



CompBenefits

14160 Dallas Parkway, Suite 725
Dallas, TX 76254

May 6, 2005

Dear Doctor:

CompBenefits Corporation is pleased to invite you to join our participating dental network for the State of Texas Children's Health Insurance Program (CHIP).

In anticipation of approval by the state legislature to reinstate dental benefits on December 1, 2005 under the current CHIP program, CompBenefits intends to respond to the Texas Health and Human Services Commission's Request for Proposal for a statewide Dental Vendor. As a nationally recognized leader in the development and administration of dental and vision benefits, CompBenefits provides affordable benefits to almost 5 million members and 17,000 distinct customer groups throughout the country. We bring to you the financial strength and stability of a large insurer with a focus on local service and network quality that comes from a company with local offices in Austin, Dallas, Houston, and San Antonio.

CompBenefits is committed to providing the best possible access to dental benefits for eligible children under Texas CHIP. Since 2001, we have been providing dental benefits for nearly 100,000 children throughout the State of Florida under the Florida Healthy Kids program. We're successful because we work closely with our clients and dentists to create a mutually beneficial relationship built on professionalism and care for the patient.

Why participate with CompBenefits?

- Fee-for-service reimbursement according to a fixed fee schedule
- No utilization-based compensation withholds
- Long-standing, local presence in the State of Texas
- Experience with various government programs
- Timely claims processing of paper or electronic claims, including attachments
- Online eligibility and claims status, including detailed claim history

CHIP dental benefits provide for both preventive and therapeutic services for eligible children age eighteen (18) and younger. The preventive benefit includes an evaluation, radiographs, cleaning and sealants with a \$175 cap in benefit for each twelve-month (12) coverage period. The therapeutic benefit is separate from the preventive benefit and it includes services such as, amalgam and resin fillings, root canals and oral surgery. Therapeutic benefits are capped according to three different tiers: Tier I - \$200, Tier II - \$300 and Tier III - \$400, dependent upon CHIP eligibility criteria.

Since final program funding is yet to be determined by the legislature, we cannot commit to specific reimbursements at this time. We can assure you, however, that final reimbursements will be no less than the current Medicaid rate. For your convenience, we have enclosed a schedule of the CHIP dental services as well as the corresponding Medicaid rates.

Please complete and sign the enclosed letter of intent to indicate your interest in becoming a part of the CompBenefits participating dental network for Texas CHIP. Your signature does not obligate you to participate; it only serves to document your interest in participation.

Proposals are due very soon, so it's critical that you take action now. **Please fax the letter of intent to (800) 450-7059.** If you have any questions, please call Professional Relations at (888) 877-9248 to speak with one of our representatives.

Sincerely,

Dean M. Fry, D.D.S.
Regional Vice President, Dental Director

Enclosures



CompBenefits

LETTER OF INTENT

CompBenefits Corporation intends to participate in the Texas Health and Human Services Commission request for proposal process as the statewide Dental Vendor for Texas CHIP. The purpose of this letter is to provide evidence of your interest in becoming a participating practice in CompBenefits' Texas CHIP dental network.

Your signature does not constitute a contractual relationship between you and CompBenefits, nor is it binding or exclusive. All terms and conditions of your participation with the CompBenefits Texas CHIP dental network would be set forth in a separate written agreement acceptable to both parties.

Please complete the sections below in their entirety and fax this letter to (800) 450-7059.

Name of Dentist/Group _____

Specialty _____

Dentist's Signature _____

Dentist's Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____



Schedule of CHIP Dental Services

Code	Service	Medicaid Rate
PREVENTIVE SERVICES (All preventive services limited to \$175 per year)		
EVALUATION		
D0120	Periodic Oral Evaluation	\$14.72
D0140	Limited Oral Evaluation	\$19.16
D0150	Comprehensive Oral Evaluation (initial) - Limited to one per Child's lifetime per dentist	\$18.02
RADIOGRAPHS		
D0210	Intraoral Complete Series (including bitewings) - Limited to one per 36 months	\$36.04
D0220	Intraoral - periapical, first film	\$6.41
D0230	Intraoral - periapical, each additional film	\$5.87
D0270	Bitewings - single	\$5.00
D0272	Bitewings - two films	\$11.93
D0274	Bitewings - four films	\$17.66
D0330	Panoramic film - Limited to one panoramic film for age 5 through 9 and one panoramic film for age 10 through 18. Limited to one per 5 years.	\$32.54
CLEANINGS		
D1110	Prophylaxis (Cleaning) - age 13 through 18	\$28.00
D1120	Prophylaxis (Cleaning) - age 1 through 12	\$18.75
D1351	Sealant per tooth - limited to one per tooth per lifetime (permanent molars and Maxillary per-molars only)	\$18.44
THERAPEUTIC SERVICES (All Therapeutic Services Include Any Required Local and Topical Anesthetics)		
AMALGAM RESTORATIONS (All amalgam fillings are limited to one per tooth per 12 months)		
D2140	Amalgam - one surface, primary and permanent	\$32.86
D2150	Amalgam - two surfaces, primary and permanent	\$43.73
D2160	Amalgam - three surfaces, primary and permanent	\$55.71
D2161	Amalgam - four surfaces, primary and permanent	\$60.40
RESIN RESTORATIONS (All resin fillings are limited to one per tooth per 12 months)		
D2330	Resin - one surface, anterior	\$39.67
D2331	Resin - two surfaces, anterior	\$52.57
D2332	Resin - three surfaces, anterior	\$68.64
D2335	Resin - four or more surfaces or involving incisal angle, anterior	\$85.19
D2391	Resin - one surface, posterior, primary	\$38.49
D2392	Resin - two surfaces, posterior, permanent	\$55.10
D2393	Resin - three or more surfaces, posterior, permanent	\$67.45
CROWNS (All crowns are limited to one per tooth per 5 years)		
D2710	Crown - resin, laboratory	\$264.00
D2720	Crown - resin with high noble metal	\$264.00
D2721	Crown - resin with predominantly base metal	\$264.00
D2722	Crown - resin with noble metal	\$264.00
D2740	Crown - porcelain/ceramic substrate	\$264.00
D2750	Crown - porcelain fused to high noble metal	\$264.00
D2751	Crown - porcelain fused to predominantly base metal	\$264.00
D2752	Crown - porcelain fused to noble metal	\$264.00
D2790	Crown - full cast high noble metal	\$264.00
D2791	Crown - full cast predominantly base metal	\$264.00
OTHER RESTORATIVE SERVICES		
D2930	Prefabricated stainless steel crown - primary tooth. Limited to one per tooth per lifetime.	\$78.03
D2931	Prefabricated stainless steel crown - permanent tooth. Limited to one per tooth per lifetime.	\$81.25
PULPOTOMY/PULPECTOMY		
D3220	Therapeutic pulpotomy - excluding final restoration	\$43.98
D3230	Pulpal therapy - resorbable filling excluding final restoration, anterior primary incisors and cuspids	\$38.75
D3240	Therapeutic pulpotomy - resorbable filling excluding final restoration, posterior first and second molars	\$43.98
ROOT CANALS (All root canals are limited to one per tooth per lifetime)		
D3310	Anterior - excluding final restoration	\$117.98
D3320	Bicuspid - excluding final restoration	\$206.25
D3330	Molar - excluding final restoration	\$312.13
EXTRACTIONS (TOOTH REMOVAL)		
D7140	Single tooth	\$33.52
D7140	Each additional tooth	\$33.52
D7140	Root removal - exposed roots	\$33.52
SURGICAL EXTRACTIONS (TOOTH REMOVAL)		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$58.75
D7220	Removal of impacted tooth - soft tissue	\$90.00
D7230	Removal of impacted tooth - partially bony	\$120.00
D7240	Removal of impacted tooth - completely bony	\$150.00