



Schedule of Benefits and Subscriber Copayments

PRESTIGE 15

ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS		
9430	Office Visit (normal hours)	\$5.00
9430	Emergency visit (regular hours)	\$20.00
9440	Emergency visit (after hours)	\$35.00
0999	Broken appointments (without 24 hr notice, per 15 min)	\$10.00
	Maximum \$40 per broken appointment. No charge will be made due to emergencies.	
DIAGNOSTIC		
0140/0150/0160	Oral evaluation	NO CHARGE
0120	Periodic oral evaluation	NO CHARGE
0470	Diagnostic casts (study models)	NO CHARGE
0999	Diagnosis and treatment plan presentation	NO CHARGE
9310	Consultation (second opinion) as provided by participating dentist	\$10.00
0460	Pulp vitality tests	NO CHARGE
RADIOGRAPHS (X-rays)		
0210	Intraoral - complete series	NO CHARGE
0220	Intraoral - periapical - first film	NO CHARGE
0230	Intraoral - periapical - each additional film	NO CHARGE
0270	Bitewings - single film	NO CHARGE
0272	Bitewings - two films	NO CHARGE
0274	Bitewings - four films	NO CHARGE
0330	Panoramic	NO CHARGE
PREVENTIVE		
1110/1120	Prophylaxis (routine, once every 6 months)	NO CHARGE
1110/1120	Additional prophylaxis	\$15.00
1201/1203	Topical application of fluoride (up to 16 years of age)	NO CHARGE
1351	Sealant - per tooth	\$7.00
1330	Oral hygiene instruction	NO CHARGE
SPACE MAINTAINERS		
1510	Fixed, unilateral	\$45.00 *
1515	Fixed, bilateral	\$45.00 *
1520	Removable, unilateral	\$85.00 *
1525	Removable, bilateral	\$85.00 *
1550	Recementation of space maintainer	\$10.00
RESTORATIVE (Fillings)		
2999	Sedative base (under fillings)	NO CHARGE
Amalgam (Silver)		
2110/2140	One surface	NO CHARGE
2120/2150	Two surfaces	NO CHARGE
2130/2160	Three surfaces	NO CHARGE
2131/2161	Four or more surfaces	NO CHARGE
Resin restoration (including acid etch, glass ionomer liner)		
2330	Anterior one surface	\$30.00
2331	Anterior two surfaces	\$37.00
2332	Anterior three surfaces	\$45.00
2510	Inlay - metallic - one surface	\$85.00
2520	Inlay - metallic - two surfaces	\$95.00
2530	Inlay - metallic - three surfaces	\$120.00
2940	Sedative filling	\$15.00
CROWN & BRIDGE		
2930	Prefabricated stainless steel - primary tooth	\$45.00
2790/2791/2792/6790/6791/6792	Full cast crown	\$220.00
2750/2751/2752/6750/6751/6752	Porcelain fused to metal crown	\$240.00
2810	Three quarter cast crown	\$220.00
Pontics		
6210/6211/6212	Full cast pontic	\$220.00
6240/6241/6242	Porcelain fused to metal pontic	\$240.00
2950	Core build up	\$40.00
2951	Pin Retention - Per Tooth	\$12.00
2952	Cast post and core	\$90.00
2954	Prefabricated post and core	\$75.00
2910/2920/6930	Recement inlay/onlay/crown/bridge (per unit)	\$10.00
ENDODONTICS		
3220	Therapeutic pulpotomy	\$30.00
Root Canals		
3310	Anterior	\$100.00
3320	Bicuspid	\$190.00
3330	Molar	\$240.00
3410	Apicoectomy (anterior only)	\$95.00
PERIODONTICS (Gum treatment)		
4210	Gingivectomy/gingivoplasty - per quadrant	\$120.00
4211	Gingivectomy/gingivoplasty - per tooth	\$36.00
4220	Gingival curettage, surgical - per quadrant	\$65.00
4260	Osseous surgery - per quadrant	\$300.00
4271	Free soft tissue graft	\$215.00
4341	Periodontal scaling and root planing - per quadrant	\$45.00
4355	Full mouth debridement	\$35.00
4381	Localized delivery of chemotherapeutic agents (2 teeth)	\$45.00
4910	Periodontal maintenance procedures	\$45.00
PROSTHODONTICS		
Standard complete dentures (includes adjustments within 30 days)		
5110	Complete maxillary (upper)	\$260.00
5120	Complete mandibular (lower)	\$260.00
5130	Immediate maxillary (upper)	\$280.00

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5140	Immediate mandibular (lower)	\$280.00
Partial dentures (includes adjustments within 30 days)		
5211/5212	Maxillary/mandibular partial - resin base (with 2 clasps)	\$280.00
5213/5214	Maxillary/mandibular partial - cast metal with resin base (with 2 clasps)	\$350.00
5410/5411	Adjust complete - maxillary/mandibular	\$15.00
5421/5422	Adjust partial denture - maxillary/mandibular	\$15.00
5999	Additional clasps	\$30.00
REPAIRS TO PROSTHETICS		
5510/5610	Repair broken resin denture base	\$15.00 *
5520/5640	Replace missing or broken teeth (each tooth)	\$10.00 *
5520/5640	Each additional tooth	\$10.00 *
5630	Repair or replace broken clasp	\$15.00 *
5650	Add tooth to existing partial denture	\$30.00 *
5850/5851	Tissue conditioning	\$25.00
5730/5731/5740/5741	Relining (chairside)	\$45.00
5750/5751/5760/5761	Relining (laboratory)	\$35.00 *
EXTRACTION/IAL SURGERY		
7110	Single tooth	NO CHARGE
7120	Each additional tooth (per visit)	\$10.00
7130	Root removal - exposed roots	\$10.00
7210	Surgical extraction of erupted tooth	\$25.00
7220	Soft tissue impaction	\$40.00
7230	Partially bony impaction	\$60.00
7240	Completely bony impaction	\$75.00
7250	Surgical removal of residual tooth roots	\$25.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$20.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$50.00
7510	Incision and drainage (intraoral)	\$20.00
ANESTHESIA		
9215	Local anesthesia	NO CHARGE
9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
ADJUNCTIVE SERVICES		
9951	Occlusal adjustment - limited	\$25.00
9952	Occlusal adjustment - complete	\$150.00
ORTHODONTICS		
8070/8080/8090	Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases	NO CHARGE
	Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$1,650.00
8090	Adults 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases	NO CHARGE
	Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$1,850.00
8680	Retention	Additional

THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.

All procedures listed may not be performed by the Participating General Dentist you select. The copayments shown apply to those Company Plan Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.

SPECIALISTS: Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. 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 of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual and customary fee less 25%.

NOTE: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.

* Plus laboratory fees when applicable.

COMPBENEFITS FAMILY OF COMPANIES:

CompDent • CompDent Insurance Company • American Dental Plan, Inc.
Oral Health Services, Inc. • DentiCare (Texas) • 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.

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 of Benefits.
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.