ☐ Pre-tax ☐ Post or Pre-tax at individual election
   If any part of the contributions are post-tax, please indicate the percentage of premium paid post-tax _____ %.
   Open Enrollment Period for Section 125 Plan _____ Please note, Life Events will be defined per our standard language unless a copy of your 125 Plan is submitted for review and approval.
   Section 125 Plan included? ☐ Yes ☐ No

10. Who will bill the coverages requested?
   ☐ The Company (with online administration included at no cost)
   ☐ Policyholder (Self-Administration) If this option is selected, the Company can prepare the initial bill for all employer paid coverages. Do you want the Company to prepare the initial bill? ☐ Yes ☐ No
   For Self-Administration you must agree to provide a complete census to the Company upon request and at least once a year.
   ☐ Third Party Administrator **Note: TPA must be approved by the Company prior to submitting case and Applicant must complete and submit form KC2691, Appointment of Third Party Administrator.**

11. Premium is to be billed: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
   Additional options for Voluntary coverages: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly

12. Are separate billing accounts required? ☐ Yes ☐ No If "Yes," provide name, address and contact name for each.

   _____

   _____

   _____

   If more space is needed, please provide an attached list and indicate here that an attachment exists. ☐ Attachment

13. For Life Insurance, will you maintain beneficiary information? ☐ Yes ☐ No If "Yes," you must agree to maintain all records pertaining to the beneficiary of life insurance and all subsequent beneficiary changes. Note: All assignments or irrevocable designations must be submitted to the Company for review and approval, accompanied by the original enrollment form.

   If you are not maintaining beneficiaries you must agree to submit the original enrollment form and all subsequent beneficiary changes to the Company.

14. The following applies to **all** coverages unless otherwise stated.
   A. Service Requirement for current employees (hired on or before the effective date) _____ (days/months)
   B. Service Requirement for future employees (hired after the effective date) _____ (days/months)
   C. Entry date: ☐ Immediate ☐ 1st of the month occurring on or after ☐ First of the payroll cycle *(Voluntary dental only)*
      ☐ Other *(Specify.)* _____
      Note: For Voluntary coverages entry date cannot be immediate.
   D. Full-time definition: ☐ Standard (30 hours for employer paid, 20 hours for Voluntary coverages)
      ☐ Other *(requires Home Office approval).* Please specify request _____
   E. Effective date for changes due to salary changes for **employer paid** coverages ☐ Immediate ☐ Policy Anniversary
      ☐ 1st of month occurring on or after ☐ Other *(Specify.)* _____
   F. Effective date for changes due to salary changes for **Voluntary** coverages ☐ Immediate ☐ Policy Anniversary
      ☐ Other *(Specify.)* _____
   G. Effective date for changes due to age for **employer paid** coverages ☐ Immediate ☐ Policy Anniversary
      ☐ 1st of month occurring on or after ☐ Other *(Specify.)* _____
   H. Effective date for changes due to age for **Voluntary** coverages ☐ Policy Anniversary
      ☐ Other *(Specify.)* _____
   I. Termination date for Dental coverage ☐ Immediate *(not available for Voluntary dental)*
      ☐ End of the payroll cycle *(Voluntary dental only)* ☐ End of the month in which employment terminates.
   J. Annual enrollment _____ *(Should coincide with applicant's medical plan or 2 months prior to Policy Anniversary.)*

CERTIFICATE AND CONTRACT INFORMATION

15. Certificates are provided in electronic format for all coverages. Please review the following statement regarding your responsibilities in relation to electronic certificates.

Significance: Electronic Certificates ("e-certs") provide important information about insurance coverage and protection for insureds under the policy. You must agree that you will: (1) Distribute e-certs to insureds under the policy; (2) not release or otherwise transfer e-certs to third parties (other than insureds), without the Company's prior written approval; (3) not alter, modify or otherwise change e-certs and will ensure that adequate security is in place to prevent insureds from doing the same; (4) take measures to ensure that the system furnishing e-certs results in actual receipt of the information by each insured (use return-receipt electronic mail features or periodic review/surveys to confirm receipt) and (5) convey to each insured the **significance** of e-certs, that the certificate is being furnished electronically and that the insured may request and receive a paper copy at no charge.

☐ If you are unable to comply with e-cert responsibilities, check here and paper certificates will be provided to you.

16. Summary Plan Description (SPD): ERISA Plan Information. ERISA requires employers to distribute SPD's for most employer-sponsored benefit plans. To the best of our knowledge, the certificate can serve as your SPD if certain plan information and a statement of ERISA rights are provided with the certificate.

Should we include ERISA information for an SPD? ☐ Yes ☐ No If "Yes," supply the following information.

Name of the plan _____

If other than the policyholder, please provide the full name, address and phone number of the:

Plan sponsor _____

Plan administrator _____

Agent for service of legal process _____

Plan number(s) _____ Note: the plan number is PN501 unless another number is assigned by the employer or the Plan Administrator.

EMPLOYEE INFORMATION AND VERIFICATION

17. Employees at active work

☐ Applicant certifies that all employees are at active work at their usual place of business on date signed on page 6.

☐ There are employees who are not at active work at their usual place of business on date signed on page 6. They are listed below.

Name	Date of Birth	Age	Insurance Amount	Nature of Illness or Reason for Absence

18. Are any employees located outside the United States? ☐ Yes ☐ No If "Yes," please provide the name of the employee(s), location and country of citizenship. Advise how long the employees will be located outside the United States.

_____

_____

_____

Please note, employees working outside the United States are not covered by the policy unless agreed to, in writing, by the Company.

19. If this Preliminary Application is being signed after the requested effective date, you must complete the following:

☐ Applicant certifies that there have been no claims incurred since the requested effective date and Applicant is unaware of any changes in medical condition or status.

APPLICANT AGREEMENT

A. $_____ has been paid by the Applicant to be applied toward the first premium due for coverages requested in this Preliminary Application. This amount will be returned if the requested insurance does not become effective. Cashing of the check by the Company is not acceptance and approval of this Preliminary Application.

B. The Applicant certifies that the information contained herein is true and correct to the best of the Applicant's knowledge and belief and understands that it forms the basis for its request for insurance. Omission or misstatement of known information on this Preliminary Application could affect the validity of any insurance issued and cause denial of a claim.

C. The Applicant understands that the requested insurance will:
   1. Be issued only if the requested insurance is acceptable to the Company and is legally permissible;
   2. Be issued under a group policy(ies) in the language customarily used by the Company;
   3. Be subject to the Company's usual underwriting requirements (including evidence of insurability, if applicable);
   4. Take effect on the date determined by the Company; and
   5. Not be effective until this Preliminary Application is approved and accepted by the Home Office of the Company in Kansas City, MO.

D. The Applicant understands that no agent or broker has the authority to accept or guarantee acceptance of the requested insurance.

E. The Applicant understands that this Preliminary Application may be a request to participate in the Company's Small Group or Voluntary Trust Plans as determined by the Company's underwriting rules. If this item E applies and the Company approves and accepts this Preliminary Application, Applicant agrees to be bound by the terms of the group policy(ies) issued to the Trustees of the applicable Trust Plans.

F. The Applicant agrees to offer the requested insurance to all of its eligible employees.

G. The effective date of the requested insurance for which an employee is required to submit evidence of insurability will be determined in accord with the group policy's terms and will be subject to the active work requirement. The Applicant agrees not to:
   1. Collect or pay premiums (other than the initial deposit) for such insurance before receiving the Company's approval notice; and
   2. Distribute material describing the policy coverage to persons to be insured without the Company's prior written consent.

H. The requested coverage provides benefits for the employee welfare benefit plan established and maintained by the employer - Applicant under the Employee Retirement Income Security Act (ERISA), unless otherwise exempted by law.

I. If the requested insurance is approved and accepted, that insurance will automatically terminate if the premiums are not paid before the end of the grace period following the due date. Payment of premiums for coverage during the grace period is required. Insurance coverage will terminate if the number or percentage of participants falls below that required by the group policy.

J. No one except the President, Senior Vice President or Chief Financial Officer of the Company may make, alter or discharge contracts or waive any of the Company's rights or requirements.

Applicant's Signature_____ Print name_____

Title _____ Date *(required)* _____

Company's representative _____ Date _____

PRODUCER INFORMATION

1. Individual or firm *(legal name)* _____

_____

Writing agent of firm _____
Address _____
City/State/ZIP _____
E-mail address _____
Phone no. _____ Fax no. _____
Payee no. _____ Production Split _____%
License no. _____
Producer _____
Signature _____ Date _____

2. Individual or firm *(legal name)* _____

_____

Writing agent of firm _____
Address _____
City/State/ZIP _____
E-mail address _____
Phone no. _____ Fax no. _____
Payee no. _____ Production Split _____%
License no. _____
Producer _____
Signature _____ Date _____

Note: Agent/Broker must note his/her license number for contract state.

EXHIBIT 12

Sample Appeals Document

Prepaid

UNITED DENTAL CARE OF ARIZONA, INC.

United Dental Care of Arizona, Inc.
16775 Addison Road, Suite 5005353 North 16th Street
Addison, Texas 75001Phoenix, Arizona 85016
(800) 442-0911, x1064
(602) 870-4011 / (800) 233-0881

Health Care Insurer Appeals Process Information Packet

CAREFULLY READ THE INFORMATION IN THIS PACKET AND KEEP IT FOR FUTURE REFERENCE. IT HAS IMPORTANT INFORMATION ABOUT HOW TO APPEAL DECISIONS UNITED DENTAL CARE OF ARIZONA, INC. ("UDC") MAKES ABOUT YOUR HEALTH CARE.

Getting Information About the Health Care Appeals Process
Help in Filing an Appeal: Standardized Forms and Consumer Assistance From the Department of Insurance

UDC must send you a copy of this information packet when you first receive your policy, and within 5 business days after UDC receives your request for an appeal. When your insurance coverage is renewed, UDC must also send you a separate statement to remind you that you can request another copy of this packet. UDC will also send a copy of this packet to you or your treating provider at any time upon request. Just call our customer/member services number at (800) 443-2995 to ask.

At the back of this packet, you will find forms you can use for your appeal. The Arizona Insurance Department ("the Department") developed these forms to help people who want to file a health care appeal. You are not required to use them. UDC cannot reject your appeal if you do not use them. If you need help in filing an appeal, or you have questions about the appeals process, you may call the Department's Consumer Assistance Office at (602) 364-2499 or 1(800) 325-2548 or call UDC at (800) 443-2995.

How to Know When You Can Appeal

When UDC does not authorize or approve a service or pay for a claim, UDC must notify you of your right to appeal that decision. Your notice may come directly from UDC, or through your treating provider.

Decisions You Can Appeal

You can appeal the following decisions:

1. UDC does not approve a service that you or your treating provider has requested.
2. UDC does not pay for a service that you have already received.
3. UDC does not authorize a service or pay for a claim because UDC says that it is not "dentally necessary."
4. UDC does not authorize a service or pay for a claim because UDC says that it is not covered under your dental plan, and you believe it is covered.
5. UDC does not notify you, within 10 business days of receiving your request, whether or not UDC will authorize a requested service.
6. UDC does not authorize a referral to a specialist.

Decisions You Cannot Appeal

You cannot appeal the following decisions:

1. You disagree with UDC's decision as to the amount of "allowable charges."
2. You disagree with how UDC is coordinating benefits when you have dental insurance with more than one insurer.
3. You disagree with how UDC has applied your claims or services to your plan deductible.
4. You disagree with the amount of coinsurance or copayments that you paid.

5. You disagree with our decision to issue or not issue a policy to you.
6. You are dissatisfied with any rate increases you may receive under your insurance policy.
7. You believe UDC has violated any other parts of the Arizona Insurance Code.

If you disagree with a decision that is not appealable according to this list, you may still file a complaint with the Arizona Department of Insurance, Consumer Affairs Division, 2910 N. 44th, Second Floor, Phoenix, AZ 85018.

Who Can File An Appeal?

Either you or your treating provider can file an appeal on your behalf. At the end of this packet is a form that you may use for filing your appeal. You are not required to use this form, and can send UDC a letter with the same information. If you decide to appeal our decision to deny authorization for a service, you should tell your treating provider so the provider can help you with the information you need to present your case.

Description of the Appeals Process

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 a similar fashion, except that expedited appeals are processed much faster because of the patient's condition.

Expedited Appeals (for urgently needed services you have not yet received)	**Standard Appeals** (for non- urgent services or denied claims)
Level 1 Expedited Dental Review	Informal Reconsideration 1
Level 2 Expedited Appeal	Formal Appeal
Level 3 Expedited External Independent Dental Review	External Independent Dental Review

UDC makes the decisions at Level 1 and Level 2. An outside reviewer, who is completely independent from our company, makes Level 3 decisions. You are not responsible to pay the costs of the external review if you choose to appeal to Level 3.

1 **An informal reconsideration is not available for a denied claim.**

EXPEDITED APPEAL PROCESS FOR URGENTLY NEEDED SERVICES NOT YET PROVIDED

Level 1. Expedited Dental Review

Your request: You may obtain Expedited Dental Review of your denied request for a service that has not already been provided if:

- You have coverage with UDC,
- UDC denied your request for a covered service, and
- Your treating provider certifies in writing and provides supporting documentation that the time required to process your request through the Informal Reconsideration and Formal Appeal process (about 60 days) is likely to cause a significant negative change in your dental condition. (At the end of this packet is a form that your provider may use for this purpose. Your provider could also send a letter or make up a form with similar information.) Your treating provider must send the certification and documentation to:

United Dental Care of Arizona, Inc.
Expedited Dental Review
P. O. Box 2509
Addison, TX 75001-2509

Our decision: UDC has 1 business day after UDC receives the information from the treating provider to decide whether UDC should change the decision and authorize your requested service. Within that same business day, UDC must call and tell you and your treating provider, and mail you our decision in writing. The written decision must explain the reasons for the decision and tell you the documents on which UDC based the decision.

If UDC denies your request: You may immediately appeal to Level 2.
If UDC grants your request: UDC will authorize the service and the appeal is over.
If UDC refers your case to Level 3: UDC may decide to skip Level 1 and Level 2 and send your case straight to an independent reviewer at Level 3.

Level 2: Expedited Appeal

Your request: If UDC denies your request at Level 1, you may request an Expedited Appeal. After you receive UDC's Level 1 denial, your treating provider must immediately send a written request (to the same person and address listed above under Level 1) to tell UDC you are appealing to Level 2. To help your appeal, your provider should also send UDC any more information (that the provider hasn't already sent UDC) to show why you need the requested service.

Our decision: UDC has 3 business days after UDC receives the request to make a decision.

If UDC denies your request: You may immediately appeal to Level 3.
If UDC grants your request: UDC will authorize the service and the appeal is over.
If UDC refers your case to Level 3: UDC may decide to skip Level 2 and send your case straight to an independent reviewer at Level 3.

Level 3: Expedited External, Independent Review

Your request: You may appeal to Level 3 only after you have appealed through Levels 1 and 2. You have only 5 business days after you receive UDC's Level 2 decision to send your written request for Expedited External Independent Review. Send your request and any more supporting information to:

United Dental Care of Arizona, Inc.
Expedited External, Independent Review
P. O. Box 2509
Addison, TX 75001-2509

Neither you nor your treating provider is responsible for the cost of any external independent review.

PLEASE NOTE: DENTAL NECESSITY REVIEWS ARE NOT PERFORMED UNDER THIS PLAN.

The process: There are two types of Level 3 appeals, depending on the issues in your case:

(1) Dental necessity

These are cases where UDC has decided not to authorize a service because UDC thinks the services you (or your treating provider) are asking for, are not dentally necessary to treat your problem. For dental necessity cases, the independent reviewer is a provider retained by an outside independent review organization ("IRO"), that is procured by the Arizona Insurance Department, and not connected with our company. The IRO provider must be a provider who typically manages the condition under review.

(2) Contract coverage

These are cases where UDC has denied coverage because UDC believes the requested service is not covered under your insurance policy. For contract coverage cases, the Arizona Insurance Department is the independent reviewer.

Dental Necessity Cases

Within 1 business day of receiving your request, UDC must:

1. Mail a written acknowledgement of the request to the Director of Insurance, you, and your treating provider.
2. Send the Director of Insurance: the request for review; your policy, evidence of coverage or similar document; all dental records and supporting documentation used to render UDC's decision; a summary of the applicable issues including a statement of UDC's decision; the criteria used and clinical reasons for UDC's decision; and the relevant portions of UDC's utilization review guidelines. UDC must also include the name and credentials of the health care provider who reviewed and upheld the denial at the earlier appeal levels.

Within 2 business days of receiving UDC's information, the Insurance Director must send all the submitted information to an external independent reviewer organization (the "IRO").

Within 5 business days of receiving the information the IRO must make a decision and send the decision to the Insurance Director.

Within 1 business day of receiving the IRO's decision, the Insurance Director must mail a notice of the decision to UDC, you, and your treating provider.

The decision (dental necessity): If the IRO decides that UDC should provide the service, UDC must authorize the service. If the IRO agrees with our decision to deny the service, the appeal is over. Your only further option is to pursue your claim in Superior Court.

Contract Coverage Cases

Within 1 business day of receiving your request, UDC must:

1. Mail a written acknowledgement of your request to the Insurance Director, you, and your treating provider.
2. Send the Director of Insurance: the request for review, your policy, evidence of coverage or similar document, all dental records and supporting documentation used to render UDC's decision, a summary of the applicable issues including a statement of UDC's decision, the criteria used and any clinical reasons for UDC's decision and the relevant portions of our utilization review guidelines.

Within 2 business days of receiving this information, the Insurance Director must determine if the service or claim is covered, issue a decision, and send a notice to UDC, you, and your treating provider.

Referral to the IRO for contract coverage cases: The Insurance Director is sometimes unable to determine issues of coverage. If this occurs, the Insurance Director will forward your case to an IRO. The IRO will have 5 business days to make a decision and send it to the Insurance Director. The Insurance Director will have 1 business day after receiving the IRO's decision to send the decision to UDC, you, and your treating provider.

The decision (contract coverage): If you disagree with Insurance Director's final decision on a contract coverage issue, you may request a hearing with the Office of Administrative Hearings ("OAH"). If UDC disagrees with the Director's final decision, UDC may also request a hearing before OAH. A hearing must be requested within 30 days of receiving the Director's decision. OAH must promptly schedule and complete a hearing for appeals from expedited Level 3 decisions.

STANDARD APPEAL PROCESS FOR NON-URGENT SERVICES AND DENIED CLAIMS

Level 1. Informal Reconsideration

Your request: You may obtain Informal Reconsideration of your denied request for a service if:

- You have coverage with UDC,
- UDC denied your request for a covered service,
- You do not qualify for an expedited appeal, and
- You or your treating provider asks for Informal Reconsideration within 2 years of the date UDC first denied the requested service by sending your request to:

United Dental Care of Arizona, Inc.
Informal Reconsideration
P. O. Box 2509
Addison, TX 75001-2509

Claim for a covered service already provided but not paid for: You may not obtain Informal Reconsideration of your denied request for the payment of a covered service. Instead, you may start the review process by seeking Formal Appeal.

Our acknowledgement: UDC has 5 business days after UDC receives your request for Informal Reconsideration ("the receipt date") to send you and your treating provider a notice that UDC got your request.

Our decision: UDC has 30 days after the receipt date to decide whether UDC should change the decision and authorize your requested service. Within that same 30 days, UDC must send you and your treating provider UDC's written decision. The written decision must explain the reasons for the decision and tell you the documents on which UDC based the decision.

If UDC denies your request: You have 60 days to appeal to Level 2.
If UDC grants your request: The decision will authorize the service and the appeal is over.
If UDC refers your case to Level 3: UDC may decide to skip Level 1 and Level 2 and send your case straight to an independent reviewer at Level 3.

Level 2. Formal Appeal

Your request: You may request Formal Appeal if: (1) UDC denies your request at Level 1, or (2) you have an unpaid claim and UDC did not provide a Level 1 review. After you receive our Level 1 denial, you or your treating provider must send UDC a written request within 60 days to tell UDC you are appealing to Level 2. If UDC did not provide a Level 1 review of your denied claim, you have 2 years from UDC's first denial notice to request Formal Appeal. To help UDC make a decision on your appeal, you or your provider should also send UDC any more information (that you haven't already sent UDC) to show why UDC should authorize the requested service or pay the claim. Send your appeal request and information to:

United Dental Care of Arizona, Inc.
Formal Appeals
P. O. Box 2509
Addison, TX 75001-2509

Our acknowledgement: UDC has 5 business days after UDC receives your request for Formal Appeal ("the receipt date") to send you and your treating provider a notice that UDC got your request.

Our decision: For a denied service that you have not yet received, UDC has 30 days after the receipt date to decide whether UDC should change its decision and authorize your requested service. For denied claims, UDC has 60 days to decide whether UDC should change its decision and pay your claim. UDC will send you and your treating provider its decision in writing. The written decision must explain the reasons for UDC's decision and tell you the documents on which UDC based its decision.

If UDC denies your request or claim: You have 30 days to appeal to Level 3.
If UDC grants your request: UDC will authorize the service or pay the claim and the appeal is over.
If UDC refers your case to Level 3: UDC may decide to skip Level 2 and send your case straight to an independent reviewer at Level 3.

Level 3: External, Independent Review
Your request: You may appeal to Level 3 only after you have appealed through Levels 1 and 2. You have 30 days after you receive UDC's Level 2 decision to send UDC your written request for External Independent Review. Send your request and any more supporting information to:

United Dental Care of Arizona, Inc.
External, Independent Review
P. O. Box 2509
Addison, TX 75001-2509

Neither you nor your treating provider is responsible for the cost of any external independent review.

PLEASE NOTE: DENTAL NECESSITY REVIEWS ARE NOT PERFORMED UNDER THIS PLAN.

The process: There are two types of Level 3 appeals, depending on the issues in your case:
(1) Dental necessity

These are cases where UDC has decided not to authorize a service because UDC thinks the services you (or your treating provider) are asking for, are not dentally necessary to treat your problem. For dental necessity cases, the independent reviewer is a provider retained by an outside independent review organization (IRO), procured by the Arizona Insurance Department, and not connected with UDC. For dental necessity cases, the provider must be a provider who typically manages the condition under review.

(2) Contract coverage

These are cases where UDC has denied coverage because UDC believes the requested service is not covered under your insurance policy. For contract coverage cases, the Arizona Insurance Department is the independent reviewer.

Dental Necessity Cases
Within 5 business days of receiving your request, UDC must:
1. Mail a written acknowledgement of the request to the Director of Insurance, you, and your treating provider.
2. Send the Director of Insurance: the request for review; your policy, evidence of coverage or similar document; all dental records and supporting documentation used to render UDC's decision; a

summary of the applicable issues including a statement of UDC's decision; the criteria used and clinical reasons for UDC's decision; and the relevant portions of UDC's utilization review guidelines. UDC must also include the name and credentials of the health care provider who reviewed and upheld the denial at the earlier appeal levels.

Within 5 days of receiving UDC's information, the Insurance Director must send all the submitted information to an external independent review organization (the "IRO").

Within 21 days of receiving the information the IRO must make a decision and send the decision to the Insurance Director.

Within 5 business days of receiving the IRO's decision, the Insurance Director must mail a notice of the decision to UDC, you, and your treating provider.

The decision (dental necessity): If the IRO decides that UDC should provide the service or pay the claim, UDC must authorize the service or pay the claim. If the IRO agrees with UDC's decision to deny the service or payment, the appeal is over. Your only further option is to pursue your claim in Superior Court.

Contract Coverage Cases

Within 5 business days of receiving your request, UDC must:
1. Mail a written acknowledgement of your request to the Insurance Director, you, and your treating provider.
2. Send the Director of Insurance: the request for review; your policy, evidence of coverage or similar document; all dental records and supporting documentation used to render UDC's decision; a summary of the applicable issues including a statement of UDC's decision; the criteria used and any clinical reasons for UDC's decision; and the relevant portions of UDC's utilization review guidelines.

Within 15 business days of receiving this information, the Insurance Director must determine if the service or claim is covered, issue a decision, and send a notice to UDC, you, and your treating provider. If the Director decides that UDC should provide the service or pay the claim, UDC must do so.

Referral to the IRO for contract coverage cases: The Insurance Director is sometimes unable to determine issues of coverage. If this occurs, the Insurance Director will forward your case to an IRO. The IRO will have 21 days to make a decision and send it to the Insurance Director. The Insurance Director will have 5 business days after receiving the IRO's decision to send the decision to UDC, you, and your treating provider.

The decision (contract coverage): If you disagree with the Insurance Director's final decision on a coverage issue, you may request a hearing with the Office of Administrative Hearings ("OAH"). If UDC disagrees with the Director's determination of coverage issues, UDC may also request a hearing at OAH. Hearings must be requested within 30 days of receiving the coverage issue determination. OAH has rules that govern the conduct of their hearing proceedings.

Obtaining Dental Records

Arizona law (A.R.S. §12-2293) permits you to ask for a copy of your dental records. Your request must be in writing and must specify who you want to receive the records. The health care provider who has your records will provide you or the person you specified with a copy of your records.

Designated Decision-Maker: If you have a designated health care decision-maker, that person must send a written request for access to or copies of your dental records. The dental records must be provided to your health care decision-maker or a person designated in writing by your health care decision-maker unless you limit access to your dental records only to yourself or your health care decision-maker.

Confidentiality: Dental records disclosed under A.R.S. §12-2293 remain confidential. If you participate in the appeal process, the relevant portions of your dental records may be disclosed only to people authorized to participate in the review process for the dental condition under review. These people may not disclose your dental information to any other people.

Documentation for an Appeal

If you decide to file an appeal, you must give UDC any material justification or documentation for the appeal at the time the appeal is filed. If you gather new information during the course of your appeal, you should give it to UDC as soon as you get it. You must also give UDC the address and phone number where you can be contacted. If the appeal is already at Level 3, you should also send the information to the Department.

The Role of the Director of Insurance

Arizona law (A.R.S. §20-2533(F)) requires "any member who files a complaint with the Department relating to an adverse decision to pursue the review process prescribed" by law. This means, that for appealable decisions, you must pursue the health care appeals process before the Insurance Director can investigate a complaint you may have against UDC based on the decision at issue in the appeal.

The appeal process requires the Director to:

1. Oversee the appeals process.
2. Maintain copies of each utilization review plan submitted by insurers.
3. Receive, process, and act on requests from an insurer for External, Independent Review.
4. Enforce the decisions of insurers.
5. Review decisions of insurers.
6. Report to the Legislature.
7. Send, when necessary, a record of the proceedings of an appeal to Superior Court or to the Office of Administrative Hearings (OAH).
8. Issue a final administrative decision on coverage issues, including the notice of the right to request a hearing at OAH.

Receipt of Documents

Any written notice, acknowledgment, request, decision or other written document required to be mailed is deemed received by the person to whom the document is properly addressed on the fifth business day after being mailed. "Properly addressed," means your last known address.

UNITED DENTAL CARE OF ARIZONA, INC.

Please submit this form to:
Member Appeals
United Dental Care of Arizona, Inc.
P. O. Box 2509
Addison, TX 75001-2509

HEALTH CARE APPEAL REQUEST FORM

You may use this form to tell your insurer you want to appeal a denial decision.

Insured Member's Name _____ Member ID # _____
Name of representative pursuing appeal, if different from above _____
Mailing Address _____ Phone # _____
City _____ State _____ Zip Code _____

Type of Denial: ☐ Denied Claim ☐ Denied Service Not Yet Received

Name of Insurer that denied the claim/service: _____

If you are appealing your insurer's decision to deny a service you have not yet received, will a 30 to 60 day delay in receiving the service likely cause a significant negative change in your health? If your answer is "Yes," you may be entitled to an expedited appeal. Your treating provider must sign and send a certification and documentation supporting the need for an expedited appeal.

What decision are you appealing? _____
_____
_____

(Explain what you want your insurer to authorize or pay for.)

Explain why you believe the claim or service should be covered: _____
_____
_____
_____
_____
_____
_____

(Attach additional sheets of paper, if needed.)

If you have questions about the appeals process or need help to prepare your appeal, you may call the Department of Insurance Consumer Assistance number (602) 364-2499 or 1-(800) 325-2548, or UDC at (800) 443-2995.

Make sure to attach everything that shows why you believe your insurer should cover your claim or authorize a service, including: Dental records Supporting documentation (letter from your doctor, brochures, notes, receipts, etc.) **Also attach the certification from your treating provider if you are seeking expedited review.

_____ _____
Signature of insured or authorized representative Date

UNITED DENTAL CARE OF ARIZONA, INC.

Please submit this form to:
Expedited Dental Reviews
United Dental Care of Arizona, Inc.
P. O. Box 2509
Addison, TX 75001-2509

PROVIDER CERTIFICATION FORM FOR EXPEDITED DENTAL REVIEWS

(You and your provider may use this form when requesting an expedited appeal.)

A patient who is denied authorization for a covered service is entitled to an expedited appeal if the treating provider certifies and provides supporting documentation that the time period for the standard appeal process (about 60 days) "is likely to cause a significant negative change in the [patient's] dental condition at issue."

PROVIDER INFORMATION

Treating Dentist/Provider _____
Phone # _____ FAX # _____
Address _____
City _____ State _____ Zip Code _____

[PATIENT] INFORMATION

[Patient's] Name _____ Member ID # _____
Phone # _____
Address _____
City _____ State _____ Zip Code _____

INSURER INFORMATION

Insurer Name _____
Phone # _____ FAX# _____
Address _____
City _____ State _____ Zip Code _____

• Is the appeal for a service that the [patient] has already received? ☐ Yes ☐ No
If "Yes," the [patient] must pursue the standard appeals process and cannot use the expedited appeals process. If "No," continue with this form.

• What service denial is the [patient] appealing? _____

• Explain why you believe the [patient] needs the requested service and why the time for the standard appeal process will harm the [patient]. _____

Attach additional sheets if needed, and include: ☐ Dental records ☐ Supporting documentation

If you have questions about the appeals process or need help regarding this certification, you may call the Department of Insurance Consumer Assistance number (602) 364-2499 or 1 (800) 325-2548. You may also call UDC at (800) 443-2995.

I certify, as the [patient's] treating provider, that delaying the [patient's] care for the time period needed for the informal reconsideration and formal appeal processes (about 60 days) is likely to cause a significant negative change in the [patient's] dental condition at issue.

Provider's Signature _____ Date _____

Sample Appeals Document

PPO

EXHIBIT 13

Group Dental Appeals Process Information Packet
Union Security Insurance Company

CAREFULLY READ THE INFORMATION IN THIS PACKET AND KEEP IT FOR FUTURE REFERENCE. IT HAS IMPORTANT INFORMATION ABOUT HOW TO APPEAL DECISIONS THAT WE MAKE ABOUT YOUR DENTAL CARE.

Getting Information About the Dental Care Appeals Process
Help in Filing an Appeal: Standardized Forms and Consumer Assistance From the Department of Insurance

We will send you a copy of this information packet when you first receive your policy, and within 5 business days after we receive your request for an appeal. When your insurance coverage is renewed, we will also send you a separate statement to remind you that you can request another copy of this packet. We will also send a copy of this packet to you or your treating provider at any time upon request. Just call our dental claims toll-free number 800.442.7742 to ask for a copy.

At the back of this packet, you will find a form that you can use for your appeal. The Arizona Insurance Department ("Department") developed these forms to help people who want to file a dental care appeal. You are not required to use them. We cannot reject your appeal if you do not use them. If you need help in filing an appeal, or you have questions about the appeals process, you may call the Department's Consumer Assistance Office at 602.364.2499 or 800.325.2548 or call us at our toll-free number 800.442.7742.

How to Know When You Can Appeal

When we deny all or a portion of a dental claim, we will notify you of your right to appeal that decision. Your notice may come directly from us or through your treating provider.

Decisions You Can Appeal

You can appeal the following decisions:

1. We do not pay for a service that you have already received.
2. We deny all or a portion of a dental claim because we determined that an alternative treatment would accomplish a professionally satisfactory result.
3. We deny all or a portion of a dental claim because we determine that it is not covered under your insurance policy, and you believe it is covered.

Decisions You Cannot Appeal

You cannot appeal the following decisions:

1. You disagree with our decisions as to the amount of "usual and customary charges."
2. You disagree with how we are coordinating benefits when you have dental insurance with more than one insurer.
3. You disagree with how we have applied your claims or services to your dental plan deductible.
4. You disagree with the amount of coinsurance or copayments that you have paid.
5. You disagree with our decision to issue or not issue a dental policy to you.
6. You are dissatisfied with any rate increase you may receive under your dental insurance policy.
7. You believe that we have violated any other parts of the Arizona Insurance Code.

If you disagree with a decision that is not appealable according to this list, you may still file a complaint with the Arizona Department of Insurance, Consumer Affairs Division, 2910 N. 44th, Second Floor, Phoenix, AZ 85018.

Who Can File an Appeal?

Either you or your treating dental provider can file an appeal on your behalf. At the end of this packet is a form that you may use for filing your appeal. You are not required to use this form, and can send us a letter with the same information.

Description of the Dental Appeals Process

The dental appeals process has two levels of appeals.

Level 1 Formal Appeal
Level 2 External Independent Dental Review

We make the decisions at Level 1. An outside reviewer, who is completely independent from our company, makes Level 2 decisions. You are not responsible to pay the costs of the external review if you choose to appeal to Level 2.

APPEALS PROCESS FOR DENIED DENTAL CLAIMS

Level 1: Formal appeal

Your request: You may request Formal Appeal if: (1) you have dental coverage with us, and (2) we deny all or a portion of a dental claim. You have 2 years from our first denial notice to request Formal Appeal. To help us make a decision on your appeal, you or your provider should also send us information (that you have not already sent us) to show why we should pay the claim. Send your appeal request and information to:

Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733-2940
800.442.7742

Our acknowledgement: We have 5 business days after we receive your request for Formal Appeal ("the receipt date") to send you and your treating dental provider a notice that we got your request.

Our decision: We have up to 60 days to decide whether we should change our decision and pay your claim. We will send you and your treating dental provider our decision in writing. The written decision must explain the reasons for our decision and tell you the documents on which we based our decision.

If we deny all or a portion of your dental claim: You have 30 days to appeal to Level 2.

If we grant your request: We will pay the claim and the appeal is over.

If we refer your case to Level 2: We may decide to skip Level 1 and send your case straight to an independent reviewer at Level 2.

Level 2: External, Independent Review

Your request: You may appeal to Level 2 only after you have appealed through Level 1. You have 30 days after you receive our Level 1 decision to send us your written request for External Independent Review. Send your request and any more supporting information to:

Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733-2940
800.442.7742

Neither you nor your treating dental provider is responsible for the cost of any external independent review.

The process: If we deny all or part of your claim for dental services, the denial will be due to contract coverage. This means that the denial is made because we determine that a service is not covered under your insurance policy or because an alternate treatment would accomplish a professionally satisfactory result. For denials based on contract coverage, the Arizona Insurance Department is the independent reviewer.

Contract Coverage Cases

Within 5 days after receiving your request, we will:

1. Mail a written acknowledgement of your request to the Insurance Director, you and your treating dental provider.

2. Send the Director of Insurance: the request for review, your policy, evidence of coverage or similar document; all dental records and supporting documentation used to render our decision; a summary of the applicable issues including a statement of our decision; the criteria used and any clinical reason of our decision.

Within 15 days of receiving this information, the Insurance Director must determine if the dental claim is payable, issue a decision, and send a notice to us, you, and your treating dental provider.

Referral to the Independent Review Organization ("IRO") for contract coverage cases: The Insurance Director is sometimes unable to determine issues of coverage. If this occurs, the Insurance Director will forward your case to an IRO. The IRO will have 21 days to make a decision and send it to the Insurance Director. The Insurance Director will have 5 business days after receiving the IRO's decision to send the decision to you, your treating dental provider, and us. If the IRO has decided that the claim is payable, we will issue payment. If the IRO agrees with our decision to uphold the denial, the appeal is over.

The decision (contract coverage): If you disagree with the Insurance Director's final decision on a coverage issue, you may request a hearing with OAH. If we disagree with the Director's determination of coverage issues, we may also request a hearing at OAH. Hearings must be requested within 30 days of receiving the coverage issue determination. OAH has rules that govern the conduct of their hearing proceedings.

Obtaining Dental Records

Arizona law (A.R.S. §12-2293) permits you to ask for a copy of your dental records. Your request must be in writing and must specify who you want to receive the records. The dental provider who has your records will provide you or the person you specified with a copy of your dental records.

Confidentiality: Dental records disclosed under A.R.S. §12-2293 remain confidential. If you participate in the appeals process, the relevant portions of your dental records may be disclosed only to people authorized to participate in the review process for the dental claim under review. These people may not disclose your dental information to any other people.

Documentation for an Appeal

If you decide to file an appeal, you must give us any material justification or documentation for the appeal at the time the appeal is filed. If you gather new information during the course of your appeal, you should give it to us as soon as you get it. You must also give us the address and telephone number where you can be contacted. If the appeal is already at Level 2, you should also send the information to the Department.

The Role of the Director of Insurance

Arizona law (A.R.S. §20-2533(F)) requires "any member who files a complaint with the Department relating to an adverse decision to pursue the review process prescribed" by law. This means, that for appealable decision, you must pursue the dental appeals process before the Insurance Director can investigate a complaint you may have against our company based on the decision at issue in the appeal.

The appeal process requires the Director to:

1. Oversee the appeals process.
2. Maintain copies of each utilization review plan submitted by insurers.
3. Receive, process, and act on requests from an insurer for External, Independent Review.
4. Enforce the decision of insurers.
5. Review decision of insurers.
6. Report to the Legislature.
7. Send, when necessary, a record of the proceedings of an appeal to Superior Court or to the OAH.
8. Issue a final administrative decision on coverage issues, including the notice of the right to request a hearing at OAH.

Receipt of Documents

Any written notice, acknowledgement, request, decision, or other written document required to be mailed is deemed received by the person to whom the document is properly addressed on the 5th business day after being mailed. "Properly addressed" means to your last known address.

Union Security Insurance Company
PO Box 2940 Clinton Iowa 52733-2940
T 800.442.7742

DENTAL CARE APPEAL REQUEST

You may use this form to tell your insurer you want to appeal a denial decision.

Insured member's name _____ Member policy no. _____

Name of representative pursuing appeal, if different from above _____

Mailing Address _____ Phone no. _____

City _____ State _____ Zip code _____

Name of Insurer that denied the claim _____

What decision are you appealing (*Explain what you want your insurer to pay for.)*

_____
_____
_____

Explain why you believe the claim or service should be covered (*Attach additional sheets of paper, if needed.)*

_____
_____
_____
_____
_____
_____
_____
_____

If you have questions about the appeals process or need help to prepare your appeal, you may call the Department of Insurance Consumer Assistance number 602.364.2499 or 800.325.2548, or Union Security Insurance Company at 800.442.7742.

Make sure to attach everything that shows why you believe your insurer should cover your claim, including:
□ Dental Records □ Supporting Documentation (letter from your dentist, brochures, notes, receipts, etc.)

_____ _____
SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE DATE

ASSURANT
Employee
Benefits

Group Benefits

Sample

City of Peoria

Premier Dental Plan

CERTIFICATE OF
GROUP INSURANCE

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered *policy* issued by Union Security Insurance Company to the *policyholder.*

Policyholder: City of Peoria

Group Policy Number: Premier Sample

Participation Number: 0

Effective Date: For any dental expenses incurred on or after August 1, 2008.

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the *policy.*

Michael J Peninger

Executive Vice-President

The Insurance in this Certificate is not in force unless accompanied by Form SCHD which names you as the *covered person* and includes the Type of Coverage and Effective Date of Coverage. Any coverage not listed on Form SCHD, even though described in this Certificate, does not apply to you.

SCHEDULE

Dental Insurance

Deductible Amount

Individual Deductible Amount:	$50
Individual Deductible Amount for Class IV Services:	$0
Maximum Family Deductible:	3 persons individually

The Individual Deductible does not apply to Class I Dental Services.

The Family Deductible does not apply to Class IV Dental Services.

Co-Insurance Percentages

Class I Preventive Services:	80%
Class II Basic Services:	80%
Class III Major Services:	50%
Class IV Orthodontic Services:	50%

Benefit Maximums:

Benefit Year Maximum:	$1,000
Overall Benefit Maximums:	
Temporomandibular joint treatment:	$1,000
Class IV Orthodontic Services:	$1,000

Covered dental expenses are based on current dental terminology and are updated periodically. The most current dental terminology may not be reflected in the list of covered dental expenses. However, benefits will be payable based on the most current dental terminology.

Discounts on dental care products are available. Please visit the For Members site at www.assurantemployeebenefits.com for details.

TABLE OF CONTENTS

GENERAL DEFINITIONS 3
DEFINITIONS FOR DENTAL INSURANCE 4
ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU 6
- Exception to Effective Date 6
- When Your Insurance Ends 6

ELIGIBILITY AND TERMINATION PROVISIONS FOR DEPENDENTS 7
- Eligible Dependents 7
- Dependent Effective Date 7
- Exception to Dependent Effective Date 7
- When Dependent Insurance Ends 7

SPECIAL DEPENDENT INSURANCE CONTINUANCE PROVISIONS 9
- Physically Handicapped or Mentally Retarded Dependent Children 9
- Students 9

SPECIAL FEDERAL CONTINUANCE PROVISIONS 10
DENTAL INSURANCE 11
- Insurance Provided 11
- Deductible 11
- Maximum Family Deductible 11
- Benefit Year Maximum 11
- Maximum Benefit for Temporomandibular Joint (TMJ) Treatment 11
- Covered Dental Expenses 11
  - Class I: Preventive Dental Services 12
  - Class II: Basic Dental Services - (Non-Restorative) 13
  - Class II: Basic Dental Services - (Restorative) 15
  - Class III: Major Dental Services 16
  - Class IV: Orthodontic Dental Services 18
- Pre-estimate 19
- Alternate Treatment 20
- Special Limitations 20
  - Late Entrant Limitation 20
  - Missing Teeth Limitation 20
  - Denture or Bridge Replacement/Addition 21
- General Exclusions 21
- Effect of Prior Plan 23
  - Definitions 23
  - Continuity of Coverage for You 23
  - Continuity of Coverage for Your Dependents 23
  - Prior Extractions 24
  - Late Entrant Limitations 24
  - Coverage for Treatment in Progress 24
  - Deductible Credit 25
  - Maximum Benefit Credit 25
- Extension of Benefits 25

COORDINATION OF BENEFITS 27
- Applicability 27
- Definitions 27
- Order of Benefit Determination 28
- Effect on Benefits 30
- Right to Receive and Release Necessary Information 30
- Facility of Payment 31
- Recovery of Our Payment 31

CLAIM PROVISIONS 32
- Payment of Benefits 32
- To Whom Payable 32
- Authority 32

Filing a Claim 32
Physical Exam 33
Limit on Legal Action 33
Incontestability 33
Overpayment 33
Subrogation Rights 33
Right to Reimbursement 33
GENERAL PROVISIONS 35
Entire Contract 35
Errors 35
Misstatements 35
Certificates 35
Workers' Compensation 35
Agency 35
Fraud 35

GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

Active work means the expenditure of time and energy for the *policyholder* or an *associated company* at your usual place of business on a *full-time* basis.

Associated company means any company shown in the *policy* which is owned by or affiliated with the *policyholder*.

Contributory means you pay part of the premium.

Covered dependent means an *eligible dependent* who is insured under the *policy*.

Covered person means an eligible employee or member of the *policyholder*, or an *associated company* who has become insured for a coverage.

Doctor means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a *doctor* by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a *doctor*. However, neither you nor a *family member* will be considered a *doctor*.

Eligible class means a class of persons eligible for insurance under the *policy*. This class is based on employment or membership in a group.

Family member means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the *covered person*.

Full-time means working at least 30 hours per week, unless indicated otherwise in the *policy*.

Home office means our office in Kansas City, Missouri.

Injury means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane or insane.

No-fault motor vehicle coverage means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

Noncontributory means the *policyholder* pays the premium.

Policy means the group policy issued by us to the *policyholder* that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the *policy* is issued.

Proof of good health means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the *policyholder* or an *associated company* who has become insured for a coverage.

DEFINITIONS FOR DENTAL INSURANCE

Benefit year means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

Dental hygienist means an individual who is licensed to practice dental hygiene and acting under the supervision of a *dentist* within the scope of that license in treating the dental condition.

Dental insurance means the group dental insurance under the *policy* issued by us to the *policyholder*.

Dentally necessary and dental necessity mean a service or *treatment* which is appropriate with the diagnosis and which is in accordance with accepted dental standards. The service or *treatment* must be essential for the care of the teeth and supporting tissues.

Dental treatment plan means the *dentist's* report of recommended *treatment* which contains:

- a list of the charges and dental procedures required for the *dentally necessary* care;
- any supporting pre-operative x-rays; and
- any other appropriate diagnostic materials required by us.

Dentist means an individual who is licensed to practice dentistry and acting within the scope of that license in treating the dental condition.

Denturist means an individual who is licensed to make dentures and acting within the scope of that license in treating the dental condition.

Emergency dental treatment means any *dentally necessary* service, procedure, or supply which is rendered as the direct result of unforeseen events or circumstances which require prompt attention.

Family unit means you and your *covered dependents*.

Functioning natural tooth means a *natural tooth* which is performing its normal role in the chewing process in the person's upper or lower arch and which is opposed in the person's other arch by another *natural tooth* or prosthetic replacement.

Immediate family member means a person who is related to the *covered person* in any of the following ways: parent, spouse, child, brother or sister.

Medicare means a portion of Title XVIII of the United States Social Security Act of 1965, as amended.

Natural tooth means any tooth or part of a tooth that is organic and formed by the natural development of the body. Organic portions of the tooth include the crown enamel and dentin, the root cementum and dentin, and the enclosed pulp.

Orthodontic treatment means the corrective movement of teeth through the bone by means of an active appliance to correct a handicapping malocclusion (a malocclusion severely interfering with a person's ability to chew food) of the mouth. We will make the determination of the severity of the malocclusion.

Other group dental expense coverage means:

- any other group policy providing benefits for dental expenses; or
- any plan providing dental expense benefits (whether through a dental services organization or other party providing prepaid health or related services) which is arranged through any employer or through direct contact with persons eligible for that plan.

Periodontal maintenance procedures mean recall procedures for patients who have undergone either surgical or non-surgical *treatment* for periodontal disease. The procedures include examination, periodontal evaluation and any further scaling and root planing that is *dentally necessary*.

Pre-Estimate review means our review of a *dentist's* statement, including diagnostic x-rays, describing the planned *treatment* and expected charges.

Treatment means any dental consultation, service, supply, or procedure that is needed for the care of the teeth and supporting tissues.

Usual and customary (UC) charge means:

- *Usual Charge* is the fee regularly charged for a service or supply to the majority of a *dentist's* patients and accepted as payment in full by an individual dental office. If more than one fee is charged, the fee determined to be the usual fee will not be greater than the lowest fee which is regularly charged or offered to patients.
- *Customary* Charge is the fee for a given service or supply which, as determined by us, does not exceed the amount ordinarily charged by the majority of *dentists* in the locality. Locality is either a county or such geographically significant area as is necessary to establish a representative base of charges for the type of service for which the charge is made.

ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

Exception to Effective Date

If you are not at *active work* on the day you would otherwise become insured, your insurance will not take effect until you return to *active work*. If the day your insurance would normally take effect is not a regular work day for you, your insurance will take effect on that day if you are able to do your regular job.

When Your Insurance Ends

Your insurance will end on the earliest of:

- the day the *policy* ends;
- the day the *policy* is changed to end the insurance for your *eligible class*;
- the last day of the month in which you are no longer in an *eligible class*;
- the last day of the month in which you stop *active work*;
- the day a required contribution was not paid; or
- the day you become covered under an optional dental plan which is sponsored by your employer, or the *policyholder*, or an *associated company* and provided through a Dental Maintenance Organization.

ELIGIBILITY AND TERMINATION PROVISIONS FOR DEPENDENTS

Eligible Dependents

Your *eligible dependents* are:

- your lawful spouse, and
- your unmarried children who are less than age 19, or less than age 24 if a full-time student.

"Children" include any adopted children. A child will be considered adopted on the date of placement in your home. Stepchildren and foster children are also included if they depend on you for support and maintenance. "Children" also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.

An *eligible dependent* will not include any person who is a member of an *eligible class*. An *eligible dependent* may not be covered by more than 1 *covered person.*

Dependent Effective Date

Any *noncontributory* dependent insurance will take effect on the day the dependent becomes an *eligible dependent*, or, if later, on the Entry Date shown in the Schedule in the *policy.*

For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium.

- If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule in the *policy.*
- If you apply on the date the dependent becomes eligible, or within 31 days after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application.
- If you apply more than 31 days after the dependent becomes eligible or after dependent insurance ended because the premium was not paid, *dental insurance* will take effect on the Entry Date occurring on or after the date the request is made. However, for the first 24 months after becoming insured under the *policy*, the Late Entrant Limitation in the Special Limitations section will apply.

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

If an *eligible dependent* is in a hospital or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the hospital or similar facility. This exception does not apply to a child born while dependent insurance is in effect.

When Dependent Insurance Ends

A dependent's insurance will end on the earliest of:

- the day the *policy* ends;
- the day the *policy* is changed to end dependent insurance;

- the last day of the month in which that dependent is no longer eligible;
- the day your insurance for the same coverage under the *policy* ends;
- the day a required contribution for dependent insurance was not paid; or
- the day the dependent becomes covered under an optional dental plan which is sponsored by your employer, or the *policyholder*, or an *associated company* and provided through a Dental Maintenance Organization.

SPECIAL DEPENDENT INSURANCE CONTINUANCE PROVISIONS

As specified below, dependent *dental insurance* may continue, subject to the provisions that describe when insurance ends, and all other terms and conditions of the *policy*. Premiums are required for any coverage continued.

Physically Handicapped or Mentally Retarded Dependent Children

Dependent *dental insurance* for an *eligible dependent* child will continue beyond the date a child attains an age limit, if, on that date, he or she:

- is unable to earn a living because of physical handicap or mental retardation; and
- is chiefly dependent upon you for support and maintenance.

We must receive proof of the above within 120 days after the child attains the age limit and each year after that, beginning 2 years after the child attains the age limit. There will be no increase in premium for this continued coverage.

Dependent *dental insurance* will end when the child is able to earn a living or is no longer dependent on you for support and maintenance.

Students

Dependent *dental insurance* for an *eligible dependent* child will continue beyond the date the child is no longer a student until the earliest of:

- the end of the 3rd calendar month following the month in which the child is no longer a student;
- the child's 24th birthday; and
- the date the child becomes eligible for *other group dental expense coverage*.

SPECIAL FEDERAL CONTINUANCE PROVISIONS

Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your *covered dependents* may have the right to continue *dental insurance* coverage beyond the date insurance would otherwise terminate. You should contact the *policyholder* concerning your right to continue coverage.

DENTAL INSURANCE

Insurance Provided

We will pay benefits for covered dental expenses identified in the *policy* when incurred by you or a *covered dependent*, while covered under the *policy*. We will pay the co-insurance percentage shown in the Schedule after you or a *covered dependent* have satisfied any deductible required for the *benefit year*, subject to all the terms and conditions of the *policy*.

Covered dental expenses will only include *treatment* provided to you or a *covered dependent* for which, as outlined in the Covered Dental Expenses section, the date started and the date completed occur while the person is insured under the *policy*. No payment will be made for a program of dental *treatment* already in progress on the effective date of a person's insurance, except as stated in the Effect of Prior Plan provision. No payment will be made for dental *treatment* completed after your or a *covered dependent's* insurance under the *policy* ends, except as stated in the Extension of Benefits provision.

Deductible

The deductible is the amount shown in the Schedule and will be applied to each class of dental services as indicated in the Schedule. The deductible is the amount of covered dental expenses that you and each *covered dependent* must incur in a *benefit year* before we will pay benefits. When covered dental expenses equal to the deductible amount have been incurred and submitted to us, the deductible will be satisfied. We will not pay benefits for covered dental expenses applied to the deductible.

If the deductible amount is increased during a *benefit year*, further covered dental expenses must be incurred after the date of increase to satisfy the additional deductible for that *benefit year*.

The deductible will apply to you and each *covered dependent* separately each *benefit year* except as stated in the Maximum Family Deductible section.

Maximum Family Deductible

The family deductible is shown in the Schedule. It indicates the number of persons in your *family unit* who must each satisfy an individual deductible in order to satisfy the family deductible. Once that number of persons has satisfied a deductible for a *benefit year*, we will consider the deductible to be satisfied for each person in your *family unit* for that *benefit year*. We will pay benefits for covered dental expenses incurred on or after the date the required number of persons has satisfied the deductible amount. Expenses incurred for Class IV: Orthodontic Dental Services will not be applied to the family deductible.

Benefit Year Maximum

The maximum benefit payable to you and each *covered dependent* during a *benefit year* is shown in the Schedule. This maximum will apply even if coverage for you or a *covered dependent* ends and starts again within the same *benefit year* or if you or a *covered dependent* have been covered both as an employee and a dependent.

Maximum Benefit for Temporomandibular Joint (TMJ) Treatment

The maximum benefit payable to you and each *covered dependent*, while insured under the *policy*, for *treatment* of temporomandibular joint dysfunction is shown in the Schedule. Any benefits applied to this maximum will also be applied to the Benefit Year Maximum for the *benefit year* in which the expense is incurred.

Covered Dental Expenses

Covered dental expenses include only the lesser of the *dentist's* actual charge or the *usual or customary charge* for expenses incurred by you or a *covered dependent*. The *treatment* must be:

- performed by or under the direction of a *dentist*, or performed by a *dental hygienist* or *denturist*;
- *dentally necessary*; and
- started and completed while you or your *covered dependent* are insured, except as otherwise provided in the Effect of Prior Plan and Extension of Benefits provisions.

We consider a dental *treatment* to be started as follows:

- for a full or partial denture, the date the first impression is taken;
- for a fixed bridge, crown, inlay and onlay, the date the teeth are first prepared;
- for root canal therapy, on the date the pulp chamber is first opened;
- for periodontal surgery, the date the surgery is performed; and
- for all other *treatment*, the date *treatment* is rendered;

We consider a dental *treatment* to be completed as follows:

- for a full or partial denture, the date a final completed appliance is first inserted in the mouth;
- for a fixed bridge, crown, inlay and onlay, the date an appliance is cemented in place; and
- for root canal therapy, the date a canal is permanently filled.

(See Class IV: Orthodontic Dental Services for start and completion dates for *orthodontic treatment*.)

Expenses submitted to us must identify the *treatment* performed in terms of the American Dental Association Uniform Code on Dental Procedures and Nomenclature or by narrative description. We reserve the right to request X-rays, narratives and other diagnostic information, as we see fit, to determine benefits.

We will only pay benefits for covered dental expenses incurred for *treatment* which, in our opinion, has a reasonably favorable prognosis for the patient.

We consider a temporary *treatment* to be an integral part of the final *treatment*. The sum of the fees for temporary and final *treatment* will be used to determine whether the charges are *usual and customary*.

The following is a complete list of covered dental expenses. We will not pay benefits for expenses incurred for any service not listed in the *policy*.

Class I: Preventive Dental Services

- periodic or comprehensive oral evaluation, limited to 1 time in any 6-month period;
- intraoral complete series X-rays, including bitewings and 10 to 14 periapical X-rays, or panoramic film, limited to 1 time in any 60-month period;
- bitewing X-rays (two or four films), limited to 1 time in any 12-month period;

- dental prophylaxis, limited to 1 time in any 6-month period (frequency combined with *periodontal maintenance procedure*). Total number of combined dental prophylaxis services and *periodontal maintenance procedures* not to exceed 4 in a 12-month period;
- genetic test for susceptibility to oral diseases, limited as follows:
  - limited to 1 test per lifetime
  - limited to persons over age 18.
- topical fluoride *treatment*, limited to:
  - 1 time in any 6-month period; and
  - *covered dependent* children less than age 14;
- sealants, limited to:
  - 1 time per tooth in any 36-month period;
  - applications made to permanent molar teeth; and
  - *covered dependent* children less than age 14;
- space maintainers, including all adjustments made within 6 months of installation, limited to *covered dependent* children less than age 19.

Class II: Basic Dental Services - (Non-Restorative)

- limited oral evaluation—problem focused, considered for payment as a separate benefit only if no other *treatment* (except X-rays) is rendered during the visit;
- intraoral periapical X-rays;
- intraoral occlusal X-rays, limited to 1 film in any 6-month period;
- extraoral X-rays, limited to 1 film in any 6-month period;
- other X-rays (except films related to orthodontic procedures or temporomandibular joint dysfunction);
- accession and examination of tissue;
- stainless steel crowns, limited to:
  - 1 time in any 36-month period;
  - teeth not restorable by an amalgam or composite filling; and
  - *covered dependent* children less than age 19;
- pulpotomy;
- root canal therapy, including all pre-operative, operative and post-operative X-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care, limited to 1 time on the same tooth in any 24-month period;

- apicoectomy/periradicular surgery (anterior, bicuspid, molar, each additional root), including all pre-operative, operative and post-operative X-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care;
- retrograde filling--per root;
- root amputation--per root;
- hemisection, including any root removal and an allowance for local anesthesia and routine post-operative care, does not include a benefit for root canal therapy;
- periodontal scaling and root planing (per quadrant), limited to 1 time per quadrant of the mouth in any 24-month period;
- *periodontal maintenance procedure*, limited to 1 *periodontal maintenance procedure* in any 3-month period (frequency combined with dental prophylaxis services). Total number of combined *periodontal maintenance procedures* and dental prophylaxis services not to exceed 4 in a 12-month period;
- periodontal related services as listed below, limited to:
    - 1 time per quadrant of the mouth in any 36-month period with charges combined for each of these services performed in the same quadrant within the same 36-month period;
        - gingivectomy;
        - osseous surgery;
- localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth by report, limited to 1 application per tooth in any 12-month period;
- osseous grafts;
- pedicle grafts;
- tissue grafts;
- periodontal appliances, limited to 1 appliance in any 12-month period;
- simple extraction;
- oral surgery services as listed below, including an allowance for local anesthesia and routine post-operative care;
    - surgical extractions (including extraction of wisdom teeth);
    - alveoloplasty;
    - vestibuloplasty;
    - removal of lateral exostosis—maxilla or mandible;
    - frenulectomy (frenectomy or frenotomy);

- excision of hyperplastic tissue—per arch;

- tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus;

- extraction, erupted tooth or exposed root (elevation and/or forceps removal);

- biopsy;

- incision and drainage;

- palliative (emergency) treatment of dental pain, considered for payment as a separate benefit only if no other *treatment* (except X-rays) is rendered during the visit;

- general anesthesia and intravenous sedation, limited as follows:

  - considered for payment as a separate benefit only when medically necessary (as determined by us) and when administered in the *dentist's* office or outpatient surgical center in conjunction with complex oral surgical services which are covered under the *policy*; and

  - benefits for general anesthesia will be based on the benefit allowed for the corresponding intravenous sedation.

- consultation, including specialist consultations, limited as follows:

  - considered for payment only if billed by a *dentist* who is not providing operative *treatment*;

  - benefits will not be considered for payment if the purpose of the consultation is to describe the *dental treatment plan*;

- therapeutic drug injections.

Class II: Basic Dental Services - (Restorative)

- amalgam restorations, limited as follows:

  - multiple restorations on one surface will be considered a single filling;

  - benefits for the replacement of an existing amalgam restoration will only be considered for payment if at least:

    - 12 months have passed since the existing amalgam restoration was placed if the *covered person* or *covered dependent* is less than age 19; or

    - 36 months have passed since the existing amalgam restoration was placed if the *covered person* or *covered dependent* is age 19 or older;

  - *mesial, lingual, buccal* (MLB) and distal, *lingual, buccal* (DLB) restorations will be considered single surface restorations;

- silicate restorations;

- plastic restorations;

- composite restorations, limited as follows:
    - mesial-lingual, distal-lingual, mesial-buccal, and distal-buccal restorations on anterior teeth will be considered single surface restorations;
    - acid etch is not covered as a separate procedure;
    - benefits for the replacement of an existing composite restoration will only be considered for payment if at least:
        - 12 months have passed since the existing composite restoration was placed if the *covered person* or *covered dependent* is less than age 19; or
        - 36 months have passed since the existing composite restoration was placed if the *covered person* or *covered dependent* is age 19 or older;
- pin retention restorations, covered only in conjunction with an amalgam or composite restoration, pins limited to 1 time per tooth.

Class III: Major Dental Services

All benefits for the services listed below include an allowance for all temporary restorations and appliances, and 1 year follow-up care.

- inlays and onlays;
    - covered only when the tooth cannot be restored by an amalgam or composite filling;
    - covered only if more than 10 years have elapsed since last placement; and
    - limited to persons over age 16;
- porcelain restorations on anterior teeth;
- crowns;
    - covered only when the tooth cannot be restored by an amalgam or composite filling;
    - covered only if more than 10 years have elapsed since last placement; and
    - limited to persons over age 16;
- recementing inlays;
- recementing crowns;
- crown build-up, including pins and prefabricated posts;
- post and core, covered only for endodontically treated teeth requiring crowns;
- endodontic endosseous implant and endosseous implant, limited as follows:

- benefits for the replacement of an existing implant are payable only if the *existing implant* is:
  - more than 10 years old; and
  - cannot be made serviceable;

- full dentures, limited as follows:
  - limited to 1 time per arch unless:
    - 10 years have elapsed since last replacement; and
    - the denture cannot be made serviceable;
  - we will not pay additional benefits for personalized dentures or overdentures or associated *treatment*;
  - we will not pay for any denture until it is accepted by the patient;
- partial dentures, including any clasps and rests and all teeth, limited as follows:
  - limited to 1 partial denture per arch unless:
    - 10 years have elapsed since last replacement (see the Denture or Bridge Replacement/Addition provision for exceptions); and
    - the partial denture cannot be made serviceable;
  - there are no benefits for precision or semi-precision attachments;
- each additional clasp and rest;
- denture adjustments, *limited to*:
  - 1 time in any 12 month period; and
  - adjustments made more than 12 months after the insertion of the denture;
- repairs to full or partial dentures, bridges, crowns and inlays, limited to repairs or adjustments performed more than 12 months after the initial insertion;
- relining or rebasing dentures, limited to:
  - 1 time in any 36-month period; and
  - relining or rebasing done more than 12 months after the insertion of the denture;
- tissue conditioning, limited to repairs or adjustment performed more than 12 months after the initial insertion of the denture;
- fixed bridges (including Maryland bridges), limited as follows:
  - limited to persons over age 16;

- benefits for the replacement of an existing fixed bridge are payable only if the existing bridge:
  - is more than 10 years old (see the Denture or Bridge Replacement/Addition provision for exceptions); and
  - cannot be made serviceable;
- a fixed bridge replacing the extracted portion of a hemisected tooth is not covered;
- the date the bridge is cemented in the mouth will be used in determining the amount that will be applied to the Benefit Year Maximum shown in the Schedule;

- recementing bridges, limited to repairs or adjustment performed more than 12 months after the initial insertion;
- non-surgical temporomandibular joint (TMJ) *treatment* for myofascial pain syndrome, muscular, neural, or skeletal disorder, dysfunction or disease of the temporomandibular joint including *treatment* of the chewing muscles to relieve pain or muscle spasm, TMJ X-rays, and occlusal adjustments, limited as follows:
  - coverage does not include an allowance for appliances for tooth movement or guidance, electronic diagnostic modalities, occlusal analysis, or muscle testing;
  - the Overall Maximum Benefit for Temporomandibular Joint (TMJ) Treatment and the Benefit Year Maximum shown in the Schedule will apply.

Class IV: Orthodontic Dental Services

- cephalometric X-rays;
- diagnostic casts, limited to casts made for orthodontic purposes;
- surgical exposure of an impacted tooth, limited to services performed for orthodontic purposes;
- orthodontic appliances for tooth guidance; and
- fixed or removable appliances to correct harmful habits.

Benefits for *orthodontic treatment* will only be provided to *covered dependent* children.

Benefits for *orthodontic treatment* are not payable for expenses incurred for retention of orthodontic relationships. Benefits for *orthodontic treatment* are payable only for active *orthodontic treatment* for the services listed above.

We will pay benefits for the orthodontic services listed above when the date started for the orthodontic service occurs while the person is insured under this *policy*. No payment will be made for *orthodontic treatment* if the appliances or bands are inserted prior to becoming insured except as provided in the Effect of Prior Plan provision. We consider *orthodontic treatment* to be started on the date the bands or appliances are inserted. Any other *orthodontic treatment* that can be completed on the same day it is rendered is considered to be started and completed on the date the *orthodontic treatment* is rendered.

We will pay the co-insurance percentage amount shown in the Schedule after any required deductible for orthodontic services has been satisfied for the *benefit year*. The maximum benefit payable to each *covered dependent* child, while insured under the policy, for orthodontic services is shown in the Schedule. The maximum benefit will apply even if coverage is interrupted. Benefits paid for orthodontic services will not be applied to the Benefit Year Maximum shown in the Schedule.

We will make a payment for covered orthodontic services related to the initial *orthodontic treatment* which consists of diagnosis, evaluation, pre-care and insertion of bands or appliances. After the payment for the initial *orthodontic treatment*, benefits for covered orthodontic services will be paid in equal quarterly installments over the course of the remaining *orthodontic treatment*. The benefit payment schedule for the initial *orthodontic treatment* and quarterly installments will be determined as follows:

1. We will determine the lesser of the *usual or customary charge* and the orthodontist's fee and multiply that amount by the co-insurance rate shown in the Schedule.

2. The lesser of the amount from number 1 or the Overall Maximum Benefit for orthodontic services shown in the Schedule will be the maximum benefit payable. An initial amount of 25% of the maximum benefit payable will be paid for the initial *orthodontic treatment*. This amount will be payable as of the date appliances or bands are inserted.

3. The remaining 75% of the maximum benefit payable will be divided by the number of quarters that *orthodontic treatment* will continue to determine the amount which will be payable for each subsequent quarter of *orthodontic treatment*. The subsequent quarterly payments will be made only if your dependent remains insured under this *policy* and provides proof to us that *orthodontic treatment* continues. If *orthodontic treatment* continues after the maximum benefit payable has been paid, no further benefits will be paid.

Pre-estimate

If the charge for any *treatment* is expected to exceed $300, we recommend that a *dental treatment plan* be submitted to us for review before *treatment* begins. An estimate of the benefits payable will be sent to you and your *dentist*.

In addition to a *dental treatment plan*, before *orthodontic treatment* begins we may request any of the following information to help determine benefits payable for orthodontic services:

- full mouth dental X-rays;
- cephalometric X-rays and analysis;
- study models; and
- a statement specifying:
    - degree of overjet, overbite, crowding and open bite;
    - whether teeth are impacted, in crossbite, or congenitally missing;
    - length of *orthodontic treatment*; and
    - total *orthodontic treatment* charge.

In estimating the amount of benefits payable, we will consider whether or not an alternate *treatment* may accomplish a professionally satisfactory result. If you or a *covered dependent* and the *dentist* agree to a more expensive *treatment* than that pre-estimated by us, we will not pay the excess amount.

The pre-estimate is not an agreement for payment of the dental expenses. The pre-estimate process lets you or a *covered dependent* know in advance approximately what portion of the expenses will be considered covered dental expenses by us.

Alternate Treatment

If an alternate *treatment* can be performed to correct a dental condition, the maximum covered dental expense we will consider for payment will be the most economical *treatment* which will, as determined by us, produce a professionally satisfactory result.

Special Limitations

Late Entrant Limitation

If you apply for *dental insurance* more than 31 days after you or your dependents first become eligible, you or your *covered dependents* are late entrants. The benefits for the first 24 months of coverage for late entrants will be limited as follows:

- Until the late entrant has been insured under the *policy* for 6 months in a row, benefits will include coverage for only Class I Dental Services;
- Until the late entrant has been insured under the *policy* for 12 months in a row, benefits for the second 6 months will then include coverage for only Class I and Class II Restorative Dental Services; and
- Until the late entrant has been insured under the *policy* for 24 months in a row, benefits for the second 12 months will then include coverage for only Class I and Class II Non-Restorative and Restorative Dental Services.

If *treatment* for a service limited under this provision is started during the Late Entrant Limitation period, only the portion of the *treatment* rendered after the end of the Late Entrant Limitation period will be considered a covered dental expense.

Missing Teeth Limitation

We will not pay benefits for replacement of teeth missing on your or your *covered dependent's* effective date of insurance under the *policy* for the purpose of the initial placement of a full denture, partial denture or fixed bridge. However, expenses for the replacement of teeth missing on the effective date will be considered for payment as follows:

- The initial placement of full or partial dentures will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while you or the *covered dependent* were insured under the *policy.*
- The initial placement of a fixed bridge will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while you or the *covered dependent* were insured under the *policy.* However, the following restrictions will apply:
    - the extracted tooth will not be considered a covered dental expense if it was an abutment to an existing prosthesis;

- benefits will only be paid for the replacement of the teeth extracted while you or the *covered dependent* were insured under the *policy*;
- benefits will not be paid for the replacement of other teeth which were missing on your or the *covered dependent's* effective date.

Denture or Bridge Replacement/Addition

As stated in the Covered Dental Expenses section, we will not pay benefits for the replacement of a full denture, partial denture, fixed bridge or for teeth added to a partial denture unless:

- 10 years have elapsed since last replacement of the denture or bridge; and
- the denture or bridge cannot be made serviceable;

However, the following exceptions will apply:

- benefits for the replacement of an existing partial denture that is less than 10 years old will be payable if there is a *dentally necessary* extraction of an additional *functioning natural tooth*;
- benefits for the replacement of an existing fixed bridge that is less than 10 years old will be payable if:
  - there is a *dentally necessary* extraction of an additional *functioning natural tooth*; and
  - the extracted tooth was not an abutment to an existing bridge.

General Exclusions

We will not pay benefits for expenses incurred for any of the following:

1. *treatment* which:
   - is not included in the list of covered dental expenses;
   - is not *dentally necessary*;
   - is experimental in nature; or
   - does not have uniform professional endorsement;
2. appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting;
3. any *treatment* or appliance, the sole or primary purpose of which relates to:
   - the change or maintenance of vertical dimension;
   - the alteration or restoration of occlusion except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder;
   - bite registration; or
   - bite analysis;

4. replacement of a lost or stolen appliance or prosthesis;

5. educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions;

6. completion of claim forms or missed dental appointments;

7. personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders;

8. *treatment* for a jaw fracture;

9. *treatment* provided by a *dentist*, *dental hygienist*, *denturist*, or *doctor* who is:

   - an *immediate family member* or a person who ordinarily resides with you or a *covered dependent;*
   - an employee of the *policyholder*; or
   - a *policyholder*;

10. hospital or facility charges for room, supplies or emergency room expenses; or routine chest X-rays and medical exams prior to oral surgery;

11. *treatment* performed outside the United States, except for *emergency dental treatment*. The maximum benefit payable to any person during a *benefit year* for covered dental expenses related to *emergency dental treatment* performed outside the United States is $100;

12. *treatment* resulting from or in the course of your or a *covered dependent's* regular occupation for pay or profit for which you or your *covered dependent* are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify us of all such benefits;

13. *treatment* for which these conditions exist:

   - charges are payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and *treatment* is provided by a governmental agency of the United States. However, we will always reimburse any state or local medical assistance (Medicaid) agency for covered dental expenses;
   - charges are not imposed against the person or for which the person is not liable;
   - charges are reimbursable by *Medicare* Part A & Part B.* If a person at any time was entitled to enroll in the *Medicare* program (including Part B) but did not do so, his or her benefits under the *policy* will be reduced by any amount that would have been reimbursed by *Medicare*, where permitted by law;

     * However, for persons insured under *policyholders* who notify us that they employed 20 or more employees during the previous business year, this exclusion will not apply to an actively working employee and/or his or her spouse who is age 65 or older if the employee elects coverage under this plan instead of coverage under *Medicare*.

14. *treatment* provided primarily for cosmetic purposes;

15. *treatment* which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, as determined by us;

16. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling.

Effect of Prior Plan

This provision applies only to *covered persons* and their *covered dependents* who become insured on the effective date of this policy unless otherwise specified below.

Definitions

Prior plan means the *policyholder's* plan of group dental insurance that was replaced by the *policy*.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If you

- are at *active work* on the Effective Date of the *policy* and
- apply for insurance before or within 31 days of the Effective Date of the *policy*,

you will be insured under this *policy*.

If you are not at *active work* on the Effective Date of the *policy*, you will be insured by us and will be provided the benefits of the *policy* until the earliest of:

- the end of any period of continuance of the *prior plan*;
- the date a required contribution, if any, was not paid; or
- the date coverage ends, according to the provisions of the *policy*.

Continuity of Coverage for Your Dependents

We will provide continuity of coverage for your *eligible dependents*, if any, who were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If

- the dependent is not in a hospital or similar facility on the Effective Date of the *policy*, and
- you apply for dependent insurance before or within 31 days of the Effective Date of the *policy*,

the dependent will be insured under the *policy*.

If the dependent is in a hospital or similar facility on the Effective Date of the *policy*, the dependent will be insured by us and will be provided the benefits of the *policy* until the earliest of:

- the end of any period of continuance of the *prior plan*; or

- the date a required contribution, if any, was not paid; or
- the date coverage ends, according to the provisions of the *policy*.

Prior Extractions

If *treatment* is *dentally necessary* due to an extraction which occurred before the effective date of this coverage but while you or your *covered dependent* were covered under the *prior plan* and *treatment* would have been covered under the *policyholder's prior plan*, we will apply the Coverage for Treatment in Progress provision as stated below and consider expenses as follows:

- the replacement of the extracted tooth must take place within 12 months of extraction; and
- expenses must be covered dental expenses under this *policy* and the *prior plan*.

Late Entrant Limitations

If you or your *covered dependents*:

- were eligible but not covered under the *prior plan* on the day before the *prior plan* was replaced by this *policy*;
- are eligible on the effective date of this *policy* for *dental insurance*; and
- you apply for *dental insurance* for yourself and your dependents under this *policy* before or within 31 days of the effective date of this *policy*, then

you and your *covered dependents* will be subject to the Late Entrant Limitation in the Special Limitations section.

Coverage for Treatment in Progress

If you or your *covered dependents* were covered under the *prior plan* on the day before the *prior plan* was replaced by this *policy*, we will pay benefits for any program of dental *treatment* already in progress on the effective date of this *policy* as stated below. However, the expenses must be covered dental expenses under this *policy* and the *prior plan*.

- Extension of Benefits under Prior Plan

  We will not pay benefits for *treatment* if:

  - the *prior plan* has an Extension of Benefits provision;
  - the *treatment* expenses were incurred under the *prior plan*; and
  - the *treatment* was completed during the extension of benefits.

- No Extension of Benefits under Prior Plan

  We will pro-rate benefits according to the percentage of *treatment* performed while insured under the *prior plan* if:

  - the *prior plan* has no extension of benefits when that plan terminates;
  - the *treatment* expenses were incurred under the *prior plan*; and

- the *treatment* was completed while insured under this *policy*.

- Treatment Not Completed during Extension of Benefits

  We will pro-rate benefits according to the percentage of *treatment* performed while insured under the *prior plan* and during the extension if:

  - the *prior plan* has an extension of benefits;
  - the *treatment* expenses were incurred under the *prior plan*; and
  - the *treatment* was not completed during the *prior plan's* extension of benefits.

  We will consider only the percentage of *treatment* completed beyond the extension period to determine any benefits payable under this *policy*.

Deductible Credit

We will credit this *policy's* deductible amount by the amount of covered dental expenses incurred by you or a *covered dependent* in the current *benefit year* and applied to covered dental expenses under the *prior plan's* deductible. You must supply us with proof that these expenses were incurred.

Maximum Benefit Credit

All paid benefits applied to the maximum benefit amounts under the *prior plan* will also be applied to the maximum benefit amounts under this *policy*.

If you had orthodontic coverage for your *covered dependent* children under the *policyholder's prior plan* and you have orthodontic coverage under this *policy*, we will not pay benefits for orthodontic expenses unless:

- you submit proof that the Overall Maximum Benefit for Class IV Orthodontic Services for this *policy* was not exceeded under the *prior plan*;
- *orthodontic treatment* was started and bands or appliances were inserted while insured under the *prior plan*; and
- *orthodontic treatment* is continued while your *covered dependent* is insured under this *policy*.

If you submit the required proof, the maximum benefit for *orthodontic treatment* will be the lesser of this *policy's* Overall Maximum Benefit for Class IV Orthodontic Services or the *prior plan's* maximum benefit. The maximum benefit payable under this *policy* will be reduced by the amount paid or payable under the *prior plan*.

Extension of Benefits

If your or a *covered dependent's* insurance under the *policy* ends, we will extend benefits for any claim related to non-orthodontic dental *treatment* rendered on a specific tooth that began while insured under the *policy*. We will continue to pay benefits for covered dental expenses for such *treatment* that is rendered within 30 days after the date insurance ends.

If your *covered dependent* child's insurance under the *policy* ends, benefits for *orthodontic treatment* will be paid only for covered dental expenses incurred while insured under the *policy* and only until the end of the quarter in which insurance ends.

Any extension of benefits will be subject to payment of the Benefit Year Maximum, Overall Benefit Maximums and other limitations of the *policy*.

This extension will not apply if the *policyholder* ends insurance and this *policy* is replaced with another plan of group dental insurance within 30 days of the date this policy ends.

COORDINATION OF BENEFITS

Applicability

All of the benefits provided under the *policy* are subject to *this provision.*

Definitions

Allowable expense means any *dentally necessary, usual and customary charge*, at least a portion of which is covered under 1 or more of the *plans* which covers the person:

- for whom claim is made, and
- on whose account payment is legally required.

When a *plan* provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered will be both an *allowable expense* and a benefit paid.

When benefits are reduced because the person does not comply with the provisions of a plan, the amount of the reduction will not be considered an *allowable expense.* However, any services rendered by a non-HMO/DMO provider for which the HMO/DMO denies payment will be considered an *allowable expense.*

Claim period means a calendar year. A *claim period* will not start before a person's effective date of insurance under *this plan* nor extend beyond the last day the person is covered under *this plan.*

Medicaid means Title XIX of the Social Security Act of 1965 as amended.

Plan means any plan which provides benefits or services for medical or dental care or *treatment* through:

- group, blanket, or franchise insurance coverage;
- group hospital, medical, or dental service prepayment coverage, group or individual practice or other group prepayment coverage, or group-type coverage through Health Maintenance Organizations (HMOs) or Dental Maintenance Organizations (DMOs);
- a labor-management trusteed plan, union welfare plan, employer or employee organization plan or any other arrangement of benefits, not available to the general public, which is based on membership in a group;
- coverage under government programs or coverage required or provided by any statute, except *Medicaid.* Benefits and services provided by Part A and Part B of *Medicare* are included. If you or a *covered dependent* are eligible for, but not covered under both Part A and Part B of *Medicare* for any reason, the benefits or services that would have been payable if you or the *covered dependent* had been covered, will be included, unless prohibited by state law or regulation; or
- *no-fault motor vehicle coverage* or a Motor Vehicle Financial Responsibility Act, unless prohibited by state law or regulation.

Plan does not include any of the following:

- *school accident coverage*;
- the first $30 per day of benefits under a group or group-type hospital indemnity benefit, written on a non-expense incurred basis;

- *Medicaid*; and does not include a law or *plan* when, by law, its benefits are in excess of those of any private or other non-governmental plan; or

- *no-fault motor vehicle coverage* or a Motor Vehicle Financial Responsibility Act, which, according to its rules, determines its benefits after the benefits of *this plan* have been determined, or any optional *no-fault motor vehicle coverage*.

The term *plan* will be construed separately for each policy, contract, or other arrangement for benefits or services. It will also be construed separately for:

- that part of any policy, contract, or other arrangement which has the right to consider the benefits or services of other *plans* in determining its benefits; and

- that part which does not.

Primary plan means a *plan* whose benefits for health care coverage must be determined without considering the existence of any other *plan*. A *plan* is primary if:

- the *plan* has no order of benefit determination rules, or it has rules which differ from *this provision*; or

- under the order of benefit determination rules, *this plan* determines its benefits first.

School accident coverage means coverage for elementary, high school, or college students for accidents only, including athletic injuries, either on a 24-hour basis or on a "to and from school" basis.

Secondary plan is not a *primary plan*, and may consider the benefits of the *primary plan* and the benefits of any other *plan* which, under the rules of *this provision*, has its benefits determined before those of that *secondary plan*.

This plan means the benefits provided by the *policy*.

This provision means the provision for coordination between the benefits of *this plan* and other *plans*.

Other definitions which may apply to this Coordination of Benefits section appear in the Definitions sections of this *policy*.

Order of Benefit Determination

The rules to establish the order of benefit determination for each *plan* are as follows:

- A *plan* which covers the claimant as an employee, member or subscriber (that is, other than as a dependent) will determine its benefits before a *plan* which covers the claimant as a dependent. However, if the claimant is also a *Medicare* beneficiary, and as the result of the rule established by Title XVIII of the Social Security Act and implementing regulations,

    - the *plan* covering the claimant as a dependent will determine its benefits before *Medicare*; and

    - *Medicare* will determine its benefits before the *plan* covering the claimant as other than a dependent (e.g. a retired employee). Then the *plan* covering the claimant as a dependent will determine its benefits before the *plan* covering the claimant as other than a dependent.

- In the event that the claimant is a dependent child whose parents are not divorced or separated, benefits for the child are determined in this order:

  - first, the *plan* which covers the claimant as a dependent child of the parent whose birthdate occurs earlier in a calendar year; and

  - second, the *plan* which covers the claimant as a dependent child of the parent whose birthdate occurs later in the calendar year.

  If both parents have the same birthdate, benefits for the child are determined in this order:

  - first the *plan* which covered the parent longer; and

  - second, the *plan* which covered the other parent for a shorter period of time.

  If the other *plan* does not contain this exact rule regarding dependents, then this rule will not apply, and the rules set forth in the other *plan* will determine the order of benefits.

- In the event that the claimant is a dependent child whose parents are divorced or separated, benefits for the child are determined in this order:

  - When the parent with custody of the child has not remarried,

    - first, the *plan* which covers the child as a dependent of the parent with custody; and

    - second, the *plan* which covers the child as a dependent of the parent without custody; or

  - When the parent with custody of the child has remarried,

    - first, the *plan* which covers the child as a dependent of the parent with custody; and

    - second, the *plan* which covers that child as a dependent of the stepparent; and

    - finally, the *plan* which covers that child as a dependent of the parent without custody; or

  - When the parents have joint custody of the child and the court does not decree which parent is responsible for the health care expenses of the child, then benefits for the child will be determined according to the birthdate rule described above.

  - If the specific terms of a court decree that one parent is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the *plan* of that parent has actual knowledge of these terms, then

    - first, the *plan* of parent with financial responsibility; and

    - second, the *plan* of the other parent.

    This does not apply to any *claim period* during which any benefits are actually paid or provided before the entity has that actual knowledge.

- If the specific terms of a court decree state that both parents are responsible for the health care expenses of the child but gives physical custody of the child to a particular parent, then benefits for the child will be determined according to the birthday rule described above.

- A *plan* which covers the claimant as a laid-off or retired employee, or as a dependent of that person, will determine its benefits after a *plan* covering such claimant as an employee, other than a laid-off or retired employee, or as a dependent of that person.

  If a *plan* does not have a provision regarding laid-off or retired employees, which results in each *plan* determining its benefits after the other, then this rule will not apply.

- When the claimant whose coverage is provided under a federal or state continuation law is also covered under another *plan*, benefits are determined in this order:

  - first, the *plan* which covers the claimant as an employee; and

  - second, the *plan* which covers the claimant under a continuation law.

  If the other *plan* does not have a provision regarding coverage provided under continuation laws, then this rule will not apply.

- When none of the rules described above establish an Order of Benefit Determination, a *plan* which has covered the claimant longer will determine its benefits before a *plan* which has covered that claimant for a shorter period of time.

Effect on Benefits

A *primary plan's* benefits are not reduced because of the existence of another *plan*.

When there are more than two *plans*, *this plan* may be a *primary plan* to one or more other *plans*, and may be a *secondary plan* to a different *plan(s)*.

When *this plan* is a *secondary plan*, benefits payable under *this plan* will be reduced so that when they are added to the benefits payable under all other *plans*, they will not exceed the total *allowable expenses* incurred by you or the *covered dependent* during the *claim period*. Benefits payable under any other *plan* include the benefits that would have been payable had the claim for them been made. Except for Part A and Part B of *Medicare*, you or the *covered dependent* must actually be covered by the other *plans*.

We will exclude the benefits payable under any *plan* in determining the above reduction if:

- that other *plan* contains a provision which requires it to determine its benefits after the benefits of *this plan*, and

- the rules set forth in the Order of Benefit Determination require us to decide the benefits of *this plan* before the other *plan*.

When a reduction is made, each benefit that would have been payable in the absence of *this provision* will be reduced proportionately or in some other manner which we consider fair. The reduced amount will be charged against any benefit limit of *this plan* that may apply.

Right to Receive and Release Necessary Information

A claimant will furnish any information necessary to implement *this provision*. We may release or obtain any information, with respect to the claimant, which we deem necessary. This information may be released to or received from any insurer, other organization, or person. This may be done without the consent of or notice to the claimant. In so acting, we will be free from any liability.

Facility of Payment

When payments which should have been made under *this plan*, by the terms of *this provision*, have been made under any other *plans*, we have the right to pay to any organization making the other payments any amounts we determine are due to satisfy the intent of *this provision*. Any amount we pay in good faith will release us from further liability for that amount.

Recovery of *Our* Payment

If we pay more than the maximum amount required to satisfy the intent of *this provision* at that time, we have the right to recover the excess paid. We may make recovery from any persons to, or for, or with respect to whom the payments were made, or from any other insurers or organizations. This includes the reasonable cash value of any benefits provided as a service.

CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay dental benefits directly to the providers of dental services for *treatment* of you or your *covered dependents*, if you have assigned your benefits to the providers. We will pay dental benefits to you, if you have not assigned your benefits to the providers. After your death, we have the option to pay any benefits due to your spouse, to the providers of the *treatment*, or to your estate.

Authority

The *policyholder* delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

Filing a Claim

1. Your *dentist* should send us notice of claim for dental *treatment*. We must have written notice of any insured loss within 30 days after it occurs, or as soon as reasonably possible. You can send the notice to our *home office*, one of our regional claims offices, or to one of our agents. We need enough information to identify you as a *covered person*. If charges for dental *treatment* are expected to be $300 or more, you can receive an estimate of benefits payable before *treatment* begins by following the procedures outlined in the Pre-estimate provision.

2. Within 15 days after the date of the notice, we will send you certain claim forms. The forms must be completed and sent to our *home office* or one of our regional claims offices. If you do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.

3. The time limit for filing a claim is 90 days after the date of the loss.

4. To decide our liability, we may require:

    - itemized bills,
    - proof of benefits from other sources, and
    - proof that you have applied for all benefits from other sources, and that you have furnished any proof required to get them.

    For dental expenses, we may require additional information to determine our liability, including, but not limited to:

    - a complete dental charting indicating extractions, missing teeth, fillings, prosthesis, periodontal pocket depths, orthodontic relationship and the dates work was previously performed, and
    - preoperative x-rays, study models, laboratory and/or hospital reports.

We will ask you to authorize the sources of medical and dental services to release your medical information. If you do not furnish any required information or authorize its release, we will not pay benefits.

If it is not reasonably possible to give proof on time, we will not deny or reduce your claim if you give us proof as soon as reasonably possible.

Physical Exam

We may ask you to be examined as often as we require at any time we choose. We will pay for any exam we require.

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least 60 days after you file proof of loss. No action can be brought after the applicable statute of limitations has expired, but, in any case, not after 3 years from the date of loss.

Incontestability

The validity of the *policy* cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the *policyholder* or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person* or the *beneficiary*.

No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for a loss incurred or *disability* starting after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Overpayment

If a benefit is paid under the *policy* and it is later shown that a lesser amount should have been paid, we will be entitled to a refund of the excess amount from the provider or you.

Subrogation Rights

In the event of any payments for benefits provided to you or a *covered dependent* under the *policy*, we, to the extent of our payments, will be subrogated to all rights of recovery you or your dependent have against any person or organization. You or your dependent will execute and deliver any instruments and papers as may be required and do whatever else is necessary to secure those rights to us and will do nothing after loss to prejudice our rights. If we are precluded from exercising our Subrogation Rights, we may exercise our Right to Reimbursement.

Right to Reimbursement

If you or a *covered dependent*: (a) seek legal recourse (whether by suit, settlement, judgment or otherwise) against any person or organization; and (b) recover payment, in whole or in part, from any such person or organization for the benefits previously paid under the *policy*, then you or your dependent must reimburse us for all payments made under the *policy* for which you have received reimbursement.

Any payments made prior to determination of work-related injury, will be reimbursed upon determination of such payment.

However, the reimbursement will not exceed: (a) the amount of the benefit payments made under the *policy* for which payment is recovered from any person or organization; or (b) the amount recovered from any such person or organization as payment for the same covered dental expenses.

You or your *covered dependents* are not obligated by this provision to seek legal action against any person or organization for which benefits have been paid under the *policy*.

GENERAL PROVISIONS

Entire Contract

The *policy* and the *policyholder's* application attached to it are the entire contract. Any statement made by you or the *policyholder* is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the *policyholder's* plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

Certificates

We will send certificates to the *policyholder* to give to each *covered person*. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the *policy*.

Workers' Compensation

The *policy* is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the *policyholder*, any employer, any *associated company*, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the *policy* and recovery of any amounts we have paid.

HIPAA Notice of Privacy Practices

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

I. Our Commitment

Union Security Insurance Company and its affiliated prepaid dental companies* are committed to protecting the personal information entrusted to us by our customers. The trust you place in us when you share your personal information is a responsibility we take very seriously and is the cornerstone of how we conduct our business.

We use the brand name "Assurant Employee Benefits" to associate our products and services and to connect us with the brand of our parent company, Assurant, Inc.

The Health Insurance Portability and Accountability Act (HIPAA) provides us and our affiliates with guidelines and standards to follow when we use or disclose your Protected Health Information (PHI). This new law also gives you, our customer, numerous rights regarding your ability to see, inspect, and copy your PHI. Because our commitment to privacy means complying with all privacy laws, we are providing you this notice outlining our privacy practices. The following information is intended to help you understand what we can and cannot do with your PHI and what your rights are under HIPAA.

II. Our Use and Disclosure of Your PHI

HIPAA allows us to use and disclose your PHI for treatment, payment, and dental or vision care operations without asking your permission. For instance, we may disclose information to a dental or vision provider to assist the provider in properly treating you or a dependent (Treatment). We may disclose certain information to the dental or vision provider in order to properly pay a claim or to your employer in order to collect the correct premium amount (Payment). We may disclose your information in order to help us make the correct underwriting decision or to determine your eligibility (Operations).

Other examples of possible disclosures for purposes of dental or vision care operations include:

- Underwriting our risk and determining rates and premiums for your dental or vision plan;
- Determining your eligibility for benefits;
- Reviewing the competence and qualifications of dental care or other providers;
- Conducting or arranging for dental review, legal services, and auditing functions, including fraud and abuse detection and compliance;
- Business planning and development;
- Business management and general administrative duties such as cost-management, customer service, and resolution of internal grievances;
- Other administrative purposes.

We can also make disclosures under the following circumstances without your permission:

- As required by law, including response to court and administrative orders, or to report information about suspected criminal activity;
- To report abuse, neglect, or domestic violence;
- To authorities that monitor our compliance with these privacy requirements;
- To coroners, medical examiners, and funeral directors;
- For research and public health activities, such as disease and vital statistic reporting;
- To avert a serious threat to health or safety;
- To the military, certain federal officials for national security activities, and to correctional institutions;
- To the entity sponsoring your group dental or vision plan but only for purposes of enrollment, disenrollment, eligibility, or for the purpose of giving the plan sponsor summary information when necessary to help make decisions regarding changes to the plan. If the plan sponsor has certified that its plan documents have been amended to include certain privacy provisions, we may also disclose protected health information to the plan sponsor to carry out plan administration functions that the plan sponsor performs on behalf of the plan;
- To a spouse, family member, or other personal representative if they can show they are assisting in your care or payment of your care and then, without an authorization, only basic information about the status or payment of a claim.

Unless you give us written authorization, we cannot use or disclose your PHI for any reason except as otherwise described in this notice. You may revoke your written authorization at any time by writing us at the address indicated at the end of this notice.

III. Your Individual Rights

You have the following rights with regard to your Protected Health Information:

- **To Restrict our Use or Disclosure**. You have the right to ask us to limit our use or disclosure of your PHI. While we will consider your request, we are not legally required to agree to the additional restrictions. If we do agree to all or part of your request, we will inform you in writing. We cannot agree to limit any use and disclosure of your PHI if the use or disclosure is required by law.
- **To Access your PHI**. You have the right to view and/or copy your PHI at any time by contacting us. If you want copies of your PHI, or want your PHI in a special format, we may charge you a fee. You have a right to choose what portions of your PHI you want copied and to have prior notice of copying costs. If for some reason we deny your request for access to your PHI, we will provide a written explanation of why your request was denied and explain how you can appeal the denial.

- **To Amend your PHI**. You have the right to amend your PHI, if you believe it is incomplete or inaccurate. Your request must be in writing, with an explanation of why you feel the information should be amended. If we approve your request to amend your PHI, we will make reasonable efforts to inform others, including people you name, about the amendment to your PHI. We may deny your request for various reasons, for example, if we determine that the information is correct and complete, or if we did not create the information. If we deny your request, we will provide you a written explanation of our decision. We also will explain your rights regarding having your request and our response included with all future disclosures of your PHI.

- **To Obtain an Accounting of our Disclosures**. You have the right to receive a listing from us of all instances in which we or our business associates have disclosed your PHI for purposes other than treatment, payment, health care operations, or as authorized by you. This list will include only those disclosures made since April 14, 2003 and will only go back six years. The accounting will tell you the date we made the disclosure, the name of the person or entity to whom the disclosure was made, a description of the PHI that was disclosed, and the reason for the disclosure. There may be a charge for accounting disclosures if requested more than once a year.

- **To Request Alternative Communications**. You have the right to ask us to communicate with you about your confidential information by a different method or at another location. We will accommodate all reasonable requests.

- **To Receive Notice.** You are entitled to receive a copy of this notice that outlines our HIPAA privacy practices. We reserve the right to change these practices and the terms of this notice at any time. We will not make any material changes to our privacy practices without first sending you a revised notice. If you receive this notice on our website or by electronic mail, you may request a paper copy.

IV. Who to Contact for Questions and Complaints

If you want more information about our privacy practices, wish to exercise any of your rights with regard to your PHI, or have any questions about the information in this notice, please use the contact information below. If you believe we may have violated your privacy rights, or if you disagree with a decision that we made in connection with your PHI, you may file a complaint using the contact information below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may locate the regional office nearest to you by visiting their web site, http://www.hhs.gov/ocr/privacyhowtofile.htm. We fully support your right to the privacy of your PHI, and will not retaliate in any way if you choose to file a complaint.

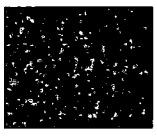
Mailing Address:	Assurant Employee Benefits *Privacy Officer* P.O. Box 419052 Kansas City, MO 64141-6052
Telephone:	800.733.7879
Email:	PrivacyOffice.AEB@assurant.com
Web Site:	www.assurantemployeebenefits.com

V. Organizations Covered by This Notice

This notice applies to the privacy practices of the organizations referenced below. These organizations may share your PHI with each other as needed for payment activities or health care operations relating to the dental or vision insurance that we provide.

VI. Effective Date of This Notice: April 14, 2003

*** In this notice, "we", "us", and "our" refer to Union Security Insurance Company, and the following prepaid dental companies:** DentiCare of Alabama, Inc., Union Security DentalCare of Georgia, Inc., UDC Dental California, Inc., UDC Ohio, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc., Union Security DentalCare of New Jersey, Inc.



ASSURANT
Employee
Benefits

2323 Grand Boulevard
Kansas City, MO 64108

Policy Premier Sample

EXHIBIT 14

Continuance of Insurance

If a person is unable to perform *active work* for a reason shown below, the *policyholder* may continue the person's insurance and the person's dependent insurance, if any, on a premium-paying basis provided the person remains in other respects a member of the *eligible class*. The continuance cannot be more than the maximum continuance shown below. Continuance must be based on a uniform policy, and not individual selection.

The maximum continuance for *dental insurance* is the longest applicable period described below:

- **12 months* for *injury*, sickness, or pregnancy;**
- **3 months* for lay-off, leave of absence (other than a family or medical leave of absence described below), or change to part-time; or**
- **the end of the period the *policyholder* is required to allow* for a family or medical leave of absence under:**
  - **the federal Family and Medical Leave Act; or**
  - **any similar state law.**

*** after the last day of *active work*.**

Any leave of absence, including a family or medical leave of absence described above, must be approved in advance in writing by the *policyholder* if the person's insurance is to be continued.

Extension of Benefits

If your or a *covered dependent's* insurance under the *policy* ends, we will extend benefits for any claim related to non-orthodontic dental *treatment* rendered on a specific tooth that began while insured under the *policy*. We will continue to pay benefits for covered dental expenses for such *treatment* that is rendered within 30 days after the date insurance ends.

If your or your *covered dependent's* insurance under the *policy* ends, benefits for *orthodontic treatment* will be paid only for covered dental expenses incurred while insured under the *policy* and only until the end of the quarter in which insurance ends.

Any extension of benefits will be subject to payment of the Benefit Year Maximum, Overall Benefit Maximums and other limitations of the *policy*.

This extension will not apply if the *policyholder* ends insurance and this *policy* is replaced with another plan of group dental insurance within 30 days of the date this policy ends.

EXHIBIT 15

Large Case

Managed Care Accessibility Analysis

June 23, 2008

A report on the accessibility of the

DHA+Aetna Providers

for the employees of

City Of Peoria

Accessibility summary

Accessibility analysis specifications

Provider group:	**General Practice** 66,711 providers at 31,388 locations (based on 66,711 records)
Employee group:	**All Employees** 1,186 employees
Access standard:	**2in10**
Employees with desired access:	1,144 (96.5%)

Average distance to a choice of providers for employees with desired access

Number of providers	1	2	3	4	5
Miles	1.5	1.8	2.0	2.2	2.3

Key geographic areas

City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
PEORIA	389	389	100	1.4
GLENDALE	240	240	100	1.3
PHOENIX	155	155	100	1.3
SURPRISE	146	146	100	2.0
GOODYEAR	45	40	89	3.5
AVONDALE	27	24	89	3.0
SUN CITY	26	23	88	3.0
LITCHFIELD PARK	23	23	100	1.7
EL MIRAGE	17	17	100	1.8
WADDELL	15	15	100	4.4

Accessibility summary

Accessibility analysis specifications

Provider group:	**General Practice** 66,711 providers at 31,388 locations (based on 66,711 records)
Employee group:	**All Employees** 1,186 employees
Access standard:	**2in10**
Employees without desired access:	42 (3.5%)

Average distance to a choice of providers for employees without desired access

Number of providers	1	2	3	4	5
Miles	9.2	15.1	15.3	15.5	15.9

Key geographic areas

City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
BUCKEYE	28	20	71	15.1
GOODYEAR	45	5	11	11.1
WITTMANN	4	4	100	14.0
AVONDALE	27	3	11	11.9
SUN CITY	26	3	12	13.2
SCOTTSDALE	13	1	8	10.4
CAVE CREEK	5	1	20	14.0
CAMP VERDE	1	1	100	27.3
KIRKLAND	1	1	100	28.6
MORRISTOWN	1	1	100	11.9

Accessibility summary

Accessibility analysis specifications	
Provider group:	**Specialists** 20,892 providers at 9,795 locations (based on 20,892 records)
Employee group:	**All Employees** 1,186 employees
Access standard:	**2in10**
Employees with desired access:	1,122 (94.6%)

Average distance to a choice of providers for employees with desired access

Number of providers	1	2	3	4	5
Miles	2.2	2.7	2.9	3.0	3.1

Key geographic areas

City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
PEORIA	389	383	98	2.3
GLENDALE	240	240	100	2.4
PHOENIX	155	155	100	2.4
SURPRISE	146	146	100	3.2
GOODYEAR	45	35	78	4.5
AVONDALE	27	23	85	3.4
LITCHFIELD PARK	23	23	100	2.9
SUN CITY	26	19	73	2.8
EL MIRAGE	17	17	100	3.0
WADDELL	15	15	100	5.0

Accessibility summary

Accessibility analysis specifications

Provider group:	**Specialists** 20,892 providers at 9,795 locations (based on 20,892 records)
Employee group:	**All Employees** 1,186 employees
Access standard:	**2in10**
Employees without desired access:	64 (5.4%)

Average distance to a choice of providers for employees without desired access

Number of providers	1	2	3	4	5
Miles	15.9	17.2	17.4	18.0	18.3

Key geographic areas

City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
BUCKEYE	28	22	79	23.1
GOODYEAR	45	10	22	11.9
SUN CITY	26	7	27	12.1
PEORIA	389	6	2	10.4
AVONDALE	27	4	15	12.0
WITTMANN	4	4	100	15.7
SCOTTSDALE	13	2	15	14.5
CAVE CREEK	5	2	40	14.8
APACHE JUNCTION	1	1	100	10.6
CAMP VERDE	1	1	100	27.1

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
APACHE JUNCTION	85218	1	1	2	7	44	121
AVONDALE	85323	27	30	62	108	296	585
BUCKEYE	85326	22	5	4	4	16	67
	85396	6	0	0	6	58	162
CAMP VERDE	86322	1	0	0	0	0	0
CAVE CREEK	85327	2	0	1	9	57	197
	85331	3	3	7	46	152	335
CHANDLER	85224	1	52	132	301	431	616
	85225	1	20	126	333	428	544
	85248	1	20	46	155	330	461
	85249	1	18	29	162	348	450
EL MIRAGE	85335	17	2	65	215	409	591
GILBERT	85234	2	13	98	298	448	544
	85296	2	15	72	299	444	496
	85297	1	16	21	124	325	460
GLENDALE	85301	19	8	84	353	652	854
	85302	24	16	99	371	637	860
	85303	25	5	46	335	573	790
	85304	33	2	134	361	646	850
	85305	24	0	31	302	561	734
	85306	18	18	144	358	588	830
	85307	15	0	21	183	428	582
	85308	59	53	100	292	529	744
	85310	21	1	18	206	418	615
	85312	2	0	148	341	588	823
GOODYEAR	85338	45	13	27	72	130	296
KIRKLAND	86332	1	0	0	0	6	9
LAVEEN	85339	6	2	4	61	271	646
LITCHFIELD PARK	85340	23	14	24	154	323	563
MESA	85201	1	13	74	301	563	768
	85202	1	11	124	353	526	723
	85206	1	33	70	235	393	534
	85209	1	11	35	140	310	443
	85210	1	25	150	334	519	696
MORRISTOWN	85342	1	0	0	0	0	1
NEW RIVER	85087	3	0	8	18	59	121
PEORIA	85345	115	16	67	311	544	752
	85380	9	0	72	307	573	755
	85381	86	27	137	295	562	764
	85382	110	18	95	304	446	673
	85383	66	2	31	210	367	574

Employee group: All Employees
Provider group: General Practice

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
PEORIA	85385	3	0	82	310	577	761
PHOENIX	85003	1	2	79	273	520	956
	85004	1	27	77	269	525	957
	85006	1	12	76	273	567	969
	85007	1	0	82	277	517	943
	85008	1	2	101	270	585	930
	85013	1	8	143	332	618	918
	85014	2	7	132	340	611	949
	85015	3	18	123	339	652	876
	85016	4	4	129	307	574	953
	85017	1	20	118	345	656	865
	85018	1	49	86	285	601	957
	85019	2	2	115	333	657	850
	85020	3	19	68	379	673	855
	85021	3	12	107	398	697	849
	85022	5	10	53	315	636	804
	85023	4	9	65	370	648	825
	85024	1	7	72	213	507	749
	85027	14	39	80	281	511	766
	85028	2	11	66	327	615	825
	85029	9	6	115	413	667	865
	85031	1	18	79	320	599	802
	85032	3	28	79	280	575	752
	85033	4	16	62	280	574	769
	85035	2	2	65	251	555	752
	85037	16	5	51	219	515	693
	85040	1	4	22	197	491	877
	85041	5	2	20	126	433	770
	85042	2	14	24	185	490	820
	85043	10	6	30	168	424	688
	85044	2	7	31	173	426	690
	85051	11	20	130	360	684	882
	85053	10	29	103	384	662	844
	85054	1	0	28	168	279	561
	85067	1	0	125	325	594	928
	85080	1	0	84	315	582	940
	85085	9	9	46	109	325	571
	85086	16	10	14	19	70	247
PRESCOTT	86303	1	0	9	9	13	14
SCOTTSDALE	85251	3	25	69	231	605	903
	85254	3	21	89	201	473	772

Employee group: All Employees
Provider group: General Practice

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
SCOTTSDALE	85257	1	2	58	297	632	889
	85258	1	9	59	165	449	863
	85259	1	2	22	85	264	647
	85260	1	35	64	155	304	734
	85261	1	0	65	265	613	895
	85262	2	1	2	11	49	198
SUN CITY	85351	5	25	73	287	475	644
	85373	21	1	89	233	411	627
SUN CITY WEST	85375	4	10	60	143	263	466
SURPRISE	85374	50	41	64	147	280	465
	85379	55	4	62	132	314	457
	85387	15	0	35	71	184	355
	85388	26	1	45	81	222	365
TEMPE	85281	1	4	63	289	602	837
	85282	1	25	74	325	560	804
	85283	2	13	77	288	533	746
TOLLESON	85353	9	12	31	108	292	579
TONOPAH	85354	1	0	0	0	1	1
TUCSON	85706	1	12	43	125	269	339
WADDELL	85355	15	0	0	57	194	416
WICKENBURG	85390	1	1	1	1	1	1
WITTMANN	85361	4	0	0	0	0	56
YOUNGTOWN	85363	5	0	61	261	460	627

Employee group: All Employees
Provider group: General Practice

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
APACHE JUNCTION	85218	1	0	0	0	5	45
AVONDALE	85323	27	8	14	27	52	159
BUCKEYE	85326	22	0	0	0	0	11
	85396	6	0	0	1	13	49
CAMP VERDE	86322	1	0	0	0	0	0
CAVE CREEK	85327	2	0	1	4	29	67
	85331	3	2	2	20	50	107
CHANDLER	85224	1	23	39	113	154	204
	85225	1	5	48	127	152	181
	85248	1	6	22	47	128	168
	85249	1	3	6	68	146	160
EL MIRAGE	85335	17	0	14	74	124	165
GILBERT	85234	2	9	52	108	159	178
	85296	2	15	45	117	158	171
	85297	1	13	11	59	128	160
GLENDALE	85301	19	1	14	109	183	248
	85302	24	1	26	107	176	252
	85303	25	0	6	87	160	222
	85304	33	1	40	119	174	247
	85305	24	0	11	85	155	205
	85306	18	13	60	106	180	253
	85307	15	0	12	34	116	158
	85308	59	20	50	91	166	222
	85310	21	0	13	65	129	191
	85312	2	0	59	97	178	250
GOODYEAR	85338	45	1	6	16	38	69
KIRKLAND	86332	1	0	0	0	3	3
LAVEEN	85339	6	4	5	9	61	183
LITCHFIELD PARK	85340	23	2	6	35	79	158
MESA	85201	1	3	10	90	191	239
	85202	1	1	50	134	187	226
	85206	1	12	33	81	139	181
	85209	1	2	5	60	107	161
	85210	1	6	33	132	167	223
MORRISTOWN	85342	1	0	0	0	0	0
NEW RIVER	85087	3	0	6	9	12	56
PEORIA	85345	115	5	17	82	166	213
	85380	9	0	21	92	166	214
	85381	86	12	37	88	159	226
	85382	110	5	35	92	135	201
	85383	66	0	8	53	119	180

Employee group: All Employees
Provider group: Specialists

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
PEORIA	85385	3	0	22	92	166	219
PHOENIX	85003	1	0	4	69	136	276
	85004	1	0	5	70	146	276
	85006	1	0	25	62	154	294
	85007	1	0	8	67	151	265
	85008	1	0	31	59	148	294
	85013	1	2	43	77	162	263
	85014	2	2	42	93	171	274
	85015	3	8	29	75	186	260
	85016	4	2	36	71	176	279
	85017	1	4	31	93	182	244
	85018	1	23	34	74	168	278
	85019	2	0	24	98	186	235
	85020	3	3	21	116	202	243
	85021	3	7	26	105	209	239
	85022	5	17	24	114	190	228
	85023	4	0	32	127	183	248
	85024	1	2	28	69	173	225
	85027	14	0	38	107	150	233
	85028	2	1	7	120	187	244
	85029	9	5	42	113	196	255
	85031	1	2	11	92	167	215
	85032	3	6	40	99	183	210
	85033	4	1	14	78	159	213
	85035	2	4	10	51	161	199
	85037	16	4	11	40	137	207
	85040	1	0	1	62	132	269
	85041	5	1	2	18	114	235
	85042	2	1	1	62	148	254
	85043	10	1	11	28	119	196
	85044	2	0	2	61	144	220
	85051	11	3	36	113	191	254
	85053	10	9	58	121	190	255
	85054	1	0	14	54	90	189
	85067	1	0	43	77	157	265
	85080	1	0	29	77	175	272
	85085	9	1	0	37	115	173
	85086	16	9	7	9	23	97
PRESCOTT	86303	1	0	3	3	6	6
SCOTTSDALE	85251	3	9	17	86	169	280
	85254	3	8	23	65	159	233

Employee group: All Employees
Provider group: Specialists

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
SCOTTSDALE	85257	1	0	17	92	187	285
	85258	1	3	19	45	145	263
	85259	1	1	5	28	67	210
	85260	1	9	18	44	106	234
	85261	1	0	19	86	163	280
	85262	2	0	0	2	22	54
SUN CITY	85351	5	1	20	91	151	179
	85373	21	0	19	86	129	183
SUN CITY WEST	85375	4	6	22	38	96	145
SURPRISE	85374	50	14	23	41	98	141
	85379	55	1	23	38	89	141
	85387	15	0	17	23	65	106
	85388	26	0	16	24	56	114
TEMPE	85281	1	0	38	95	190	262
	85282	1	3	28	98	184	247
	85283	2	24	32	89	184	241
TOLLESON	85353	9	1	4	27	48	144
TONOPAH	85354	1	0	0	0	0	0
TUCSON	85706	1	1	1	11	45	68
WADDELL	85355	15	0	0	21	51	104
WICKENBURG	85390	1	0	0	0	0	0
WITTMANN	85361	4	0	0	0	0	22
YOUNGTOWN	85363	5	0	14	74	132	174

Employee group: All Employees
Provider group: Specialists

GeoNetworks Report

Unnamed1

Summary Information:

Date created:	June 23, 2008	**Version:**	7.7.0
Author:			
Company:	City Of Peoria		
Network:	DHA+Aetna Providers		
Notes:			

Tables:

Employee tables:	Records:	Provider tables:	Records:
cityofpeoria @ U:\db4.mdb	1210	DHA AET @ T:\DHA\Client ...\DHPXProvJun2008.mdb	87920

Calculations:

Started at:	07:59:34 - June 23, 2008	**Elapsed time:**	2 minutes, 53 seconds
Completed at:	08:02:27 - June 23, 2008		
Calculation method:	Estimated driving distance		
Capacity option:	Unlimited		

Printing:

Started at:	07:59:28 - June 23, 2008	**Elapsed time:**	3 minutes, 0 seconds
Completed at:	08:02:28 - June 23, 2008		
Pages printed:	7 of 7 (all pages)		

EXHIBIT 16

Performance Standards

All measurements are based on our entire block of business unless specifically noted otherwise.

Benefits Payments (indemnity only)	Standard	Actual 2005	Actual 2006	Actual 2007
• Claim Payment Accuracy	98%	99.0%	98.6%	99.9%
• Claim Processing Accuracy	97%	99.6%	99.5%	99.6%

Benefits Turnaround Time	Standard	Actual 2005	Actual 2006	Actual 2007
• All Claims (15 Calendar days)	90%	92%	90%	90%
• Clean Claims (10 Calendar days)	90%	98%	96%	96%

Customer Service	Standard	Actual 2005	Actual 2006	Actual 2007
• Average Speed of Answer	45 sec.	46 sec.	40 sec.	33 sec.
• Percentage of calls abandoned	5% or less	2.6%	2.9%	2.6%

Issue Underwriting - Fulfillment

We agree that 97% of fulfillment material (ID Cards, Certificates, Evidence of Coverage) will be sent within 13-15 business days of receipt of complete and accurate information.

Issue Underwriting - Initial Billing

We agree that the initial bill will be sent within 13-15 business days of receipt of complete and accurate information.

Quality Improvement - Complaints/Appeals/Grievances

We agree that 100 % of all complaints, appeals, & grievances will be resolved within 30 days.

EXHIBIT 17

United Dental Care of Arizona, Inc.
2323 Grand Boulevard
Kansas City, MO 64108-2670
800-443-2995

EVIDENCE OF COVERAGE

ARTICLE I
DEFINITIONS

1.1 **Agreement:** The Group Dental Service Agreement between Group and Company and related documents constituting the entire contract under which Plan Benefits are provided to Members.

1.2 **Anniversary Date:** Agreement's first Anniversary Date is the day after the initial Plan Year ends, as stated in Agreement. The Anniversary Date occurs on the same date in each subsequent year, as stated in Agreement.

1.3 **Company:** United Dental Care of Arizona, Inc.

1.4 **Copayment:** Shall mean a per-service fee charged to Member by Plan Provider as identified in the Copayment Schedule.

1.5 **Dental Emergency:** Bleeding, pain or acute infection requiring Emergency Services.

1.6 **Dependent:** Subscriber's spouse and Subscriber's natural children from and after moment of birth, adopted children from date of placement, stepchildren and foster children. To be eligible, all such children must be under age nineteen (19) years (the "Limiting Age") and unmarried. To be eligible, stepchildren and foster children must also be chiefly dependent on Subscriber for maintenance and support. Eligibility may be extended past the Limiting Age for unmarried children under age twenty-five (25) years who are registered students in regular, full-time attendance at an accredited school, college or university and are chiefly dependent on Subscriber for maintenance and support. Eligibility may be extended past the Limiting Age for unmarried children who are not capable of self-sustaining employment due to a disability or physical handicap and chiefly dependent on Subscriber for maintenance and support. If Company requests proof of a Dependent's eligibility, Subscriber must furnish proof within 31 days of Company's request. Company will not require proof of a Dependent's continuing eligibility more than once a year.

1.7 **Effective Date:** The date Agreement becomes effective, as stated in Agreement.

1.8 **Emergency Services:** Those dental services necessary to control bleeding, relieve pain, including local anesthesia, or eliminate acute infection. Medications that may be prescribed by the dentist but must be obtained through a pharmacy are excluded.

1.9 **Group:** Shall mean the employer, association, or other organization identified in Agreement.

1.10 **Member:** Shall mean a Subscriber or Dependent enrolled in Plan.

1.11 **Non-Plan Dentist:** A general dentist who is not a Plan Dentist.

1.12 **Non-Plan Provider:** A Non-Plan Dentist or a Non-Plan Specialist, or a hygienist or technician acting with or assisting such a dentist.

1.13 **Non-Plan Specialist:** A dentist practicing in a dental specialty who is not a Plan Specialist.

1.14 **Plan Benefits:** Shall mean benefits for services provided under Agreement, subject to any limitations and exclusions.

1.15 **Plan Dentist:** Shall mean a licensed General Dentist who, at time Plan Benefits are provided, is under contract with Company to provide dental services to Members. Copayments listed in the

PLAN DENTIST SERVICES Section of the Copayment Schedule apply only to Plan Dentists who perform the corresponding services listed in the Copayment Schedule. The Plan Dentist selected by Member may not perform all listed services. In order to fully understand payment responsibility for dental services, Member should discuss availability of services and the proposed treatment and its cost with selected Plan Dentist prior to receiving treatment.

1.16 **Plan Provider:** Shall mean a Plan Dentist or Plan Specialist who, at time Plan Benefits are provided, is under contract with Company to provide certain services to Members. The term shall include any hygienists and technicians recognized by the dental profession who act with and assist Plan Dentist or Plan Specialist. A list of Plan Providers shall be published in Plan Dentist Directory. Company has sole discretion to determine which providers may be Plan Providers. Plan Providers are independent contractors in private practice and are neither employees nor agents of Company. Company cannot guarantee the availability of any specific provider as a Plan Provider. The status of providers as Plan Providers is subject to change.

1.17 **Plan Specialist:** Shall mean a licensed dentist practicing in a dental specialty who, at time Plan Benefits are provided, is under contract with Company to provide dental specialty services to Members. Some examples of "dentists practicing in a dental specialty" are endodontists, periodontists, oral surgeons, orthodontists, and pedodontists. Each Plan Specialist will participate in only one of the following two categories:

Non-SBA Plan Specialist - offers any dental specialty service he provides to Members at a specific reduction from his normal retail charge.

SBA Plan Specialist - offers certain dental specialty services he provides to Members for specified Copayments (services and Copayments listed in the **SPECIALIST SERVICES** Section of the Copayment Schedule) and offers all other dental specialty services he provides to Members at a specific reduction from his normal retail charge.

In order to fully understand payment responsibility for dental specialty services, Member should discuss the proposed treatment and its cost with Plan Specialist prior to receiving treatment. Availability of specific types of specialty services from SBA or Non-SBA Plan Specialists depends on which types of dentists are SBA or Non-SBA Plan Specialists. Company cannot guarantee the availability of any specific type of dentist as an SBA or Non-SBA Plan Specialist. Types of dentists who are SBA or Non-SBA Plan Specialists may vary from time to time in different parts of the Service Area. Copayments listed in the **SPECIALIST SERVICES** Section of the Copayment Schedule apply only to SBA Plan Specialists who perform the corresponding services listed in the Copayment Schedule. The SBA Plan Specialist selected by Member may not perform all listed services.

1.18 **Plan Year:** Agreements initial Plan Year begins on the Effective Date and last for the number of months stated in Agreement. Each subsequent Plan Year of Agreement begins on the Anniversary Date and lasts for a period of twelve (12) calendar months.

1.19 **Prepayment Fee:** The periodic fee paid to Company for each Member's coverage.

1.20 **Service Area:** The geographic area where Plan Benefits are available. The extent of the Service Area is within the sole discretion and determination of Company.

1.21 **Subscriber:** Shall mean an employee, member or beneficiary of Group who is eligible to participate in Plan under the eligibility requirements determined by Group.

ARTICLE II
ELIGIBILITY AND MEMBER EFFECTIVE DATE

2.1 **Eligibility:** Subscriber and his Dependent(s) are eligible to become Members of Plan during the open enrollment period set by Group. For Subscribers who become eligible after the Effective

Date, eligibility shall be subject to Group's eligibility rules. Each Member must work or live in Plan Service Area to participate in Plan.

If an additional Prepayment Fee is required for coverage of Subscriber's newly born natural child or Subscriber's child newly placed for adoption, and if Subscriber wishes to have the child covered as of the date of birth or placement, Group must notify Company and pay the additional Prepayment Fee within thirty-one (31) days after that date.

2.2 **Coverage of Members/Effective Date:** Each Subscriber or Dependent whose Prepayment Fee has been accepted by Company on or before the 20th day of the month will be covered beginning the first day of the following month. Each Subscriber or Dependent whose Prepayment Fee has been accepted by Company after the 20th day, but by the last day, of a month will be covered beginning the first day of the second following month.

ARTICLE III
MEMBER'S COPAYMENTS

3.1 **Member's Copayments and Other Charges:** Member is responsible for payment of all Copayments, any additional laboratory fees for certain dental services as stated in the Copayment Schedule, and all charges for services that are not Plan Benefits. Member must pay dental provider at the time service is rendered. Member may have an option to pay according to provider's billing procedures.

ARTICLE IV
BENEFITS AND COVERAGES

4.1 **Assignment of Benefits:** Member's coverage is intended for the sole use and benefit of Member and cannot be transferred to a third party.

4.2 **Plan Benefits:** Company shall provide benefits for dental services to Members as set forth in the Evidence of Coverage and Copayment Schedule. Services are subject to limitations and exclusions. Services are provided for the term of Agreement. Company reserves the right to change Plan Benefits after the initial Plan Year. Notice of change is subject to sixty (60) days written notice.

4.3 **Current Dental Terminology:** The most current dental terminology may not be reflected in Agreement. However, Plan Benefits will be based on the most current dental terminology. From time to time, and with at least thirty (30) days written notice to Group, Company reserves the right to update Agreement to reflect the most current dental terminology.

4.4 **Provision of Plan Benefits/Plan Providers:** Except as specifically provided in the **EMERGENCY SERVICES** Article of the Evidence of Coverage, and the **SPECIALIST SERVICES** Section of the Copayment Schedule, Agreement provides only for services performed by a Plan Provider. Except as specifically provided in the **EMERGENCY SERVICES** Article of the Evidence of Coverage, and the **SPECIALTY SERVICES** Section of the Copayment Schedule, Company shall not have any liability due to treatment by any non-Plan Provider. In addition, Company shall not have any liability due to treatment by any physician, hospital, other person, institution or group. Each Member shall select a Plan Dentist from the Plan Dentist Directory furnished by Group to Member. Specialty services covered by Plan may be obtained from a Plan Specialist or Non-Plan Specialist. Agreement provides for services only. It is not an insurance policy. It does not reimburse Member or Group except as specifically provided in the **EMERGENCY SERVICES** Article of the Evidence of Coverage and the **SPECIALIST SERVICES** Section of the Copayment Schedule.

4.5 **Selection of Provider:**

A. Plan Dentist: Each Member shall select a Plan Dentist from Plan Dentist Directory. To obtain Plan Benefits, Member shall contact selected Plan Dentist.

Change of Selected Plan Dentist: Member or Plan Dentist may request a change of Plan Dentist selection by contacting Company. Change requests received by the 20th day of a month will be effective on the first day of the next following month. Change requests received after the 20th day of a month will be effective the first day of the second following month. Plan Benefits will not be available for services from the newly-selected Plan Dentist until the change request is received and implemented by Company.

B. Plan Specialist: If Member requires specialist services that cannot be provided by Member's selected Plan Dentist, Member may obtain services from a Plan Specialist or a Non-Plan Specialist. No referral from Member's selected Plan Dentist is needed. Members out of pocket amount may vary depending on whether services are received from an SBA Plan Specialist, a Non-SBA Plan Specialist, or a Non-Plan Specialist.

4.6 **Member/Plan Provider Relationship:** The relationship between Member and Plan Provider shall be an independent professional one. Plan Provider shall be solely responsible, without intrusion by Company or Group for all services within the professional relationship between Member and Plan Provider. Company has the right to refuse Plan Benefits, and Plan Provider has the right to refuse treatment to any Member who: (1) fails to follow a prescribed course of treatment; (2) fails to keep confirmed appointments; (3) fails or refuses to make required payments (including but not limited to Copayments, laboratory fees or missed appointment fees) or any charges for non covered procedures; (4) uses the relationship for illegal purposes; or (5) otherwise makes the professional relationship unduly burdensome.

4.7 **Providers not participating with Plan:** Company does not review practice standards of Non-Plan Providers. Members who obtain services from Non-Plan Providers should separately assess the practice standards and skills of those providers.

ARTICLE V
LIMITATIONS AND EXCLUSIONS

5.1 **Pre-Existing Conditions:** Agreement's exclusions and limitations apply with respect to Member's oral conditions without regard to whether or not such conditions existed before the effective date of Member's enrollment for Plan Benefits.

5.2 **Exclusions:** Plan Benefits are not available for:

A. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).

B. Any dental service initiated (a) before the effective date of Member's enrollment for Plan Benefits or (b) after Member's enrollment for Plan Benefits ends.

C. Services provided by Non-Plan Providers unless (a) for services of Non-Plan Specialists as specifically provided in the **SPECIALIST SERVICES** Section of the Copayment Schedule, or (b) for Emergency Services as specifically provided in the **EMERGENCY SERVICES** Article of the Evidence of Coverage.

D. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five (5) years have elapsed since such appliances was provided as a Plan Benefit, or (b) during that five (5) year period, appliance becomes unusable and can not be made usable due to Member's illness or an accident involving damage to the appliance while it is in use.

E. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.

F. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six (6) or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan.)

G. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.

H. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.

I. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.

J. Orthodontic Treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathis, macroglossia, cleft palate or other growth and developmental abnormalities.

K. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.

L. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.

M. Treatment for malignancies, neoplasms or cysts, including but not limited to biopsies.

5.3 **Orthodontic Extractions:** Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

ARTICLE VI
EMERGENCY SERVICES

6.1 **If Selected Plan Dentist is Available:** A Member who has a Dental Emergency should seek care from his or her selected Plan Dentist. Plan Benefits apply to all services of the Member's selected Plan Dentist as stated in the **PLAN DENTIST SERVICES** Section of the Copayment Schedule.

6.2 **If Selected Plan Dentist Is Not Available:** If a Member has a Dental Emergency and the Member's selected Plan Dentist is not available, the Member may seek and receive Emergency Services from any other licensed dentist within the United States of America. Company will reimburse expenses for Emergency Services provided by such dentist up to a maximum of fifty dollars ($50.00) per Dental Emergency, not to exceed one hundred dollars ($100.00) per Member per calendar year for all Dental Emergencies and all such dentists combined. All other charges related to emergency care will be the responsibility of the Member.

6.3 **Expense Reimbursement:** Reimbursement of expenses for Emergency Services is subject to the following conditions:

A. The only expenses eligible for reimbursement are expenses for services of a dentist (other than Member's selected Plan Dentist) within the United States of America, where the services qualify as Emergency Services as stated in the definition of "Emergency Services" in

the **DEFINITIONS** Article of the Evidence of Coverage.

B. If Emergency Services are performed at a hospital or outpatient care facility other than a dentist's office, reimbursement is not available for the hospital's or facility's charges.

ARTICLE VII
DENTAL CHARGES PAID BY MEMBERS

7.1 Company does not reimburse Member except for limited benefits for Emergency Services as specifically stated in the **EMERGENCY SERVICES** Article of the Evidence of Coverage. Reimbursement of Member expenses for such services is subject to the following conditions:

A. Proof of Expenses. Member must furnish satisfactory written proof of covered expenses to Company. This must be within sixty (60) days after receipt of the services for which Member seeks reimbursement.

B. Failure to Furnish Proof of Expenses. Failure to furnish proof to Company within the required time shall not nullify or reduce reimbursement. This is true: (1) only if it was not reasonably possible to provide proof within such time and (2) if proof is furnished as soon as reasonably possible.

C. Reimbursement of Expenses. Reimbursement requests will be processed within sixty (60) days of Company's receipt of satisfactory written proof of expenses. This applies unless Member is notified of the need for additional time. If reimbursement is denied, written notice shall be given to Member. Such notice will contain the reasons for denial.

D. Limitations of Actions. No action at law or equity shall be brought under this Article against Company prior to the end of the ninety (90) day period following the date on which satisfactory written proof of the expenses has been furnished to Company. No such action shall be brought later than three (3) years after the ending of the period of time in which such proof of expenses must be furnished to Company.

ARTICLE VIII
MEMBER APPEALS PROCESS

8.1 **Resolution Procedures:** Any inquiry, complaint or grievance shall be made by contacting Company or Plan Provider. Members should take any question or concern directly to Plan Provider rendering service to resolve the issue immediately. Company inquiries or dissatisfactions may be conveyed by telephone or in writing.

A. Verbal Complaint: Member may contact Company Customer Service department regarding any inquiry, complaint or grievance that cannot be resolved to Member's satisfaction. This occurs after speaking directly with the dentist or other concerned party. Company Customer Service Representative will assess and resolve Member's concern. If Member is not satisfied with the resolution, Member may file a written complaint to Company. Company Customer Service Representative will provide Member with the guidelines. In addition, such representative will provide complaint form to be completed.

B. Written Complaint: Company expects receipt of a completed complaint form or correspondence from Member expressing dissatisfaction with service or care delivered by Company or Plan Dentist. Once this occurs, Company will acknowledge the written complaint within five (5) business days. Company will investigate the complaint and will provide a written resolution to Member within (30) calendar days. In matters of quality of care or clinical issues, an appropriate health professional will be consulted. If the complaint is not resolved to Member's satisfaction, Member should follow the appeal procedures as outlined in the attached Health Care Insurer Appeals Process Information.

ARTICLE IX
TERMINATION

9.1 **Termination of Eligibility:** If Subscriber is terminated or leaves Group, Subscriber and his Dependents shall continue to be covered until Company is notified in writing of Subscriber's termination.

9.2 **Member Termination:** Member coverage shall terminate as follows:

A. On the last day of the month for which Group has placed Member on eligibility list and has paid Member's proper Prepayment Fee.

B. If Member commits fraud or material misrepresentation in the use of services or facilities, coverage for Member will terminate immediately upon written notice.

C. If Member commits fraud or material misrepresentation on the Enrollment Form, coverage will terminate immediately upon written notice. This provision will not be enforced after two (2) years from the time Member's coverage began.

D. If Group or Company terminates Agreement, coverage for Member shall cease on the termination date of Agreement. This shall be subject to any notice required by state law.

E. If Member fails to make required payments, Company reserves the right to terminate coverage upon sixty (60) days written notice. Such payments include, but are not limited to Copayments, laboratory fees or missed appointment fees. Prepayment Fees received for terminated Member for the period after termination date shall be refunded to Group. Thereafter, Company shall have no further liability or responsibility to Member.

F. A Member, after reasonable efforts, may be unable to establish a satisfactory dentist-patient relationship with a Plan Provider. If so, Company reserves the right to terminate coverage upon sixty (60) days written notice. Prepayment Fees received for terminated Member for the period after termination date shall be refunded to Group. Thereafter, Company shall have no further liability or responsibility to Member.

G. Coverage for Subscriber's Dependents will be terminated if the coverage for Subscriber terminates for any reason. This is subject to continuation privileges for certain Dependents as set forth herein.

H. Once a Member is no longer qualified as a Dependent, coverage for that Member will terminate.

I. If Member no longer works or lives in Plan Service Area.

ARTICLE X
CONTINUATION OF COVERAGE / COBRA

10.1 **Services in Progress at Termination:** If Member's enrollment ends for any reason, each Plan Provider is required to complete all dental services initiated prior to the date Member's enrollment ends. Member's financial responsibility for such services is determined according to the terms of Agreement in effect on the last day of Member's enrollment.

10.2 **Continuation of Coverage under COBRA:** If under the provisions of Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Public Law 99-272, Member is granted the right to continue coverage beyond the date Member's coverage would otherwise terminate, the following applies. Agreement shall be deemed to allow coverage to continue to comply with the provisions of applicable statutes. Member should contact Group concerning eligibility.

ARTICLE XI
GENERAL PROVISIONS

11.1 **Amendments:** Company reserves the right to modify, amend or alter Agreement. Any such change will be in writing and duly executed by Company, except to the extent Company updates Plan Benefits to be based on the most current dental terminology.

11.2 **Distribution of Plan Materials and Notices to Members:** Company may be obligated under state law to give notice or Plan materials to Member. If so, it shall be sufficient for Company to give notice or Plan materials to the Group's delegate, unless state law requires otherwise. Group shall then be responsible for providing notice or Plan materials to Subscribers.

11.3 **Circumstances Beyond Company's Control:** Rendition of dental services may be delayed or made impractical due to circumstances not within Company's control. If this occurs, neither Company nor Plan Provider shall have any liability or obligation to provide services on account of such delay. This includes, but is not limited to, complete or partial destruction of facilities, war, riot, and civil insurrection. It also includes labor disputes or disability of a significant number of Plan Providers.

11.4 **Major Disaster or Epidemic:** If a major disaster or epidemic occurs, Plan Provider shall render dental services as practical according to his judgment. Such disaster or epidemic may limit available facilities or personnel. In such situation, neither Company nor Plan Provider shall have any liability or obligation for delay or failure to provide dental services.

TO CONTACT CUSTOMER SERVICE, CALL 1-800-443-2995

INDEX

ARTICLE I	DEFINITIONS	PAGE 1
ARTICLE II	ELIGIBILITY AND EFFECTIVE DATE	PAGE 2
ARTICLE III	MEMBERS COPAYMENTS	PAGE 3
ARTICLE IV	BENEFITS AND COVERAGES	PAGE 3
ARTICLE V	LIMITATIONS AND EXCLUSIONS	PAGE 4
ARTICLE VI	EMERGENCY SERVICES	PAGE 5
ARTICLE VII	DENTAL CHARGES PAID BY MEMBERS	PAGE 6
ARTICLE VIII	MEMBER APPEALS PROCESS	PAGE 6
ARTICLE IX	TERMINATION	PAGE 7
ARTICLE X	CONTINUATION OF COVERAGE / COBRA	PAGE 7
ARTICLE XI	GENERAL PROVISIONS	PAGE 8

United Dental Care of Arizona, Inc.
2323 Grand Boulevard
Kansas City, MO 64108-2670
800-443-2995

SECURE PLAN WITH SPECIALTY BENEFIT COPAYMENT SCHEDULE

SECTION I: PLAN DENTIST SERVICES
(Subject to Limitations and Exclusions Listed in Evidence of Coverage)

Plan Benefits are provided for the dental services listed in this **Plan Dentist Services** Section of the Copayment Schedule only when services are provided by Member's selected Plan Dentist. Limited benefits for Emergency Services from other Plan Dentists are provided as specifically stated in the **EMERGENCY SERVICES** Article of the Evidence of Coverage. Plan Benefits are not available for dental services that do not appear on the Copayment Schedule. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the Evidence of Coverage.

Member is responsible for paying the amount listed in the **Member Copayment** column, plus any additional laboratory ("lab") fees for certain dental services. Payment may be due at the time the service is received or in accordance with Plan Dentist's billing procedures. Lab fees may apply to services with an asterisk (*). For such a service, the lab fee is that Plan Dentist's normal retail lab fee for that service.

The most current dental terminology may not be reflected in the Copayment Schedule. However, Plan Benefits will be based on the most current dental terminology. Company reserves the right to update the Copayment Schedule to reflect the most current dental terminology, with at least thirty (30) days written notice to Group.

The Plan Dentist selected by Member may not perform all listed services. To fully understand payment responsibility for dental services, Member should discuss availability of services, the proposed treatment, and cost with selected Plan Dentist prior to treatment. Availability of any specific general dentist as a Plan Dentist is not guaranteed.

Payment for all services received from a Non-Plan Dentist (at the Non-Plan Dentist's entire normal retail charge) is the responsibility of Member, except for limited benefits for Emergency Services as specifically stated in the EMERGENCY SERVICES Article of the Evidence of Coverage.

ADA Code	Service Description **	Member Copayment
	Appointments	
D0120	Periodic oral evaluation (may only be obtained once in any six calendar months)	No Charge
D0140	Limited oral evaluation, problem focused	25.00
D0150	Comprehensive oral evaluation - new or established patient (may only be obtained once in any six calendar months)	No Charge
D0160	Detailed and extensive oral evaluation - problem focused	20.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	20.00
D0180	Comprehensive periodontal evaluation - new or established patient	20.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	80.00
D9440	Office visit - after regularly scheduled office hours	40.00

ADA Code	Service Description **	Member Copayment
None	Office visit – during regularly scheduled hours***	10.00
None	Missed appointment without 24-hour notice***	25.00
	Diagnostic Dentistry	
D0210	X-Ray: intraoral - complete series, including bitewings (may only be obtained once in any three calendar years.)	10.00
D0220	X-Ray: intraoral - periapical first film	No Charge
D0230	X-Ray: intraoral - periapical each additional film	No Charge
D0240	X-Ray: intraoral - occlusal film	No Charge
D0250	X-Ray: extraoral - first film	No Charge
D0260	X-Ray: extraoral - each additional film	No Charge
D0270	X-Ray: bitewing - single film	No Charge
D0272	X-Ray: bitewing - two films (may only be obtained once in any six calendar months)	No Charge
D0274	X-Ray: bitewing - four films (may only be obtained once in any six calendar months)	No Charge
D0277	X-Ray: vertical bitewings - 7 to 8 films	No Charge
D0330	X-Ray: panoramic film (may only be obtained once in any three calendar years)	10.00
D0415	Collection of micro-organisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
	Preventive Dentistry	
D1110	Prophylaxis - adult (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist.)	10.00
D1120	Prophylaxis - child up to age 18 (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	10.00
D1203	Topical application of fluoride - child up to age 18 (prophylaxis not included)	No Charge
D1310	Nutritional counseling for control of disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	20.00
D1510	Space maintainer - fixed - unilateral*	85.00
D1515	Space maintainer - fixed - bilateral*	85.00
D1520	Space maintainer - removable - unilateral*	110.00
D1525	Space maintainer - removable - bilateral*	135.00
D1550	Re-cementation of space maintainer	25.00
None	Additional prophylaxis*** (Additional prophylaxis does not apply to patients with periodontal disease)	35.00
D9940	Occlusal guards, by report	95.00
D9951	Occlusal adjustment – limited	55.00
D9952	Occlusal adjustment – complete	280.00
	Restorative Dentistry	
D2140	Amalgam - one surface, primary or permanent	25.00
D2150	Amalgam - two surfaces, primary or permanent	30.00
D2160	Amalgam - three surfaces, primary or permanent	45.00
D2161	Amalgam - four or more surfaces, primary or permanent	55.00
D2330	Resin-based composite - one surface, anterior	50.00
D2331	Resin-based composite - two surfaces, anterior	65.00
D2332	Resin-based composite - three surfaces, anterior	80.00

ADA Code	Service Description **	Member Copayment
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	110.00
D2391	Resin-based composite - one surface, posterior	85.00
D2392	Resin-based composite - two surfaces, posterior	100.00
D2393	Resin-based composite - three surfaces, posterior	105.00
D2394	Resin-based composite - four or more surfaces, posterior	130.00
D2510	Inlay - metallic - one surface*	245.00
D2520	Inlay - metallic - two surfaces*	275.00
D2530	Inlay - metallic - three or more surfaces*	315.00
D2542	Inlay- metallic - two surfaces*	305.00
D2543	Onlay - metallic - three surfaces*	325.00
D2544	Onlay - metallic - four or more surfaces*	340.00
D2610	Inlay - porcelain/ceramic - one surface*	280.00
D2620	Inlay - porcelain/ceramic - two surfaces*	310.00
D2630	Inlay - porcelain/ceramic - three or more surfaces*	330.00
D2740	Crown - porcelain/ceramic substrate*	295.00
D2750	Crown - porcelain fused to high noble metal*	295.00
D2751	Crown - porcelain to predominantly base metal*	295.00
D2752	Crown - porcelain fused to noble metal*	295.00
D2790	Crown - full cast high noble metal*	295.00
D2791	Crown - full cast predominantly base metal*	295.00
D2792	Crown - full cast noble metal*	295.00
D2910	Recement inlay, onlay or partial coverage restoration	30.00
D2920	Recement crown	30.00
D2930	Prefabricated stainless steel crown - primary tooth	105.00
D2940	Sedative filling	35.00
D2950	Core buildup, including any pins	55.00
D2951	Pin retention - per tooth, in addition to restoration	25.00
D2952	Cast post and core in addition to crown*	135.00
D2954	Prefabricated post and core in addition to crown	105.00
D2962	Labial veneer (porcelain laminate) - laboratory*	330.00
D2980	Crown repair, by report*	30.00
None	Temporary filling***	25.00
	Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	25.00
D3120	Pulp cap - indirect (excluding final restoration)	22.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	60.00
D3310	Root canal therapy: anterior (excluding final restoration)	145.00
D3320	Root canal therapy: bicuspid (excluding final restoration)	225.00
D3330	Root canal therapy: molar (excluding final restoration)	295.00
D3346	Retreatment of previous root canal therapy - anterior	335.00
D3347	Retreatment of previous root canal therapy - bicuspid	395.00
D3348	Retreatment of previous root canal therapy - molar	480.00
D3410	Apicoectomy/periradicular surgery - anterior	270.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	300.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	335.00
D3426	Apicoectomy/periradicular surgery (each additional root)	115.00
D3430	Retrograde filling - per root	85.00
D3450	Root amputation - per root	175.00
D3920	Hemisection (including any root removal), not including root canal therapy	145.00

ADA Code	Service Description **	Member Copayment
	Periodontics	
D4210	Gingivectomy or gingivoplasty - 4 + contiguous or bounded teeth spaces per quadrant	175.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 teeth, per quadrant	75.00
D4240	Gingival flap procedure, including root planing – 4 + contiguous or bounded teeth spaces per quadrant	170.00
D4241	Gingival flap procedure including root planning - one to three contiguous teeth or bounded teeth spaces per quadrant	130.00
D4260	Osseous surgery (including flap entry and closure) 4+ contiguous or bounded teeth spaces per quadrant	490.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces, per quadrant	284.00
D4320	Provisional splinting – intracoronal	170.00
D4321	Provisional splinting – extracoronal	150.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	90.00
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	57.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	90.00
D4910	Periodontal maintenance	55.00
None	Periodontal hygiene instructions***	5.00
	Removable Prosthodontics (Dentures)	
D5110	Complete denture - maxillary*	385.00
D5120	Complete denture - mandibular*	385.00
D5130	Immediate denture - maxillary*	480.00
D5140	Immediate denture - mandibular*	480.00
D5211	Maxillary partial denture - resin base*	410.00
D5212	Mandibular partial denture - resin base*	410.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases*	495.00
D5214	Mandibular partial denture - cast metal framework with resin denture base* (D5211 - D5214 includes any conventional clasps, rests, and teeth)	495.00
D5410	Adjust complete denture – maxillary	35.00
D5411	Adjust complete denture – mandibular	35.00
D5421	Adjust partial denture – maxillary	35.00
D5422	Adjust partial denture – mandibular	35.00
D5510	Repair broken complete denture base*	70.00
D5610	Repair resin denture base*	80.00
D5620	Repair cast framework*	80.00
D5630	Repair or replace broken clasps	100.00
D5640	Repair broken teeth - per tooth	65.00
D5650	Add tooth to existing partial denture	90.00
D5730	Reline complete maxillary denture (chairside)	150.00
D5731	Reline complete mandibular denture (chairside)	150.00
D5740	Reline maxillary partial denture (chairside)	140.00
D5741	Reline mandibular partial denture (chairside)	140.00
D5750	Reline complete maxillary denture (laboratory)*	150.00
D5751	Reline complete mandibular denture (laboratory)*	150.00
D5760	Reline maxillary partial denture (laboratory)*	150.00
D5761	Reline mandibular partial denture (laboratory)*	150.00
D5850	Tissue conditioning, maxillary	60.00
D5851	Tissue conditioning, mandibular	60.00
D5862	Precision attachment, by report*	160.00

ADA Code	Service Description **	Member Copayment
	Fixed Prosthodontics (Bridges or Fixed Partial Dentures)	
D6210	Pontic - cast high noble metal*	340.00
D6211	Pontic - cast predominantly base metal*	340.00
D6212	Pontic - cast noble metal*	340.00
D6240	Pontic - porcelain fused to high noble metal*	340.00
D6241	Pontic - porcelain fused to predominantly base metal*	340.00
D6242	Pontic - porcelain fused to noble metal*	340.00
D6251	Pontic - resin with predominantly base metal*	340.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	165.00
D6721	Crown - resin with predominantly base metal*	340.00
D6750	Crown - porcelain fused to high noble metal*	340.00
D6751	Crown - porcelain fused to predominantly base metal*	340.00
D6752	Crown - porcelain fused to noble metal*	340.00
D6780	Crown - 3/4 cast high noble metal*	340.00
D6790	Crown - full cast high noble metal*	340.00
D6791	Crown - full cast predominantly base metal*	340.00
D6792	Crown - full cast noble metal*	340.00
D6930	Recement fixed partial denture	55.00
D6940	Stress breaker	150.00
D6950	Precision attachment, by report	230.00
D6980	Fixed partial denture repair, by report*	55.00
None	Resin bonded bridge pontic, per unit***(*)	245.00
	Oral Surgery	
D7111	Extraction, coronal remnants – deciduous tooth	25.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	25.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	85.00
D7220	Removal of impacted tooth - soft tissue	105.00
D7230	Removal of impacted tooth - partially bony	140.00
D7240	Removal of impacted tooth – completely bony	165.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	205.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	85.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	175.00
D7280	Surgical access of an unerupted tooth	165.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	95.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	140.00
D7510	Incision and drainage of abscess – intraoral soft tissue	95.00
D7960	Frenulectomy (frenectomy or frenotomy) separate procedure	205.00
	Bleaching	
D9972	External Bleaching per arch	185.00
	Anesthesia, Analgesia, and Sedation	
D9220	Deep sedation/general anesthesia – first 30 minutes	185.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide - per 30 minutes	20.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	180.00
D9242	Intravenous conscious sedation/analgesia -each additional 15 minutes	40.00

SECTION II: PLAN SPECIALIST SERVICES
(Subject to Limitations and Exclusions Listed in Evidence of Coverage)

If Member requires dental specialty services that cannot be provided by selected Plan Dentist, Member may obtain such services from an SBA Plan Specialist or Non-SBA Plan Specialist. No referral from Member's selected Plan Dentist is needed. However, Member's out-of-pocket expenses may vary depending on whether services are received from an SBA Plan Specialist or a Non-SBA Plan Specialist. Member responsibilities for obtaining services from these two categories of specialists are described below.

To fully understand payment responsibility for dental specialty services, Member should discuss the proposed treatment and its cost with the Plan Specialist prior to treatment. Availability of specified types of specialty services from an SBA or Non-SBA Plan Specialist depends on which types of dentists are SBA or Non-SBA Plan Specialists. Types of dentists who are SBA or Non-SBA Plan Specialists may vary from time to time in different parts of the Service Area. Availability of any specific dentist, or any specific type of dentist, as an SBA or Non-SBA Plan Specialist is not guaranteed. Listed Copayments apply only to SBA Plan Specialists who perform the corresponding services listed in the Copayment Schedule. The SBA Plan Specialist used by Member may not perform all listed services.

Payment for all services received from a Non-Plan Specialist (at the Non-Plan Specialist's entire normal retail charge) is the responsibility of Member, except for limited benefits for Emergency Services as specifically stated in the EMERGENCY SERVICES Article of the Evidence of Coverage.

A. **SBA Plan Specialist Services on Copayment Schedule**: The following Copayment Schedule applies to covered services when they are provided by an SBA Plan Specialist. Member is responsible for paying the amount in the **Member Copayment** 'column either at the time the service is received or in accordance with SBA Plan Specialist's billing procedures.

ADA Codes	Service Description	Member Copayment
D0140	Limited oral evaluation, problem focused	35.00
D0150	Comprehensive oral evaluation - new or established patient	45.00
D0160	Detailed and extensive oral evaluation, problem focused, by report	67.00
D0170	Re-evaluation- limited, problem focused, (established patient, not post-operative visit)	35.00
D0180	Comprehensive periodontal evaluation - new or established patient	80.00
D3320	Root canal therapy: bicuspid (excluding final restoration)	280.00
D3330	Root canal therapy: molar (excluding final restoration)	395.00
D3346	Retreatment of previous root canal therapy - anterior	360.00
D3347	Retreatment of previous root canal therapy - bicuspid	525.00
D3348	Retreatment of previous root canal therapy - molar	545.00
D3410	Apicoectomy/periradicular surgery - anterior	265.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	280.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	310.00
D3430	Retrograde filling, per root	90.00
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	335.00
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	100.00
D4260	Osseous Surgery (including flap entry and closure) Four + teeth per quadrant	495.00
D4261	Osseous Surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces, per quadrant	215.00
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	100.00
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	70.00

ADA Codes	Service Description	Member Copayment
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	80.00
D4381	Localized delivery of antimicorbial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	50.00
D7210	Surgical removal of erupted tooth	80.00
D7220	Removal of impacted tooth - soft tissue	105.00
D7230	Removal of impacted tooth - partial bony	135.00
D7240	Removal of impacted tooth - complete bony	200.00
D7241	Removal of impacted tooth - complete bony with complications	220.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	75.00
D7310	Alveoloplasty in conjuction with extractions, per quadrant	180.00
D7320	Alveoloplasty not in conjunction with extractions, per quadrant	130.00
D7510	Incision and drainage of abscess, intraoral soft tissue	105.00
D7960	Frenulectomy (frenectomy or frenotomy) separate procedure	185.00
D9241	Intravenous conscious sedation / analgesia, first 30 minutes	170.00

B. **SBA Plan Specialist Services Not on Copayment Schedule / Non-SBA Plan Specialist Services**: Dental services obtained from an SBA Plan Specialist, but not listed on the Copayment Schedule above, and dental services obtained from a Non-SBA Plan Specialist will be provided to Member at reduced charges. A 15% reduction from that Plan Specialist's normal retail charges applies to services obtained from a Plan Specialist who is an Endodontist. A 25% reduction from that Plan Specialist's normal retail charges applies to services obtained from any other Plan Specialist (including, but not limited to, a Plan Specialist who is an orthodontist). Member will be responsible for paying the entire reduced charge either at the time the service is received, or in accordance with Plan Specialist's billing procedures.

**_Current Dental Terminology_ (c) American Dental Association. All Rights Reserved.

***Service does not have an American Dental Association current dental terminology code or nomenclature/descriptor.

United Dental Care of Arizona, Inc.

MEMBER RIGHTS AND RESPONSIBILITIES

Member Rights

- Receive an appointment for an initial visit within six weeks of being assigned to a provider.
- Receive an emergency visit within 24 hours of the onset of the dental emergency as verified by United Dental Care of Arizona, Inc.
- Be treated with respect and receive recognition of their dignity and need for privacy by dental health care providers and their staff and employees of United Dental Care of Arizona, Inc.
- Participate in the decision making process regarding the dental health care and treatment.
- Be provided with complete and up to date information on United Dental Care of Arizona, Inc., the dental health care provider network and member rights and responsibilities.
- Ask questions or request assistance from United Dental Care of Arizona, Inc. when using their dental benefit plan.
- Voice grievances about United Dental Care of Arizona, Inc. or a contracted dental health care provider and receive a timely response.

Member Responsibilities

- Treat dental health care providers and their staffs and United Dental Care of Arizona, Inc. employees with respect.
- Cooperate and comply with the instructions of those providing the member's dental treatment.
- Be aware of the features of their dental benefit plan, plan limitations and exclusions and the dental provider network.
- Engage in the home oral health care practices recommended by their dental health care providers.
- Select a family dentist from the United Dental Care of Arizona, Inc. list of providers in a timely fashion.
- Provide advance notice to the dental office of appointment cancellation.
- Fully disclose medial history to dental health providers upon request.

HIPAA NOTICE OF PRIVACY PRACTICES

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

I. Our Commitment

Union Security Insurance Company and its affiliated prepaid dental companies* are committed to protecting the personal information entrusted to us by our customers. The trust you place in us when you share your personal information is a responsibility we take very seriously and is the cornerstone of how we conduct our business.

We use the brand name "Assurant Employee Benefits" to associate our products and services and to connect us with the brand of our parent company, Assurant, Inc.

The Health Insurance Portability and Accountability Act (HIPAA) provides us and our affiliates with guidelines and standards to follow when we use or disclose your Protected Health Information (PHI). This new law also gives you, our customer, numerous rights regarding your ability to see, inspect, and copy your PHI. Because our commitment to privacy means complying with all privacy laws, we are providing you this notice outlining our privacy practices. The following information is intended to help you understand what we can and cannot do with your PHI and what your rights are under HIPAA.

II. Our Use and Disclosure of Your PHI

HIPAA allows us to use and disclose your PHI for treatment, payment, and dental or vision care operations without asking your permission. For instance, we may disclose information to a dental or vision provider to assist the provider in properly treating you or a dependent (Treatment). We may disclose certain information to the dental or vision provider in order to properly pay a claim or to your employer in order to collect the correct premium amount (Payment). We may disclose your information in order to help us make the correct underwriting decision or to determine your eligibility (Operations).

Other examples of possible disclosures for purposes of dental or vision care operations include:

- Underwriting our risk and determining rates and premiums for your dental or vision plan;
- Determining your eligibility for benefits;
- Reviewing the competence and qualifications of dental care or other providers;
- Conducting or arranging for dental review, legal services, and auditing functions, including fraud and abuse detection and compliance;
- Business planning and development;
- Business management and general administrative duties such as cost-management, customer service, and resolution of internal grievances;
- Other administrative purposes.

We can also make disclosures under the following circumstances without your permission:

- As required by law, including response to court and administrative orders, or to report information about suspected criminal activity;
- To report abuse, neglect, or domestic violence;

- To authorities that monitor our compliance with these privacy requirements;
- To coroners, medical examiners, and funeral directors;
- For research and public health activities, such as disease and vital statistic reporting;
- To avert a serious threat to health or safety;
- To the military, certain federal officials for national security activities, and to correctional institutions;
- To the entity sponsoring your group dental or vision plan but only for purposes of enrollment, disenrollment, eligibility or for the purpose of giving the plan sponsor summary information when necessary to help make decisions regarding changes to the plan. If the plan sponsor has certified that its plan documents have been amended to include certain privacy provisions, we may also disclose protected health information to the plan sponsor to carry out plan administration functions that the plan sponsor performs on behalf of the plan;
- To a spouse, family member, or other personal representative if they can show they are assisting in your care or payment of your care and then, without an authorization, only basic information about the status or payment of a claim.

Unless you give us written authorization, we cannot use or disclose your PHI for any reason except as otherwise described in this notice. You may revoke your written authorization at any time by writing us at the address indicated at the end of this notice.

III. Your Individual Rights

You have the following rights with regard to your Protected Health Information:

- **To Restrict our Use or Disclosure.** You have the right to ask us to limit our use or disclosure of your PHI. While we will consider your request, we are not legally required to agree to the additional restrictions. If we do agree to all or part of your request, we will inform you in writing. We cannot agree to limit any use and disclosure of your PHI if the use or disclosure is required by law.
- **To Access your PHI.** You have the right to view and/or copy your PHI at any time by contacting us. If you want copies of your PHI, or want your PHI in a special format, we may charge you a fee. You have a right to choose what portions of your PHI you want copied and to have prior notice of copying costs. If for some reason we deny your request for access to your PHI, we will provide a written explanation of why your request was denied and explain how you can appeal the denial.
- **To Amend your PHI.** You have the right to amend your PHI, if you believe it is incomplete or inaccurate. Your request must be in writing, with an explanation of why you feel the information should be amended. If we approve your request to amend your PHI, we will make reasonable efforts to inform others, including people you name, about the amendment to your PHI. We may deny your request for various reasons, for example, if we determine that the information is correct and complete, or if we did not create the information. If we deny your request, we will provide you a written explanation of our decision. We also will explain your rights regarding having your request and our response included with all future disclosures of your PHI.
- **To Obtain an Accounting of our Disclosures.** You have the right to receive a listing from us of all instances in which we or our business associates have disclosed your PHI for purposes other than treatment, payment, health care operations, or as authorized by you. This list will include only those disclosures made since April 14, 2003 and will only go back six years. The accounting will tell you the date we made the disclosure, the name of the person or entity to whom the disclosure was

made, a description of the PHI that was disclosed, and the reason for the disclosure. There may be a charge for accounting disclosures if requested more than once a year.

- **To Request Alternative Communications.** You have the right to ask us to communicate with you about your confidential information by a different method or at another location. We will accommodate all reasonable requests.
- **To Receive Notice.** You are entitled to receive a copy of this notice that outlines our HIPAA privacy practices. We reserve the right to change these practices and the terms of this notice at any time. We will not make any material changes to our privacy practices without first sending you a revised notice. If you receive this notice on our website or by electronic mail, you may request a paper copy.

IV. Who to Contact for Questions and Complaints

If you want more information about our privacy practices, wish to exercise any of your rights with regard to your PHI, or have any questions about the information in this notice, please use the contact information below. If you believe we may have violated your privacy rights, or if you disagree with a decision that we made in connection with your PHI, you may file a complaint using the contact information below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may locate the regional office nearest to you by visiting their web site, http://www.hhs.gov/ocr/privacyhowtofile.htm. We fully support your right to the privacy of your PHI, and will not retaliate in any way if you choose to file a complaint.

Mailing Address:	Assurant Employee Benefits Privacy Office P.O. Box 419052 Kansas City, MO 64141-6052
Telephone:	800.733.7879
Email:	PrivacyOffice.AEB@assurant.com
Web Site:	www.assurantemployeebenefits.com

V. Organizations Covered by This Notice

This notice applies to the privacy practices of the organizations referenced below. These organizations may share your PHI with each other as needed for payment activities or health care operations relating to the dental or vision insurance that we provide.

VI. Effective Date of This Notice: April 14, 2003

*** In this notice, "we", "us", and "our" refer to Union Security Insurance Company and the following prepaid dental companies:** DentiCare of Alabama, Inc., Union Security DentalCare of Georgia, Inc., UDC Dental California, Inc., UDC Ohio, Inc., dba United Dental Care of Ohio, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc., Union Security DentalCare of New Jersey, Inc.

EXHIBIT 18

UNITED DENTAL CARE OF ARIZONA

2008 Quality Improvement Plan

Privileged and Confidential

UDC of Arizona
2008 Quality Improvement Plan

Table of Contents

I	Purpose	3
II	Goals and Objectives	3
III	Authority/Responsibility	3
IV	Scope	4
V	Program Staff and Structure	4
	A. Dental Director	4
	B. Provider Relations Representative	4
	C. Director of Quality Improvement	4
	D. Grievance Coordinator	5
VI	Committee Structure	5
	A. Quality Improvement Committee	5
	B. Peer Review and Credentialing Committee	6
VII	Statement of Confidentiality	8
VIII	Statement of Conflict of Interest	9
IX	Peer Review Process	10
X	Complaint and Appeal Review Summary	11
XI	Credentialing and Recredentialing	12
XII	Delegation Statement	13
XIII	Program Evaluation	13
XIV	Program Approval	13
XV	Integrating Quality Improvement Plan-wide	13

United Dental Care of Arizona
2008 Quality Improvement Plan

I Purpose

United Dental Care of Arizona, (UDC) and its participating dentists are committed to delivering the highest quality of care in the prepaid dental industry. Accordingly, UDC has developed a Quality Improvement (QI) Plan. This document describes the various elements of the QI plan, including the overall structure and responsibilities of people that implement the plan. It is supported by plan policies and procedures and the QI workplan. The improvement plan is renewed annually to identify additional opportunities for improvement and the means by which that improvement is achieved and monitored. Elements of the QI Plan are as follows:

II Goals and Objectives

A. To assess the quality of dental care and service in the UDC delivery system, thereby identifying opportunities for improvement.
B. To assure that the professional performance of participating dentists and administrative practices of UDC are regularly and reliably evaluated.
C. To monitor the services provided to members and implement changes that will improve the overall provision of quality dental care.
D. To assure compliance with standards and regulations of HMO accrediting and regulatory agencies.
E. To develop, implement and monitor QI initiatives where opportunities for improvement are identified.
F. To maintain effective systems to assure current Credentialing and Recredentialing of all participating dentists.
G. To provide a peer review structure for the monitoring and evaluation of quality of care issues and the procedure for assessing interventions.
H. To assure that QI activities are meaningful and relevant to the member population.
I. To develop and/or adopt clinical practice guidelines that are consistent with professionally recognized standards of care and to monitor practitioner performance against standards.

III Authority/Responsibility

The UDC Board of Directors has the ultimate authority and responsibility for the overall QI program including but not limited to the appointment of the formal QI committee; approval of the QI program; approval of the annual QI work plan; and evaluation of the QI committee reports. The Board of Directors is responsible to take action regarding QI activities when appropriate. The Board of Directors delegates responsibility for day to day management of the QI activities to the Dental Director who is the chairman of the QI committee. The Dental Director is aided in this task by the Director of Quality Improvement, Vice President of Provider Service and other professional staff. The Dental Director works in close coordination with senior management staff to ensure that all the company's QI objectives with regards to plan design, provider Credentialing, provider performance and quality of care are monitored and maintained throughout the company's provider network. The overall functioning of the QI program is delegated to the QI committee which is responsible for issuing a yearly QI committee report of quality improvement activities to the company's senior management and the Board of Directors. This report will

include recommendations from the QI committee for further improvement of the plan and an evaluation of the overall effectiveness of QI activities.

IV Scope

The QI Program includes all internal UDC departments, as well as all services rendered by participating dentists. It is comprehensive in scope; ongoing and includes effective mechanisms to monitor, identify, evaluate, and resolve problems that impact the accessibility, availability, continuity and quality of dental services provided to UDC members.

V Program Staff and Structure

A. Quality Improvement Program

Dental Director

- Reports to the UDC Board of Directors.
- Responsible for planning and implementing the method for the continuing review and evaluation of dental care provided and the continuing education of the providers of dental services.
- Chairs the QI Committee (combination Peer Review/Credentialing Committee and QI Committee).
- Coordinates the QI Committee meeting agenda to assure follow-up on relevant issues.
- Implements the QI program as it concerns clinically related services.
- Facilitates involvement of participating dentists in QI program.
- Assists in the selection and design of QI studies and "best practices".
- Coordinates, oversees and communicates information which allows providers to manage their clinical behavior to improve quality, service, access and cost outcomes.
- Responsible for selection and design of clinical quality improvement studies.
- Directs efforts to collect, report, and evaluate data and implement improvement plans as indicated.
- Makes recommendations to the board regarding committee appointments.
- Development of dental care policies.
- Be licensed to practice dentistry in any state or territory of the united state or the District of Columbia.
- Respond in a timely manner to UDC's Arizona geographic area matter that require personal in-site attention.

Provider Relations Representative

- Provides Administrative support for QI activities.
- Responsible for administering, implementing and monitoring the systems necessary to promote quality and efficiency of ongoing operations.
- Provides staff support for Peer Review/Credentialing, utilization monitoring and QI activities.
- Reports to the board of directors regarding delegated duties and updates the board on QI activities.

Director of QI

- Reports to the Vice President Provider Services and National Dental Director.
- Oversees compliance with regulatory and accrediting organizations.
- Provides guidance to QI committee regarding QI activities and initiatives

Quality Improvement Specialist

- Reports to Director of QI
- Performs ongoing focus studies
- Reports to the QI Committee on the results of focus studies
- Develops agendas for the quarterly QI meetings
- Develops the written QI program evaluation and work plan on an annual basis
- Revises the written QI plan description annually.
- Coordinates all focus studies and reports to the Department of Insurance, Life and Health

Customer Service Representative (Grievance Coordinator)

- Initiates review of Member complaints and grievances in accordance with approved policies.
- Monitors review timeframes in accordance with state regulations.
- Completes correspondence to members and/or providers regarding outcome of grievance cases.
- Maintains a log of grievance cases including review outcomes and categories.
- Provides tabulated grievance information to the QI Committee for evaluation.

Other staff members may participate in committee meetings as ex-officio (non-voting) members.

VI Committee Structure

Quality Improvement Committee (QIC)

A. Objective:
Serves as the governing body for the corporation's QI program directing all aspects of the corporation's QI processes for both quality of dental care and quality of service. Responsible for the overall effectiveness of the QI plan in providing for quality dental care to UDC members.

B. Composition:
The membership of the QI Committee shall consist of the following:

- Dental Director
- CEO or designee
- Plan dentist(s)
- QI Director
- Grievance Coordinator
- Plan consumer(s)
- Senior Provider Relations Manager

At the discretion of the Board of Directors, one or more other members may be appointed to the QI Committee. The Board of Directors shall appoint the members of the QI committee annually, based in part on recommendations from the Dental Director. Members appointed to the committee shall agree to serve a one-year term and may be reappointed to serve consecutive terms. Any member may be removed, with or without cause, at any time by the Board of Directors. If a vacancy in membership occurs for any reason, the vacancy may be filled by the Board of Directors for the unexpired portion of the membership term.

C. Duties and Responsibilities:

a) Review and analyze data including:

- Quality Improvement study results
- Member grievances and appeals
- Member satisfaction survey results
- Provider satisfaction survey results
- Utilization information
- Denial of service trending
- Access and availability study results
- Evaluation of grievance and appeal trending
- On-site survey report results
- Group transfer rate/disenrollment data
- Geographical access study data

b) Approve QI program policies/procedures
c) Review the QI plan annually and revise as needed.
e) Coordinate activities related to clinical guidelines and Parameters of Care
f) Evaluate participating dentists' compliance with clinical guidelines and parameters of care.
g) Recommend QI activities and improvement plans
h) Develop semi-annual reports for submission to top senior management and the Board of Directors, including the annual QI program evaluation and work plan.
i) Coordinate communications of QI activities to UDC staff, providers and members.
j) Oversee the training of QI activities for UDC managers, staff and dental advisors.
k) Convene in adhoc session as needed to review significant quality of care issues uncovered in the process of peer review.

D. Meeting Time:
Quarterly
E. Meeting Place:
Location announced prior to meeting

F. Quorum:
A quorum of sixty seven percent of the total membership is required to conduct a meeting. A simple majority will be required to pass a resolution or action on a specific proposal. All clinical issues require input from the appropriate dental specialties.

G. Reports To:
Dental Director submits routine reports to the board of directors and senior management staff.

<u>Peer Review and Credentialing Committee (Subcommittee of QI committee)</u>

A. Objective:
Serves as the peer review committee to review the professional aspects of the company's QI plan, its policies and procedures, and to propose changes which will enhance the providers' ability to provide the highest quality dental services possible. The Peer Review Committee is also empowered to conduct additional reviews, analysis and/or other evaluations, as it deems appropriate according to established bylaws.

B. Composition:
Subcommittee of QI committee

C. Duties and Responsibilities:
(a) Develop and approve Credentialing and Recredentialing policies and procedures.
(b) Review applicants and approve for initial Credentialing and Recredentialing.
(c) Review cases identified through quality monitoring activities.
(d) Recommend corrective action as deemed necessary.
(e) Evaluate/Develop and adopt clinical standards or parameters of care.
(f) Issue recommendations regarding correction of provider performance deficiencies and monitor progress of any recommended correction action plans.
(g) Convene in adhoc session as needed to review significant quality of care issue uncovered in the process of peer review.
(h) Refer possible violations of the state's dental practice laws and regulations or other criminal or civil statutes to the proper state authorities following approval from the QI committee.

D. Meeting Time:
Quarterly or more often if quality of care issues need to be addressed on an urgent basis.

E. Meeting Place
Location announced prior to meeting.

On-site audits of general dentist offices

Office site reviews are an essential part of the Credentialing and Recredentialing processes. All Family dentists will receive an office site visit as part of initial credentialing. The review of the offices will include, at a minimum:

- Adequacy of waiting and examining room space;
- Physical accessibility;
- Physical appearance;
- Availability of appointments;
- Adequacy of record keeping practices and;
- Presence of recommended preventative dental services.

At the time of an office site audit, any deficiencies noted will be discussed with the provider or office manager during an exit interview. At that time, the specific nature of the deficiency will be discussed and suggestions/recommendations for improvement will be identified. If significant deficiencies are noted during the audit, the dental director is consulted. As appropriate, written correspondence may be forwarded to the provider who identifies the deficiencies and requests a plan of correction. The provider will be requested to submit in writing a commitment to the corrective action plan. In addition, if a re-audit is determined to be required, the date of the follow-up audit will be given. The timeframe for re-audit will be determined by the dental director and/or quality improvement committee and will be based upon the severity of the deficiencies. If a provider fails to respond to a request for a corrective action plan, or continues to deliver care below recognized standards, he/she will be referred to the QI committee for appropriate action. If needed, an ad hoc meeting of the QI committee will be scheduled. Possible actions of the committee include:

- Dental Director to schedule meeting with provider to discuss requested corrective action plan;
- Immediate re-audit of office to determine if corrective measures have been implemented;

- Termination from network.

Refer to credentialing policies and procedures for information regarding termination of a provider from the network.

Oversight of Appointment Availability

In accordance with R20-6-1807B, UDC will monitor the appointment waittimes of contracted offices. If one office maintains an initial appointment visit of greater than 9 weeks for 3 consecutive quarters, UDC will close the office to new members until the waittime is 9 weeks or less.

Also in accordance with R20-6-1807C, if 15% of UDC's network have waittimes greater than 9 weeks, UDC will within 90 days reduce these waittimes to 9 weeks or less. If this is not accomplished, UDC will refer the members who are waiting for an appointment to another network general dentist or a non-network general dentist who can schedule the member for an appointment in less than nine weeks. The member may choose to continue dental care under the prepaid dental pan with the referred dentist for the remainder of the member's enrollment period. UDC "shall provider the non-network services to the referred member at a cost that is no greater than if the services are provided by the member's assigned network dentist."

VII Statement of Confidentiality

Due to the highly confidential nature of clinical information reviewed for the QI program, all necessary precautions shall be taken to protect individuals and UDC. To ensure the confidentiality of the QI program, the following will be observed:

- Statements of confidentiality will be signed by all committee members.
- QI materials will be collected from committee members at the end of the meeting.
- Dental records and peer review information shall be confidential and available only to those persons actively participating in QI reviews.
- Original copies of QI committee minutes and peer review committee minutes shall be maintained in a locked file in the Administrator's office, all other copies of minutes shall be destroyed promptly following meetings.
- When a case is reviewed by the peer review committee a separate file containing peer review forms, correspondence to and from the provider, dental records and x-rays, peer review determinations and the results of recommended corrective action will be maintained in the Administrator's office in a locked file.
- Access to peer review files shall be for the sole purpose of discharging dental staff responsibilities, and subject to the requirement that confidentiality be maintained.
- Information disclosed to the Board of Directors of UDC shall be maintained by that body as confidential.
- Any person who participates in QI committee activities shall be made an ex officio member of the committee until their work with the committee is concluded.
- Any and all documents and records that are part of the internal QI program as well as the proceedings, reports and records from any committee shall be confidential and not subject to subpoena or discovery or introduced into evidence and shall be protected under federal and state peer review protection statutes.

- Disclosure of confidential dental record information to persons other than the contracted providers except where required by state or federal law is prohibited.

VIII Statement of Conflict of Interest

No provider may participate in the peer review and evaluation of cases or clinical activities in which he or she has been professionally involved or where judgment may be compromised.

IX Peer Review Process

Cases are referred for peer review for a number of reasons including: evaluation of member grievances, review of potential quality of care issues identified during an on-site audit, evaluation of a provider with aberrant utilization patterns, evaluation of a provider who is charging Members fees inconsistent with established co-payments, evaluation of state board actions etc. When there is a concern regarding the quality of dental care provided to a member, the medical record and other pertinent information (such as copies of X-rays) will be referred to the Dental Director or dental advisor for review. In addition, the specific quality of care concern(s) will be written out on the dental advisor referral form. Questions regarding the quality of care may include:

- the dental necessity of specific treatments, diagnostic tests, or other procedures provided (especially services not covered by the plan);
- the omission of dentally necessary covered services;
- delays in diagnosis or treatment;
- improperly performed procedures or treatments;
- inadequate stabilization of a member undergoing a dental procedure;
- lack of follow-up care following a dental procedure;
- inadequate access to a dental provider;
- unethical behavior;
- refusal to provide services;
- failure to obtain complete history and physical information;
- failure to monitor blood pressure readings for Members with known hypertension who are undergoing a dental procedure.

The Dental Director will evaluate the dental/chart information provided to determine if the member received services that were appropriate to the member's dental condition and met professionally recognized standards of care. The specific question(s) regarding the quality of care will be answered and a determination will be made as to whether a potential or confirmed quality of care issue exists. The Dental Director should refrain from stating personal comments regarding the dental care and should provide clinical comments based upon accepted standards of care.

Answers to the questions posed regarding the care provided will be documented on the referral form by the Dental Director. In addition to answering the questions, the Dental Director is encouraged to site reference sources utilized in making the quality of care determinations. The Dental Director is also encouraged to add additional quality of care concerns that he/she identifies. Once a concern is identified, the Dental Director must select a category of concern, a type of grievance, and a severity level (all 3 if applicable). See below for category and severity level selections.

Severity Levels – Assign to confirmed quality of care cases

Level 0 - No quality of care issue, care provided meets standard of care.
Level 1 - Confirmed quality issue with minimal or moderate potential for adverse effects
Level 2 - Confirmed quality issue with significant potential for adverse effects
Level 3 - Confirmed quality issue meeting the definition of Egregious Violation

Definitions

Adverse effect - is defined as performance of an unnecessary dental procedure, unnecessary prolonged treatment, dental complication, avoidable additional dental procedure, physiological or anatomical impairment, disability, and/or avoidable death.

Egregious Violation is defined as a violation representing gross misconduct and/or actions which pose an imminent danger to the health, safety or well-being of a member or placed the member unnecessarily in a high-risk situation.

Quality Categories

Q1 - Failure to obtain pertinent history and/or findings from examination.
Q2 - Failure to make appropriate diagnosis.
Q3 - Failure to establish/develop an appropriate treatment plan.
Q4 - Failure to carry out an established plan in a competent and/or timely fashion.
Q5 - Failure to establish adequate clinical justification for a procedure which was performed.
Q6 - Failure to perform appropriate follow-up care.
Q7 - Failure to obtain appropriate specialty consultation.
Q8 - Failure to provide emergent care in a timely fashion.

The Dental Director assigns a **potential** level of quality and category of concern to the case and returns the case to the Grievance Coordinator. Correspondence is then developed to the responsible provider requesting information regarding the potential quality concern. The provider is given 15 calendar days to respond to the quality concern. At the end of the 15 day timeframe the dental record and any additional information is evaluated by the dental director and a final determination regarding the level of quality concern and category of concern is made. Correspondence regarding the outcome of the final review is forwarded to the provider along with an explanation of any quality concerns and accompanying educational information as appropriate. Possible interventions to be taken for confirmed quality of care issues are as follows:

Level - 0	No action
Level - 1	Notice of confirmed issue and written educational feedback to provider. Trend for further occurrences Refer to Peer Review Committee
Level - 2	Notice of confirmed issue and written educational feedback to provider. Refer to Peer Review Committee for review and/or action.
Level - 3	Refer to Ad Hoc Committee (Peer Review Committee) for immediate attention.

Actions taken by the Peer Review Committee or Ad Hoc Committee as a result of confirmed quality issues include but are not limited to: Written educational feedback, Verbal educational feedback, Intensification of Review, Onsite Audit of Provider's Office, Request for continuing

dental education, Formal meeting between provider and dental members of Peer Review Committee, Referral to State Licensing Board, Termination from Network.

X Complaint and Appeal Review Summary

(see Member and Provider Verbal Complaint Written Procedures).

Informal Grievance

An "Informal Grievance" is a grievance that cannot be resolved to the member's satisfaction after speaking directly with the Provider or other concerned party. A Member or his or her designated representative may contact via telephone or in person a representative of UDC with an informal grievance at the address and/or telephone number posted in the Member handbook. When an Informal Grievance is lodged, resolution is attempted at the time of the encounter. In addition, the member is mailed a one-page complaint form to be completed by the member should the submission of a formal grievance be desired.

Formal Grievance

Each member may submit in writing to UDC a grievance, suggestion, or a request for reconsideration of a denied service no later than thirty (30) days in writing to UDC following either the date the decision regarding an Informal Grievance was rendered or the date of the occurrence of the incident in question, whichever is later. Within five days of receipt of the formal grievance, an acknowledgment letter will be issued and will include the Grievance Resolution Procedures and applicable time frames. The total timeframe to complete investigation of a grievance shall not exceed 30 days. In all cases, UDC shall advise the Member of its decision, which will include a description of the process for appeal.

Appeals Process

The Appeal Processing Procedure outlines UDC's appeals process, which is in compliance with the Arizona Health Care Appeals Laws. This process includes an informal reconsideration, a formal appeal, and an external independent review. The complete policy and procedure is included as Exhibit 13.

In all cases, the appeals process shall be completed within thirty (30) days after receipt of Member's request for appeal.

Grievances Regarding Emergency Services

Investigation and resolution of complaints/appeals relating to ongoing emergencies shall be concluded in accordance with the dental immediacy of the case but in no event to exceed one business day after the complainant's request for appeal. Initial notice of UDC's decision may be delivered orally if followed by written notice of the determination within three days. Investigation and resolution of appeals after emergency dental care has been provided shall be conducted in accordance with the UDC procedure, which includes the right to an appeal.

Outcomes of Grievance reviews will be tracked by provider and reported to the QI committee as an information item. If a grievance is also determined to represent a quality of care issue, the case will be forwarded to the Peer Review committee in accordance to the Plan's "triggers" as outlined in the Peer Review Process. In addition, patterns of confirmed grievances for the same

provider will be forwarded to the peer review committee for discussion and/or appropriate action, as they are identified and/or at the time of provider Recredentialing.

In addition, a written record of tabulated grievances shall be reviewed periodically by the governing body and by the public policy committee.

XI Credentialing and Recredentialing

Credentialing

Dentists will be considered for approval as UDC participating providers, by the QI Committee (Peer Review and Credentialing Committee) based upon the following qualifications:

- Completed and signed application
- Signed Primary or Specialty Dentist Agreement
- Arizona Dental License - current
- DEA Certificate - current
- Malpractice Insurance Certificate - current
- Controlled Substance Certificate – current (if applicable)
- Acceptable rating on facility review including medical record review (primary dentist only)

In addition, the applicant will be screened for sanction free status and malpractice history. The Peer Review/Credentialing Committee has the authority to:

1. Accept, with or without restrictions, a dentist's application.
2. Deny a dentist's application.

Examples of reasons to deny a dentist's application may include:

- History of State Dental Board Sanctions and/or disciplinary actions.
- Failure to meet the mandatory qualifications.
- Unacceptable rating on facility on-site review.

Recredentialing

Every three years, a dentist is evaluated by the Peer Review and Credentialing Committee as part of the Recredentialing process. Dentists will be considered for re-approval as UDC participating providers, based upon the same qualifications utilized for initial Credentialing. In addition, a dentist's performance to date with UDC will be evaluated including information regarding Member complaints/grievances, confirmed quality of care cases, compliance with encounter reporting, results of the access and availability studies, and other focus study results, etc. The Peer Review and Credentialing Committee has the authority to:

1. Accept, with or without restrictions, a dentist's re-appointment.
2. Deny a dentist's re-appointment.

The Credentialing and Recredentialing process is further described in the Credentialing Plan, such as primary verification requirements and completion of the process within 180 days.

XII Delegation

UDC does not delegate any QI activities. The QI committee is responsible for initial approval and oversight of delegated activities.

XIII Program Evaluation

The QI committee will issue an annual report that will provide an assessment of the Company's activities in QI. At a minimum, this report includes completed QI activities, trending of clinical and service indicators and other performance data, and demonstrated improvements in quality of care and service. The QI program description and Work Plan for the upcoming year are developed based on this evaluation.

XIV Program Approval

The UDC Board of Directors review and approve the annual QI Program evaluation, the proposed QI Program description and the proposed QI Work Plan for the upcoming year within the first ninety (90) days of the new calendar year.

XV Integrating Quality Improvement Plan - wide

All activities that are designed to improve the processes by which dental care and service are delivered to members and are coordinated throughout the QI Program. The findings, conclusions, recommendations, actions taken, and results of the actions taken as a result of QI initiatives are documented and reported to appropriate individuals within the organization through established QI channels.

QI initiatives are coordinated with other departments and the QI program utilizes performance monitoring information from other parts of the organization, including but not limited to utilization management, credentialing, monitoring and resolution of member complaints and appeals, assessment of member satisfaction and record review.

QI initiatives are coordinated with other management functions including, but not limited to the use of QI information in recredentialing and recontracting, provider profiling, risk management, complaint resolution, network changes, benefit changes, changes in dental management systems, practice feedback to providers, and patient education.

EXHIBIT 19

Credentialing – Re-credentialing Procedures

Assurant Employee Benefits believes that thorough credentialing and re-credentialing is critical to the quality of the network and we selectively contract with providers only after meticulous review of their qualifications. The criteria chosen for verification, which is recommended by NCQA, ensure that Assurant Employee Benefits addresses issues that may affect the care provided to members. These verification requirements identify legal authority to practice dentistry, as well as relevant training and required experience. All credentialing is performed in-house, and each Assurant Employee Benefits dentist application is subject to evaluation by a staff dentist. Following approval of all credentialing documents the dentist is accepted into the network. On a three year basis, or more often if appropriate, all network dentists are subject to our re-credentialing process, which includes collection of the credentialing items that may have expired, and a repeat of the State Board and National Practitioner Data Bank (NPDB) queries.

In determining the eligibility of a dentist for participation in the network, the following documents must be submitted to Assurant Employee Benefits for review and approval:

- - Dentist Credentialing Application - a signed general application that provides information about the dentist, his/her schooling and licensing, training and work history along with information about the dental office(s).
- - Facility Application - an individual office profile for each new location.
- - Dentist's Attestation - a signed document attesting to a sanction free license and no restrictions to the practice
- - Dentist Agreement - a signed Agreement for each dentist applying to the network

Additionally, Assurant Employee Benefits conducts extensive primary source verification of each dentist's credentials. A detailed description of Assurant Employee Benefit's credentialing verification protocols follows:

1) Valid, unrestricted state dental license
Purpose: Legal/regulatory requirement to practice dentistry
Exceptions: None
Process: Primary verification from the State dental board.

2) Valid, unrestricted Drug Enforcement Agency (DEA) certificate, as applicable
Purpose: Legal/regulatory requirement to prescribe controlled substances.
Exceptions: Not required for Orthodontists or for more than one member of a group.
Process: Primary source from DEA registered website

3) Proof of Graduation from dental school
Purpose: Legal/regulatory requirement to practice dentistry.
Exceptions: None
Process: Secondary source from State licensing agency

4) Specialty designation
Purpose: Confirmation of credentials and specialty training
Exceptions: None
Process: Secondary source from State licensing agency or copy of specialty certificate from the dentist.

5) Proof of Adequate Professional Liability Coverage
Purpose: To determine dentists conformance with Assurant Employee Benefits malpractice insurance requirements
Exceptions: None
Process: Secondary from dentist providing copy of the declaration page of the current professional liability policy

6) Acceptable Licensure History and Malpractice Claim Experience
Purpose: To identify dentists who have had adverse actions taken against their licenses or have had malpractice claims
Exceptions: None
Process: Assurant Employee Benefits queries the National Practitioner Data Bank (NPDB) to determine each provider's malpractice claims experience or sanctions made against the dentist's license. In addition, Assurant Employee Benefits asks each dentist to provide a write-up of all malpractice claims for review by the Credentialing Committee.

EXHIBIT 20

We would like to hear what you have to say

Products marketed by Assurant Employee Benefits are underwritten and/or provided by

United Dental Care of Arizona, Inc.

1. My last appointment was for: ❑ an emergency ❑ a routine appointment ❑ an initial visit

2. I scheduled that appointment within: ❑ 24-48 hours ❑ 2 weeks ❑ 4-6 weeks ❑ more than 6 weeks

3. If more than 6 weeks, what was the reason? I requested a specific: ❑ day ❑ time ❑ dentist (if group practice) ❑ other _____

I have been satisfied with:	Strongly Agree	Agree	Disagree	Strongly Disagree
4. the appointment availability	❑	❑	❑	❑
5. United Dental Care's administration of my plan	❑	❑	❑	❑
6. United Dental Care's telephone Customer Service	❑	❑	❑	❑
7. my treatment by my Family Dentist	❑	❑	❑	❑

8. Comments: _____

_____

ASSURANT
Employee
Benefits

ASSURANT
Employee
Benefits
16775 Addison Road, Suite 500
Addison, TX 75001

ASSURANT
Employee
Benefits
16775 Addison Road, Suite 500
Addison, TX 75001

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NECESSARY IF
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IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 13491 KANSAS CITY, MO

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UNITED DENTAL CARE OF ARIZONA, INC.
ATTN: QUALITY IMPROVEMENT
16775 ADDISON RD STE 500
ADDISON TX 75001-9877

Member Satisfaction Survey Annual Summary

United Dental Care of Arizona, Inc.

2007

	2006	2007
Number of members surveyed	3,600 5%	3,600 5%
Number of members responding	423 13%	488 14%
% of members satisfied with dental plan organization	89%	95%
% of members satisfied with dental office	93%	95%
% of members satisfied with wait times	85%	93%

EXHIBIT 21

Large Case

Managed Care Accessibility Analysis

June 23, 2008

A report on the accessibility of the

Arizona Prepaid Providers

for the employees of

City Of Peoria

Accessibility summary

Accessibility analysis specifications

Provider group:	**General Prepaid** 483 providers at 319 locations (based on 483 records)
Employee group:	**All Employees** 1,186 employees
Access standard:	**2in10**
Employees with desired access:	1,125 (94.9%)

Average distance to a choice of providers for employees with desired access

Number of providers	1	2	3	4	5
Miles	1.8	2.2	2.4	2.9	3.1

Key geographic areas

City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
PEORIA	389	389	100	1.7
GLENDALE	240	240	100	1.9
SURPRISE	146	146	100	2.3
PHOENIX	155	143	92	2.1
GOODYEAR	45	41	91	4.0
AVONDALE	27	24	89	3.5
LITCHFIELD PARK	23	23	100	3.3
SUN CITY	26	22	85	3.1
EL MIRAGE	17	17	100	2.5
WADDELL	15	15	100	4.3

Accessibility summary

Accessibility analysis specifications

Provider group:	**General Prepaid** 483 providers at 319 locations (based on 483 records)
Employee group:	**All Employees** 1,186 employees
Access standard:	**2in10**
Employees without desired access:	61 (5.1%)

Average distance to a choice of providers for employees without desired access

Number of providers	1	2	3	4	5
Miles	12.7	16.3	17.4	19.1	19.5

Key geographic areas

City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
BUCKEYE	28	20	71	15.5
PHOENIX	155	12	8	12.8
GOODYEAR	45	4	9	11.9
SUN CITY	26	4	15	14.0
WITTMANN	4	4	100	15.1
AVONDALE	27	3	11	10.8
NEW RIVER	3	3	100	15.5
SCOTTSDALE	13	2	15	14.6
CAVE CREEK	5	2	40	16.7
CAMP VERDE	1	1	100	51.1

Accessibility summary

Accessibility analysis specifications

Provider group:	**Specialist Prepaid** 327 providers at 222 locations (based on 327 records)
Employee group:	**All Employees** 1,186 employees
Access standard:	**2in10**
Employees with desired access:	1,100 (92.7%)

Average distance to a choice of providers for employees with desired access

Number of providers	1	2	3	4	5
Miles	2.1	2.8	3.2	3.7	3.9

Key geographic areas

City	Total number of employees	Employees with desired access		
		Number	Percent	Average distance to 2 providers
PEORIA	389	380	98	2.1
GLENDALE	240	240	100	2.4
SURPRISE	146	146	100	3.2
PHOENIX	155	140	90	2.6
GOODYEAR	45	36	80	5.9
AVONDALE	27	24	89	4.4
LITCHFIELD PARK	23	23	100	5.3
SUN CITY	26	19	73	3.0
EL MIRAGE	17	17	100	4.5
WADDELL	15	15	100	6.2

Accessibility summary

Accessibility analysis specifications	
Provider group:	**Specialist Prepaid** 327 *providers at 222 locations* (based on 327 records)
Employee group:	**All Employees** 1,186 employees
Access standard:	**2in10**
Employees without desired access:	86 (7.3%)

Average distance to a choice of providers for employees without desired access

Number of providers	1	2	3	4	5
Miles	13.6	16.1	18.6	19.6	20.0

Key geographic areas

City	Total number of employees	Employees without desired access		
		Number	Percent	Average distance to 2 providers
BUCKEYE	28	22	79	20.4
PHOENIX	155	15	10	12.8
PEORIA	389	9	2	12.8
GOODYEAR	45	9	20	11.8
SUN CITY	26	7	27	13.4
CAVE CREEK	5	4	80	17.4
WITTMANN	4	4	100	14.9
AVONDALE	27	3	11	11.1
NEW RIVER	3	3	100	17.2
SCOTTSDALE	13	2	15	17.0

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
APACHE JUNCTION	85218	1	0	0	0	16	51
AVONDALE	85323	27	7	20	41	94	167
BUCKEYE	85326	22	3	3	3	8	24
	85396	6	0	0	5	14	56
CAMP VERDE	86322	1	0	0	0	0	0
CAVE CREEK	85327	2	0	0	3	13	36
	85331	3	0	3	8	35	70
CHANDLER	85224	1	12	39	89	143	186
	85225	1	2	27	98	148	173
	85248	1	8	14	43	99	147
	85249	1	4	5	31	99	151
EL MIRAGE	85335	17	0	12	66	127	186
GILBERT	85234	2	8	32	107	148	173
	85296	2	7	23	96	146	167
	85297	1	3	8	40	108	154
GLENDALE	85301	19	2	26	117	180	240
	85302	24	6	34	118	180	238
	85303	25	0	15	100	176	229
	85304	33	1	35	114	188	235
	85305	24	0	17	99	177	214
	85306	18	9	40	107	187	227
	85307	15	0	1	50	135	188
	85308	59	9	22	73	163	205
	85310	21	0	4	57	125	189
	85312	2	0	44	101	185	226
GOODYEAR	85338	45	6	7	25	48	103
KIRKLAND	86332	1	0	0	0	0	1
LAVEEN	85339	6	2	2	23	100	196
LITCHFIELD PARK	85340	23	0	3	39	104	174
MESA	85201	1	9	23	94	167	231
	85202	1	6	39	100	167	207
	85206	1	13	43	89	130	171
	85209	1	5	16	61	110	147
	85210	1	8	40	108	164	203
MORRISTOWN	85342	1	0	0	0	0	1
NEW RIVER	85087	3	0	0	0	2	29
PEORIA	85345	115	4	27	96	181	224
	85380	9	0	30	95	180	223
	85381	86	13	37	92	166	222
	85382	110	6	28	76	134	208
	85383	66	2	11	51	93	170

Employee group: All Employees
Provider group: General Prepaid

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
PEORIA	85385	3	0	30	93	181	224
PHOENIX	85003	1	0	21	84	173	278
	85004	1	3	23	82	171	276
	85006	1	3	19	81	168	272
	85007	1	0	22	78	167	278
	85008	1	0	19	74	186	284
	85013	1	1	35	94	174	261
	85014	2	0	35	96	175	272
	85015	3	9	37	99	175	254
	85016	4	5	28	97	172	278
	85017	1	3	37	102	178	249
	85018	1	6	20	77	176	277
	85019	2	1	40	104	188	242
	85020	3	15	34	106	181	237
	85021	3	5	40	116	191	235
	85022	5	4	32	90	156	212
	85023	4	3	29	119	179	224
	85024	1	4	16	64	139	203
	85027	14	0	16	79	149	208
	85028	2	3	23	94	158	229
	85029	9	0	39	116	185	235
	85031	1	3	25	96	173	235
	85032	3	9	24	67	155	209
	85033	4	6	19	94	168	223
	85035	2	0	21	84	167	223
	85037	16	3	20	76	149	210
	85040	1	4	5	58	156	267
	85041	5	0	4	44	137	236
	85042	2	0	6	49	137	253
	85043	10	2	11	56	129	203
	85044	2	1	9	54	107	197
	85051	11	6	41	121	189	241
	85053	10	3	28	118	179	221
	85054	1	0	9	33	75	143
	85067	1	0	33	94	168	267
	85080	1	0	14	92	173	269
	85085	9	1	1	22	95	168
	85086	16	0	0	1	7	56
PRESCOTT	86303	1	0	1	1	1	1
SCOTTSDALE	85251	3	10	15	58	170	267
	85254	3	8	16	65	122	211

Employee group: All Employees
Provider group: General Prepaid

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
SCOTTSDALE	85257	1	0	14	75	175	272
	85258	1	0	5	33	137	242
	85259	1	0	2	12	79	197
	85260	1	2	6	29	92	205
	85261	1	0	15	61	174	273
	85262	2	0	0	1	7	35
SUN CITY	85351	5	8	31	82	152	205
	85373	21	0	19	71	110	195
SUN CITY WEST	85375	4	5	17	41	76	133
SURPRISE	85374	50	9	19	41	83	138
	85379	55	4	15	44	84	138
	85387	15	0	13	23	54	92
	85388	26	1	12	22	65	101
TEMPE	85281	1	0	19	88	159	261
	85282	1	8	27	91	159	247
	85283	2	9	39	83	156	228
TOLLESON	85353	9	12	14	38	91	165
TONOPAH	85354	1	0	0	0	0	0
TUCSON	85706	1	0	4	24	48	61
WADDELL	85355	15	0	0	19	52	128
WICKENBURG	85390	1	1	1	1	1	1
WITTMANN	85361	4	0	0	0	1	18
YOUNGTOWN	85363	5	0	18	74	143	196

Employee group: All Employees
Provider group: General Prepaid

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
APACHE JUNCTION	85218	1	0	0	1	6	32
AVONDALE	85323	27	4	8	16	39	78
BUCKEYE	85326	22	1	1	1	2	5
	85396	6	0	0	1	7	21
CAMP VERDE	86322	1	0	0	0	0	0
CAVE CREEK	85327	2	0	0	0	12	44
	85331	3	0	0	7	41	71
CHANDLER	85224	1	8	14	64	91	123
	85225	1	0	20	70	89	113
	85248	1	4	9	27	69	91
	85249	1	3	8	36	63	94
EL MIRAGE	85335	17	0	8	34	60	99
GILBERT	85234	2	9	30	68	90	106
	85296	2	16	30	60	94	100
	85297	1	5	8	43	73	93
GLENDALE	85301	19	2	12	60	104	145
	85302	24	0	16	59	100	150
	85303	25	0	11	50	80	131
	85304	33	1	22	59	112	145
	85305	24	0	20	45	80	121
	85306	18	4	17	65	110	143
	85307	15	0	0	27	63	87
	85308	59	4	9	49	101	120
	85310	21	0	3	30	78	114
	85312	2	0	17	63	112	140
GOODYEAR	85338	45	1	2	9	17	49
KIRKLAND	86332	1	0	0	0	0	1
LAVEEN	85339	6	5	5	10	48	107
LITCHFIELD PARK	85340	23	1	1	19	49	82
MESA	85201	1	1	2	51	109	146
	85202	1	0	24	56	107	136
	85206	1	5	23	50	81	109
	85209	1	4	11	44	60	90
	85210	1	1	10	58	108	133
MORRISTOWN	85342	1	0	0	0	0	0
NEW RIVER	85087	3	0	0	0	0	28
PEORIA	85345	115	5	18	45	95	136
	85380	9	0	19	47	96	134
	85381	86	11	22	45	94	131
	85382	110	3	16	41	84	116
	85383	66	0	3	27	57	101

Employee group: All Employees
Provider group: Specialist Prepaid

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
PEORIA	85385	3	0	17	49	96	137
PHOENIX	85003	1	0	3	36	101	166
	85004	1	0	3	36	111	166
	85006	1	0	6	37	106	175
	85007	1	0	1	41	97	160
	85008	1	0	14	39	104	175
	85013	1	1	15	46	118	161
	85014	2	1	16	51	121	162
	85015	3	3	15	52	117	161
	85016	4	0	19	55	117	164
	85017	1	0	17	48	113	154
	85018	1	12	19	47	113	171
	85019	2	0	17	49	112	144
	85020	3	4	20	79	124	153
	85021	3	6	19	67	127	146
	85022	5	15	31	70	112	130
	85023	4	0	27	73	113	143
	85024	1	2	22	51	88	130
	85027	14	0	19	54	95	131
	85028	2	2	14	82	118	149
	85029	9	1	21	74	117	150
	85031	1	1	8	45	93	137
	85032	3	6	26	65	105	130
	85033	4	1	12	46	85	124
	85035	2	2	8	39	85	125
	85037	16	3	10	32	67	109
	85040	1	0	0	40	77	166
	85041	5	0	5	10	67	131
	85042	2	0	0	29	70	147
	85043	10	1	3	21	61	116
	85044	2	0	4	29	72	129
	85051	11	1	20	69	125	148
	85053	10	4	16	78	103	145
	85054	1	0	9	40	71	105
	85067	1	0	12	48	106	160
	85080	1	0	17	49	122	171
	85085	9	0	0	20	55	105
	85086	16	0	0	0	6	42
PRESCOTT	86303	1	0	1	1	2	2
SCOTTSDALE	85251	3	8	16	51	99	163
	85254	3	10	20	63	98	142

Employee group: All Employees
Provider group: Specialist Prepaid

ZIP Code radius information

Geographic Center Point Analysis

City	ZIP Code	Total number of employees	Total number of providers	Providers within x miles			
				5.0	10.0	15.0	20.0
SCOTTSDALE	85257	1	0	14	47	104	178
	85258	1	1	10	43	93	148
	85259	1	1	5	14	55	144
	85260	1	4	10	30	79	135
	85261	1	0	16	48	102	169
	85262	2	0	0	1	4	42
SUN CITY	85351	5	0	19	41	75	115
	85373	21	0	4	39	71	110
SUN CITY WEST	85375	4	2	10	14	40	76
SURPRISE	85374	50	8	11	21	44	76
	85379	55	1	9	22	43	73
	85387	15	0	10	12	26	49
	85388	26	0	8	11	33	53
TEMPE	85281	1	0	19	51	91	165
	85282	1	4	20	51	96	159
	85283	2	16	22	43	104	150
TOLLESON	85353	9	2	4	20	38	73
TONOPAH	85354	1	0	0	0	0	0
TUCSON	85706	1	2	3	20	52	70
WADDELL	85355	15	0	0	8	33	60
WICKENBURG	85390	1	0	0	0	0	0
WITTMANN	85361	4	0	0	0	3	10
YOUNGTOWN	85363	5	0	10	38	70	103

Employee group: All Employees
Provider group: Specialist Prepaid

GeoNetworks Report

J:\x-GEONTWKS\rpts\cityofpeonappo.rpt

Summary Information:

Date created:	June 23, 2008	**Version:**	7.7.0
Author:			
Company:	City Of Peoria		
Network:	Arizona Prepaid Providers		
Notes:			

Tables:

Employee tables:	Records:	Provider tables:	Records:
cityofpeoria @ U:\db4.mdb	1210	Heritage AZ @ T:\DHA\Client Serv...\PrePd_04.08.mdb	813

Calculations:

Started at:	08:11:39 - June 23, 2008	**Elapsed time:**	7 seconds
Completed at:	08:11:46 - June 23, 2008		
Calculation method:	Estimated driving distance		
Capacity option:	Unlimited		

Printing:

Started at:	08:11:39 - June 23, 2008	**Elapsed time:**	8 seconds
Completed at:	08:11:47 - June 23, 2008		
Pages printed:	7 of 7 (all pages)		

EXHIBIT 22

Missing Teeth Limitation

We will not pay benefits for replacement of teeth missing on your or your *covered dependent's* effective date of insurance under the *policy* for the purpose of the initial placement of a full denture, partial denture or fixed bridge. However, expenses for the replacement of teeth missing on the effective date will be considered for payment as follows:

- The initial placement of full or partial dentures will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while you or the *covered dependent* were insured under the *policy*.

- The initial placement of a fixed bridge will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while you or the *covered dependent* were insured under the *policy*. However, the following restrictions will apply:

  -the extracted tooth will not be considered a covered dental expense if it was an abutment to an existing prosthesis;

  -benefits will only be paid for the replacement of the teeth extracted while you or the *covered dependent* were insured under the *policy*;

  -benefits will not be paid for the replacement of other teeth which were missing on your or the *covered dependent's* effective date.

Prior Extractions

If *treatment* is *dentally necessary* due to an extraction which occurred before the effective date of this coverage but while you or your *covered dependent* were covered under the *prior plan* and *treatment* would have been covered under the *policyholder's prior plan*, we will apply the Coverage for Treatment in Progress provision as stated below and consider expenses as follows:

- the replacement of the extracted tooth must take place within 12 months of extraction; and

- expenses must be covered dental expenses under this *policy* and the *prior plan*.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If you

- are at *active work* on the Effective Date of the *policy* and
- apply for insurance before or within 31 days of the Effective Date of the *policy*,

you will be insured under this *policy*.

If you are not at *active work* on the Effective Date of the *policy*, you will be insured by us and will be provided the benefits of the *policy* until the earliest of:

- the end of any period of continuance of the *prior plan*;

- the date a required contribution, if any, was not paid; or

- the date coverage ends, according to the provisions of the *policy*.

Deviations

Exceptions were discussed and changes as mutually agreed upon were made to the Terms & Conditions.

Special Terms and Conditions

14. Insurance Requirements:

The Contractor's insurance shall be primary insurance as respects the City, and any insurance or self-insurance maintained by the City shall not contribute to it, **unless due to the State of Arizona's negligence.**

The insurance policies may provide coverage which contain deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to the City under such policies. The Contractor shall be solely responsible for the deductible and/or self-insured retention. ~~**And the City, at its option, may require the Contractor to secure payment of such deductibles or self-insured retentions by a Surety Bond or an irrevocable and unconditional letter of credit.**~~

The City reserves the right to request and to receive, within 10 working days**, a Certificate of Insurance**. Certified copies of any or all of the herein required insurance policies and/or endorsements~~. The city shall not be obligated, however, to review same or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of the City's right to insist on, strict fulfillment of Contractor's obligations under this contract.~~

15. Required Insurance Coverage:

a. Commercial General Liability

Contractor shall maintain Commercial General Liability insurance with a limit of not less than $1,000,000 for each occurrence with $2,000,000 Products/Completed Operations Aggregate and a $2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage. ~~**, including but not limited to, the liability assumed under the indemnification provisions of this Contract which.**~~ **The coverage will be at least as broad as Insurance Service Office, Inc. Policy Form CG00011093 or any replacements thereof.** ~~**The coverage shall not exclude X, C, U.**~~

Such policy shall contain a severability of interest provision. ~~**And shall not contain a sunset provision or commutation clause, nor any provision which would serve to limit third party action over claims.**~~ **The Commercial General Liability policy shall contain additional insured endorsement.** ~~**shall be at least as broad as the Insurance Service Office Inc,'s Additional Insured, Form B, CG 20101185, and shall include coverage for Contractor's operations and products and completed operations.**~~

~~**Any Contactor subletting any part of the work, services or operations awarded to the Contractor shall purchase and maintain, at all times during prosecution of the work, services or operations under this contract an Owner's and Contractor's Protective Liability insurance policy for bodily injury and property damage, including death, which may arise in the prosecution of the Contractor's work, service or operations under this Contract. Coverage shall be on an occurrence basis with a limit not less than $1,000,000 per occurrence, and the policy shall be issued by the same insurance company that issues the Contractor's Commercial General Liability insurance.**~~

b. Automobile Liability

Contractor shall maintain Commercial/Business Automobile Liability insurance with a combined single limit for bodily injury and property damage of not less than $1,000,000 each occurrence with respect to the Contractor's any owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work. Coverage will be at least as broad as coverage code 1, "any auto", (Insurance Service Office, Inc. Policy Form CA 00011293, or any replacements thereof). ~~**Such insurance shall include coverage for loading and off loading hazards. If hazardous substances, materials or waste are to be transported, MCS, 90 endorsement shall be included and $5,000,000 per accident limits for bodily injury and property damage shall apply.**~~

c. Professional Liability

~~**The Contractor retained by the City to provide the work or services required by this Contract will maintain Professional Liability insurance covering acts, errors, mistakes and omissions arising out of the work or services performed by the Contractor, or any person employed by the Contractor, with a limit of not less than $1,000,000 each claim.**~~

Contractor is owned indirectly by Assurant, Inc., (traded on the NYSE as AIZ) and is self-insured for professional liability in accordance with Assurant's risk management program.

16. Certificate of Insurance:

If a policy does expire during the life of the Contract, a renewal certificate must be sent to the City ~~**Fifteen (15)**~~ **Ten (10)** days prior to the expiration date.

Regarding Question #4 –General Requirements and #15. Indemnification –Standard Terms and Conditions.

We agree to the indemnification/hold harmless language below.

Contractor agrees, to the fullest extent permitted by law, the Contractor shall defend, indemnify and hold harmless the City, its agents, representatives, officers, directors, officials and employees (acting in their capacity as such for the City but not as insureds of any dental policy or members of any dental plan) from and against all claims, damages, losses and expenses (including but not limited to reasonable outside attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or alleged to have resulted from the negligent acts, errors, mistakes or omissions or the willful misconduct in the work or services of the Contractor, its employees, agents, or any tier of its subcontractors in the performance of this Contract. Contractor's duty to defend, hold harmless and indemnify the City, its agents, representatives, officers, directors, officials and employees (acting in their capacity as such for the City but not as insureds of any dental policy or members of any dental plan) shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property including loss of use resulting therefrom, caused by any negligent acts, errors, mistakes, or omissions or the willful misconduct in the work or services of the Contractor in the performance of this Contract, including any employee of the Contractor or any tier of its subcontractor or any other person for whose negligent acts, errors, mistakes, or omissions or for whose willful misconduct in the work or services in the performance of this Contract the Contractor may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

Subcontractors

Prepaid Dental

United Dental Care of Arizona, Inc. has entered into an Administrative Services Agreement with its affiliate Union Security Insurance Company (Assurant Employee Benefits) by which Assurant Employee Benefits provides administrative services to and on behalf of United Dental Care of AZ, Inc.. Said agreement has been filed with and approved by Arizona Department of Insurance.

Indemnity/PPO Dental

Union Security Insurance Company (Assurant Employee Benefits) partially outsources four highly specialized functions that are performed pursuant to existing contracts which are in compliance with applicable federal and state privacy and security laws and regulations. The contracts are with (i) Assurant Employee Benefits' affiliate **Dental Health Alliance, L.L.C., and Aetna Life Insurance Company** for the development and maintenance of a national dental PPO network, (ii) **go2dental.com, Inc.,** for the development and maintenance of a 24/7 dental PPO web site; (iii) **P & R Dental Strategies, Inc.,** for the review of claims on an as-needed basis by dentists and dental specialists who provide independent professional opinions regarding the necessity or appropriateness of treatment, contractual liability for payment of a claim, or potential fraud, and (iv) **Data Dimensions Corporation** for the scanning and imaging of mail (including dental x-rays) followed by electronic transmission to Assurant Employee Benefits for processing.

EXHIBIT 23

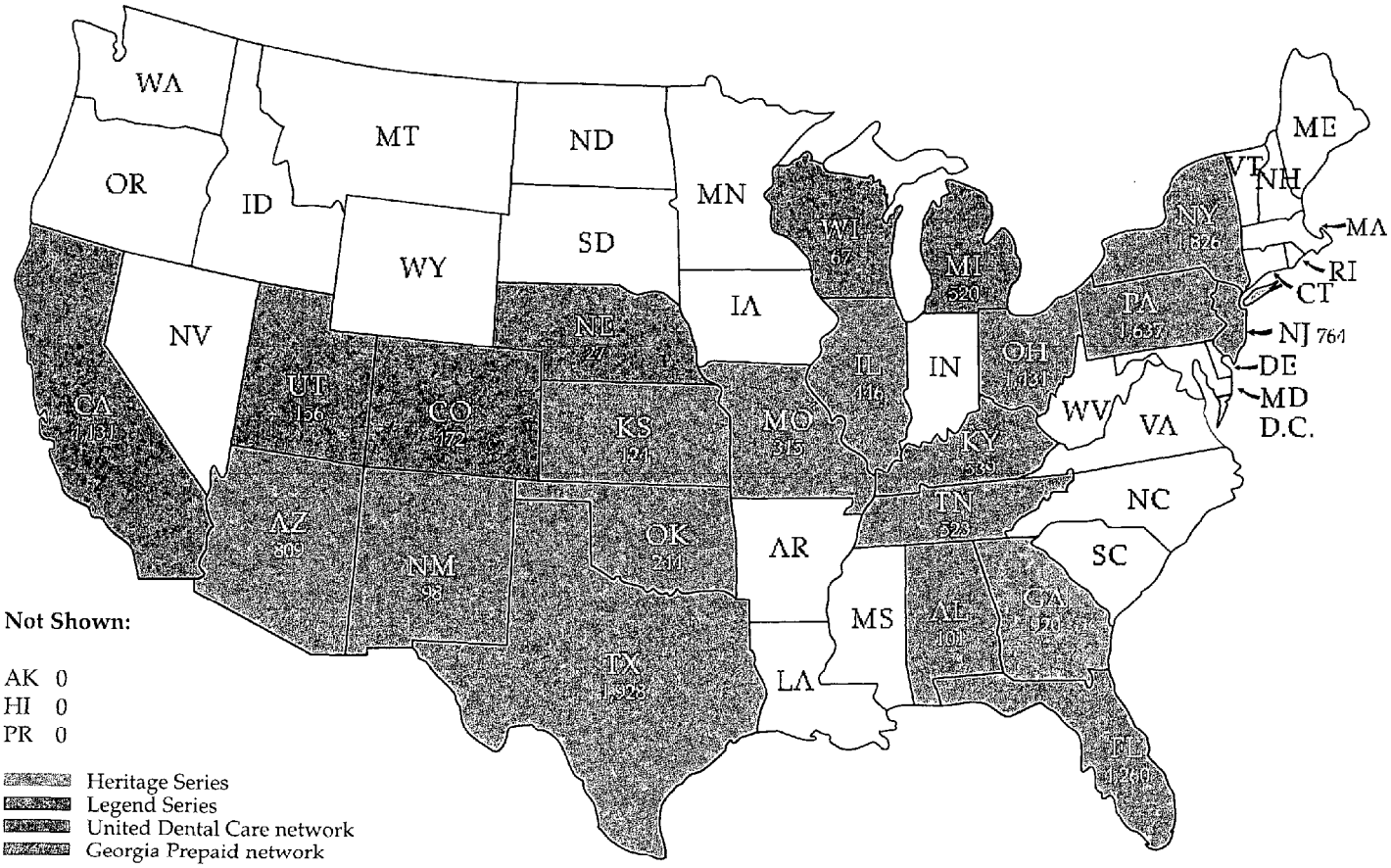
Provider Directory

Prepaid

ASSURANT Employee Benefits

Prepaid Networks

(As of 5/1/2008, number of referable locations by state)



Not Shown:

AK 0
HI 0
PR 0

Heritage Series
Legend Series
United Dental Care network
Georgia Prepaid network

Products and services marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company or an affiliated prepaid dental company. In New York, products and services marketed by Assurant Employee Benefits are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York. Plans contain limitations and exclusions. Benefits provided and premium amounts depend on the plan selected. Some plan benefits may not be available in all states. This policy provides DENTAL insurance only.

Policy Form Nos. GP90/PP89 and BDC-GDSA-NY
©2008Assurant
KC3599-1 (5/2008)

DENTAL HEALTH ALLIANCE, L.L.C.

PPO PARTICIPATING DENTAL PROVIDERS

Dr. Mark A Shousha
1100 N Alma School Rd, Ste 7
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(480) 855-4444
GENERAL DENTIST

Dr. Scott K Lee
1075 E Riggs Rd, Ste 2
Chandler, AZ 85249
(480) 883-7730
GENERAL DENTIST

Dr. Brian W Allmendinger
655 S Dobson Rd, Bldg B
Chandler, AZ 85224
(480) 855-8315
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Venita C Freeman
655 S Dobson Rd, Bldg B
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PEDODONTIST (PEDIATRIC DENTIST)

Dr. Jonathan F Bergloff
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(480) 857-8270
GENERAL DENTIST

****Bright Now! Dental - Chandler**
1445 S Arizona Ave, Ste 1
Chandler, AZ 85248
(480) 857-8270

Dr. Kevin S Cahoon
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Chandler, AZ 85248
(480) 857-8270
GENERAL DENTIST

***Dr. Gary L Kimberlin**
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GENERAL DENTIST

Dr. Dustin J McBride
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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ORAL SURGEON

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ORTHODONTIST

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GENERAL DENTIST

Dr. Chad R Blackwell
600 S Dobson Rd, Ste C25
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(480) 726-8464
GENERAL DENTIST

Dr. Blake Tucker
2470 W Ray Rd, Ste 1
Chandler, AZ 85224
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GENERAL DENTIST

Dr. Kamran Ata-Abadi
4080 W Ray Rd, Ste 21
Chandler, AZ 85226
(480) 413-1100
GENERAL DENTIST

****Chandler Family Dental Care**
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(480) 413-1100

Dr. Jenny M Lee
4080 W Ray Rd, Ste 21
Chandler, AZ 85226
(480) 413-1100
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Dr. Ali H Nia
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GENERAL DENTIST

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PEDODONTIST (PEDIATRIC DENTIST)

Dr. Allen S Honigman
3800 W Ray Rd, Ste 17
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(480) 899-8668
PERIODONTIST

Dr. Lana Lee Wong
205 S Dobson Rd, Ste 3
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(480) 755-3310
GENERAL DENTIST

Dr. Michael J Hill
2880 E Germann Rd, Ste 13
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GENERAL DENTIST

Dr. Vikram P Singh
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

Dr. Julee K Weidner
3970 E Riggs Rd, Ste 3
Chandler, AZ 85249
(480) 214-4898
GENERAL DENTIST

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
Facility and/or Dentist is currently not accepting new DHA patients.
****This Facility participates with DHA. Please verify the Dentist's participation at the time of service.**

DENTAL HEALTH ALLIANCE, LLC

PPO PARTICIPATING DENTAL PROVIDERS

Dr. Kevin T Axx
255 S Dobson Rd, Ste 3
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(480) 558-1988
ENDODONTIST

Dr. Kevin T Axx
255 S Dobson Rd, Ste 111
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(480) 722-1149
ENDODONTIST

Dr. Hung Quoc Nguyen
255 S Dobson Rd, Ste 111
Chandler, AZ 85224
(480) 722-1149
ENDODONTIST

Dr. Hung Q Nguyen
255 S Dobson Rd, Ste 3
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(480) 558-1988
ENDODONTIST

****Amy Dental Center**
2051 N Arizona Ave, Ste 114
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(480) 899-8448

Dr. Mukesh B Shah
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GENERAL DENTIST

Dr. Sandhya R Anantuni
5505 W Chandler Blvd, Ste 4
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(480) 821-4000
GENERAL DENTIST

Dr. Phillip M Hendrix
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Ste 20
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GENERAL DENTIST

Dr. Robert W Fattouch
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PEDODONTIST (PEDIATRIC DENTIST)

****Arizona Pediatric Dentistry & Orthodonti**
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Dr. David P Ember
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PEDODONTIST (PEDIATRIC DENTIST)

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ORTHODONTIST

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GENERAL DENTIST

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(480) 820-6778
PEDODONTIST (PEDIATRIC DENTIST)

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
*** Facility and/or Dentist is currently not accepting new DHA patients.**
**** This Facility participates with DHA. Please verify the Dentist's participation at the time of service.**

Dr. Jehyun Ryu
10750 W McDowell Rd,
Ste D410
Avondale, AZ 85323
(623) 474-2869
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Dr. Kuong C Kov
1453 N Dysart Rd, Ste B108
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GENERAL DENTIST

Dr. Matthew B Shuldberg
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ORTHODONTIST

Dr. Sewa S Dhanjal
1430 N Central Ave, Ste A
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GENERAL DENTIST

****Protection Plus Dental Center**
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Dr. Mitchell Szeto
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GENERAL DENTIST

Dr. Shun-Yu D Nieh
10210 W McDowell Rd, Ste 7
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(623) 478-5435
GENERAL DENTIST

Dr. Shankar Anandarajah
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Ste F610
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GENERAL DENTIST

Dr. Mrinal Bhatt
10750 W McDowell Rd,
Ste F610
Avondale, AZ 85323
(623) 474-2900
GENERAL DENTIST

Dr. Carter A Grampp
10750 W McDowell Rd,
Ste F610
Avondale, AZ 85323
(623) 474-2900
GENERAL DENTIST

****Smile Of Beauty At Avondale Pc**
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Ste F610
Avondale, AZ 85323
(623) 474-2900

Dr. David M Chei
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Ste 105
Avondale, AZ 85323
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GENERAL DENTIST

Buckeye

Dr. Joe J Dunn
306 E Monroe Ave
Buckeye, AZ 85326
(623) 386-1630
GENERAL DENTIST

Dr. Joel R Rolfe
306 E Monroe Ave
Buckeye, AZ 85326
(623) 386-1630
GENERAL DENTIST

Dr. Richard I Ashton
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Buckeye, AZ 85326
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GENERAL DENTIST

Dr. Scott L Dalton
407 N 4th St
Buckeye, AZ 85326
(623) 327-3206
GENERAL DENTIST

Dr. Scott V Wellman
407 N 4th St
Buckeye, AZ 85326
(623) 327-3206
GENERAL DENTIST

Casa Grande

Dr. Scott Gunnell
1550 E Florence Blvd,
Ste 104
Casa Grande, AZ 85283
(520) 423-0022
GENERAL DENTIST

Cave Creek

Dr. Sarina Kliatchko Mercado
7100 E Cave Creek Rd, Bldg 11
Cave Creek, AZ 85331
(480) 595-5066
ENDODONTIST

Dr. Abbas Nejad
28255 N Tatum Blvd, Ste 4
Cave Creek, AZ 85331
(480) 563-4141
GENERAL DENTIST

Dr. Nolan E Cordon
30012 N Cave Creek Rd,
Ste 102
Cave Creek, AZ 85331
(480) 563-8926
ORTHODONTIST

Dr. Keith D Lamborn
29834 N Cave Creek Rd,
Ste 138
Cave Creek, AZ 85331
(480) 563-5237
GENERAL DENTIST

Dr. Manoj Sharma
29834 N Cave Creek Rd,
Ste 138
Cave Creek, AZ 85331
(480) 563-5237
GENERAL DENTIST

Dr. Sarina K Mercado
7100 E Cave Creek Rd, Bldg H Ste 101
Cave Creek, AZ 85331
(480) 595-5066
ENDODONTIST

Chandler

Dr. Randall M Dale
4920 S Alma School Rd,
Ste 1
Chandler, AZ 85248
(480) 895-9331
GENERAL DENTIST

Dr. Abrahim T Setoodeh
1860 S Alma School Rd,
Ste 5
Chandler, AZ 85248
(480) 821-8500
GENERAL DENTIST

****Acacia Endodontics**
1300 N McClintock Dr,
Ste B2
Chandler, AZ 85226
(480) 777-9938

Dr. Shaun R Cullimore
1300 N McClintock Dr,
Ste B2
Chandler, AZ 85226
(480) 777-9938
ENDODONTIST

Dr. Lance P Schneider
1300 N McClintock Dr,
Ste B2
Chandler, AZ 85226
(480) 777-9938
ENDODONTIST

Dr. Scott R Holyoak
655 S Dobson Rd, Bldg B
Ste 211
Chandler, AZ 85224
(480) 917-8400
GENERAL DENTIST

Dr. Adrian G Huang
655 S Dobson Rd, Bldg B
Ste 211
Chandler, AZ 85224
(480) 917-8400
GENERAL DENTIST

Dr. Garick D Ho
4055 S Arizona Ave, Ste 7
Chandler, AZ 85248
(480) 895-4048
GENERAL DENTIST

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
*** Facility and/or Dentist is currently not accepting new DHA patients.**
**** This Facility participates with DHA. Please verify the Dentist's participation at the time of service.**

Dr. Marilyn Lobo
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Ste D104
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PEDODONTIST (PEDIATRIC DENTIST)

Dr. Gregory B Sheppard
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Ste D104
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PEDODONTIST (PEDIATRIC DENTIST)

Avondale

Dr. Brian D Buehler
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GENERAL DENTIST

Dr. Todd R Cockrell
1619 N Dysart Rd, Ste 103
Avondale, AZ 85323
(623) 935-6278
GENERAL DENTIST

Dr. Michael I Domingo
1619 N Dysart Rd, Ste 103
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(623) 935-6278
GENERAL DENTIST

Dr. Stuart S Sanders
1619 N Dysart Rd, Ste 103
Avondale, AZ 85323
(623) 935-6278
ORAL SURGEON

Dr. Ana T Ortiz
1619 N Dysart Rd, Ste 103
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(623) 935-6278
ORTHODONTIST

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Ste 10
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GENERAL DENTIST

****Avondale Family Dental Care, Pc**
320 E Western Ave
Avondale, AZ 85323
(623) 932-3344

Dr. Ashley O Bui
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(623) 932-3344
GENERAL DENTIST

Dr. Nam-Rene Nguyen
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(623) 932-3344
GENERAL DENTIST

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Ste A101
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(623) 933-1989
PERIODONTIST

Dr. Robert C Bingham
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
GENERAL DENTIST

****Bright Now! Dental - Avondale**
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Avondale, AZ 85323
(623) 925-1331

Dr. Kevin S Cahoon
1473 N Dysart Rd, Ste 105
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(623) 925-1331
GENERAL DENTIST

Dr. Gwen Huynh
1473 N Dysart Rd, Ste 105
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(623) 925-1331
GENERAL DENTIST

Dr. Matthew D Kennedy
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
GENERAL DENTIST

***Dr. Gary L Kimberlin**
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
GENERAL DENTIST

Dr. Young Joo Lee
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
GENERAL DENTIST

Dr. Mark L Sampang
1473 N Dysart Rd, Ste 105
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(623) 925-1331
GENERAL DENTIST

Dr. Benjamin G Weir
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
GENERAL DENTIST

Dr. Nathan E Baker
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
ENDODONTIST

Dr. Cedric V Loud
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
ORAL SURGEON

Dr. Thomas S Shipley
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
ORTHODONTIST

****Desert Lake Family Dentistry**
10750 W McDowell Rd,
Ste B200
Avondale, AZ 85323
(623) 388-5888

Dr. Adel Shayegan
10750 W McDowell Rd,
Ste B200
Avondale, AZ 85323
(623) 388-5888
GENERAL DENTIST

Dr. Farzin Allameh
10320 W McDowell Rd,
Ste A1001
Avondale, AZ 85323
(623) 643-9919
GENERAL DENTIST

Dr. Jamie L Bremer
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85323
(623) 907-4562
GENERAL DENTIST

Dr. Brian D Buehler
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85323
(623) 907-4562
GENERAL DENTIST

Dr. Keith A Holm
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85323
(623) 907-4562
GENERAL DENTIST

Dr. Christopher K Reid
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85323
(623) 907-4562
GENERAL DENTIST

Dr. Stuart S Sanders
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85323
(623) 907-4562
ORAL SURGEON

Dr. Jason P Acuff
11335 W Buckeye Rd,
Ste. 101C
Avondale, AZ 85323
(623) 478-0149
GENERAL DENTIST

Dr. Jeong Yup Kim
10750 W McDowell Rd,
Ste D410
Avondale, AZ 85323
(623) 474-2869
GENERAL DENTIST

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
*** Facility and/or Dentist is currently not accepting new DHA patients.**
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518 N Beaver St, Ste A
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Flagstaff, AZ 86004
(928) 774-5266
GENERAL DENTIST

Dr. Eric Black
2500 N Rose St
Flagstaff, AZ 86004
(928) 213-6100
GENERAL DENTIST

Dr. Paul D Dankemeyer
2500 N Rose St
Flagstaff, AZ 86004
(928) 213-6100
GENERAL DENTIST

Dr. Gary J Marshall
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Flagstaff, AZ 86004
(928) 216-6100
GENERAL DENTIST

Dr. Kimberly B Williams-Barnes
2500 N Rose St
Flagstaff, AZ 86004
(928) 213-6100
GENERAL DENTIST

Williams

Dr. Angelina L Yap
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Williams, AZ 86046
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GENERAL DENTIST

Gila County

Payson

Dr. Jeffrey D Andersen
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GENERAL DENTIST

Dr. Eric J Anderson
712 N Beeline Hwy
Payson, AZ 85541
(928) 474-4581
GENERAL DENTIST

Dr. Joseph K Spear
712 N Beeline Hwy
Payson, AZ 85541
(928) 474-4581
GENERAL DENTIST

Dr. Jeremy W Cull
409 W Main St
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ORAL SURGEON

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409 W Main St
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GENERAL DENTIST

Dr. Thomas M Mattern
409 W Main St
Payson, AZ 85541
(928) 472-8400
GENERAL DENTIST

Dr. Gustavo D Wilson
409 W Main St
Payson, AZ 85541
(928) 472-8400
GENERAL DENTIST

Dr. Douglas G Kerr
409 W Main St
Payson, AZ 85541
(928) 472-8400
PEDODONTIST (PEDIATRIC DENTIST)

Dr. William R Blackmore
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Payson, AZ 85541
(928) 474-5231
GENERAL DENTIST

****Frontier Dental Arts**
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Payson, AZ 85541
(928) 474-5231

Dr. Benjamin W Stark
704 S Meadow St
Payson, AZ 85541
(928) 474-5231
GENERAL DENTIST

Dr. R. Scott Anderson
712 N Beeline Hwy
Payson, AZ 85541
(928) 474-4581
GENERAL DENTIST

Graham County

Safford

Dr. Christopher A Lines
626 S 6th Ave
Safford, AZ 85546
(928) 428-7369
ORAL SURGEON

Dr. Paul A Lines
626 S 6th Ave
Safford, AZ 85546
(928) 428-7369
ORAL SURGEON

Maricopa County

Anthem

Dr. Frank W Wolf
42104 N Venture Dr,
Ste B134
Anthem, AZ 85086
(623) 551-6300
GENERAL DENTIST

Dr. Douglas William Beals
42201 N 41st Dr, Ste 160
Anthem, AZ 85086
(480) 342-8200
ORAL SURGEON

Dr. Nolan E Cordon
42201 N 41st Dr, Ste 160
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(480) 563-8926
ORTHODONTIST

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3618 W Anthem Way,
Ste D104
Anthem, AZ 85086
(623) 551-2992
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Jeffrey N Brownstein
3618 W Anthem Way,
Ste D104
Anthem, AZ 85086
(623) 551-2992
PEDODONTIST (PEDIATRIC DENTIST)

Dr. John A Gawlik
3618 W Anthem Way,
Ste D104
Anthem, AZ 85086
(623) 551-2992
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Roger D Livingood
3618 W Anthem Way,
Ste D104
Anthem, AZ 85086
(623) 551-2992
PEDODONTIST (PEDIATRIC DENTIST)

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DENTAL HEALTH ALLIANCE, L.L.C

PPO PARTICIPATING DENTAL PROVIDERS

Apache County

Springerville

Dr. Howard N Lee
221 S Mountain Ave
Springerville, AZ 85938
(928) 333-4477
GENERAL DENTIST

St. Johns

Dr. Howard N Lee
80 East 1st Street North
St. Johns, AZ 85936
(928) 337-4151
GENERAL DENTIST

Cochise County

Benson

Dr. Ryan T Barney
338 E 4th St
Benson, AZ 85602
(520) 586-3241
GENERAL DENTIST

Elfrida

Dr. Mario H Fragoso
Po Box 263
Elfrida, AZ 85610
(520) 642-2222
GENERAL DENTIST

Sierra Vista

Dr. Long K Bui
1150 S Hwy 92, Ste A
Sierra Vista, AZ 85635
(520) 459-5166
GENERAL DENTIST

Dr. Kent A Hales
1236 E Fry Blvd
Sierra Vista, AZ 85635
(520) 458-9460
GENERAL DENTIST

Dr. Andrew T Kunstman
1989 Frontage Rd
Sierra Vista, AZ 85635
(520) 458-5611
GENERAL DENTIST

Dr. Larry D Bloom
2273 E Wilcox Dr
Sierra Vista, AZ 85635
(520) 458-1835
PEDODONTIST (PEDIATRIC DENTIST)

****Cole & Sharp**
2151 S Highway 92, Ste 116
Sierra Vista, AZ 85635
(520) 459-5530

Dr. Edward R Cole
2151 S Highway 92, Ste 116
Sierra Vista, AZ 85635
(520) 459-5530
PERIODONTIST

Dr. Susan B Sharp
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Sierra Vista, AZ 85635
(520) 459-5530
PERIODONTIST

Dr. Amy B Hauschildt
1729 Paseo San Luis, Ste B
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(520) 458-2520
GENERAL DENTIST

Dr. Jared W Haws
1729 Paseo San Luis, Ste B
Sierra Vista, AZ 85635
(520) 458-2520
GENERAL DENTIST

Dr. Stuart D Noble
1729 Paseo San Luis, Ste B
Sierra Vista, AZ 85635
(520) 458-2520
GENERAL DENTIST

Dr. Christina L Pace
1729 Paseo San Luis, Ste B
Sierra Vista, AZ 85635
(520) 458-2520
GENERAL DENTIST

Dr. Lincoln I Pace
1729 Paseo San Luis, Ste B
Sierra Vista, AZ 85635
(520) 458-2520
GENERAL DENTIST

Dr. Bradley O Roberts
1729 Paseo San Luis, Ste B
Sierra Vista, AZ 85635
(520) 458-2520
GENERAL DENTIST

Dr. Lawrence H Shults
1729 Paseo San Luis, Ste B
Sierra Vista, AZ 85635
(520) 458-2520
GENERAL DENTIST

Dr. Robert G Wilson
1729 Paseo San Luis, Ste B
Sierra Vista, AZ 85635
(520) 458-2520
GENERAL DENTIST

Dr. Patrick G Hardy
999 E Fry Blvd, Ste 108
Sierra Vista, AZ 85635
(520) 459-7035
GENERAL DENTIST

Dr. David I Dahl
4990 E Mediterranean Dr, Ste A
Sierra Vista, AZ 85635
(520) 459-3067
GENERAL DENTIST

Dr. Jared W Haws
4990 E Mediterranean Dr, Ste A
Sierra Vista, AZ 85635
(520) 459-3067
GENERAL DENTIST

Dr. Michael A Leavitt
4990 E Mediterranean Dr, Ste A
Sierra Vista, AZ 85635
(520) 459-3067
GENERAL DENTIST

Dr. Emily M Sabbagh
5100 E Hwy 90, Ste A
Sierra Vista, AZ 85635
(520) 417-9400
ORAL SURGEON

Willcox

Dr. Lason J Barney
805 W Rex Allen Dr
Willcox, AZ 85643
(520) 384-4203
GENERAL DENTIST

Dr. Ryan T Barney
805 W Rex Allen Dr
Willcox, AZ 85643
(520) 384-4203
GENERAL DENTIST

Dr. Fredric J White
805 W Rex Allen Dr
Willcox, AZ 85643
(520) 384-4203
GENERAL DENTIST

Coconino County

Flagstaff

Dr. Ralph E Umali
2615 N 4th St, Ste 6
Flagstaff, AZ 86004
(928) 774-4761
GENERAL DENTIST

Dr. Douglas B Law
1100 N San Francisco St, Ste D
Flagstaff, AZ 86001
(928) 774-5050
GENERAL DENTIST

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Dr. Timothy J Bashara
5656 S Power Rd, Ste 118
Gilbert, AZ 85295
(480) 988-1879
PEDODONTIST (PEDIATRIC DENTIST)

Dr. William S Guffey
4902 S Val Vista Dr, Ste 107
Gilbert, AZ 85298
(480) 963-9900
GENERAL DENTIST

Dr. Matthew G Roper
4902 S Val Vista Dr, Ste 107
Gilbert, AZ 85298
(480) 963-9900
GENERAL DENTIST

Goodyear

Dr. Jay S Suaverdez
14441 W McDowell Rd,
Ste B106
Goodyear, AZ 85395
(623) 536-3264
GENERAL DENTIST

Dr. Michael Hyde Day
13657 W McDowell Rd,
Ste 208
Goodyear, AZ 85395
(623) 535-9468
GENERAL DENTIST

Dr. Robert S Kane
1646 N Litchfield Rd, Ste 260
Goodyear, AZ 85395
(623) 535-7899
ENDODONTIST

Dr. Samer A Safadi
1616 N Litchfield Rd, Ste 150
Goodyear, AZ 85395
(623) 536-0044
GENERAL DENTIST

Dr. Jose R Gonzales
3060 N Litchfield Rd, Ste 110
Goodyear, AZ 85395
(623) 547-0403
GENERAL DENTIST

Dr. Lam Gia Ngo
14551 W Indian School Rd,
Ste 200
Goodyear, AZ 85395
(623) 535-8777
GENERAL DENTIST

Dr. James Sungil Baik
14175 W Indian School Rd,
Ste B6
Goodyear, AZ 85395
(623) 935-6400
GENERAL DENTIST

Dr. Anitha A Goud
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Ste B6
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GENERAL DENTIST

Dr. George R Ayoub
14122 W McDowell Rd,
Ste 200
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(623) 536-2040
GENERAL DENTIST

Dr. Soi Douglas T Hinh
14122 W McDowell Rd,
Ste 200
Goodyear, AZ 85395
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GENERAL DENTIST

Dr. Rafal Pytlik
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Ste 200
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GENERAL DENTIST

Dr. Yen Chun Wang
14122 W McDowell Rd,
Ste 200
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(623) 536-2040
GENERAL DENTIST

Dr. Tyler L Carter
3220 S Gilbert Rd, Ste 1
Chandler, AZ 85286
(480) 802-2200
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Randy Weinshel
3220 S Gilbert Rd, Ste 1
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(480) 802-2200
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Janne M Lynch
2895 S Alma School Rd, Ste 8
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Dr. Aaron J Rinta
2895 S Alma School Rd, Ste 8
Chandler, AZ 85286
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GENERAL DENTIST

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Chandler, AZ 85286
(480) 284-7640
GENERAL DENTIST

Dr. Dustin J McBride
2895 S Alma School Rd, Ste 8
Chandler, AZ 85286
(480) 782-1555
GENERAL DENTIST

Dr. Hana K Mansoor
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Chandler, AZ 85286
(480) 782-1555
GENERAL DENTIST

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ORTHODONTIST

Gilbert

Dr. Jeffrey M Burstein
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Gilbert, AZ 85298
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ORAL SURGEON

Dr. Mark S Hank
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GENERAL DENTIST

Dr. Brian Donald Buehler
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GENERAL DENTIST

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GENERAL DENTIST

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ENDODONTIST

Dr. Marcus L Palermo
2730 S Val Vista Dr, Bldg 11
Gilbert, AZ 85295
(480) 633-9977
ENDODONTIST

Dr. Kyle S Rabe
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ORTHODONTIST

Dr. Dirk M Donovan
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PERIODONTIST

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GENERAL DENTIST

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GENERAL DENTIST

Dr. John K Swain
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GENERAL DENTIST

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3336 E Chandler Heights Rd, Ste 130
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(480) 813-3636
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Nathan L McLaws
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GENERAL DENTIST

Dr. Jack G Wright
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(480) 857-9500
ORTHODONTIST

Dr. Salman Jaffer
2765 S Market St, Ste 103
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(480) 857-9500
ORTHODONTIST

Dr. Brian Hung-Che Liao
2680 S Val Vista Dr, Ste 103
Gilbert, AZ 85295
(480) 782-8825
GENERAL DENTIST

Dr. Rossana M D C Menna
936 E Williams Field Rd, Ste 101
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GENERAL DENTIST

Dr. Carlos A Vallecillo
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GENERAL DENTIST

Dr. Lucas R Beatty
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ORAL SURGEON

Dr. Brent L Pospisil
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GENERAL DENTIST

Dr. Douglas S Pospisil
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GENERAL DENTIST

Dr. Brian D Buehler
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GENERAL DENTIST

Dr. Gagan D Kaur
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Gilbert, AZ 85295
(480) 857-1044
GENERAL DENTIST

Dr. Cory B Rauch
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GENERAL DENTIST

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3336 E Chandler Heights Rd, Ste 119
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GENERAL DENTIST

Dr. Joy L Brauer
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Gilbert, AZ 85298
(480) 279-4790
GENERAL DENTIST

Dr. Brian B Roberts
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GENERAL DENTIST

Dr. Mai-Chi (Samantha) Vu
3336 E Chandler Heights Rd, Bldg 2
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ORTHODONTIST

Dr. David J Haralson
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ORAL SURGEON

Dr. Scott K Lee
2487 S Gilbert Rd, Ste 105
Gilbert, AZ 85295
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GENERAL DENTIST

Dr. Leigh Ann Schuerman
2487 S Gilbert Rd, Ste 105
Gilbert, AZ 85295
(480) 732-1888
GENERAL DENTIST

Dr. Justin Wayne Heiden
936 E Williams Field Rd, Ste 102
Gilbert, AZ 85295
(480) 926-0776
GENERAL DENTIST

Dr. Nathan J Saydyk
936 E Williams Field Rd, Ste 102
Gilbert, AZ 85295
(480) 926-0776
GENERAL DENTIST

¿Cómo hago una cita con un dentista DHA?

Usted y cada uno de sus dependientes que califiquen para recibir cuidado dental deben seleccionar a un dentista participante. A continuación, llamen al dentista para hacer una cita. Siempre que haga una cita, identifíquese como miembro DHA para garantizar que reciba los descuentos pertinentes.

Cuando vaya al dentista, no se olvide de llevar consigo la tarjeta de identificación DHA de Assurant y de Beneficios para Empleados para verificar su afiliación. Asimismo, le aconsejamos que confirme con el consultorio del dentista que desea recibir cuidado dental de parte de los dentistas que usted elija. Usted deberá recibir tratamiento de un dentista DHA para poder recibir los descuentos.

RECUERDE...

- En todo momento, usted tiene la libertad de elegir al dentista que desee para su cuidado dental.
- Usted ahorrará dinero si visita a un dentista participante. Puede visitar a un dentista que no participe en el plan pero no recibirá los descuentos.
- Siempre identifíquese como miembro DHA cuando haga una cita o visite al dentista. Asimismo, confirme que el dentista todavía forma parte de la PPO antes de recibir cuidado dental.

Se ha hecho el mayor esfuerzo para imprimir este directorio de la forma más exacta posible. Sin embargo, la información referente a los proveedores que aparece aquí está sujeta a cambios sin previo aviso y no puede ser garantizada.

Avondale

Dr. Michael I Domingo
1619 N Dysart Rd, Ste 103
Avondale, AZ 85392
(623) 935-6278
GENERAL DENTIST

Dr. Alexander Richard Lobert
1619 N Dysart Rd, Ste 103
Avondale, AZ 85392
(623) 935-6278
GENERAL DENTIST

Dr. Ana T Ortiz
1619 N Dysart Rd, Ste 103
Avondale, AZ 85392
(623) 935-6278
ORTHODONTIST

Dr. Adel Shayegan
10750 W McDowell Rd,
Ste B200
Avondale, AZ 85392
(623) 388-5888
GENERAL DENTIST

Dr. Yong-Suk P Cha
10665 W Indian School Rd,
Ste J
Avondale, AZ 85392
(623) 772-5362
GENERAL DENTIST

Dr. Wade A Mendenhall
10665 W Indian School Rd,
Ste J
Avondale, AZ 85392
(623) 772-5362
GENERAL DENTIST

Dr. Toby W Vanlandschoot
1619 N Dysart Rd, Ste 103
Avondale, AZ 85392
(623) 935-6278
ORTHODONTIST

Dr. Keith A Holm
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85392
(623) 907-4562
GENERAL DENTIST

Dr. Joy M Collier
10750 W McDowell Rd,
Ste F610
Avondale, AZ 85392
(623) 474-2900
GENERAL DENTIST

Dr. Todd R Cockrell
1619 N Dysart Rd, Ste 103
Avondale, AZ 85392
(623) 935-6278
GENERAL DENTIST

Dr. Brian Donald Buehler
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85392
(623) 907-4562
GENERAL DENTIST

Dr. Brian Donald Buehler
1619 N Dysart Rd, Ste 103
Avondale, AZ 85392
(623) 935-6278
GENERAL DENTIST

Dr. Shun-Yu D Nieh
10210 W McDowell Rd,
Ste 140
Avondale, AZ 85392
(623) 478-5435
GENERAL DENTIST

Chandler

Dr. Mark L Sampang
1445 S Arizona Ave, Ste 1
Chandler, AZ 85286
(480) 857-8270
GENERAL DENTIST

Dr. Anthony John Oliveri
1445 S Arizona Ave, Ste 1
Chandler, AZ 85286
(480) 857-8270
GENERAL DENTIST

Dr. Nathan E Baker
1445 S Arizona Ave, Ste 1
Chandler, AZ 85286
(480) 857-8270
ENDODONTIST

Dr. Scott P Day
1445 S Arizona Ave, Ste 1
Chandler, AZ 85286
(480) 857-8270
ORTHODONTIST

Dr. Carl C Fairchild
2880 E Germann Rd, Ste 13
Chandler, AZ 85286
(480) 821-5444
GENERAL DENTIST

Dr. Michael Jason Hill
2880 E Germann Rd, Ste 13
Chandler, AZ 85286
(480) 821-5444
GENERAL DENTIST

Dr. Stephanie S Weinshel
2880 E Germann Rd, Ste 13
Chandler, AZ 85286
(480) 821-5444
GENERAL DENTIST

Dr. Brian Donald Buehler
2880 E Germann Rd, Ste 13
Chandler, AZ 85286
(480) 821-5444
GENERAL DENTIST

Dr. Brian Donald Buehler
2895 S Alma School Rd,
Ste 8
Chandler, AZ 85286
(480) 782-1555
GENERAL DENTIST

¡Información importante que puede ahorrarle dinero!

¿Qué es DHA?

DHA es una opción en su plan dental que le puede ahorrar dinero cada vez que visita al dentista. Todos los dentistas que forman parte de la red DHA PPO han acordado reducir sus cuotas habituales en aproximadamente un 30%.

Ejemplo de los ahorros*:

	Visita a un dentista de la red	Visita a un dentista fuera de la red
Cuota habitual por una corona	$862	$862
Menos el descuento DHA	30%	NA
Cuota real	$603	$862
El seguro paga 50%	$302	$431
Usted paga	$301	$431
Ahorro con DHA	**$130**	**NA**

**Los ahorros pueden ser distintos en los casos en que se apliquen deducibles.*

Además de estos descuentos, puede que su plan dental pague mayores beneficios cuando usted visite a un dentista participante. Para determinar si usted puede recibir mayores beneficios, examine el folleto de certificados, póngase en contacto con el departamento de Recursos Humanos o llame al Centro de Assurant de Beneficios para Empleados al número gratuito que aparece en su Tarjeta de Identificación dental.

Para recibir estos ahorros, debe visitar a un dentista DHA.

¿Cómo puedo encontrar a un dentista DHA?

Es fácil encontrar a dentistas participantes de práctica general y especialistas en su área. Usted tiene las siguientes opciones:

- Utilice la lista de este directorio para tener una idea general del grupo de proveedores. Si desea información más actualizada, le recomendamos encarecidamente que considere las siguientes dos opciones:

- Visite www.assurantemployeebenefits.com y seleccione la pestaña "For Members" ("Para miembros"), elija "Find a Dentist" ("Encuentre a un dentista") y siga las instrucciones. Asegúrese de seleccionar "DHA" para que su búsqueda se centre en el grupo correcto de dentistas de su plan.

- Llame al Centro de Assurant de Beneficios para Empleados al 800.442.7742.

¿Qué debo hacer si necesito ver a un especialista?

Aunque usted no reciba cuidado dental de parte de un dentista de práctica general DHA, le invitamos a que visite a un especialista DHA. En la mayoría de lugares, contará con una gran selección de especialistas DHA entre los que elegir. Todos los especialistas participantes han acordado reducir sus cuotas en aproximadamente un 30%.

Puede que su compañía no ofrezca cobertura de ortodoncia. En cualquier caso, usted tiene el derecho a recibir cuotas de descuento siempre que reciba cuidado dental de parte de un especialista en ortodoncia DHA.

How do I schedule an appointment with a DHA dentist?

You and each of your eligible dependents should select a participating dentist. Then call the dental office and make an appointment. When scheduling an appointment, always identify yourself as a DHA member. This will ensure you receive the proper discounts.

When you go to the dentist, remember to bring your Assurant Employee Benefits/DHA ID card to verify eligibility. We also strongly advise you to confirm with the dental office that you will be seen by the dentists that you chose. You must receive treatment from a DHA dentist to qualify for the discounts.

REMEMBER...

- **You** always decide which dentist to use. You are never "locked in" to a dentist.
- Choosing a DHA dentists will save you money. You can use a non-participating dentist, but you won't receive the discounts.
- Call us at 800.442.7742 for a customized referral or other special services.
- Always identify yourself as a DHA member when scheduling an appointment or visiting the dentist. Also confirm the dentist's continued participation in the PPO prior to treatment.

Every effort has been made to print this directory as accurately as possible. However, the provider information contained here is subject to change without notice and cannot be guaranteed.

Important information that can save you money!

What is the Dental Health Alliance® preferred provider organization?

Dental Health Alliance (DHA®) is an option in your dental plan that can save you money every time you visit the dentist. All of the dentists who participate in the DHA PPO have agreed to discount their fees by **up to 30%** .

Sample Cost Savings Example*:

	Visit to Network Dentist	Visit to Non-Network Dentist
Normal Charge for Crown	$500	$500
Minus DHA Discount	30%	NA
Actual Fee	$400	$500
Insurance Pays 50%	$200	$250
You Pay	$200	$250
Savings from using DHA	**$100**	**NA**

**Savings may differ in cases where deductibles apply.*

In addition to these provider discounts, your dental plan may pay higher benefits when you're treated by a participating dentist. To determine if the higher benefits apply to you, please review your certificate booklet, contact your HR department, or call Assurant Employee Benefits at the toll-free number on your dental ID card.

To receive these savings, you have to use a DHA dentist.

How do I find a DHA dentist?

It's easy to locate participating general dentists and specialists in your area. You have these options:

- Use the list in this directory for a general idea of the provider panel. For more current information, we urge you to consider the next two options.

- Visit Assurant Employee Benefits' web site at www.assurantemployeebenefits.com. Select the "For Members" tab, choose "Find a Dentist" and follow the instructions. Make sure you pick "DHA" so your search is based on the correct group of dentists. Provider information on this site is more current than that in the directory.

- Call Assurant Employee Benefits at 800.442.7742.

What if I have special telephone requirements?

If you are more comfortable speaking a language other than English, we can still assist you with a customized telephone referral. We use a translation service whose interpreters are fluent in over 140 languages. Call the number above to use this service.

What if I need to see a specialist?

Even if you do not receive general dentistry care from a DHA dentist, you are welcome to use a DHA specialist. In most areas you will have a wide selection of DHA specialists from which to choose. All participating specialists have agreed to discount their fees by up to 30%.

Your company may or may not offer orthodontic coverage. Either way, you are entitled to discounted fees whenever you seek treatment from a DHA orthodontist .

ASSURANT Employee Benefits

Dental PPO Provider Directory

as of June 19, 2008

Directory produced for:
City of Peoria

Search Criteria:
within the state of Arizona

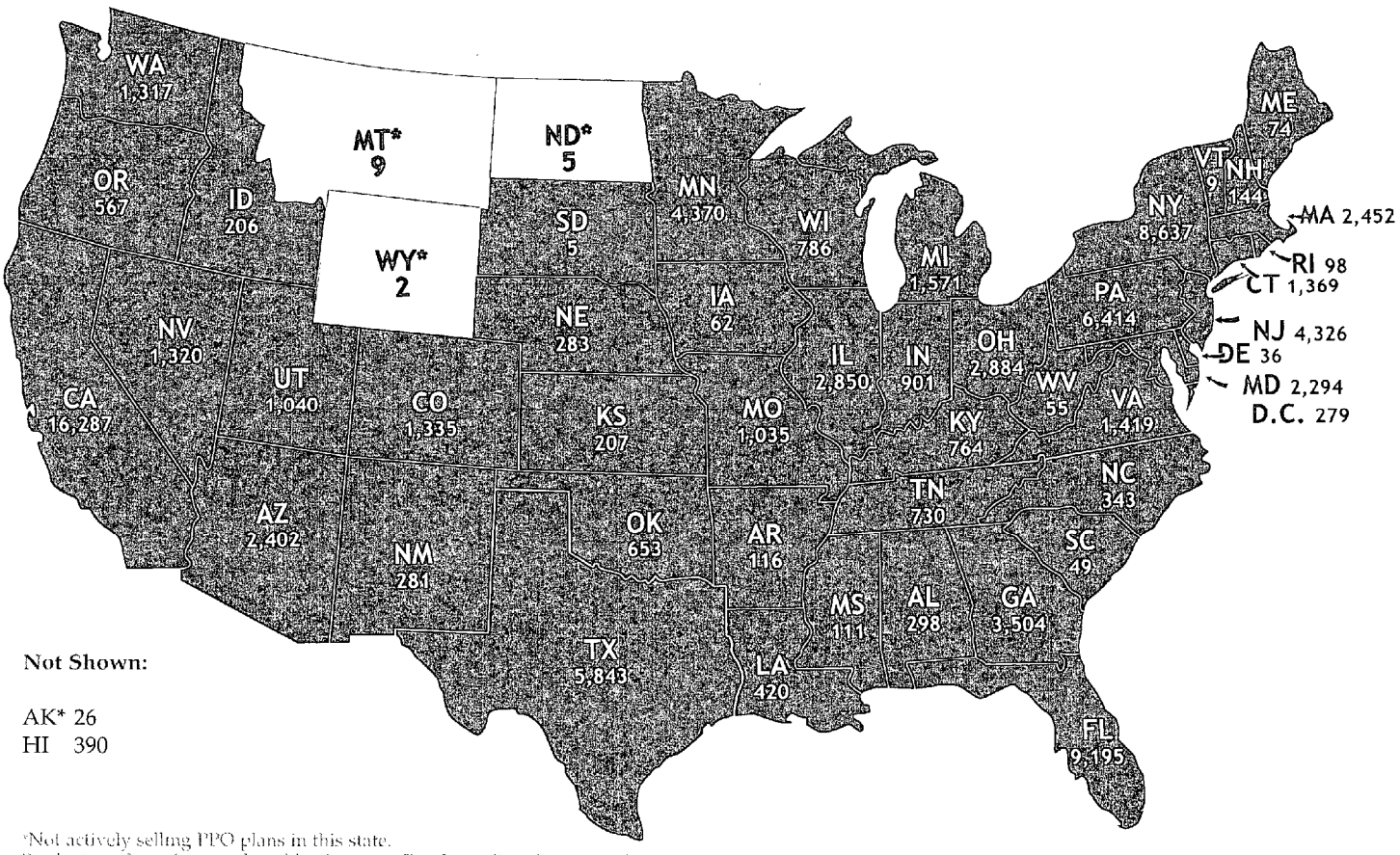
DHA®
DENTAL HEALTH ALLIANCE, L.L.C.

For more current information, visit
www.assurantemployeebenefits.com

ASSURANT
Employee
Benefits

Dental PPO Network

(As of 4/1/2008, over 90,000 referable locations nationwide)



Not Shown:

AK* 26
HI 390

*Not actively selling PPO plans in this state.

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York.

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KC3866 (4/2008)

Provider Directory

PPO

Heritage Series

SPANISH TRAIL DENTAL GROUP
Shahin Madi
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
PERIODONTIST
OPEN

SPANISH TRAIL DENTAL GROUP PROFESSIONAL CORP
Jorge L Alvarez
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST
ID #: 0017370

SPANISH TRAIL DENTAL GROUP PROFESSIONAL CORP
Dino L Drummer
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST
ID #: 0017370

SPANISH TRAIL DENTAL GROUP PROFESSIONAL CORP
Dongwook B Lee
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST
ID #: 0017370

STEPHEN HARKINS DDS - TMJ
Stephen Harkins
4781 E Camp Lowell Rd
Tucson, AZ 85712
(520) 298-6909
ORAL SURGEON
OPEN

TODD WIEKHORST DDS
Todd Wiekhorst
4801 N 1st Ave
Tucson, AZ 85718
(520) 888-8800
GENERAL DENTIST
ID #: 0001666

VALLEY ENDODONTIC SPECIALTY GROUP
Jonathan M Gutman
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP
Gary K Silver
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTICS AND ORAL SURGERY
Jonathan M Gutman
3085 W Ina Rd, Ste 101
Tucson, AZ 85741
(520) 219-1900
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTICS AND ORAL SURGERY
Lucas R Beatty
3085 W Ina Rd, Ste 101
Tucson, AZ 85741
(520) 219-1900
ORAL SURGEON-SBA
OPEN

VALLEY ENDODONTICS AND ORAL SURGERY
Brian A Lilien
3085 W Ina Rd, Ste 101
Tucson, AZ 85741
(520) 219-1900
ORAL SURGEON-SBA
OPEN

VALLEY PERIODONTICS
Janina G Deeb
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-4230
PERIODONTIST-SBA
OPEN

WALTER W LAOS DDS
Walter W Laos
8230 E Broadway Blvd,
Ste E1
Tucson, AZ 85710
(520) 298-0101
GENERAL DENTIST
ID #: 0001638

Wickenburg

CRAIG A TRUEBLOOD DDS
Craig A Trueblood
375 S Vulture Mine Rd
Wickenburg, AZ 85390
(928) 684-7520
GENERAL DENTIST
ID #: *

Yuma

ARIZONA FAMILY DENTISTRY
Evan J Short
1025 W 24th St, Ste 8
Yuma, AZ 85364
(928) 314-3500
GENERAL DENTIST
ID #: 0017354

NOTE: Dentists may be listed more than once due to multiple office locations or participation with Groups.
SBA (Specialty Benefit) offers enhanced benefits associated with Plan Specialists (an in-network Endodontist, Periodontist or Oral Surgeon) who accepts the SBA Plan Specialist Copayments. We recommend members call Customer Service at 800.443.2995 to determine if the SBA is available for your plan.
*** Facility and/or Dentist is currently not accepting new patients.**

Heritage Series

SOUTHERN ARIZONA ENDODONTICS
Christopher J Douville
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Daniel B Funk
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Daniel B Funk
1011 N Craycroft St, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Dean M Hauseman
1011 N Craycroft St, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Dean M Hauseman
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
John R Hughes
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
John R Hughes
1011 N Craycroft St, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Justin S Hughes
1011 N Craycroft St, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Justin S Hughes
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
John Palmer Smith
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
John Palmer Smith
1011 N Craycroft St, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA PERIODONTICS PLC
Edward R Cole
5225 E Knight Dr, Ste 401
Tucson, AZ 85712
(520) 322-9300
PERIODONTIST-SBA
OPEN

SOUTHERN ARIZONA PERIODONTICS PLC
Edward R Cole
403 W Cool Dr, Ste 101
Tucson, AZ 85704
(520) 322-9300
PERIODONTIST-SBA
OPEN

SOUTHERN ARIZONA PERIODONTICS PLC
Susan B Sharp
5225 E Knight Dr, Ste 401
Tucson, AZ 85712
(520) 322-9300
PERIODONTIST-SBA
OPEN

SOUTHERN ARIZONA PERIODONTICS PLC
Susan B Sharp
403 W Cool Dr, Ste 101
Tucson, AZ 85704
(520) 322-9300
PERIODONTIST-SBA
OPEN

SOUTHWEST DENTAL GROUP
Felipe Salinas
2934 W Ina Rd
Tucson, AZ 85741
(520) 742-9500
GENERAL DENTIST
ID #: 0016425

SOUTHWEST DENTAL GROUP
Thomas J Cipriano
2934 W Ina Rd
Tucson, AZ 85741
(520) 742-9500
ENDODONTIST-SBA
OPEN

SOUTHWEST DENTAL GROUP
James B Edwards
2934 W Ina Rd
Tucson, AZ 85741
(520) 742-9500
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP
Robert J Lytle
2934 W Ina Rd
Tucson, AZ 85741
(520) 742-9500
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP
Peter A Spanganberg
2934 W Ina Rd
Tucson, AZ 85741
(520) 742-9500
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP
Aaron O Tolman
2934 W Ina Rd
Tucson, AZ 85741
(520) 742-9500
ORTHODONTIST
OPEN

SOUTHWEST DENTAL GROUP
Shahin Madi
2934 W Ina Rd
Tucson, AZ 85741
(520) 742-9500
PERIODONTIST-SBA
OPEN

SOUTHWEST SMILE CENTER
Michael C Anderson
2025 W Grant Rd
Tucson, AZ 85745
(520) 573-1111
GENERAL DENTIST
ID #: 0002700

SPANISH TRAIL DENTAL GROUP
Stuart Solomon Sanders
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
ORAL SURGEON
OPEN

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*** Facility and/or Dentist is currently not accepting new patients.**

Heritage Series

ORTHODONTIC PROFESSIONAL PC
Daniel J Grob
225 E Valencia Road,
Ste 150
Tucson, AZ 85706
(520) 746-1842
ORTHODONTIST
OPEN

ORTHODONTIC PROFESSIONALS PC
Mark T Donovan
150 N Pantano Rd, Ste 100
Tucson, AZ 85710
(520) 290-8787
ORTHODONTIST
OPEN

ORTHODONTIC PROFESSIONALS PC
Daniel J Grob
150 N Pantano Rd, Ste 100
Tucson, AZ 85710
(520) 290-8787
ORTHODONTIST
OPEN

PUEBLO DENTAL CENTER
Michael H Brown
1400 W Valencia Rd, Ste 100
Tucson, AZ 85746
(520) 746-1068
GENERAL DENTIST
ID #: 0016028

PUEBLO DENTAL CENTER
Michael H Brown
1000 N Silverbell Rd
Tucson, AZ 85745
(520) 624-7514
GENERAL DENTIST
ID #: 0016027

PUEBLO DENTAL CENTER
David B Drabs
1000 N Silverbell Rd
Tucson, AZ 85745
(520) 624-7514
GENERAL DENTIST
ID #: 0016027

PUEBLO DENTAL CENTER
Henry E Jones
1400 W Valencia Rd, Ste 100
Tucson, AZ 85746
(520) 746-1068
GENERAL DENTIST
ID #: 0016028

PUEBLO DENTAL CENTER
Thang C Pham
1400 W Valencia Rd, Ste 100
Tucson, AZ 85746
(520) 746-1068
GENERAL DENTIST
ID #: 0016028

PUEBLO DENTAL CENTER
Thang C Pham
1000 N Silverbell Rd
Tucson, AZ 85745
(520) 624-7514
GENERAL DENTIST
ID #: 0016027

RALPH CLARY DDS
Ralph A Clary
1601 N Tucson Blvd, Ste 24
Tucson, AZ 85716
(520) 327-6281
GENERAL DENTIST
ID #: *

RINCON DENTAL SERVICES
Edward W Galapeaux
2402 S Harrison Rd
Tucson, AZ 85748
(520) 721-2611
GENERAL DENTIST
ID #: 0001731

RIVERSIDE DENTAL PC
Jason Kirkland
1640 E River Rd, Ste 112
Tucson, AZ 85718
(520) 299-4470
GENERAL DENTIST
ID #: *

ROBERT A MEESE DDS
Robert A Meese
5721 E 5th St
Tucson, AZ 85711
(520) 747-1773
ORTHODONTIST
OPEN

ROBERT E CRUM DDS
Robert E Crum
801 N Wilmot Rd, F-2
Tucson, AZ 85711
(520) 745-5051
ORTHODONTIST
OPEN

RONALD C QUINTIA DDS
Ronald C Quintia
6369 E Tanque Verde Rd,
Ste 230
Tucson, AZ 85715
(520) 290-6800
ORAL SURGEON
OPEN

SHARON E LISTER DDS PC
Sharon E Lister
368 E Grant Rd
Tucson, AZ 85705
(520) 623-9479
GENERAL DENTIST
ID #: 0014959

SKYLINE DENTAL LLC
Victor E Trujillo
3918 W Ina Rd, Ste D 100
Tucson, AZ 85741
(520) 579-3393
GENERAL DENTIST
ID #: 0001776

SMILE CANYON DENTAL
Alen A Madadi
4955 N Sabino Canyon Rd,
Ste 103
Tucson, AZ 85750
(520) 299-5122
GENERAL DENTIST
ID #: 0012435

SMILE CANYON DENTAL
Alen A Madadi
10509 N Oracle Rd, Ste 141
Tucson, AZ 85737
(520) 498-0500
PROSTHODONTIST
OPEN

SMILE CANYON DENTAL
Alen A Madadi
4955 N Sabino Canyon Rd,
Ste 103
Tucson, AZ 85750
(520) 299-5122
PROSTHODONTIST
OPEN

SOUTHERN ARIZONA DENTAL SPECIALTIES
Joseph N D Aniello
1601 N Tucson Blvd, Ste 12C
Tucson, AZ 85716
(520) 327-4224
PERIODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Tung B Bui
1011 N Craycroft St, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Tung B Bui
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
David G Burros
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
David G Burros
1011 N Craycroft St, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST
OPEN

SOUTHERN ARIZONA ENDODONTICS
Christopher J Douville
1011 N Craycroft St, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST
OPEN

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*** Facility and/or Dentist is currently not accepting new patients.**

Heritage Series

GENTLE DENTAL CENTER - TUCSON MALL
Amer Zarif
4570 N Oracle Rd
Tucson, AZ 85705
(520) 888-0510
GENERAL DENTIST
ID #: 0001764

GENTLE DENTAL ORACLE
William M Martin
7225 N Oracle Rd, Ste 110
Tucson, AZ 85704
(520) 575-1000
GENERAL DENTIST
ID #: 0001759

GENTLE DENTAL ORACLE
Amer Zarif
7225 N Oracle Rd, Ste 110
Tucson, AZ 85704
(520) 575-1000
GENERAL DENTIST
ID #: 0001759

GENTLE DENTAL ORACLE
Janina G Deeb
7225 N Oracle Rd, Ste 110
Tucson, AZ 85704
(520) 575-1000
PERIODONTIST-SBA
OPEN

GENTLE DENTAL TRI POINT
Jesse C Engle
6373 E Tanque Verde,
Ste 100
Tucson, AZ 85715
(520) 298-0427
GENERAL DENTIST
ID #: 0001758

GENTLE DENTAL TRI POINT
Michael J Killebrew
6373 E Tanque Verde,
Ste 100
Tucson, AZ 85715
(520) 298-0427
GENERAL DENTIST
ID #: 0001758

GENTLE DENTAL TRI POINT
Jeremy L Tanner
6373 E Tanque Verde,
Ste 100
Tucson, AZ 85715
(520) 298-0427
GENERAL DENTIST
ID #: 0001758

GENTLE DENTAL TRI POINT
Juan C Valencia
6373 E Tanque Verde,
Ste 100
Tucson, AZ 85715
(520) 298-0427
GENERAL DENTIST
ID #: 0001758

GENTLE DENTAL TRI-POINT
Janina G Deeb
6373 Tanque Verde Road,
Ste 110
Tucson, AZ 85715
(520) 298-0427
PERIODONTIST-SBA
OPEN

GERALD D HALBACH DDS PC
Gerald D Halbach
4801 N 1st Ave
Tucson, AZ 85718
(520) 292-0606
GENERAL DENTIST
ID #: 0001739

IMAGE DENTAL CENTER
Edward W Galapeaux
1955 W Grant Rd, Ste 112
Tucson, AZ 85745
(520) 623-2263
GENERAL DENTIST
ID #: 0001735

J & J DENTAL PC UTPAL C PATEL DDS
Utpal C Patel
7434 N La Cholla Blvd
Tucson, AZ 85741
(520) 742-9292
GENERAL DENTIST
ID #: 0015076

JOEL TURNER DDS
Joel V Turner
368 E Grant Rd
Tucson, AZ 85705
(520) 622-8425
GENERAL DENTIST
ID #: 0001777

JOHN R LARGE DMD
John R Large
2312 N Rosemont Blvd,
Ste 100
Tucson, AZ 85712
(520) 326-0566
GENERAL DENTIST
ID #: 0011893

JON M BRASE DDS
Jon M Brase
5701 E 5th St
Tucson, AZ 85711
(520) 745-1313
GENERAL DENTIST
ID #: *

JORGE L ALVAREZ DDS PC
Jorge L Alvarez
310 N Wilmot Rd, Ste 205
Tucson, AZ 85711
(520) 722-1655
GENERAL DENTIST
ID #: 0014517

KENNETH THUESON DDS
Kenneth L Thueson
899 N Wilmot Rd, Ste D-2
Tucson, AZ 85711
(520) 748-1200
GENERAL DENTIST
ID #: 0001752

LOS AMPARADORES DENTISTRY PC
Harry C Reece
3986 N Campbell Ave
Tucson, AZ 85719
(520) 795-3418
GENERAL DENTIST
ID #: 0001688

MARK D MAKLIN DMD
Mark D Maklin
2370 N Wyatt Dr
Tucson, AZ 85712
(520) 325-6991
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

MICHAEL V GOLDMAN DDS
Michael V Goldman
1603 W Ina Rd
Tucson, AZ 85704
(520) 297-7227
ORTHODONTIST
OPEN

MICHAEL V GOLDMAN DDS
Michael V Goldman
1701 W Saint Marys Rd, 127
Tucson, AZ 85704
(520) 624-0035
ORTHODONTIST
OPEN

ORTHODONTIC PROFESSIONAL PC
Mark T Donovan
1751 W Orange Grove Rd,
Ste 111
Tucson, AZ 85704
(520) 297-1849
ORTHODONTIST
OPEN

ORTHODONTIC PROFESSIONAL PC
Mark T Donovan
225 E Valencia Road,
Ste 150
Tucson, AZ 85706
(520) 746-1842
ORTHODONTIST
OPEN

ORTHODONTIC PROFESSIONAL PC
Daniel J Grob
1751 W Orange Grove Rd,
Ste 111
Tucson, AZ 85704
(520) 297-1849
ORTHODONTIST
OPEN

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*** Facility and/or Dentist is currently not accepting new patients.**

Heritage Series

AN ELEGANT SMILE DENTISTRY - AJO WAY
Joseph G Van Cleve
1739 W Ajo Way
Tucson, AZ 85713
(520) 206-0030
GENERAL DENTIST
ID #: 0011883

AN ELEGANT SMILE DENTISTRY - ORACLE
Lenny W Arias
6849 N Oracle Rd, Ste 115
Tucson, AZ 85704
(520) 696-0700
GENERAL DENTIST
ID #: 0010637

AN ELEGANT SMILE DENTISTRY - WILMOT
Lenny W Arias
310 N Wilmot Rd, Ste 303
Tucson, AZ 85711
(520) 733-0040
GENERAL DENTIST
ID #: 0011882

AN ELEGANT SMILE DENTISTRY - WILMOT
John Murad
310 N Wilmot Rd, Ste 303
Tucson, AZ 85711
(520) 733-0040
GENERAL DENTIST
ID #: 0011882

AN ELEGANT SMILE DENTISTRY AJO WAY
Terence R Ziehmer
1739 W Ajo Way
Tucson, AZ 85713
(520) 206-0030
ORTHODONTIST
OPEN

ANDREW E DEEB DMD PC
Andrew E Deeb
4008 E Pima St
Tucson, AZ 85712
(520) 881-2940
PERIODONTIST-SBA
OPEN

ANDREW E DEEB DMD PC
George E Deeb
4008 E Pima St
Tucson, AZ 85712
(520) 881-2940
PERIODONTIST-SBA
OPEN

ANDREW L KASSMAN DMD
Andrew L Kassman
6700 N Oracle Rd, Ste 327
Tucson, AZ 85704
(520) 575-1177
ORTHODONTIST
OPEN

ARIZONA ORAL AND MAXILLOFACIAL SURGEONS PLLC
Philip J Smith
7455 E Tanque Verde Rd
Tucson, AZ 85715
(520) 745-2454
ORAL SURGEON-SBA
OPEN

ARIZONA ORAL AND MAXILLOFACIAL SURGEONS PLLC
Eugene Toone
7455 E Tanque Verde Rd
Tucson, AZ 85715
(520) 745-2454
ORAL SURGEON-SBA
OPEN

ARIZONA ORAL AND MAXILLOFACIAL SURGEONS PLLC
Robert S Wood
7455 E Tanque Verde Rd
Tucson, AZ 85715
(520) 745-2454
ORAL SURGEON-SBA
OPEN

CANDACE WALTERS DDS
Candace G Walters
899 N Wilmot Rd, C-1
Tucson, AZ 85711
(520) 571-1756
ORTHODONTIST
OPEN

CASA ADOBES ORAL AND MAXILLOFACIAL SURGERY P C
Timothy M Gomez
6471 N La Cholla Blvd,
Ste 101
Tucson, AZ 85741
(520) 742-6136
ORAL SURGEON
OPEN

CASA ADOBES ORAL AND MAXILLOFACIAL SURGERY P C
Owen W Kaiser
6471 N La Cholla Blvd,
Ste 101
Tucson, AZ 85741
(520) 742-6136
ORAL SURGEON
OPEN

CATALINA SMILES
Brian Buehler
7645 N Oracle Rd, Ste 120
Tucson, AZ 85704
(520) 797-9061
GENERAL DENTIST
ID #: 0018048

CATALINA SMILES
Robin P Lenaker
7645 N Oracle Rd, Ste 120
Tucson, AZ 85704
(520) 797-9061
GENERAL DENTIST
ID #: 0018048

CHARLES A LOSCHIAVO DMD PC
Charles A Loschiavo
2370 N Wyatt Dr, Ste 120
Tucson, AZ 85712
(520) 322-0661
ORAL SURGEON-SBA
OPEN

CHARLES DAVIS DDS
Charles A Davis
716 N Country Club Rd
Tucson, AZ 85716
(520) 326-8516
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

DEL SOL DENTAL
Ryan W Donley
4550 E Grant Rd
Tucson, AZ 85712
(520) 327-5339
GENERAL DENTIST
ID #: 0001603

DEL SOL DENTAL
Michael D Skidmore
4550 E Grant Rd
Tucson, AZ 85712
(520) 327-5339
GENERAL DENTIST
ID #: 0001603

EDWARD SPARKS DDS
Sharon E Lister
368 E Grant Rd
Tucson, AZ 85705
(520) 623-9479
GENERAL DENTIST
ID #: 0001628

EDWARD SPARKS DDS
Edward F Sparks
368 E Grant Rd
Tucson, AZ 85705
(520) 623-9479
GENERAL DENTIST
ID #: 0001628

FOOTHILLS ORAL & MAXILLOFACIAL SURGERY
Stephen A Denbrock
6700 N Oracle Rd, Ste 238
Tucson, AZ 85704
(520) 297-6343
ORAL SURGEON-SBA
OPEN

GENTLE DENTAL CENTER
James B Osmun
5311 E Broadway Blvd
Tucson, AZ 85711
(520) 790-2865
GENERAL DENTIST
ID #: 0001763

GENTLE DENTAL CENTER - TUCSON MALL
Terry Leroy Green
4570 N Oracle Rd
Tucson, AZ 85705
(520) 888-0510
GENERAL DENTIST
ID #: 0001764

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* **Facility and/or Dentist is currently not accepting new patients.**

Heritage Series

SOUTHWEST DENTAL GROUP - TEMPE
Marc H Braslow
6655 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 831-5200
GENERAL DENTIST
ID #: 0001675

SOUTHWEST DENTAL GROUP - TEMPE
Spencer J Burton
6655 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 831-5200
GENERAL DENTIST
ID #: 0001675

SOUTHWEST DENTAL GROUP - TEMPE
Kenneth S Thompson
6655 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 831-5200
GENERAL DENTIST
ID #: 0001675

VALLEY ENDODONTIC SPECIALTY GROUP
Elie E Ezzie
6200 S McClintock Dr, Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP
Rebecca A Stohler
6200 S McClintock Dr, Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP
Axel H Yabroudi
6200 S McClintock Dr, Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST-SBA
OPEN

WARNER VILLAGE COSMETIC AND FAMILY DENTISTRY
Rima H Peters
8675 S Priest Dr, Ste 101
Tempe, AZ 85284
(480) 961-0600
GENERAL DENTIST
ID #: 0017065

Tolleson

DOUG CHANG LLC
Doug Chang
9897 W McDowell Rd, Ste 745
Tolleson, AZ 85353
(623) 478-0788
GENERAL DENTIST
ID #: 0017002

DOUG CHANG LLC
Hye Jung Regina Suk
9897 W McDowell Rd, Ste 745
Tolleson, AZ 85353
(623) 478-0788
GENERAL DENTIST
ID #: 0017002

PROMENADE DENTAL GROUP
Lisa Beznoska
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST
ID #: 0016893

PROMENADE DENTAL GROUP
Jamie L Bremer
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST
ID #: 0016893

PROMENADE DENTAL GROUP
Alexander R Lobert
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST
ID #: 0016893

PROMENADE DENTAL GROUP
Jane Lynch
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST
ID #: 0016893

PROMENADE DENTAL GROUP
Dustin McBride
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST
ID #: 0016893

PROMENADE DENTAL GROUP
Son T Nguyen
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST
ID #: 0016893

PROMENADE DENTAL GROUP
Stuart Solomon Sanders
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
ORAL SURGEON
OPEN

PROMENADE DENTAL GROUP
Ana T Ortiz
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
ORTHODONTIST
OPEN

Tonto Basin

TONTO BASIN DENTAL
Donald L Smith
Mile Post 260 N Hwy. 188
Tonto Basin, AZ 85553
(928) 479-3055
GENERAL DENTIST
ID #: 0004580

Tucson

A CARING PLACE DENTISTRY
Michael D Walbom
801 N Wilmot Rd, Ste A4
Tucson, AZ 85711
(520) 748-2845
GENERAL DENTIST
ID #: 0001627

ACE FAMILY DENTISTRY
John J Lee
5577 N Oracle Rd, Ste 101
Tucson, AZ 85704
(520) 293-2267
GENERAL DENTIST
ID #: 0017464

ACOSTA SMILE LTD
David D Acosta
4323 E 5th St, Ste A
Tucson, AZ 85711
(520) 889-6622
GENERAL DENTIST
ID #: 0017024

AFFILIATED DENTAL SPECIALISTS OF TUCSON
Brian A Lilien
6849 N Oracle Rd, Ste 115
Tucson, AZ 85704
(520) 219-1900
ORAL SURGEON-SBA
OPEN

AFFILIATED DENTAL SPECIALISTS OF TUCSON
Robert A Macdonald
6849 N Oracle Rd, Ste 115
Tucson, AZ 85704
(520) 219-1900
ORTHODONTIST
OPEN

AN ELEGANT SMILE DENTISTRY - AJO WAY
Lenny W Arias
1739 W Ajo Way
Tucson, AZ 85713
(520) 206-0030
GENERAL DENTIST
ID #: 0011883

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Heritage Series

CONTINENTAL DENTAL CARE
Young J Yoon
2210 S Mill Ave, Ste 2
Tempe, AZ 85282
(480) 921-2434
GENERAL DENTIST
ID #: 0017274

DANIEL TEE PLLC
Daniel M Tee
6000 S McClintock Dr, Ste B
Tempe, AZ 85283
(480) 820-6131
GENERAL DENTIST
ID #: 0017823

DHANLAXMI R MERCHANT DDS
Birju R Merchant
2525 S Rural Rd, Ste 2N
Tempe, AZ 85282
(480) 966-9936
GENERAL DENTIST
ID #: 0001711

DHANLAXMI R MERCHANT DDS
Dhanlaxmi R Merchant
2525 S Rural Rd, Ste 2N
Tempe, AZ 85282
(480) 966-9936
GENERAL DENTIST
ID #: 0001711

DONALD CARLSON DDS
Donald P Carlson
6200 S McClintock Dr, Ste 8
Tempe, AZ 85283
(480) 839-0841
PERIODONTIST
OPEN

LINES ORAFACIAL SPECIALISTS
Christopher A Lines
2415 S Rural Rd, Ste B
Tempe, AZ 85282
(480) 968-3848
ORAL SURGEON
OPEN

LINES ORAFACIAL SPECIALISTS
Paul A Lines
2415 S Rural Rd, Ste B
Tempe, AZ 85282
(480) 968-3848
ORAL SURGEON
OPEN

MARK C WARING DDS
Mark C Waring
2080 E Southern Ave, E102
Tempe, AZ 85282
(480) 820-4342
PERIODONTIST
OPEN

MICHAEL D HENDRICKSON DDS
Michael D Hendrickson
2076 E Southern Ave,
Ste C104
Tempe, AZ 85282
(480) 820-8774
ENDODONTIST-SBA
OPEN

PERFECT TEETH - ELLIOT & MCCLINTOCK
Alvin J Coon
7650 S McClintock Dr,
Ste 110
Tempe, AZ 85284
(480) 838-6444
GENERAL DENTIST
ID #: 0001721

PERFECT TEETH - ELLIOT & MCCLINTOCK
Bradley Xavier Demark
7650 S McClintock Dr,
Ste 110
Tempe, AZ 85284
(480) 838-6444
GENERAL DENTIST
ID #: 0001721

PERFECT TEETH - ELLIOT & MCCLINTOCK
Justin J Philipp
7650 S McClintock Dr,
Ste 110
Tempe, AZ 85284
(480) 838-6444
GENERAL DENTIST
ID #: 0001721

RANDALL MONROE DDS
Randall Monroe
500 E Southern Ave, Ste A
Tempe, AZ 85282
(480) 967-3303
GENERAL DENTIST
ID #: *

SMILE INNOVATIONS
Linda Ma
4427 S Rural Rd, Ste 2
Tempe, AZ 85282
(480) 820-7777
GENERAL DENTIST
ID #: 0017116

SMILE INNOVATIONS
Boyd Patummas
4427 S Rural Rd, Ste 2
Tempe, AZ 85282
(480) 820-7777
GENERAL DENTIST
ID #: 0017116

SOUTHWEST DENTAL GROUP
Michael S Cavender
6611 S Rural Rd, Ste 2
Tempe, AZ 85283
(480) 730-1857
ENDODONTIST
OPEN

SOUTHWEST DENTAL GROUP
Thomas J Cipriano
6611 S Rural Rd, Ste 2
Tempe, AZ 85283
(480) 730-1857
ENDODONTIST
OPEN

SOUTHWEST DENTAL GROUP
Prashanthi Baddam
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP
Robert J Lytle
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP
Peter A Spanganberg
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP
Christopher J Woolaver
6611 S Rural Rd, Ste 2
Tempe, AZ 85283
(480) 730-1857
ORTHODONTIST
OPEN

SOUTHWEST DENTAL GROUP
Edward Mazer
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
PERIODONTIST-SBA
OPEN

SOUTHWEST DENTAL GROUP
Roya Zojaji
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
PERIODONTIST-SBA
OPEN

SOUTHWEST DENTAL GROUP - TEMPE
Lior Berger
6655 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 831-5200
GENERAL DENTIST
ID #: 0001675

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Heritage Series

BRIGHT NOW DENTAL
Cedric V Loud
13820 W Bell Rd, Ste 5
Surprise, AZ 85374
(623) 556-5599
ORAL SURGEON
OPEN

BRIGHT NOW DENTAL
Thomas S Shipley
13820 W Bell Rd, Ste 5
Surprise, AZ 85374
(623) 556-5599
ORTHODONTIST
OPEN

FESTIVAL DENTAL GROUP
James B Mallory
13869 W Bell Rd, Ste 103
Surprise, AZ 85374
(623) 584-4015
GENERAL DENTIST
ID #: 0016980

FESTIVAL DENTAL GROUP
Son T Nguyen
13869 W Bell Rd, Ste 103
Surprise, AZ 85374
(623) 584-4015
GENERAL DENTIST
ID #: 0016980

FESTIVAL DENTAL GROUP
Christopher K Reid
13869 W Bell Rd, Ste 103
Surprise, AZ 85374
(623) 584-4015
GENERAL DENTIST
ID #: 0016980

FESTIVAL DENTAL GROUP
Stuart Solomon Sanders
13869 W Bell Rd, Ste 103
Surprise, AZ 85374
(623) 584-4015
ORAL SURGEON
OPEN

GENTLE DENTAL
Njeri Njoroge
15601 W Bell Rd, Ste 202
Surprise, AZ 85379
(623) 556-2221
GENERAL DENTIST
ID #: 0016331

GENTLE DENTAL
Snehal I Patel
15601 W Bell Rd, Ste 202
Surprise, AZ 85379
(623) 556-2221
GENERAL DENTIST
ID #: 0016331

GENTLE DENTAL
Benjamin L Studebaker
15601 W Bell Rd, Ste 202
Surprise, AZ 85379
(623) 556-2221
GENERAL DENTIST
ID #: 0016331

GREENWAY DENTAL GROUP
Rafal Pytlik
16630 W Greenway Rd,
Ste 391
Surprise, AZ 85388
(623) 556-4949
GENERAL DENTIST
ID #: 0017196

NORTHWEST VALLEY ORAL AND FACIAL SURGERY
Bradley T Hammond
16936 W Bell Rd, Ste 203
Surprise, AZ 85374
(623) 583-1875
ORAL SURGEON-SBA
OPEN

PERFECT TEETH WADDELL PC
Stephen A Kovar
13856 W Waddell Rd,
Ste 102
Surprise, AZ 85379
(623) 544-8353
GENERAL DENTIST
ID #: 0016054

PERFECT TEETH WADDELL PC
Michael Wassef
13856 W Waddell Rd,
Ste 102
Surprise, AZ 85379
(623) 544-8353
GENERAL DENTIST
ID #: 0016054

PERFECT TEETH WADDELL PC
Douglas G Kerr
13856 W Waddell Rd,
Ste 102
Surprise, AZ 85379
(623) 544-8353
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

SOUTHWEST DENTAL GROUP
Marc H Braslow
13375 W Grand Ave, Ste 109
Surprise, AZ 85374
(623) 544-2300
GENERAL DENTIST
ID #: 0016350

SOUTHWEST DENTAL GROUP
Sameera S Solanki
13375 W Grand Ave, Ste 109
Surprise, AZ 85374
(623) 544-2300
GENERAL DENTIST
ID #: 0016350

SOUTHWEST DENTAL GROUP
Michael S Cavender
13375 W Grand Ave, Ste 109
Surprise, AZ 85374
(623) 544-2300
ENDODONTIST-SBA
OPEN

SURPRISE ENDODONTICS PLC
Jason R Booth
15294 W Brookside Ln,
Ste 100
Surprise, AZ 85374
(623) 376-7400
ENDODONTIST-SBA
OPEN

SURPRISE ENDODONTICS PLC
Francisco J Castano
15294 W Brookside Ln,
Ste 100
Surprise, AZ 85374
(623) 376-7400
ENDODONTIST-SBA
OPEN

SURPRISE FAMILY DENTAL
Tram Q Nguyen
17014 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 249-7853
GENERAL DENTIST
ID #: 0017698

Tempe

ACACIA DENTAL
Jeffrey Arthur Mathews
7517 S McClintock Dr,
Ste 106
Tempe, AZ 85283
(480) 831-7775
GENERAL DENTIST
ID #: *

AESTHETIC DENTAL CREATIONS PC
Payman Tasvibi-Tanha
1455 E Guadalupe Rd, Ste 3
Tempe, AZ 85283
(480) 345-1605
GENERAL DENTIST
ID #: 0014654

BUHROW GILLIS AND SABOL PLLC
Jack A Buhrow
1964 E Baseline Rd,
Ste A101
Tempe, AZ 85283
(480) 820-7400
ORAL SURGEON-SBA
OPEN

BUHROW GILLIS AND SABOL PLLC
John M Gillis
1964 E Baseline Rd,
Ste A101
Tempe, AZ 85283
(480) 820-7400
ORAL SURGEON-SBA
OPEN

COMFORT DENTAL
Sean Ziaei
2747 W Southern Ave,
Ste 2A
Tempe, AZ 85282
(602) 454-9040
GENERAL DENTIST
ID #: 0015878

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*** Facility and/or Dentist is currently not accepting new patients.**

Heritage Series

ZUCH PERIODONTICS
Jason R Zuch
5533 E Bell Rd, Ste 115 B
Scottsdale, AZ 85254
(602) 296-3235
PERIODONTIST-SBA
OPEN

Sierra Vista

AFFILIATED DENTAL
Andrew T Kunstman
1989 S Frontage Rd
Sierra Vista, AZ 85635
(520) 458-5611
GENERAL DENTIST
ID #: *

SOUTHERN ARIZONA PERIODONTICS PLC
Edward R Cole
2151 S State Highway 92, Ste 116
Sierra Vista, AZ 85635
(520) 459-5530
PERIODONTIST
OPEN

SOUTHERN ARIZONA PERIODONTICS PLC
Susan B Sharp
2151 S State Highway 92, Ste 116
Sierra Vista, AZ 85635
(520) 459-5530
PERIODONTIST
OPEN

Somerton

SUNSET COMMUNITY HEALTH CENTER
Satish Kumar
115 N Somerton Ave
Somerton, AZ 85350
(928) 627-8806
GENERAL DENTIST
ID #: *

Sun City

DANIEL P DONOHO DDS
Daniel P Donoho
10503 W Thunderbird Blvd, Ste 384
Sun City, AZ 85351
(623) 977-8323
GENERAL DENTIST
ID #: *

FOX FAMILY DENTAL
Joseph R Fox
10147 W Grand Ave, Ste A3
Sun City, AZ 85351
(623) 523-0290
GENERAL DENTIST
ID #: 0016083

KRISHNAN R BALA DDS
Krishnan R Bala
10503 W Thunderbird Blvd, Ste 309
Sun City, AZ 85351
(623) 977-6402
GENERAL DENTIST
ID #: 0001699

PATRICK CARR DDS
Patrick A Carr
10333 W Coggins Dr
Sun City, AZ 85351
(623) 933-0078
GENERAL DENTIST
ID #: *

SUN CITY FAMILY DENTISTRY
Agnes Bartys Wawerska
10228 W Coggins Dr, Ste 2
Sun City, AZ 85351
(623) 972-1558
GENERAL DENTIST
ID #: 0017182

SUNWEST DENTAL CENTER
Scott L Dalton
13000 N 103rd Ave, Ste 85
Sun City, AZ 85351
(623) 583-6666
GENERAL DENTIST
ID #: 0012444

SUNWEST DENTAL CENTER
Jack I Lipton
13000 N 103rd Ave, Ste 85
Sun City, AZ 85351
(623) 583-6666
GENERAL DENTIST
ID #: 0012444

SUNWEST DENTAL CENTER
Brooke A Zoumbaris
13000 N 103rd Ave, Ste 85
Sun City, AZ 85351
(623) 583-6666
GENERAL DENTIST
ID #: 0012444

Sun City West

DENTAL IMPRESSIONS FAMILY DENTISTRY
Gregory L Aldrich
13925 W Meeker Blvd, Ste 8
Sun City West, AZ 85375
(623) 214-8007
GENERAL DENTIST
ID #: 0013951

SUN WEST DENTAL CENTER 2 LLC
Dana E Onet
13925 W Meeker Blvd, Ste 15
Sun City West, AZ 85375
(623) 556-5006
GENERAL DENTIST
ID #: 0015134

SUN WEST DENTAL CENTER 2 LLC
Reese R Turner
13925 W Meeker Blvd, Ste 15
Sun City West, AZ 85375
(623) 556-5006
GENERAL DENTIST
ID #: 0015134

SUN WEST DENTAL CENTER 2 LLC
Carol D Smith
13925 W Meeker Blvd, Ste 15
Sun City West, AZ 85375
(623) 556-5006
PERIODONTIST
OPEN

SUN WEST ENDODONTICS LTD
Laurence Johns
13920 W Camino Del Sol, Ste 8
Sun City West, AZ 85375
(623) 544-6900
ENDODONTIST-SBA
OPEN

Sun Lakes

JAFFAR ELAHI DDS MS PC
Jaffar M Elahi
10325 E Riggs Rd, Ste 109
Sun Lakes, AZ 85248
(480) 883-8000
PROSTHODONTIST
OPEN

Surprise

ARIZONA PERIODONTICS AND IMPLANT DENTISTRY
Masih Shahlaie
16944 W Bell Rd, Ste 601 B1
Surprise, AZ 85374
(623) 214-5518
PERIODONTIST-SBA
OPEN

BRIGHT NOW DENTAL
Matthew Kennedy
13820 W Bell Rd, Ste 5
Surprise, AZ 85374
(623) 556-5599
GENERAL DENTIST
ID #: 0016851

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Heritage Series

NORTH SCOTTSDALE PEDIATRIC DENTISTRY
Yaneav Cohen
7032 E Cochise Rd, Ste A 130
Scottsdale, AZ 85253
(480) 607-4949
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

ORTHODONTIC CENTERS OF ARIZONA
Kenneth E Holland
16101 N. 82nd Street
Scottsdale, AZ 85022
(480) 368-8881
ORTHODONTIST
OPEN

PERFECT TEETH
Alvin J Coon
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
GENERAL DENTIST
ID #: 0001681

PERFECT TEETH
Brian Jay Daub
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
GENERAL DENTIST
ID #: 0001681

PERFECT TEETH
Anitha A Goud
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
GENERAL DENTIST
ID #: 0001681

PERFECT TEETH
Percy B Twine
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
ENDODONTIST-SBA
OPEN

PERFECT TEETH
Kristin Nicole Leis
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
ORAL SURGEON-SBA
OPEN

PERFECT TEETH
Richard D Releford
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
ORTHODONTIST
OPEN

PERFECT TEETH
Aristidis Pontikas
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
PERIODONTIST-SBA
OPEN

SABAH KALAMCHI DDS
Sabah Kalamchi
8112 N 87th Pl
Scottsdale, AZ 85258
(480) 945-2310
ORAL SURGEON-SBA
OPEN

SAGUARO DENTAL CARE
Nafys Samandari
6945 E Saguaro Dr, Ste A-3
Scottsdale, AZ 85254
(480) 951-3333
GENERAL DENTIST
ID #: 0011804

SCOTTSDALE ENDODONTICS PC
Ryan Howard Engelberg
10802 N 71st Pl
Scottsdale, AZ 85254
(480) 991-1144
ENDODONTIST-SBA
OPEN

SCOTTSDALE ENDODONTICS PC
Michael A Markson
10802 N 71st Pl
Scottsdale, AZ 85254
(480) 991-1144
ENDODONTIST-SBA
OPEN

SMILE CONCEPTS
Parvati H Iyer
13402 N Scottsdale Rd, Ste A 110
Scottsdale, AZ 85254
(480) 951-2800
GENERAL DENTIST
ID #: 0017372

SMILE DOCTORS
Denham Bohart Crafton
4910 E Greenway Rd, Ste 7
Scottsdale, AZ 85254
(602) 992-2229
GENERAL DENTIST
ID #: 0016075

SMITA V PALEJWALA DDS
Smita V Palejwala
6807 E Thomas Rd
Scottsdale, AZ 85251
(480) 947-7848
GENERAL DENTIST
ID #: 0001724

SOUTHWEST DENTAL GROUP - SCOTTSDALE
James R Burns
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 949-1950
GENERAL DENTIST
ID #: 0001657

SOUTHWEST DENTAL GROUP - SCOTTSDALE
Ashraf S Ghoneim
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 949-1950
GENERAL DENTIST
ID #: 0001657

SOUTHWEST DENTAL GROUP - SCOTTSDALE
Prabhsharan K Sandhu
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 949-1950
GENERAL DENTIST
ID #: 0001657

SOUTHWEST DENTAL GROUP-SCOTTSDALE
Stuart E Garber
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 947-3069
ENDODONTIST-SBA
OPEN

SOUTHWEST DENTAL GROUP-SCOTTSDALE
Jeffrey M Burstein
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 947-3069
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP-SCOTTSDALE
Robert J Lytle
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 947-3069
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP-SCOTTSDALE
Kamal Al Fakiani
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 947-3069
ORTHODONTIST
OPEN

SOUTHWEST DENTAL GROUP-SCOTTSDALE
Shahin Madi
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 947-3069
PERIODONTIST-SBA
OPEN

SOUTHWEST DENTAL GROUP-SCOTTSDALE
Jason R Zuch
3030 N 67th Pl
Scottsdale, AZ 85251
(480) 947-3069
PERIODONTIST-SBA
OPEN

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Heritage Series

ACCUCARE DENTAL CENTER
Tania D Nguyen
6865 E Becker Ln, Ste 100
Scottsdale, AZ 85254
(480) 998-8073
GENERAL DENTIST
ID #: 0001696

ACCUCARE DENTAL CENTER
Khanh D Pham
6865 E Becker Ln, Ste 100
Scottsdale, AZ 85254
(480) 998-8073
GENERAL DENTIST
ID #: 0001696

ACCUCARE DENTAL CENTER
Rodger S Sears
6865 E Becker Ln, Ste 100
Scottsdale, AZ 85254
(480) 998-8073
GENERAL DENTIST
ID #: 0001696

ACE PERIODONTICS
Roya Zojaji
10752 N 89th Place, Ste 214
Scottsdale, AZ 85260
(480) 614-8222
PERIODONTIST-SBA
OPEN

ADVANCED DENTAL EMERGENCY SPEC
Gregory T Pifer
7534 E 2nd St, Ste 101
Scottsdale, AZ 85251
(480) 945-4700
GENERAL DENTIST
ID #: 0013071

ALBA DENTAL
Elonia Lasku
21819 N Scottsdale Rd,
Ste 110
Scottsdale, AZ 85255
(480) 471-3432
GENERAL DENTIST
ID #: 0017744

ALBERT DEMPSEY DDS
Albert T Dempsey
10505 69th St, Ste 400
Scottsdale, AZ 85254
(480) 948-4462
ORTHODONTIST
OPEN

ALBERT DEMPSEY DDS
Albert T Dempsey
7600 E Camelback Rd, Ste 8
Scottsdale, AZ 85251
(480) 949-9163
ORTHODONTIST
OPEN

ASSOCIATED DENTAL CARE PROIVDERS ORTHODONTICS
Frank H Meng
7425 E Shea Blvd, Ste 109
Scottsdale, AZ 85260
(602) 216-7797
ORTHODONTIST
OPEN

BELMONT DENTISTRY LLC
Robert A Masters
8350 E Raintree Dr, Ste 115
Scottsdale, AZ 85260
(480) 609-0050
GENERAL DENTIST
ID #: 0016936

BRANNON REED DDS
Brannon Reed
8591 E Bell Rd
Scottsdale, AZ 85260
(480) 367-0300
GENERAL DENTIST
ID #: 0011503

CAMEL VIEW FAMILY DENTISTRY
Robert A Jones
7700 E Indian School Rd,
Ste 3
Scottsdale, AZ 85251
(480) 941-7070
GENERAL DENTIST
ID #: 0017188

DENTAL ASSOCIATES FOR KIDS ONLY
Lee M Weinstein
12020 E Shea Blvd
Scottsdale, AZ 85259
(480) 767-5560
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

DESERT DENTAL CARE
Stacey L Sanford
4124 N 82nd St
Scottsdale, AZ 85251
(480) 423-3838
GENERAL DENTIST
ID #: 0012883

DOUGLAS WILLIAM BEALS
Douglas William Beals
8575 E Princess Drive,
Ste 217
Scottsdale, AZ 85255
(480) 342-8200
ORAL SURGEON-SBA
OPEN

DR NEWTON H HENDERSON III DDS
Newton H Henderson
4232 N Brown Ave, Ste A
Scottsdale, AZ 85251
(480) 970-0808
GENERAL DENTIST
ID #: 0016636

FRANCINE VICKERS DDS
Francine Vickers
9377 E Bell Rd, Ste 337
Scottsdale, AZ 85260
(480) 342-8118
ENDODONTIST-SBA
OPEN

GARY BRIGHAM DDS
Gary P Brigham
9301 E Shea Blvd, Ste 111
Scottsdale, AZ 85260
(480) 767-8810
ORTHODONTIST
OPEN

GARY M GRADKE DDS
Gary M Gradke
6945 E Sahuaro Dr, Ste A1
Scottsdale, AZ 85254
(480) 998-7500
ORAL SURGEON
OPEN

GARY M GRADKE DDS
Patricio W Rabot
6945 E Sahuaro Dr, Ste A1
Scottsdale, AZ 85254
(480) 998-7500
ORAL SURGEON
OPEN

GEORGE A SULLIVAN DDS
George A Sullivan
10752 N 89th Pl, Ste 111
Scottsdale, AZ 85035
(480) 391-1111
ORTHODONTIST
OPEN

HAPPY FAMILY DENTAL CARE
Giang M Dang
6921 E Thomas Rd
Scottsdale, AZ 85251
(480) 994-1266
GENERAL DENTIST
ID #: 0017068

JAMES R WILLCOX DMD
James R Willcox
7331 E Osborn Dr, Ste 310
Scottsdale, AZ 85251
(480) 947-7850
ORTHODONTIST
OPEN

KARL E VOLDENG DDS
Karl E Voldeng
7170 E McDonald Dr, Ste 12
Scottsdale, AZ 85253
(480) 998-1920
ORTHODONTIST
OPEN

KEIKO H WILLCOX DDS
Keiko H Willcox
7331 E Osborn Dr, Ste 310
Scottsdale, AZ 85251
(480) 947-7850
GENERAL DENTIST
ID #: *

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Heritage Series

VALLEY ENDODONTIC SPECIALTY GROUP-NORTH
Shawn D Gilbert
706 E Bell Rd, Ste 106
Phoenix, AZ 85022
(602) 404-3800
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTH
Christopher S Hahn
706 E Bell Rd, Ste 106
Phoenix, AZ 85022
(602) 404-3800
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTH
Steven Hymovitch
706 E Bell Rd, Ste 106
Phoenix, AZ 85022
(602) 404-3800
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTH
Paul Kogan
706 E Bell Rd, Ste 106
Phoenix, AZ 85022
(602) 404-3800
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTH
Jafar Naghshbandi
706 E Bell Rd, Ste 106
Phoenix, AZ 85022
(602) 404-3800
ENDODONTIST-SBA
OPEN

VALLEY ORTHODONTICS LLC
Micah G Mortensen
5501 N 19th Ave, Ste 440
Phoenix, AZ 85015
(602) 242-4303
ORTHODONTIST
OPEN

WEST VIEW FAMILY DENTAL CARE
Charles B Jakobsen
4130 N 108th Ave, Ste 103
Phoenix, AZ 85037
(623) 772-9600
GENERAL DENTIST
ID #: 0018086

Prescott

AN ELEGANT SMILE DENTISTRY
Sean P Henrie
1022 Willow Creek Rd, Ste 103
Prescott, AZ 86301
(928) 445-1682
GENERAL DENTIST
ID #: 0013179

RICHARD C JIRSA DDS
Richard C Jirsa
1229 Willow Creek Rd
Prescott, AZ 86301
(928) 778-2340
PERIODONTIST
OPEN

Prescott Valley

ORTHODONTIC CENTERS OF AMERICA
Kenneth E Holland
8841 E Florentine Rd, Ste D
Prescott Valley, AZ 86314
(928) 759-9200
ORTHODONTIST
OPEN

Queen Creek

APDC JOHNSON RANCH
Jared W Welch
2510 E Hunt Hwy, Ste 29
Queen Creek, AZ 85243
(480) 457-1693
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

DOUG CHANG LLC
Doug Chang
21321 E Ocotillo Rd, Bldg C Ste 106
Queen Creek, AZ 85242
(480) 882-3330
GENERAL DENTIST
ID #: 0017782

GLAUSER WILLIAMS ORTHODONTICS
James R Glauser
21321 E Ocotillo Rd, Ste 115
Queen Creek, AZ 85242
(480) 358-4310
ORTHODONTIST
OPEN

GLAUSER WILLIAMS ORTHODONTICS
Noel A Williams
21321 E Ocotillo Rd, Ste 115
Queen Creek, AZ 85242
(480) 358-4310
ORTHODONTIST
OPEN

QUEEN CREEK SMILES
Spencer J Burton
18550 E Rittenhouse Rd, Ste 103
Queen Creek, AZ 85242
(602) 903-6644
GENERAL DENTIST
ID #: 0017505

QUEEN CREEK SMILES
Caryn H Lee
18550 E Rittenhouse Rd, Ste 103
Queen Creek, AZ 85242
(602) 903-6644
GENERAL DENTIST
ID #: 0017505

QUEEN CREEK SMILES
Michael E Wilkinson
18550 E Rittenhouse Rd, Ste 103
Queen Creek, AZ 85242
(602) 903-6644
GENERAL DENTIST
ID #: 0017505

Safford

LINE ORAFACIAL SPECIALIST
Christopher A Lines
626 S 6th Ave
Safford, AZ 85546
(928) 428-0770
ORAL SURGEON
OPEN

LINE ORAFACIAL SPECIALIST
Paul A Lines
626 S 6th Ave
Safford, AZ 85546
(928) 428-0770
ORAL SURGEON
OPEN

Scottsdale

A RAMA FAMILY DENTISTRY
Adriatik Rama
8440 E McDonald Dr, Ste A
Scottsdale, AZ 85250
(480) 948-1720
GENERAL DENTIST
ID #: 0015581

ACCUCARE DENTAL CENTER
Leila Hakimzadeh Ghafouri
6865 E Becker Ln, Ste 100
Scottsdale, AZ 85254
(480) 998-8073
GENERAL DENTIST
ID #: 0001696

ACCUCARE DENTAL CENTER
Tzuyu Meng
6865 E Becker Ln, Ste 100
Scottsdale, AZ 85254
(480) 998-8073
GENERAL DENTIST
ID #: 0001696

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Heritage Series

SOUTHWEST DENTAL GROUP AHWATUKEE
Burke D Frei
4910 E Chandler Blvd, Ste 120
Phoenix, AZ 85048
(480) 785-7600
GENERAL DENTIST
ID #: 0016148

SUN VALLEY DENTAL
Larry Q Phan
320 W Indian School Rd
Phoenix, AZ 85013
(602) 248-9445
GENERAL DENTIST
ID #: 0016546

SUNWEST DENTAL CENTERS LLC
James M Skaalen
3227 E Bell Rd, Ste 120
Phoenix, AZ 85032
(602) 923-2400
GENERAL DENTIST
ID #: 0016077

TANNAZ MALEKZADEH DMD
Tannaz Z Malekzadeh
13822 N 35th Dr, Ste 4
Phoenix, AZ 85053
(602) 843-8969
PERIODONTIST-SBA
OPEN

TATUM SMILES
Sibera Troy Brannon
12005 N Tatum Blvd, Ste 105
Phoenix, AZ 85028
(602) 971-0026
GENERAL DENTIST
ID #: 0016513

TATUM SMILES
John W Melde
12005 N Tatum Blvd, Ste 105
Phoenix, AZ 85028
(602) 971-0026
GENERAL DENTIST
ID #: 0016513

TATUM SMILES
Stuart Solomon Sanders
12005 N Tatum Blvd, Ste 105
Phoenix, AZ 85028
(602) 971-0026
ORAL SURGEON
OPEN

TATUM SMILES
Shahin Madi
12005 N Tatum Blvd, Ste 105
Phoenix, AZ 85028
(602) 971-0026
PERIODONTIST
OPEN

THOMAS AND THOMAS DENTAL
Kristine P Thomas
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
GENERAL DENTIST
ID #: 0001754

THOMAS AND THOMAS DENTAL
Mitchell Thomas
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
GENERAL DENTIST
ID #: 0001754

THOMAS AND THOMAS DENTAL
Jeffrey M Burstein
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
ORAL SURGEON
OPEN

THOMAS AND THOMAS DENTAL
Wayne W Kuo
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
PERIODONTIST
OPEN

TRAMONTO DENTAL GROUP
Paul S Gebhart
34640 N North Valley Pkwy, Ste 104
Phoenix, AZ 85086
(623) 879-9503
GENERAL DENTIST
ID #: 0017992

TRAMONTO DENTAL GROUP
Montana J Skyler
34640 N North Valley Pkwy, Ste 104
Phoenix, AZ 85086
(623) 879-9503
GENERAL DENTIST
ID #: 0017992

TRAMONTO DENTAL GROUP
Stuart Solomon Sanders
34640 N North Valley Pkwy, Ste 104
Phoenix, AZ 85086
(623) 879-9503
ORAL SURGEON
OPEN

TUSCANO DENTAL
Bao Anh Nguyen
7435 W Lower Buckeye Rd, Ste 108
Phoenix, AZ 85043
(623) 907-9334
GENERAL DENTIST
ID #: 0017067

TUSCANO DENTAL
Peter P Nguyen
7435 W Lower Buckeye Rd, Ste 108
Phoenix, AZ 85043
(623) 907-9334
GENERAL DENTIST
ID #: 0017067

TUSCANO DENTAL
Wayne W Kuo
7435 W Lower Buckeye Rd, Ste 108
Phoenix, AZ 85043
(623) 907-9334
PERIODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-BILTMORE
Paul Clark
4141 N 32nd St, Ste 100
Phoenix, AZ 85018
(602) 667-3600
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-BILTMORE
Elie E Ezzie
4141 N 32nd St, Ste 100
Phoenix, AZ 85018
(602) 667-3600
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTH
Paul Clark
706 E Bell Rd, Ste 106
Phoenix, AZ 85022
(602) 404-3800
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTH
Spencer W Crook
706 E Bell Rd, Ste 106
Phoenix, AZ 85022
(602) 404-3800
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTH
Elie E Ezzie
706 E Bell Rd, Ste 106
Phoenix, AZ 85022
(602) 404-3800
ENDODONTIST-SBA
OPEN

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Heritage Series

PAIK AND PATEL FAMILY DENTISTRY
Snehal I Patel
2546 E Thomas Rd
Phoenix, AZ 85016
(602) 956-4111
GENERAL DENTIST
ID #: 0015893

PAIK AND PATEL FAMILY DENTISTRY
Snehal I Patel
13822 N 35th Dr, Ste 5
Phoenix, AZ 85023
(602) 375-2310
GENERAL DENTIST
ID #: 0009968

PARADISE HILLS DENTISTRY
Alan Mazurek
10636 N 32nd St, Ste 103
Phoenix, AZ 85028
(602) 482-2995
GENERAL DENTIST
ID #: 0016222

PERIODONTAL PROFESSIONALS EAST
Daniel Nathan Indech
4045 E Bell Rd, Ste 159
Phoenix, AZ 85032
(602) 867-9844
PERIODONTIST
OPEN

PETER A BASSETT DMD
Peter A Bassett
9035 N 43rd Ave, Ste C
Phoenix, AZ 85051
(623) 435-2035
ORAL SURGEON
OPEN

PHOENIX MOUNTAIN DENTISTRY LLC
Soi Douglas T Hinh
4155 N 108th Ave, Ste 101 And 102
Phoenix, AZ 85037
(623) 877-4044
GENERAL DENTIST
ID #: 0016940

PHOENIX MOUNTAIN DENTISTRY LLC
Yen Chun Wang
4155 N 108th Ave, Ste 101 And 102
Phoenix, AZ 85037
(623) 877-4044
GENERAL DENTIST
ID #: 0016940

PREMIER DENTAL CENTER PC
Luz O Tobias
7102 N 35th Ave, Ste 1
Phoenix, AZ 85051
(602) 242-1996
GENERAL DENTIST
ID #: 0015837

PREMIER PHOENIX DENTISTRY PLLC
Diana Kogan
7550 N 19th Ave, Ste 201
Phoenix, AZ 85021
(602) 973-9770
GENERAL DENTIST
ID #: 0016548

PRIMARY FAMILY DENTISTRY LTD
Alan Mazurek
2902 W Camelback Rd
Phoenix, AZ 85017
(602) 249-3301
GENERAL DENTIST
ID #: 0014710

PRIMARY FAMILY DENTISTRY LTD
Aseel N Peters
2902 W Camelback Rd
Phoenix, AZ 85017
(602) 249-3301
GENERAL DENTIST
ID #: 0014710

PRO-DENTAL CARE
Olga Prokopets
2401 W Glendale Ave, Ste 202
Phoenix, AZ 85021
(602) 249-4404
GENERAL DENTIST
ID #: 0012540

RAFED MATTI DDS PC
Rafed K Matti
2020 W Whispering Wind Dr, Ste 125
Phoenix, AZ 85085
(623) 879-9722
GENERAL DENTIST
ID #: 0017510

RICHARD I GLAZER DMD
Richard I Glazer
1526 W Glendale Ave, Ste 101
Phoenix, AZ 85021
(602) 277-5304
ORAL SURGEON-SBA
OPEN

RICHARD SPARKS DDS
Richard L Sparks
770 E Thunderbird Rd, Ste C
Phoenix, AZ 85022
(602) 993-8800
ORTHODONTIST
OPEN

ROHIT R JOSHI DDS
Rohit R Joshi
16226 N Cave Creek Rd
Phoenix, AZ 85032
(602) 867-8837
GENERAL DENTIST
ID #: 0001714

ROHIT R JOSHI DDS
Vandana R Joshi
16226 N Cave Creek Rd
Phoenix, AZ 85032
(602) 867-8837
GENERAL DENTIST
ID #: 0001714

RONALD H WATKINS DDS
Ronald H Watkins
4910 N 44th St, Ste 8
Phoenix, AZ 85018
(602) 840-4100
PERIODONTIST-SBA
OPEN

SILVERTREE DENTISTRY
Tzvetelina Mladenov
7000 N 16th St, Ste 108
Phoenix, AZ 85020
(602) 216-0100
GENERAL DENTIST
ID #: 0016480

SILVERTREE DENTISTRY
Oksana Stoj
7000 N 16th St, Ste 108
Phoenix, AZ 85020
(602) 216-0100
GENERAL DENTIST
ID #: 0016480

SMILE-IST
Kavita Kulkarni
1717 W Northern Ave, Ste 109
Phoenix, AZ 85021
(602) 861-3700
GENERAL DENTIST
ID #: 0017273

SONRISA FAMILY DENTISTRY
John Jang
3911 W McDowell Rd, Ste 15
Phoenix, AZ 85009
(602) 442-7333
GENERAL DENTIST
ID #: 0016402

SOUTHERN DENTAL
Bao Anh Nguyen
3320 W Southern Ave, Ste 111
Phoenix, AZ 85041
(602) 305-8800
GENERAL DENTIST
ID #: 0018071

SOUTHERN DENTAL
Peter P Nguyen
3320 W Southern Ave, Ste 111
Phoenix, AZ 85041
(602) 305-8800
GENERAL DENTIST
ID #: 0018071

SOUTHWEST DENTAL GROUP AHWATUKEE
Marc H Braslow
4910 E Chandler Blvd, Ste 120
Phoenix, AZ 85048
(480) 785-7600
GENERAL DENTIST
ID #: 0016148

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Heritage Series

JOESPH COHEN-TEMPOROMANDIBULAR JOINT DYSFUNTI
Joseph R Cohen
14861 N Cave Creek Rd
Phoenix, AZ 85032
(602) 992-1486
ORAL SURGEON
OPEN

JOHN DEMPSEY DDS
John R Dempsey
4232 E Cactus Rd, Ste 203
Phoenix, AZ 85032
(602) 996-8995
ORTHODONTIST
OPEN

JOHN S JANG DMD PC
John Jang
4025 W Bell Rd, Ste 14
Phoenix, AZ 85053
(602) 978-3500
GENERAL DENTIST
ID #: 0016658

KIDS DENTAL PLACE
George R Ayoub
4102 N 24th St, Ste 2
Phoenix, AZ 85016
(602) 956-2024
GENERAL DENTIST
ID #: 0017831

KIDS DENTAL PLACE
Joseph T Nielsen
4102 N 24th St, Ste 2
Phoenix, AZ 85016
(602) 956-2024
GENERAL DENTIST
ID #: 0017831

KRISHNAN R BALA DDS
Krishnan R Bala
2948 E Bell Rd, Ste 109
Phoenix, AZ 85032
(602) 493-1131
GENERAL DENTIST
ID #: 0001697

LAURA SCHNAIDT DMD
Laura Schnaidt
26232 N Tatum Blvd, Ste 200
Phoenix, AZ 85050
(480) 513-1097
ORTHODONTIST
OPEN

LEE R RADDATZ
Lee R Raddatz
1277 E Missouri Ave, Ste 110
Phoenix, AZ 85014
(602) 248-8745
ORAL SURGEON
OPEN

M AND C DENTAL CARE
George R Ayoub
333 E Virginia Ave, Ste 115
Phoenix, AZ 85004
(602) 307-5775
GENERAL DENTIST
ID #: 0017098

MARKETPLACE SMILES
Lisa Beznoska
21001 N Tatum Blvd, Ste 80-1690
Phoenix, AZ 85050
(480) 419-9200
GENERAL DENTIST
ID #: 0015746

MARKETPLACE SMILES
Paul S Gebhart
21001 N Tatum Blvd, Ste 80-1690
Phoenix, AZ 85050
(480) 419-9200
GENERAL DENTIST
ID #: 0015746

MARKETPLACE SMILES
John W Melde
21001 N Tatum Blvd, Ste 80-1690
Phoenix, AZ 85050
(480) 419-9200
GENERAL DENTIST
ID #: 0015746

MARKETPLACE SMILES
Stuart Solomon Sanders
21001 N Tatum Blvd, Ste 80 1690
Phoenix, AZ 85050
(480) 419-9200
ORAL SURGEON
OPEN

MARKETPLACE SMILES
Flora Y Chen
21001 N Tatum Blvd, Ste 80 1690
Phoenix, AZ 85050
(480) 419-9200
ORTHODONTIST
OPEN

MARKETPLACE SMILES
Richard D Releford
21001 N Tatum Blvd, Ste 80 1690
Phoenix, AZ 85050
(480) 419-9200
ORTHODONTIST
OPEN

MARKETPLACE SMILES
Shahin Madi
21001 N Tatum Blvd, Ste 80 1690
Phoenix, AZ 85050
(480) 419-9200
PERIODONTIST
OPEN

MICHAEL J HYNEMAN DMD
Dalinde E Gonzalez
4015 N 15th Ave
Phoenix, AZ 85015
(602) 248-0434
GENERAL DENTIST
ID #: 0001689

MICHAEL J HYNEMAN DMD
Michael J Hyneman
4015 N 15th Ave
Phoenix, AZ 85015
(602) 248-0434
GENERAL DENTIST
ID #: 0001689

NORTH VALLEY CENTER FOR ORAL AND IMPLANT SURGERY
Donald J Johnson
4025 W Bell Rd, Ste 9
Phoenix, AZ 85053
(602) 978-2890
ORAL SURGEON-SBA
OPEN

OMAR F SARDER DDS
Omar F Sarder
432 E Southern Ave, Ste 1
Phoenix, AZ 85040
(602) 268-8808
GENERAL DENTIST
ID #: 0014492

ORTHODONTIC CENTERS OF ARIZONA
David B Dowling
2330 N 75th Ave, Ste 111
Phoenix, AZ 85035
(602) 849-0880
ORTHODONTIST
OPEN

ORTHODONTIC CENTERS OF ARIZONA
Kenneth E Holland
1601 E Bell Rd, Ste A 13
Phoenix, AZ 85022
(602) 992-9012
ORTHODONTIST
OPEN

OSBORN DENTAL CARE
Sam Niruyi
3410 N 24th St
Phoenix, AZ 85016
(602) 955-0999
GENERAL DENTIST
ID #: 0016561

PAIK AND PATEL FAMILY DENTISTRY
Gerald Paik
2546 E Thomas Rd
Phoenix, AZ 85016
(602) 956-4111
GENERAL DENTIST
ID #: 0015893

PAIK AND PATEL FAMILY DENTISTRY
Gerald Paik
13822 N 35th Dr, Ste 5
Phoenix, AZ 85023
(602) 375-2310
GENERAL DENTIST
ID #: 0009968

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Heritage Series

DR GRIEB - DR BIPAR
David C Grieb
4232 E Cactus Rd, Ste 107
Phoenix, AZ 85032
(602) 494-1448
GENERAL DENTIST
ID #: 0003210

DR STJEPAN S PODSTRELENY DDS PC
Stjepan Steven Podstreleny
650 W Maryland, Bldg 1
Ste 2
Phoenix, AZ 85013
(602) 249-1616
ORAL SURGEON
OPEN

EMPIRE DENTAL
Reese R Turner
3845 N 32nd St
Phoenix, AZ 85018
(602) 956-2050
GENERAL DENTIST
ID #: 0012178

EMPIRE DENTAL
Earl B Weisbrod
3845 N 32nd St
Phoenix, AZ 85018
(602) 956-2050
GENERAL DENTIST
ID #: 0012178

EMPIRE DENTAL
Spencer G Wilson
3845 N 32nd St
Phoenix, AZ 85018
(602) 956-2050
ORAL SURGEON-SBA
OPEN

ESPECIALIDADES DENTAL
Uttam B Prajapati
4008 N 33rd Ave
Phoenix, AZ 85017
(602) 266-9659
GENERAL DENTIST
ID #: 0001728

ESTRELLA DENTISTRY
Terence R McLaughlin
8223 W Indian School Rd
Phoenix, AZ 85033
(623) 849-3600
GENERAL DENTIST
ID #: 0001736

ESTRELLA DENTISTRY
Dennis N Vasche
8223 W Indian School Rd
Phoenix, AZ 85033
(623) 849-3600
GENERAL DENTIST
ID #: 0001736

FAMILY DENTISTRY
Claudia K Leber
4502 W Indian School Rd,
Ste A2
Phoenix, AZ 85031
(602) 799-2375
GENERAL DENTIST
ID #: 0015660

GENTLE DENTAL DESERT SKY
Mahmoud S Gad
7611 W Thomas Rd, Ste 204
Phoenix, AZ 85033
(623) 873-0880
GENERAL DENTIST
ID #: 0001605

GENTLE DENTAL DESERT SKY
Daniel Ingel
7611 W Thomas Rd, Ste 204
Phoenix, AZ 85033
(623) 873-0880
GENERAL DENTIST
ID #: 0001605

GENTLE DENTAL DESERT SKY
Lan B Nguyen
7611 W Thomas Rd, Ste 204
Phoenix, AZ 85033
(623) 873-0880
GENERAL DENTIST
ID #: 0001605

GENTLE DENTAL DESERT SKY
Larry D Russell
7611 W Thomas Rd, Ste 204
Phoenix, AZ 85033
(623) 873-0880
GENERAL DENTIST
ID #: 0001605

GEORGE A SULLIVAN DDS
George A Sullivan
4805 W Thomas Rd, Ste D
Phoenix, AZ 85031
(602) 278-6911
ORTHODONTIST
OPEN

GP DENTAL
Goldbarg Pourkhomami
10240 N 31st Ave, Ste 100
Phoenix, AZ 85051
(602) 944-7199
GENERAL DENTIST
ID #: 0016563

GREG LAGERMEIER DDS
Greg Lagermeier
1728 W Glendale Ave,
Ste 305
Phoenix, AZ 85021
(602) 995-7336
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

GREG LAGERMEIER DDS
Cameron Skaugrud
1728 W Glendale Ave,
Ste 305
Phoenix, AZ 85021
(602) 995-7336
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

GREG LAGERMEIER DDS
Bobby Y Yang
1728 W Glendale Ave,
Ste 305
Phoenix, AZ 85021
(602) 995-7336
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

H & K DENTAL CENTER
Hector M Nunez
4501 W Indian School Rd
Phoenix, AZ 85031
(602) 447-0225
GENERAL DENTIST
ID #: 0001726

J TINA KEYHANI DDS ORAL & MAXILLOFACIAL SURGERY PC
Jaleh T Keyhani
3330 N 2nd St, Ste 501
Phoenix, AZ 85012
(602) 277-3919
ORAL SURGEON
OPEN

JAMES H JARMAN DMD
James H Jarman
4045 E Bell Rd, Ste 109
Phoenix, AZ 85032
(602) 493-3338
ORTHODONTIST
OPEN

JAMES R WILLCOX DMD
James R Willcox
6036 N 19th Ave, Ste 210
Phoenix, AZ 85015
(602) 978-3000
ORTHODONTIST
OPEN

JASON J AUGUSTINE DDS MS PC
Jason J Augustine
4025 W Bell Rd, Ste 4
Phoenix, AZ 85053
(602) 978-6910
PERIODONTIST
OPEN

JEFFREY H KOOTMAN
Jeffrey H Kootman
702 E Bell Rd, Ste B103
Phoenix, AZ 85022
(602) 493-1140
ORAL SURGEON
OPEN

JJ AND E DENTAL
Ju Young Lee
5501 N 19th Ave, Ste 206
Phoenix, AZ 85015
(602) 249-4465
GENERAL DENTIST
ID #: 0016539

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Heritage Series

CANYON DENTAL FAMILY DENTISTRY
Benjamin W Stark
Po Box 35710
Phoenix, AZ 85069
(602) 995-2419
GENERAL DENTIST
ID #: 0001738

CANYON DENTAL FAMILY DENTISTRY
Benjamin W Stark
2837 W Northern Ave
Phoenix, AZ 85051
(602) 995-2419
GENERAL DENTIST
ID #: 0001738

CANYON DENTAL FAMILY DENTISTRY
David Sternsher
2837 W Northern Ave
Phoenix, AZ 85051
(602) 995-2419
GENERAL DENTIST
ID #: 0001738

CANYON DENTAL FAMILY DENTISTRY
David Sternsher
Po Box 35710
Phoenix, AZ 85069
(602) 995-2419
GENERAL DENTIST
ID #: 0001738

CHANG DENTAL LLC
Doug Chang
111 E Dunlap Ave, Ste 23
Phoenix, AZ 85020
(602) 864-0264
GENERAL DENTIST
ID #: 0017347

CHANG DENTAL LLC
April Nguyen
111 E Dunlap Ave, Ste 23
Phoenix, AZ 85020
(602) 864-0264
GENERAL DENTIST
ID #: 0017347

CHRIS A LIENAU DDS
Chris A Lienau
4131 N 32nd St, Ste 1
Phoenix, AZ 85018
(602) 956-0740
GENERAL DENTIST
ID #: 0001625

CLARENCE PLISKY
Cynthia F Oberg
4910 N 44th St, Ste A4
Phoenix, AZ 85018
(602) 952-9521
GENERAL DENTIST
ID #: 0012800

CLARENCE PLISKY
Clarence J Plisky
4910 N 44th St, Ste A4
Phoenix, AZ 85018
(602) 952-9521
GENERAL DENTIST
ID #: 0012800

CONTINENTAL DENTAL CARE LLC 19TH AVE
Andreas M Vizirakis
5501 N 19th Ave, Ste 103
Phoenix, AZ 85015
(602) 246-1119
GENERAL DENTIST
ID #: 0017275

CONTINENTAL DENTAL GROUP
Young J Yoon
3614 N 15th Ave, Ste B
Phoenix, AZ 85015
(602) 248-9607
GENERAL DENTIST
ID #: 0015823

DARRELL SIMS DDS
Darrell B Sims
737 E Glendale Ave, Ste B
Phoenix, AZ 85020
(602) 230-7563
ORAL SURGEON-SBA
OPEN

DAVID GRIFFITH DMD
David P Griffith
14640 N Tatum Blvd, Ste 11
Phoenix, AZ 85032
(602) 971-6200
ORAL SURGEON-SBA
OPEN

DAVID GRIFFITH DMD
David P Griffith
6535 W Camelback Rd, Ste 3
Phoenix, AZ 85033
(623) 846-7557
ORAL SURGEON-SBA
OPEN

DAVID M FOX DDS
David M Fox
4235 N 32nd St, Ste A
Phoenix, AZ 85018
(602) 840-3391
GENERAL DENTIST
ID #: 0001691

DENNIS HANNA DDS
Dennis Hanna
1277 E Missouri Ave, Ste 4
Phoenix, AZ 85018
(602) 230-9902
ENDODONTIST-SBA
OPEN

DENTAL CARE CENTER
Vijay A Jain
7617 S Central Ave
Phoenix, AZ 85040
(602) 268-7076
GENERAL DENTIST
ID #: *

DENTAL SERVICE
Giang M Dang
1902 N 16th St
Phoenix, AZ 85006
(602) 253-3459
GENERAL DENTIST
ID #: 0017069

DENTAL SERVICE
Anh N Tran
1902 N 16th St
Phoenix, AZ 85006
(602) 253-3459
GENERAL DENTIST
ID #: 0017069

DENTURE SPECIALIST LLC
Amir K El Hassan
620 E Butler Dr, Ste B
Phoenix, AZ 85020
(602) 651-1436
GENERAL DENTIST
ID #: 0017825

DESERT SUN ENDODONTICS
Jason R Booth
4025 W Bell Rd, Ste 11
Phoenix, AZ 85053
(602) 354-3944
ENDODONTIST-SBA
OPEN

DESERT SUN ENDODONTICS
Francisco J Castano
4025 W Bell Rd, Ste 11
Phoenix, AZ 85053
(602) 354-3944
ENDODONTIST-SBA
OPEN

DOUG CHANG
Doug Chang
3901 W McDowell Rd
Phoenix, AZ 85009
(602) 278-1837
GENERAL DENTIST
ID #: 0014013

DOUG CHANG
April Nguyen
3901 W McDowell Rd
Phoenix, AZ 85009
(602) 278-1837
GENERAL DENTIST
ID #: 0014013

DOUG CHANG
Tram Q Nguyen
3901 W McDowell Rd
Phoenix, AZ 85009
(602) 278-1837
GENERAL DENTIST
ID #: 0014013

DOUG CHANG
Hye Jung Regina Suk
3901 W McDowell Rd
Phoenix, AZ 85009
(602) 278-1837
GENERAL DENTIST
ID #: 0014013

DR GRIEB - DR BIPAR
Ali Akbar Bipar
4232 E Cactus Rd, Ste 107
Phoenix, AZ 85032
(602) 494-1448
GENERAL DENTIST
ID #: 0003210

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Heritage Series

ASSOCIATED DENTAL ORTHODONTIC SPECIALTY GROUP
Frank H Meng
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 216-7797
ORTHODONTIST
OPEN

ASSOCIATED ENDODONTISTS
I Robert Matloff
4910 N 44th St, Ste 10
Phoenix, AZ 85018
(602) 840-3636
ENDODONTIST
OPEN

ATLANTIC DENTAL
Mehrdad Hazrati Ashtiani
3229 E Greenway Rd,
Ste 103
Phoenix, AZ 85032
(602) 923-0700
GENERAL DENTIST
ID #: 0012902

AVIS M DAVIS DDS PLLC
Melissa F Villamor
6036 N 19th Ave, Ste 210
Phoenix, AZ 85015
(602) 433-2992
GENERAL DENTIST
ID #: 0017774

AZ DENTAL SPECIALTY GROUP PLLC
David Haaslo
3722 E Thomas Rd
Phoenix, AZ 85018
(602) 626-5437
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

AZ ORTHODONTIC GROUP PLLC
Zara Haaslo
3722 E Thomas Rd
Phoenix, AZ 85018
(602) 626-5437
ORTHODONTIST
OPEN

AZ PEDIATRIC DENTISTRY AND ORTHODONTICS
Robert W Fattouch
4145 N 108th Ave
Phoenix, AZ 85037
(623) 341-2000
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

AZ PEDIATRIC DENTISTRY AND ORTHODONTICS
Shashi M Kapur
4145 N 108th Ave
Phoenix, AZ 85037
(623) 341-2000
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

AZ PEDIATRIC DENTISTRY AND ORTHODONTICS
Daniella A Vasquez
4145 N 108th Ave
Phoenix, AZ 85037
(623) 341-2000
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

BELL CANYON DENTISTRY
Paul K Owens
16841 N 31st Ave, Bldg 4
Ste 140
Phoenix, AZ 85053
(602) 298-1068
GENERAL DENTIST
ID #: 0017089

BELL DENTAL CENTER
Bharat S Patel
17223 N 19th Ave
Phoenix, AZ 85023
(602) 866-0420
GENERAL DENTIST
ID #: 0001727

BELLA VISTA DENTAL CARE TRAN DENTAL GRP LLC
Anh N Tran
444 E Southern Ave, Ste 1
Phoenix, AZ 85040
(602) 276-6400
GENERAL DENTIST
ID #: 0017502

BRIGHT NOW DENTAL
Shankar Anandarajah
2423 W Dunlap Ave
Phoenix, AZ 85021
(602) 997-9088
GENERAL DENTIST
ID #: 0013176

BRIGHT NOW DENTAL CAVE CREEK
Cedric V Loud
20235 N Cave Creek Rd
Phoenix, AZ 85024
(602) 971-6622
ORAL SURGEON
OPEN

BRIGHT NOW DENTAL CAVE CREEK
Thomas S Shipley
20235 N Cave Creek Rd
Phoenix, AZ 85024
(602) 971-6622
ORTHODONTIST
OPEN

BRIGHT NOW DENTAL DUNLAP
Scott P Day
2423 W Dunlap Ave
Phoenix, AZ 85021
(602) 997-9088
ORTHODONTIST
OPEN

BRIGHT NOW DENTAL DUNLAP
Thomas S Shipley
2423 W Dunlap Ave
Phoenix, AZ 85021
(602) 997-9088
ORTHODONTIST
OPEN

BROADWAY FAMILY DENTISTRY
Alan Mazurek
4414 S 3rd St
Phoenix, AZ 85040
(602) 232-1980
GENERAL DENTIST
ID #: 0017911

BUHROW GILLIS AND SABOL PLLC
Jack A Buhrow
4202 N 32nd St, Ste A
Phoenix, AZ 85018
(602) 957-0332
ORAL SURGEON-SBA
OPEN

BUHROW GILLIS AND SABOL PLLC
John M Gillis
4202 N 32nd St, Ste A
Phoenix, AZ 85018
(602) 957-0332
ORAL SURGEON-SBA
OPEN

CAMELBACK FAMILY DENTAL CARE
Piyush Hirpara
3902 W Camelback Rd, Ste 2
Phoenix, AZ 85019
(602) 864-5010
GENERAL DENTIST
ID #: 0017292

CAMELBACK PEDIATRIC DENTISTRY AND ORTHODONTICS
Robert M Mirabelli
4901 N 44th St, Ste 101
Phoenix, AZ 85018
(602) 595-3531
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

CANYON DENTAL FAMILY DENTISTRY
Aseel N Peters
Po Box 35710
Phoenix, AZ 85069
(602) 995-2419
GENERAL DENTIST
ID #: 0001738

CANYON DENTAL FAMILY DENTISTRY
Aseel N Peters
2837 W Northern Ave
Phoenix, AZ 85051
(602) 995-2419
GENERAL DENTIST
ID #: 0001738

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Heritage Series

SOUTHWEST DENTAL GROUP
James B Edwards
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 979-8530
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP
Robert J Lytle
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 979-8530
ORAL SURGEON-SBA
OPEN

SOUTHWEST DENTAL GROUP
Kristen L Benes
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 979-8530
ORTHODONTIST
OPEN

SOUTHWEST DENTAL GROUP
Jason R Zuch
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 979-8530
PERIODONTIST-SBA
OPEN

SUNSHINE DENTAL CARE
George R Ayoub
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551
GENERAL DENTIST
ID #: 0017003

SUNSHINE DENTAL CARE
Wissam Ayoub
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551
GENERAL DENTIST
ID #: 0017003

SUNWEST DENTAL CENTER III LLC DBA SUNWEST DENTAL C
Reese R Turner
9059 W Lake Pleasant Pkwy, Ste 100
Peoria, AZ 85382
(623) 572-0102
GENERAL DENTIST
ID #: 0016542

WAINWRIGHT DENTISTRY
Clayton Wainwright
9460 W Peoria Ave, Ste G
Peoria, AZ 85345
(623) 412-7943
GENERAL DENTIST
ID #: *

WEST VALLEY PERIODONTICS
Aziz Bohra
13360 N 94th Dr, Ste C
Peoria, AZ 85381
(623) 933-1989
PERIODONTIST
OPEN

Phoenix

A-19TH AVENUE DENTAL CARE
Marc S Kay
5225 N 19th Ave, Ste C
Phoenix, AZ 85015
(602) 433-0313
GENERAL DENTIST
ID #: 0001706

ACCUCARE DENTAL CENTER
Charles A Feske
7600 N 15th St, Ste 170
Phoenix, AZ 85020
(602) 997-0919
GENERAL DENTIST
ID #: 0017916

ACCUCARE DENTAL CENTER
Enrique G Wismann
7600 N 15th St, Ste 170
Phoenix, AZ 85020
(602) 997-0919
GENERAL DENTIST
ID #: 0017916

ADVANCED DENTAL CARE PLLC
Arash Khoshnodi
620 E Butler Dr, Ste A
Phoenix, AZ 85020
(602) 944-1871
GENERAL DENTIST
ID #: 0017045

AN ELEGANT SMILE DENTISTRY
Ben M Koolick
4550 E Bell Rd, Building 8 Ste 178
Phoenix, AZ 85032
(602) 494-3000
GENERAL DENTIST
ID #: 0017272

AN ELEGANT SMILE DENTISTRY
Stephanie A Susman
4550 E Bell Rd, Building 8 Ste 178
Phoenix, AZ 85032
(602) 494-3000
GENERAL DENTIST
ID #: 0017272

AN ELEGANT SMILE DENTISTRY - PHOENIX
Shahram Haghighat
702 E Bell Rd, Ste 120
Phoenix, AZ 85022
(602) 867-7700
GENERAL DENTIST
ID #: 0001730

AN ELEGANT SMILE DENTISTRY - PHOENIX
Jennifer L Harmon
702 E Bell Rd, Ste 120
Phoenix, AZ 85022
(602) 867-7700
GENERAL DENTIST
ID #: 0001730

AN ELEGANT SMILE DENTISTRY - PHOENIX
Daniel P Travelle
702 E Bell Rd, Ste 120
Phoenix, AZ 85022
(602) 867-7700
GENERAL DENTIST
ID #: 0001730

AN ELEGANT SMILE DENTISTRY PHOENIX
Brian A Lilien
702 E Bell Rd, Ste 120
Phoenix, AZ 85022
(602) 867-7700
ORAL SURGEON-SBA
OPEN

AN ELEGANT SMILE DENTISTRY PHOENIX
Robert A Macdonald
702 E Bell Rd, Ste 120
Phoenix, AZ 85022
(602) 867-7700
ORTHODONTIST
OPEN

AN ELEGANT SMILE DENTISTRY PHOENIX
Alexandre Aalam
702 E Bell Rd, Ste 120
Phoenix, AZ 85022
(602) 867-7700
PERIODONTIST-SBA
OPEN

AN ELEGANT SMILE PC
Brian A Lilien
4550 E Bell Rd, Bldg 8 Ste 178
Phoenix, AZ 85032
(602) 494-3000
ORAL SURGEON-SBA
OPEN

API DENTAL
Chen Yuan
6605 N 19th Ave, Ste F
Phoenix, AZ 85015
(602) 995-6041
GENERAL DENTIST
ID #: 0015856

ARIZONA ORTHODONTIC SPECIALISTS PA
Blair S Feldman
2200 W Bethany Home Rd, Ste 8
Phoenix, AZ 85015
(602) 242-3289
ORTHODONTIST
OPEN

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Heritage Series

AN ELEGANT SMILE DENTISTRY P.C.
Kasie Y Nam
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST
ID #: 0012708

AN ELEGANT SMILE DENTISTRY PC
Lucas R Beatty
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
ORAL SURGEON
OPEN

AN ELEGANT SMILE DENTISTRY PC
Jeffrey M Burstein
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
ORAL SURGEON
OPEN

COPPER STAR DENTISTRY
Paul K Owens
11001 N 99th Ave, Ste 113
Peoria, AZ 85345
(623) 583-7075
GENERAL DENTIST
ID #: 0012756

DESERT OASIS FAMILY DENTISTRY
Gary W Patrick
9059 W Lake Pleasant Pkwy,
Ste D400
Peoria, AZ 85382
(623) 572-0303
GENERAL DENTIST
ID #: 0017732

E AND S ORTHODONTICS
Ousama El Hillal
8272 W Lake Pleasant Pkwy,
Ste 209
Peoria, AZ 85382
(623) 376-6464
ORTHODONTIST
OPEN

E AND S ORTHODONTICS
Wilbert Saavedra
8272 W Lake Pleasant Pkwy,
Ste 209
Peoria, AZ 85382
(623) 376-6464
ORTHODONTIST
OPEN

ERNEST DELMOE DDS
Ernest Delmoe
9179 W Thunderbird Rd,
Ste B 107
Peoria, AZ 85381
(623) 933-6010
GENERAL DENTIST
ID #: 0001765

LAKE PLEASANT FAMILY DENTAL PC
Aaron A Johnson
20542 N Lake Pleasant Rd,
Ste 113
Peoria, AZ 85382
(623) 435-0080
GENERAL DENTIST
ID #: 0017986

LEGACY SMILES
Todd R Cockrell
28451 North Vistancia Blvd,
Ste 101
Peoria, AZ 85383
(623) 218-6638
GENERAL DENTIST
ID #: 0017753

LEGACY SMILES
Paul S Gebhart
28451 North Vistancia Blvd,
Ste 101
Peoria, AZ 85383
(623) 218-6638
GENERAL DENTIST
ID #: 0017753

LEGACY SMILES
Stuart Solomon Sanders
28451 N Vistancia Blvd,
Ste 101
Peoria, AZ 85383
(623) 218-6638
ORAL SURGEON
OPEN

LEONARD EUGENE BEARE JR DDS
Leonard Eugene Beare
8251 W Thunderbird Rd,
Ste 100
Peoria, AZ 85381
(623) 334-3300
PROSTHODONTIST
OPEN

ORTHODONTIC CENTERS OF ARIZONA
David B Dowling
7545 W Bell Rd, Ste 106
Peoria, AZ 85382
(623) 486-2700
ORTHODONTIST
OPEN

PERFECT TEETH OLIVE P.C.
Percy B Twine
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
ENDODONTIST-SBA
OPEN

PERFECT TEETH OLIVE P.C.
Kristin Nicole Leis
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
ORAL SURGEON-SBA
OPEN

PERFECT TEETH OLIVE P.C.
Richard D Releford
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
ORTHODONTIST
OPEN

PERFECT TEETH OLIVE P.C.
Douglas G Kerr
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

PERFECT TEETH OLIVE P.C.
Aristidis Pontikas
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
PERIODONTIST-SBA
OPEN

PERFECT TEETH OLIVE PC
Julie S Cutler
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
GENERAL DENTIST
ID #: 0016076

SOUTHWEST DENTAL GROUP
Keith H Eskanos
15182 N 75th Ave, Ste 120
Peoria, AZ 85381
(623) 878-2400
GENERAL DENTIST
ID #: 0014913

SOUTHWEST DENTAL GROUP
Darian Kaar
15182 N 75th Ave, Ste 120
Peoria, AZ 85381
(623) 878-2400
GENERAL DENTIST
ID #: 0014913

SOUTHWEST DENTAL GROUP
Hiba K Malki
15182 N 75th Ave, Ste 120
Peoria, AZ 85381
(623) 878-2400
GENERAL DENTIST
ID #: 0014913

SOUTHWEST DENTAL GROUP
Lawrence F Pace
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 979-8530
ENDODONTIST-SBA
OPEN

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Heritage Series

STAPLEY SMILES
David M Rabenowitz
1920 South Stapley Dr,
Ste 105
Mesa, AZ 85204
(480) 545-5300
GENERAL DENTIST
ID #: 0016227

STAPLEY SMILES
Stuart Solomon Sanders
1920 S Stapley Dr, Ste 105
Mesa, AZ 85204
(480) 545-5300
ORAL SURGEON
OPEN

STEPHEN J VITAL DMD
Stephen J Vital
3505 E Brown Rd, Ste 102
Mesa, AZ 85203
(480) 924-6169
GENERAL DENTIST
ID #: 0001709

SUNWEST DENTAL CENTER
Scott L Dalton
600 E University Dr
Mesa, AZ 85203
(480) 610-5100
GENERAL DENTIST
ID #: 0012751

SUNWEST DENTAL CENTER
Ekaterina N Goncharova
600 E University Dr
Mesa, AZ 85203
(480) 610-5100
GENERAL DENTIST
ID #: 0012751

THE FAMILY TOOTH DOCTOR II LLC
James F King
4435 E Broadway Rd, Ste 9
Mesa, AZ 85206
(480) 223-0255
GENERAL DENTIST
ID #: 0015283

TOWN CENTER DENTAL GROUP
Stuart Solomon Sanders
4996 S Power Rd
Mesa, AZ 85212
(480) 840-3600
ORAL SURGEON
OPEN

TOWN CENTER DENTAL GROUP
Toby W Vanlandschoot
4996 S Power Rd
Mesa, AZ 85212
(480) 840-3600
ORTHODONTIST
OPEN

TOWNE CENTER DENTAL GROUP
David F James
4996 South Power Rd
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST
ID #: 0015649

TOWNE CENTER DENTAL GROUP
Brett A Karren
4996 South Power Rd
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST
ID #: 0015649

TOWNE CENTER DENTAL GROUP
Mu Hun Kim
4996 South Power Rd
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST
ID #: 0015649

TOWNE CENTER DENTAL GROUP
Caryn H Lee
4996 South Power Rd
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST
ID #: 0015649

VALLEYWIDE SUNSHINE DENTAL CARE
Soi Douglas T Hinh
6328 E Brown Rd, Ste 102
Mesa, AZ 85205
(480) 325-5700
GENERAL DENTIST
ID #: 0015590

VALLEYWIDE SUNSHINE DENTAL CARE
Yen Chun Wang
6328 E Brown Rd, Ste 102
Mesa, AZ 85205
(480) 325-5700
GENERAL DENTIST
ID #: 0015590

WESTWOOD DENTAL CENTER
Harvey B Arnce
855 W University Dr, Ste 11
Mesa, AZ 85201
(480) 827-0165
GENERAL DENTIST
ID #: 0001746

WESTWOOD DENTAL CENTER
Frank A Marinangeli
855 W University Dr, Ste 11
Mesa, AZ 85201
(480) 827-0165
GENERAL DENTIST
ID #: 0001746

WRIGHT ORTHODONTICS
Jack G Wright
2346 E Brown Rd
Mesa, AZ 85213
(480) 969-1514
ORTHODONTIST
OPEN

WRIGHT ORTHODONTICS
Jack G Wright
453 W 5th St
Mesa, AZ 85201
(480) 835-0567
ORTHODONTIST
OPEN

Oracle

WILLIAM BUNCH DMD
William M Bunch
710 W American Ave
Oracle, AZ 85623
(520) 896-9334
GENERAL DENTIST
ID #: *

Peoria

75TH AVENUE DENTISTRY
Agnes Bartys Wawerska
7545 W Bell Rd, Ste 105
Peoria, AZ 85382
(623) 412-2461
GENERAL DENTIST
ID #: 0016987

75TH AVENUE DENTISTRY
Michelle M Mahour
7545 W Bell Rd, Ste 105
Peoria, AZ 85382
(623) 412-2461
GENERAL DENTIST
ID #: 0016987

75TH AVENUE DENTISTRY
Yen Chun Wang
7545 W Bell Rd, Ste 105
Peoria, AZ 85382
(623) 412-2461
GENERAL DENTIST
ID #: 0016987

AN ELEGANT SMILE DENTISTRY P.C.
Jennifer W Chalker
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST
ID #: 0012708

AN ELEGANT SMILE DENTISTRY P.C.
Daniel D Luisi
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST
ID #: 0012708

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Heritage Series

JAMES HASTEN DDS
Kathleen H Chivari
6963 E Main St
Mesa, AZ 85207
(480) 981-3047
GENERAL DENTIST
ID #: *

JAMES HASTEN DDS
James C Hasten
6963 E Main St
Mesa, AZ 85207
(480) 981-3047
GENERAL DENTIST
ID #: *

JAMES R GLAUSER DDS PC
James R Glauser
6848 E Brown Rd
Mesa, AZ 85207
(480) 832-8686
ORTHODONTIST
OPEN

JAMES R GLAUSER DDS PC
Noel A Williams
6848 E Brown Rd
Mesa, AZ 85207
(480) 832-8686
ORTHODONTIST
OPEN

JON L ALBRECHTSEN DMD PLLC
Jon L Albrechtsen
6550 E Broadway Rd,
Ste 204
Mesa, AZ 85206
(480) 290-7777
GENERAL DENTIST
ID #: 0017500

LINES OROFACIAL SPECIALISTS
Christopher A Lines
1801 E Southern Ave,
Ste 102
Mesa, AZ 85204
(480) 892-6505
ORAL SURGEON
OPEN

LINES OROFACIAL SPECIALISTS
Paul A Lines
1801 E Southern Ave,
Ste 102
Mesa, AZ 85204
(480) 892-6505
ORAL SURGEON
OPEN

LYLE HAMBLIN DDS
Lyle M Hamblin
432 W 5th Pl
Mesa, AZ 85201
(480) 969-5597
GENERAL DENTIST
ID #: 0011562

MESA DENTAL CARE
Ali H Nia
1930 S Dobson Rd, Ste 1
Mesa, AZ 85202
(480) 730-0500
GENERAL DENTIST
ID #: 0001744

MESA DENTAL CARE
Amanda J Wruble
1930 S Dobson Rd, Ste 1
Mesa, AZ 85202
(480) 730-0500
GENERAL DENTIST
ID #: 0001744

MICHAEL J HYNEMAN DMD PC
Tommie Glenn B Decano
1905 E McKellips Rd
Mesa, AZ 85203
(480) 649-1949
GENERAL DENTIST
ID #: 0017146

PERFECT TEETH
Stephen A Kovar
2733 N Power Rd, Ste 101
Mesa, AZ 85215
(480) 924-7800
GENERAL DENTIST
ID #: 0012140

PERFECT TEETH GUADALUPE PC
Stephen A Kovar
8257 E Guadalupe Rd,
Suite 121
Mesa, AZ 85212
(480) 357-3838
GENERAL DENTIST
ID #: 0016562

PERFECT TEETH GUADALUPE PC
Spencer David Weed
8257 E Guadalupe Rd,
Suite 121
Mesa, AZ 85212
(480) 357-3838
GENERAL DENTIST
ID #: 0016562

SIMON DENTAL CARE
Preethy J Kunthara
1350 S Longmore, Ste 13
Mesa, AZ 85202
(480) 833-0880
GENERAL DENTIST
ID #: 0013721

SMILE DENTAL CARE
Caryn H Lee
10238 E Hampton Ave,
Ste 105
Mesa, AZ 85208
(480) 986-2600
GENERAL DENTIST
ID #: 0017918

SMILE DENTAL CARE
Mike C Lee
10238 E Hampton Ave,
Ste 105
Mesa, AZ 85208
(480) 986-2600
GENERAL DENTIST
ID #: 0017918

SOUTHWEST DENTAL GROUP
Richard Brian Higgs
4355 E University Dr, Ste 103
Mesa, AZ 85205
(480) 830-0187
GENERAL DENTIST
ID #: 0012283

SOUTHWEST DENTAL GROUP
Joseph R Mikulicz
4355 E University Dr, Ste 103
Mesa, AZ 85205
(480) 830-0187
GENERAL DENTIST
ID #: 0012283

SPRING FAMILY DENTAL
David E Spring
560 N Stapley Dr, Ste 1
Mesa, AZ 85203
(480) 962-3845
GENERAL DENTIST
ID #: 0016223

STAPLEY DENTAL
Rogel A Carlos
846 S Stapley Dr
Mesa, AZ 85204
(480) 834-8405
GENERAL DENTIST
ID #: 0014014

STAPLEY DENTAL
Kara H Kim
846 S Stapley Dr
Mesa, AZ 85204
(480) 834-8405
GENERAL DENTIST
ID #: 0014014

STAPLEY SMILES
Raymond E Iannielli
1920 South Stapley Dr,
Ste 105
Mesa, AZ 85204
(480) 545-5300
GENERAL DENTIST
ID #: 0016227

STAPLEY SMILES
Ellis B Jardine
1920 South Stapley Dr,
Ste 105
Mesa, AZ 85204
(480) 545-5300
GENERAL DENTIST
ID #: 0016227

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Heritage Series

BRIGHT NOW DENTAL COUNTRY CLUB
Michael D Hummitzsch
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
GENERAL DENTIST
ID #: 0016475

BRIGHT NOW DENTAL COUNTRY CLUB
Blaine R Hansen
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
ORTHODONTIST
OPEN

BRIGHT NOW DENTAL GREENFIELD
Dustin McBride
1762 S Greenfield Rd,
Ste 103 & 104
Mesa, AZ 85206
(480) 633-7771
GENERAL DENTIST
ID #: 0016473

BRIGHT NOW DENTAL GREENFIELD
Benjamin G Weir
1762 S Greenfield Rd,
Ste 103 & 104
Mesa, AZ 85206
(480) 633-7771
GENERAL DENTIST
ID #: 0016473

BRIGHT NOW DENTAL GREENFIELD
Blaine R Hansen
1762 S Greenfield Rd,
Ste 103 & 104
Mesa, AZ 85206
(480) 633-7771
ORTHODONTIST
OPEN

BRIGHT NOW DENTAL SIGNAL BUTTE
Henry R F Barkett
1804 S Signal Butte Rd,
Ste 111
Mesa, AZ 85209
(480) 380-2525
GENERAL DENTIST
ID #: 0016941

BRIGHT NOW DENTAL SIGNAL BUTTE
Cedric V Loud
1804 S Signal Butte Rd,
Ste 111
Mesa, AZ 85209
(480) 380-2525
ORAL SURGEON
OPEN

BRIGHT NOW DENTAL SIGNAL BUTTE
Blaine R Hansen
1804 S Signal Butte Rd,
Ste 111
Mesa, AZ 85209
(480) 380-2525
ORTHODONTIST
OPEN

COSMETIC FAMILY DENTAL CLINIC PC
Nick N K Huynh
1236 E Baseline Rd, Ste 103
Mesa, AZ 85204
(480) 503-3600
GENERAL DENTIST
ID #: 0013684

COUSER ORTHODONTICS
Blaine R Couser
4540 E Baseline Rd, Ste 104
Mesa, AZ 85206
(480) 813-2222
ORTHODONTIST
OPEN

DESERT DENTAL
Kyle B Hilgers
1812 W Baseline Rd
Mesa, AZ 85202
(480) 491-9588
GENERAL DENTIST
ID #: *

EAST VALLEY SMILES
Brett A Karren
5340 E Power Rd, Ste 104
Mesa, AZ 85212
(480) 279-1036
GENERAL DENTIST
ID #: 0017592

EASY DENTALCARE
Abrahim T Setoodeh
1025 S Power Rd, Ste 106
Mesa, AZ 85206
(480) 830-4455
GENERAL DENTIST
ID #: 0017494

FAMILY DENTISTRY LLC
Kenton Covington
1830 S Alma School Rd,
Ste 110
Mesa, AZ 85210
(480) 834-1317
GENERAL DENTIST
ID #: 0016385

FRANK A MARINANGELI DDS
Harvey B Arnce
855 W University Dr, Suite11
Mesa, AZ 85201
(480) 962-1775
GENERAL DENTIST
ID #: 0001687

FRANK A MARINANGELI DDS
Frank A Marinangeli
855 W University Dr, Suite11
Mesa, AZ 85201
(480) 962-1775
GENERAL DENTIST
ID #: 0001687

GATEWAY SMILES
Gregory R Manning
1901 S Signal Butte Rd,
Ste 107
Mesa, AZ 85209
(480) 305-0877
GENERAL DENTIST
ID #: 0017503

GATEWAY SMILES
Ray Nguyen
1901 S Signal Butte Rd,
Ste 107
Mesa, AZ 85209
(480) 305-0877
GENERAL DENTIST
ID #: 0017503

GATEWAY SMILES
Stuart Solomon Sanders
1901 S Signal Butte Rd,
Ste107
Mesa, AZ 85209
(480) 305-0877
ORAL SURGEON-SBA
OPEN

GENTLE DENTAL MESA EAST
Christopher J Drew
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST
ID #: 0001722

GENTLE DENTAL MESA EAST
Brian J Goodman
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST
ID #: 0001722

GENTLE DENTAL MESA EAST
William G Halliday
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST
ID #: 0001722

GENTLE DENTAL MESA EAST
Robert P Smithson
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST
ID #: 0001722

GENTLE DENTAL MESA EAST
Stephen G Vann
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST
ID #: 0001722

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Heritage Series

Laveen

SOUTHWEST DENTAL GROUP
John A Loesch
5270 W Baseline Rd, Ste 130
Laveen, AZ 85339
(602) 237-8211
GENERAL DENTIST
ID #: 0017219

SOUTHWEST DENTAL GROUP
Michael S Cavender
5270 W Baseline Rd, Ste 130
Laveen, AZ 85339
(602) 237-8211
ENDODONTIST
OPEN

SOUTHWEST DENTAL GROUP
Jeffrey M Burstein
5270 W Baseline Rd, Ste 130
Laveen, AZ 85339
(602) 237-8211
ORAL SURGEON
OPEN

SOUTHWEST DENTAL GROUP
Samantha Mai Chi Vu
5270 W Baseline Rd, Ste 130
Laveen, AZ 85339
(602) 237-8211
ORTHODONTIST
OPEN

SOUTHWEST DENTAL GROUP
Shahin Madi
5270 W Baseline Rd, Ste 130
Laveen, AZ 85339
(602) 237-8211
PERIODONTIST
OPEN

Litchfield Park

LITCHFIELD ENDODONTICS PLLC
Merry E Johns
13575 W Indian School Road, Ste 150
Litchfield Park, AZ 85340
(623) 536-1100
ENDODONTIST-SBA
OPEN

Marana

GENTLE DENTAL MARANA
Jeremy L Tanner
5860 W Arizona Pavilions Dr, Ste 100
Marana, AZ 85743
(520) 572-1001
GENERAL DENTIST
ID #: 0016374

GENTLE DENTAL MARANA
Juan C Valencia
5860 W Arizona Pavilions Dr, Ste 100
Marana, AZ 85743
(520) 572-1001
GENERAL DENTIST
ID #: 0016374

MARANA HEALTH CENTER
Gregory Scott Schwartz
13644 N Sandario Rd, Attn Dental Dept
Marana, AZ 85653
(520) 682-4111
GENERAL DENTIST
ID #: 0013842

Maricopa

JOHN WAYNE DENTAL LLC
Doug Chang
20800 N John Wayne Pkwy, Ste 105
Maricopa, AZ 85239
(520) 568-7880
GENERAL DENTIST
ID #: 0016706

JOHN WAYNE DENTAL LLC
Hye Jung Regina Suk
20800 N John Wayne Pkwy, Ste 105
Maricopa, AZ 85239
(520) 568-7880
GENERAL DENTIST
ID #: 0016706

Mesa

A TO Z PEDIATRIC DENTISTRY
Joel R Clark
1925 S Sossaman Rd, Ste 211
Mesa, AZ 85209
(480) 503-3764
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

ACCURATE DENTAL CARE
Mike C Lee
1731 W Baseline Rd, Ste 104
Mesa, AZ 85202
(480) 755-1200
GENERAL DENTIST
ID #: 0016310

AFFD
Neil S Reiser
3050 S Country Club Dr, Ste 18
Mesa, AZ 85210
(480) 892-8185
GENERAL DENTIST
ID #: 0001604

AN ELEGANT SMILE DENTISTRY - MESA
Jon L Albrechtsen
1425 S Greenfield Rd Bldg 2, Ste 110
Mesa, AZ 85206
(480) 854-3434
GENERAL DENTIST
ID #: 0011838

AN ELEGANT SMILE DENTISTRY - MESA
Michelle Rock
1425 S Greenfield Rd Bldg 2, Ste 110
Mesa, AZ 85206
(480) 854-3434
GENERAL DENTIST
ID #: 0011838

AN ELEGANT SMILE DENTISTRY - MESA
Kent J Spurling
1425 S Greenfield Rd Bldg 2, Ste 110
Mesa, AZ 85206
(480) 854-3434
GENERAL DENTIST
ID #: 0011838

AN ELEGANT SMILE DENTISTRY MESA
Brian A Lilien
1425 S Greenfield Rd Bldg 2, Ste 110
Mesa, AZ 85206
(480) 854-3434
ORAL SURGEON-SBA
OPEN

AN ELEGANT SMILE DENTISTRY MESA
Robert A Macdonald
1425 S Greenfield Rd Bldg 2, Ste 110
Mesa, AZ 85206
(480) 854-3434
ORTHODONTIST
OPEN

BEST DENTAL
Gary A Betz
1010 W University Dr, Ste 2
Mesa, AZ 85201
(480) 833-1040
GENERAL DENTIST
ID #: 0003835

BEST DENTAL
Shervin Tony Hashemian
1010 W University Dr, Ste 2
Mesa, AZ 85201
(480) 833-1040
GENERAL DENTIST
ID #: 0003835

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Heritage Series

I SMILE @ ARROWHEAD
Aseel N Peters
7700 W Arrowhead Towne Ctr Dr, Ste 2268
Glendale, AZ 85308
(623) 937-6453
GENERAL DENTIST
ID #: 0015396

I SMILE @ ARROWHEAD
Benjamin W Stark
7700 W Arrowhead Towne Ctr Dr, Ste 2268
Glendale, AZ 85308
(623) 937-6453
GENERAL DENTIST
ID #: 0015396

I SMILE @ ARROWHEAD
David Sternsher
7700 W Arrowhead Towne Ctr Dr, Ste 2268
Glendale, AZ 85308
(623) 937-6453
GENERAL DENTIST
ID #: 0015396

JAMES R WILLCOX DMD
James R Willcox
13619 N 59th Ave
Glendale, AZ 85304
(602) 978-3000
ORTHODONTIST
OPEN

JANE W LIU DMD PLLC
Jane W Liu
5750 W Thunderbird Rd, Ste D 480
Glendale, AZ 85306
(602) 547-1916
GENERAL DENTIST
ID #: 0017906

JERROLD K ALTMAN DMD
Jerrold K Altman
8507 N 51st Ave
Glendale, AZ 85302
(623) 939-8335
GENERAL DENTIST
ID #: 0001767

MATT O HANHILA JR
Matt O Hanhila
20165 N 67th Ave, Ste 102
Glendale, AZ 85308
(623) 561-1010
ORTHODONTIST
OPEN

MATT O HANHILA JR DDS
Matt O Hanhila
5406 W Glenn Dr, Ste 5
Glendale, AZ 85301
(623) 931-2351
ORTHODONTIST
OPEN

REEL DENTAL
Brad Wyatt
5700 W Olive Ave, Ste 104
Glendale, AZ 85302
(623) 934-7606
GENERAL DENTIST
ID #: 0015635

RICHARD J ANDREWS DDS
Richard J Andrews
16080 N 59th Ave
Glendale, AZ 85306
(602) 978-9793
GENERAL DENTIST
ID #: 0001643

VALLEY ENDODONTIC SPECIALTY GROUP-GLENDALE
Monica M Chamorro
5310 W Thunderbird Rd, Ste 213
Glendale, AZ 85306
(602) 866-8700
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-GLENDALE
Elie E Ezzie
5310 W Thunderbird Rd, Ste 213
Glendale, AZ 85306
(602) 866-8700
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-GLENDALE
Shandra C Lee
5310 W Thunderbird Rd, Ste 213
Glendale, AZ 85306
(602) 866-8700
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTHWEST
Paul Clark
20100 N 51st Ave, Ste C-310
Glendale, AZ 85308
(623) 572-4300
ENDODONTIST-SBA
OPEN

VALLEY ENDODONTIC SPECIALTY GROUP-NORTHWEST
Spencer W Crook
20100 N 51st Ave, Ste C-310
Glendale, AZ 85308
(623) 572-4300
ENDODONTIST-SBA
OPEN

Goodyear

GOODYEAR ENDODONTICS
Robert S Kane
1646 N Litchfield Rd, Ste 260
Goodyear, AZ 85338
(623) 535-7899
ENDODONTIST
OPEN

MCDOWELL DENTISTRY
George R Ayoub
14122 W McDowell Rd
Goodyear, AZ 85395
(623) 536-2040
GENERAL DENTIST
ID #: 0017511

OMEGA DENTAL
Lam Ngo
14551 W Indian School Rd, Ste 200
Goodyear, AZ 85338
(623) 535-8777
GENERAL DENTIST
ID #: 0016347

PERFECT TEETH-PALM VALLEY PC
Anitha A Goud
14175 W Indian School Bypass
Goodyear, AZ 85395
(623) 935-6400
GENERAL DENTIST
ID #: 0014718

SUNWEST DENTAL CENTER
Scott L Dalton
105 N Litchfield Rd
Goodyear, AZ 85338
(623) 932-3200
GENERAL DENTIST
ID #: 0011885

SUNWEST DENTAL CENTER
Loan K Dao
105 N Litchfield Rd
Goodyear, AZ 85338
(623) 932-3200
GENERAL DENTIST
ID #: 0011885

Kingman

JERRY L SULLIVAN DDS
Jerry L Sullivan
411 Grandview Ave
Kingman, AZ 86401
(928) 753-6611
GENERAL DENTIST
ID #: *

MOHAVE DENTAL ASSOCIATES PC
Clark E Melstrom
4601 Stockton Hill Rd
Kingman, AZ 86401
(928) 757-3225
GENERAL DENTIST
ID #: 0001703

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Heritage Series

TOWNSHIP DENTAL ASSOCIATES PLLC
Morteza Zamani
1835 E Baseline Rd
Gilbert, AZ 85234
(480) 507-5645
GENERAL DENTIST
ID #: 0018003

VAL VISTA DENTAL GROUP
Jae W Chung
1395 E Warner Rd, Ste 105C
Gilbert, AZ 85296
(480) 558-0212
GENERAL DENTIST
ID #: 0012062

VAL VISTA DENTAL GROUP
Amir Etebari
1395 E Warner Rd, Ste 105C
Gilbert, AZ 85296
(480) 558-0212
GENERAL DENTIST
ID #: 0012062

VAL VISTA DENTAL GROUP
Jason R Zuch
1395 E Warner Rd, Ste 105 C
Gilbert, AZ 85296
(480) 558-0212
PERIODONTIST-SBA
OPEN

WAYNE G THORPE DDS
Wayne G Thorpe
3329 E Baseline Rd
Gilbert, AZ 85234
(480) 539-6420
ORAL SURGEON
OPEN

Glendale

ACCUCARE DENTAL CENTER
Tzuyu Meng
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(623) 939-5131
GENERAL DENTIST
ID #: 0001733

ACCUCARE DENTAL CENTER
Tania D Nguyen
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(623) 939-5131
GENERAL DENTIST
ID #: 0001733

ACCUCARE DENTAL CENTER
Khanh D Pham
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(623) 939-5131
GENERAL DENTIST
ID #: 0001733

ACCUCARE DENTAL CENTER
Rodger S Sears
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(623) 939-5131
GENERAL DENTIST
ID #: 0001733

ANDREW E FORMAN DDS
Andrew E Forman
5620 W Thunderbird Rd, Ste C4
Glendale, AZ 85306
(602) 843-1000
ORTHODONTIST
OPEN

ASPEN DENTAL
Grace Jeong
5940 W Union Hills Dr, Ste F 110
Glendale, AZ 85308
(602) 978-9575
GENERAL DENTIST
ID #: 0017355

ASPEN DENTAL
Sumi Shrestha
5940 W Union Hills Dr, Ste F 110
Glendale, AZ 85308
(602) 978-9575
GENERAL DENTIST
ID #: 0017355

ASPEN DENTAL
Morteza Zamani
5940 W Union Hills Dr, Ste F 110
Glendale, AZ 85308
(602) 978-9575
GENERAL DENTIST
ID #: 0017355

BAPTIST DENTAL CENTER INC
Jack J Huh
7802 N 43rd Ave, Ste 8
Glendale, AZ 85301
(623) 939-8005
GENERAL DENTIST
ID #: *

BRIGHT NOW DENTAL GLENDALE
Thomas S Shipley
8285 W Union Hills Dr, Ste 103
Glendale, AZ 85308
(623) 376-6560
ORTHODONTIST
OPEN

CHU CHI WANG DDS PLLC
Chu Chi Wang
6677 W Thunderbird Rd, Ste 126
Glendale, AZ 85306
(623) 776-8777
GENERAL DENTIST
ID #: 0016068

DARIAN DDS AND ASSOCIATES PLLC
Ghasem K Darian
20165 N 67th Ave
Glendale, AZ 85308
(623) 931-5467
GENERAL DENTIST
ID #: 0015525

DOCTORS OF DENTISTRY
John C Graneto
5945 W Bethany Home Rd
Glendale, AZ 85301
(623) 931-3794
GENERAL DENTIST
ID #: 0001751

GARY BRIGHAM DDS
Gary P Brigham
5945 W Bethany Home Rd
Glendale, AZ 85301
(623) 847-7338
ORTHODONTIST
OPEN

GENTLE DENTAL THUNDERBIRD
Jeffrey J Guelinas
5422 W Thunderbird Rd, Ste 20
Glendale, AZ 85306
(602) 439-1400
GENERAL DENTIST
ID #: 0001610

GENTLE DENTAL THUNDERBIRD
Rafed K Matti
5422 W Thunderbird Rd, Ste 20
Glendale, AZ 85306
(602) 439-1400
GENERAL DENTIST
ID #: 0001610

GENTLE DENTAL THUNDERBIRD
Larry D Russell
5422 W Thunderbird Rd, Ste 20
Glendale, AZ 85306
(602) 439-1400
GENERAL DENTIST
ID #: 0001610

GLENDALE AESTHETIC DENTISTRY
Henry C Yu
5700 W Olive Ave, Ste 103
Glendale, AZ 85302
(623) 334-8300
GENERAL DENTIST
ID #: 0016680

HEALTHY TEETH FAMILY DENTISTRY
Harjot K Brar
10630 N 59th Ave, Ste 101
Glendale, AZ 85304
(623) 878-0117
GENERAL DENTIST
ID #: 0016967

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SBA (Specialty Benefit) offers enhanced benefits associated with Plan Specialists (an in-network Endodontist, Periodontist or Oral Surgeon) who accepts the SBA Plan Specialist Copayments. We recommend members call Customer Service at 800.443.2995 to determine if the SBA is available for your plan.
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Heritage Series

JAMES R GLAUSER DDS PC
James R Glauser
3329 E Baseline Rd
Gilbert, AZ 85234
(480) 632-6868
ORTHODONTIST
OPEN

JAMES R GLAUSER DDS PC
Noel A Williams
3329 E Baseline Rd
Gilbert, AZ 85234
(480) 632-6868
ORTHODONTIST
OPEN

JEFFREY CHOW DDS
Jeffrey Chow
2450 E Guadalupe Rd,
Ste 104
Gilbert, AZ 85234
(480) 635-8787
PERIODONTIST
OPEN

KERR ENDODONTICS
Mark A Kerr
1355 South Higley Road,
Ste 116
Gilbert, AZ 85296
(480) 545-4120
ENDODONTIST-SBA
OPEN

MORTENSON ORTHODONTICS
Darron R Mortenson
2451 E Baseline Rd, Ste 120
Gilbert, AZ 85234
(480) 545-8882
ORTHODONTIST
OPEN

MORTENSON ORTHODONTICS
Darron R Mortenson
3011 S Lindsay Rd, Ste 108
Gilbert, AZ 85296
(480) 917-9339
ORTHODONTIST
OPEN

NAVID ZAMANI DMD
Reza Jafari
3611 E Baseline Rd, Ste 104
Gilbert, AZ 85234
(480) 497-2000
GENERAL DENTIST
ID #: 0001630

NAVID ZAMANI DMD
Navid Zamani
3611 E Baseline Rd, Ste 104
Gilbert, AZ 85234
(480) 497-2000
GENERAL DENTIST
ID #: 0001630

OASIS ORTHODONTICS
Scott P Day
3303 S Lindsay Rd, Ste 126
Gilbert, AZ 85296
(480) 812-9100
ORTHODONTIST
OPEN

PERFECT TEETH GILBERT PC
Bradley Xavier Demark
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
GENERAL DENTIST
ID #: 0016278

PERFECT TEETH GILBERT PC
Percy B Twine
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
ENDODONTIST-SBA
OPEN

PERFECT TEETH GILBERT PC
Kristin Nicole Leis
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
ORAL SURGEON-SBA
OPEN

PERFECT TEETH GILBERT PC
Richard D Releford
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
ORTHODONTIST
OPEN

PERFECT TEETH GILBERT PC
Aristidis Pontikas
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
PERIODONTIST-SBA
OPEN

PRECISION DENTAL
Brandon G Goates
3885 S Val Vista Dr, Ste 106
Gilbert, AZ 85297
(480) 899-8999
GENERAL DENTIST
ID #: 0018076

QUEEN CREEK PEDIATRIC DENTISTRY PLC
Joel R Clark
7400 S Power Rd, Bldg 6
Ste 132
Gilbert, AZ 85297
(480) 503-3769
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

RAY FAMILY DENTISTRY
Allistair C Ray
1111 N Gilbert Rd, Ste 117
Gilbert, AZ 85234
(480) 539-7222
GENERAL DENTIST
ID #: 0015151

SAN TAN DENTAL GROUP
Cory B Rauch
2483 S Market St
Gilbert, AZ 85296
(480) 857-1044
GENERAL DENTIST
ID #: 0017357

SAN TAN DENTAL GROUP
Stuart Solomon Sanders
2483 S Market St, Ste 101
Gilbert, AZ 85296
(480) 857-1044
ORAL SURGEON
OPEN

SAN TAN ORAL SURGERY
Cynthia L Colson
3303 S Lindsay Rd, Ste 112
Gilbert, AZ 85296
(480) 659-9820
ORAL SURGEON-SBA
OPEN

SAN TAN SMILES
R Spencer Bramwell
1355 S Higley Rd
Gilbert, AZ 85296
(480) 457-8818
GENERAL DENTIST
ID #: 0016325

SAN TAN SMILES
Richard L Saran
1355 S Higley Rd
Gilbert, AZ 85296
(480) 457-8818
GENERAL DENTIST
ID #: 0016325

SONORAN SMILE ORTHODONTICS LLC
Samantha Mai Chi Vu
3336 E Chandler Heights Rd,
Bldg 2 Ste 111
Gilbert, AZ 85297
(480) 988-0028
ORTHODONTIST
OPEN

SOUTHWEST ORAL AND FACIAL SURGERY
David J Haralson
2680 S Val Vista Dr, Ste 164
Gilbert, AZ 85295
(480) 855-3223
ORAL SURGEON-SBA
OPEN

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Heritage Series

ALPHA CANYON ENDODONTICS
Hung Quoc Nguyen
875 N Greenfield Rd, Ste 111
Gilbert, AZ 85234
(480) 558-1988
ENDODONTIST-SBA
OPEN

AN ELEGANT SMILE DENTISTRY
Heather R Ronngren
3336 E Chandler Heights Rd, Ste 107
Gilbert, AZ 85297
(480) 840-6556
GENERAL DENTIST
ID #: 0016573

AN ELEGANT SMILE DENTISTRY
Lucas R Beatty
3336 E Chandler Heights Blvd, Ste 107
Gilbert, AZ 85297
(480) 840-6556
ORAL SURGEON-SBA
OPEN

AN ELEGANT SMILE DENTISTRY
Jeffrey M Burstein
3336 E Chandler Heights Blvd, Ste 107
Gilbert, AZ 85297
(480) 840-6556
ORAL SURGEON-SBA
OPEN

APEX ENDODONTICS
Nathan E Baker
3303 S Lindsay Rd
Gilbert, AZ 85296
(480) 699-2940
ENDODONTIST-SBA
OPEN

APEX ENDODONTICS
Brian R Banfield
3303 S Lindsay Rd
Gilbert, AZ 85296
(480) 699-2940
ENDODONTIST-SBA
OPEN

APEX ENDODONTICS
Ike B Hardy
3303 S Lindsay Rd
Gilbert, AZ 85296
(480) 699-2940
ENDODONTIST-SBA
OPEN

ARIZONA PEDIATRIC DENTAL CARE LLC
Jared W Welch
3011 S Lindsay Rd, Ste 108
Gilbert, AZ 85296
(480) 917-9339
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

ASRARI ENDODONTICS LLC
Mahshid Asrari
3303 S Lindsay Rd, Ste 106
Gilbert, AZ 85296
(480) 855-8800
ENDODONTIST-SBA
OPEN

BRIAN LILIEN DDS
Brian A Lilien
3336 E Chandler Heights Rd
Bldg 1, Ste 107
Gilbert, AZ 85297
(480) 840-6556
ORAL SURGEON-SBA
OPEN

DENTAL ELEGANCE AT THE ISLANDS
Stulic Dositej
1425 W Elliot Rd, Ste 101
Gilbert, AZ 85233
(480) 558-7600
GENERAL DENTIST
ID #: 0016501

DENTAL SPECIALTY ASSOCIATES
Gustavo Tapia
2730 S Val Vista Dr, Ste 164
Gilbert, AZ 85295
(480) 633-9977
GENERAL DENTIST
ID #: 0017985

DENTAL SPECIALTY ASSOCIATES
Gregory J Mikszta
2730 S Val Vista Dr, Ste 164
Gilbert, AZ 85296
(480) 633-9977
ENDODONTIST-SBA
OPEN

DENTAL SPECIALTY ASSOCIATES
Marcus Palermo
2730 S Val Vista Dr, Ste 164
Gilbert, AZ 85296
(480) 633-9977
ENDODONTIST-SBA
OPEN

DENTAL SPECIALTY ASSOCIATES
Brian A Lilien
2730 S Val Vista Dr, Ste 164
Gilbert, AZ 85296
(480) 633-9977
ORAL SURGEON-SBA
OPEN

DENTAL SPECIALTY ASSOCIATES
Kyle Sf Rabe
2730 S Val Vista Dr, Bldg 11
Ste 101
Gilbert, AZ 85296
(480) 633-9977
ORTHODONTIST
OPEN

DENTAL SPECIALTY ASSOCIATES
Dirk M Donovan
2730 S Val Vista Dr, Ste 164
Gilbert, AZ 85296
(480) 633-9977
PERIODONTIST-SBA
OPEN

DENTAL SPECIALTY ASSOCIATES
Dejan Kohut
2730 S Val Vista Dr, Ste 164
Gilbert, AZ 85296
(480) 633-9977
PERIODONTIST-SBA
OPEN

DENTAL SPECIALTY ASSOCIATES
Lior Berger
2730 S Val Vista Dr, Ste 164
Gilbert, AZ 85296
(480) 633-9977
PROSTHODONTIST
OPEN

DENTISTS R US
Kamran Ata-Abadi
4341 E Baseline Rd,
Ste C107
Gilbert, AZ 85234
(480) 558-7500
GENERAL DENTIST
ID #: 0010951

DENTISTS R US
Ali H Nia
4341 E Baseline Rd,
Ste C107
Gilbert, AZ 85234
(480) 558-7500
GENERAL DENTIST
ID #: 0010951

GENTLE DENTAL GILBERT
William G Halliday
1851 E Baseline Rd, Ste 103
Gilbert, AZ 85234
(480) 558-9000
GENERAL DENTIST
ID #: 0015762

GENTLE DENTAL GILBERT
Sarah J Kuhlmann
1851 E Baseline Rd, Ste 103
Gilbert, AZ 85234
(480) 558-9000
GENERAL DENTIST
ID #: 0015762

GENTLE DENTAL GILBERT
Robert P Smithson
1851 E Baseline Rd, Ste 103
Gilbert, AZ 85234
(480) 558-9000
GENERAL DENTIST
ID #: 0015762

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Heritage Series

FAMILY DENTISTRY
Michael S Catlett
1300 N McClintock Dr, Ste D-11
Chandler, AZ 85226
(480) 897-7717
GENERAL DENTIST
ID #: 0001720

KIDS DENTAL CENTER
Rassa Abdollahzadeh
2900 W Ray Rd, Ste 2
Chandler, AZ 85224
(480) 782-5437
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

KYRENE FAMILY DENTISTRY
Shervin Rahimi
5965 W Ray Rd, Ste 27
Chandler, AZ 85224
(480) 705-9005
GENERAL DENTIST
ID #: 0011409

LAS TIENDAS DENTAL GROUP
Ellis B Jardine
2895 S Alma School Rd, Ste 8
Chandler, AZ 85248
(480) 782-1555
GENERAL DENTIST
ID #: 0016216

LAS TIENDAS DENTAL GROUP
Aaron Rinta
2895 S Alma School Rd, Ste 8
Chandler, AZ 85248
(480) 782-1555
GENERAL DENTIST
ID #: 0016216

MILLER ENDODONTICS
Neil T Miller
595 N Dobson Rd, Ste B 24
Chandler, AZ 85224
(480) 663-3000
ENDODONTIST-SBA
OPEN

SMILE CARE DENTAL
Loan Hong Dao
2015 N Dobson Rd, Ste 11
Chandler, AZ 85224
(480) 812-1173
GENERAL DENTIST
ID #: 0014771

SMILES OF AMERICA
Adam N Smith
155 E Ray Rd, Ste 4
Chandler, AZ 85225
(480) 812-2080
GENERAL DENTIST
ID #: 0017903

SOUTHWEST DENTAL GROUP
Gary A Betz
485 S Dobson Rd, Ste 204
Chandler, AZ 85224
(480) 821-9022
GENERAL DENTIST
ID #: 0001682

SOUTHWEST DENTAL GROUP
Christine A Nguyen
485 S Dobson Rd, Ste 204
Chandler, AZ 85224
(480) 821-9022
GENERAL DENTIST
ID #: 0001682

SOUTHWEST DENTAL GROUP
Gerald Joseph Okeefe
485 S Dobson Rd, Ste 204
Chandler, AZ 85224
(480) 821-9022
GENERAL DENTIST
ID #: 0001682

SOUTHWEST DENTAL GROUP
Brian B Roberts
485 S Dobson Rd, Ste 204
Chandler, AZ 85224
(480) 821-9022
GENERAL DENTIST
ID #: 0001682

STEPHEN A JUDD DMD
Stephen A Judd
2950 N Dobson Rd, Ste 18
Chandler, AZ 85224
(480) 899-0448
GENERAL DENTIST
ID #: 0001774

SUNWEST DENTAL CENTER
David H Hill
2175 N Alma School Rd, Ste C108
Chandler, AZ 85224
(480) 782-6200
GENERAL DENTIST
ID #: 0014162

SUNWEST DENTAL CENTER
Clara Mutale
2175 N Alma School Rd, Ste C108
Chandler, AZ 85224
(480) 782-6200
GENERAL DENTIST
ID #: 0014162

VALLEY DENTAL CARE
Paul Alan Varda
1300 N McClintock, Ste E 12
Chandler, AZ 85226
(480) 897-2483
GENERAL DENTIST
ID #: 0001602

Elfrida

CHIRICAHUA COMMUNITY HEALTH CENTER INC
Mario Fragoso
10566 N Highway 191
Elfrida, AZ 85610
(520) 642-2222
GENERAL DENTIST
ID #: 0017117

Flagstaff

FLAGSTAFF FAMILY DENTAL
Ralph E Umali
2615 N 4th St, Ste 6
Flagstaff, AZ 86004
(928) 774-4761
GENERAL DENTIST
ID #: 0017552

Fountain Hills

JOHN PORTER DMD
Arthur John Porter
17100 E Shea Blvd, Ste 450
Fountain Hills, AZ 85268
(480) 816-6537
GENERAL DENTIST
ID #: 0001656

Gilbert

ABC DENTISTRY FOR CHILDREN
Tyler L Carter
2363 E Baseline Rd
Gilbert, AZ 85234
(480) 558-1400
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

ABC DENTISTRY FOR CHILDREN
James R Michaud
2363 E Baseline Rd
Gilbert, AZ 85234
(480) 558-1400
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

ABC DENTISTRY FOR CHILDREN
Randy M Weinshel
2363 E Baseline Rd
Gilbert, AZ 85234
(480) 558-1400
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

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Heritage Series

Cave Creek

THE ENDODONTIC CENTER AT CAVE CREEK PLLC
Sarina K Mercado
7100 E Cave Creek Rd, Ste 101
Cave Creek, AZ 85331
(480) 595-5066
ENDODONTIST-SBA
OPEN

Chandler

AQUILA FAMILY & COSMETIC DENTISTRY
Richard Brian Higgs
3175 S Price Rd, Ste 140
Chandler, AZ 85248
(480) 812-2800
GENERAL DENTIST
ID #: 0017296

ARIZONA ORAL FACIAL AND IMPLANT SURGERY
Nishith S Shah
2450 W Ray Rd, Ste 1
Chandler, AZ 85224
(480) 814-9500
ORAL SURGEON-SBA
OPEN

ARIZONA PEDIATRIC DENTISTRY
Robert W Fattouch
600 S Dobosn Rd, Bldg C Ste 18
Chandler, AZ 85224
(623) 344-2000
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

ARIZONA PEDIATRIC DENTISTRY
Shashi M Kapur
600 S Dobosn Rd, Bldg C Ste 18
Chandler, AZ 85224
(623) 344-2000
PEDODONTIST (PEDIATRIC DENTIST)
OPEN

ASSOCIATED DENTAL ORTHODONTIC GROUP
Frank H Meng
2330 N Alma School Rd
Chandler, AZ 85224
(602) 216-7797
ORTHODONTIST
OPEN

BLACKWELL DENTISTRY
Chad R Blackwell
600 S Dobson Rd, Ste C 25
Chandler, AZ 85224
(480) 726-8464
GENERAL DENTIST
ID #: *

BRIGHT NOW DENTAL CHANDLER
Dustin McBride
1445 S Arizona Ave, Ste 1
Chandler, AZ 85248
(480) 857-8270
GENERAL DENTIST
ID #: 0016474

BRIGHT NOW DENTAL CHANDLER
Anthony J Oliveri
1445 S Arizona Ave, Ste 1
Chandler, AZ 85248
(480) 857-8270
GENERAL DENTIST
ID #: 0016474

BRIGHT NOW DENTAL CHANDLER
Cedric V Loud
1445 S Arizona Ave, Ste 1
Chandler, AZ 85248
(480) 857-8270
ORAL SURGEON
OPEN

BRIGHT NOW DENTAL CHANDLER
Scott P Day
1445 S Arizona Ave, Ste 1
Chandler, AZ 85248
(480) 857-8270
ORTHODONTIST
OPEN

BRIGHT NOW DENTAL CHANDLER
Blaine R Hansen
1445 S Arizona Ave, Ste 1
Chandler, AZ 85248
(480) 857-8270
ORTHODONTIST
OPEN

CHANDLER DENTAL CLINIC
Ali H Nia
4080 W Ray Rd, Ste 21
Chandler, AZ 85226
(480) 413-1100
GENERAL DENTIST
ID #: 0013540

CHANDLER DENTAL CLINIC
Amanda J Wruble
4080 W Ray Rd, Ste 21
Chandler, AZ 85226
(480) 413-1100
GENERAL DENTIST
ID #: 0013540

CROSSROADS DENTAL GROUP
Carl C Fairchild
2880 E German Rd, Ste 13
Chandler, AZ 85249
(480) 821-5444
GENERAL DENTIST
ID #: 0016189

CROSSROADS DENTAL GROUP
Michael J Hill
2880 E German Rd, Ste 13
Chandler, AZ 85249
(480) 821-5444
GENERAL DENTIST
ID #: 0016189

CROSSROADS DENTAL GROUP
Stuart Solomon Sanders
2880 E Germann Rd, Ste 13
Chandler, AZ 85249
(480) 821-5444
ORAL SURGEON
OPEN

CROSSROADS DENTAL GROUP
Toby W Vanlandschoot
2880 E Germann Rd, Ste 13
Chandler, AZ 85249
(480) 821-5444
ORTHODONTIST
OPEN

CROSSROADS DENTAL GROUP
Shahin Madi
2880 E Germann Rd, Ste 13
Chandler, AZ 85249
(480) 821-5444
PERIODONTIST
OPEN

DANNY SALEM DDS
Danny Salem
912 W Chandler Blvd, Ste B 3
Chandler, AZ 85225
(480) 899-1288
GENERAL DENTIST
ID #: 0017702

DAVID DALEY DMD
David S Daley
1600 W Chandler Blvd, Ste 210
Chandler, AZ 85224
(480) 963-0338
GENERAL DENTIST
ID #: 0001639

DONALD J GASS JR DDS
Donald J Gass
595 N Dobson Rd, Ste B-32
Chandler, AZ 85224
(480) 899-8893
ORAL SURGEON-SBA
OPEN

DYKMAN ORTHODONTICS
Dick J Dykman
2480 W Ray Rd, Ste 2
Chandler, AZ 85224
(480) 782-1200
ORTHODONTIST
OPEN

NOTE: Dentists may be listed more than once due to multiple office locations or participation with Groups.
SBA (Specialty Benefit) offers enhanced benefits associated with Plan Specialists (an in-network Endodontist, Periodontist or Oral Surgeon) who accepts the SBA Plan Specialist Copayments. We recommend members call Customer Service at 800.443.2995 to determine if the SBA is available for your plan.
*** Facility and/or Dentist is currently not accepting new patients.**

Heritage Series

Ahwatukee

HEMA PARIKH DDS
Hema D Parikh
4815 E Elliot Rd
Ahwatukee, AZ 85044
(480) 893-1777
GENERAL DENTIST
ID #: 0002702

Apache Junction

APACHE FAMILY DENTISTRY
Tracey K Yamamoto
100 W Apache Trl, Ste 1
Apache Junction, AZ 85220
(480) 671-0070
GENERAL DENTIST
ID #: 0002703

Avondale

ALAMEDA CROSSING DENTAL GROUP
Todd R Cockrell
1619 N Dysart Rd, Ste 103
Avondale, AZ 85323
(623) 935-6278
GENERAL DENTIST
ID #: 0016697

ALAMEDA CROSSING DENTAL GROUP
Michael I Domingo
1619 N Dysart Rd, Ste 103
Avondale, AZ 85323
(623) 935-6278
GENERAL DENTIST
ID #: 0016697

ALAMEDA CROSSING DENTAL GROUP
Alexander R Lobert
1619 N Dysart Rd, Ste 103
Avondale, AZ 85323
(623) 935-6278
GENERAL DENTIST
ID #: 0016697

ALAMEDA CROSSING DENTAL GROUP
Stuart Solomon Sanders
1619 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 935-6278
ORAL SURGEON
OPEN

ALAMEDA CROSSING DENTAL GROUP
Ana T Ortiz
1619 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 935-6278
ORTHODONTIST
OPEN

ALAMEDA CROSSING DENTAL GROUP
Shahin Madi
1619 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 935-6278
PERIODONTIST
OPEN

BRIGHT NOW DENTAL
Robert C Bingham
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
GENERAL DENTIST
ID #: 0016086

BRIGHT NOW DENTAL
Gwen Huynh
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
GENERAL DENTIST
ID #: 0016086

BRIGHT NOW DENTAL AVONDALE
Thomas S Shipley
1473 N Dysart Rd, Ste 105
Avondale, AZ 85323
(623) 925-1331
ORTHODONTIST
OPEN

GATEWAY DENTAL GROUP
Keith A Holm
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85353
(623) 907-4562
GENERAL DENTIST
ID #: 0016906

GATEWAY DENTAL GROUP
Christopher K Reid
9915 W McDowell Rd,
Ste 105
Avondale, AZ 85353
(623) 907-4562
GENERAL DENTIST
ID #: 0016906

GATEWAY DENTAL GROUP
Stuart Solomon Sanders
9915 W McDowell Rd,
Ste 106
Avondale, AZ 85323
(623) 907-4562
ORAL SURGEON
OPEN

PROTECTION PLUS DENTAL CENTER
Sewa S Dhanjal
1430 N Central Ave, Ste A
Avondale, AZ 85323
(623) 932-0539
GENERAL DENTIST
ID #: 0001701

Buckeye

SUNDANCE DENTAL GROUP
Richard I Ashton
946 S Watson Rd, Ste 101
Buckeye, AZ 85326
(602) 903-6646
GENERAL DENTIST
ID #: 0017504

SUNDANCE DENTAL GROUP
Stuart Solomon Sanders
946 S Watson Rd, Ste 101
Buckeye, AZ 85326
(602) 903-6646
ORAL SURGEON-SBA
OPEN

SUNDANCE DENTAL GROUP
Shahin Madi
946 S Watson Rd, Ste 101
Buckeye, AZ 85326
(602) 903-6646
PERIODONTIST-SBA
OPEN

SUNWEST DENTAL CENTER III LLC DBA SUNWEST DENTAL
Scott V Wellman
407 N 4th St
Buckeye, AZ 85326
(623) 327-3206
GENERAL DENTIST
ID #: 0016705

Casa Grande

ACE PERIODONTIC
Roya Zojaji
1968 N Peart Rd, Bldg 3C
Ste 8
Casa Grande, AZ 85222
(520) 421-9939
PERIODONTIST-SBA
OPEN

GREGORY J MIKSZTA
Gregory J Mikszta
1968 N Peart Rd, Ste 8
Casa Grande, AZ 85222
(520) 421-9939
ENDODONTIST-SBA
OPEN

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Important information about selecting a provider

Choosing a plan provider

1. Select an available provider from this directory. You will need to choose a General Dentist for your Plan Dentist. You may also find network providers on our web site at www.assurantemployeebenefits.com under "For Members" go to "Find a dentist". To select the participating network associated with your plan please refer to the cover of this directory or your dental ID card for the network name.
2. List the provider's name on your enrollment form along with the ID#. Providers not available to new patients are indicated with an * in the Status field. If you are not currently a patient, you may not select these providers.
3. If you are unable to choose a provider at the time of enrollment, you must call Customer Service at 800.443.2995 on or after your effective date of coverage and select a plan provider. You will need to have a plan provider assigned before you can make an appointment.

Changing your selected provider

You may select another available provider for your family by calling Customer Service and requesting a change of provider or by using Online Advantage for Members on our web site to change the facility. Request must be received by the 20th of the month to be effective the 1st day of the following month. Updated directories of available providers can be obtained from Customer Service or on our web site at www.assurantemployeebenefits.com.

Your dental plan is simple to use when you follow these steps:

- Verify with your Plan Dentist that you are on their roster before making a dental appointment.
- Call early for routine dental care for the best availability of appointment times.
- Be familiar with your copayment schedule to determine your costs for dental services.
- Discuss concerns regarding proposed treatments with your Plan Dentist.
- Contact customer service at 800.443.2995 for assistance with selecting or changing your Plan Dentist.

When seeking services from a specialist choose SBA

Your plan may include a benefit called the Specialty Benefit Amendment (SBA) that offers you several enhanced benefit options if you need to seek treatment from a dental specialist. The dental specialists who participate in the SBA are noted in this directory and online. With the SBA, plan benefits and out-of-pocket expenses vary depending on the option you wish to choose. We recommend that you call Customer Service at 800.443.2995 for more information on the options available to you.

Información importante sobre cómo seleccionar a un proveedor

Cómo elegir a un proveedor integrado al plan

1. Elija de este directorio a un proveedor que se encuentre disponible. Tendrá que elegir a un Dentista de Práctica General como su Dentista Integrado al Plan. También puede encontrar proveedores pertenecientes a la red en nuestro sitio Web www.assurantemployeebenefits.com en "For Members" ("Para Miembros") y haga clic en "Find a dentist" ("Encuentre a un dentista"). Para seleccionar la red participante asociada a su plan consulte la portada de este directorio o su tarjeta de identificación dental en la que aparece el nombre de la red.
2. Anote el nombre del proveedor en el formulario de registro junto con el ID#. Los proveedores que no están disponibles para pacientes nuevos han sido identificados con un * bajo la columna "Status" ("Estado"). Si actualmente usted no fuese un paciente, no podrá elegir a uno de estos proveedores.
3. Si usted no pudiese elegir a un proveedor en el momento de su registro, tiene que llamar al Centro de Servicio al Cliente al 800.443.2995 en o después de la fecha de entrada en vigencia de la cobertura y seleccionar a un proveedor integrado al plan. Se le deberá haber asignado un proveedor integrado al plan antes de que pueda hacer una cita.

Cómo cambiarse a otro proveedor

Usted puede seleccionar a otro proveedor que se encuentre disponible para su familia llamando al Centro de Servicio al Cliente y pidiendo un cambio de proveedor, o por Internet en Online Advantage for Members en nuestro sitio Web para cambiar de consultorio. La petición para el cambio tendrá que ser recibida a más tardar el 20vo día del mes para que surta efectos a partir del 1er día del mes subsiguiente. Los directorios de proveedores que se encuentran disponibles pueden obtenerse a través del Centro de Servicio al Cliente o en nuestro sitio Web en www.assurantemployeebenefits.com.

Le resultará sencillo utilizar su plan dental si sigue estos pasos:

- Antes de hacer una cita, confirme con su Dentista Integrado al Plan que usted está en su lista de pacientes.
- Llame con tiempo cuando desee hacer una cita periódica con su dentista para que tenga más opciones al elegir la hora de su cita.
- Familiarícese con la lista de copagos para determinar sus costos por los servicios de cuidado dental.
- Hable con su Dentista Integrado al Plan sobre las inquietudes que pueda tener acerca del tratamiento que el dentista le proponga.
- Llame al Centro de Servicio al Cliente al 800.443.2995 si necesita ayuda para seleccionar o cambiar a su Dentista Integrado al Plan.

Si desea recibir los servicios de un especialista, elija SBA

Se plan podrá incluir un beneficio llamado Modificación al Beneficio de Especialidad (Specialty Benefit Amendment, SBA) que le ofrece varias opciones de mayores beneficios si necesita recibir cuidado dental de parte de un especialista. Los especialistas dentales que participan en el SBA aparecen en este directorio y en Internet. Con el SBA, los beneficios del plan y los gastos a su cargo varían en función de la opción que usted elija. Le recomendamos que llame al Centro de Servicio al Cliente al 800.443.2995 para obtener información adicional sobre las opciones a su disposición.

Notice

This is a translation of a document originally drawn up in English. Accordingly, it is understood that all legal rights, responsibilities and/or obligations are governed by the original English version of this document. Furthermore, we reserve the right to correct any errors in this document

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ASSURANT Employee Benefits

Dental Provider Directory - Arizona

as of June 19, 2008

Directory produced for:
City of Peoria

Search Criteria:
within the state of Arizona

Heritage Series

For more current information, visit www.assurantemployeebenefits.com

Products and services marketed by Assurant Employee Benefits are underwritten or provided by one or more of the following companies: Union Security Insurance Company, DentiCare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., United Dental Care of Michigan, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., Union Security Life Insurance Company of New York, UDC Ohio, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc.

DENTAL HEALTH ALLIANCE, LLC

PPO PARTICIPATING DENTAL PROVIDERS

Dr. Matthew B Tonioli
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST

Dr. Suo Ji
4411 E 5th St, Ste D
Tucson, AZ 85711
(520) 325-1098
GENERAL DENTIST

****Nova Dental, Inc.**
4411 E 5th St, Ste D
Tucson, AZ 85711
(520) 325-1098

Dr. Oscar Manuel Pena
1605 E River Rd, Ste 151
Tucson, AZ 85718
(520) 299-6662
ENDODONTIST

Dr. Brijesh Jitendra Patel
6471 N La Cholla Blvd,
Ste 101
Tucson, AZ 85741
(520) 742-6136
ORAL SURGEON

Dr. Brijesh Jitendra Patel
1625 W Ina Rd, Ste 103
Tucson, AZ 85704
(520) 742-6136
ORAL SURGEON

Dr. Jesse C Engle
8740 N Thornydale Rd,
Ste 100
Tucson, AZ 85742
(520) 744-7388
GENERAL DENTIST

Dr. David B Drabs
1000 N Silverbell Rd
Tucson, AZ 85745
(520) 624-7514
GENERAL DENTIST

Dr. David B Drabs
1400 W Valencia Rd, Ste 100
Tucson, AZ 85746
(520) 624-7514
GENERAL DENTIST

Dr. Donald E Graham
1400 W Valencia Rd, Ste 100
Tucson, AZ 85746
(520) 746-1068
GENERAL DENTIST

Dr. Henry E Jones
1000 N Silverbell Rd
Tucson, AZ 85745
(520) 624-7514
GENERAL DENTIST

Dr. Henry E Jones
1400 W Valencia Rd, Ste 100
Tucson, AZ 85746
(520) 746-1068
GENERAL DENTIST

Dr. Thang Chi Pham
1400 W Valencia Rd, Ste 100
Tucson, AZ 85746
(520) 624-7514
GENERAL DENTIST

Dr. Thang Chi Pham
1000 N Silverbell Rd
Tucson, AZ 85745
(520) 624-7514
GENERAL DENTIST

Dr. Valentino J Pugnea
404 N Alvernon Way
Tucson, AZ 85711
(520) 326-2725
GENERAL DENTIST

Dr. Ralph A Clary
1601 N Tucson Blvd, Ste 24
Tucson, AZ 85716
(520) 327-6281
GENERAL DENTIST

Dr. Shawn M McFarland
6828 E Broadway Blvd
Tucson, AZ 85710
(520) 296-8549
GENERAL DENTIST

Dr. Edward W Galapeaux
1955 W Grant Rd, Ste 112
Tucson, AZ 85745
(520) 623-2263
GENERAL DENTIST

Dr. Jason K Kirkland
1640 E River Rd, Ste 112
Tucson, AZ 85718
(520) 299-4470
GENERAL DENTIST

****Riverside Dental, Pc**
1640 E River Rd, Ste 112
Tucson, AZ 85718
(520) 299-4470

Dr. Robert Z Badalov
801 N Wilmot Rd, Ste G
Tucson, AZ 85711
(520) 745-0321
GENERAL DENTIST

Dr. Brian Donald Buehler
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Kevin M Schmidtke
7476 N La Cholla Blvd
Tucson, AZ 85741
(520) 297-2727
GENERAL DENTIST

Dr. Sharad N Pandhi
4701 N 1st Ave
Tucson, AZ 85718
(520) 293-2166
GENERAL DENTIST

Dr. Sharon E Lister
368 E Grant Rd
Tucson, AZ 85705
(520) 623-9479
GENERAL DENTIST

Dr. Victor E Trujillo
3918 W Ina Rd, Ste D100
Tucson, AZ 85741
(520) 579-3393
GENERAL DENTIST

****Smile Canyon Dental**
4955 N Sabino Canyon Rd
Tucson, AZ 85750
(520) 299-5122

Dr. Mohamad Ali Madadi
4955 N Sabino Canyon Rd
Tucson, AZ 85750
(520) 299-5122
PROSTHODONTIST

Dr. Marc A Auerbach
8567 N Silverbell Rd, Ste 101
Tucson, AZ 85743
(520) 744-2663
PEDODONTIST (PEDIATRIC
DENTIST)

Dr. Joseph N D'Aniello
1601 N Tucson Blvd, Ste 12C
Tucson, AZ 85716
(520) 327-4224
PERIODONTIST

Dr. Karen K Luce
1601 N Tucson Blvd, Ste 12C
Tucson, AZ 85716
(520) 327-4224
PERIODONTIST

Dr. Tung B Bui
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST

Dr. Tung B Bui
1011 N Craycroft Rd, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST

Dr. David G Burros
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST

Dr. David G Burros
1011 N Craycroft Rd, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST

Dr. Christopher J Douville
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST

Dr. Christopher J Douville
1011 N Craycroft Rd, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST

Dr. Daniel Funk
7493 N Oracle Rd, Ste 217
Tucson, AZ 85704
(520) 322-0800
ENDODONTIST

Dr. Daniel Funk
1011 N Craycroft Rd, Ste 107
Tucson, AZ 85711
(520) 322-0800
ENDODONTIST

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Dr. Michael Victor Goldman
1000 N Silverbell Rd
Tucson, AZ 85745
(520) 624-0035
ORTHODONTIST

Dr. Michael Victor Goldman
1603 W Ina Rd
Tucson, AZ 85704
(520) 297-7227
ORTHODONTIST

****H & M Dental Care**
3821 W Costco Dr, Ste 103
Tucson, AZ 85741
(520) 575-8144

Dr. Hossain Nasry
3821 W Costco Dr, Ste 103
Tucson, AZ 85741
(520) 575-8144
GENERAL DENTIST

Dr. Colby W Echols
505 W Ajo Way
Tucson, AZ 85713
(520) 323-7645
GENERAL DENTIST

Dr. Stephen J Harkins
505 W Ajo Way
Tucson, AZ 85713
(520) 323-7645
GENERAL DENTIST

Dr. Utpal C Patel
7434 N La Cholla Blvd
Tucson, AZ 85741
(520) 742-9292
GENERAL DENTIST

Dr. James A Weaver
5747 E 5th St
Tucson, AZ 85711
(520) 745-0654
ORTHODONTIST

Dr. James L Davenport II
5501 N Oracle Rd, Ste 141
Tucson, AZ 85704
(520) 888-7561
GENERAL DENTIST

Dr. Jesus R Lopez
7979 E Speedway Blvd,
Ste 401
Tucson, AZ 85710
(520) 886-8090
GENERAL DENTIST

Dr. Jess A Haymore
9000 N Oracle Rd
Tucson, AZ 85704
(520) 297-2514
GENERAL DENTIST

Dr. Joel V Turner
368 E Grant Rd
Tucson, AZ 85705
(520) 622-8425
GENERAL DENTIST

Dr. John A Haymore
9000 N Oracle Rd
Tucson, AZ 85704
(520) 297-2514
GENERAL DENTIST

Dr. John R Large
2312 N Rosemont Blvd,
Ste 100
Tucson, AZ 85712
(520) 326-0566
GENERAL DENTIST

Dr. Jorge L Alvarez
310 N Wilmot Rd, Ste 205
Tucson, AZ 85711
(520) 722-1655
GENERAL DENTIST

Dr. Jorge L Alvarez
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Sophan R Kay
9180 N Coachline Blvd,
Ste 102
Tucson, AZ 85743
(520) 577-0035
GENERAL DENTIST

Dr. Kim A Paukune
801 N Wilmot Rd, Ste D1
Tucson, AZ 85711
(520) 747-0017
GENERAL DENTIST

Dr. Krystal J Miles
7225 N Oracle Rd, Ste 201
Tucson, AZ 85704
(520) 229-9000
PERIODONTIST

Dr. Walter W Laos
8230 E Broadway Blvd,
Ste E1
Tucson, AZ 85710
(520) 298-0101
PERIODONTIST

Dr. Lawrence E Koussa
2102 N Country Club Rd,
Ste C
Tucson, AZ 85716
(520) 327-6269
GENERAL DENTIST

Dr. Leonard L Brewster
5709 E 5th St, Ste B
Tucson, AZ 85711
(520) 745-1486
GENERAL DENTIST

Dr. Louis Migliazzo
2544 E 10th St
Tucson, AZ 85716
(520) 323-7550
GENERAL DENTIST

Dr. Lourdes E Munoz
350 S Williams Blvd, Ste 180
Tucson, AZ 85711
(520) 571-9544
GENERAL DENTIST

****Neighborhhood Smile Center**
7400 N Oracle Rd, Ste 331
Tucson, AZ 85704
(520) 297-2511

Dr. Ronald D Walker
7400 N Oracle Rd, Ste 331
Tucson, AZ 85704
(520) 297-2511
GENERAL DENTIST

Dr. Manu Alexander
4550 E Grant Rd
Tucson, AZ 85712
(520) 327-5339
GENERAL DENTIST

Dr. Ryan W Donley
4550 E Grant Rd
Tucson, AZ 85712
(520) 327-5339
GENERAL DENTIST

Dr. Richard A Di Simoni
6781 N Thornydale Rd,
Ste 245
Tucson, AZ 85741
(520) 797-0611
GENERAL DENTIST

Dr. Bonjung J Koo
6781 N Thornydale Rd,
Ste 245
Tucson, AZ 85741
(520) 797-0611
GENERAL DENTIST

****North Valley Endodontics, Pa**
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000

Dr. Jonathan M Gutman
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST

Dr. Christopher S Hahn
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST

Dr. Steven Hymovitch
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST

Dr. Paul Kogan
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST

Dr. Gary K Silver
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST

Dr. Rebecca A Stohler
310 N Wilmot Rd, Ste 102
Tucson, AZ 85711
(520) 296-3000
ENDODONTIST

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Dr. Edward Boehringer
295 W Valencia Rd
Tucson, AZ 85706
(520) 573-1777
GENERAL DENTIST

Dr. Amy B Hauschildt
1743 W Prince Rd, Ste 115
Tucson, AZ 85705
(520) 408-2288
GENERAL DENTIST

Dr. Amy B Hauschildt
295 W Valencia Rd
Tucson, AZ 85706
(520) 573-1777
GENERAL DENTIST

Dr. Amy B Hauschildt
2102 N Country Club Rd,
Ste A
Tucson, AZ 85716
(520) 323-1400
GENERAL DENTIST

Dr. Geoffrey C Koelling
2102 N Country Club Rd,
Ste A
Tucson, AZ 85716
(520) 323-1400
GENERAL DENTIST

Dr. Geoffrey C Koelling
295 W Valencia Rd
Tucson, AZ 85706
(520) 573-1777
GENERAL DENTIST

Dr. Geoffrey C Koelling
1743 W Prince Rd, Ste 115
Tucson, AZ 85705
(520) 408-2288
GENERAL DENTIST

Dr. Jason A Leach
295 W Valencia Rd
Tucson, AZ 85706
(520) 573-1777
GENERAL DENTIST

Dr. Jason A Leach
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6655 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 756-6500
GENERAL DENTIST

Dr. Spencer J Burton
6655 S Rural Rd, # S-1
Tempe, AZ 85283
(480) 831-5200
GENERAL DENTIST

****Southwest Dental Group**
6611 S Rural Rd, Ste 2
Tempe, AZ 85283
(480) 831-1589

****Southwest Dental Group**
6655 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 756-6500

****Southwest Dental Group**
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857

Dr. Michael S Cavender
6611 S Rural Rd, Ste 2
Tempe, AZ 85283
(480) 831-1589
ENDODONTIST

Dr. Thomas J Cipriano
6611 S Rural Rd, Ste 2
Tempe, AZ 85283
(480) 831-1589
ENDODONTIST

Dr. Prashanthi Baddam
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
ORAL SURGEON

Dr. Robert J Lytle
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
ORAL SURGEON

Dr. Christopher J Woolaver
6611 S Rural Rd, Ste 2
Tempe, AZ 85283
(480) 831-1589
ORTHODONTIST

Dr. Edward M Mazer
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
PERIODONTIST

Dr. Roya Zojaji
6601 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
PERIODONTIST

Dr. Michael S Cavender
6611 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
ENDODONTIST

Dr. Thomas J Cipriano
6611 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 831-1589
ENDODONTIST

Dr. Chris J Woolaver
6611 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
ORTHODONTIST

Dr. Hai Q Trang
1761 E Warner Rd, Ste A14
Tempe, AZ 85284
(480) 755-3320
GENERAL DENTIST

Dr. Scott L Dalton
1842 E Baseline Rd, Ste B2
Tempe, AZ 85283
(480) 777-0956
GENERAL DENTIST

Dr. James M Skaalen
1842 E Baseline Rd, Ste B2
Tempe, AZ 85283
(480) 777-0956
GENERAL DENTIST

****Sunwest Dental Center 2, Llc**
1842 E Baseline Rd, Ste B2
Tempe, AZ 85283
(480) 777-0956

Dr. Brett Garrett Hawkins
1628 E Southern Ave, Ste 5
Tempe, AZ 85282
(480) 831-3898
GENERAL DENTIST

Dr. Garrett L Lum
2033 E Warner Rd, Ste 115
Tempe, AZ 85284
(480) 345-2165
GENERAL DENTIST

Dr. Sarina Kliatchko Mercado
6611 S Rural Rd, Ste 1
Tempe, AZ 85283
(480) 730-1857
ENDODONTIST

Dr. Edward Scott Connell
953 E Elliot Rd, Ste 102
Tempe, AZ 85284
(480) 839-7996
GENERAL DENTIST

Dr. Rima H Peters
8675 S Priest Dr, Ste 101
Tempe, AZ 85284
(480) 961-0600
GENERAL DENTIST

Tolleson

Dr. Doug Chang
9897 W McDowell Rd,
Ste 745
Tolleson, AZ 85353
(623) 478-0788
GENERAL DENTIST

Dr. Yvonne Y Chen
9897 W McDowell Rd,
Ste 745
Tolleson, AZ 85353
(623) 478-0788
GENERAL DENTIST

Dr. Tram Q Nguyen
9897 W McDowell Rd,
Ste 745
Tolleson, AZ 85353
(623) 478-0788
GENERAL DENTIST

Dr. Hye-Jung Suk
9897 W McDowell Rd,
Ste 745
Tolleson, AZ 85353
(623) 478-0788
GENERAL DENTIST

Dr. Kae C Hogan
9550 W Van Buren St, Ste 12
Tolleson, AZ 85353
(623) 474-2977
GENERAL DENTIST

****Osa Management, Inc**
9550 W Van Buren St, Ste 12
Tolleson, AZ 85353
(623) 474-2977

Dr. Lisa M Beznoska
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST

Dr. Jamie L Bremer
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST

Dr. Brian D Buehler
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST

Dr. Janne M Lynch
2755 S 99th Ave, Ste 105
Tolleson, AZ 85353
(623) 478-1624
GENERAL DENTIST

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Dr. David Lewis Thomas
2700 S Rural Rd
Tempe, AZ 85282
(480) 967-9453
GENERAL DENTIST

****Dentistry By The Lakes**
1030 E Baseline Rd, Ste 168
Tempe, AZ 85283
(480) 839-9911

Dr. Adam M Kristoff
1030 E Baseline Rd, Ste 168
Tempe, AZ 85283
(480) 839-9911
GENERAL DENTIST

Dr. Clinton R Boscamp
9880 S Rural Rd, Ste 108
Tempe, AZ 85284
(480) 940-5422
GENERAL DENTIST

****Desert Family Dentistry Pllc**
9880 S Rural Rd, Ste 108
Tempe, AZ 85284
(480) 940-5422

Dr. Yehia Imam
2034 E Southern Ave, Ste A
Tempe, AZ 85282
(480) 775-8056
GENERAL DENTIST

Dr. George A Carr
2072 E Southern Ave,
Ste A103
Tempe, AZ 85282
(480) 756-0194
GENERAL DENTIST

Dr. Jayantilal J Savla
1009 W Broadway Rd
Tempe, AZ 85282
(480) 967-8774
GENERAL DENTIST

Dr. Christopher A Lines
2415 S Rural Rd, Ste B
Tempe, AZ 85282
(480) 968-3848
ORAL SURGEON

Dr. Paul A Lines
2415 S Rural Rd, Ste B
Tempe, AZ 85282
(480) 968-3848
ORAL SURGEON

Dr. Carl J Metz
1842 E Baseline Rd, Ste B1
Tempe, AZ 85283
(480) 820-1400
GENERAL DENTIST

Dr. Sung-Il Ahn
2072 E Southern Ave,
Ste A101
Tempe, AZ 85282
(480) 491-5000
GENERAL DENTIST

Dr. Navid Hajiseyedjavid
960 W University Dr, Ste 115
Tempe, AZ 85281
(480) 921-3811
GENERAL DENTIST

Dr. Mandana Kheshtchin
960 W University Dr, Ste 115
Tempe, AZ 85281
(480) 921-3811
GENERAL DENTIST

****Navid Hajiseyedjavadi, DMD**
960 W University Dr, Ste 115
Tempe, AZ 85281
(480) 921-3811

Dr. Mark Todd Arak
2240 N Scottsdale Rd,
Ste 1B
Tempe, AZ 85281
(480) 949-0277
GENERAL DENTIST

Dr. Seymour L Rosen
2240 N Scottsdale Rd,
Ste 1B
Tempe, AZ 85281
(480) 949-0277
GENERAL DENTIST

****North Valley Endodontics, Pa**
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300

Dr. Paul D Clark
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Elie E Ezzie
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Shawn D Gilbert
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Paul Kogan
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Shandra C Lee
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Jafar Naghshbandi
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Rebecca A Stohler
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Matthew B Tonioli
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Axel H Yabroudi
6200 S McClintock Dr,
Ste 6A
Tempe, AZ 85283
(480) 775-1300
ENDODONTIST

Dr. Linda Ma
4427 S Rural Rd, Ste 2
Tempe, AZ 85282
(480) 820-7777
GENERAL DENTIST

****Ooli Valley Orthodontics**
6200 S McClintock Dr, Ste 4
Tempe, AZ 85283
(480) 777-7759

Dr. Won-Woo Park
6200 S McClintock Dr, Ste 4
Tempe, AZ 85283
(480) 777-7759
ORTHODONTIST

Dr. Alvin J Coon
7650 S McClintock Dr,
Ste 110
Tempe, AZ 85284
(480) 838-6444
GENERAL DENTIST

Dr. Bradley X Demark
7650 S McClintock Dr,
Ste 110
Tempe, AZ 85284
(480) 838-6444
GENERAL DENTIST

****Perfect Teeth**
7650 S McClintock Dr,
Ste 110
Tempe, AZ 85284
(480) 838-6444

Dr. Justin J Philipp
7650 S McClintock Dr,
Ste 110
Tempe, AZ 85284
(480) 838-6444
GENERAL DENTIST

Dr. Shawn D Young
1840 E Baseline Rd, Ste C7
Tempe, AZ 85283
(480) 456-5457
GENERAL DENTIST

Dr. Preethy J Kunthara
1840 E Warner Rd, Ste 117
Tempe, AZ 85284
(480) 820-1000
GENERAL DENTIST

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Dr. Kimberly Blaser
15264 W Brookside Ln,
Ste 150
Surprise, AZ 85374
(623) 474-3975
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Jeffrey N Brownstein
15264 W Brookside Ln,
Ste 150
Surprise, AZ 85374
(623) 474-3975
PEDODONTIST (PEDIATRIC DENTIST)

Dr. John A Gawlik
15264 W Brookside Ln,
Ste 150
Surprise, AZ 85374
(623) 474-3975
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Roger D Livingood
15264 W Brookside Ln,
Ste 150
Surprise, AZ 85374
(623) 474-3975
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Marilyn Lobo
15264 W Brookside Ln,
Ste 150
Surprise, AZ 85374
(623) 474-3975
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Gregory B Sheppard
15264 W Brookside Ln,
Ste 150
Surprise, AZ 85374
(623) 474-3975
PEDODONTIST (PEDIATRIC DENTIST)

Tempe

****Absolute Smiles Dental Care**
9880 S Rural Rd, Ste 108
Tempe, AZ 85284
(480) 940-5422

Dr. Phat M Duong
9880 S Rural Rd, Ste 108
Tempe, AZ 85284
(480) 940-5422
GENERAL DENTIST

Dr. Jeffrey A Mathews
7517 S McClintock Dr,
Ste 106
Tempe, AZ 85283
(480) 831-7775
GENERAL DENTIST

Dr. Payman Tasvibi-Tanha
1455 E Guadalupe Rd, Ste 3
Tempe, AZ 85283
(480) 345-1605
GENERAL DENTIST

Dr. Frank W Maybusher
2043 E Southern Ave, Ste D
Tempe, AZ 85282
(480) 820-7225
GENERAL DENTIST

****American Dental Clinic Pc**
825 W Baseline Rd, Ste 6
Tempe, AZ 85283
(480) 777-5570

Dr. Hieu Q Nguyen
825 W Baseline Rd, Ste 6
Tempe, AZ 85283
(480) 777-5570
GENERAL DENTIST

Dr. Anthony R Farraye
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Tempe, AZ 85282
(480) 967-5788
GENERAL DENTIST

Dr. David M Hamblin
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. James H Hardy
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Matthew G Noll
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Swati K Parikh
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Kris Putrasahan
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Vikram A Rajadhyaksha
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Curtis T Stoddard
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Sesinando P Suaverdez
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Allan S Szeto
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Johanna J Tesoniero
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
GENERAL DENTIST

Dr. Robin D Williams
3310 S McClintock Dr
Tempe, AZ 85282
(480) 413-0200
ORTHODONTIST

Dr. John Malcom Gillis
1964 E Baseline Rd,
Ste A101
Tempe, AZ 85283
(480) 820-7400
ORAL SURGEON

Dr. Jon Gregory Sabol
1964 E Baseline Rd,
Ste A101
Tempe, AZ 85283
(480) 820-7400
ORAL SURGEON

****Comfort Dental**
2747 W Southern Ave,
Ste 2A
Tempe, AZ 85282
(602) 454-9040

Dr. Sean Ziaei
2747 W Southern Ave,
Ste 2A
Tempe, AZ 85282
(602) 454-9040
GENERAL DENTIST

Dr. Young J Yoon
2210 S Mill Ave, Ste 2
Tempe, AZ 85282
(480) 921-2434
GENERAL DENTIST

Dr. Andreas M Vizirakis
2210 S Mill Ave, Ste 2
Tempe, AZ 85282
(480) 921-2434
GENERAL DENTIST

Dr. Birju R Merchant
2525 S Rural Rd, Ste 2N
Tempe, AZ 85282
(480) 966-9936
GENERAL DENTIST

Dr. Dhanlaxmi R Merchant
2525 S Rural Rd, Ste 2N
Tempe, AZ 85282
(480) 966-9936
GENERAL DENTIST

Dr. Kevin K Cheng
6000 S McClintock Dr, Ste B
Tempe, AZ 85283
(480) 820-6131
GENERAL DENTIST

Dr. Daniel M Tee
6000 S McClintock Dr, Ste B
Tempe, AZ 85283
(480) 820-6131
GENERAL DENTIST

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*** Facility and/or Dentist is currently not accepting new DHA patients.**
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Dr. Joseph G Salkind
13856 W Waddell Rd,
Ste 102
Surprise, AZ 85379
(623) 544-8353
GENERAL DENTIST

Dr. Douglas G Kerr
13856 W Waddell Rd,
Ste 102
Surprise, AZ 85379
(623) 544-8353
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Rafal Pytlik
16630 W Greenway Rd,
Ste 319
Surprise, AZ 85388
(623) 556-4949
GENERAL DENTIST

Dr. Robert J Matthews
12801 W Bell Rd, Ste 15
Surprise, AZ 85374
(623) 972-1200
GENERAL DENTIST

Dr. Micah Rolfe
16772 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 537-9777
GENERAL DENTIST

Dr. Nicholas P Rolfe
16772 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 537-9777
GENERAL DENTIST

****Rolfe Dental Group Llc**
16772 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 537-9777

Dr. Scott P Wilson
13933 W Grand Ave, Ste 302
Surprise, AZ 85374
(623) 209-0012
GENERAL DENTIST

Dr. David J Bernath
13375 W Grand Ave, Ste 109
Surprise, AZ 85374
(623) 544-2300
GENERAL DENTIST

Dr. Marc H Braslow
13375 W Grand Ave, Ste 109
Surprise, AZ 85374
(623) 544-2300
GENERAL DENTIST

Dr. Sameera S Solanki
13375 W Grand Ave, Ste 109
Surprise, AZ 85374
(623) 544-2300
GENERAL DENTIST

****Southwest Dental Group**
13375 W Grand Ave, Ste 109
Surprise, AZ 85374
(623) 544-2300

Dr. Michael S Cavender
13375 W Grand Ave, Ste 109
Surprise, AZ 85374
(623) 544-2300
ENDODONTIST

Dr. Njeri Njoroge
15601 W Bell Rd, Ste 201
Surprise, AZ 85374
(623) 556-2221
GENERAL DENTIST

Dr. Snehal I Patel
15601 W Bell Rd, Ste 201
Surprise, AZ 85374
(623) 556-2221
GENERAL DENTIST

****Southwest Gd Dental Corp.**
15601 W Bell Rd, Ste 201
Surprise, AZ 85374
(623) 556-2221

Dr. Benjamin L Studebaker
15601 W Bell Rd, Ste 201
Surprise, AZ 85374
(623) 556-2221
GENERAL DENTIST

Dr. Steven C Chang
13954 W Waddell Rd,
Ste 112
Surprise, AZ 85379
(623) 889-6000
GENERAL DENTIST

Dr. John A Streight
18775 N Reems Rd, Ste 300
Surprise, AZ 85374
(623) 584-3965
GENERAL DENTIST

Dr. Mark L Sampang
15128 W Bell Rd, Ste 12
Surprise, AZ 85374
(623) 215-1075
GENERAL DENTIST

Dr. Stephanie E Mashni
13933 W Grand Ave, Ste 302
Surprise, AZ 85374
(623) 209-0012
GENERAL DENTIST

Dr. Jason R Melashenko
13933 W Grand Ave, Ste 302
Surprise, AZ 85374
(623) 209-0012
GENERAL DENTIST

Dr. Francisco J Castano
15294 W Brookside Ln,
Ste 100
Surprise, AZ 85374
(623) 376-7400
ENDODONTIST

Dr. Tram Q Nguyen
17014 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 249-7853
GENERAL DENTIST

Dr. Shankar Anandarajah
15033 W Bell Rd, Ste 175
Surprise, AZ 85374
(623) 466-6322
GENERAL DENTIST

Dr. Mrinal Bhatt
15033 W Bell Rd, Ste 175
Surprise, AZ 85374
(623) 466-6322
GENERAL DENTIST

Dr. Carter A Grampp
15033 W Bell Rd, Ste 175
Surprise, AZ 85374
(623) 466-6322
GENERAL DENTIST

****Surprise Smiles Of Beauty Pc**
15033 W Bell Rd, Ste 175
Surprise, AZ 85374
(623) 466-6322

Dr. Thomas T Pham
18731 N Reems Rd, Ste 600
Surprise, AZ 85374
(623) 933-3600
GENERAL DENTIST

Dr. Matthew J Garrett
15009 W Bell Rd, Ste 175
Surprise, AZ 85374
(623) 476-8100
GENERAL DENTIST

Dr. Todd S Garrett
15009 W Bell Rd, Ste 175
Surprise, AZ 85374
(623) 476-8100
GENERAL DENTIST

Dr. Bernard M Florento
13706 W Bell Rd, Ste 2
Surprise, AZ 85374
(623) 584-9910
GENERAL DENTIST

Dr. Darian Kaar
13706 W Bell Rd, Ste 2
Surprise, AZ 85374
(623) 584-9910
GENERAL DENTIST

Dr. Rosa Maria Krasavage
13706 W Bell Rd, Ste 2
Surprise, AZ 85374
(623) 584-9910
GENERAL DENTIST

Dr. Brandon J Kroll
13706 W Bell Rd, Ste 2
Surprise, AZ 85374
(623) 584-9910
GENERAL DENTIST

Dr. David S Tsai
13706 W Bell Rd, Ste 2
Surprise, AZ 85374
(623) 584-9910
GENERAL DENTIST

****West Coast Dental Inc.**
13706 W Bell Rd, Ste 2
Surprise, AZ 85374
(623) 584-9910

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Surprise

****Advanced Laser Dentistry Cosmetic Family**
16952 W Bell Rd, Ste 301
Surprise, AZ 85374
(623) 474-3841

Dr. Vu M Vo
16952 W Bell Rd, Ste 301
Surprise, AZ 85374
(623) 474-3841
GENERAL DENTIST

Dr. Brian J Dorfman
15276 W Brookside Ln, Ste 141
Surprise, AZ 85374
(623) 584-3098
ORAL SURGEON

****Aurora Dentistry, Llc**
12301 W Bell Rd, Ste A104
Surprise, AZ 85374
(623) 434-0109

Dr. Stephen L Kim
12301 W Bell Rd, Ste A104
Surprise, AZ 85374
(623) 434-0109
GENERAL DENTIST

Dr. Eric L Vansluyters
12301 W Bell Rd, Ste A104
Surprise, AZ 85374
(623) 434-0109
GENERAL DENTIST

Dr. Aziz A Bohra
18731 N Reems Rd, Ste F620
Surprise, AZ 85374
(623) 556-1294
PERIODONTIST

Dr. Thomas S Shipley
13820 W Bell Rd, Ste 5
Surprise, AZ 85374
(623) 556-5599
ORTHODONTIST

Dr. Mark L Sampang
13820 W Bell Rd, Ste 5
Surprise, AZ 85374
(623) 556-5599
GENERAL DENTIST

Dr. Kevin S Cahoon
13820 W Bell Rd, Ste 5
Surprise, AZ 85210
(623) 556-5599
GENERAL DENTIST

Dr. Korinne M Grieger
13820 W Bell Rd, Ste 5
Surprise, AZ 85210
(623) 556-5599
GENERAL DENTIST

Dr. Matthew D Kennedy
13820 W Bell Rd, Ste 5
Surprise, AZ 85210
(623) 556-5599
GENERAL DENTIST

Dr. Young Joo Lee
13820 W Bell Rd, Ste 5
Surprise, AZ 85210
(623) 556-5599
GENERAL DENTIST

Dr. Mark L Sampang
13820 W Bell Rd, Ste 5
Surprise, AZ 85210
(623) 556-5599
GENERAL DENTIST

Dr. Benjamin G Weir
13820 W Bell Rd, Ste 5
Surprise, AZ 85210
(623) 556-5599
GENERAL DENTIST

Dr. Cedric V Loud
13820 W Bell Rd, Ste 5
Surprise, AZ 85210
(623) 556-5599
ORAL SURGEON

Dr. Thomas S Shipley
13820 W Bell Rd, Ste 5
Surprise, AZ 85210
(623) 556-5599
ORTHODONTIST

Dr. Perry Fraiman
18715 N Reems Rd, Ste 100
Surprise, AZ 85374
(623) 975-3115
GENERAL DENTIST

Dr. Kimberly J Fulton
15033 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 537-9100
GENERAL DENTIST

Dr. Thomas M Mattern
15033 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 537-9100
GENERAL DENTIST

Dr. Jothi Nadarajah
15033 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 537-9100
GENERAL DENTIST

Dr. Douglas G Kerr
15033 W Bell Rd, Ste 100
Surprise, AZ 85374
(623) 537-9100
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Brian D Buehler
13869 W Bell Rd
Surprise, AZ 85374
(623) 584-4015
GENERAL DENTIST

Dr. James B Mallory
13869 W Bell Rd
Surprise, AZ 85374
(623) 584-4015
GENERAL DENTIST

Dr. Son T Nguyen
13869 W Bell Rd
Surprise, AZ 85374
(623) 584-4015
GENERAL DENTIST

Dr. Christopher K Reid
13869 W Bell Rd
Surprise, AZ 85374
(623) 584-4015
GENERAL DENTIST

Dr. Stuart S Sanders
13869 W Bell Rd
Surprise, AZ 85374
(623) 584-4015
ORAL SURGEON

Dr. Matthew J Garrett
15009 W Bell Rd, Bldg 10
Surprise, AZ 85374
(623) 476-8100
GENERAL DENTIST

Dr. Jenny V Wang
15508 W Bell Rd, Ste 110
Surprise, AZ 85374
(623) 583-8895
GENERAL DENTIST

Dr. John Y Kim
14545 W Grand Ave, Ste 111
Surprise, AZ 85374
(623) 975-9775
GENERAL DENTIST

Dr. Ivan B Grozdanov
15015 W Bell Rd, Ste 102
Surprise, AZ 85374
(623) 271-6899
GENERAL DENTIST

Dr. Elizabeth L Manov
15015 W Bell Rd, Ste 102
Surprise, AZ 85374
(623) 271-6899
GENERAL DENTIST

Dr. Lubomir Z Manov
15015 W Bell Rd, Ste 102
Surprise, AZ 85374
(623) 271-6899
GENERAL DENTIST

Dr. Brent N Martineau
15341 W Waddell Rd, Ste B107
Surprise, AZ 85379
(623) 975-3933
GENERAL DENTIST

Dr. Bradley T Hammond
16936 W Bell Rd, Ste 203
Surprise, AZ 85374
(623) 583-1875
ORAL SURGEON

Dr. Stephen A Kovar
13856 W Waddell Rd, Ste 102
Surprise, AZ 85379
(623) 544-8353
GENERAL DENTIST

****Perfect Teeth**
13856 W Waddell Rd, Ste 102
Surprise, AZ 85379
(623) 544-8353

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**** This Facility participates with DHA. Please verify the Dentist's participation at the time of service.**

Dr. Tony S Hashemian
13203 N 103rd Ave, Ste G1
Sun City, AZ 85351
(623) 974-6660
GENERAL DENTIST

Dr. Peter P Cacos
15416 N 99th Ave
Sun City, AZ 85351
(623) 875-7917
GENERAL DENTIST

Dr. Joseph R Fox
10147 Grand Ave, Ste A-3
Sun City, AZ 85351
(623) 523-0290
GENERAL DENTIST

****Fox Family Dental**
10147 Grand Ave, Ste A-3
Sun City, AZ 85351
(623) 523-0290

Dr. Krishnan R Bala
10503 W Thunderbird Blvd, Ste 309
Sun City, AZ 85351
(623) 977-6402
GENERAL DENTIST

Dr. Mark H Lidner
13203 N 103rd Ave, Ste H1
Sun City, AZ 85351
(623) 972-7322
GENERAL DENTIST

Dr. Monte R Bosch
12611 N 103rd Ave
Sun City, AZ 85351
(623) 977-4286
GENERAL DENTIST

Dr. Agnes Bartys-Wawerska
10228 W Coggins Dr, Ste 2
Sun City, AZ 85351
(623) 972-1558
GENERAL DENTIST

Dr. Scott L Dalton
13000 N 103rd Ave, Ste 85
Sun City, AZ 85351
(623) 583-6666
GENERAL DENTIST

Dr. Jack I Lipton
13000 N 103rd Ave, Ste 85
Sun City, AZ 85351
(623) 583-6666
GENERAL DENTIST

Dr. Tram Q Nguyen
13000 N 103rd Ave, Ste 85
Sun City, AZ 85351
(623) 583-6666
GENERAL DENTIST

****Sunwest Dental Center 2, Llc**
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Sun City, AZ 85351
(623) 583-6666

Dr. Brooke A Zoumbaris
13000 N 103rd Ave, Ste 85
Sun City, AZ 85351
(623) 583-6666
GENERAL DENTIST

Dr. Thomas T Pham
10147 Grand Ave, Ste B-4
Sun City, AZ 85351
(623) 933-3600
GENERAL DENTIST

Sun City West

Dr. Clint E Bradford
13802 W Camino Del Sol, Ste 103
Sun City West, AZ 85375
(623) 556-9371
ENDODONTIST

****Dental Impressions Family Dentistry**
13925 W Meeker Blvd, Ste 8
Sun City West, AZ 85375
(623) 214-8007

Dr. Thao Thi Ngo
13925 W Meeker Blvd, Ste 8
Sun City West, AZ 85375
(623) 214-8007
GENERAL DENTIST

Dr. Robert R Rouhani
13925 W Meeker Blvd, Ste 1A
Sun City West, AZ 85375
(626) 584-0733
GENERAL DENTIST

Dr. Reese R Turner
13925 W Meeker Blvd, Ste B-15
Sun City West, AZ 85375
(623) 556-5006
GENERAL DENTIST

Dr. Barry Stephen Kirschner
13576 W Camino Del Sol, Ste 21
Sun City West, AZ 85375
(623) 584-6331
GENERAL DENTIST

Dr. Michael D Traylor
13925 W Meeker Blvd, Ste 2
Sun City West, AZ 85375
(623) 544-9600
GENERAL DENTIST

Dr. Dana Onet
13925 W Meeker Blvd, Ste B-15
Sun City West, AZ 85375
(623) 556-5006
GENERAL DENTIST

Dr. Carol D Smith
13925 W Meeker Blvd, Ste B-15
Sun City West, AZ 85375
(623) 556-5006
PERIODONTIST

Dr. Scott L Dalton
13925 W Meeker Blvd, Ste 15
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ORAL SURGEON

Dr. Spencer G Wilson
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(623) 556-5006
ORAL SURGEON

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PERIODONTIST

****Sunwest Endodontics, Ltd.**
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Sun City West, AZ 85375
(623) 544-6900

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(623) 544-6900
ENDODONTIST

Dr. Michael D Traylor
13925 W Meeker Blvd, Ste 6
Sun City West, AZ 85375
(623) 544-9600
GENERAL DENTIST

Sun Lakes

Dr. James C Aten
10440 E Riggs Rd, Ste 206
Sun Lakes, AZ 85248
(480) 895-1604
GENERAL DENTIST

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****Southwest Dental Group**
3030 N 67th Pl, Ste D
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Dr. Stuart E Garber
3030 N 67th Pl, Ste D
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ENDODONTIST

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(480) 994-1193
ORAL SURGEON

Dr. Robert J Lytle
3030 N 67th Pl, Ste D
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(480) 946-0473
ORAL SURGEON

Dr. Kamal Alfakiani
3030 N 67th Pl, Ste D
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(480) 946-0473
ORTHODONTIST

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(480) 946-0473
PERIODONTIST

Dr. Edward M Mazer
3030 N 67th Pl, Ste D
Scottsdale, AZ 85251
(480) 946-0473
PERIODONTIST

***Dr. Jason R Zuch**
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PERIODONTIST

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14201 N Hayden Rd, Ste D3
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(480) 998-4867
ENDODONTIST

Dr. Bonnie Turner Reidhead
9002 E Desert Cove Dr, Ste 101
Scottsdale, AZ 85260
(480) 767-6001
GENERAL DENTIST

Dr. Michael D Dachs
9360 E Raintree Dr, Ste 105
Scottsdale, AZ 85260
(480) 614-2232
GENERAL DENTIST

****Thompson Peak Family Dental**
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Scottsdale, AZ 85260
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Dr. Farshad Athari
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GENERAL DENTIST

Dr. Farid F Ebrahim
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GENERAL DENTIST

Dr. James R Willcox
4155 N Goldwater Blvd
Scottsdale, AZ 85251
(602) 978-3000
ORTHODONTIST

Dr. Jason Roy Zuch
5533 E Bell Rd, Ste 115B
Scottsdale, AZ 85254
(602) 296-3235
PERIODONTIST

Sun City

Dr. Ghassan S Sroujieh
10220 W Bell Rd, Ste 104
Sun City, AZ 85351
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GENERAL DENTIST

****Associated Dental Care Providers, Pc**
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Sun City, AZ 85351
(623) 876-8011

Dr. Ronald D Giordan
14650 N Del Webb Blvd, Ste 4
Sun City, AZ 85351
(623) 876-8011
GENERAL DENTIST

Dr. David M Hamblin
14650 N Del Webb Blvd, Ste 4
Sun City, AZ 85351
(623) 876-8011
GENERAL DENTIST

Dr. James H Hardy
14650 N Del Webb Blvd, Ste 4
Sun City, AZ 85351
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GENERAL DENTIST

Dr. Richard K Matsuishi
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(623) 876-8011
GENERAL DENTIST

Dr. Kasie Y Nam
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GENERAL DENTIST

Dr. Matthew G Noll
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GENERAL DENTIST

Dr. Swati K Parikh
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(623) 876-8011
GENERAL DENTIST

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(623) 876-8011
GENERAL DENTIST

Dr. William J Stewart
14650 N Del Webb Blvd, Ste 4
Sun City, AZ 85351
(623) 876-8011
GENERAL DENTIST

Dr. Curtis T Stoddard
14650 N Del Webb Blvd, Ste 4
Sun City, AZ 85351
(623) 876-8011
GENERAL DENTIST

Dr. Sesinando P Suaverdez
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GENERAL DENTIST

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(623) 876-8011
GENERAL DENTIST

Dr. Johanna J Tesoniero
14650 N Del Webb Blvd, Ste 4
Sun City, AZ 85351
(623) 876-8011
GENERAL DENTIST

Dr. Robin D Williams
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Sun City, AZ 85351
(623) 876-8011
ORTHODONTIST

Dr. Clara P Fajardo
18818 N 99th Ave
Sun City, AZ 85373
(623) 815-0512
GENERAL DENTIST

****Cyrus, P.C.**
13203 N 103rd Ave, Ste G1
Sun City, AZ 85351
(623) 974-6660

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Dr. Alvin J Coon
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
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GENERAL DENTIST

Dr. Brian Jay Daub
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
GENERAL DENTIST

Dr. Anitha A Goud
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
GENERAL DENTIST

****Perfect Teeth**
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600

Dr. Percy B Twine
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
ENDODONTIST

Dr. Kristin N Leis
6345 E Bell Rd, Ste 1
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(480) 607-3600
ORAL SURGEON

Dr. Richard D Releford
6345 E Bell Rd, Ste 1
Scottsdale, AZ 85254
(480) 607-3600
ORTHODONTIST

Dr. Douglas G Kerr
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Scottsdale, AZ 85254
(480) 607-3600
PEDODONTIST (PEDIATRIC DENTIST)

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PERIODONTIST

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Ste B119
Scottsdale, AZ 85255
(480) 538-0777
GENERAL DENTIST

Dr. Joseph A Santoro
7502 E Pinnacle Peak Rd,
Ste B119
Scottsdale, AZ 85255
(480) 538-0777
GENERAL DENTIST

Dr. Penn Y Soh
7502 E Pinnacle Peak Rd,
Ste B119
Scottsdale, AZ 85255
(480) 538-0777
GENERAL DENTIST

Dr. Jack E Wilson
3226 N Miller Rd, Ste 3
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(480) 946-0404
GENERAL DENTIST

Dr. Christopher J Lewandowski
8575 E Princess Dr, Ste 101
Scottsdale, AZ 85255
(480) 563-5800
GENERAL DENTIST

Dr. Daniel Kang
7737 E Indian School Rd
Scottsdale, AZ 85251
(480) 994-1818
GENERAL DENTIST

Dr. Bich-Ngoc T Tran
7552 E Camelback Rd
Scottsdale, AZ 85251
(480) 429-9700
GENERAL DENTIST

Dr. Renuka P Kumar
9295 E Thunderbird Rd,
Ste 103
Scottsdale, AZ 85260
(480) 767-6918
GENERAL DENTIST

Dr. Robert D Sundberg
7600 E Camelback Rd, Ste 1
Scottsdale, AZ 85251
(480) 947-7300
GENERAL DENTIST

Dr. Sabah Kalamchi
8112 N 87th Pl
Scottsdale, AZ 85258
(480) 945-2310
ORAL SURGEON

Dr. Scott D Sadlon
3226 N Miller Rd, Ste 1
Scottsdale, AZ 85251
(480) 421-0113
GENERAL DENTIST

****Saguaro Dental Care**
6945 E Sahuaro Dr, Ste A3
Scottsdale, AZ 85254
(480) 951-3333

Dr. Nafys Samandari
6945 E Sahuaro Dr, Ste A3
Scottsdale, AZ 85254
(480) 951-3333
GENERAL DENTIST

Dr. Nafys Samandari
6945 East Saguaro Drive,
Suite A3
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(480) 951-3333
GENERAL DENTIST

Dr. Danielle Samm Plisky
8406 E Shea Blvd, Ste 101
Scottsdale, AZ 85260
(480) 483-3755
GENERAL DENTIST

Dr. Richard L Saran
7700 E Indian School Rd,
Ste 3
Scottsdale, AZ 85251
(480) 941-7070
GENERAL DENTIST

Dr. Sara S Mosley
9915 E Bell Rd, Ste 130
Scottsdale, AZ 85260
(480) 538-8264
GENERAL DENTIST

Dr. Sara M Vizcarra
10465 E Pinnacle Peak
Pkwy, Ste 101
Scottsdale, AZ 85255
(480) 473-8920
GENERAL DENTIST

Dr. Moataz Karawi
7701 E Indian School Rd,
Ste C
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(480) 949-8427
GENERAL DENTIST

****Signature Dentistry**
10855 N Frank Lloyd Wright
Blv
Scottsdale, AZ 85259
(480) 451-1215

Dr. Howard I Sommers
10855 N Frank Lloyd Wright
Blv
Scottsdale, AZ 85259
(480) 451-1215
GENERAL DENTIST

Dr. Parvati H Iyer
13402 N Scottsdale Rd,
Ste A110
Scottsdale, AZ 85254
(480) 951-2800
GENERAL DENTIST

****Smile Concepts**
13402 N Scottsdale Rd,
Ste A110
Scottsdale, AZ 85254
(480) 951-2800

Dr. Zana Alnaqib
10609 N Frank Lloyd Wright
Blv, Ste 180
Scottsdale, AZ 85259
(480) 614-2273
GENERAL DENTIST

Dr. James R Burns
3030 N 67th Pl, Ste D
Scottsdale, AZ 85251
(480) 946-0473
GENERAL DENTIST

Dr. Ashraf S Ghoneim
3030 N 67th Pl, Ste D
Scottsdale, AZ 85251
(480) 946-0473
GENERAL DENTIST

Dr. Prabhsharah K Sandhu
3030 N 67th Pl, Ste D
Scottsdale, AZ 85251
(480) 994-1193
GENERAL DENTIST

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Dr. Rasik E Patel
8010 E McDowell Rd,
Ste 116
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(480) 946-4500
GENERAL DENTIST

Dr. Fazle-Abbas Fazel
8055 N Via De Negocio
Scottsdale, AZ 85258
(480) 991-5077
GENERAL DENTIST

Dr. Jennifer M Clark
3666 N Miller Rd, Ste 109
Scottsdale, AZ 85251
(480) 994-9485
GENERAL DENTIST

Dr. Robert Wallace Clark
3666 N Miller Rd, Ste 109
Scottsdale, AZ 85251
(480) 994-9485
GENERAL DENTIST

Dr. Francine J Vickers
9377 E Bell Rd, Ste 337
Scottsdale, AZ 85260
(480) 342-8118
ENDODONTIST

Dr. Frank C Pavlics
5533 E Bell Rd, Ste 117
Scottsdale, AZ 85254
(602) 867-2712
GENERAL DENTIST

Dr. Stephen Gary Vann
7534 E 2nd St, Ste 101
Scottsdale, AZ 85251
(480) 994-5488
GENERAL DENTIST

Dr. George A Sullivan
10752 N 89th Pl, Ste 111
Scottsdale, AZ 85260
(480) 391-1111
ORTHODONTIST

****Greenway Dental Care**
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Scottsdale, AZ 85250
(480) 948-1720

Dr. Adriatik Rama
8440 E McDonald Dr, Ste A
Scottsdale, AZ 85250
(480) 948-1720
GENERAL DENTIST

Dr. Wayne Greenwood
8422 E Shea Blvd, Ste 104
Scottsdale, AZ 85260
(480) 315-1044
GENERAL DENTIST

Dr. Gregory E Graber
10049 E Dynamite Blvd,
Ste 110
Scottsdale, AZ 85262
(480) 513-6864
GENERAL DENTIST

Dr. Kris Koorosh Iganian
15640 N Pima Rd, Ste B-5
Scottsdale, AZ 85260
(480) 368-9911
GENERAL DENTIST

Dr. James Bradley Miller
9821 N 95th St, Ste 110
Scottsdale, AZ 85258
(480) 451-5435
GENERAL DENTIST

Dr. James R Willcox
7331 E Osborn Dr, Ste 310
Scottsdale, AZ 85251
(602) 978-3000
ORTHODONTIST

Dr. Jennifer E Mihalopulos
9522 E San Salvador Dr,
Ste 315
Scottsdale, AZ 85258
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GENERAL DENTIST

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Ste 104
Scottsdale, AZ 85260
(480) 661-1616
GENERAL DENTIST

****Johnson Dental Group**
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Scottsdale, AZ 85260
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Scottsdale, AZ 85260
(480) 551-9900
GENERAL DENTIST

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119
Scottsdale, AZ 85258
(480) 661-6633
GENERAL DENTIST

Dr. Karl E Voldeng
7170 E McDonald Dr, Ste 12
Scottsdale, AZ 85253
(480) 998-1920
ORTHODONTIST

Dr. Kenneth J Marz
6865 E Becker Ln
Scottsdale, AZ 85254
(602) 944-0002
GENERAL DENTIST

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Bldg 3
Scottsdale, AZ 85254
(480) 367-9400
GENERAL DENTIST

Dr. Enna E Nigam
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Bldg, Suite 101
Scottsdale, AZ 85254
(480) 367-9400
GENERAL DENTIST

Dr. Sanjay Nigam
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

Dr. Martin Broermann
8600 E Via De Ventura,
Ste 203
Scottsdale, AZ 85258
(480) 948-2881
ORTHODONTIST

Dr. Glenn Cochran Hanf
10401 E McDowell Mountain
Ranc
Scottsdale, AZ 85255
(480) 585-4244
GENERAL DENTIST

Dr. Mike A Karimi
10135 E Via Linda, Ste 119
Scottsdale, AZ 85258
(480) 661-6633
GENERAL DENTIST

****Mercado Dental Care**
10135 E Via Linda, Ste 119
Scottsdale, AZ 85258
(480) 661-6633

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4232 N Brown Ave, Ste A
Scottsdale, AZ 85251
(480) 970-0808
GENERAL DENTIST

Dr. Michael Shawn O'Connell
7125 E Lincoln Dr, Ste A-207
Scottsdale, AZ 85253
(480) 222-7101
ENDODONTIST

Dr. Kenneth E Holland
16101 N 82nd St, Ste 8
Scottsdale, AZ 85260
(480) 368-8881
ORTHODONTIST

Dr. Michael E Wilkinson
9160 E Shea Blvd, Ste 108
Scottsdale, AZ 85260
(480) 247-6820
GENERAL DENTIST

Dr. Shahram Karimi
10135 E Via Linda, Ste C-
119
Scottsdale, AZ 85258
(480) 661-6633
GENERAL DENTIST

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PPO PARTICIPATING DENTAL PROVIDERS

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Scottsdale, AZ 85253
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GENERAL DENTIST

Dr. Tony Kaocharoen
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Ste B200
Scottsdale, AZ 85253
(480) 607-0498
GENERAL DENTIST

Dr. Charles J Blaich
7125 E Lincoln Dr, Ste A-101
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Dr. Jack Alan Buhrow
10752 N 89th Pl, Ste 116
Scottsdale, AZ 85260
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ORAL SURGEON

Dr. Scott W Cairns
9393 N 90th St, Ste 207
Scottsdale, AZ 85258
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GENERAL DENTIST

Dr. Ryan D O'Donnell
6868 E Becker Ln, Ste 102
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(480) 315-0506
GENERAL DENTIST

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(480) 941-7070
GENERAL DENTIST

****Center For Gentle Dentistry, Pllc**
7600 E Camelback Rd
Scottsdale, AZ 85251
(480) 425-0411

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GENERAL DENTIST

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Scottsdale, AZ 85250
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GENERAL DENTIST

Dr. Terry C Ramsey
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PEDODONTIST (PEDIATRIC DENTIST)

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GENERAL DENTIST

****Cyrus, P.C.**
7350 E Stetson Dr, Ste 200
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(480) 423-8151

Dr. Tony S Hashemian
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Dr. David M Rabenowitz
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Dr. Albert Trinidad Dempsey
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ORTHODONTIST

Dr. Bahar F Ata-Abadi
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Ste 209
Scottsdale, AZ 85255
(480) 573-2773
GENERAL DENTIST

Dr. Kamran Ata-Abadi
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Ste 209
Scottsdale, AZ 85255
(480) 573-2773
GENERAL DENTIST

****Dentistry At Grayhawk**
20801 N Scottsdale Rd,
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Scottsdale, AZ 85255
(480) 573-2773

Dr. Lou Sarrosa
13910 N Frank Lloyd Wright
Blv, Ste 3
Scottsdale, AZ 85260
(480) 661-1200
GENERAL DENTIST

Dr. Stacey L Sanford
4124 N 82nd St
Scottsdale, AZ 85251
(480) 423-3838
GENERAL DENTIST

Dr. Michael E Wilkinson
4124 N 82nd St
Scottsdale, AZ 85251
(480) 423-3838
GENERAL DENTIST

Dr. Payam Abedi
9746 N 90th Pl, Ste 201
Scottsdale, AZ 85258
(480) 614-8000
GENERAL DENTIST

****Desert Dental Solutions**
9746 N 90th Pl, Ste 201
Scottsdale, AZ 85258
(480) 614-8000

Dr. Melissa J Goins
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Scottsdale, AZ 85260
(480) 767-8804
GENERAL DENTIST

Dr. Manisha Ratanshi Javia
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Scottsdale, AZ 85260
(480) 767-8804
GENERAL DENTIST

Dr. Robert A Jones
9301 E Shea Blvd, Ste 111
Scottsdale, AZ 85260
(480) 767-8804
GENERAL DENTIST

Dr. Matthew Todd Smith
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(480) 947-7848
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8010 E McDowell Rd,
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Scottsdale, AZ 85257
(480) 946-4500

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
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GENERAL DENTIST

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GENERAL DENTIST

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PERIODONTIST

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Scottsdale, AZ 85260
(480) 614-8222

Dr. Roya Zojaji
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PERIODONTIST

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Dr. Nick N Mansourian
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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(480) 607-0498

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GENERAL DENTIST

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ORTHODONTIST

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GENERAL DENTIST

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(602) 971-0026
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

Dr. Steven F Go
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GENERAL DENTIST

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
*** Facility and/or Dentist is currently not accepting new DHA patients.**
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GENERAL DENTIST

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GENERAL DENTIST

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Dr. Ki Ngo
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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Dr. Joanne M Curry
4855 E Warner Rd, Ste B-9
Phoenix, AZ 85044
(480) 704-1000
GENERAL DENTIST

Dr. Bryan J Deavila
5336 N 7th Ave
Phoenix, AZ 85013
(602) 336-1111
GENERAL DENTIST

Dr. Darrell B Sims
737 E Glendale Ave, Ste B
Phoenix, AZ 85020
(602) 230-7563
ORAL SURGEON

Dr. Urvi A Dave
14001 N 7th St, Ste D108
Phoenix, AZ 85022
(602) 866-8800
GENERAL DENTIST

Dr. David H Boca
10214 N Tatum Blvd,
Ste A600
Phoenix, AZ 85028
(480) 991-4727
GENERAL DENTIST

Dr. David M Chei
7625 W Lower Buckeye Rd,
Ste A7
Phoenix, AZ 85043
(623) 907-8282
GENERAL DENTIST

Dr. David M Fox
4235 N 32nd St, Ste A
Phoenix, AZ 85018
(602) 840-3391
GENERAL DENTIST

Dr. Reed H Day
2222 E Highland Ave,
Ste 320
Phoenix, AZ 85016
(602) 956-9560
ORAL SURGEON

Dr. Allen B Ewell
42407 N Vision Way, Ste 101
Phoenix, AZ 85086
(623) 551-7500
GENERAL DENTIST

Dr. Michael B Hill
42407 N Vision Way, Ste 101
Phoenix, AZ 85086
(623) 551-7500
GENERAL DENTIST

Dr. Michael J Hill
42407 N Vision Way, Ste 101
Phoenix, AZ 85086
(623) 551-7500
GENERAL DENTIST

Dr. Vivek Hirani
42407 N Vision Way, Ste 101
Phoenix, AZ 85086
(623) 551-7500
GENERAL DENTIST

Dr. E Burke Jardine
42407 N Vision Way, Ste 101
Phoenix, AZ 85086
(623) 551-7500
GENERAL DENTIST

Dr. Byron J Larsen
42407 N Vision Way, Ste 101
Phoenix, AZ 85086
(623) 551-7500
GENERAL DENTIST

Dr. Marta C Persinger
42407 N Vision Way, Ste 101
Phoenix, AZ 85086
(623) 551-7500
GENERAL DENTIST

Dr. Josahua C Tran
42407 N Vision Way, Ste 101
Phoenix, AZ 85086
(623) 551-7500
GENERAL DENTIST

****Deer Valley Family Dentistry**
19636 N 27th Ave, Ste 110
Phoenix, AZ 85027
(623) 587-8700

Dr. Steven Y Kim
19636 N 27th Ave, Ste 110
Phoenix, AZ 85027
(623) 587-8700
GENERAL DENTIST

****Dental Arts Family Center**
3326 N 3rd Ave, Ste 3
Phoenix, AZ 85013
(602) 274-2351

Dr. Mohamed Karawi
3326 N 3rd Ave, Ste 3
Phoenix, AZ 85013
(602) 274-2351
GENERAL DENTIST

****Dental Care Plus/Able Dental**
2229 E McDowell Rd
Phoenix, AZ 85006
(602) 275-2020

***Dr. Michael B Muscato**
2229 E McDowell Rd
Phoenix, AZ 85006
(602) 275-2020
GENERAL DENTIST

Dr. Peter E Ray
2229 E McDowell Rd
Phoenix, AZ 85006
(602) 275-2020
GENERAL DENTIST

Dr. Stephen L Walker
2229 E McDowell Rd
Phoenix, AZ 85006
(602) 275-2020
GENERAL DENTIST

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Phoenix, AZ 85053
(606) 466-2202
GENERAL DENTIST

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Phoenix, AZ 85044
(480) 893-0888
GENERAL DENTIST

Dr. Stephanie L Walker
10827 S 51st St, Ste 201
Phoenix, AZ 85044
(480) 893-0888
GENERAL DENTIST

Dr. Giang M Dang
1902 N 16th St
Phoenix, AZ 85006
(602) 253-3459
GENERAL DENTIST

Dr. Anh N Tran
1902 N 16th St
Phoenix, AZ 85006
(602) 253-3459
GENERAL DENTIST

****Dental World Of Az**
6605 N 19th Ave, Ste D
Phoenix, AZ 85015
(602) 997-5096

Dr. Claudia K Leber
6605 N 19th Ave, Ste D
Phoenix, AZ 85015
(602) 997-5096
GENERAL DENTIST

Dr. Amir K Elhassan
620 E Butler Dr, Ste B
Phoenix, AZ 85020
(602) 651-1436
GENERAL DENTIST

Dr. Lara M Antczak
4206 E Chandler Blvd, Ste 20
Phoenix, AZ 85048
(480) 706-4600
GENERAL DENTIST

****Desert Dentistry**
4206 E Chandler Blvd, Ste 20
Phoenix, AZ 85048
(480) 706-4600

****Desert Dentistry**
6226 N 27th Ave, Ste C
Phoenix, AZ 85017
(602) 242-3368

****Desert Dentistry**
6231 S Central Ave
Phoenix, AZ 85042
(602) 268-2273

Dr. Janet B Euzarraga
4206 E Chandler Blvd, Ste 20
Phoenix, AZ 85048
(480) 706-4600
GENERAL DENTIST

Dr. Janet B Euzarraga
6231 S Central Ave
Phoenix, AZ 85042
(602) 268-2273
GENERAL DENTIST

Dr. Kimberly J Fulton
6226 N 27th Ave, Ste C
Phoenix, AZ 85017
(602) 242-3368
GENERAL DENTIST

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Dr. Jack A Buhrow
4202 N 32nd St, Ste A
Phoenix, AZ 85018
(602) 957-0332
ORAL SURGEON

Dr. Louis T Core
3440 W Cactus Rd, Ste 2
Phoenix, AZ 85029
(602) 942-2880
GENERAL DENTIST

Dr. Piyush B Hirpara
3902 W Camelback Rd
Phoenix, AZ 85019
(602) 864-5010
GENERAL DENTIST

****Canyon Dental**
2837 W Northern Ave
Phoenix, AZ 85051
(602) 995-2419

Dr. Aseel N Peters
2837 W Northern Ave
Phoenix, AZ 85051
(602) 995-2419
GENERAL DENTIST

Dr. Benjamin W Stark
2837 W Northern Ave
Phoenix, AZ 85051
(602) 995-2419
GENERAL DENTIST

Dr. David N Sternsher
2837 W Northern Ave
Phoenix, AZ 85051
(602) 995-2419
GENERAL DENTIST

****Canyon Hills Family Dentistry**
602 W Union Hills Dr, Ste 8
Phoenix, AZ 85027
(623) 516-7766

Dr. Ki Ngo
602 W Union Hills Dr, Ste 8
Phoenix, AZ 85027
(623) 516-7766
GENERAL DENTIST

Dr. Daniel H Yohannes
602 W Union Hills Dr, Ste 8
Phoenix, AZ 85027
(623) 516-7766
GENERAL DENTIST

Dr. Thomas P Lammot
20950 N Tatum Blvd, Ste 210
Phoenix, AZ 85050
(480) 538-8100
ENDODONTIST

Dr. Daniel A Przygocki
20950 N Tatum Blvd, Ste 210
Phoenix, AZ 85050
(480) 538-8100
ENDODONTIST

Dr. Uriel Carranza
4324 W Indian School Rd
Phoenix, AZ 85031
(623) 848-6700
GENERAL DENTIST

****Carranza Dental Center Pc**
4324 W Indian School Rd
Phoenix, AZ 85031
(623) 848-6700

Dr. Gary Marshall Steen
340 E Palm Ln, Ste A280
Phoenix, AZ 85004
(602) 252-2800
GENERAL DENTIST

****Center Point Dental Llc**
9150 W Indian School Rd, Ste 106
Phoenix, AZ 85037
(623) 877-7800

Dr. Linh T Nguyen
9150 W Indian School Rd, Ste 106
Phoenix, AZ 85037
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GENERAL DENTIST

Dr. Gary Steen
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Phoenix, AZ 85004
(602) 252-2800
GENERAL DENTIST

Dr. Destry B Cook
6232 N 7th St, Ste 201
Phoenix, AZ 85014
(602) 246-0385
GENERAL DENTIST

Dr. Chen Yuan
6605 N 19th Ave, Ste F
Phoenix, AZ 85015
(602) 995-6041
GENERAL DENTIST

****Chesser Group**
9035 N 43rd Ave, Ste H
Phoenix, AZ 85051
(623) 435-2035

Dr. Steven W Roth
9035 N 43rd Ave, Ste H
Phoenix, AZ 85051
(623) 435-2035
GENERAL DENTIST

Dr. Maryam Saiar
9035 N 43rd Ave, Ste H
Phoenix, AZ 85051
(623) 435-2035
ORTHODONTIST

Dr. Mark R Curtis
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GENERAL DENTIST

Dr. Amy E Ash
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(602) 233-3133
GENERAL DENTIST

Dr. Karen Leung Chu
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Phoenix, AZ 85031
(602) 233-3133
GENERAL DENTIST

Dr. Yolanda M Hernandez
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(602) 233-3133
GENERAL DENTIST

Dr. Kenneth E Knott
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Phoenix, AZ 85031
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GENERAL DENTIST

Dr. Robert C Lee
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GENERAL DENTIST

Dr. Adolph R Padula
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GENERAL DENTIST

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(602) 956-0740
GENERAL DENTIST

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(623) 434-9343
GENERAL DENTIST

Dr. Miguel Garcia
4616 N 51st Ave, Ste 111
Phoenix, AZ 85031
(623) 873-2434
GENERAL DENTIST

Dr. Young J Yoon
4616 N 51st Ave, Ste 111
Phoenix, AZ 85031
(623) 873-2434
GENERAL DENTIST

Dr. Christopher H P Chow
3614 N 15th Ave, Ste B
Phoenix, AZ 85015
(602) 248-9614
GENERAL DENTIST

Dr. George R Ayoub
333 E Virginia Ave, Ste 115
Phoenix, AZ 85004
(602) 307-5775
GENERAL DENTIST

Dr. Roy D Shim
6135 N 35th Ave, Ste 135
Phoenix, AZ 85017
(602) 973-0325
GENERAL DENTIST

Dr. Yonas Hm Yohannes
8141 W Camelback Rd, Ste C
Phoenix, AZ 85033
(623) 848-9100
GENERAL DENTIST

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Dr. Christopher S Payne
2434 E Baseline Rd, Ste 104
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GENERAL DENTIST

Dr. Adel Shayegan
4203 E Indian School Rd, Ste 120
Phoenix, AZ 85018
(602) 955-1780
GENERAL DENTIST

Dr. Paul Kevin Owens
16841 N 31st Ave, Bldg 4
Phoenix, AZ 85053
(623) 583-7075
GENERAL DENTIST

Dr. Paul K Owens
16841 N 31st Ave, Ste 140
Phoenix, AZ 85053
(602) 298-1068
GENERAL DENTIST

****Bell Dental Center**
1760 W Bell Rd
Phoenix, AZ 85023
(602) 866-0420

Dr. Bharat S Patel
1760 W Bell Rd
Phoenix, AZ 85023
(602) 866-0420
GENERAL DENTIST

Dr. Bharat S Patel
17223 N 19th Ave
Phoenix, AZ 85023
(602) 866-0420
GENERAL DENTIST

****Bell Towne Dentistry**
401 E Bell Rd, Ste 14
Phoenix, AZ 85022
(602) 375-8646

Dr. Tzvetelina M Mladenova
401 E Bell Rd, Ste 14
Phoenix, AZ 85022
(602) 375-8646
GENERAL DENTIST

****Bella Vista Dental**
444 E Southern Ave, Ste 1
Phoenix, AZ 85040
(602) 276-6400

Dr. Jose G Fernandez
444 E Southern Ave, Ste 1
Phoenix, AZ 85040
(602) 276-6400
GENERAL DENTIST

Dr. Anh N Tran
444 E Southern Ave, Ste 1
Phoenix, AZ 85040
(602) 276-6400
GENERAL DENTIST

Dr. Rashmi Bhatnagar
15715 S 46th St, Ste 104
Phoenix, AZ 85048
(480) 598-5900
GENERAL DENTIST

Dr. S Todd Sadowski
1277 E Missouri Ave, Ste 217
Phoenix, AZ 85014
(602) 249-2227
GENERAL DENTIST

Dr. Sameet Shyam Koppikar
4202 N 32nd St, Ste B
Phoenix, AZ 85018
(602) 954-8200
GENERAL DENTIST

****Biltmore Dental Group**
4910 N 44th St, Ste A-4
Phoenix, AZ 85018
(602) 952-9521

****Biltmore Dental Group**
4910 N 44th St, Ste A-4
Phoenix, AZ 85018
(602) 952-9521

Dr. Cynthia F Oberg
4910 N 44th St, Ste A-4
Phoenix, AZ 85018
(602) 952-9521
GENERAL DENTIST

Dr. Clarence J Plisky
4910 N 44th St, Ste A-4
Phoenix, AZ 85018
(602) 952-9521
GENERAL DENTIST

Dr. Cynthia F Oberg
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Phoenix, AZ 85027
(623) 434-9343
GENERAL DENTIST

Dr. Mark D Brannon
11110 N Tatum Blvd, Ste 102
Phoenix, AZ 85028
(602) 977-1110
GENERAL DENTIST

Dr. Cynthia F Oberg
11110 N Tatum Blvd, Ste 102
Phoenix, AZ 85028
(602) 977-1110
GENERAL DENTIST

Dr. Chad M Winthrop
11110 N Tatum Blvd, Ste 102
Phoenix, AZ 85028
(602) 977-1110
GENERAL DENTIST

Dr. Ronald J Latin
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(623) 434-9343
GENERAL DENTIST

****Biltmore Endodontics**
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Phoenix, AZ 85014
(602) 230-9902

Dr. Dennis E Hanna
1277 E Missouri Ave, Ste 210
Phoenix, AZ 85014
(602) 230-9902
ENDODONTIST

Dr. Jack E Wilson
12320 N 32nd St, Ste 1
Phoenix, AZ 85032
(602) 992-1384
GENERAL DENTIST

Dr. Mrinal Bhatt
20235 N Cave Creek Rd
Phoenix, AZ 85024
(480) 633-7771
GENERAL DENTIST

****Bright Now! Dental - Cave Creek**
20235 N Cave Creek Rd
Phoenix, AZ 85024
(480) 633-7771

Dr. Kevin S Cahoon
20235 N Cave Creek Rd
Phoenix, AZ 85024
(480) 633-7771
GENERAL DENTIST

Dr. Brian D Griffiths
20235 N Cave Creek Rd
Phoenix, AZ 85024
(480) 633-7771
GENERAL DENTIST

Dr. Mark L Sampang
20235 N Cave Creek Rd
Phoenix, AZ 85024
(480) 633-7771
GENERAL DENTIST

Dr. Vikram P Singh
20235 N Cave Creek Rd
Phoenix, AZ 85024
(480) 633-7771
GENERAL DENTIST

Dr. Benjamin G Weir
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(480) 633-7771
GENERAL DENTIST

Dr. Cedric V Loud
20235 N Cave Creek Rd
Phoenix, AZ 85024
(480) 633-7771
ORAL SURGEON

Dr. Thomas S Shipley
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Phoenix, AZ 85024
(480) 633-7771
ORTHODONTIST

Dr. Matthew B Shuldberg
20235 N Cave Creek Rd
Phoenix, AZ 85024
(480) 633-7771
ORTHODONTIST

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Phoenix, AZ 85004
(800) 409-2563
GENERAL DENTIST

****Bright Smile Dental Center**
5501 N 19th Ave, Ste 305
Phoenix, AZ 85015
(602) 249-3646

Dr. Shahyar Foroughi
5501 N 19th Ave, Ste 305
Phoenix, AZ 85015
(602) 249-3646
GENERAL DENTIST

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Dr. David P Ember
4145 N 108th Ave
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(623) 344-2000
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Robert W Fattouch
4145 N 108th Ave
Phoenix, AZ 85037
(623) 344-2000
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Debbie L Graham
4145 N 108th Ave
Phoenix, AZ 85037
(623) 344-2000
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Shashi M Kapur
4145 N 108th Ave
Phoenix, AZ 85037
(623) 344-2000
PEDODONTIST (PEDIATRIC DENTIST)

****Arizona Premier Dental Group**
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(602) 230-0811

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7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
GENERAL DENTIST

Dr. Kevin A Guzman
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
GENERAL DENTIST

Dr. Peter P Nguyen
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
GENERAL DENTIST

Dr. Kristine P Thomas
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
GENERAL DENTIST

Dr. L. Mitchell Thomas
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
GENERAL DENTIST

Dr. Jeffrey M Burstein
7150 N 7th St
Phoenix, AZ 85020
(602) 230-0811
ORAL SURGEON

Dr. Wayne W Kuo
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Phoenix, AZ 85020
(602) 230-0811
PERIODONTIST

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4550 E Bell Rd, Bldg 8
Phoenix, AZ 85032
(602) 494-3000
ORAL SURGEON

Dr. Ardeshir Dabestani
16816 N 35th Ave, Ste 11A
Phoenix, AZ 85053
(602) 978-1932
GENERAL DENTIST

Dr. Asha Dabestani
16816 N 35th Ave, Ste 11A
Phoenix, AZ 85053
(602) 978-1932
GENERAL DENTIST

Dr. Jinah Lee
4731 E Southern Ave
Phoenix, AZ 85042
(602) 470-9191
GENERAL DENTIST

****Associated Dental Care Providers, Pc**
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Phoenix, AZ 85053
(602) 216-7797

****Associated Dental Care Providers, Pc**
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 938-1312

Dr. Ronald D Giordan
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 216-7797
GENERAL DENTIST

Dr. David M Hamblin
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 216-7797
GENERAL DENTIST

Dr. James H Hardy
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 938-1312
GENERAL DENTIST

Dr. Richard K Matsuishi
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 938-1312
GENERAL DENTIST

Dr. Kasie Y Nam
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 216-7797
GENERAL DENTIST

Dr. Matthew G Noll
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 938-1312
GENERAL DENTIST

Dr. Swati K Parikh
4159 W Thunderbird Rd
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(602) 216-7797
GENERAL DENTIST

Dr. Vikram A Rajadhyaksha
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 216-7797
GENERAL DENTIST

Dr. William J Stewart
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 216-7797
GENERAL DENTIST

Dr. Curtis T Stoddard
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 216-7797
GENERAL DENTIST

Dr. Sesinando P Suaverdez
4159 W Thunderbird Rd
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(602) 216-7797
GENERAL DENTIST

Dr. Allan S Szeto
4159 W Thunderbird Rd
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(602) 216-7797
GENERAL DENTIST

Dr. Johanna J Tesoniero
4159 W Thunderbird Rd
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(602) 216-7797
GENERAL DENTIST

Dr. Frank H Meng
4159 W Thunderbird Rd
Phoenix, AZ 85053
(602) 216-7797
ORTHODONTIST

Dr. Robin D Williams
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(602) 938-1312
ORTHODONTIST

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Ste 103
Phoenix, AZ 85032
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GENERAL DENTIST

****Atrium Dental**
4530 E Ray Rd, Ste 170
Phoenix, AZ 85044
(480) 940-4321

Dr. Shahyar Foroughi
4530 E Ray Rd, Ste 170
Phoenix, AZ 85044
(480) 940-4321
GENERAL DENTIST

Dr. Melissa F Villamor
6036 N 19th Ave, Ste 210
Phoenix, AZ 85015
(602) 433-2992
GENERAL DENTIST

Dr. Thanh Ha Le
2320 E Baseline Rd, Ste 160
Phoenix, AZ 85042
(602) 243-6900
GENERAL DENTIST

Dr. Christopher N Tong
515 N 35th Ave, Ste 122
Phoenix, AZ 85009
(602) 455-0505
GENERAL DENTIST

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Dr. Christine T Phan
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(602) 789-7426
GENERAL DENTIST

Dr. Eugene I Kim
9201 N 29th Ave, Ste 33
Phoenix, AZ 85051
(602) 943-3700
GENERAL DENTIST

Dr. Peter Spilotro
15440 N 7th St, Ste 8
Phoenix, AZ 85022
(602) 504-6400
GENERAL DENTIST

Dr. Stephanie A Susman
4550 E Bell Rd, Bldg 8
Phoenix, AZ 85032
(602) 494-3000
GENERAL DENTIST

Dr. Lucas R Beatty
4550 E Bell Rd, Bldg 8
Phoenix, AZ 85032
(602) 494-3000
ORAL SURGEON

Dr. Shahram Haghighat
702 E Bell Rd, Ste 120
Phoenix, AZ 85022
(602) 867-7700
GENERAL DENTIST

Dr. Shahram Haghighat
4550 E Bell Rd, Bldg 8, Unit 178
Phoenix, AZ 85032
(602) 494-3000
GENERAL DENTIST

Dr. Jennifer L Harmon
702 E Bell Rd, Ste 120
Phoenix, AZ 85022
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GENERAL DENTIST

Dr. Jennifer L Harmon
4550 E Bell Rd, Bldg 8, Unit 178
Phoenix, AZ 85032
(602) 494-3000
GENERAL DENTIST

Dr. Ben M Koolick
4550 E Bell Rd, Bldg 8, Unit 178
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GENERAL DENTIST

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GENERAL DENTIST

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ORAL SURGEON

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Phoenix, AZ 85022
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ORAL SURGEON

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ORAL SURGEON

Dr. Brian A Lilien
702 E Bell Rd, Ste 120
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Dr. Lori K Anderson
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(602) 864-8444
GENERAL DENTIST

Dr. Lori K Anderson
7201 N 19th Ave, Ste 2
Phoenix, AZ 85021
(602) 864-9604
GENERAL DENTIST

****Anthem Center For Oral & Facial Surgery**
42104 N Venture Dr,
Ste A106
Phoenix, AZ 85086
(623) 551-6556

Dr. Brian J Dorfman
42104 N Venture Dr,
Ste A106
Phoenix, AZ 85086
(623) 551-6556
ORAL SURGEON

Dr. Anthony E Herro
5115 N Central Ave
Phoenix, AZ 85012
(602) 266-1776
GENERAL DENTIST

****Apple Dentistry, Inc.**
13821 N 35th Dr, Ste 2
Phoenix, AZ 85053
(602) 863-3411

Dr. Gary J Core
13821 N 35th Dr, Ste 2
Phoenix, AZ 85053
(602) 863-3411
GENERAL DENTIST

Dr. Viray L Patel
4840 E Indian School Rd,
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(602) 954-2177
GENERAL DENTIST

Dr. Matthew J Milana
2921 N 56th St
Phoenix, AZ 85018
(480) 423-3577
GENERAL DENTIST

****Arcadia Family Dentistry**
1718 N 44th St
Phoenix, AZ 85008
(602) 273-7111

Dr. Hassan Zandieh
1718 N 44th St
Phoenix, AZ 85008
(602) 273-7111
GENERAL DENTIST

Dr. Ardeshir Dabestani
16816 N 35th Ave, Ste 9
Phoenix, AZ 85053
(602) 978-1932
GENERAL DENTIST

Dr. Asha Dabestani
16816 N 35th Ave, Ste 9
Phoenix, AZ 85053
(602) 978-1932
GENERAL DENTIST

Dr. Massoud Eftekhari
650 W Maryland Ave, Ste 1
Phoenix, AZ 85013
(602) 249-1616
GENERAL DENTIST

Dr. Stejepan Steve Podstreleny
650 W Maryland Ave, Ste 1
Phoenix, AZ 85013
(602) 249-1616
ORAL SURGEON

Dr. David Haaslo
3722 E Thomas Rd
Phoenix, AZ 85018
(602) 626-5437
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Allan Dovigi
706 E Bell Rd, Ste 104
Phoenix, AZ 85022
(623) 340-2874
GENERAL DENTIST

Dr. Zara Haaslo
3722 E Thomas Rd
Phoenix, AZ 85018
(602) 626-5437
ORTHODONTIST

****Arizona Pediatric Dentistry & Orthodonti**
4145 N 108th Ave
Phoenix, AZ 85037
(623) 344-2000

Dr. Geeta Mokhashi
4145 N 108th Ave
Phoenix, AZ 85037
(623) 344-2000
GENERAL DENTIST

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
*** Facility and/or Dentist is currently not accepting new DHA patients.**
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Dr. Jason R Zuch
15182 N 75th Ave, Ste 120
Peoria, AZ 85381
(623) 878-2400
PERIODONTIST

Dr. Charles B Jakobsen
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551
GENERAL DENTIST

****Sun Dental Systems Pllc**
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551

Dr. Reese R Turner
9059 W Lake Pleasant Pkwy,
Ste A100
Peoria, AZ 85382
(623) 572-0102
GENERAL DENTIST

Dr. Reese R Turner
9059 W Lake Pleasant Pkwy,
Bldg A, Ste 100
Peoria, AZ 85382
(623) 572-0102
GENERAL DENTIST

Dr. Ethan J Yoza
18475 N 91st Ave, Ste 1
Peoria, AZ 85382
(623) 678-4460
GENERAL DENTIST

Dr. Victor L Nitu
8663 W Union Hills Dr,
Ste 400
Peoria, AZ 85382
(623) 933-8500
GENERAL DENTIST

****Victor Cosmetic & Family Dentistry**
8663 W Union Hills Dr,
Ste 400
Peoria, AZ 85382
(623) 933-8500

Dr. Kenneth A Magri
8639 W Union Hills Dr
Peoria, AZ 85382
(623) 876-1777
GENERAL DENTIST

Dr. Hassan A Beyramian
13460 N 94th Dr, Ste K4
Peoria, AZ 85381
(623) 977-5400
GENERAL DENTIST

Dr. Yati K Yadav
8390 W Cactus Rd, Ste 110
Peoria, AZ 85381
(623) 878-3300
GENERAL DENTIST

****Your Family Dentist Pc**
8390 W Cactus Rd, Ste 110
Peoria, AZ 85381
(623) 878-3300

Phoenix

****7Th Street Dental Care**
770 E Thunderbird Rd, Ste A
Phoenix, AZ 85022
(602) 993-9600

Dr. Jeffrey L Zimmerman
770 E Thunderbird Rd, Ste A
Phoenix, AZ 85022
(602) 993-9600
GENERAL DENTIST

Dr. Morad R Malaki
4105 N 51st Ave, Ste 109
Phoenix, AZ 85031
(623) 245-2828
GENERAL DENTIST

Dr. Mariya Murdzheva
4105 N 51st Ave, Ste 109
Phoenix, AZ 85031
(623) 245-2828
GENERAL DENTIST

****A Mcdowell Dental**
125 W McDowell Rd
Phoenix, AZ 85003
(602) 273-0013

Dr. Salim Shafi
125 W McDowell Rd
Phoenix, AZ 85003
(602) 273-0013
GENERAL DENTIST

Dr. Thihan C Phan
4105 N 51st Ave, Ste 109
Phoenix, AZ 85031
(623) 245-2828
GENERAL DENTIST

****A-19Th Avenue Dental Care**
5225 N 19th Ave, Ste C
Phoenix, AZ 85015
(602) 433-0313

Dr. Mark J Budovitch
5225 N 19th Ave, Ste C
Phoenix, AZ 85015
(602) 433-0313
GENERAL DENTIST

Dr. Ivan B Grozdanov
5225 N 19th Ave, Ste C
Phoenix, AZ 85015
(602) 433-0313
GENERAL DENTIST

Dr. Marc S Kay
5225 N 19th Ave, Ste C
Phoenix, AZ 85015
(602) 433-0313
GENERAL DENTIST

Dr. A. William Choules
4210 N 32nd St
Phoenix, AZ 85018
(602) 955-6700
GENERAL DENTIST

Dr. Christopher J Erskine
4210 N 32nd St
Phoenix, AZ 85018
(602) 955-6700
GENERAL DENTIST

****Aaa Dental Care**
4837 N 35th Ave
Phoenix, AZ 85017
(602) 242-5406

Dr. Ashley O Bui
4837 N 35th Ave
Phoenix, AZ 85017
(602) 242-5406
GENERAL DENTIST

Dr. Nam-Rene Nguyen
4837 N 35th Ave
Phoenix, AZ 85017
(602) 242-5406
GENERAL DENTIST

Dr. Alexa Carrara
1904 W Parkside Ln, Ste 201
Phoenix, AZ 85027
(623) 434-9343
GENERAL DENTIST

Dr. Charles A Feske
7600 N 15th St, Ste 170
Phoenix, AZ 85020
(602) 997-0919
GENERAL DENTIST

****Ace Dental Care Inc**
4805 W Thomas Rd, Ste C
Phoenix, AZ 85031
(602) 233-2212

Dr. Ramin Damadzadeh
4805 W Thomas Rd, Ste C
Phoenix, AZ 85031
(602) 233-2212
PROSTHODONTIST

Dr. Adel Shayegan
4203 E Indian School Rd
Phoenix, AZ 85018
(602) 955-1780
GENERAL DENTIST

Dr. Arash Khoshnodi
620 E Butler Dr, Ste A
Phoenix, AZ 85020
(602) 944-1871
GENERAL DENTIST

Dr. Tam T Le
15215 S 48th St, Ste 113
Phoenix, AZ 85044
(480) 961-3330
GENERAL DENTIST

Dr. Brian Donald Buehler
21001 N Tatum Blvd,
Ste 801690
Phoenix, AZ 85050
(480) 419-9200
GENERAL DENTIST

****All About Smiles Dental Inc**
1855 W Greenway Rd,
Ste 107
Phoenix, AZ 85023
(602) 789-7426

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Facility and/or Dentist is currently not accepting new DHA patients.
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Dr. Aaron A Johnson
20542 N Lake Pleasant Rd
Peoria, AZ 85382
(623) 435-0080
GENERAL DENTIST

Dr. Todd R Cockrell
28451 N Vistancia Blvd,
Ste 101
Peoria, AZ 85383
(623) 218-6638
GENERAL DENTIST

Dr. Paul S Gebhart
28451 N Vistancia Blvd,
Ste 101
Peoria, AZ 85383
(623) 218-6638
GENERAL DENTIST

Dr. Maggie T Lam
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Ki Ngo
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Michael Recuber
8877 W Union Hills Dr,
Ste 500E
Peoria, AZ 85382
(623) 815-2626
GENERAL DENTIST

Dr. Michael Recuber
8877 W Union Hills Dr,
Bldg E
Peoria, AZ 85382
(623) 815-2626
GENERAL DENTIST

Dr. Navan A Patel
7616 W Thunderbird Rd,
Ste 2
Peoria, AZ 85381
(623) 773-9888
GENERAL DENTIST

Dr. Matthew B Shuldberg
8996 W Union Hills Dr,
Ste 101
Peoria, AZ 85382
(623) 825-9445
ORTHODONTIST

Dr. Lucas R Beatty
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(625) 486-5222
ORAL SURGEON

Dr. Nathan B Hammond
8392 W Thunderbird Rd
Peoria, AZ 85381
(623) 334-8778
GENERAL DENTIST

Dr. Justin J Philipp
8392 W Thunderbird Rd
Peoria, AZ 85381
(623) 334-8778
GENERAL DENTIST

Dr. Jeremy P Sweet
8392 W Thunderbird Rd
Peoria, AZ 85381
(623) 334-8778
GENERAL DENTIST

Dr. Julie Sung Sin Cutler
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
GENERAL DENTIST

Dr. Mahasin M Hangalay
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
GENERAL DENTIST

****Perfect Teeth**
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145

Dr. Percy B Twine
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
ENDODONTIST

Dr. Kristin N Leis
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
ORAL SURGEON

Dr. Richard D Releford
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
ORTHODONTIST

Dr. Douglas G Kerr
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Aristidis Pontikas
10613 W Olive Ave, Ste 201
Peoria, AZ 85345
(623) 933-2145
PERIODONTIST

Dr. Linda Raskansky
8279 W Lake Pleasant Pkwy,
Ste 110
Peoria, AZ 85382
(623) 878-0120
GENERAL DENTIST

Dr. George R Ayoub
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551
GENERAL DENTIST

Dr. Stephen L Kim
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551
GENERAL DENTIST

Dr. Joseph T Nielsen
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551
GENERAL DENTIST

Dr. Rafal Pytlik
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551
GENERAL DENTIST

Dr. Yen Chun Wang
13660 N 94th Dr, Ste B1
Peoria, AZ 85381
(623) 977-2551
GENERAL DENTIST

Dr. Rustin W Jones
7545 W Bell Rd, Ste 106
Peoria, AZ 85382
(623) 486-2700
ORTHODONTIST

Dr. Marc H Braslow
15182 N 75th Ave, Ste 120
Peoria, AZ 85381
(623) 878-2400
GENERAL DENTIST

Dr. Keith H Eskanos
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 776-9696
GENERAL DENTIST

Dr. Alexander C Hatch
15182 N 75th Ave, Ste 120
Peoria, AZ 85381
(623) 878-2400
GENERAL DENTIST

Dr. Hiba K Malki
15182 N 75th Ave, Ste 120
Peoria, AZ 85381
(623) 878-2400
GENERAL DENTIST

****Southwest Dental Group**
15182 N 75th Ave, Ste 120
Peoria, AZ 85381
(623) 878-2400

****Southwest Dental Group**
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 776-9696

Dr. James B Edwards
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 776-9696
ORAL SURGEON

Dr. Robert J Lytle
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 776-9696
ORAL SURGEON

Dr. Kristen L Benes
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 776-9696
ORTHODONTIST

Dr. Edward M Mazer
15188 N 75th Ave, Ste 280
Peoria, AZ 85381
(623) 776-9696
PERIODONTIST

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Dr. Kent J Spurling
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST

Dr. Jeffrey M Burstein
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
ORAL SURGEON

Dr. Kristin N Leis
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
ORAL SURGEON

Dr. Terence R Ziehmer
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
ORTHODONTIST

Dr. Alexandre Aalam
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
PERIODONTIST

Dr. Ousama El-Hillal
8272 W Lake Pleasant Pkwy,
Ste 209
Peoria, AZ 85382
(623) 376-6464
ORTHODONTIST

Dr. Aziz A Bohra
13360 N 94th Dr, Ste C
Peoria, AZ 85381
(623) 933-1989
PERIODONTIST

Dr. Hudson S Johnston
13360 N 94th Dr, Ste C
Peoria, AZ 85381
(623) 933-1989
PERIODONTIST

Dr. Brent Robert Hall
8877 W Union Hills Dr,
Ste 600
Peoria, AZ 85382
(623) 977-1181
GENERAL DENTIST

Dr. Bruce Thomas Aahrens
7616 W Thunderbird Rd,
Ste 1
Peoria, AZ 85381
(623) 979-6800
GENERAL DENTIST

Dr. George R Ayoub
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

****Cholla Hills Family Dentistry**
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363

Dr. Garrett L Lum
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Aseel A Murad
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Lam G Ngo
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Allan T Nguyen
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Joseph A Santoro
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Penn Y Soh
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Gopi K Vasireddy
7425 W Peoria Ave, Ste 102
Peoria, AZ 85345
(623) 979-6363
GENERAL DENTIST

Dr. Clayton Wainwright
9460 W Peoria Ave, Ste G
Peoria, AZ 85345
(623) 412-7943
GENERAL DENTIST

Dr. Paul K Owens
11001 N 99th Ave, Ste 113
Peoria, AZ 85345
(623) 583-7075
GENERAL DENTIST

****David P Terlizzi**
20470 N Lake Pleasant Rd
Peoria, AZ 85382
(623) 825-7003

Dr. David P Terlizzi
20470 N Lake Pleasant Rd
Peoria, AZ 85382
(623) 825-7003
GENERAL DENTIST

Dr. Ernest F Delmoe
13760 N 93rd Ave, Ste 111
Peoria, AZ 85381
(623) 933-6010
GENERAL DENTIST

Dr. Gary W Patrick
9059 W Lake Pleasant Pkwy,
Ste D400
Peoria, AZ 85382
(623) 572-0303
GENERAL DENTIST

Dr. Doug Roy Gabriel
8194 W Deer Valley Rd,
Ste 106
Peoria, AZ 85382
(623) 376-7233
GENERAL DENTIST

Dr. Jason R Arthurs
8249 W Thunderbird Rd,
Ste 110
Peoria, AZ 85381
(623) 979-8800
GENERAL DENTIST

****Desert Sunrise Family Dental**
8249 W Thunderbird Rd,
Ste 110
Peoria, AZ 85381
(623) 979-8800

****Desertview Dental Care**
8987 W Olive Ave, Ste 120
Peoria, AZ 85345
(623) 773-1882

Dr. Ramin B Sani
8987 W Olive Ave, Ste 120
Peoria, AZ 85345
(623) 773-1882
GENERAL DENTIST

Dr. Wilbert Saavedra
8272 W Lake Pleasant Pkwy,
Ste 209
Peoria, AZ 85382
(623) 376-6464
ORTHODONTIST

Dr. Randall John Snyder
8617 W Union Hills Dr,
Ste 101
Peoria, AZ 85382
(623) 815-1400
ORTHODONTIST

Dr. John R Francis
8671 W Union Hills Dr,
Ste 501
Peoria, AZ 85382
(623) 583-3960
PERIODONTIST

Dr. Johnny L Smith
9276 W Union Hills Dr, Ste A
Peoria, AZ 85382
(623) 972-6137
GENERAL DENTIST

Dr. Richard Carlton Brenke
7505 W Deer Valley Rd,
Ste 110
Peoria, AZ 85382
(623) 572-5777
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Sharon J Bader
9059 W Lake Pleasant Pkwy,
F600
Peoria, AZ 85382
(623) 825-5595
GENERAL DENTIST

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****Valleywide Sunshine Dental Care**
6328 E Brown Rd, Ste 102
Mesa, AZ 85205
(480) 325-5700

Dr. Yen Chun Wang
6328 E Brown Rd, Ste 102
Mesa, AZ 85205
(480) 325-5700
GENERAL DENTIST

Dr. Nathan W Smith
2919 S Ellsworth Rd, Ste 118
Mesa, AZ 85212
(480) 219-1384
GENERAL DENTIST

Dr. Jenny Y Chang
1161 E Main St
Mesa, AZ 85203
(480) 832-1555
GENERAL DENTIST

Dr. Mark A Engel
1161 E Main St
Mesa, AZ 85203
(480) 832-1555
GENERAL DENTIST

Dr. Jeremy P Garrett
1161 E Main St
Mesa, AZ 85203
(480) 832-1555
GENERAL DENTIST

Dr. Thomas K Kim
1161 E Main St
Mesa, AZ 85203
(480) 832-1555
GENERAL DENTIST

Dr. Patrick Y Liu
1161 E Main St
Mesa, AZ 85203
(480) 832-1555
GENERAL DENTIST

Dr. Jessica F Rogers
1161 E Main St
Mesa, AZ 85203
(480) 832-1555
GENERAL DENTIST

****Western Dental Services**
1161 E Main St
Mesa, AZ 85203
(480) 615-0900

****Western Dental Services**
1161 E Main St
Mesa, AZ 85203
(480) 832-1555

Dr. Gary V Williams Jr
1161 E Main St
Mesa, AZ 85203
(480) 832-1555
GENERAL DENTIST

Dr. Kamal Alfakiani
1161 E Main St
Mesa, AZ 85203
(480) 615-0900
ORTHODONTIST

Dr. Harvey B Arnce
855 W University Dr, Ste 11
Mesa, AZ 85201
(480) 827-0165
GENERAL DENTIST

Dr. David Benjamin Whiting
4827 E Southern Ave,
Ste 100
Mesa, AZ 85206
(480) 654-8900
GENERAL DENTIST

Dr. Jeffrey D Wing
2919 S Ellsworth Rd, Ste 106
Mesa, AZ 85212
(480) 588-5437
ORTHODONTIST

Dr. Jack G Wright
2346 E Brown Rd
Mesa, AZ 85213
(480) 969-1514
ORTHODONTIST

Dr. Jack G Wright
453 W 5th St
Mesa, AZ 85201
(480) 835-0567
ORTHODONTIST

Paradise Valley

Dr. Charles J Blaich
7125 E Lincoln Dr, Ste 101
Paradise Valley, AZ 85253
(480) 991-3331
ORAL SURGEON

Dr. Ivan B Grozdanov
10555 N Tatum Blvd
Paradise Valley, AZ 85253
(480) 607-7444
GENERAL DENTIST

Dr. Elizabeth L Manov
10555 N Tatum Blvd
Paradise Valley, AZ 85253
(480) 607-7444
GENERAL DENTIST

Dr. Lubomir Z Manov
10555 N Tatum Blvd
Paradise Valley, AZ 85253
(480) 607-7444
GENERAL DENTIST

Dr. Matthew A Bayne
5410 N Scottsdale Rd,
Ste B300
Paradise Valley, AZ 85253
(480) 621-4077
GENERAL DENTIST

Dr. Yaneav Cohen
7032 E Cochise Rd,
Ste A130
Paradise Valley, AZ 85253
(480) 607-4949
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Suzanne M Deball
7032 E Cochise Rd,
Ste A130
Paradise Valley, AZ 85253
(480) 607-4949
PEDODONTIST (PEDIATRIC DENTIST)

Peoria

Dr. George R Ayoub
7545 W Bell Rd, Ste 105
Peoria, AZ 85382
(623) 412-2461
GENERAL DENTIST

Dr. Agnes Bartys-Wawerska
7545 W Bell Rd, Ste 105
Peoria, AZ 85382
(623) 412-2461
GENERAL DENTIST

Dr. Michelle M Mahour
7545 W Bell Rd, Ste 105
Peoria, AZ 85382
(623) 412-2461
GENERAL DENTIST

****A Glowing Smile Dental Care**
8520 W Peoria Ave, Ste 108
Peoria, AZ 85345
(623) 486-5566

Dr. Joshua S Hong
8520 W Peoria Ave, Ste 108
Peoria, AZ 85345
(623) 486-5566
GENERAL DENTIST

Dr. Jay R Ayass
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST

Dr. Jennifer W Chalker
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST

Dr. Shahram Haghighat
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST

Dr. Jennifer L Harmon
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST

Dr. Daniel D Luisi
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST

Dr. Kasie Y Nam
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST

Dr. Michelle Rock
14155 N 83rd Ave, Ste 3-113
Peoria, AZ 85381
(623) 486-5222
GENERAL DENTIST

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DENTAL HEALTH ALLIANCE, L.L.C.

PPO PARTICIPATING DENTAL PROVIDERS

Dr. Frederick C Turley
1102 S Greenfield Rd
Mesa, AZ 85206
(480) 969-0077
GENERAL DENTIST

Dr. Stephen J Vital
3505 E Brown Rd, Ste 102
Mesa, AZ 85213
(480) 924-6169
GENERAL DENTIST

Dr. Ekaterina N Goncharova
2853 S Sossaman Rd, Ste A-110
Mesa, AZ 85212
(480) 986-5860
GENERAL DENTIST

Dr. Jack I Lipton
1318 W Southern Ave, Ste 6
Mesa, AZ 85202
(480) 668-0615
GENERAL DENTIST

Dr. Olga R Nouri
1660 S Alma School Rd, Ste 111
Mesa, AZ 85210
(480) 777-2111
GENERAL DENTIST

****Sunrise Family Dentistry**
1660 S Alma School Rd, Ste 111
Mesa, AZ 85210
(480) 777-2111

Dr. Scott L Dalton
5855 E Still Cir
Mesa, AZ 85206
(480) 634-1549
GENERAL DENTIST

****Sunwest Dental Center 2 Llc**
5855 E Still Cir
Mesa, AZ 85206
(480) 634-1549

Dr. Scott L Dalton
600 E University Dr
Mesa, AZ 85203
(480) 610-5100
GENERAL DENTIST

Dr. Ekaterina I Goncharova
600 E University Dr
Mesa, AZ 85203
(480) 610-5100
GENERAL DENTIST

****Sunwest Dental Center 2, Llc**
600 E University Dr
Mesa, AZ 85203
(480) 610-5100

Dr. Farid F Ebrahim
1423 S Higley Rd, Ste 123
Mesa, AZ 85206
(480) 830-3138
GENERAL DENTIST

****Supersmile Dentistry By Nordent**
1423 S Higley Rd, Ste 123
Mesa, AZ 85206
(480) 830-3138

Dr. Eldon Hastings
2500 S Power Rd, Ste 127
Mesa, AZ 85209
(602) 807-6453
GENERAL DENTIST

Dr. Gail Goodman
1545 E University Dr
Mesa, AZ 85203
(480) 834-9001
GENERAL DENTIST

Dr. James Frank King
4435 E Broadway Rd, Ste 9
Mesa, AZ 85206
(480) 223-0255
GENERAL DENTIST

***Dr. Kent W Stapley**
4435 E Broadway Rd, Ste 9
Mesa, AZ 85206
(480) 223-0255
GENERAL DENTIST

****The Family Tooth Doctor II Llc**
4435 E Broadway Rd, Ste 9
Mesa, AZ 85206
(480) 223-0255

Dr. Steven F Go
1918 E McKellips Rd
Mesa, AZ 85203
(480) 835-7357
GENERAL DENTIST

Dr. Eugene I Kim
1918 E McKellips Rd
Mesa, AZ 85203
(480) 835-7357
GENERAL DENTIST

Dr. Todd A McHaney
1918 E McKellips Rd
Mesa, AZ 85203
(480) 835-7357
GENERAL DENTIST

****Thunderbird Dental Group**
1918 E McKellips Rd
Mesa, AZ 85203
(480) 835-7357

Dr. Enrique G Wismann
1918 E McKellips Rd
Mesa, AZ 85203
(480) 835-7357
GENERAL DENTIST

Dr. Suneeta Annamareddy
4996 S Power Rd
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST

Dr. Brett A Karren
4996 S Power Rd
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST

Dr. Caryn H Lee
4996 S Power Rd
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST

Dr. Brian D Buehler
4996 S. Power Rd.
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST

Dr. Mu-Hun Kim
4996 S. Power Rd.
Mesa, AZ 85212
(480) 840-3600
GENERAL DENTIST

****Towne Center Dental Group**
4996 S. Power Rd.
Mesa, AZ 85212
(480) 840-3600

Dr. Stuart S Sanders
4996 S. Power Rd.
Mesa, AZ 85212
(480) 840-3600
ORAL SURGEON

Dr. Flora Y Chen
4996 S. Power Rd.
Mesa, AZ 85212
(480) 840-3600
ORTHODONTIST

Dr. Toby W Vanlandschoot
4996 S. Power Rd.
Mesa, AZ 85212
(480) 840-3600
ORTHODONTIST

Dr. Ramez N Abilmona
1722 E University Dr
Mesa, AZ 85203
(480) 833-9942
GENERAL DENTIST

Dr. Peter G Garcia
1722 E University Dr
Mesa, AZ 85203
(480) 833-9942
GENERAL DENTIST

Dr. Youil G Mamook
1722 E University Dr
Mesa, AZ 85203
(480) 833-9942
GENERAL DENTIST

****Tru-Value Denture And Dental Center**
1722 E University Dr
Mesa, AZ 85203
(480) 833-9942

***Dr. Tuyet T Ngo**
1150 N Country Club Dr, Ste 7
Mesa, AZ 85201
(480) 833-2005
GENERAL DENTIST

Dr. Stan L Covington
1010 E University Dr
Mesa, AZ 85203
(480) 644-7777
GENERAL DENTIST

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Dr. Ryan S Wallin
6626 E Baseline Rd, Ste 101
Mesa, AZ 85206
(480) 218-8800
GENERAL DENTIST

Dr. Bradley D Scott
5151 E Broadway Rd,
Ste 101
Mesa, AZ 85206
(480) 924-3446
GENERAL DENTIST

****Shamy Dental Inc**
6550 E Broadway Rd
Mesa, AZ 85206
(480) 297-7777

Dr. Ghassan S Sroujieh
6550 E Broadway Rd
Mesa, AZ 85206
(480) 297-7777
GENERAL DENTIST

Dr. Preethy J Kunthara
1350 S Longmore, Ste 13
Mesa, AZ 85202
(480) 833-0880
GENERAL DENTIST

****Simon Dental Care**
1350 S Longmore, Ste 13
Mesa, AZ 85202
(480) 833-0880

Dr. Mike Cy Lee
10238 E Hampton Ave,
Ste 105
Mesa, AZ 85208
(480) 986-2600
GENERAL DENTIST

Dr. Mike C Lee
10238 E Hampton Ave,
Ste 105
Mesa, AZ 85209
(480) 986-2600
GENERAL DENTIST

Dr. Morrie R Talbot
1925 S Sossaman Rd,
Ste 212
Mesa, AZ 85209
(480) 203-2531
GENERAL DENTIST

Dr. E. (Chad) Caffall
1801 E Southern Ave,
Ste 101
Mesa, AZ 85204
(480) 892-0600
GENERAL DENTIST

Dr. Elwynn C Caffall
1801 E Southern Ave,
Ste 101
Mesa, AZ 85204
(480) 892-0060
GENERAL DENTIST

Dr. David R Whitlock
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GENERAL DENTIST

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GENERAL DENTIST

Dr. Joseph R Mikulicz
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GENERAL DENTIST

****Southwest Dental Group**
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Dr. Daniel P Travelle
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GENERAL DENTIST

Dr. Stuart E Garber
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ENDODONTIST

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ORAL SURGEON

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4355 E University Dr, Ste 103
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(480) 830-0187
ORTHODONTIST

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(480) 830-0187
PERIODONTIST

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1010 W University Dr, Ste 2
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(480) 833-1040
GENERAL DENTIST

Dr. Christopher J Drew
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST

Dr. Brian J Goodman
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST

Dr. William G Halliday
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST

Dr. Robert P Smithson
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST

****Southwest Gd Dental Corp.**
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Ste 101
Mesa, AZ 85208
(480) 986-8013

Dr. Stephen G Vann
1113 S Signal Butte Rd,
Ste 101
Mesa, AZ 85208
(480) 986-8013
GENERAL DENTIST

Dr. David E Spring
560 N Stapley Dr, Ste 1
Mesa, AZ 85203
(480) 962-3845
GENERAL DENTIST

****Spring Family Dental**
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Mesa, AZ 85203
(480) 962-3845

Dr. Rogel A Carlos
846 S Stapley Dr
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(480) 834-8405
GENERAL DENTIST

Dr. Marissa P Mandap
846 S Stapley Dr
Mesa, AZ 85204
(480) 834-8405
GENERAL DENTIST

****Stapley Dental**
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Mesa, AZ 85204
(480) 834-8405

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GENERAL DENTIST

Dr. Raymond E Iannielli
1920 S Stapley Dr, Ste 105
Mesa, AZ 85204
(480) 545-5300
GENERAL DENTIST

Dr. Stuart S Sanders
1920 S Stapley Dr, Ste 105
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(480) 545-5300
ORAL SURGEON

Dr. Stephen C Driggs
1102 S Greenfield Rd
Mesa, AZ 85206
(480) 969-0077
GENERAL DENTIST

Dr. David F McCook
1102 S Greenfield Rd
Mesa, AZ 85206
(480) 969-0077
GENERAL DENTIST

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Dr. Joshua R Miner
4540 E Baseline Rd, Ste 102
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PEDODONTIST (PEDIATRIC DENTIST)

Dr. Daniella A Vazquez
4540 E Baseline Rd, Ste 102
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PEDODONTIST (PEDIATRIC DENTIST)

Dr. Mike Cy Lee
1731 W Baseline Rd, Ste 104
Mesa, AZ 85202
(480) 755-1200
GENERAL DENTIST

****Lee & Associates Dental Group**
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Mesa, AZ 85202
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Dr. Janice T Liao
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Ste B103
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GENERAL DENTIST

Dr. Christopher A Lines
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Ste 102
Mesa, AZ 85204
(480) 892-6505
ORAL SURGEON

Dr. Paul A Lines
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Ste 102
Mesa, AZ 85204
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ORAL SURGEON

Dr. Dennis K Lloyd
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Mesa, AZ 85205
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GENERAL DENTIST

Dr. Marcos A Cervantes
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Mesa, AZ 85201
(480) 833-3677
GENERAL DENTIST

Dr. Mark S Hank
2204 S Dobson Rd, Ste 205
Mesa, AZ 85202
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GENERAL DENTIST

Dr. Rakesh D Pema
1909 N Power Rd, Ste 103
Mesa, AZ 85205
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GENERAL DENTIST

Dr. Kamran Ata-Abadi
1930 S Dobson Rd
Mesa, AZ 85202
(480) 730-0500
GENERAL DENTIST

Dr. Jenny M Lee
1930 S Dobson Rd
Mesa, AZ 85202
(480) 730-0500
GENERAL DENTIST

****Mesa Dental Care**
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(480) 730-0500

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1930 S Dobson Rd
Mesa, AZ 85202
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GENERAL DENTIST

Dr. Thomas Clayton Turner
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(480) 633-7807
GENERAL DENTIST

Dr. Dalinde E Gonzalez
1905 E McKellips Rd
Mesa, AZ 85203
(480) 649-1949
GENERAL DENTIST

Dr. Michael J Hyneman
1905 E McKellips Rd
Mesa, AZ 85203
(480) 649-1949
GENERAL DENTIST

Dr. Michael J Smith
3048 E Baseline Rd, Ste 126
Mesa, AZ 85204
(480) 832-3400
GENERAL DENTIST

Dr. William S Guffey
2820 E University Dr, Ste 108
Mesa, AZ 85213
(480) 830-0262
GENERAL DENTIST

****Mountain View Family Dentistry Pllc**
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GENERAL DENTIST

Dr. Nathan R Kitchen
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(480) 830-8946
GENERAL DENTIST

Dr. Lucas R Beatty
1425 S Greenfield Rd
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ORAL SURGEON

Dr. Javier E Portocarrero
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GENERAL DENTIST

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GENERAL DENTIST

Dr. Paul John Pease
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GENERAL DENTIST

Dr. Paul John Pease
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GENERAL DENTIST

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2733 N Power Rd
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GENERAL DENTIST

****Perfect Teeth-Power And Mcdowell Pc**
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(480) 924-7800

Dr. Stephen A Kovar
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Ste 121
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(480) 357-3838
GENERAL DENTIST

Dr. Spencer D Weed
8257 E Guadalupe Rd,
Ste 121
Mesa, AZ 85212
(480) 357-3838
GENERAL DENTIST

Dr. Glenn E Kelty
1914 S Power Rd, Ste 103
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GENERAL DENTIST

Dr. Joel R Clark
1925 S Sossaman Rd,
Ste 211
Mesa, AZ 85209
(480) 503-3764
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Randall C Bretzing
2150 E Brown Rd, Ste 2
Mesa, AZ 85213
(480) 668-8434
GENERAL DENTIST

Dr. Robert L Baker
1927 N Gilbert Rd, Ste 12
Mesa, AZ 85203
(480) 461-9944
GENERAL DENTIST

Dr. Arlon M Petersen
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Mesa, AZ 85206
(480) 924-2880
ORTHODONTIST

Dr. Treven B Rollins
6755 E Superstition Springs Bl
Mesa, AZ 85206
(480) 924-2880
ORTHODONTIST

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DENTAL HEALTH ALLIANCE, L.L.C

PPO PARTICIPATING DENTAL PROVIDERS

Dr. Frank H Brinkman
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GENERAL DENTIST

Dr. Steven L Frost
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Mesa, AZ 85204
(480) 969-4774
ENDODONTIST

Dr. Richard J Gray
3048 E Baseline Rd, Ste 111
Mesa, AZ 85204
(480) 969-4774
ENDODONTIST

Dr. James D Hamberlin
3048 E Baseline Rd, Ste 111
Mesa, AZ 85204
(480) 969-4774
ENDODONTIST

Dr. Lance J Skidmore
3048 E Baseline Rd, Ste 111
Mesa, AZ 85204
(480) 969-4774
ENDODONTIST

Dr. Brian D Buehler
5340 S Power Rd, Ste 104
Mesa, AZ 85212
(480) 279-1036
GENERAL DENTIST

Dr. Mark R Scilley
1229 E McKellips Rd,
Ste 106
Mesa, AZ 85203
(480) 834-0890
GENERAL DENTIST

Dr. Mark A Engel
2919 S Ellsworth Rd, Ste 118
Mesa, AZ 85212
(480) 219-1384
GENERAL DENTIST

Dr. Abrahim T Setoodeh
1025 S Power Rd, Ste 106
Mesa, AZ 85206
(480) 830-4455
GENERAL DENTIST

Dr. Terry Berkley
1830 S Alma School Rd,
Ste 110
Mesa, AZ 85210
(480) 834-1317
GENERAL DENTIST

Dr. James L Cook
1830 S Alma School Rd,
Ste 110
Mesa, AZ 85210
(480) 834-1317
GENERAL DENTIST

Dr. Kenton B Covington
1830 S Alma School Rd,
Ste 110
Mesa, AZ 85210
(480) 834-1317
GENERAL DENTIST

****Family Dentistry Llc**
1830 S Alma School Rd,
Ste 110
Mesa, AZ 85210
(480) 834-1317

Dr. Abbas Fazel
1830 S Alma School Rd,
Ste 110
Mesa, AZ 85210
(480) 834-1317
GENERAL DENTIST

Dr. Ronald Keith Farr
4540 E Baseline Rd, Ste 111
Mesa, AZ 85206
(480) 834-8035
GENERAL DENTIST

Dr. Alan K Kulp
560 N Stapley Dr, Ste 2
Mesa, AZ 85203
(480) 964-2131
GENERAL DENTIST

Dr. Gary L Watkins
560 N Stapley Dr, Ste 2
Mesa, AZ 85203
(480) 964-2131
GENERAL DENTIST

Dr. Brian D Buehler
1901 S Signal Butte Rd,
Ste 107
Mesa, AZ 85209
(480) 305-0877
GENERAL DENTIST

Dr. Gregory R Manning
1901 S Signal Butte Rd,
Ste 107
Mesa, AZ 85209
(480) 305-0877
GENERAL DENTIST

Dr. Michael E Wilkinson
1901 S Signal Butte Rd,
Ste 107
Mesa, AZ 85209
(480) 305-0877
GENERAL DENTIST

****Glauser Orthodontics**
453 W 5th St
Mesa, AZ 85201
(480) 835-0567

****Glauser Orthodontics**
6848 E Brown Rd
Mesa, AZ 85207
(480) 832-8686

Dr. James R Glauser
453 W 5th St
Mesa, AZ 85201
(480) 835-0567
ORTHODONTIST

Dr. James R Glauser
6848 E Brown Rd
Mesa, AZ 85207
(480) 832-8686
ORTHODONTIST

Dr. Noel A Williams
6848 E Brown Rd
Mesa, AZ 85207
(480) 832-8686
ORTHODONTIST

Dr. Noel A Williams
453 W 5th St
Mesa, AZ 85201
(480) 835-0567
ORTHODONTIST

Dr. Lyle M Hamblin
432 W 5th Pl
Mesa, AZ 85201
(480) 969-5597
GENERAL DENTIST

****Imagine Orthodontics Of Arizona, Pllc**
1702 S Val Vista Dr, Ste 101
Mesa, AZ 85204
(480) 668-8200

Dr. Jack G Wright
1702 S Val Vista Dr, Ste 101
Mesa, AZ 85204
(480) 668-8200
ORTHODONTIST

****Indech Periodontics, Llc**
5440 E Southern Ave,
Ste 107
Mesa, AZ 85206
(480) 830-3344

Dr. Daniel N Indech
5440 E Southern Ave,
Ste 107
Mesa, AZ 85206
(480) 830-3344
PERIODONTIST

Dr. Brian Hung-Che Liao
1440 S Country Club Dr,
Ste 23
Mesa, AZ 85210
(480) 461-3400
GENERAL DENTIST

Dr. Janice T Liao
1440 S Country Club Dr,
Ste 23
Mesa, AZ 85210
(480) 461-3400
GENERAL DENTIST

Dr. Jared B Williams
855 E Brown Rd, Ste 3
Mesa, AZ 85203
(480) 962-1501
GENERAL DENTIST

Dr. Jon L Albrechtsen
6550 E Broadway, Ste 204
Mesa, AZ 85206
(480) 290-7777
GENERAL DENTIST

Dr. Kent W Stapley
1259 N Power Rd
Mesa, AZ 85205
(480) 830-8946
GENERAL DENTIST

Dr. Keven T Cook
944 N Gilbert Rd, Ste 4
Mesa, AZ 85203
(480) 834-5000
GENERAL DENTIST

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DENTAL HEALTH ALLIANCE, L.L.C.

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Dr. Kevin S Cahoon
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GENERAL DENTIST

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Ste 111
Mesa, AZ 85207
(480) 380-2525
GENERAL DENTIST

Dr. Mark L Sampang
1804 N Signal Butte Rd,
Ste 111
Mesa, AZ 85207
(480) 380-2525
GENERAL DENTIST

Dr. Benjamin G Weir
1804 N Signal Butte Rd,
Ste 111
Mesa, AZ 85207
(480) 380-2525
GENERAL DENTIST

Dr. Cedric V Loud
1804 N Signal Butte Rd,
Ste 111
Mesa, AZ 85207
(480) 380-2525
ORAL SURGEON

Dr. Blaine R Hansen
1804 N Signal Butte Rd,
Ste 111
Mesa, AZ 85207
(480) 380-2525
ORTHODONTIST

Dr. Ruben L Burrell
645 E University Dr
Mesa, AZ 85203
(480) 969-9109
GENERAL DENTIST

Dr. Suneeta Annamareddy
67 N Dobson Rd, Ste A104
Mesa, AZ 85201
(480) 668-1190
GENERAL DENTIST

Dr. Nitya Balan-Madan
67 N Dobson Rd, Ste A104
Mesa, AZ 85201
(480) 668-1190
GENERAL DENTIST

****Caring Quality Dentistry**
6712 E Broadway Rd, Ste 3A
Mesa, AZ 85206
(480) 830-0059

Dr. Thomas G Greco
6712 E Broadway Rd, Ste 3A
Mesa, AZ 85206
(480) 830-0059
GENERAL DENTIST

Dr. Uriel Carranza
1012 S Stapley Dr, Ste 105
Mesa, AZ 85204
(480) 733-9800
GENERAL DENTIST

***Dr. Mark R Curtis**
335 N Stapley Dr
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GENERAL DENTIST

***Dr. Chet L Jenkins**
335 N Stapley Dr
Mesa, AZ 85203
(480) 964-2662
GENERAL DENTIST

Dr. David C Poelman
335 N Stapley Dr
Mesa, AZ 85203
(480) 964-2662
GENERAL DENTIST

Dr. Cory D Giles
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Ste 111
Mesa, AZ 85205
(480) 985-7777
GENERAL DENTIST

****Cosmetic/Family Dental Clinic, P.C.**
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(480) 503-3600

Dr. Nick Nk Huynh
1236 E Baseline Rd, Ste 103
Mesa, AZ 85204
(480) 503-3600
GENERAL DENTIST

Dr. Jonathan L Kalika
525 W Southern Ave,
Ste 128
Mesa, AZ 85210
(480) 964-8982
GENERAL DENTIST

Dr. Daryl B Potyczka
525 W Southern Ave,
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Mesa, AZ 85210
(480) 964-8982
GENERAL DENTIST

Dr. David A Curtis
2025 N Power Rd, Ste 106
Mesa, AZ 85215
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GENERAL DENTIST

Dr. Susan M Larsen
1245 E Southern Ave, Ste 12
Mesa, AZ 85204
(480) 610-6544
GENERAL DENTIST

Dr. Angela S Ratnam
1245 E Southern Ave, Ste 12
Mesa, AZ 85204
(480) 610-6544
PEDODONTIST (PEDIATRIC DENTIST)

****Desert Dental Assoc.**
1812 W Baseline Rd
Mesa, AZ 85202
(480) 491-9588

Dr. Kyle B Hilgers
1812 W Baseline Rd
Mesa, AZ 85202
(480) 491-9588
GENERAL DENTIST

****Desert Family Dental**
1911 W Main St, Ste 6
Mesa, AZ 85201
(480) 838-4185

Dr. Tracy M Guilford
1911 W Main St, Ste 6
Mesa, AZ 85201
(480) 838-4185
GENERAL DENTIST

Dr. Julee K Weidner
1911 W Main St, Ste 6
Mesa, AZ 85201
(480) 838-4185
GENERAL DENTIST

Dr. Eric R Nielson
3035 S Ellsworth Rd, Ste 138
Mesa, AZ 85212
GENERAL DENTIST

Dr. Eric R Nielson
3035 S Ellsworth Rd, Ste 136
Mesa, AZ 85212
(480) 357-9442
GENERAL DENTIST

Dr. Gerald Lee Diquattro
1545 E University Dr
Mesa, AZ 85203
(480) 834-9001
GENERAL DENTIST

Dr. Gloria A Chen-Kaye
2058 S Dobson Rd, Ste 13
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(480) 820-2795
PERIODONTIST

Dr. Mysore S Suresh
1830 S Alma School Rd,
Ste 136
Mesa, AZ 85210
(480) 491-0404
GENERAL DENTIST

Dr. Pooja Suresh
1830 S Alma School Rd,
Ste 136
Mesa, AZ 85210
(480) 491-0404
GENERAL DENTIST

Dr. Upanya Suresh
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Ste 136
Mesa, AZ 85210
(480) 491-0404
GENERAL DENTIST

Dr. Usha Suresh
1830 S Alma School Rd,
Ste 136
Mesa, AZ 85210
(480) 491-0404
GENERAL DENTIST

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GENERAL DENTIST

Dr. Tony S Hashemian
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GENERAL DENTIST

****Blaine R. Couser Orthodontics**
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Mesa, AZ 85234
(480) 813-2222

Dr. Blaine R Couser
4540 E. Baseline Rd.,
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ORTHODONTIST

Dr. Blaine R Couser
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ORTHODONTIST

Dr. Brad L Cottle
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GENERAL DENTIST

Dr. Brian Hung-Che Liao
9061 E Baseline Rd,
Ste B103
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GENERAL DENTIST

Dr. Brent D Curtis
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(480) 820-1237
GENERAL DENTIST

Dr. Brian F Cahill
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Mesa, AZ 85206
(480) 632-6222
GENERAL DENTIST

Dr. Corwin Dean Martin
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(480) 632-6222
ORAL SURGEON

Dr. Brian R Peterson
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Mesa, AZ 85207
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GENERAL DENTIST

****Bright Now! Dental - Country Club**
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399

Dr. Michael D Hummitzsch
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
GENERAL DENTIST

Dr. Mark L Sampang
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
GENERAL DENTIST

Dr. Benjamin G Weir
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
GENERAL DENTIST

Dr. Morteza Zamani
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
GENERAL DENTIST

Dr. Nathan E Baker
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
ENDODONTIST

Dr. Cedric V Loud
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
ORAL SURGEON

Dr. Scott P Day
1950 S Country Club Dr
Mesa, AZ 85210
(480) 644-9399
ORTHODONTIST

Dr. Blaine R Hansen
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Mesa, AZ 85210
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ORTHODONTIST

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Mesa, AZ 85209
(480) 380-2525
ORTHODONTIST

Dr. Jonathan F Bergloff
1762 S Greenfield Rd,
Ste 103&104
Mesa, AZ 85206
(480) 633-7704
GENERAL DENTIST

****Bright Now! Dental - Greenfield**
1762 S Greenfield Rd,
Ste 103&104
Mesa, AZ 85206
(480) 633-7704

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1762 S Greenfield Rd,
Ste 103&104
Mesa, AZ 85206
(480) 633-7704
GENERAL DENTIST

Dr. Ruth B Chau-Bergloff
1762 S Greenfield Rd,
Ste 103&104
Mesa, AZ 85206
(480) 633-7704
GENERAL DENTIST

Dr. Brian D Griffiths
1762 S Greenfield Rd,
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Mesa, AZ 85206
(480) 633-7704
GENERAL DENTIST

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1762 S Greenfield Rd,
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(480) 633-7704
GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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(480) 380-2525
GENERAL DENTIST

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Dr. Jeong Yup Kim
14044 W Camelback Rd,
Ste 106
Litchfield Park, AZ 85340
(623) 547-0307
GENERAL DENTIST

Dr. Jehyun Ryu
14044 W Camelback Rd,
Ste 106
Litchfield Park, AZ 85340
(623) 547-0307
GENERAL DENTIST

Dr. Merry Elizabeth Johns
13575 W Indian School Rd,
Ste 150
Litchfield Park, AZ 85340
(623) 536-1100
ENDODONTIST

Dr. Nelson J Mar
5220 N Dysart Rd, Ste 144
Litchfield Park, AZ 85340
(623) 536-6845
GENERAL DENTIST

Dr. Bernard M Florento
5115 N Dysart Rd, Ste 218
Litchfield Park, AZ 85340
(623) 536-0900
GENERAL DENTIST

Dr. Darian Kaar
5115 N Dysart Rd, Ste 218
Litchfield Park, AZ 85340
(623) 536-0900
GENERAL DENTIST

Dr. Rosa Maria Krasavage
5115 N Dysart Rd, Ste 218
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(623) 536-0900
GENERAL DENTIST

Dr. Brandon J Kroll
5115 N Dysart Rd, Ste 218
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(623) 536-0900
GENERAL DENTIST

Dr. David S Tsai
5115 N Dysart Rd, Ste 218
Litchfield Park, AZ 85340
(623) 536-0900
GENERAL DENTIST

****West Coast Dental Inc.**
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Mesa

Dr. Kuong C Kov
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GENERAL DENTIST

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****Accurate Dental**
1731 W Baseline Rd, Ste 104
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Dr. Kamran Jafari
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Dr. Benjamin G Weir
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GENERAL DENTIST

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GENERAL DENTIST

Dr. Michelle Rock
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Mesa, AZ 85206
(480) 854-3434
GENERAL DENTIST

Dr. Kent J Spurling
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Ste 110
Mesa, AZ 85206
(480) 854-3434
GENERAL DENTIST

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Dr. Heather R Ronngren
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Mesa, AZ 85206
(480) 854-3434
GENERAL DENTIST

Dr. Jeffrey M Burstein
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(480) 892-8185

Dr. Neil S Reiser
3050 S Country Club Dr,
Ste 18
Mesa, AZ 85210
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GENERAL DENTIST

Dr. Andrew T Weir
1423 S Higley Rd, Ste 117
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(480) 807-3332
GENERAL DENTIST

Dr. Benjamin G Weir
1423 S Higley Rd, Ste 117
Mesa, AZ 85206
(480) 807-3332
GENERAL DENTIST

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9221 E Baseline Rd, Ste 111
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(480) 357-7759

Dr. Abbas Nejad
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Mesa, AZ 85209
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GENERAL DENTIST

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2855 E Brown Rd, Ste 15
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GENERAL DENTIST

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GENERAL DENTIST

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225 E 1st St, Ste 207
Mesa, AZ 85201
(480) 962-6652
GENERAL DENTIST

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GENERAL DENTIST

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Dr. Mark D Wheeler
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(623) 882-0782
GENERAL DENTIST

Dr. Michael H Day
13657 W McDowell Rd,
Ste 208
Goodyear, AZ 85338
(623) 535-9468
GENERAL DENTIST

****Good Day Dental**
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

****Perfect Teeth**
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Dr. Steven C Chang
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Goodyear, AZ 85338
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GENERAL DENTIST

Dr. Scott L Dalton
105 N Litchfield Rd
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GENERAL DENTIST

Dr. Loan K Dao
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GENERAL DENTIST

Dr. Zachary D Gilbertson
140 N Litchfield Rd, Ste 200
Goodyear, AZ 85338
(623) 932-5130
GENERAL DENTIST

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Goodyear, AZ 85338
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Dr. Darian Kaar
2025 N Pebble Creek Pkwy,
Ste A-11
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(623) 214-9979
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GENERAL DENTIST

Laveen

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5270 W Baseline Rd, Ste 130
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ORAL SURGEON

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(602) 237-8182
ORTHODONTIST

Dr. Shahin Madi
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PERIODONTIST

Litchfield Park

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(623) 535-9164
GENERAL DENTIST

Dr. Sam Hashemian
13575 W Indian School Rd
Litchfield Park, AZ 85340
(623) 536-7789
GENERAL DENTIST

Dr. Kenneth Wong
13575 W Indian School Rd
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(623) 536-7789
GENERAL DENTIST

Dr. Sam Hashemian
13575 W Indian School Rd,
Ste 300
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(623) 536-7789
GENERAL DENTIST

Dr. Sam E Thomas
5220 N Dysart Rd, Ste 160
Litchfield Park, AZ 85340
(623) 935-0500
GENERAL DENTIST

Dr. Tracy B Thomas
5220 N Dysart Rd, Ste 160
Litchfield Park, AZ 85340
(623) 935-0500
GENERAL DENTIST

Dr. Randall John Snyder
4830 N Litchfield Rd, Ste 101
Litchfield Park, AZ 85340
(623) 547-2022
ORTHODONTIST

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DENTAL HEALTH ALLIANCE, L.L.C.

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Dr. Shahram Karimi
20280 N 59th Ave, Ste 104
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(613) 566-0022
GENERAL DENTIST

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(602) 978-3878
GENERAL DENTIST

Dr. Pastora L Duncan
5041 W Northern Ave, Ste C
Glendale, AZ 85301
(623) 931-7451
GENERAL DENTIST

Dr. Adrian E Pulkrabek
18205 N 51st Ave, Ste 137
Glendale, AZ 85308
(602) 866-9825
GENERAL DENTIST

Dr. Chu-Chi Wang
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Ste 126
Glendale, AZ 85306
(623) 776-8777
GENERAL DENTIST

Dr. Vahid Hojreh
6740 W Camelback Rd
Glendale, AZ 85303
(623) 247-5300
GENERAL DENTIST

Dr. Bradley D Wyatt
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Glendale, AZ 85302
(623) 934-7607
GENERAL DENTIST

Dr. John C Graneto
5945 W Bethany Home Rd
Glendale, AZ 85301
(623) 931-3794
GENERAL DENTIST

Dr. Rick M Dougherty
18301 N 79th Ave, Ste G186
Glendale, AZ 85308
(623) 776-2494
GENERAL DENTIST

Dr. Sepideh Malekpour
18301 N 79th Ave, Ste G186
Glendale, AZ 85308
(623) 776-2494
GENERAL DENTIST

Dr. Daphne M Velazquez
18301 N 79th Ave, Ste G186
Glendale, AZ 85308
(623) 776-2494
GENERAL DENTIST

****Shamy Dental Inc**
4330 W Union Hills Dr,
Ste B18
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(623) 582-6666

Dr. Ghassan S Sroujieh
4330 W Union Hills Dr,
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(623) 582-6666
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****Simply Dental**
10646 N 51st Ave
Glendale, AZ 85304
(623) 878-0882

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5422 W Thunderbird Rd,
Ste 20
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GENERAL DENTIST

Dr. Rafed K Matti
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Ste 20
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(602) 439-5197
GENERAL DENTIST

Dr. Hien V Nguyen
5422 W Thunderbird Rd,
Ste 20
Glendale, AZ 85306
(602) 439-5197
GENERAL DENTIST

Dr. Larry D Russell
5422 W Thunderbird Rd,
Ste 20
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GENERAL DENTIST

****Southwest Gd Dental Corp.**
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Glendale, AZ 85306
(602) 439-5197

Dr. Elizabeth M Tandy
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PERIODONTIST

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Glendale, AZ 85306
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GENERAL DENTIST

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Ste 103
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(623) 587-0300
GENERAL DENTIST

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ENDODONTIST

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Glendale, AZ 85308
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ENDODONTIST

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ENDODONTIST

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ENDODONTIST

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ENDODONTIST

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ENDODONTIST

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ENDODONTIST

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ENDODONTIST

Dr. Matthew B Tonioli
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ENDODONTIST

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ENDODONTIST

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Dr. Noah Ariola-Tirella
5929 W Peoria Ave, Ste 101
Glendale, AZ 85302
(623) 878-5339
GENERAL DENTIST

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ORTHODONTIST

Dr. Lawrence M Harrop
6591 W Thunderbird Rd,
Ste B1
Glendale, AZ 85306
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GENERAL DENTIST

Dr. Harjot K Brar
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GENERAL DENTIST

****I-Smile Dentistry**
7700 W Arrowhead Towne
Ctr
Glendale, AZ 85308
(623) 937-6453

Dr. Benjamin W Stark
7700 W Arrowhead Towne
Ctr
Glendale, AZ 85308
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Dr. James R Willcox
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ORTHODONTIST

Dr. Jane W Liu
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Ste D480
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8507 N 51st Ave
Glendale, AZ 85302
(623) 939-8335
GENERAL DENTIST

Dr. Kenneth J Marz
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
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GENERAL DENTIST

Dr. Iain D Macallan
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GENERAL DENTIST

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5757 W Thunderbird Rd,
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GENERAL DENTIST

Dr. Mark B Hughes
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Ste C1
Glendale, AZ 85306
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GENERAL DENTIST

Dr. Farzin Allameh
5750 W Thunderbird Rd,
Ste F600
Glendale, AZ 85306
(602) 978-5900
GENERAL DENTIST

****Matrix Dentistry**
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Ste F600
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Glendale, AZ 85302
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GENERAL DENTIST

Dr. Jose R Gonzales
4491 W Northern Ave
Glendale, AZ 85301
(623) 931-5321
GENERAL DENTIST

Dr. Darrin J Nelson
4491 W Northern Ave
Glendale, AZ 85301
(623) 931-5321
GENERAL DENTIST

****North Valley**
Endodontics, Pa
5310 W Thunderbird Rd,
Ste 213
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(602) 866-8700

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5310 W Thunderbird Rd,
Ste 213
Glendale, AZ 85306
(602) 866-8700
ENDODONTIST

Dr. Spencer W Crook
5310 W Thunderbird Rd,
Ste 213
Glendale, AZ 85306
(602) 866-8700
ENDODONTIST

Dr. Elie E Ezzie
5310 W Thunderbird Rd,
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ENDODONTIST

Dr. Shawn D Gilbert
5310 W Thunderbird Rd,
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ENDODONTIST

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Glendale, AZ 85308
(602) 978-9575

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GENERAL DENTIST

Dr. Allan S Szeto
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GENERAL DENTIST

Dr. Mohammed A Elseed
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(623) 487-9494
ENDODONTIST

Dr. Robin D Williams
7200 W Bell Rd, Ste D1
Glendale, AZ 85308
(623) 487-9494
ORTHODONTIST

****Bell Park Dental**
17037 N 43rd Ave, Ste A4
Glendale, AZ 85308
(602) 896-9688

Dr. Holly D Botshekan
17037 N 43rd Ave, Ste A4
Glendale, AZ 85308
(602) 896-9688
GENERAL DENTIST

Dr. Ramin Damadzadeh
17037 N 43rd Ave, Ste A4
Glendale, AZ 85308
(602) 896-9688
PROSTHODONTIST

Dr. Vanessa C Marinho
17250 N 43rd Ave, Ste 5
Glendale, AZ 85308
(602) 978-8433
PERIODONTIST

****Bethany Dental Center**
5270 N 59th Ave, Ste 18
Glendale, AZ 85301
(623) 934-5291

Dr. Kae C Hogan
5270 N 59th Ave, Ste 18
Glendale, AZ 85301
(623) 934-5291
GENERAL DENTIST

Dr. Brandon W Lee
4444 W Northern Ave, Ste A3
Glendale, AZ 85301
(623) 842-1075
GENERAL DENTIST

****Bright Now! Dental - Glendale**
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560

Dr. Kevin S Cahoon
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
GENERAL DENTIST

Dr. Korinne M Grieger
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
GENERAL DENTIST

Dr. Matthew D Kennedy
8285 W Union Hills Dr,
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(623) 376-6560
GENERAL DENTIST

Dr. Dennis D Kim
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
GENERAL DENTIST

Dr. Young Joo Lee
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
GENERAL DENTIST

Dr. Trevor Luu
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
GENERAL DENTIST

Dr. Mark L Sampang
8285 W Union Hills Dr,
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(623) 376-6560
GENERAL DENTIST

Dr. Benjamin G Weir
8285 W Union Hills Dr,
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Glendale, AZ 85308
(623) 376-6560
GENERAL DENTIST

Dr. Cedric V Loud
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
ORAL SURGEON

Dr. Scott P Day
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
ORTHODONTIST

Dr. Thomas S Shipley
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
ORTHODONTIST

Dr. Matthew B Shuldberg
8285 W Union Hills Dr,
Ste 103
Glendale, AZ 85308
(623) 376-6560
ORTHODONTIST

Dr. Louis T Core
18205 N 51st Ave, Bldg 1
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(602) 993-4200
GENERAL DENTIST

Dr. Chu-Chi Wang
6677 W Thunderbird Rd,
Ste A126
Glendale, AZ 85306
(623) 776-8777
GENERAL DENTIST

Dr. Ghasem K Darian
20165 N 67th Ave, Ste 103
Glendale, AZ 85308
(623) 931-5467
GENERAL DENTIST

Dr. Aaron D Laws
8811 N 51st Ave, Ste 108
Glendale, AZ 85302
(623) 934-0938
GENERAL DENTIST

Dr. Eric L Vansluyters
6591 W Thunderbird Rd,
Ste B
Glendale, AZ 85306
(623) 773-1991
GENERAL DENTIST

Dr. Linda Tang
5930 W Greenway Rd,
Ste 14A
Glendale, AZ 85306
(602) 978-4621
GENERAL DENTIST

Dr. Ryan D Cullinan
5700 W Olive Ave, Ste 107
Glendale, AZ 85302
(623) 931-2222
GENERAL DENTIST

****Glendale Family Dentistry**
5700 W Olive Ave, Ste 107
Glendale, AZ 85302
(623) 931-2222

Dr. Glen S Bui
7448 W Glendale Ave,
Ste 126
Glendale, AZ 85303
(623) 930-0060
GENERAL DENTIST

Dr. Cindy H T Pham
7448 W Glendale Ave,
Ste 126
Glendale, AZ 85303
(623) 930-0060
GENERAL DENTIST

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DENTAL HEALTH ALLIANCE, L.L.C.

PPO PARTICIPATING DENTAL PROVIDERS

Dr. Khanh D Pham
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(602) 939-5131
GENERAL DENTIST

Dr. Rodger S Sears
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(602) 939-5131
GENERAL DENTIST

Dr. Gary F Bernard
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(602) 939-5131
PERIODONTIST

****Ahad Soley DDS Pc**
5750 W Thunderbird Rd,
Ste D480
Glendale, AZ 85306
(602) 547-1916

Dr. Ahad B Soley
5750 W Thunderbird Rd,
Ste D480
Glendale, AZ 85306
(602) 547-1916
GENERAL DENTIST

Dr. Joseph Robert Mikulicz
5929 W Peoria Ave
Glendale, AZ 85302
(623) 878-5339
GENERAL DENTIST

Dr. Andrew E Forman
5620 W Thunderbird Rd,
Ste C4
Glendale, AZ 85306
(602) 843-1000
ORTHODONTIST

Dr. Anthony Valenzuela
17606 N 59th Ave
Glendale, AZ 85308
(623) 225-7345
GENERAL DENTIST

Dr. Ardeshir Dabestani
9025 N 51st Ave
Glendale, AZ 85302
(623) 915-9700
GENERAL DENTIST

Dr. Asha Dabestani
9025 N 51st Ave
Glendale, AZ 85302
(623) 915-9700
GENERAL DENTIST

Dr. Jeffrey E Fellner
20265 N 59th Ave, Ste B5
Glendale, AZ 85308
(623) 362-9616
GENERAL DENTIST

Dr. Ronald K Shelley
20265 N 59th Ave, Ste B5
Glendale, AZ 85308
(623) 362-9616
GENERAL DENTIST

Dr. Ivan D Tovar
20265 N 59th Ave, Ste B5
Glendale, AZ 85308
(623) 362-9616
GENERAL DENTIST

****Artisan Family Dentistry**
18555 N 59th Ave, Ste 127
Glendale, AZ 85308
(602) 588-7777

Dr. Jeremy P Carson
18555 N 59th Ave, Ste 127
Glendale, AZ 85308
(602) 588-7777
GENERAL DENTIST

Dr. Grace E Jeong
5940 W Union Hills Dr,
Ste F110
Glendale, AZ 85308
(602) 978-9575
GENERAL DENTIST

Dr. Morteza Zamani
5940 W Union Hills Dr,
Ste F110
Glendale, AZ 85308
(602) 978-9575
GENERAL DENTIST

Dr. Monika Mcjunkin Davis
5620 W Thunderbird Rd,
Ste G1
Glendale, AZ 85306
(602) 588-2835
GENERAL DENTIST

Dr. Paul C Amundson
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Glendale, AZ 85308
(602) 547-9566
GENERAL DENTIST

Dr. Jamie L Bremer
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(602) 547-9566
GENERAL DENTIST

Dr. Ronald D Giordan
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(602) 547-9566
GENERAL DENTIST

Dr. David M Hamblin
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(602) 547-9566
GENERAL DENTIST

Dr. James H Hardy
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

Dr. Kris Putrasahan
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GENERAL DENTIST

Dr. Vikram A Rajadhyaksha
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GENERAL DENTIST

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GENERAL DENTIST

Dr. Curtis T Stoddard
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

Dr. Johanna J Tesoniero
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Glendale, AZ 85308
(602) 547-9566
GENERAL DENTIST

Dr. Robin D Williams
5905 W Bell Rd, Ste 6
Glendale, AZ 85308
(602) 547-9566
ORTHODONTIST

****Associated Dental Care Providers, Pc**
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(623) 487-9494

Dr. David M Hamblin
7200 W Bell Rd, Ste D1
Glendale, AZ 85308
(623) 487-9494
GENERAL DENTIST

Dr. Richard K Matsuishi
7200 W Bell Rd, Ste D1
Glendale, AZ 85308
(623) 487-9494
GENERAL DENTIST

Dr. Kasie Y Nam
7200 W Bell Rd, Ste D1
Glendale, AZ 85308
(623) 487-9494
GENERAL DENTIST

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Dr. Treven B Rollins
1400 N Gilbert Rd, Ste J
Gilbert, AZ 85234
(480) 497-0509
ORTHODONTIST

Dr. Arlon M Petersen
1400 N Gilbert Rd, Ste J
Gilbert, AZ 85234
(480) 497-0509
ORTHODONTIST

Dr. Jayganesh M Bhatt
3341 E Queen Creek Rd,
Ste 101
Gilbert, AZ 85297
(480) 457-8877
GENERAL DENTIST

Dr. Joy L Brauer
3336 E Chandler Heights Rd,
Ste 119
Gilbert, AZ 85297
(480) 279-4790
GENERAL DENTIST

Dr. Howard G Brauer Jr
3336 E Chandler Heights Rd,
Ste 119
Gilbert, AZ 85297
(480) 279-4790
GENERAL DENTIST

****Seville Family Dentistry**
3336 E Chandler Heights Rd,
Ste 119
Gilbert, AZ 85297
(480) 279-4790

Dr. Eric J Genenbacher
1496 N Higley Rd, Ste 104
Gilbert, AZ 85234
(480) 830-5003
GENERAL DENTIST

Dr. Peter A Spanganberg
7400 S Power Rd, Ste 136
Gilbert, AZ 85297
(480) 279-3113
ORAL SURGEON

Dr. Bryan M Chapman
1355 S Higley Rd, Ste 119
Gilbert, AZ 85296
(480) 279-3700
GENERAL DENTIST

****Sonoran Smile Orthodontics Llc**
3336 E. Chaudler Heights,
Ste 111 Bldg 2
Gilbert, AZ 85297
(480) 988-0028

Dr. Samantha Mai-Chi Vu
3336 E. Chaudler Heights,
Ste 111 Bldg 2
Gilbert, AZ 85297
(480) 988-0028
ORTHODONTIST

Dr. William G Halliday
1851 E Baseline Rd, Ste 103
Gilbert, AZ 85233
(480) 558-9000
GENERAL DENTIST

Dr. Sara J Kuhlmann
1851 E Baseline Rd, Ste 103
Gilbert, AZ 85233
(480) 558-9000
GENERAL DENTIST

Dr. Robert P Smithson
1851 E Baseline Rd, Ste 103
Gilbert, AZ 85233
(480) 558-9000
GENERAL DENTIST

****Southwest Gd Dental Corp.**
1851 E Baseline Rd, Ste 103
Gilbert, AZ 85233
(480) 558-9000

Dr. Elizabeth M Tandy
1851 E Baseline Rd, Ste 103
Gilbert, AZ 85233
(480) 558-9000
PERIODONTIST

Dr. Tommie B Decano
1835 E Baseline Rd
Gilbert, AZ 85233
(480) 507-5645
GENERAL DENTIST

Dr. James E Genobaga
1835 E Baseline Rd
Gilbert, AZ 85233
(480) 507-5645
GENERAL DENTIST

Dr. Sassan Mouzoon
1835 E Baseline Rd
Gilbert, AZ 85233
(480) 507-5645
GENERAL DENTIST

****Township Dental Associates**
1835 E Baseline Rd
Gilbert, AZ 85233
(480) 507-5645

Dr. Jae W Chung
1395 E Warner Rd, Ste 105C
Gilbert, AZ 85296
(480) 558-0212
GENERAL DENTIST

***Dr. Amir Michael Etebari**
1395 E Warner Rd, Ste 105C
Gilbert, AZ 85296
(480) 558-0212
GENERAL DENTIST

Dr. Jason R Zuch
1395 E Warner Rd, Ste 105C
Gilbert, AZ 85296
(480) 558-0212
PERIODONTIST

Dr. Mark Allen Kerr
1355 S Higley Rd, Ste 116
Gilbert, AZ 85296
(480) 545-4120
ENDODONTIST

Dr. Patrick T Carter
835 W Warner Rd, Ste 112
Gilbert, AZ 85233
(480) 632-0457
GENERAL DENTIST

Dr. Nabil N Fehmi
2451 E Baseline Rd, Ste 450
Gilbert, AZ 85234
(480) 924-7200
GENERAL DENTIST

Glendale

Dr. Thanh Vien Du
6749 W Bethany Home Rd,
Ste 102
Glendale, AZ 85303
(623) 849-1356
GENERAL DENTIST

Dr. Roy Y Song
6749 W Bethany Home Rd,
Ste 102
Glendale, AZ 85303
(623) 849-1356
GENERAL DENTIST

****A&A Family Dentistry**
6040 N 43rd Ave, Ste 4
Glendale, AZ 85301
(623) 218-2222

Dr. Payam Abedi
6040 N 43rd Ave, Ste 4
Glendale, AZ 85301
(623) 218-2222
GENERAL DENTIST

Dr. Shahab Ardalan
6040 N 43rd Ave, Ste 4
Glendale, AZ 85301
(623) 218-2222
GENERAL DENTIST

Dr. Bradley Justin Willcox
4425 W Olive Ave, Ste 188
Glendale, AZ 85302
(602) 939-5131
GENERAL DENTIST

****Accucare Dental Centers, Pc**
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(602) 939-5131

Dr. Leila Hakimzadeh-Ghafouri
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(602) 939-5131
GENERAL DENTIST

Dr. Tzuyu Meng
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(602) 939-5131
GENERAL DENTIST

Dr. Tania D Nguyen
8910 N 43rd Ave, Ste 104
Glendale, AZ 85302
(602) 939-5131
GENERAL DENTIST

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DENTAL HEALTH ALLIANCE, LLC

PPO PARTICIPATING DENTAL PROVIDERS

Dr. James R Glauser
3329 E Baseline Rd
Gilbert, AZ 85234
(480) 632-6868
ORTHODONTIST

Dr. Noel A Williams
3329 E Baseline Rd
Gilbert, AZ 85234
(480) 632-6868
ORTHODONTIST

Dr. Michio K Kubota
694 S Cooper Rd, Ste A2
Gilbert, AZ 85233
(480) 632-2255
GENERAL DENTIST

****Imagine Orthodontics Of Arizona, Pllc**
2765 S Market St, Ste 103
Gilbert, AZ 85296
(480) 857-9500

Dr. Jack G Wright
2765 S Market St, Ste 103
Gilbert, AZ 85296
(480) 857-9500
ORTHODONTIST

Dr. Jared W Welch
3011 S Lindsay Rd, Ste 108
Gilbert, AZ 85296
(480) 917-9339
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Jesse R Debaker
110 S Val Vista Dr, Ste B7
Gilbert, AZ 85296
(480) 892-4567
GENERAL DENTIST

Dr. John S Coleman
3011 S Lindsay Rd, Ste 104
Gilbert, AZ 85296
(480) 855-5544
GENERAL DENTIST

Dr. Leina Abraham-Lalani
633 E Ray Rd, Ste 104
Gilbert, AZ 85296
(480) 782-1131
GENERAL DENTIST

Dr. Brett N Chapman
3592 S Atherton Blvd,
Ste 107
Gilbert, AZ 85297
(480) 889-1877
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Lyde J Adams
1489 W Elliot Rd, Ste 101
Gilbert, AZ 85233
(480) 507-9400
GENERAL DENTIST

Dr. David T Madder
1757 E Baseline Rd, Ste 129
Gilbert, AZ 85233
(480) 545-0661
GENERAL DENTIST

Dr. Matthew D Jones
1534 E Ray Rd, Ste 119
Gilbert, AZ 85296
(480) 812-1500
ORTHODONTIST

Dr. Darron R Mortenson
2451 E Baseline Rd, Ste 120
Gilbert, AZ 85234
(480) 545-8882
ORTHODONTIST

Dr. Scott P Irwin
110 S Val Vista Dr, Ste B7
Gilbert, AZ 85296
(480) 892-4567
GENERAL DENTIST

****Navid Zamini, DMD**
3611 E Baseline Rd, Ste 104
Gilbert, AZ 85234
(480) 497-2000

Dr. Navid Zamani
3611 E Baseline Rd, Ste 104
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(480) 497-2000
GENERAL DENTIST

Dr. Hassan A Beyramian
825 S Cooper Rd, Ste B9
Gilbert, AZ 85233
(480) 855-7522
GENERAL DENTIST

Dr. Sean Ziaei
825 S Cooper Rd, Ste B9
Gilbert, AZ 85233
(480) 855-7522
GENERAL DENTIST

Dr. Nicholas B Lafeber
3011 S Lindsay Rd, Ste 104
Gilbert, AZ 85296
(480) 855-5544
GENERAL DENTIST

Dr. Scott P Day
3303 S Lindsay Rd, Ste 126
Gilbert, AZ 85297
(480) 812-9100
ORTHODONTIST

Dr. Bradley X Demark
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
GENERAL DENTIST

Dr. Mahasin M Hangalay
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
GENERAL DENTIST

Dr. Stephen A Kovar
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
GENERAL DENTIST

****Perfect Teeth/Gilbert P.C.**
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922

Dr. Percy B Twine
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
ENDODONTIST

Dr. Kristin N Leis
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
ORAL SURGEON

Dr. Richard D Releford
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
ORTHODONTIST

Dr. Aristidis Pontikas
81 W Guadalupe Rd, Ste 101
Gilbert, AZ 85233
(480) 507-2922
PERIODONTIST

Dr. Clara A Pineda
707 W Ray Rd, Ste A5
Gilbert, AZ 85233
(480) 821-4868
GENERAL DENTIST

****Pineda & Stott Family & Cosmetic Dentist**
707 W Ray Rd, Ste A5
Gilbert, AZ 85233
(480) 821-4868

Dr. Eldon D Stott
707 W Ray Rd, Ste A5
Gilbert, AZ 85233
(480) 821-4868
GENERAL DENTIST

Dr. Brandon G Goates
3885 S Val Vista Dr, Ste 106
Gilbert, AZ 85297
(480) 899-8999
GENERAL DENTIST

Dr. Joel R Clark
7400 S Power Rd, Bldg 6
Gilbert, AZ 85297
(480) 503-3764
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Allistair C Ray
1111 N Gilbert Rd, Ste 117
Gilbert, AZ 85234
(480) 539-7222
GENERAL DENTIST

****Ray Family Dentistry**
1111 N Gilbert Rd, Ste 117
Gilbert, AZ 85234
(480) 539-7222

Dr. Morris M Oswald
1534 E Ray Rd, Ste 115
Gilbert, AZ 85296
(480) 279-6010
GENERAL DENTIST

****Red Canyon Dentistry Llc**
1534 E Ray Rd, Ste 115
Gilbert, AZ 85296
(480) 279-6010

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
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Dr. Penn Y Soh
78 N Cooper Rd, Ste 107
Gilbert, AZ 85233
(480) 964-1000
GENERAL DENTIST

Dr. Gopi K Vasireddy
78 N Cooper Rd, Ste 107
Gilbert, AZ 85233
(480) 964-1000
GENERAL DENTIST

Dr. David M Chei
8490 S. Power Rd., Ste 106
Gilbert, AZ 85297
(480) 988-7200
GENERAL DENTIST

****David M Chei, DMD**
8490 S. Power Rd., Ste 106
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(480) 988-7200

****Dental Elegance At The Island**
1425 W Elliot Rd, Ste 105
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(480) 558-7600

Dr. Dositej Stulic
1425 W Elliot Rd, Ste 105
Gilbert, AZ 85233
(480) 558-7600
GENERAL DENTIST

Dr. Stephanie L Walker
1425 W Elliot Rd, Ste 105
Gilbert, AZ 85233
(480) 558-7600
GENERAL DENTIST

Dr. Dositej Stulic
1425 W Elliot Rd, Ste A-105
Gilbert, AZ 85233
(480) 558-7600
GENERAL DENTIST

Dr. Lior Berger
2730 S Val Vista, Bldg 11
Ste 164
Gilbert, AZ 85296
(480) 633-9977
GENERAL DENTIST

Dr. Gregory J Mikszta
2730 S Val Vista, Bldg 11
Ste 164
Gilbert, AZ 85296
(480) 633-9977
ENDODONTIST

Dr. Marcus L Palermo
2730 S Val Vista, Bldg 11
Ste 164
Gilbert, AZ 85296
(480) 633-9977
ENDODONTIST

Dr. Brian A Lilien
2730 S Val Vista, Bldg 11
Ste 164
Gilbert, AZ 85296
(480) 633-9977
ORAL SURGEON

Dr. Kyle S Rabe
2730 S Val Vista, Bldg 11
Ste 164
Gilbert, AZ 85296
(480) 633-9977
ORTHODONTIST

Dr. Dirk M Donovan
2730 S Val Vista, Bldg 11
Ste 164
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(480) 633-9977
PERIODONTIST

Dr. Dejan Kohut
2730 S Val Vista, Bldg 11
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(480) 633-9977
PERIODONTIST

Dr. Gustavo Tapia
2730 S Val Vista, Bldg 11
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Gilbert, AZ 85296
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PROSTHODONTIST

Dr. Jacob Zuniga
33 N Lindsay Rd, Ste 101
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GENERAL DENTIST

Dr. Kamran Ata-Abadi
4341 E Baseline Rd,
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GENERAL DENTIST

****Dentist R Us**
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(480) 558-7500

Dr. Jenny M Lee
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Ste C107
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(480) 558-7500
GENERAL DENTIST

Dr. Ali H Nia
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Ste C107
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(480) 558-7500
GENERAL DENTIST

Dr. Ryan C Halls
7400 S Power Rd, Ste 118
Gilbert, AZ 85297
(480) 279-5533
GENERAL DENTIST

Dr. Payam Abedi
825 S Cooper Rd, Ste B9
Gilbert, AZ 85233
(480) 855-7522
GENERAL DENTIST

****East West Dental**
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Gilbert, AZ 85296
(480) 633-5653

Dr. Ted H Tang
911 S Lindsay Rd, Ste 101
Gilbert, AZ 85296
(480) 633-5653
GENERAL DENTIST

Dr. Michael A Mazaheri
725 W Elliot Rd, Ste 104
Gilbert, AZ 85233
(480) 633-1481
GENERAL DENTIST

Dr. Ryan Porter
3592 S Atherton Blvd,
Ste 112
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(480) 457-8600
GENERAL DENTIST

Dr. Keith D Kennedy
7400 S Power Rd, Ste 128
Gilbert, AZ 85297
(480) 988-2282
GENERAL DENTIST

Dr. Samantha T Kolinski
4915 E Baseline Rd, Ste 104
Gilbert, AZ 85234
(480) 218-6000
GENERAL DENTIST

Dr. Samantha T Kolinski
4915 E Baseline Rd, Ste 107
Gilbert, AZ 85234
(480) 218-6000
GENERAL DENTIST

Dr. David J Gibbons
3333 E Baseline Rd
Gilbert, AZ 85234
(480) 892-9190
GENERAL DENTIST

Dr. Joshua B Haslam
3011 S Lindsay Rd, Ste 104
Gilbert, AZ 85296
(480) 855-5544
GENERAL DENTIST

Dr. Leonard Chiang
1515 N Gilbert Rd, Ste 104
Gilbert, AZ 85234
(480) 539-8810
GENERAL DENTIST

****Gilbert Dental Care**
1515 N Gilbert Rd, Ste 104
Gilbert, AZ 85234
(480) 539-8810

Dr. Ronald E Ward
1166 S Gilbert Rd, Ste 117
Gilbert, AZ 85296
(480) 888-8095
GENERAL DENTIST

****Glauser Orthodontics**
3329 E Baseline Rd
Gilbert, AZ 85234
(480) 632-6868

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
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Gilbert

****Alpha Canyon Endodontics**
875 N Greenfield Rd, Ste 111
Gilbert, AZ 85234
(480) 558-1988

Dr. Kevin T Axx
875 N Greenfield Rd, Ste 111
Gilbert, AZ 85234
(480) 558-1988
ENDODONTIST

Dr. Hung Q Nguyen
875 N Greenfield Rd, Ste 111
Gilbert, AZ 85234
(480) 558-1988
ENDODONTIST

Dr. Quang Le
894 E Warner Rd, Ste 105
Gilbert, AZ 85296
(480) 882-9588
GENERAL DENTIST

Dr. Jennifer W Chalker
3336 E Chandler Heights Rd,
Bldg 1
Gilbert, AZ 85297
(480) 840-6556
GENERAL DENTIST

Dr. Shahram Haghighat
3336 E Chandler Heights Rd,
Bldg 1
Gilbert, AZ 85297
(480) 840-6556
GENERAL DENTIST

Dr. Daniel D Luisi
3336 E Chandler Heights Rd,
Bldg 1
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(480) 840-6556
GENERAL DENTIST

Dr. Michelle Rock
3336 E Chandler Heights Rd,
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(480) 840-6556
GENERAL DENTIST

Dr. Heather R Ronngren
3336 E Chandler Heights Rd,
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GENERAL DENTIST

Dr. Kent J Spurling
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(480) 840-6556
GENERAL DENTIST

Dr. Stephanie A Susman
3336 E Chandler Heights Rd,
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GENERAL DENTIST

Dr. Jeffrey M Burstein
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Bldg 1
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(480) 840-6556
ORAL SURGEON

Dr. Kristin N Leis
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Bldg 1
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(480) 840-6556
ORAL SURGEON

Dr. Brian A Lilien
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Bldg 1
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ORAL SURGEON

Dr. Terence R Ziehmer
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(480) 840-6556
ORTHODONTIST

****Apex Dental Care**
949 N Val Vista Dr, Ste 101
Gilbert, AZ 85234
(480) 813-8280

Dr. Wen H Wang
949 N Val Vista Dr, Ste 101
Gilbert, AZ 85234
(480) 813-8280
GENERAL DENTIST

****Apex Endodontics**
3303 S Lindsay Rd, Ste 127
Gilbert, AZ 85296
(480) 699-2940

Dr. Nathan E Baker
3303 S Lindsay Rd, Ste 127
Gilbert, AZ 85296
(480) 699-2940
ENDODONTIST

Dr. Ike B Hardy
3303 S Lindsay Rd, Ste 127
Gilbert, AZ 85296
(480) 699-2940
ENDODONTIST

Dr. Brian Robert Banfield
3303 S Lindsay Rd, Ste 127
Gilbert, AZ 85297
(480) 699-2940
ENDODONTIST

Dr. Ike B Hardy
3303 S Lindsay Rd, Ste 127
Gilbert, AZ 85297
(480) 699-2940
ENDODONTIST

****Asrari Endodontics**
3303 S Lindsay Rd, Ste 106
Gilbert, AZ 85296
(480) 855-8800

Dr. Mahshid Asrari
3303 S Lindsay Rd, Ste 106
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(480) 855-8800
ENDODONTIST

Dr. Mahshid Asrari
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ENDODONTIST

Dr. Larry A Bargren
3317 S Higley Rd, Ste 103
Gilbert, AZ 85297
(480) 988-7007
GENERAL DENTIST

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2680 S Val Vista Dr, Ste 103
Gilbert, AZ 85296
(480) 782-8825
GENERAL DENTIST

Dr. Nathan E Baker
3303 S Lindsay Rd, Ste 127
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ENDODONTIST

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PERIODONTIST

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78 N Cooper Rd, Ste 107
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(480) 964-1000
GENERAL DENTIST

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Gilbert, AZ 85233
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GENERAL DENTIST

Dr. Nitya Balan-Madan
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GENERAL DENTIST

Dr. Garrett L Lum
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GENERAL DENTIST

Dr. Lam G Ngo
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(480) 964-1000
GENERAL DENTIST

Dr. Allan T Nguyen
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GENERAL DENTIST

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(480) 964-1000
GENERAL DENTIST

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Dr. Burke D Frei
485 S Dobson Rd, Ste 204
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GENERAL DENTIST

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GENERAL DENTIST

Dr. Justin J Philipp
485 S Dobson Rd, Ste 204
Chandler, AZ 85224
(480) 821-9022
GENERAL DENTIST

Dr. Brian B Roberts
485 S Dobson Rd, Ste 204
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(480) 821-9022
GENERAL DENTIST

****Southwest Dental Group**
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Chandler, AZ 85224
(480) 821-9022
GENERAL DENTIST

Dr. Gerald Joseph Okeefe
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(480) 821-9022
PROSTHODONTIST

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(480) 782-6200
GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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ORTHODONTIST

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3170 N Arizona Ave, Ste 1
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(490) 558-4741
ORTHODONTIST

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3170 N Arizona Ave, Ste 1
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ORTHODONTIST

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Ste 34
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GENERAL DENTIST

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El Mirage

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El Mirage, AZ 85335
(623) 444-6340
GENERAL DENTIST

Dr. Virna L Villas
13915 N Dysart Rd, Ste A1
El Mirage, AZ 85335
(623) 444-6340
GENERAL DENTIST

Fountain Hills

Dr. Gregory C Edin
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GENERAL DENTIST

Dr. Salvatore F Perna
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GENERAL DENTIST

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GENERAL DENTIST

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12625 N Saguaro Blvd,
Ste 108
Fountain Hills, AZ 85268
(480) 837-8100
GENERAL DENTIST

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Dr. James F Lips
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****Miller Endodontics**
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ENDODONTIST

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Ste 110
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GENERAL DENTIST

Dr. Mandana Kheshtchin
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****Navid Hajiseyedjavadi, DMD**
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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

Dr. Joseph A Santoro
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Chandler, AZ 85249
(480) 802-8686
GENERAL DENTIST

Dr. Gopi K Vasireddy
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Chandler, AZ 85249
(480) 802-8686
GENERAL DENTIST

Dr. Golinaz M Asadi
2900 W Ray Rd, Ste 3
Chandler, AZ 85224
(480) 792-0800
GENERAL DENTIST

****Patient First Dental**
2900 W Ray Rd, Ste 3
Chandler, AZ 85224
(480) 792-0800

Dr. Jonathan F Bergloff
1070 E Ray Rd, Ste 7
Chandler, AZ 85225
(480) 792-6880
GENERAL DENTIST

***Dr. Chet L Jenkins**
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Chandler, AZ 85225
(480) 792-6880
GENERAL DENTIST

Dr. David C Poelman
1070 E Ray Rd, Ste 7
Chandler, AZ 85225
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GENERAL DENTIST

****Provinces Dental Care**
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(480) 792-6880

Dr. Peter E Ray
3180 N Alma School Rd,
Ste 3
Chandler, AZ 85224
(480) 456-0766
GENERAL DENTIST

Dr. Brigham David Baker
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(480) 812-3999
GENERAL DENTIST

Dr. Marloin C Cummings
3960 E Riggs Rd, Ste 5
Chandler, AZ 85249
(480) 802-5875
GENERAL DENTIST

Dr. Vincent A Rauschel
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(480) 899-3425
GENERAL DENTIST

Dr. Loan Hong Dao
2015 N Dobson Rd, Ste 11
Chandler, AZ 85224
(480) 812-1173
GENERAL DENTIST

Dr. Franklin D Hulme
3225 S Alma School Rd,
Ste 102
Chandler, AZ 85248
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GENERAL DENTIST

****Smile Makers Dental Care Of Ocotillo**
3225 S Alma School Rd,
Ste 102
Chandler, AZ 85248
(480) 895-3111

Dr. Morrie O Talbot
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GENERAL DENTIST

Dr. Uni Kim
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Chandler, AZ 85226
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GENERAL DENTIST

****Smile Studio**
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(480) 963-2888

Dr. Adam N Smith
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GENERAL DENTIST

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GENERAL DENTIST

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485 S Dobson Rd, Ste 204
Chandler, AZ 85224
(480) 821-9022
GENERAL DENTIST

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DENTAL HEALTH ALLIANCE, LLC

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Dr. Lara M Antczak
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GENERAL DENTIST

****Desert Dentistry**
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(480) 855-4944

Dr. Janet B Euzarraga
1960 W Ray Rd, Ste 2
Chandler, AZ 85224
(480) 855-4944
GENERAL DENTIST

Dr. Thomas M Mattern
1960 W Ray Rd, Ste 2
Chandler, AZ 85224
(480) 855-4944
GENERAL DENTIST

Dr. Gustavo D Wilson
1960 W Ray Rd, Ste 2
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GENERAL DENTIST

Dr. Neeta Arya
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Chandler, AZ 85224
(480) 917-0181
GENERAL DENTIST

****Dobson Warner Dentistry**
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(480) 917-0181

Dr. Ki Ngo
2051 W Warner Rd, Ste 23
Chandler, AZ 85224
(480) 917-0181
GENERAL DENTIST

Dr. Michael S Catlett
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Ste D11
Chandler, AZ 85226
(480) 897-7717
GENERAL DENTIST

****Dykman Orthodontics**
2480 W Ray Rd, Ste 2
Chandler, AZ 85224
(480) 782-1200

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Chandler, AZ 85224
(480) 782-1200
ORTHODONTIST

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(480) 786-0162
GENERAL DENTIST

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Chandler, AZ 85224
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GENERAL DENTIST

****Fine Dentistry**
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Chandler, AZ 85225
(480) 726-6545

Dr. Henry Minh Phan
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Chandler, AZ 85225
(480) 726-6545
GENERAL DENTIST

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(480) 857-0745
GENERAL DENTIST

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GENERAL DENTIST

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Chandler, AZ 85224
(480) 782-5477
GENERAL DENTIST

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Ste 223
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GENERAL DENTIST

Dr. Kelly B Wettstein
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GENERAL DENTIST

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Ste 26
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GENERAL DENTIST

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Chandler, AZ 85224
(480) 855-4944
GENERAL DENTIST

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501 S. Ray Rd., Ste 10
Chandler, AZ 85225
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Dr. Mital A Patel
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(480) 821-8295

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(480) 821-8295
GENERAL DENTIST

Dr. Kirk J Anderton
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ORTHODONTIST

****Kyrene Family Dentistry**
5965 W Ray Rd, Ste 27
Chandler, AZ 85226
(480) 705-9005

Dr. Shervin Rahimi
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Chandler, AZ 85226
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GENERAL DENTIST

Dr. Majid Arooni
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GENERAL DENTIST

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GENERAL DENTIST

Dr. Hanna K Mansoor
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Ste 8
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(480) 782-1555
GENERAL DENTIST

Dr. Dustin J McBride
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Ste 8
Chandler, AZ 85248
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GENERAL DENTIST

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****Southwest Dental Group**
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ORAL SURGEON

Dr. Peter A Spanganberg
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ORAL SURGEON

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ORTHODONTIST

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Tucson, AZ 85741
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ORTHODONTIST

Dr. Shahin Madi
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PERIODONTIST

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GENERAL DENTIST

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GENERAL DENTIST

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GENERAL DENTIST

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(520) 575-1000
GENERAL DENTIST

Dr. Benjamin Perez-Febles
4570 N Oracle Rd
Tucson, AZ 85705
(520) 888-0510
GENERAL DENTIST

****Southwest Gd Dental Corp.**
7225 N Oracle Rd, Ste 110
Tucson, AZ 85704
(520) 575-1000

****Southwest Gd Dental Corp.**
5311 E Broadway Blvd
Tucson, AZ 85711
(520) 790-2865

****Southwest Gd Dental Corp.**
6373 E Tanque Verde Rd,
Ste 100
Tucson, AZ 85715
(520) 298-0427

****Southwest Gd Dental Corp.**
4570 N Oracle Rd
Tucson, AZ 85705
(520) 888-0510

Dr. Jeremy L Tanner
6373 E Tanque Verde Rd,
Ste 100
Tucson, AZ 85715
(520) 298-0427
GENERAL DENTIST

Dr. Juan C Valencia
6373 E Tanque Verde Rd,
Ste 100
Tucson, AZ 85715
(520) 298-0427
GENERAL DENTIST

Dr. Amer Zarif
7225 N Oracle Rd, Ste 110
Tucson, AZ 85704
(520) 575-1000
GENERAL DENTIST

Dr. Amer Zarif
4570 N Oracle Rd
Tucson, AZ 85705
(520) 888-0510
GENERAL DENTIST

Dr. Michael C Anderson
2025 W Grant Rd
Tucson, AZ 85745
(520) 573-1111
GENERAL DENTIST

****Southwest Smile Center**
2025 W Grant Rd
Tucson, AZ 85745
(520) 573-1111

NOTE: Dentists may be listed more than once due to multiple office locations or participation with groups.
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Dr. Dino L Drummer
3405 N 1st Ave
Tucson, AZ 85719
(520) 888-2970
GENERAL DENTIST

Dr. Dongwook B Lee
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Adam R Pershing
9660 E 22nd St, Ste 160
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Jorge L Alvarez
9660 E 22nd St, Ste 106
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Brian D Buehler
9660 E 22nd St, Ste 106
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Ryan W Donley
9660 E 22nd St, Ste 106
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Dino L Drummer
9660 E 22nd St, Ste 106
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Dongwook B Lee
9660 E 22nd St, Ste 106
Tucson, AZ 85748
(520) 917-0666
GENERAL DENTIST

Dr. Su-Wen Chang
350 S Williams Blvd, Ste 240
Tucson, AZ 85711
(520) 748-8186
GENERAL DENTIST

Dr. Todd Wiekhorst
4801 N 1st Ave
Tucson, AZ 85718
(520) 888-8800
GENERAL DENTIST

Dr. Jacqueline G Twarog-Huckabee
5723 E 5th St
Tucson, AZ 85711
(520) 514-7400
GENERAL DENTIST

****Tucson Oral & Maxillofacial Surgery P C**
1200 N. Eldorado Pl., Ste E. 510
Tucson, AZ 85715
(520) 398-4453

Dr. Jerome S Holbrook
1200 N. Eldorado Pl., Ste E. 510
Tucson, AZ 85715
(520) 398-4453
ORAL SURGEON

Dr. Jonathan M Gutman
3085 W Ina Rd, Ste 101
Tucson, AZ 85741
(520) 219-1900
ENDODONTIST

Dr. Candace G Walters
899 N Wilmot Rd, Ste C1
Tucson, AZ 85711
(520) 571-1756
ORTHODONTIST

Dr. Brenda L Boyte
3922 N Oracle Rd
Tucson, AZ 85705
(520) 293-0590
GENERAL DENTIST

Dr. Jonathan Draper
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525
GENERAL DENTIST

Dr. Vivek K Gandotra
3922 N Oracle Rd
Tucson, AZ 85705
(520) 293-0590
GENERAL DENTIST

Dr. Ragad Kanawati
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525
GENERAL DENTIST

Dr. Douk Kook
3922 N Oracle Rd
Tucson, AZ 85705
(520) 293-0590
GENERAL DENTIST

Dr. Steven W Peterson
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525
GENERAL DENTIST

Dr. Selvana Sorour
3922 N Oracle Rd
Tucson, AZ 85705
(520) 293-0590
GENERAL DENTIST

Dr. Tharwat Sorour
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525
GENERAL DENTIST

Dr. Tharwat Sorour
3922 N Oracle Rd
Tucson, AZ 85705
(520) 293-0590
GENERAL DENTIST

Dr. Thang Brian N Tong
3922 N Oracle Rd
Tucson, AZ 85705
(520) 293-0590
GENERAL DENTIST

***Dr. Thang Brian N Tong**
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525
GENERAL DENTIST

****Western Dental Services**
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525

****Western Dental Services**
3922 N Oracle Rd
Tucson, AZ 85705
(520) 293-0590

Dr. Brice Beckstrom
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525
ORTHODONTIST

Dr. Salman Jaffer
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525
ORTHODONTIST

Dr. Terence R Ziehmer
7701 E Broadway Blvd
Tucson, AZ 85710
(520) 722-9525
ORTHODONTIST

Dr. Terence R Ziehmer
3922 N Oracle Rd
Tucson, AZ 85705
(520) 293-0590
ORTHODONTIST

Dr. William Marcos Psaltis
6610 E Carondelet Dr
Tucson, AZ 85710
(520) 298-9767
GENERAL DENTIST

Dr. Brian J Wong
4411 E 5th St, Ste B
Tucson, AZ 85711
(520) 795-7200
GENERAL DENTIST

Pinal County

Apache Junction

****Apache Family Dentistry**
100 W Apache Trl, Ste 1
Apache Junction, AZ 85220
(480) 671-0070

Dr. Tracey K Yamamoto
100 W Apache Trl, Ste 1
Apache Junction, AZ 85220
(480) 671-0070
GENERAL DENTIST

Dr. Reza Abedi
879 N Plaza Dr, Ste E101
Apache Junction, AZ 85220
(480) 288-5955
GENERAL DENTIST

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****Dove & Abedi Pllc**
879 N Plaza Dr, Ste E101
Apache Junction, AZ 85220
(480) 288-5955

Dr. Lowell F Arbuckle
3061 W Apache Trl, Ste 1
Apache Junction, AZ 85220
(480) 671-1111
GENERAL DENTIST

****Meridian Dental Care**
3061 W Apache Trl, Ste 1
Apache Junction, AZ 85220
(480) 671-1111

Dr. Wissam Ayoub
1601 W Apache Trl, Ste 2
Apache Junction, AZ 85220
(480) 982-4200
GENERAL DENTIST

Dr. Scott L Dalton
1601 W Apache Trl, Ste 2
Apache Junction, AZ 85220
(480) 982-4200
GENERAL DENTIST

Dr. Glenn E Kelty
1601 W Apache Trl, Ste 2
Apache Junction, AZ 85220
(480) 982-4200
GENERAL DENTIST

****Sunwest Dental Center 2, Llc**
1601 W Apache Trl, Ste 2
Apache Junction, AZ 85220
(480) 982-4200

Dr. Taylor Y Kim
2080 W Southern Ave, Bldg A3
Apache Junction, AZ 85220
(480) 288-2003
GENERAL DENTIST

Casa Grande

Dr. Roya Zojaji
1968 N Peart Rd, Ste 8
Casa Grande, AZ 85222
(520) 421-9939
PERIODONTIST

Dr. Daryl B Potyczka
1355 E Florence Blvd, Ste 107
Casa Grande, AZ 85222
(520) 836-0100
GENERAL DENTIST

Dr. Jeremy W Cull
1876-C E Sabin Dr, Ste 6
Casa Grande, AZ 85222
(520) 876-5227
ORAL SURGEON

Dr. Melvin L Jones
992 E Cottonwood Ln, Ste 106
Casa Grande, AZ 85222
(520) 836-2600
GENERAL DENTIST

Dr. Blake G Parry
992 E Cottonwood Ln, Ste 106
Casa Grande, AZ 85222
(520) 836-2600
GENERAL DENTIST

Dr. Scott P Gunnell
1550 E Florence Blvd, Ste 104
Casa Grande, AZ 85222
(520) 423-0022
GENERAL DENTIST

Dr. Steven H Dill
2028 N Trekell Rd, Ste 107-108
Casa Grande, AZ 85222
(520) 426-0404
GENERAL DENTIST

Dr. Ruth B Chau-Bergloff
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
GENERAL DENTIST

Dr. Yvonne Y Chen
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
GENERAL DENTIST

Dr. John S Coleman
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
GENERAL DENTIST

Dr. Edward Scott Connell
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
GENERAL DENTIST

****Empire Dental**
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466

Dr. Mark A Engel
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
GENERAL DENTIST

Dr. Namninder S Girn
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
GENERAL DENTIST

Dr. Joshua B Haslam
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
GENERAL DENTIST

Dr. Benjamin D Karren
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
GENERAL DENTIST

Dr. Eric R Engel
1677 E Florence Blvd, Ste 24
Casa Grande, AZ 85222
(520) 836-5466
ORAL SURGEON

Dr. James A Jennings
907 E Cottonwood Ln, Ste 1
Casa Grande, AZ 85222
(520) 876-5431
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Cavelle A Melbourne
907 E Cottonwood Ln, Ste 1
Casa Grande, AZ 85222
(520) 876-5431
PEDODONTIST (PEDIATRIC DENTIST)

Dr. John A Neves
907 E Cottonwood Ln, Ste 1
Casa Grande, AZ 85222
(520) 876-5431
PEDODONTIST (PEDIATRIC DENTIST)

****Ooli Valley Orthodontics**
900 E Florence Blvd
Casa Grande, AZ 85222
(520) 836-5433

Dr. Won-Woo Park
900 E Florence Blvd
Casa Grande, AZ 85222
(520) 836-5433
ORTHODONTIST

Dr. William A Gibbons
900 E Florence Blvd, Ste D
Casa Grande, AZ 85222
(520) 836-5468
GENERAL DENTIST

Coolidge

Dr. Franklin D Hulme
1427 N Arizona Blvd
Coolidge, AZ 85228
(520) 723-1700
GENERAL DENTIST

Eloy

Dr. Kirk D Mosley
3130 N Toltec Rd
Eloy, AZ 85231
(520) 466-3920
GENERAL DENTIST

Florence

****Florence Family Dentistry**
46 E. 11Th St.
Florence, AZ 85232
(520) 868-3384

Dr. Keith D Kennedy
46 E. 11Th St.
Florence, AZ 85232
(520) 868-3384
GENERAL DENTIST

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DENTAL HEALTH ALLIANCE, L.L.C.

PPO PARTICIPATING DENTAL PROVIDERS

Gold Canyon

Dr. Pamela Ann McMahon
6140 S Kings Ranch Rd
Gold Canyon, AZ 85218
(480) 288-1800
GENERAL DENTIST

Maricopa

Dr. Jeremy W Cull
21116 N John Wayne Pkwy,
Ste B7
Maricopa, AZ 85239
(520) 876-5227
ORAL SURGEON

Dr. Doug Chang
20800 N John Wayne Pkwy,
Ste 105
Maricopa, AZ 85239
(520) 568-7880
GENERAL DENTIST

Dr. Yvonne Y Chen
20800 N John Wayne Pkwy,
Ste 105
Maricopa, AZ 85239
(520) 568-7880
GENERAL DENTIST

Dr. Hye-Jung Suk
20800 N John Wayne Pkwy,
Ste 105
Maricopa, AZ 85239
(520) 568-7880
GENERAL DENTIST

Dr. Ted H Tang
21300 N John Wayne Pkwy,
Ste 104
Maricopa, AZ 85239
(520) 868-6998
GENERAL DENTIST

Dr. Ehfad M Shah
44600 W Smith Enke Rd,
Ste 103
Maricopa, AZ 85239
(520) 494-7333
GENERAL DENTIST

Dr. Geof S Glovsky
21083 N John Wayne Pkwy,
Ste C1
Maricopa, AZ 85239
(520) 568-5600
ORTHODONTIST

Dr. Jeffrey L Bundy
21116 N. John Wayne Pkwy.,
Ste B7
Maricopa, AZ 85239
(520) 568-1551
GENERAL DENTIST

Dr. Liat Furyan-Banach
21116 N. John Wayne Pkwy.,
Ste B7
Maricopa, AZ 85239
(520) 568-1551
GENERAL DENTIST

****Jeffrey L Bundy**
21116 N. John Wayne Pkwy.,
Ste B7
Maricopa, AZ 85239
(520) 568-1551

Oracle

Dr. William M Bunch
710 E. American Ave.
Oracle, AZ 85623
(520) 896-9334
GENERAL DENTIST

Queen Creek

Dr. Anh Thu H Becker
530 E Hunt Hwy, Ste 123
Queen Creek, AZ 85243
(480) 987-4700
GENERAL DENTIST

Dr. Garick D Ho
530 E Hunt Hwy, Ste 123
Queen Creek, AZ 85243
(480) 987-4700
GENERAL DENTIST

Dr. Stephanie E Mashni
530 E Hunt Hwy, Ste 123
Queen Creek, AZ 85243
(480) 987-4700
GENERAL DENTIST

Dr. Jason R Melashenko
530 E Hunt Hwy, Ste 123
Queen Creek, AZ 85243
(480) 987-4700
GENERAL DENTIST

Dr. Randall S Ruminson
530 E Hunt Hwy, Ste 123
Queen Creek, AZ 85243
(480) 987-4700
GENERAL DENTIST

Santa Cruz County

Nogales

Dr. L Hunter Nash
464 N Morley Ave
Nogales, AZ 85621
(520) 287-4707
GENERAL DENTIST

Sonoita

Dr. Gerard M Schmidtke
3121 Hwy. 83, Suite D
Sonoita, AZ 85637
(520) 455-5280
GENERAL DENTIST

Yavapai County

Ash Fork

Dr. Eric Black
112 Park Avenue
Ash Fork, AZ 86320
(928) 637-2305
GENERAL DENTIST

Dr. Paul D Dankemeyer
112 Park Avenue
Ash Fork, AZ 86320
(928) 637-2305
GENERAL DENTIST

Dr. Gary J Marshall
112 Park Avenue
Ash Fork, AZ 86320
(928) 637-2305
GENERAL DENTIST

Dr. Kimberly B Williams-Barnes
112 Park Avenue
Ash Fork, AZ 86320
(928) 637-2305
GENERAL DENTIST

Chino Valley

Dr. Trym H Gibbons
1598 Susan A Williams Way,
Ste E
Chino Valley, AZ 86323
(928) 636-6872
GENERAL DENTIST

Dr. Angelina L Yap
432 Butterfield Rd
Chino Valley, AZ 86323
(928) 636-1565
GENERAL DENTIST

Dewey

Dr. Michael O Baird
150 S Highway 69, Ste 5F
Dewey, AZ 86327
(928) 632-8333
GENERAL DENTIST

Prescott

Dr. Stanley K Sweet
141 W Navajo Dr, Ste A
Prescott, AZ 86301
(928) 445-6145
GENERAL DENTIST

****An Elegant Smile, P.C**
1022 Willow Creek Rd,
Ste 103
Prescott, AZ 86301
(928) 445-1682

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Dr. Jay R Ayass
1022 Willow Creek Rd,
Ste 103
Prescott, AZ 86301
(928) 445-1682
GENERAL DENTIST

Dr. Shahram Haghighat
1022 Willow Creek Rd,
Ste 103
Prescott, AZ 86301
(928) 445-1682
GENERAL DENTIST

Dr. Sean P Henrie
1022 Willow Creek Rd,
Ste 103
Prescott, AZ 86301
(928) 445-1682
GENERAL DENTIST

Dr. Michelle Rock
1022 Willow Creek Rd,
Ste 103
Prescott, AZ 86301
(928) 445-1682
GENERAL DENTIST

Dr. Kent J Spurling
1022 Willow Creek Rd,
Ste 103
Prescott, AZ 86301
(928) 445-1682
GENERAL DENTIST

Dr. Kristin N Leis
1022 Willow Creek Rd,
Ste 103
Prescott, AZ 86301
(928) 445-1682
ORAL SURGEON

Dr. Terence R Ziehmer
1022 Willow Creek Rd,
Ste 103
Prescott, AZ 86301
(928) 445-1682
ORTHODONTIST

Dr. Peter James Bower
701 W Hillside Ave
Prescott, AZ 86301
(928) 541-9000
GENERAL DENTIST

Dr. Bobby L Raber
1306 W Gurley St
Prescott, AZ 86305
(928) 776-1700
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Mark W Redford
1124 Willow Creek Rd
Prescott, AZ 86301
(928) 778-1200
GENERAL DENTIST

Dr. Frank K Rho
1124 Willow Creek Rd
Prescott, AZ 86301
(928) 778-1200
GENERAL DENTIST

Prescott Valley

Dr. Jonathan A Amberg
8053 E Florentine Rd
Prescott Valley, AZ 86314
(928) 772-9860
GENERAL DENTIST

Dr. Jaleh T Keyhani
3131 N Robert Rd
Prescott Valley, AZ 86314
(928) 772-2048
ORAL SURGEON

Dr. Bobby L Raber
2801 N Pleasant View Dr
Prescott Valley, AZ 86314
(928) 443-1400
PEDODONTIST (PEDIATRIC DENTIST)

Dr. Kenneth E Holland
8841 E Florentine Rd, Ste D
Prescott Valley, AZ 86314
(928) 759-9200
ORTHODONTIST

Yuma County

Yuma

Dr. Evan J Short
1025 W 24th St, Ste 8
Yuma, AZ 85364
(928) 314-3500
GENERAL DENTIST

Dr. Robert A Ogie
2451 S Avenue A, Ste 23
Yuma, AZ 85364
(928) 726-9262
GENERAL DENTIST

Dr. Robert C Harris
2175 S Avenue A, Ste A
Yuma, AZ 85364
(928) 343-2110
GENERAL DENTIST

Dr. Scott Lewis Dalton
2451 S Avenue A, Ste 23
Yuma, AZ 85364
(928) 726-9262
GENERAL DENTIST

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EXHIBIT 24

NEW PATIENT APPOINTMENT WAIT TIME SUMMMARY
Form 101a
United Dental Care of Arizona, Inc. 2007

	QUARTER 1st	2nd	3rd	4th
Number of Contracted General Dentistry Offices	243	252	252	256
Number of Offices surveyed	243	252	252	256
Number of Offices responding	243	252	252	256
Percent of Offices responding	100	100	100	100

	0 - 2 Weeks		3 - 4 Weeks		5 - 6 Weeks		7 - 9 Weeks		10 Weeks or more	
	#	%	#	%	#	%	#	%	#	%
Quarter 1										
Offices	165	68	66	27	12	5				
Members	21,421	32	27,759	41	17,804	27				
Quarter 2										
Offices	170	67	70	38	12	5				
Members	20,346	31	27,715	42	18,000	27				
Quarter 3										
Offices	181	71	70	28	1	1				
Members	20,786	32	40,430	64	2,223	4				
Quarter 4										
Offices	186	73	64	25	6	2				
Members	40,116	63	18,116	29	5,020	8				

EXHIBIT 25

Sample Member Enrollment Packet

Prepaid

ASSURANT
Employee
Benefits

Prepaid Dental

Good news about dental benefits for employees of
City of Peoria

A Dental Plan Means Healthy Smiles

Because you are a valued employee, Assurant Employee Benefits* is pleased to offer you the opportunity to enroll in a dental benefit plan provided by United Dental Care of Arizona, Inc. and administered by Union Security Insurance Company. This prepaid dental plan offers benefits through a network of Plan Dentists. When you enroll for benefits, treatments you receive from your selected Plan Dentist will be provided at reduced fees called copayments. For your information, a partial list of frequently used dental treatments is included.

Plan Features

- No Deductibles
- No Waiting Periods
- Coverage for Pre-existing Conditions
- No Claim Forms to File for Plan Dentist and Plan Specialist Services
- No Referrals Required for Specialist Services
- No Annual Maximum for Plan Dentist and Plan Specialist Services

Important Enrollment Information

To enroll, just follow three simple steps:

1. Select a general dentist from the Directory of Dentists for yourself and every eligible member of your family. Each family member may choose a different Plan Dentist. You must select a Plan Dentist to receive services. Except for certain specialist services, all services must be performed by this selected Plan Dentist. You may change your Plan Dentist(s) throughout the Plan Year in accordance with the provisions of the group agreement. However, all services must be performed by a Plan Provider.
2. Complete the enclosed enrollment form, being sure to include the Dental Facility Number of each Plan Dentist selected.
3. Return your completed enrollment form to your Personnel Department or Benefits Manager authorizing payroll deductions for your coverage.

Finding a Provider

You can find a dental provider in the Heritage Series Provider Network by visiting the Assurant Employee Benefits web site at www.assurantemployeebenefits.com, clicking on the "Provider Search" link, and then selecting Heritage Series. Availability of Plan Dentists and Plan Specialists varies depending on location.

If you have any questions, call Customer Service at 800.443.2995.

***Benefits are provided by United Dental Care of Arizona, Inc., marketed by Assurant Employee Benefits, and administered by Union Security Insurance Company.**

Savings You Can See

Monthly Payroll Deduction†

Employee **$00.00**

Employee + 1 Dependent **$00.00**

Employee + Family **$00.00**

†May be changed according to the terms of the Group Dental Service Agreement. Cost includes the Specialty Benefit Amendment.

The following is a list of commonly used dental treatments. It is not the Evidence of Coverage. After you enroll, a complete list of copayments will be provided to you along with your Evidence of Coverage.

Secure Plan

1. Plan Dentist Services

The dental services listed in the following schedule are covered only when provided by the Member's selected Plan Dentist. The Member will be responsible for paying the amount listed in the "Member Copayment" column (plus any applicable lab fees*) at the time the service is received, or in accordance with the selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, the Member should consult the Evidence of Coverage.

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

Payment for each service of a Non-Plan Dentist (at that dentist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

Plan Specialist Services

See the enclosed Specialty Benefit Amendment Copayment Schedule.

ADA Code**	Service Description**	Member Copayment
	Appointments	
None	Office visit - during regularly scheduled hours***	10.00
D0120	Periodic oral evaluation	No Charge
	(may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	
D0140	Limited oral evaluation - problem focused	25.00
D0150	Comprehensive oral evaluation - new or established patient	No Charge
	(may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	
D0160	Detailed and extensive oral evaluation - problem focused, by report	20.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	20.00
D0180	Comprehensive periodontal evaluation - new or established patient	20.00
None	Missed appointment without 24 hour notice***	25.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	80.00
D9440	Office visit - after regularly scheduled hours	40.00
	Diagnostic Dentistry	
D0210	Intraoral - complete series (including bitewings)	10.00
	(once in any 3 calendar years)	
D0220	Intraoral - periapical first film	No Charge
D0230	Intraoral - periapical each additional film	No Charge
D0240	Intraoral - occlusal film	No Charge
D0250	Extraoral - first film	No Charge

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
D0260	Extraoral - each additional film	No Charge
D0270	Bitewing - single film	No Charge
D0272	Bitewings - two films (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	No Charge
D0274	Bitewings - four films (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	No Charge
D0277	Vertical bitewings - 7 to 8 films	No Charge
D0330	Panoramic film (once in any 3 calendar years)	10.00
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
	Preventive Dentistry	
D1110	Prophylaxis - adult (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	10.00
D1120	Prophylaxis - child (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	10.00
D1203	Topical application of fluoride (prophylaxis not included) - child	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	20.00
D1510	Space maintainer - fixed - unilateral*	85.00
D1515	Space maintainer - fixed - bilateral*	85.00
D1520	Space maintainer - removable - unilateral*	110.00
D1525	Space maintainer - removable - bilateral*	135.00
D1550	Re-cementation of space maintainer	25.00
None	Additional prophylaxis (D1110 or D1120 service does not apply to patients with periodontal disease)***	35.00
	Restorative Dentistry	
D2140	Amalgam - one surface, primary or permanent	25.00
D2150	Amalgam - two surfaces, primary or permanent	30.00
D2160	Amalgam - three surfaces, primary or permanent	45.00
D2161	Amalgam - four or more surfaces, primary or permanent	55.00
D2330	Resin-based composite - one surface, anterior	50.00
D2331	Resin-based composite - two surfaces, anterior	65.00
D2332	Resin-based composite - three surfaces, anterior	80.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	110.00
D2391	Resin-based composite - one surface, posterior	85.00
D2392	Resin-based composite - two surfaces, posterior	100.00
D2393	Resin-based composite - three surfaces, posterior	105.00
D2394	Resin-based composite - four or more surfaces, posterior	130.00
D2510	Inlay - metallic - one surface*	245.00
D2520	Inlay - metallic - two surfaces*	275.00
D2530	Inlay - metallic - three or more surfaces*	315.00
D2542	Onlay - metallic - two surfaces*	305.00
D2543	Onlay - metallic - three surfaces*	325.00
D2544	Onlay - metallic - four or more surfaces*	340.00
D2610	Inlay - porcelain/ceramic one surface*	280.00
D2620	Inlay - porcelain/ceramic two surfaces*	310.00
D2630	Inlay - porcelain/ceramic three or more surfaces*	330.00
D2740	Crown - porcelain/ceramic substrate*	295.00
D2750	Crown - porcelain fused to high noble metal*	295.00
D2751	Crown - porcelain fused to predominantly base metal*	295.00
D2752	Crown - porcelain fused to noble metal*	295.00
D2790	Crown - full cast high noble metal*	295.00
D2791	Crown - full cast predominantly base metal*	295.00

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
D2792	Crown - full cast noble metal*	295.00
910	Recement inlay, onlay, or partial coverage restoration	30.00
D2920	Recement crown	30.00
D2930	Prefabricated stainless steel crown - primary tooth	105.00
D2940	Sedative filling	35.00
D2950	Core buildup, including any pins	55.00
D2951	Pin retention - per tooth, in addition to restoration	25.00
D2952	Cast post and core in addition to crown*	135.00
D2954	Prefabricated post and core in addition to crown	105.00
D2962	Labial veneer (porcelain laminate) - laboratory*	330.00
D2980	Crown repair, by report*	30.00
None	Temporary filling***	25.00
	Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	25.00
D3120	Pulp cap - indirect (excluding final restoration)	22.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	60.00
D3310	Anterior (excluding final restoration)	145.00
D3320	Bicuspid (excluding final restoration)	225.00
D3330	Molar (excluding final restoration)	295.00
D3346	Retreatment of previous root canal therapy - anterior	335.00
D3347	Retreatment of previous root canal therapy - bicuspid	395.00
D3348	Retreatment of previous root canal therapy - molar	480.00
D3410	Apicoectomy/periradicular surgery - anterior	270.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	300.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	335.00
D3426	Apicoectomy/periradicular surgery - (each additional root)	115.00
D3430	Retrograde filling - per root	85.00
D3450	Root amputation - per root	175.00
3920	Hemisection (including any root removal), not including root canal therapy	145.00
	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	175.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	75.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	170.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	130.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	490.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	284.00
D4320	Provisional splinting - intracoronal	170.00
D4321	Provisional splinting - extracoronal	150.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	90.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	57.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	90.00
D4910	Periodontal maintenance	55.00
None	Periodontal hygiene instructions***	5.00
	Prosthodontics, removable	
D5110	Complete denture - maxillary*	385.00
D5120	Complete denture - mandibular*	385.00
D5130	Immediate denture - maxillary*	480.00
D5140	Immediate denture - mandibular*	480.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*	410.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*	410.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	495.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	495.00
D5410	Adjust complete denture - maxillary	35.00
411	Adjust complete denture - mandibular	35.00
D5421	Adjust partial denture - maxillary	35.00

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
D5422	Adjust partial denture - mandibular	35.00
D5510	Repair broken complete denture base*	70.00
D5610	Repair resin denture base*	80.00
D5620	Repair cast framework*	80.00
D5630	Repair or replace broken clasp*	100.00
D5640	Replace broken teeth - per tooth*	65.00
D5650	Add tooth to existing partial denture*	90.00
D5730	Reline complete maxillary denture (chairside)	150.00
D5731	Reline complete mandibular denture (chairside)	150.00
D5740	Reline maxillary partial denture (chairside)	140.00
D5741	Reline mandibular partial denture (chairside)	140.00
D5750	Reline complete maxillary denture (laboratory)*	150.00
D5751	Reline complete mandibular denture (laboratory)*	150.00
D5760	Reline maxillary partial denture (laboratory)*	150.00
D5761	Reline mandibular partial denture (laboratory)*	150.00
D5850	Tissue conditioning, maxillary	60.00
D5851	Tissue conditioning, mandibular	60.00
D5862	Precision attachment, by report*	160.00
	Prosthodontics, fixed	
D6210	Pontic - cast high noble metal*	340.00
D6211	Pontic - cast predominantly base metal*	340.00
D6212	Pontic - cast noble metal*	340.00
D6240	Pontic - porcelain fused to high noble metal*	340.00
D6241	Pontic - porcelain fused to predominantly base metal*	340.00
D6242	Pontic - porcelain fused to noble metal*	340.00
D6251	Pontic - resin with predominantly base metal*	340.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	165.00
D6721	Crown - resin with predominantly base metal*	340.00
D6750	Crown - porcelain fused to high noble metal*	340.00
D6751	Crown - porcelain fused to predominantly base metal*	340.00
D6752	Crown - porcelain fused to noble metal*	340.00
D6780	Crown - 3/4 cast high noble metal*	340.00
D6790	Crown - full cast high noble metal*	340.00
D6791	Crown - full cast predominantly base metal*	340.00
D6792	Crown - full cast noble metal*	340.00
D6930	Recement fixed partial denture	55.00
D6940	Stress breaker	150.00
D6950	Precision attachment	230.00
D6980	Fixed partial denture repair, by report*	55.00
None	Resin bonded bridge pontic, per unit***(*)	245.00
	Oral Surgery	
D7111	Extraction, coronal remnants - deciduous tooth	25.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	25.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	85.00
D7220	Removal of impacted tooth - soft tissue	105.00
D7230	Removal of impacted tooth - partially bony	140.00
D7240	Removal of impacted tooth - completely bony	165.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	205.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	85.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	175.00
D7280	Surgical access of an unerupted tooth	165.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	95.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	140.00
D7510	Incision and drainage of abscess - intraoral soft tissue	95.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	205.00
	Other Services	
D9220	Deep sedation/general anesthesia - first 30 minutes	185.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	180.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	40.00
D9940	Occlusal guard, by report*	95.00
D9951	Occlusal adjustment - limited	55.00
D9952	Occlusal adjustment - complete	280.00
	Bleaching	
D9972	External bleaching - per arch	185.00

This is a sample Member Copayment Schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to Plan Dentists who perform the corresponding listed services. The Plan Dentist selected by the Member may not perform all listed services. Plan Specialists may not perform or offer all services listed. Availability and participation of Plan Dentists and Plan Specialists are subject to change.

** Current and prior versions of the Current Dental Terminology (CDT) codes (in the **ADA Code** column) and descriptors (in the **Service Description** column) are copyrighted by the American Dental Association (ADA) and are used by permission. *Current Dental Terminology* © American Dental Association.

*** Service does not have an American Dental Association Current Dental Terminology code or descriptor.

Specialty Benefit Amendment

Copayment Schedule for the Heritage Series

How Your Specialty Benefit Amendment (SBA) Works

Should you need the services of a dental care specialist, you may receive those services without a referral from your Plan Dentist.

To find a Plan Specialist (SBA or Non-SBA), refer to the provider directory. SBA Plan Specialists are indicated with "SBA". All other listed specialists are Non-SBA Plan Specialists. Or, you may visit the web site at *www.assurantemployeebenefits.com* (click on Provider Search, and then on Heritage Series). For more information about the SBA plan or for assistance in finding a Plan Specialist, call Customer Service at 800.443.2995.

If you use an SBA Plan Specialist (a specialist who is a part of the plan provider network and accepts SBA copayments) for a service listed on the schedule below, you will pay the corresponding Member Copayment shown in the **"SBA Plan Specialist Copayment"** column at the time of service.

All **other** services obtained from an SBA Plan Specialist, and **all** services obtained from a Non-SBA Plan Specialist (a specialist who is a part of the plan provider network but does **not** accept SBA copayments), will be provided to you at a reduction in that Plan Specialist's normal retail charges. A 15% reduction applies if that Plan Specialist is an endodontist. A 25% reduction applies if that Plan Specialist is any other type of specialist, including but not limited to an orthodontist. You will be responsible for paying the entire reduced charge at the time of service or in accordance with that Plan Specialist's billing procedures.

Payment for each service of a Non-Plan Specialist (a specialist who is **not** a part of the plan provider network), at that specialist's normal retail charge, is your responsibility, except for limited Plan Benefits for covered dental emergency services for temporary pain relief.

ADA Code**	Service Description**	SBA Plan Specialist Copayment
	Appointments	
D0140	Limited oral evaluation - problem focused	35.00
D0150	Comprehensive oral evaluation - new or established patient (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	45.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	67.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	35.00
D0180	Comprehensive periodontal evaluation - new or established patient	80.00
	Endodontics	
D3320	Bicuspid (excluding final restoration)	280.00
D3330	Molar (excluding final restoration)	395.00
D3346	Retreatment of previous root canal therapy - anterior	360.00
D3347	Retreatment of previous root canal therapy - bicuspid	525.00
D3348	Retreatment of previous root canal therapy - molar	545.00
D3410	Apicoectomy/periradicular surgery - anterior	265.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	280.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	310.00
D3430	Retrograde filling - per root	90.00
	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	355.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	100.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	495.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	100.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	70.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	80.00
	Oral Surgery	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	80.00

Continued On Next Page

ADA Code**	Service Description**	SBA Plan Specialist Copayment
D7220	Removal of impacted tooth - soft tissue	105.00
D7230	Removal of impacted tooth - partially bony	135.00
D7240	Removal of impacted tooth - completely bony	200.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	220.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	75.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	180.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	130.00
D7510	Incision and drainage of abscess - intraoral soft tissue	105.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	185.00
	Other Services	
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	170.00

This is a sample schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to SBA Specialists who perform the corresponding listed services. Plan Specialists may not perform or offer all services listed. Availability and participation of SBA and Non-SBA Plan Specialists are subject to change.

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***Service does not have an American Dental Association Current Dental Terminology code or descriptor.

Learn more about the prepaid dental plan being offered to you!

Your employer is offering you an attractive prepaid dental plan. This Q&A will help provide you more information about the plan being offered to you.

What is a prepaid plan?

With a prepaid plan you pay a monthly prepayment fee plus you pay reduced fees called "copayments" for dental services provided. To receive the reduced fees you must use a Plan Dentist selected at the time of enrollment.

What are copayments and where can I locate the copayment schedule?

A copayment is the set fee that you pay to the Plan Dentist at the time of treatment for covered services that are being performed.

The copayment schedule is a listing of covered services and copayments for your plan. The schedule is included in the Evidence of Coverage. It is helpful to bring your copayment schedule to your dental appointment.

How do I select a Plan Dentist?

You should select your Plan Dentist when you enroll. You can visit www.assurantemployeebenefits.com and go to Provider Search or refer to your plan network directory for a listing of Plan Dentists. On the web site please choose the Heritage Series network listed on the Provider Search page for provider look-up. Note that your Plan Dentist must be a general dentist, not a specialist.

How long does it take to appear on the patient list/roster of my Plan Dentist that I select at time of enrollment?

If Assurant Employee Benefits receives your Plan Dentist selection by the 20th of the month, you will appear on the roster the 1st of the next month. If we receive the selection after the 20th, you will appear on the roster the 1st day of the second following month. If you are not listed on the roster, please contact us at 800.443.2995.

How will the Plan Dentist know I am a patient?

The Plan Dentist receives a patient listing, called a roster, from Assurant Employee Benefits each month that includes all members who have chosen that individual as their dentist.

Please confirm at the time of making your appointment with the Plan Dentist that you are on the provider's roster.

Can I change my Plan Dentist?

Yes, you can. To change your Plan Dentist, contact Customer Service at 800.443.2995.

What if I choose to see a dentist other than my selected Plan Dentist?

The costs will **not** be covered by your dental plan and you will be responsible for the full payment to the dentist. This is why it is important for you to seek treatment from your selected Plan Dentist.

If I have a dental emergency, do I need to see my Plan Dentist?

First, contact your Plan Dentist to make an appointment. If your Plan Dentist is unable to see you, you may seek treatment from any licensed dentist in the United States.

Please be informed that the emergency benefit in your plan is limited to the temporary relief of pain and has limited benefits.

If I need to see a specialist, how do I go about finding a Plan Specialist in my area?

You may find a list of Plan Specialists by looking in the plan network directory, visiting the web site at www.assurantemployeebenefits.com or calling 800.443.2995 for assistance. No referrals are necessary from your Plan Dentist to seek treatment from a Plan Specialist.

What if I lose my Dental ID card or have a question about my plan?

Contact Customer Service by calling 800.443.2995.

Pre-existing Conditions

Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

Limitations and Exclusions

Plan Benefits are not available for:

1. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
2. Any dental service initiated (a) before the effective date of the Member's enrollment or (b) after the Member's enrollment ends.
3. Services provided by Non-Plan Providers unless (a) for services of Non-Plan Specialists as specifically provided in the SPECIALIST SERVICES section of the Copayment Schedule or (b) for Emergency Services as specifically provided in the EMERGENCY PROCEDURES Article of the Evidence of Coverage.
4. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five-year period, appliance becomes unusable and cannot be made usable due to the Member's illness or an accident involving damage to the appliance while it is in use.
5. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
6. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
7. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
8. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
9. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
10. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
11. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
12. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
13. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

Orthodontic Extractions

Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

Termination

The Member's enrollment may be terminated as stated in the **TERMINATION** article of the Evidence of Coverage.

ROUP ENROLLMENT FORM

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Group Name **City of Peoria**	Group Number	Effective Date / /

☐ **I apply for the following coverage for myself and dependents, as listed.**

Prepaid Plan

☐ **Secure**

Employee First Name	MI	Last Name	☐ M ☐ F	Date of Birth / /	**Facility ID #**

Employee Street Address	City	State	Zip	Employee Social Security Number

Home Phone	Work Phone	Division/Department/Class	Date of Hire
( )	( )		/ /

Dependents to be included for coverage:

First Name	MI	Last Name (if different)	Relationship	Sex	Date of Birth	**Facility ID#**
Spouse				☐ M ☐ F	/ /	
Child(ren)				☐ M ☐ F	/ /	
				☐ M ☐ F	/ /	
				☐ M ☐ F	/ /	

Check any boxes that apply and follow instructions.

☐ Are you covering more than three children? **Please continue listing on additional Enrollment Forms.**

☐ Is the address of any child different than the member's? **Show that child's name & address on the back of this form.**

☐ Are you requesting coverage for a dependent child other than a son or daughter? **Forward legal custody paper.**

☐ Are you requesting coverage for dependent child over age 19 that is NOT a full time student? **Furnish proof of incapacity within 31 days of the Effective Date.**

☐ **I elect not to have coverage for myself or my dependents and I hereby waive coverage under the above mentioned plans.**

Signature:_____ **Date:**_____

To the best of my knowledge and belief, each of the statements and answers supplied in this form is complete and true, and they constitute the sole basis for, and are the inducement for, the issuance of any coverage. Please read the following and sign below.

The Prepaid Plan is provided by United Dental Care of Arizona, Inc. and administered by Union Security Insurance Company.

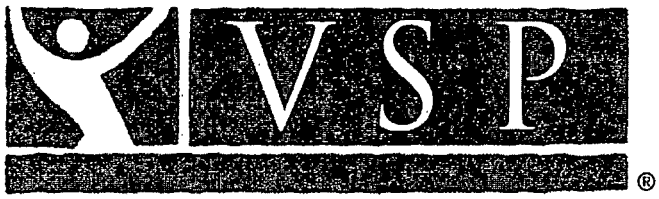
I hereby apply for membership in this dental Plan for myself and for any eligible dependents listed above. I authorize the Group named above to make deductions, if any, required as my contribution. I agree, for myself and for any eligible dependents listed, to abide by the rules and regulations of the Plan and the terms and conditions of the Group Dental Service Agreement. I authorize any licensed dentist, physician, hospital or other health care provider to furnish Union Security Insurance Company and its affiliated dental companies with any required dental or medical information, as permitted by law about myself and any eligible dependents listed. I represent the information provided is true and correct to the best of my knowledge. I further understand that my coverage and benefits may be affected by failure to provide complete and accurate information. I will promptly advise the Plan and my Group of any changes in this information. I know that I and any authorized representative have a right to a copy of this authorization. A photocopy of this authorization will be as valid as the original. For claim purposes, the authorization will remain valid for the term of my coverage. The authorization is not governed by HIPAA, however, when necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information. **IMPORTANT WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.**

Notice of Information Practices

1. Personal information may be collected from persons other than the individual(s) proposed for coverage.
2. The information, as well as other personal or privileged information subsequently collected by the insurance institution or agent may in certain circumstances be disclosed to third parties without authorization.
3. A right of access and correction exists with respect to all personal information collected.
4. Applicant may request a more detailed explanation of information practices.

Signature:_____ **Date:**_____

Vision Discount Services



ACCESS PLAN

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams[1]
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options[2]
- **Contact Lenses** – 15% discount on VSP network doctor's contact lens exam fee.
- **Laser VisionCare℠** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at www.vsp.com, or call VSP at 800.877.7195 to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member's* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

[1]Note: Does not apply to contact lens services. See contact lens section for applicable discount.
[2]Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

VSP Member Services Support: 800.877.7195
Visit our Web site at www.vsp.com

VSP

Sample Member Enrollment Packet

PPO

DENTAL DESCRIPTION OF BENEFITS
City of Peoria

Please take this information to the dentist, along with your ID card

Effective Date: 01/01/2009 Group Number: 5,370,305

CALENDAR YEAR DEDUCTIBLE (APPLIES TO CLASS II & III)

Individual	$50
Family	3 individuals

CALENDAR YEAR MAXIMUM BENEFIT (APPLIES TO CLASS I, II & III)

Each Eligible Family Member	$1,500

ORTHODONTIA (APPLIES TO CHILD ONLY)

Deductible	$0
Lifetime Maximum	$2,000

	CLASS I DIAGNOSTIC & PREVENTIVE	CLASS II BASIC RESTORATIVE	CLASS III MAJOR RESTORATIVE	CLASS IV ORTHODONTIA
Coinsurance:	80%	80%	50%	50%
Description of Services:	Oral evaluations, routine cleanings, bitewing X-rays, fluoride treatments, sealants, space maintainers, intraoral complete series X-rays or panoramic film, genetic test for susceptibility to oral diseases	Fillings, including tooth-colored fillings on posterior teeth, simple extractions, stainless steel crowns, root canal therapy, oral surgery, biopsy (including brush biopsy), periodontics, localized delivery of antimicrobial agents, general anesthesia and intravenous sedation, other X-rays	Crowns, full and partial dentures, bridges, implants	Orthodontic extractions, full or partial bands, appliances (removable and fixed)

Pre-Determination: If the charge for any dental treatment is expected to exceed $300, Assurant Employee Benefits recommends a dental treatment plan be submitted to claims for review before treatment begins.

LOCAL OFFICE:

Assurant Employee Benefits
5353 N. 16th Street, Suite 370
Phoenix, AZ 85016

T 602.308.0230 800.619.6996 F 602.263.0187

CLAIMS/CUSTOMER SERVICE:

Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733
800.442.7742
Electronic Claims: Payor 70408

This sheet is intended as a summary of benefits for a non-voluntary dental plan. Please consult your certificate booklet for complete coverage details.

...NTAL DESCRIPTION OF BENEF...
City of Peoria

Effective Date: 01/01/2009

FREQUENTLY ASKED DENTAL ENROLLMENT QUESTIONS

QUESTION: What are my deductibles?

ANSWER: Your plan has a $50 per person deductible; the family deductible is satisfied when 3 family members meet their $50 per person deductible. The deductible is waived for Preventive services. Your Orthodontia coverage has no deductible.

QUESTION: Can I see my own dentist?

ANSWER: Yes, this plan allows you to see any dentist you want. However, the DHA® PPO helps you to reduce your out-of-pocket cost. If your dentist is not currently a DHA® provider, you can nominate your dentist for membership by calling toll-free 800.442.7742.

QUESTION: What is DHA® and how do I locate a PPO provider?

ANSWER: Dental Health Alliance® L.L.C., or DHA®, is a national dental Preferred Provider Organization (PPO) owned and operated by Union Security Insurance Company and Assurant, Inc. DHA® PPO dentists will discount services not covered by this plan.

You may find a DHA® provider by visiting the Assurant Employee Benefits website at www.assurantemployeebenefits.com - Select "For Members" - "Find a dentist" - "Dental Health Alliance". Or call customer service at 800.442.7742. A service representative can confirm whether your current dentist is a Dental Health Alliance PPO panel member.

QUESTION: I was covered by my employer's prior plan. Do I have any waiting periods?

ANSWER: If you were covered under the prior carrier's dental plan, you do not have a waiting period for Class III Major services or Class IV Orthodontia services if you enroll within 31 days of becoming eligible for this plan.

QUESTION: When I visit the dentist, do I have to fill out a claim form?

ANSWER: No. Claim forms are available, but they are *not* required. Assurant Employee Benefits will accept a dentist's invoice of services in lieu of a claim form. You will, however, need to provide your dentist with your group number and your social security number, which serve as your identification for all claims.

QUESTION: Who is a Late Entrant?

ANSWER: A "Late Entrant" is anyone who enrolls in this dental plan more than 31 days after becoming eligible for the plan. Late Entrants may be subject to additional waiting periods for Class II Basic, Class III Major, and Class IV Orthodontia services, so there is an advantage to being a "Timely Entrant" who enrolls in the plan within 31 days of becoming eligible.

QUESTION: Who are eligible dependents?

ANSWER: Those qualified to be covered under your dental plan include your spouse and unmarried children under the age of 19 or 24 if a full-time student. State variations, limitations, and exclusions may apply.

The insurance policy or policies described in this document are underwritten by Union Security Insurance Company, a subsidiary of Assurant, Inc. Assurant Employee Benefits, a business unit of Assurant, Inc., markets life, disability and dental benefits plans as well as related products and services.

This sheet is intended as a summary of benefits for a non-voluntary dental plan. Please consult your certificate booklet for complete coverage details.

Employee Dental Application

ASSURANT Employee Benefits

G. O. no. _____

Group policy/participant no.	Account no.	Cert. no.	Employer	Employment location/phone no.

Employee name Last First Initial	Full-time employ. date Mo. Day Yr.	Part-time employ. date Mo. Day Yr.	Sex ☐M ☐F	Married ☐Yes ☐No	Children ☐Yes ☐No

Employee date of birth Month Day Year	No. hrs. per week _____	Job title or position	State of residence	Employee Soc. Sec. no.

Status: *(If status area is not completed, we consider the employee to be active.)*

☐ Retired ☐ Continuation ☐ Leave of absence ☐ Other _____

Reason _____ Date _____

Please mark **X** in box before the coverages you are applying for if you are eligible for them under your employer's plan:

Employee: ☐ Dental

Dependent: ☐ Dental **Please** mark **X** in box before the dependents to be covered: ☐ Spouse ☐ Children

If spouse coverage is being applied for, complete the following.

Name of Spouse	Date of Birth Month Day Year	Social Security No.	Employer	Current Dental Insurance Carrier

Write in the names and dates of birth of children to be covered *(subject to plan provisions)*.

_____

_____

Were you covered under another dental plan within the last 31 days? ☐ No ☐ Yes

If "Yes," termination date _____ Reason for termination of other coverage _____

***NOTE**—Coverages not specifically elected will not be made effective, even if not refused.
ELECTIONS NOT VALID WITHOUT SIGNATURE.

If coverage is refused, provide the reason for refusal. _____

IMPORTANT NOTICE TO APPLICANT — PLEASE READ CAREFULLY

My signature on this application certifies that I:

(1) Apply for the coverage designated for which I am eligible under my employer's plan with Union Security Insurance Company. (2) Understand if coverage has been refused, I am not entitled to benefits under that coverage and that if I want to apply later, I understand I will not be entitled to benefits until the expiration of the Late Entrant Limitation period specified in the policy. (3) Authorize any required deductions from my earnings. (4) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (5) Understand that I must be actively at work the number of hours specified in my policy/participation agreement to remain insured. (6) Understand that I have the right to select any dental care provider of my choice. (7) Understand that the dental plan includes a pre-estimate provision, that will advise me in advance of the benefits I may be eligible for if the procedure is performed. (8) When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 person to criminal and civil penalties.

This will certify that I HAVE read and understand the above important notice.

Signature _____ Date _____

Union Security Insurance Company
Mail to: **Assurant Employee Benefits** PO Box 2939 Clinton Iowa 52733-2939

EXHIBIT 26

Sample ID Card

Prepaid

Welcome,

Thank you for selecting us for your dental coverage. We are pleased to provide you with the attached dental identification cards. If you have any questions or need to request a provider directory, please call the appropriate toll-free number printed on your card.

Remember to schedule a dental checkup for you and your family.

Membership Cards

Assurant Employee Benefits

United Dental Care of Texas, Inc.*

Group ID 5262215
Prepaid Plan Heritage Secure
Issued To Sample Dental ID Card

Member Signature

Assurant Employee Benefits

United Dental Care of Texas, Inc.*

Group ID 5262215
Prepaid Plan Heritage Secure
Issued To Sample Dental ID Card

Member Signature

Dental Coverage
For eligibility information, call 800.443.2995. Refer to your Evidence of Coverage for details. Visit our website at www.assurantemployeebenefits.com.

Vision Service Plan (VSP)
Present this card to obtain discounts from VSP providers. To locate a provider, call 800.877.7195 or visit www.vsp.com This is not insurance.

*Regulated by the Texas Department of Insurance as a Health Maintenance Organization

Assurant Employee Benefits

Dental Coverage
For eligibility information, call 800.443.2995. Refer to your Evidence of Coverage for details. Visit our website at www.assurantemployeebenefits.com.

Vision Service Plan (VSP)
Present this card to obtain discounts from VSP providers. To locate a provider, call 800.877.7195 or visit www.vsp.com. This is not insurance.

*Regulated by the Texas Department of Insurance as a Health Maintenance Organization

Assurant Employee Benefits

1212067/31/10/24/2006

Sample ID Card

PPO

SAMPLE

Welcome,

Thank you for selecting Assurant Employee Benefits* for your dental coverage. We are pleased to have you as a plan member and to provide the attached dental identification (ID) cards. For members who have previously received cards, please replace your current ID cards with the attached cards. It is important to present this dental ID card at all dental appointments.

Your dental benefits booklet contains valuable information about your dental plan. By carefully reviewing its provisions, you can make informed decisions about your dental care. You can also view benefit information online at your convenience through Online Advantage for Members. To register for Online Advantage, go to www.assurantemployeebenefits.com, select "For Members".

Your Dental Health Alliance, L.L.C.® (DHA®) PPO network** is supplemented with dentists from the Aetna Dental Access network.** By providing you with an expanded network, we aim to significantly increase your ability to choose a conveniently located network dentist.

You always have the freedom to choose any dentists with your dental plan. When using the dental PPO networks listed on your ID card, you may save on out of pocket costs. To search online for a PPO network dentist near you, go to **www.assurantemployeebenefits.com**, select "Find a dentist", and then select the DHA logo listed on your ID card. The online provider search results automatically include the dentists from all the PPO networks that meet your search criteria.

Be sure to verify a dentist's participation in the network when scheduling an appointment and again prior to receiving any treatment.

* Insurance products marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company.

**DHA and Aetna participating dentists are independent providers and are neither agents nor employees of DHA or Aetna.

Membership Cards

ASSURANT Employee Benefits DENTAL PLAN

Group ID Number
5262215

Issued to
Sample Dental ID Card

PPO Network

DHA and Aetna Dental Administrators

Member Signature _____

www.assurantemployeebenefits.com

ASSURANT Employee Benefits DENTAL PLAN

Group ID Number
5262215

Issued to
Sample Dental ID Card

PPO Network

DHA and Aetna Dental Administrators

Member Signature _____

www.assurantemployeebenefits.com

Dental Coverage
Benefits are subject to policy provisions and limitations including coordination of benefits. This card is NOT a guarantee of payment. Please call to verify benefits. If services are to exceed $300, please submit a pre-estimate.

Dental Health Alliance, L.L.C. ®
To locate a DHA member dentist in your area, please call 800 442.7742 or visit www.assurantemployeebenefits.com.

Vision Service Plan (VSP)
Present this card to obtain discounts from VSP providers. To locate a provider, call 800.877.7195 or visit www.vsp.com This is not insurance.

For Benefit and Claim Information:
Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733

Electronic Claims: Payor 70408
800.442.7742

Union Security Insurance Company

Dental Coverage
Benefits are subject to policy provisions and limitations including coordination of benefits. This card is NOT a guarantee of payment. Please call to verify benefits. If services are to exceed $300, please submit a pre-estimate.

Dental Health Alliance, L.L.C. ®
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For Benefit and Claim Information:
Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733

Electronic Claims: Payor 70408
800.442.7742

Union Security Insurance Company

1212067/1/10/24/2006

EXHIBIT 27

ASSURANT
Employee
Benefits

Dental Sample Report Package

Following are samples of the claims and financial reports available from Assurant Employee Benefits. The reports will, among other things:

- Document how we have processed claims for your employees, and
- Analyze claim payments and claim savings resulting from use of a dental PPO (if the PPO option is chosen)

The reports are available upon request.

Note: All reports can be produced at the group level or individual level.

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

Assurant Employee Benefits 2323 Grand Boulevard Kansas City, Missouri 64108-2670
T 816.474.2345 F 816.881.8996 www.assurantemployeebenefits.com
©2006 Assurant

Claims Savings Summary

Group Name—Group K1900999

For Claims Processed between 12/01/2005 and 12/31/2005

Out of Network Claims		Claims Processing Savings			Plan Savings					
Service Category	Submitted Amount	U&C Savings Amount	Denied Amount	Dental Logic Savings Amount	In Network Savings	Deductible Amount	Coinsurance Amount	Adjustments Amount	Paid Amount	Percentage
Preventive	1,930	41	410	0	0	0	0	119	1,360	30.8%
Basic	1,885	180	2	0	0	100	240	106	1,256	28.4%
Major	4,935	36	890	0	0	100	1,955	0	1,955	44.2%
Ortho	0	0	0	0	0	0	0	0	0	0.0%
Adjustments	0	0	0	0	0	0	0	149	-149	-3.4%
Totals	**$8,750**	**$257**	**$1,302**	**$0**	**$0**	**$200**	**$2,195**	**$375**	**$4,421**	**100.00%**
							Percent Paid Out of Network:		**78.2%**	

In Network Claims		Claims Processing Savings			Plan Savings					
Service Category	Submitted Amount	U&C Savings Amount	Denied Amount	Dental Logic Savings Amount	In Network Savings	Deductible Amount	Coinsurance Amount	Adjustments Amount	Paid Amount	Percentage
Preventive	921	0	18	0	129	0	0	0	774	62.8%
Basic	237	0	0	0	0	50	28	0	159	12.9%
Major	0	0	0	0	0	0	0	0	0	0.0%
Ortho	600	0	0	0	0	0	300	0	300	24.3%
Adjustments	0	0	0	0	0	0	0	0	0	0.0%
Totals	**$1,757**	**$0**	**$18**	**$0**	**$129**	**$50**	**$328**	**$0**	**$1,233**	**100.00%**
							Percent Paid In Network:		**21.8%**	

All Claims		Claims Processing Savings			Plan Savings					
Service Category	Submitted Amount	U&C Savings Amount	Denied Amount	Dental Logic Savings Amount	In Network Savings	Deductible Amount	Coinsurance Amount	Adjustments Amount	Paid Amount	Percentage
Preventive	2,851	41	428	0	129	0	0	119	2,134	37.7%
Basic	2,122	180	2	0	0	150	268	106	1,415	25.0%
Major	4,935	36	890	0	0	100	1,955	0	1,955	34.6%
Ortho	600	0	0	0	0	0	300	0	300	5.3%
Adjustments	0	0	0	0	0	0	0	149	-149	-2.6%
Totals	**$10,508**	**$257**	**$1,320**	**$0**	**$129**	**$250**	**$2,523**	**$375**	**$5,654**	**100.00%**

Claims Savings Summary

Group Name—Group K1900999

For Claims Processed between 12/01/2005 and 12/31/2005

All Claims		Claims Processing Savings			Plan Savings					
Service Category	Submitted Amount	U&C Savings Amount	Denied Amount	Dental Logic Savings Amount	In Network Savings	Deductible Amount	Coinsurance Amount	Adjustments Amount	Paid Amount	Percentage
Preventive	799	3	260	0	0	0	0	0	536	41.9%
Basic	496	2	0	0	0	50	89	0	355	27.7%
Major	829	0	0	0	0	50	390	0	390	30.4%
Totals	**$2,124**	**$5**	**$260**	**$0**	**$0**	**$100**	**$478**	**$0**	**$1,281**	**100.00%**

Analysis of Dental Claims Processed by Claimant Relationship

Group Name—Group K1900999

For Claims Processed between 12/01/2005 and 12/31/2005

Relationship	Number of Claims	Submitted Expenses	In Network Savings Amount	Claims Processing Savings	Plan Savings	Adjustments	Paid Amount	Percentage
Member	4	479	0	3	0	0	476	37.2%
Spouse	2	945	0	0	463	0	482	37.7%
Child under 19	1	700	0	262	116	0	322	25.2%
Totals	7	**$2,124**	**$0**	**$265**	**$578**	**$0**	**$1,281**	**100.0%**

Procedure Code Breakdown

Group Name—Group K1900999

Claims Paid between 12/01/2005 and 12/31/2005

Preventive

Procedure Code	Employee Paid Claims	Dependent Paid Claims	Total Paid Claims
D0120	110	0	110
D0150	0	0	0
D0272	0	0	0
D0274	89	0	89
D0330	0	0	0
D1110	277	0	277
D1351	0	60	60
Totals	**$476**	**$60**	**$536**

Basic

Procedure Code	Employee Paid Claims	Dependent Paid Claims	Total Paid Claims
D2140	0	46	46
D2150	0	93	93
D7140	0	216	216
Totals	**$0**	**$355**	**$355**

Major

Procedure Code	Employee Paid Claims	Dependent Paid Claims	Total Paid Claims
D2751	0	390	390
Totals	**$0**	**$390**	**$390**

Group Totals	**$476**	**$805**	**$1,281**

Procedure Group Breakdown

Group Name—Group K1900999

Claims Paid between 12/01/2005 and 12/31/2005

Preventive			
Procedure Code	**Employee Paid Claims**	**Dependent Paid Claims**	**Total Paid Claims**
01) Diagnostic	199	0	199
02) Preventive	277	60	337
Totals	**$476**	**$60**	**$536**

Basic			
Procedure Code	**Employee Paid Claims**	**Dependent Paid Claims**	**Total Paid Claims**
03) Restorative	0	139	139
10) Oral Surgery	0	216	216
Totals	**$0**	**$355**	**$355**

Major			
Procedure Code	**Employee Paid Claims**	**Dependent Paid Claims**	**Total Paid Claims**
03) Restorative	0	390	390
Totals	**$0**	**$390**	**$390**

Group Totals	**$476**	**$805**	**$1,281**

Deductible/Maximum Report

Group Name—K1900999

For Claims Incurred between 01/01/2005 and 12/31/2005 and Paid Through 12/31/2005

Sorted by Maximum Amount Applied

	Deductible Applied				Maximum Applied			
Relationship to Employee	In Network YTD	Out of Network YTD	Ortho Lifetime	In Network Savings	In Network YTD	Out of Network Paid	Combined Paid YTD	Ortho Lifetime
Member	0.00	50.00	0.00	0.00	0.00	1,248.90	1,248.90	0.00
Spouse	0.00	50.00	0.00	0.00	0.00	745.80	745.80	0.00
Spouse	0.00	50.00	0.00	0.00	0.00	742.30	742.30	0.00
Member	0.00	50.00	0.00	0.00	0.00	585.00	585.00	0.00
Spouse	0.00	50.00	0.00	0.00	0.00	501.20	501.20	0.00
Child	0.00	50.00	0.00	0.00	0.00	439.40	439.40	0.00
Child	0.00	0.00	0.00	0.00	0.00	271.00	271.00	0.00
Child	0.00	0.00	0.00	0.00	0.00	152.04	152.04	0.00
Spouse	0.00	0.00	0.00	0.00	0.00	111.00	111.00	0.00
Spouse	0.00	0.00	0.00	0.00	0.00	98.00	98.00	0.00
Child	0.00	0.00	0.00	0.00	0.00	85.00	85.00	0.00
Member	0.00	0.00	0.00	0.00	0.00	66.00	66.00	0.00
Child	0.00	50.00	0.00	0.00	0.00	48.00	48.00	0.00
Spouse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Spouse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Spouse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Member	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Member	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS	**0.00**	**$350.00**	**0.00**	**0.00**	**0.00**	**$5,093.64**	**$5,093.64**	**0.00**

Lag Study Report

Group Name—Group K1900999

For Claims Incurred between 01/01/2005 and 12/31/2005

Month Claims Incurred

Month Claims Paid	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	Month Paid Totals
01/2005	562.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**$562.00**
02/2005	516.00	217.00	0.00	0.00	0.00	0.00	0.00	0.00	**$733.00**
03/2005	0.00	0.00	851.00	0.00	0.00	0.00	0.00	0.00	**$851.00**
04/2005	0.00	378.50	220.00	1,328.00	0.00	0.00	0.00	0.00	**$1,926.50**
05/2005	0.00	0.00	0.00	107.40	562.00	0.00	0.00	0.00	**$669.40**
06/2005	0.00	0.00	0.00	0.00	98.00	152.04	0.00	0.00	**$250.04**
07/2005	0.00	0.00	0.00	0.00	0.00	280.00	972.80	0.00	**$1,252.80**
08/2005	0.00	0.00	0.00	0.00	0.00	0.00	104.00	304.80	**$408.80**
09/2005	0.00	0.00	0.00	0.00	0.00	0.00	0.00	544.40	**$544.40**
10/2005	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-117.00	**$-117.00**
11/2005	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
12/2005	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Group Totals	**$1,078.00**	**$595.50**	**$1,071.00**	**$1,435.40**	**$660.00**	**$432.04**	**$1,076.80**	**$732.20**	**$7,080.94**

NOTES: This report contains only claims information for which we received complete data. Claims totaled in an intersection were INCURRED in the month/year at the top of the column, and PAID in the month/year at the left of the row. Columns for the claims incurred will only display if claims were actually incurred during that month.

Dental Provider Report

Group Name—Group K1900999

For Claims Processed between 12/01/2005 and 12/31/2005

Sorted by Provider ID

Provider ID	Provider Name *	Network ID	Number of Claims	Submitted Expenses	In Network Savings Amount	Claims Processing Savings	Plan Savings	Adjustments Amount	Paid Amount
000000000	CLAIM ADJUSTMENTS	O	2	0.00	0.00	0.00	0.00	149.00	-149.00
391230167	JAMES ALLEN, D.D.S.	O	2	141.00	0.00	115.00	0.00	0.00	26.00
391332722	JOSEPH L. KOTNOUR, D.D.S.	O	4	1,507.00	0.00	0.00	718.50	0.00	788.50
391498365	DOWNTOWN DENTAL	O	8	613.00	0.00	273.00	46.15	0.00	293.85
391498365	JACK A. ELDER, D.D.S.	O	4	327.00	0.00	77.00	18.75	203.61	27.64
391498365	JAY M YAHNKE D.D.S.	O	2	914.00	0.00	892.00	0.00	22.00	0.00
391538433	JOHN T DINGMAN	I	4	336.00	21.00	0.00	31.45	0.00	283.55
391604173	MARK A. WERNER, D.D.S.	O	2	109.00	0.00	0.00	0.00	0.00	109.00
391604173	M. A. WERNER, D.D.S.	O	2	130.00	0.00	5.00	18.75	0.00	106.25
391999401	MELISSA A. SCHMIT	O	2	147.00	0.00	10.00	0.00	0.00	137.00
392043921	JEFFREY SEDLOCK, D.D.S.	O	4	156.00	0.00	0.00	0.00	0.00	156.00
395568013	NEIL N. MIGHALL, D.D.S.	O	4	987.00	0.00	1.00	234.95	0.00	751.05
411560064	ROBERT D MCNAMARA	I	2	156.06	29.00	0.00	0.00	0.00	127.06
411612019	JOHN J. KELLER, D.D.S.	O	2	105.00	0.00	105.00	0.00	0.00	0.00
411693784	DAVID M GILMER	I	4	295.41	4.61	0.00	46.57	0.00	244.23
411785852	KEITH R ERICKSON	I	2	600.00	0.00	0.00	300.00	0.00	300.00
411925879	GREG HARVEY	I	2	18.00	0.00	18.00	0.00	0.00	0.00
421615192	HERMAN DENTAL, PA	O	4	149.00	0.00	0.00	0.00	0.00	149.00
421615192	SARAH HERMAN D.D.S.	O	2	714.00	0.00	0.00	369.50	0.00	344.50
474661084	MARK W. HOUSTON, D.D.S.	O	2	109.14	0.00	2.14	0.00	0.00	107.00
474700700	MICHAEL A. GAVINO, D.D.S.	O	4	243.00	0.00	3.00	14.25	0.00	225.75
680508694	HOUSTON DENTAL CLINIC PC	O	4	378.00	0.00	36.00	58.30	0.00	283.70
680508694	JOHN W EVENSON	O	2	147.00	0.00	0.00	43.30	0.00	103.70
830346227	E ARNE KOLBJORNSEN	I	4	352.00	74.00	0.00	0.00	0.00	278.00
	Totals		**76**	**$10,507.61**	**$128.61**	**$1,577.14**	**$2,772.97**	**$374.61**	**$5654.28**

*** When Provider does not accept insurance assignment and does not provide a Tax ID, the provider appears as 'DENTIST'. The benefits were paid directly to the member. Some claim adjustments do not identify the provider, therefore are under Tax ID 000000000. The Network ID identifies whether benefits were calculated In Network or Out of Network.**

EXHIBIT 28

SOLICITATION AMENDMENT

Solicitation No:	P08-0110
Description:	Employee Dental Benefits
Amendment No:	Two (2)
Solicitation Due Date:	June 30, 2008
Solicitation Due Time:	5:00 PM

Materials Management Procurement
8314 West Cinnabar Avenue
Peoria, Arizona 85345-6560
Telephone: (623) 773-7115
Fax: (623) 773-7118

Buyer: Lisa Houg, CPPB

A signed copy of this Amendment shall be received by the City of Peoria, Materials Management no later than the Solicitation Due Date and Time.

The RFP for Employee Dental Benefits is being amended to revise the following:

1. **Exhibit F, column headings should read 2009, 2010 and 2011.**
2. **Exhibit I, Option #9 is replaced with "Add composite (white fillings); cover posterior teeth."**

All other provisions of this Solicitation shall remain in their entirety.

Vendor hereby acknowledges receipt and agreement with the amendment.

Kimberly R. Reese 06-27-08
Signature Date

Kimberly R. Reese, 2nd VP
Typed Name and Title

3595 Grandview Parkway, Ste. 650
Address

Birmingham AL 35243
City State Zip

The above referenced Solicitation Amendment is hereby Executed

June 13, 2008

at Peoria, Arizona

Lisa Houg
Lisa Houg, CPPB
Contract Officer

Copyright 2003 City of Peoria, Anzona

SOLICITATION AMENDMENT

Solicitation No:	P08-0110
Description:	Employee Dental Benefits
Amendment No:	One (1)
Solicitation Due Date:	June 30, 2008
Solicitation Due Time:	5:00 PM

Materials Management
Procurement
8314 West Cinnabar Avenue
Peoria, Arizona 85345-6560
Telephone: (623) 773-7115
Fax: (623) 773-7118

Buyer: Lisa Houg, CPPB

A signed copy of this Amendment shall be received by the City of Peoria, Materials Management no later than the Solicitation Due Date and Time.

The Dental RFP CD has been revised. The CD marked "FINAL" must be submitted with your response.

All other provisions of this Solicitation shall remain in their entirety.

Vendor hereby acknowledges receipt and agreement with the amendment.

Kimberly R. Reese 06-26-08
Signature Date

Kimberly R. Reese, 2nd VP
Typed Name and Title

3595 Grandview Parkway Ste. 450
Address

Birmingham AL 35243
City State Zip

The above referenced Solicitation Amendment is hereby Executed

June 6, 2008

at Peoria, Arizona

Lisa Houg
Lisa Houg, CPPB
Contract Officer

Copyright 2003 City of Peoria, Arizona

EXHIBIT 29

ASSURANT
Employee
Benefits

Dental care may do more than just save your teeth...

Did you know that more than 75% of American adults suffer from various forms of periodontal (gum) disease and don't know it?[1]

Please read over this brochure for topics that you may want to discuss with your dentist.

Heart Disease
The number one killer among men and women affecting 58 million American's a year, killing almost a million. Studies have shown links between cardiovascular disease and key bacteria in periodontal disease.[1]

Oral Cancer
30,000 new cases are diagnosed and 9,000 people die each year. More common than leukemia, skin melanoma, Hodgkin's disease and cancers of the brain, liver, thyroid, stomach, ovaries and cervix. Curable in its early stages, it can be treated successfully in more than 90% of the cases. If not detected early enough it can spread to other parts of the body and become nearly impossible to treat.

Diabetes
The fourth leading cause of death among Americans and will result in more than 169,000 deaths this year alone. 16 million people in the U.S. have the disease, yet more than half are unaware of their condition.

Approximately 95% of Americans with diabetes also have periodontal (gum) disease.

High Risk Smokers
Smokers have seven times the risk of developing gum disease compared to a non-smoker. one out of every two Americans have some form of gum disease.

Dental Health Center

Visit our Dental Health Center at www.assurantemployeebenefits.com under "For Members". The site includes a variety of dental health information you can access 24/7!

Preterm Low Birth Weight
Emerging evidence may link periodontal disease in pregnant women to a sevenfold increase in the risk of delivering low birth weight babies. Researchers estimate that as many as 18% of 250,000 premature babies born in the U. S. each year may be attributed to infectious oral diseases.[2]

Baby Bottle Decay
Baby Bottle Decay can destroy your child's baby teeth and cause serious damage to permanent teeth. This condition is caused when your child is put to bed with a bottle filled with milk, formula, juice or sugar water. It can also be caused if a child's teeth are not wiped clean after a bottle feeding.

Take Your Baby to the Dentist
Ask your dentist about when to bring your child in for his first visit. Usually, the dentist will want to see a child between ages 1 and 2.

For ordering a supply of this brochure for your dental office call 800.434.2638, option 3. Please reference form number KC4534.

Products and services marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company or an affiliated prepaid dental company. In New York, products & services marketed by Assurant Employee Benefits are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York. Plans contain limitations and exclusions. Benefits provided and premium amounts depend on the plan selected.

[1]American Dental Hygienist Association - Dealing with Gum Disease - A Life Threatening Health Risk.
[2]National Institute of Dental and Craniofacial Research - The Oral-Systemic Health Connection
[3]Oral Health For Adults: Surgeon General's Report, Sept. 2001

Form No. GP-90 PF99 and BDC-GDSA-NY
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KC4534 (7/2007)

ASSURANT
Employee
Benefits

La atención dental no está destinada únicamente a la preservación de sus dientes...

¿Sabía usted que más del 75% de los adultos en los Estados Unidos de América padece diversos tipos de periodontitis (inflamación de las encías) y no lo saben?[1]

Por favor lea este folleto para identificar los tópicos que desearía consultar con su dentista.

Enfermedad Cardíaca
Las enfermedades del corazón son la causa principal de muerte entre hombres y mujeres. Afectan a más de 58 millones de estadounidenses al año—cobrando aproximadamente un millón de vidas anualmente. Se ha mostrado que existe un vínculo entre las enfermedades cardiovasculares y la bacteria que causa la periodontitis.[1]

Cáncer de la boca
Anualmente se diagnostican 30,000 casos nuevos de cáncer de la boca y 9,000 personas mueren a causa de este tipo de cáncer. El cáncer de la boca es más común que la leucemia, melanoma de la piel, enfermedad de Hodkin y cánceres del cerebro, hígado, tiroides, estómago, ovarios y cerviz. Es curable en sus primeras etapas y puede ser tratado exitosamente en más del 90% de los casos. Si no se detecta a tiempo, este cáncer puede extenderse a otras partes del cuerpo. En tal caso, el tratamiento suele ser muy difícil.

Diabetes
La diabetes es la cuarta causa principal de muerte en los Estados Unidos de América y sólo este año cobrará más de 169,000 vidas. 16 millones de personas en los Estados Unidos de América padecen esta enfermedad. Sin embargo, más del cincuenta por ciento de éstas no están conscientes de su condición.

Aproximadamente el 95% de los estadounidenses con diabetes también padecen periodontitis.

Fumadores de alto riesgo
Entre los fumadores la probabilidad de desarrollar enfermedad en las encías es siete veces más alta que la población de personas que no fuman. Uno de cada cuatro estadounidenses padece de periodontitis.

Centro de Atención Dental
Visite nuestro Centro de Atención Dental:
www.assurantemployeebenefits.com
bajo "For Members". Este sitio Web, disponible a cualquier hora del día, ofrece amplia información sobre la salud dental!

Prematuros de bajo peso
La evidencia más reciente muestra que el riesgo de dar a luz a bebés de bajo peso es siete veces más alto entre las mujeres embarazadas que padecen periodontitis. Científicamente se calcula que anualmente hasta un 18% de los 250,000 nacimientos prematuros en los Estados Unidos de América suele ser causado por enfermedades infecciosas de la boca.[2]

Caries de Biberones
Las Caries de Biberones pueden destruir la dentadura de su bebé y deteriorar **gravemente** los dientes permanentes. Este trastorno es causado cuando se acuesta al bebé con un biberón de leche fórmula, jugo o agua azucarada. También es ocasionado por no limpiar los dientes del bebé con una toalla después de haberse tomado el biberón.

Lleve a su bebé al dentista
Pregúntele a su dentista cuando es el momento apropiado para la primera consulta dental de su bebé. Normalmente, la mejor edad para visitar el dentista es cuando su hijo tiene entre 1 y 2 años de edad.

Para obtener copias de este folleto para distribuirlo en su consultorio, llame al 800.434.2638, opción 3. Por favor, refiérase al número de formulario KC4534.

Los productos comercializados por Assurant Employee Benefits son suscritos y/o suministrados por Union Security Insurance Company o una compañía afiliada de servicios dentales prepagados. En Nueva York, los productos y servicios son comercializados por Assurant Employee Benefits y suscritos por Union Security Life Insurance Company of New York, la cual tiene asentado su negocio principal en Syracuse, New York.

[1]American Dental Hygienist Association - Dealing with Gum Disease - A Life Threatening Health Risk.
[2]National Institute of Dental and Craniofacial Research - The Oral-Systemic Health Connection
[3]Oral Health For Adults: Surgeon General's Report, Septiembre, 2001

ASSURANT
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Dental health facts

Statistics you should know...

Lost work time
Employed adults lose more than 164 million hours of work each year due to oral health problems.[1]

High risk smokers
Smokers have seven times the risk of developing gum disease compared to non-smokers.[1] One out of every two Americans have some form of gum disease.[1]

Xylitol gum
Studies shows 70% reduction in tooth decay among children whose mothers chew xylitol sweetened gum.[2]

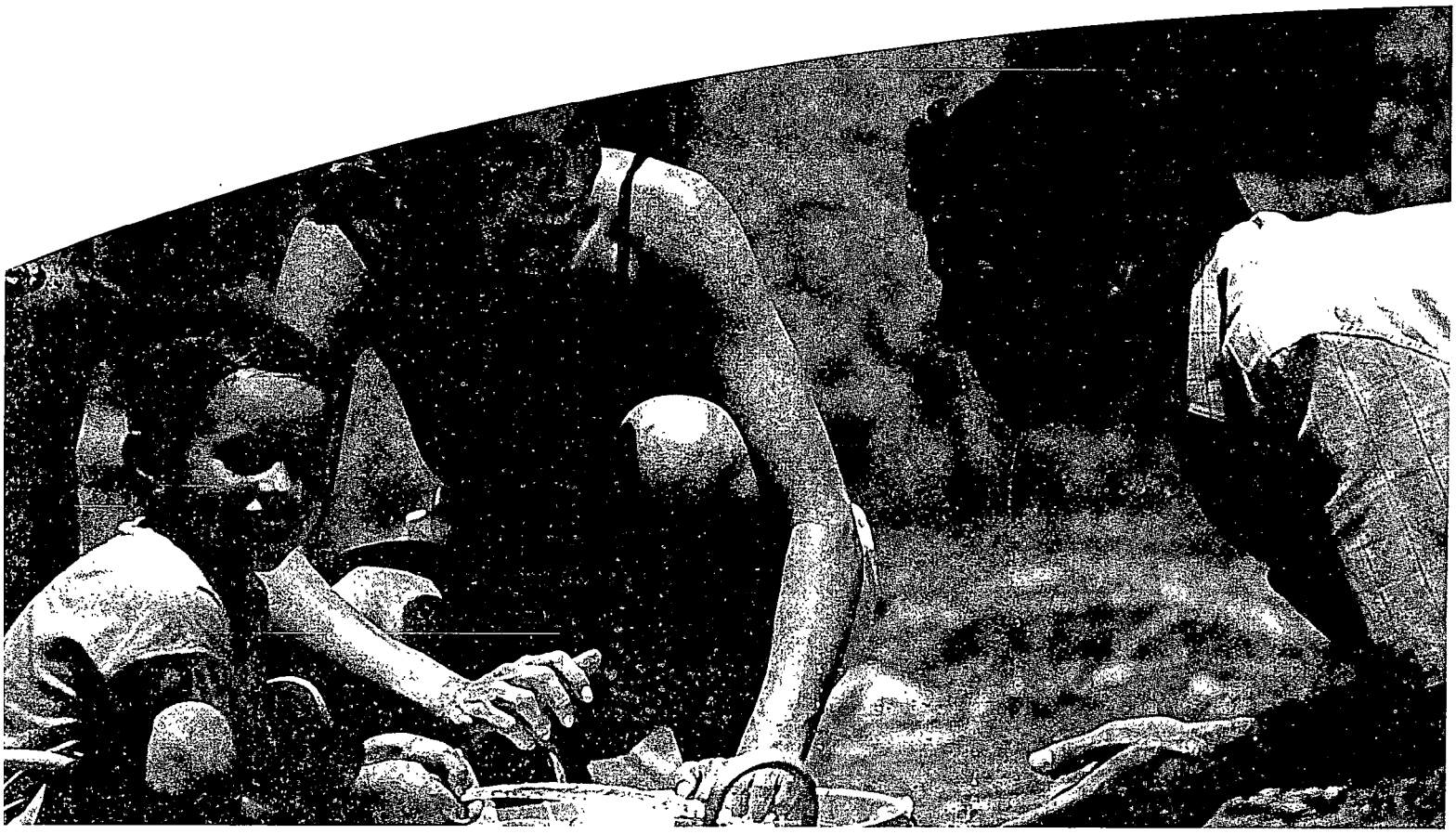
Dental care may do more then just save your teeth...

Periodontal (gum) disease
Research is presenting that gum disease can affect overall health conditions such as heart disease, stroke, and premature births.[1] More than 75% of American adults suffer from various forms of gum disease and don't know it.[3]

Oral cancer
30,000 new cases are diagnosed and 9,000 people die each year.[1] More common than leukemia, skin melanoma, Hodgkin's disease and cancers of the brain, liver, thyroid, stomach, ovaries and cervix. Curable in its early stages, it can be treated successfully in more than 90% of the cases. If not detected early enough it can spread to other parts of the body and become nearly impossible to treat.

Heart disease
The number one killer among men and women affecting 58 million Americans a year, killing almost a million. Studies have shown links between cardiovascular disease and key bacteria in periodontal disease.[3]

Continued on back.



Diabetes
Fourth leading cause of death among Americans and will result in more than 169,000 deaths this year alone. 16 million people in the United States have the disease yet more than half are unaware of their condition. Approximately 95% of Americans with diabetes also have periodontal disease.[3]

Preterm low birth weight
Emerging evidence may link periodontal disease in pregnant women to a sevenfold increase in the risk of delivering low birth weight babies. Researchers estimate that as many as 18% of 250,000 premature babies born in the United States each year may be attributed to infectious oral diseases. Hospital costs alone for premature infants exceeds $5 billion annually. When costs to society in terms of managing long-term disabilities commonly associated with prematurity are considered, this figure escalates dramatically.[4]

Remember that oral disease is often preventable by taking the time to care for your teeth! Assurant Employee Benefits provides you coverage to assist in prevention and restoration of your oral health.

[1]*Oral Health for Adults: Surgeon General's Report*, Sept. 2001.

[2]*Journal of Dental Research*, March 2000.

[3]*American Dental Hygienist Association* – Dealing with Gum Disease – A Life Threatening Health Risk.

[4]*National Institute of Dental and Craniofacial Research* – The Oral-Systemic Health Connection.

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

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2323 Grand Boulevard
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T 816.474.2345
F 816.881.8996
www.assurantemployeebenefits.com

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ASSURANT
Employee
Benefits

Xylitol helps fight cavities for a lifetime of healthy smiles

You know that...

Brushing, flossing and visiting your dentist are key activities in fighting cavities and maintaining a healthy smile.

You may not know that...

Chewing xylitol gum may also help prevent tooth decay. Clinical studies have proven that products containing the natural sweetener xylitol may dramatically reduce tooth decay.[1]

According to the Centers for Disease Control, tooth decay is one of the most common infectious diseases known to mankind and is the most chronic disease of children ages 5 to 17 years old.[2] Products containing xylitol have been shown to control the effects of bacteria in the mouth, and fight plaque and cavities.[3]

Special offer to dental plan members

We are pleased to offer our members a special discount on xylitol products through Epic Dental! Epic Dental is a leading provider of innovative dental care products containing xylitol. Xylitol products available through Epic include gum, mints, toothpaste and mouthwash.

Assurant Employee Benefits dental plan members will receive a 50% discount on their initial order and a 25% discount on subsequent orders from Epic Dental for xylitol orders.

Ordering information

Members can order xylitol products by calling Epic Dental at 866.920.4200. To receive the discount, members will need to use the promotional code AS5DFT.

Something as easy as chewing xylitol gum can help prevent tooth decay.

Assurant Employee Benefits is committed to educating and creating awareness that dental health is important to overall well-being!

[1]Featherstone JD, Adair SM, Anderson MH, et al. Caries management by risk assessment: consensus statement, April 2002. J California Dental Association. 2003 Mar; 31(3):257-69
[2] Oral Health Resources Fact Sheet: National Center for Chronic Disease Prevention and Health Promotion.
[3] California Dental Association website - Xylitol the decay-preventive sweetener
Products and services marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company or an affiliated prepaid company. Plan limitations and exclusions apply. Discounts are currently unavailable with New York policies and plans.

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ASSURANT
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The Mouth-Body Connection

What goes on in your mouth affects what happens all over your body. Evidence is continually being shown to support the belief that your mouth is a window into many health issues throughout your body.

It has been proven that more than 75% of American adults suffer from various forms of periodontal (gum) disease and many don't know it.[1] This is alarming because periodontal bacteria can enter the bloodstream and travel to major organs and begin new infections.

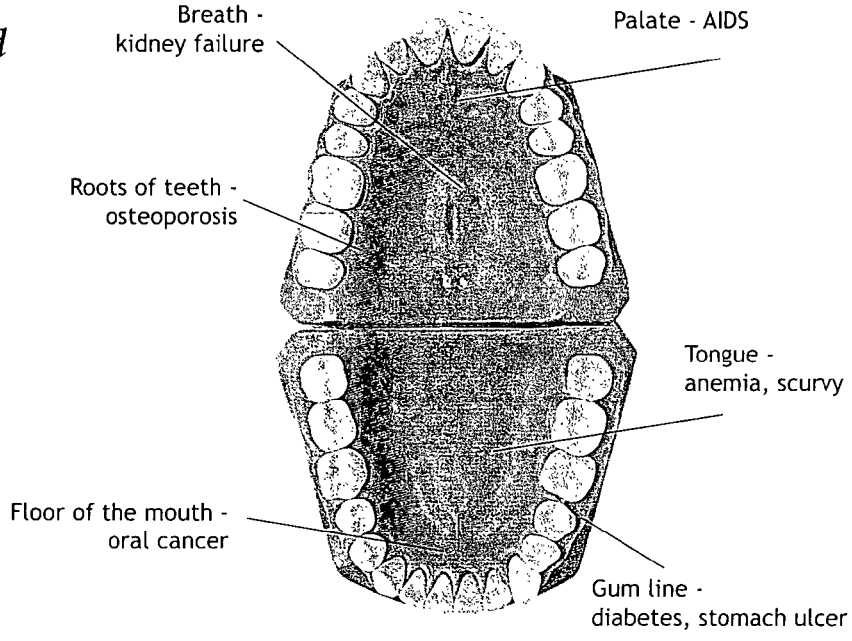
Some of the dangers include:

- **Heart disease**, the nation's leading cause of death. Studies have shown links between cardiovascular disease and key bacteria in periodontal disease.[1]
- A 4.3 times greater risk of **stroke** than those with mild or no periodontal disease.[2]
- **Diabetes**, approximately 95% of Americans with **diabetes** also have periodontal disease.[1]
- A sevenfold increase in the risk of pregnant woman delivering **preterm, low birth weight babies**.[3]

Research shows a significant percentage of people will not obtain medical care during the year.[4] However, many will visit a dentist office.

What if by visiting the dentist employees are made aware of potential health risks? How might catching these potential health problems early affect absenteeism, employee overall health, and employee satisfaction with their benefit package?

"A dental plan designed to help prevent serious health conditions is a wise investment, particularly for small businesses that can be severely affected by absenteeism," says Dr. Jim Gimarelli, D.M.D.



It is important to partner with a dental insurance carrier that enables preventive dental care and recognizes the medical-dental connection. Assurant Employee benefits has made an effort to design plans that highlight preventive dental care, which has been shown to favorably impact the early detection and incidence of periodontal disease.

Our product enhancements have set the standard in the industry to support the medical-dental connection. Assurant Employee Benefits recognizes the importance of improving the overall health of its members.

[1]American Dental Hygienist Association – Dealing with Gum Disease – A Life Threatening Health Risk, 2001
[2] Gum disease and stroke link, www.medicalnewstoday.com, 2007
[3] National Institute of Dental Craniofacial Research – The Oral-Systemic Health Connection
[4] Clinical Pioneering Rapid HIV Testing in Dental Services, www.kcfree.org, 2007

Products and services marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company or an affiliated prepaid dental company. In New York, products and services are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York.

Plans contain limitations, exclusions and restrictions. This policy provides DENTAL insurance only.

ASSURANT
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Benefits

Administrative office
2323 Grand Boulevard
Kansas City, MO 64108-2670
T 816.474.2345
F 816.881.8996
www.assurantemployeebenefits.com

Policy Form No. GP90 PF99
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ASSURANT
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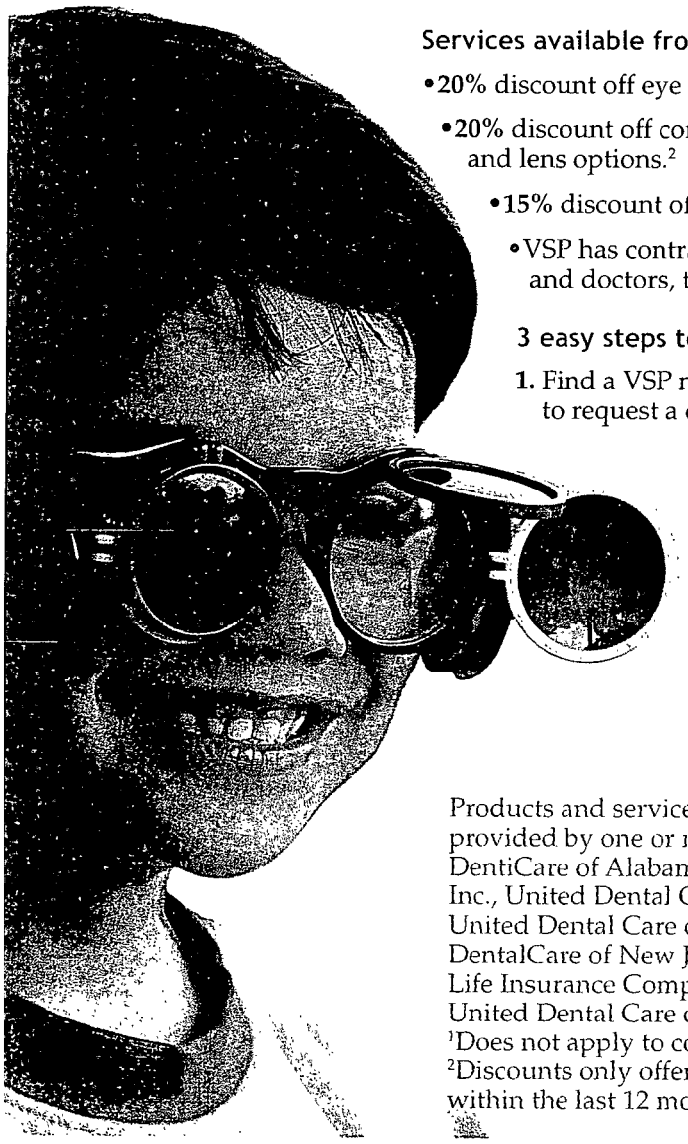
Vision discount plan

Your Assurant Employee Benefits Dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams and the purchase of prescription eyewear when provided by VSP network doctors. The discount plan is available for you and everyone covered under your dental plan!

Features of VSP

- Immediate savings when using a VSP network doctor.
- You may use the discounts as often as you wish.
- No waiting periods.
- No deductibles.



Services available from a VSP network doctor

- 20% discount off eye exams.[1]
- 20% discount off complete pairs of prescription glasses and lens options.[2]
- 15% discount off the contact lens exam (fitting and evaluation).[2]
- VSP has contracted with many of the nation's laser surgery facilities and doctors, to offer you a **discount** off PRK and LASIK surgeries.

3 easy steps to using VSP

1. Find a VSP network doctor near you at **www.vsp.com** or call **800.877.7195** to request a doctor listing.
2. Tell the doctor you are a VSP member and provide the covered member's social security number when you make your appointment.
3. Fees are automatically reduced at the time of service - with no claim forms to fill out!

This vision discount plan is not insurance.

Products and services marketed by Assurant Employee Benefits are underwritten or provided by one or more of the following companies: Union Security Insurance Company, DentiCare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., United Dental Care of Michigan, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., Union Security Life Insurance Company of New York, UDC Ohio, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc.

[1]Does not apply to contact lens exam (fitting and evaluation).

[2]Discounts only offered through the VSP network doctor who provided an eye exam within the last 12 months.

ASSURANT
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2323 Grand Boulevard
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T 816.474.2345
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www.assurantemployeebenefits.com

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KC3256 (3/2007)

Interested in learning more or registering?

An online demo to view the features of Online Advantage is available at **www.assurantemployeebenefits.com**.

Registering for Online Advantage is simple. Visit our web site and in the Online Advantage Login select Register Now!

Quick. Smart. Convenient.

ASSURANT
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Assurant Employee Benefits specializes in quality employee benefits and services, including long-term and short-term disability, life and accidental death and dismemberment insurance, dental coverage and disability reinsurance management services. Assurant Employee Benefits also offers voluntary (employee-paid) disability, life and dental plans. Underwriting flexibility allows Assurant Employee Benefits to market tailor-made benefit plans for groups of most any size.

Insurance products and services marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company, Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York or an affiliated prepaid dental company.

Main Administrative office:
2323 Grand Boulevard
Kansas City, MO 64108-2670
T 816.474.2345
F 816.881.8996
www.assurantemployeebenefits.com

Policy Form No. GP90/PF99
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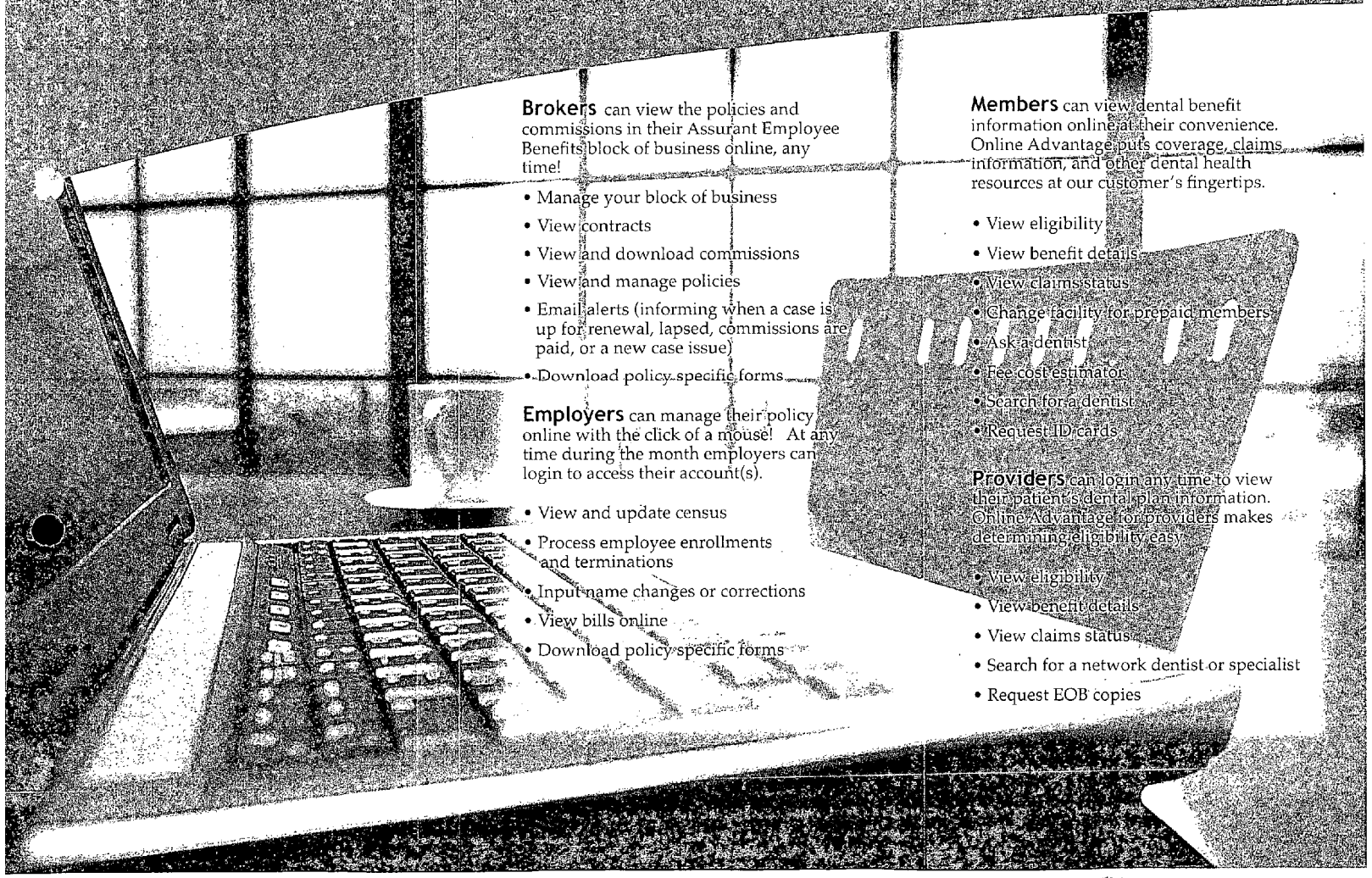
ASSURANT
Employee
Benefits

Online Advantage

Helps reduce the phone calls to customer service. Reduces the time and effort in managing your business. Provides e-service solution at no additional charge and gives immediate access to dental plan coverage details.



Brokers can view the policies and commissions in their Assurant Employee Benefits block of business online, any time!

- Manage your block of business
- View contracts
- View and download commissions
- View and manage policies
- Email alerts (informing when a case is up for renewal, lapsed, commissions are paid, or a new case issue)
- Download policy specific forms

Employers can manage their policy online with the click of a mouse! At any time during the month employers can login to access their account(s).

- View and update census
- Process employee enrollments and terminations
- Input name changes or corrections
- View bills online
- Download policy specific forms

Members can view dental benefit information online at their convenience. Online Advantage puts coverage, claims information, and other dental health resources at our customer's fingertips.

- View eligibility
- View benefit details
- View claims status
- Change facility for prepaid members
- Ask a dentist
- Fee cost estimator
- Search for a dentist
- Request ID cards

Providers can login any time to view their patient's dental plan information. Online Advantage for providers makes determining eligibility easy.

- View eligibility
- View benefit details
- View claims status
- Search for a network dentist or specialist
- Request EOB copies

ORIGINAL

P08-0110, LCON18708A

ASSURANT
Employee
Benefits

Received @ The Segal Company

FEB 0 1 2010

Phoenix Office

CITY OF PEORIA
ATTN: Nancy Fantasia
8401 W. MONROE RM# 140
PEORIA, AZ 85345

Friday, January 29, 2010

RE: Policy #0000EB10

Dear Benefits Administrator:

Thank you for making Assurant Employee Benefits an integral part of your overall benefits program. We hope that you have been pleased with your dental benefit plan. 7/1/2010 is the renewal date for your dental benefits with Assurant Employee Benefits.

As you may be aware, inflation experienced in the dental industry and other factors necessitate periodic reviews of rates. Our goal at Assurant Employee Benefits is to hold these rates at levels that are reasonable and adequate to fund your level of benefits while providing the best possible service. The renewal rating for your group has been completed and your new rates effective 7/1/2010 are:

Current Plan:	Secure with SBA AZ	Renewal Plan:	Secure with SBA AZ
Employee	$10.32	Employee	$10.32
Employee + One	$16.70	Employee + One	$16.70
Employee + Family	$25.58	Employee + Family	$25.58

Assurant Employee Benefits appreciates your business and is committed to providing you with quality and affordable dental coverage. Please contact us if you need to request enrollment materials or for questions regarding the renewal process at (800) 619.6996.

Lynn McCarty

Sincerely,
Assurant Employee Benefits
Phoenix Sales Office
phoenix.team@assurant.com
P: (800) 619.6996
F: (602) 263.018

Products marketed by Assurant Employee Benefits are administered by Union Security Insurance Company and underwritten or provided by one or more of the following: Union Security Insurance Company, DentiCare of Alabama, Inc., UDC Dental California, Inc., UDC Ohio, Inc., Union Security DentalCare of Georgia, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York.

L CON 18708A

Assurant Employee Benefits
Employee Dental Benefits Plan
P08-0110, LCON 18708A
Amendment #1
Renewal Rates (July 1, 2010 – June 30, 2011)

CITY OF PEORIA, ARIZONA
A Municipal Corporation

Bobbie Kimelton, Human Resources Manager
City of Peoria

Herman Koebergen, Materials Manager
City of Peoria

Approved as to form:

Stephen M. Kemp, City Attorney
City of Peoria

Attested by:

Mary Jo Waddell, City Clerk
City of Peoria

3-26-10
Date

L CON 18708A

ASSURANT
Employee
Benefits

January 14, 2011

Paula Campbell
Hays Companies
2710 E. Camelback Road, Suite 210
Phoenix, AZ 85016

RE: RENEWAL FOR CITY OF PEORIA – Policy # EB10

Dear Paula:

Thank you for making Assurant Employee Benefits an integral part of your overall benefits program. We hope that you have been pleased with the dental benefit plan. We are approaching the anniversary date of the dental plan for the employees of CITY OF PEORIA.

The renewal rating for your client has been completed and plans and rates will remain the same effective July 1, 2011 through June 30, 2012.

Current Plan:	Heritage Secure with SBA	**Renewal**	Heritage Secure with SBA
Employee	$10.32	Employee	$10.32
Employee + One	$16.70	Employee + One	$16.70
Employee + Family	$25.58	Employee + Family	$25.58

Along with the above renewal dates come the time for your client's annual open enrollment period where the employees may enroll, change coverage or add dependents. To assist with the renewal and/or open enrollment process, we will be available for scheduled employee meetings. (i.e. formal presentations or Question and Answer sessions). Please feel free to call me to schedule meetings.

Assurant Employee Benefits appreciates your business and is committed to providing you with quality and affordable dental coverage. Please contact me if you need to request enrollment materials or for questions regarding the renewal process at 602 308-0217.

Sincerely,

Lynn McCarty

Lynn McCarty
Employee Benefit Advisor
Lynn.mccarty@assurant.com
P: 602 308-0217
F: 602 263-0187

Products marketed by Assurant Employee Benefits are administered by Union Security Insurance Company and underwritten or provided by one or more of the following: Union Security Insurance Company, DentiCare of Alabama, Inc., UDC Dental California, Inc., UDC Ohio, Inc., Union Security DentalCare of Georgia, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York.

L CON 18708B

Assurant Employee Benefits
Employee Dental Benefits Plan
P08-0110, LCON 18708B
Amendment #2
Renewal Rates (July 1, 2011 – June 30, 2012)

CITY OF PEORIA, ARIZONA
A Municipal Corporation

Wynette Reed, Human Resources Director
City of Peoria

for Materials Manager
City of Peoria

Approved as to form:

Ellen Van Riper, Assistant City Attorney

Stephen M. Kemp, City Attorney
City of Peoria

Attested by:

Wanda Nelson, City Clerk
City of Peoria

05/24/2011
Date

L CON 18708B

CONTRACT AMENDMENT

Solicitation No. P08-0110 Page 1 of 2

Description: Employee Dental Benefits

Amendment No. Three (3) Date: 3/28/2012

Materials Management Procurement
9875 N. 85th Ave., 2nd Fl.
Peoria, AZ 85345
Telephone: (623) 773-7115
Fax: (623) 773-7118

Buyer: Lisa Houg

In accordance with the Contract Special Terms and Conditions, **Contract Extension**, the above referenced contract shall expire on June 30, 2012.

The new Contract Term is July 1, 2012 to June 30, 2013. The rates remain the same for the new contract term as per the attached letter dated December 13, 2011.

Contractor hereby acknowledges receipt and agreement. A signed copy shall be filed with the City of Peoria, Materials Management Division.

Signature	Date	Typed Name and Title	Company Name
Lynn McCarty	4/3/12	Lynn McCarty, Employee Benefit Advisor	Assurant Employee Benefits

Address	City	State	Zip Code
5353 N. 16th Street, Ste. 370	Phoenix	AZ	85016

Attested By:
Rhonda Geriminsky
Wanda Nelson, City Clerk

Claudia Lujan
Director: Claudia Lujan, Interim HR Director

Nancy Fantasia 4/3/12
Department Rep: Nancy Fantasia, Benefits Administrator

Cheryl A. Kamper for
Approved as to Form: Stephen M. Kemp, City Attorney

CC Number

LCON18708C
Contract Number

The above referenced Contract Amendment is hereby Executed

May 9, 2012, at Peoria, Arizona

Dan Zenko
Dan Zenko, Materials Management Supervisor

City Seal
Copyright 2003 City of Peoria, Arizona
(Rev 01/05/09)

Official File

LCON 18708C

CITY OF PEORIA
ATTN: Nancy Fantasia
8401 W. MONROE RM# 140
PEORIA, AZ 85345

Tuesday, December 13, 2011

RE: Policy #0000EB10

Dear Benefits Administrator:

Thank you for making Assurant Employee Benefits an integral part of your overall benefits program. We hope that you have been pleased with your dental benefit plan. 7/1/2012 is the renewal date for your dental benefits with Assurant Employee Benefits.

As you may be aware, inflation experienced in the dental industry and other factors necessitate periodic reviews of rates. Our goal at Assurant Employee Benefits is to hold these rates at levels that are reasonable and adequate to fund your level of benefits while providing the best possible service. The renewal rating for your group has been completed and your new rates effective 7/1/2012 are:

Current Plan: Secure with SBA AZ		**Renewal Plan:** Secure with SBA AZ	
Employee	$10.32	Employee	$10.32
Employee + One	$16.70	Employee + One	$16.70
Employee + Family	$25.58	Employee + Family	$25.58

Assurant Employee Benefits appreciates your business and is committed to providing you with quality and affordable dental coverage. Please contact us if you need to request enrollment materials or for questions regarding the renewal process at (800) 619.6996.

Sincerely,
Assurant Employee Benefits
Phoenix Sales Office
phoenix.team@assurant.com
P: (800) 619.6996
F: (602) 263.0187

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L CON 18708C

CONTRACT AMENDMENT

Solicitation No.	P08-0110	Page 1 of 2
Description:	Employee Dental Benefits	
Amendment No.	Four (4)	Date: 2/14/2013

Materials Management Procurement
9875 N. 85th Ave., 2nd Fl.
Peoria, AZ 85345
Telephone: (623) 773-7115
Fax: (623) 773-7118
Buyer: Lisa Houg

In accordance with the Contract Special Terms and Conditions, **Contract Extension**, the above referenced contract shall expire on June 30, 2013.

The new Contract Term is July 1, 2013 to June 30, 2014. The rates remain the same for the new contract term as per the attached letter.

Contractor hereby acknowledges receipt and agreement. A signed copy shall be filed with the City of Peoria, Materials Management Division.

Signature	Date	Typed Name and Title	Company Name
Lynn B. McCarty	2/14/13	Lynn McCarty, Employee Benefit Advisor	Assurant Employee Benefits

Address	City	State	Zip Code
5353 N. 16th Street, Ste. 370	Phoenix	AZ	85016

Attested By:
for Linda L. Blas
City Clerk

CC Number

LCON18708D
Contract Number

Director: Julie Ayers, Human Resources Director

Department Rep: Nancy Fantasia, Benefits Administrator

Approved as to Form: Stephen M. Kemp, City Attorney

The above referenced Contract Amendment is hereby Executed

March 11, 2013, at Peoria, Arizona

Dan Zenko, Materials Management Supervisor

City Seal

Copyright 2003 City of Peoria, Arizona
(Rev 01/05/09)

Official File

L CON 18708D

ASSURANT
Employee
Benefits

CITY OF PEORIA
ATTN: NANCY FANTASIA
8401 W. MONROE RM# 140
PEORIA, AZ 85345

Thursday, January

RE: Policy #0000EB10

Dear Benefits Administrator:

Thank you for making Assurant Employee Benefits an integral part of your overall benefits program. We hope that you have been pleased with your dental benefit plan. 7/1/2013 is the renewal date for your dental benefits with Assurant Employee Benefits.

As you may be aware, inflation experienced in the dental industry and other factors necessitate periodic reviews of rates. Our goal at Assurant Employee Benefits is to hold these rates at levels that are reasonable and adequate to fund your level of benefits while providing the best possible service. The renewal rating for your group has been completed and your new rates effective 7/1/2013 are:

Current Plan:	Secure with SBA AZ	Renewal Plan:	Secure with SBA AZ
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Sincerely,
Assurant Employee Benefits
Phoenix Sales Office
phoenix.team@assurant.com
P: (800) 619.6996
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