



schedule of benefits and subscriber copayments

Table with 6 columns: ADA CODE, PROCEDURE, PATIENT PAYS, ADA CODE, PROCEDURE, PATIENT PAYS. Sections include APPOINTMENTS, DIAGNOSTIC, PREVENTIVE CARE, RESTORATIVE, RESIN RESTORATION, and CROWN & BRIDGE.



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Table with 6 columns: ADA CODE, PROCEDURE, PATIENT PAYS, ADA CODE, PROCEDURE, PATIENT PAYS. Sections include CROWN & BRIDGE (cont.), ENDODONTICS, PERIODONTICS (Gum treatment), PROSTHODONTICS, PROSTHODONTICS (cont.), REPAIRS TO PROSTHETICS, and PROSTHODONTICS (Fixed).



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Table with 3 columns: ADA CODE, PROCEDURE, PATIENT PAYS. Section: PROSTHODONTICS (Fixed) (cont.). Rows include Pontic and Crown procedures with associated costs.

EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY

Table with 3 columns: ADA CODE, PROCEDURE, PATIENT PAYS. Rows include Coronal remnants, Extractions, and Alveoplasty procedures with associated costs.

ORTHODONTICS

Table with 3 columns: ADA CODE, PROCEDURE, PATIENT PAYS. Section: 8070/8080 Comprehensive orthodontic treatment of the transitional/adolescent dentition.

Table with 3 columns: ADA CODE, PROCEDURE, PATIENT PAYS. Section: ORTHODONTICS (cont.). Rows include Records/Treatment Planning, Orthodontic Treatment, and Retention procedures.

ADJUNCTIVE GENERAL SERVICES

Table with 3 columns: ADA CODE, PROCEDURE, PATIENT PAYS. Rows include Local anesthesia, Analgesia, Case presentation, Occlusal adjustment - limited, and Occlusal adjustment - complete.

* THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMI-PRECIOUS (NOBLE) METAL. THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED \$125 PER UNIT AND \$75 PER UNIT FOR SEMI-PRECIOUS METAL.

NOTE:

- 1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%.
3. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

SPECIALIST SERVICES

Should you need a specialist, (i.e., Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Upon identification of yourself as a CompBenefits member, you will receive a 25% reduction from usual and customary fees for services performed. Specialist services are available only in areas where the dental plan has a Participating Specialist.



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LIMITATIONS AND EXCLUSIONS

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
 - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
 - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
 - c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
 - d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
 - e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
 - f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
 - g) Treatment for cysts, neoplasms and malignancies.
 - h) General anesthesia.