

SCHEDULE OF BENEFITS AND SUBSCRIBER COPAYMENTS

SBBC 97

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS			ADJUNCTIVE SERVICES - per quadrant		
9430	Office visit - during regularly scheduled hours	NO CHARGE	9951	Occlusal adjustment - limited	\$20.00
9440	Emergency visit - after hours	\$35.00	9952	Occlusal adjustment - complete	\$65.00
9110	Palliative (emergency treatment) of dental pain - minor procedure	\$15.00	PERIODONTICS -		
0999	Diagnosis and treatment plan presentation	NO CHARGE	4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$105.00
9999	Broken appointments (without 24 hour notice) - per 30 min to maximum of \$40.00	\$10.00	4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$105.00
DIAGNOSTIC			4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$37.50
0120	Periodic Oral Evaluation	NO CHARGE	4342	Periodontal scaling and root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$37.50
0140	Limited Oral Evaluation - Problem Focused	NO CHARGE	*PROSTHODONTICS		
0150	Comprehensive Oral Eval. new or established patient	NO CHARGE	Standard complete dentures (includes adjustments within 60 days):		
0240	Intraoral - Occlusal film	NO CHARGE	5110	Complete denture - maxillary (includes adjustments within the first sixty days)	\$200.00
0470	Diagnostic casts	NO CHARGE	5120	Complete denture - mandibular (includes adjustments within the first sixty days)	\$200.00
0999	Diagnosis and treatment plan presentation	NO CHARGE	5130	Immediate denture - maxillary (includes adjustments within the first sixty days)	\$230.00
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8.00	5140	Immediate denture - mandibular (includes adjustments within the first sixty days)	\$230.00
PREVENTIVE			5999	Duplicate complete denture - each unit	\$100.00
1110	Prophylaxis - adult (maximum four per year)	NO CHARGE	*Partial Dentures:		
1120	Prophylaxis - child (maximum four per year)	NO CHARGE	5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$205.00
1201	Topical application of fluoride (including prophylaxis) - child	NO CHARGE	5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$205.00
1203	Topical application of fluoride (prophylaxis not included) - child	NO CHARGE	5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$280.00
1330	Oral hygiene instruction	NO CHARGE	5214	Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$280.00
1351	Sealant-per tooth	NO CHARGE	5999	Duplicate complete denture - each unit	\$100.00
RADIOGRAPHS			*REPAIRS TO PROSTHETICS (PARTIAL OR COMPLETE)		
0210	Intraoral - complete series (including bitewings)	NO CHARGE	5410	Adjust complete denture - maxillary (after first sixty days)	\$50.00
0220	Intraoral - periapical first film	NO CHARGE	5411	Adjust complete denture - mandibular (after first sixty days)	\$50.00
0230	Intraoral - periapical-each additional film	NO CHARGE	5421	Adjust partial denture - maxillary (after first sixty days)	\$50.00
0270	Bitewings - single film	NO CHARGE	5422	Adjust partial denture - mandibular (after first sixty days)	\$50.00
0272	Bitewings - two films	NO CHARGE	5510	Repair broken complete denture base	\$65.00
0274	Bitewings - four films	NO CHARGE	5520	Replace missing or broken teeth - complete denture (each tooth)	\$85.00
0330	Panoramic film	NO CHARGE	5630	Repair or replace broken clasp	\$10.00
SPACE MAINTAINERS			5730	Reline complete maxillary denture (chairside)	\$25.00
1510	Space maintainer - fixed - unilateral	\$35.00	5741	Reline mandibular partial denture (chairside)	\$25.00
1515	Space maintainer - fixed - bilateral	\$35.00	5750	Reline complete maxillary denture (laboratory)	\$45.00
1520	Space maintainer - removable - unilateral	\$75.00	5761	Reline mandibular partial denture (laboratory)	\$45.00
1525	Space maintainer - removable - bilateral	\$75.00	5850	Tissue conditioning, maxillary	\$30.00
RESTORATIVE			5999	Duplicate complete denture - each unit	\$100.00
2940	Sedative filling	NO CHARGE	EXTRACTIONS/ORAL SURGERY		
2140	Amalgam - one surface, primary or permanent	NO CHARGE	7111	Coronal remnants, deciduous tooth - two or fewer per visit	NO CHARGE
2150	Amalgam - two surfaces, primary or permanent	NO CHARGE	7111	Coronal remnants, deciduous tooth - three or more per visit	\$5.00
2160	Amalgam - three surfaces, primary or permanent	NO CHARGE	7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) - two or fewer per visit	NO CHARGE
2161	Amalgam - four or more surfaces, primary or permanent	NO CHARGE	7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) - three or more per visit	\$5.00
2330	Resin-based composite - one surface, anterior	NO CHARGE	7310	Alveoplasty in conjunction with extractions - per quadrant	\$37.50
2331	Resin-based composite - two surfaces, anterior	NO CHARGE	7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$37.50
2332	Resin-based composite - three surfaces, anterior	NO CHARGE	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$37.50
2335	Resin-based composite - four or more surfaces, or incisal angle (anterior)	NO CHARGE	7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$37.50
2510	Inlay - metallic - one surface	\$85.00	Surgical extractions:		
2520	Inlay - metallic - two surfaces	\$95.00	7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$20.00
2530	Inlay - metallic - three or more surfaces	\$120.00	7220	Removal of impacted tooth - soft tissue	\$25.00
2543	Onlay - metallic - three surfaces (in addition to inlay)	\$150.00	7230	Removal of impacted tooth - partially bony	\$50.00
2544	Onlay - metallic - four or more surfaces (in addition to inlay)	\$150.00	7240	Removal of impacted tooth - completely bony	\$75.00
2781	Crown - 3/4 cast predominantly base metal	\$175.00	7250	Surgical removal of residual tooth roots (cutting procedure)	\$20.00
2790	Crown - full cast high noble metal	\$185.00	7450	Removal of benign odontogenic cyst or tumor - lesion diameter less than 1.25 cm	\$25.00
2791	Crown - full cast predominantly base metal	\$185.00	7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$40.00
2792	Crown - full cast noble metal	\$185.00	7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36.00
2940	Sedative filling	NO CHARGE	7970	Excision of hyperplastic tissue - per arch	\$35.00
2951	Pin retention - per tooth, in addition to restoration	\$12.00	ORTHODONTICS (BRACES)		
2999	Acid etching - resin-based composit restorations (per tooth)	\$10.00	8999	Initial orthodontic consult	NO CHARGE
*CROWN & BRIDGE			Company benefit covers 25% of the fee. Cases under treatment are eligible for benefits only at the discretion of the participating orthodontists.		
2930	Prefabricated stainless steel - primary tooth	\$35.00	ANESTHESIA		
2750	Crown - porcelain fused to high noble metal	\$200.00	9215	Local anesthesia	NO CHARGE
2751	Crown - porcelain fused to predominantly base metal	\$200.00	9230	Analgesia, anxiolysis, inhalation of nitrous oxide - each 30 minutes	\$10.00
2752	Crown - porcelain fused to noble metal	\$200.00	9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8.00
6750	Crown - porcelain fused to high noble metal	\$200.00	ADJUNCTIVE GENERAL SERVICES		
6751	Crown - porcelain fused to predominantly base metal	\$200.00	9951	Occlusal adjustment - limited	\$20.00
6752	Crown - porcelain fused to noble metal	\$200.00	9952	Occlusal adjustment - complete	\$65.00
2790	Crown - full cast high noble metal	\$185.00	*The above prices are exclusive of gold and lab fees which may be additional.		
2791	Crown - full cast predominantly base metal	\$185.00			
2792	Crown - full cast noble metal	\$185.00			
6790	Crown - full cast high noble metal	\$185.00			
6791	Crown - full cast predominantly base metal	\$185.00			
6792	Crown - full cast noble metal	\$185.00			
2910	Recement inlay, onlay, or partial coverage restoration	\$10.00			
2920	Recement crown	\$10.00			
6930	Recement fixed partial denture	\$10.00			
2952	Cast post and core in addition to crown	\$60.00			
6210	Pontic - cast high noble metal	\$185.00			
6211	Pontic - cast predominantly base metal	\$185.00			
6212	Pontic - cast noble metal	\$185.00			
6240	Pontic - porcelain fused to high noble metal	\$200.00			
6241	Pontic - porcelain to predominantly base metal	\$200.00			
6242	Pontic - porcelain fused to noble metal	\$200.00			
ENDODONTICS					
3220	Therapeutic pulpotomy (excluding final restoration)	\$20.00			
3310	Anterior (excluding final restoration)	\$80.00			
3320	Bicuspid (excluding final restoration)	\$135.00			
3330	Molar (excluding final restoration)	\$175.00			
3410	Apicoectomy/periapical surgery - anterior	\$65.00			

SCHEDULE OF BENEFITS AND SUBSCRIBER COPAYMENTS - cont.

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SPECIALISTS

All dental services and procedures performed by Participating Specialists are at usual fees less 25% where applicable. Specialist benefits are available only in areas where Company has a Participating Specialist. Copayments apply only when treatment is performed at a Participating General Dentist office. If the services of a specialist are required, these copayments do not apply.

NOTE:

- 1) The above co-payments apply only when treatment is performed at a Participating General Dentist office. If you should need the services of a Participating Specialist, these co-payments do not apply.
- 2) If you should need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist, Orthodontist), 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 the Participating Specialist's usual fee for services performed. Specialist services are available in areas where the dental plan has a Participating Specialist.
- 3) The above co-payments for crown and bridge treatment are exclusive of the additional cost for noble (semi-precious) or high noble (precious) metal.
- 4) Not all Participating Dentists perform all listed covered procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- 5) Unlisted procedures are available at the Participating Dentist's usual fee less 25%.