



| ADA CODE | PROCEDURE | PATIENT PAYS |
|---------------------|---|--------------|
| APPOINTMENTS | | |
| 9310 | Consultation (diagnostic service provided by dentist other than practitioner providing treatment) | \$15.00 |
| 9430 | Office Visit (normal hours) | \$5.00 |
| 9440 | Office Visit (after regularly scheduled hours)..... | \$35.00 |

DIAGNOSTIC

| | | |
|-------------|---|-----------|
| 120 | Periodic oral evaluation..... | NO CHARGE |
| 140/150/160 | Limited/Comprehensive oral evaluation | NO CHARGE |
| 180 | Comprehensive periodontal evaluation | \$10.00 |
| 210 | X-Ray Intraoral - complete series including bitewings | NO CHARGE |
| 220 | X-Ray Intraoral - periapical - first film | NO CHARGE |
| 230 | X-Ray Intraoral - periapical - each additional film | NO CHARGE |
| 270 | X-Ray Bitewing - single film | NO CHARGE |
| 272 | X-Ray Bitewings - two films | NO CHARGE |
| 274 | Bitewings - four films..... | NO CHARGE |
| 330 | Panoramic film | NO CHARGE |
| 460 | Pulp vitality tests | NO CHARGE |
| 470 | Diagnostic casts | NO CHARGE |

PREVENTIVE CARE

| | | |
|-----------|---|-----------------|
| 1110/1120 | Prophylaxis-adult/child-routine(once every 6 months) | NO CHARGE |
| 1110/1120 | Prophylaxis-adult/child-(additional) | \$20.00 |
| 1201 | Topical application of fluoride (including prophylaxis) child (up to 16 years of age) | NO CHARGE |
| 1203 | Topical application of fluoride (not including prophylaxis) child (up to 16 years of age) | NO CHARGE |
| 1330 | Oral hygiene instruction | NO CHARGE |
| 1351 | Sealant - per tooth | \$10.00 |
| 1510 | Space Maintainer - fixed - unilateral | \$45.00 + LAB** |
| 1515 | Space Maintainer - fixed - bilateral | \$45.00 + LAB** |
| 1520 | Space Maintainer - removable - unilateral..... | \$85.00 + LAB** |
| 1525 | Space Maintainer - removable - bilateral..... | \$85.00 + LAB** |
| 1550 | Recementation of space maintainer | \$10.00 |

RESTORATIVE

| | | |
|------|---|-----------|
| 2140 | Amalgam - one surface, primary or permanent | NO CHARGE |
| 2150 | Amalgam - two surfaces, primary or permanent..... | NO CHARGE |
| 2160 | Amalgam - three surfaces, primary or permanent..... | NO CHARGE |
| 2161 | Amalgam - four or more surfaces, primary or permanent | NO CHARGE |
| 2940 | Sedative filling | \$15.00 |
| 2999 | Sedative base (under fillings), by report | NO CHARGE |

RESIN RESTORATION

| | | |
|------|--|----------|
| 2330 | Resin - one surface, anterior | \$35.00 |
| 2331 | Resin - two surfaces, anterior | \$40.00 |
| 2332 | Resin - three surfaces, anterior | \$50.00 |
| 2391 | Resin - based composite - one surface, posterior | \$60.00 |
| 2392 | Resin - based composite - two surfaces, posterior | \$80.00 |
| 2393 | Resin - based composite - three surfaces, posterior..... | \$100.00 |
| 2394 | Resin - based composite - four or more surfaces, posterior | \$120.00 |
| 2510 | Inlay - metallic - one surface | \$95.00 |
| 2520 | Inlay - metallic - two surfaces | \$105.00 |
| 2530 | Inlay - metallic - three or more surfaces | \$130.00 |

CROWN & BRIDGE

| | | |
|-------|---|---------------|
| 2740 | Crown - porcelain/ceramic substrate | \$280 + LAB** |
| 2750* | Crown - porcelain fused to high noble metal..... | \$280.00 |
| 2751 | Crown - porcelain fused to predominantly base metal | \$280.00 |
| 2752* | Crown - porcelain fused to noble metal..... | \$280.00 |
| 2790* | Crown - full cast high noble metal | \$280.00 |
| 2791 | Crown - full cast predominantly base metal | \$280.00 |
| 2792* | Crown - full cast noble metal | \$280.00 |
| 2910 | Recement inlay | \$15.00 |

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| 2920 | Recement crown | \$15.00 |
| 2930 | Prefabricated stainless steel crown - primary tooth..... | \$75.00 |
| 2950 | Core buildup, including any pins | \$45.00 |
| 2951 | Pin retention - per tooth | \$15.00 |
| 2952 | Cast post and core in addition to crown | \$90.00 + LAB** |
| 2953 | Each additional cast post - same tooth | \$90.00 + LAB** |
| 2954 | Prefabricated post and core in addition to crown | \$90.00 |
| 2962 | Labial veneer (porcelain laminate) - laboratory | \$280 + LAB** |

ENDODONTICS

| | | |
|------|---|----------|
| 3220 | Therapeutic pulpotomy (excluding final restoration) | \$35.00 |
| 3221 | Pulpal debridement, primary and permanent teeth | \$100.00 |
| 3310 | Root canal therapy - anterior (excluding final restoration) | \$100.00 |
| 3320 | Root canal therapy - bicuspid (excluding final restoration) | \$200.00 |
| 3330 | Root canal therapy - molar (excluding final restoration) | \$250.00 |
| 3410 | Apicoectomy/periradicular surgery - anterior | \$125.00 |

PERIODONTICS (Gum treatment)

| | | |
|------|--|----------|
| 4210 | Gingivectomy/gingivoplasty 4+ teeth per quad | \$125.00 |
| 4211 | Gingivectomy/gingivoplasty 1-3 teeth per quad | \$40.00 |
| 4260 | Osseous surgery, 4+ teeth per quad | \$350.00 |
| 4261 | Osseous surgery, 1-3 teeth, per quad | \$350.00 |
| 4271 | Free soft tissue graft procedure (inc. donor site surgery) | \$225.00 |
| 4341 | Periodontal scaling and root planing 4+ teeth per quad..... | \$50.00 |
| 4342 | Periodontal scaling and root planing 1-3 teeth per quad | \$50.00 |
| 4355 | Full mouth debridement to enable eval and diagnosis | \$45.00 |
| 4381 | Localized delivery of chemotherapeutic agents (per tooth) | \$45.00 |
| 4910 | Periodontal maintenance | \$50.00 |

PROSTHODONTICS

| | | |
|------|--|------------------|
| 5110 | Complete denture - maxillary | \$300.00 + LAB** |
| 5120 | Complete denture - mandibular | \$300.00 + LAB** |
| 5130 | Immediate denture - maxillary | \$300.00 + LAB** |
| 5140 | Immediate denture - mandibular | \$300.00 + LAB** |
| 5211 | ^ Maxillary partial denture - resin base..... | \$300.00 + LAB** |
| 5212 | ^ Mandibular partial denture - resin base | \$300.00 + LAB** |
| 5213 | ^ Maxillary partial denture - cast metal framework, resin denture bases | \$300.00 + LAB** |
| 5214 | ^ Mandibular partial denture - cast metal framework, resin denture bases | \$300.00 + LAB** |
| 5410 | Adjust complete denture - maxillary | \$15.00 |
| 5411 | Adjust complete denture - mandibular | \$15.00 |
| 5421 | Adjust partial denture - maxillary | \$15.00 |
| 5422 | Adjust partial denture - mandibular | \$15.00 |

^ including any conventional clasps, rests, and teeth.

REPAIRS TO PROSTHETICS

| | | |
|------|---|-----------------|
| 5510 | Repair broken complete denture base..... | \$15.00 + LAB** |
| 5520 | Replace missing or broken teeth - complete denture (each tooth) | \$15.00 + LAB** |
| 5610 | Repair resin denture base | \$15.00 + LAB** |
| 5630 | Repair or replace broken clasp | \$15.00 + LAB** |
| 5640 | Replace broken teeth - per tooth | \$15.00 + LAB** |
| 5650 | Add tooth to existing partial denture | \$30.00 + LAB** |
| 5730 | Reline complete maxillary denture (chairside)..... | \$50.00 |
| 5731 | Reline complete mandibular denture (chairside) | \$50.00 |
| 5740 | Reline maxillary partial denture (chairside) | \$50.00 |
| 5741 | Reline mandibular partial denture (chairside) | \$50.00 |
| 5750 | Reline complete maxillary denture (laboratory) | \$35.00 + LAB** |
| 5751 | Reline complete mandibular denture (laboratory) | \$35.00 + LAB** |
| 5760 | Reline maxillary partial denture (laboratory) | \$35.00 + LAB** |
| 5761 | Reline mandibular partial denture (laboratory) | \$35.00 + LAB** |
| 5850 | Tissue conditioning - maxillary | \$30.00 |
| 5851 | Tissue conditioning - mandibular | \$30.00 |

| ADA CODE | PROCEDURE | PATIENT PAYS |
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| PROSTHODONTICS (Fixed) | | |
| 6210* | Pontic - cast high noble metal | \$280.00 |
| 6211 | Pontic - cast predominantly base metal..... | \$280.00 |
| 6212* | Pontic - cast noble metal | \$280.00 |
| 6240* | Pontic - porcelain fused to high noble metal | \$280.00 |
| 6241 | Pontic - porcelain fused to predominantly base metal..... | \$280.00 |
| 6242* | Pontic - porcelain fused to noble metal | \$280.00 |
| 6750* | Crown - porcelain fused to high noble metal..... | \$280.00 |
| 6751 | Crown - porcelain fused to predominantly base metal | \$280.00 |
| 6752* | Crown - porcelain fused to noble metal | \$280.00 |
| 6790* | Crown - full cast high noble metal | \$280.00 |
| 6791 | Crown - full cast predominantly base metal | \$280.00 |
| 6792* | Crown - full cast noble metal | \$280.00 |
| 6930 | Recement fixed partial denture (per unit) | \$10.00 |

EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY

| | | |
|------|--|-----------|
| 7111 | Coronal remnants, deciduous tooth | NO CHARGE |
| 7140 | Extraction, erupted tooth or exposed root | NO CHARGE |
| 7210 | Surgical removal of erupted tooth | \$40.00 |
| 7220 | Removal of impacted tooth - soft tissue | \$50.00 |
| 7230 | Removal of impacted tooth - partially bony | \$70.00 |
| 7240 | Removal of impacted tooth - completely bony | \$85.00 |
| 7250 | Surgical removal of residual tooth roots | \$35.00 |
| 7310 | Alveoloplasty in conjunction with extractions - per quadrant | \$35.00 |
| 7320 | Alveoloplasty not in conjunction with extractions - per quadrant | \$70.00 |
| 7510 | Incision and drainage of abscess - intraoral | \$25.00 |

ORTHODONTICS

| | | |
|-----------|--|------------|
| 8070/8080 | Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases Consultation | NO CHARGE |
| | Evaluation | \$35.00 |
| | Records/Treatment Planning | \$250.00 |
| | Orthodontic Treatment | \$1,800.00 |
| 8090 | Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases Consultation | NO CHARGE |
| | Evaluation | \$35.00 |
| | Records/Treatment Planning | \$250.00 |
| | Orthodontic Treatment | \$2,000.00 |
| 8680 | Retention | \$450.00 |

| ADA CODE | PROCEDURE | PATIENT PAYS |
|------------------------------------|--|--------------|
| ADJUNCTIVE GENERAL SERVICES | | |
| 9110 | Palliative (emergency) treatment of dental pain - minor procedure..... | \$25.00 |
| 9215 | Local anesthesia | NO CHARGE |
| 9230 | Analgesia (nitrous oxide) | \$45.00 |
| 9450 | Case presentation, detailed and extensive treatment planning | NO CHARGE |
| 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.**

**** PATIENT IS RESPONSIBLE FOR LAB FEES**

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%, INCLUDING, BUT NOT LIMITED TO, MAXILLOFACIAL PROSTHETICS, ENAMEL MICROABRASION, AND BLEACHING.

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.

4. IF YOU BREAK YOUR APPOINTMENT WITH YOUR DENTIST WITHOUT 24-HOUR ADVANCE NOTICE, YOU WILL BE SUBJECT TO YOUR DENTIST'S BROKEN APPOINTMENT FEE.

SPECIALTY CARE

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

COMPBENEFITS FAMILY OF COMPANIES

CompBenefits Company • CompDent • CompBenefits Insurance Company
CompBenefits Dental, Inc. • American Dental Plan of North Carolina, Inc.
National Dental Plans, Inc. • OHS of Alabama, Inc. • American Dental Plan of Georgia, Inc.
Texas Dental Plans, Inc. • Ultimate Optical, Inc. • VisionCare Plan • Primary Plus

Limitations and Exclusions

- No service of any dentist other than a Participating General Dentist or Participating specialty dentist will be covered by Company, except out-of-area emergency care as provided in the Member Handbook and Evidence of Coverage.
- 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.
- Company does not provide coverage for the following services:
 - Cost of hospitalization and pharmaceuticals, drugs or medications.
 - Services which in the opinion of the Participating General Dentist or Participating specialty dentist are not Necessary Treatment to establish and/or maintain the Member's oral health.
 - Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating specialty dentist or which in the opinion of the Participating General Dentist or Participating specialty dentist would endanger the health of the Member.
 - Any service or procedure which the Participating General Dentist or Participating specialty dentist is unable to perform because of the general health or physical limitations of the Member.
 - Any dental treatment started prior to the Member's effective date for eligibility of benefits.
 - Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
 - Treatment for cysts, neoplasms and malignancies.
 - General anesthesia.