



CompBenefits Corporation (formerly known as OHS), offers you and your family the choice of a Standard (CS450) or High (CS150) managed dental care program. With either plan, members choose a participating dentist from CompBenefits' panel of dentists and receive excellent dental care without confusing claim forms. The Standard Plan (CS450) is designed for those who are primarily concerned with preventative and diagnostic dental services. The High plan (CS150) offers lower co-payments for more extensive dental procedures. Select the plan best

suited for you and your family. Upon enrolling in the managed care program, you select a dentist from their list of providers as your primary dentist.

Family members can choose their own dentist, and children under age 10 may have primary care through a Pedodontist. These private practice dentists are contracted with CompBenefits (OHS) to provide the comprehensive benefits the plan offers.

Network access is nationwide.

NEW! High Plan CS 150

BENEFITS	Your Cost	BENEFITS	Your Cost
ADA CODE PROCEDURE	PATIENT PAYS	RESIN RESTORATION	
APPOINTMENTS		2330 Resin - one surface, anterior	\$35.00
9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$15.00	2331 Resin - two surfaces, anterior	\$40.00
9430 Office Visit (normal hours)	\$5.00	2332 Resin - three surfaces, anterior	\$50.00
9440 Office Visit (after regularly scheduled hours)	\$35.00	2380 Resin - one surface, posterior - primary	\$60.00
9999 Emergency visit during regularly scheduled hours, by report	\$20.00	2381 Resin - two surfaces, posterior - primary	\$80.00
9999 Broken appointments (without 24 hr notice, per 15 min)		2382 Resin - three or more surfaces, posterior - primary	\$100.00
Maximum \$40 per broken appointment. No charge will be made due to emergencies	\$10.00	2385 Resin - one surface, posterior - permanent	\$60.00
DIAGNOSTIC		2386 Resin - two surfaces, posterior - permanent	\$80.00
120 Periodic oral evaluation	NO CHARGE	2387 Resin - three surfaces, posterior - permanent	\$100.00
140/150/160 Limited/Comprehensive oral evaluation	NO CHARGE	2388 Resin - four or more surfaces, posterior - permanent	\$120.00
210 X-Ray Intraoral - complete series including bitewings	NO CHARGE	2510 Inlay - metallic - one surface	\$95.00
220 X-Ray Intraoral - periapical - first film	NO CHARGE	2520 Inlay - metallic - two surfaces	\$105.00
230 X-Ray Intraoral - periapical - each additional film	NO CHARGE	2530 Inlay - metallic - three or more surfaces	\$130.00
270 X-Ray Bitewing - single film	NO CHARGE	CROWN & BRIDGE	
272 X-Ray Bitewings - two films	NO CHARGE	2740 Crown - porcelain/ceramic substrate	\$280 + LAB
274 Bitewings - four films	NO CHARGE	2750* Crown - porcelain fused to high noble metal	\$280.00
330 Panoramic film	NO CHARGE	2751 Crown - porcelain fused to predominantly base metal	\$280.00
460 Pulp vitality tests	NO CHARGE	2752* Crown - porcelain fused to noble metal	\$280.00
470 Diagnostic casts	NO CHARGE	2790* Crown - full cast high noble metal	\$280.00
PREVENTIVE CARE		2791 Crown - full cast predominantly base metal	\$280.00
1110/1120 Prophylaxis-adult/child-routine (once every 6 months)	NO CHARGE	2792* Crown - full cast noble metal	\$280.00
1110/1120 Prophylaxis-adult/child-(additional)	\$20.00	2910 Recement inlay	\$15.00
1201 Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	NO CHARGE	2920 Recement crown	\$15.00
1203 Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	NO CHARGE	2930 Prefabricated stainless steel crown - primary tooth	\$75.00
1330 Oral hygiene instruction	NO CHARGE	2950 Core buildup, including any pins	\$45.00
1351 Sealant - per tooth	\$10.00	2951 Pin retention - per tooth	\$15.00
1510 Space Maintainer - fixed - unilateral	\$45.00 + LAB	2952 Cast post and core in addition to crown	\$90.00 + LAB
1515 Space Maintainer - fixed - bilateral	\$45.00 + LAB	2953 Each additional cast post - same tooth	\$90.00 + LAB
1520 Space Maintainer - removable - unilateral	\$85.00 + LAB	2954 Prefabricated post and core in addition to crown	\$90.00
1525 Space Maintainer - removable - bilateral	\$85.00 + LAB	2962 Labial veneer (porcelain laminate) - laboratory	\$280 + LAB
1550 Recementation of space maintainer	\$10.00	ENDODONTICS	
RESTORATIVE		3220 Therapeutic pulpotomy	\$35.00
2110 Amalgam - one surface, primary	NO CHARGE	3221 Gross pulpal debridement, primary and permanent teeth	\$100.00
2120 Amalgam - two surfaces, primary	NO CHARGE	3310 Root canal therapy - anterior (excluding final restoration)	\$100.00
2130 Amalgam - three surfaces, primary	NO CHARGE	3320 Root canal therapy - bicuspid (excluding final restoration)	\$200.00
2131 Amalgam - four or more surfaces, primary	NO CHARGE	3330 Root canal therapy - molar (excluding final restoration)	\$250.00
2140 Amalgam - one surface, permanent	NO CHARGE	3410 Apicoectomy/periradicular surgery - anterior	\$125.00
2150 Amalgam - two surfaces, permanent	NO CHARGE	PERIODONTICS (Gum treatment)	
2160 Amalgam - three surfaces, permanent	NO CHARGE	4210 Gingivectomy/gingivoplasty - per quadrant	\$125.00
2161 Amalgam - four or more surfaces, permanent	NO CHARGE	4211 Gingivectomy/gingivoplasty - per tooth	\$40.00
2940 Sedative filling	\$15.00	4220 Gingival curettage - per quadrant	\$70.00
2999 Sedative base (under fillings), by report	NO CHARGE	4260 Osseous surgery - per quadrant	\$350.00
		4271 Free soft tissue graft procedure (inc. donor site surgery)	\$225.00
		4341 Periodontal scaling and root planing - per quadrant	\$50.00
		4355 Full mouth debridement	\$45.00
		4381 Localized delivery of chemotherapeutic agents (per tooth)	\$45.00

Any co-payment or out-of-pocket cost may be reimbursed through your MFSA
See Page 38 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.



High Plan CS 150



BENEFITS	Your Cost	BENEFITS	Your Cost
4910 Periodontal maintenance procedures (following active therapy)	\$50.00	6750* Crown - porcelain fused to high noble metal	\$280.00
4999 Complete periodontal probing and treatment plan	\$10.00	6751 Crown - porcelain fused to predominantly base metal	\$280.00
PROSTHODONTICS		6752* Crown - porcelain fused to noble metal	\$280.00
5110 Complete denture - maxillary	\$300.00 + LAB	6790* Crown - full cast high noble metal	\$280.00
5120 Complete denture - mandibular	\$300.00 + LAB	6791 Crown - full cast predominantly base metal	\$280.00
5130 Immediate denture - maxillary	\$300.00 + LAB	6792* Crown - full cast noble metal	\$280.00
5140 Immediate denture - mandibular	\$300.00 + LAB	6930 Recement fixed partial denture (per unit)	\$10.00
5211 Maxillary partial denture - resin base	\$300.00 + LAB	EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY	
5212 Mandibular partial denture - resin base	\$300.00 + LAB	7110 Extraction, single tooth	NO CHARGE
5213 Maxillary partial denture - cast metal framework, resin denture bases	\$300.00 + LAB	7120 Extraction, each additional tooth (per visit)	\$15.00
5214 Mandibular partial denture - cast metal framework, resin denture bases	\$300.00 + LAB	7130 Extraction, root removal - exposed roots	\$15.00
5410 Adjust complete denture - maxillary	\$15.00	7210 Surgical removal of erupted tooth	\$40.00
5411 Adjust complete denture - mandibular	\$15.00	7220 Removal of impacted tooth - soft tissue	\$50.00
5421 Adjust partial denture - maxillary	\$15.00	7230 Removal of impacted tooth - partially bony	\$70.00
5422 Adjust partial denture - mandibular	\$15.00	7240 Removal of impacted tooth - completely bony	\$85.00
REPAIRS TO PROSTHETICS		7250 Surgical removal of residual tooth roots	\$35.00
5510 Repair broken complete denture base	\$15.00 + LAB	7310 Alveoloplasty in conjunction with extractions - per quadrant	\$35.00
5520 Replace missing or broken teeth - complete denture (each tooth) \$15.00 + LAB		7320 Alveoloplasty not in conjunction with extractions - per quadrant	\$70.00
5610 Repair resin denture base	\$15.00 + LAB	7510 Incision and drainage of abscess - intraoral	\$25.00
5630 Repair or replace broken clasp	\$15.00 + LAB	ORTHODONTICS	
5640 Replace broken teeth - per tooth	\$15.00 + LAB	8070/8080 Comprehensive orthodontic treatment of the transitional/adolescent dentition.	
5650 Add tooth to existing partial denture	\$30.00 + LAB	Children up to 19 years of age	
5730 Reline complete maxillary denture (chairside)	\$50.00	Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases	
5731 Reline complete mandibular denture (chairside)	\$50.00	Consultation	NO CHARGE
5740 Reline maxillary partial denture (chairside)	\$50.00	Evaluation	\$35.00
5741 Reline mandibular partial denture (chairside)	\$50.00	Records/Treatment Planning	\$250.00
5750 Reline complete maxillary denture (laboratory)	\$35.00 + LAB	Orthodontic Treatment	\$1,800.00
5751 Reline complete mandibular denture (laboratory)	\$35.00 + LAB	8090 Comprehensive orthodontic treatment of the adult dentition.	
5760 Reline maxillary partial denture (laboratory)	\$35.00 + LAB	Adults 19 years of age and over	
5761 Reline mandibular partial denture (laboratory)	\$35.00 + LAB	Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases	
5850 Tissue conditioning - maxillary	\$30.00	Consultation	NO CHARGE
5851 Tissue conditioning - mandibular	\$30.00	Evaluation	\$35.00
PROSTHODONTICS (Fixed)		Records/Treatment Planning	\$250.00
6210* Pontic - cast high noble metal	\$280.00	Orthodontic Treatment	\$2,000.00
6211 Pontic - cast predominantly base metal	\$280.00	8680 Retention	\$450.00
6212* Pontic - cast noble metal	\$280.00	ADJUNCTIVE GENERAL SERVICES	
6240* Pontic - porcelain fused to high noble metal	\$280.00	9215 Local anesthesia	NO CHARGE
6241 Pontic - porcelain fused to predominantly base metal	\$280.00	9230 Analgesia (nitrous oxide - per 15 minutes)	\$15.00
6242* Pontic - porcelain fused to noble metal	\$280.00	9951 Occlusal adjustment limited	\$25.00
		9952 Occlusal adjustment - complete	\$150.00

* 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: WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%.

SPECIALISTS

Should you need a specialist, (i.e., Endodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Copayment amounts are applicable when treatment is performed by selected Participating General Dentist or by Participating Specialists. Benefits for procedures not listed on the schedule, that are performed by a Participating Specialist, are available at the Participating Specialist's usual and customary fee less 25%.

CompBenefits FAMILY OF COMPANIES
 CompDent • CompBenefits Insurance Company
 American Dental Plan, Inc. • Oral Health Services, Inc.
 American Prepaid Dental Plan
 American Dental Plan of North Carolina, Inc.
 National Dental Plans, Inc. • Texas Dental Plans, Inc.
 Vision Care, Inc. • Ultimate Optical, Inc.