

## schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
APPOI	NTMENTS		PREVE	NTIVE CARE (cont.)	
9310	Consultation (diagnostic service provided by dentist other than	400.00	1515	Space Maintainer - fixed - bilateral\$53	5.00 + LAB
9430 9440	practitioner providing treatment)	\$5.00	1520 1525	Space Maintainer - removable - unilateral\$95 Space Maintainer - removable -	5.00 + LAB
9999	scheduled hours)	\$35.00	1550	bilateral\$95	
	Emergency visit during regularly scheduled hours, by report	\$20.00	1330	Recementation of space maintainer	\$13.00
9999	Broken appointments (without 24 hr notic	е,	RESTO	RATIVE	
	per 15 min) Maximum \$40 per broken appointment. No charge will		2140	Amalgam - one surface,	
	be made due to emergencies	\$10.00	0150	primary or permanent	\$20.00
			2150	Amalgam - two surfaces, primary or permanent	\$25.00
DIAGN	IOSTIC		2160	Amalaam - three surfaces.	Ψ23.00
120 140/1.	Periodic oral evaluationN050/160	O CHARGE	2161	Amalgam - three surfaces, primary or permanent	
,	Limited/Comprehensive oral		2101	primary or permanent	\$40.00
100	evaluationNO	D CHARGE	2940	Sedative tilling	\$20.00
180 210	Comprehensive periodontal evaluation	\$15.00	2999	Sedative base (under fillings), by reportNO	
210	X-Ray Intraoral - complete series including bitewingsNO	O CHARGE		by report	J CHARGE
220	X-Ray Intraoral - periapical -		PESIN	RESTORATION	
000	first filmNC	) CHARGE	2330	Resin - one surface, anterior	\$40.00
230	X-Ray Intraoral - periapical - each additional filmNG	CHARGE	2331	Resin - two surfaces, anterior	
270	X-Ray Bitewing - single filmNO	O CHARGE	2332	Resin - three surfaces, anterior	\$55.00
272	X-Ray Bitewings - two filmsNC	O CHARGE	2391	Resin - based composite - one surface,	
274	Bitewings - four filmsNC	O CHARGE	0000	posterior	\$70.00
330	Panoramic filmN		2392	Resin - based composite - two surfaces, posterior	\$00.00
460 470	Pulp vitality testsNC Diagnostic castsNC	) CHARGE	2393	Resin - based composite - three surfaces,	ψ 70.00
4/0	Diagnostic casis	J CHARGE		posterior	\$110.00
PREVE	NTIVE CARE		2394	Resin - based composite -	¢120 00
1110/1			2510	four or more surfaces, posterior	\$115.00
1110/	Prophylaxis-adult/child-routine		2520	Inlay - metallic - two surfaces	\$125.00
1110/1	(once every 6 months)NC	) CHARGE	2530	Inlay - metallic - three or more surfaces	\$150.00
	Prophylaxis-adult/child- (additional)	\$25.00	CROW	N & BRIDGE	
1201	Topical application of fluoride		2740	Crown - porcelain/ceramic substrate\$	310 ± IAR
	(including prophylaxis) child (up to 16 years of age)NO	) CHARGE	2750*	Crown - porcelain fused to	0101010
1203	Topical application of fluoride	011711102		high noble metal	\$310.00
	(not including prophylaxis) child	0.14505	2751	Crown - porcelain fused to	¢01000
1330	(up to 16 years of age)		2752*	predominantly base metal	
1351	Oral hygiene instructionNG Sealant - per tooth		2732 2790*	Crown - full cast high noble metal	
1510	Space Maintainer - fixed -		2791	Crown - full cast predominantly	
- · <del>-</del>	unilateral\$5.	5.00 + LAB		base metal	\$310.00



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CROW	N & BRIDGE (cont.)		PROST	HODONTICS (cont.)
2792*	Crown - full cast noble metal\$		5140	Immediate denture - mandibular\$325.00 + LAB
2910	Recement inlay	\$20.00	5211	Maxillary partial denture -
2920	Recement crown	\$20.00	5212	resin base \$325.00 + LAB
2930	Prefabricated stainless steel crown - primary tooth	\$90.00	JZIZ	Mandibular partial denture - resin base\$325.00 + LAB
2950	Core buildup, including any pins	\$50.00	5213	Maxillary partial denture -
2951	Pin retention - per tooth	\$20.00		cast metal framework,
2952	Cast post and core in addition	O 14D	5214	resin denture bases
2953	to crown\$100.0 Each additional cast post -	O + LAB	JZ14	cast metal framework,
2733	same tooth\$100.0	O + LAB		resin denture bases\$325.00 + LAB
2954	Prefabricated post and core in		5410	Adjust complete denture - maxillary\$20.00
00/0	addition to crown\$	100.00	5411 5421	Adjust complete denture - mandibular\$20.00
2962	Labial veneer (porcelain laminate) - laboratory\$31	O + IAR	5421	Adjust partial denture - maxillary\$20.00 Adjust partial denture - mandibular\$20.00
	decidiory	0 1 1 10	0 .22	, apo. pana. aono.oana.oo.a
ENDO	DONTICS		REPAIR	RS TO PROSTHETICS
3220	Therapeutic pulpotomy	\$40.00	5510	Repair broken complete
3221	Pulpal debridement, primary and	110.00	<i>E E</i> 0.0	denture base \$20.00 + LAB
3310	permanent teeth\$	110.00	5520	Replace missing or broken teeth - complete denture (each tooth)\$20.00 + LAB
3310	Root canal therapy - anterior (excluding final restoration)\$	1.50 00	5610	Repair resin denture base\$20.00 + LAB
3320	Root canal therapy - bicuspid		5630	Repair or replace broken clasp\$20.00 + LAB
	(excluding final restoration)\$	250.00	5640	Replace broken teeth - per tooth\$20.00 + LAB
3330	Root canal therapy - molar	200.00	5650	Add tooth to existing partial denture\$35.00 + LAB
3410	(excluding final restoration)\$ Apicoectomy/periradicular surgery -	300.00	5730	Reline complete maxillary denture
0-110	anterior\$	150.00	37 00	(chairside)\$55.00
			<i>57</i> 31	Reline complete mandibular denture
PERIO	DONTICS (Gum treatment)		5740	(chairside)\$55.00
4210	Gingivectomy/gingivoplasty		3/40	Reline maxillary partial denture (chairside)\$55.00
4011	4+ teeth per quad\$	150.00	5741	Polino mandibular partial donturo
4211	Gingivectomy/gingivoplasty 1-3 teeth per quad	\$45.00		(chairside)\$55.00
4341	Periodontal scaling and root planning	Ψ43.00	5750	Reline complete maxillary denture
	4+ teeth per quad	\$55.00	5751	(laboratory)
4342	Periodontal scaling and root planing		37 3 1	(laboratory)\$40.00 + LAB
1255	1-3 teeth per quad	\$55.00	5760	Reline maxillary partial denture
4355	and diagnosis	\$50.00	<i>5</i> <b>7</b> /1	(laboratory)
4381	Localized delivery of chemotherapeutic		5761	Reline mandibular partial denture (laboratory)\$40.00 + LAB
	agents (per tooth)	\$50.00	5850	Tissue conditioning - maxillary\$35.00
4910	Periodontal maintenance	\$55.00	5851	Tissue conditioning - mandibular\$35.00
DDQC1	THODONTICS			
5110	Complete denture - maxillary\$325.0	O . IAR		HODONTICS (Fixed)
5120	Complete denture - mandibular\$325.0	0 + LAB	6210*	Pontic - cast high noble metal\$310.00
5130	Immediate denture - maxillary\$325.0	0 + LAB	6211	Pontic - cast predominantly base metal\$310.00
	,		6212*	Pontic - cast noble metal\$310.00

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PROS1	THODONTICS (Fixed) (cont.)		ORTHO	DDONTICS (cont.)
6240*	Pontic - porcelain fused to high noble metal	\$310.00		Records/Treatment Planning\$250.00 Orthodontic Treatment\$2,300.00
6241	Pontic - porcelain fused to predominantly base metal	\$310.00	8090	Comprehensive orthodontic treatment
6242* 6750*	Pontic - porcelain fused to noble metal Crown - porcelain fused to high noble metal	\$310.00		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
6751	Crown - porcelain fused to predominantly base metal			Consultation
6752* 6790*	Crown - porcelain fused to noble metal Crown - full cast high noble metal	\$310.00		Records/Treatment Planning \$250.00 Orthodontic Treatment \$2,500.00
6791	Crown - full cast predominantly base metal	\$310.00	8680	Retention\$450.00
6792*	Crown - full cast noble metal	\$310.00	ADJUN	NCTIVE GENERAL SERVICES
6930	Recement fixed partial denture (per unit) .	\$13.00	9215	Local anesthesiaNO CHARGE
	CTIONS/ORAL AND MAXILLOFACI	AL	9230	Analgesia (nitrous oxide - per 15 minutes)\$20.00
SURGI	ERY		9450	Case presentation, detailed and
7111	Corornal remnants, deciduous tooth			extensive treatment planningNO CHARGE
7140	Extraction, erupted tooth or exposed root	\$25.00	9951	Occlusal adjustment - limited\$30.00
7210 7220	Surgical removal of erupted tooth Removal of impacted tooth - soft tissue	45.00	9952	Occlusal adjustment - complete\$175.00
7230	Removal of impacted tooth - partially bony	\$80.00		
7240	Removal of impacted tooth - completely bony			ABOVE COPAYMENTS DO NOT INCLUDE THE
7050	completely bony	\$100.00	ADDI SEMM	fional cost of precious (High Noble) and precious (Noble) metal. The Additional cost
7250 7310	Surgical removal of residual tooth roots Alveoloplasty in conjunction with extractio per quadrant	ns -	OF PR	RECIOUS METAL SHALL NOT EXCEED \$125 PER UNIT \$75 PER UNIT FOR SEMI-PRECIOUS METAL.
<i>7</i> 311	Alveoplasty in conjunction with	\$45.00	7 (1 1)	W STER STAIT OR SERVIT RESISSO WEINE.
,	extractions - one to three teeth or		NOTE:	
	tooth spaces, per quadrant	\$45.00		ALL PARTICIPATING DENTISTS PERFORM ALL
7320	Alveoloplasty not in conjunction with	¢00.00		PROCEDURES, INCLUDING AMALGAMS. PLEASE
7321	extractions - per quadrant	\$80.00	CON	sult your dentist prior to treatment for
/321	Alveoplasty not in conjunction with extractions - one to three teeth or			ABILITY OF SERVICES.
	tooth spaces, per quadrant	\$80.00	2.UNUS	STED PROCEDURES ARE AT THE DENTIST'S USUAL FEE $^{\circ}$
<i>7</i> 510	Incision and drainage of abscess -		LESS :	zd%. N Crown and/or bridgework exceeds six
	intraoral	\$30.00	UNITS	S IN THE SAME TREATMENT PLAN, THE PATIENT MAY HARGED AN ADDITIONAL \$50.00 PER UNIT.
ORTH	ODONTICS			•
8070/	8080		SPECI/	ALIST SERVICES
	Comprehensive orthodontic treatment of			you need a specialist, (i.e., Endodontist, Oral Surgeon,
	the transitional/adolescent dentition.		Periodo	ntist, Pediatric Dentist), you may be referred by your
	Children up to 19 years of age Up to 24 months of routine (full-banded)		Participa	ating General Dentist, or you may refer yourself to any
	orthodontic treatment for		Participo	ating Specialist. Upon identification of yourself as a

orthodontic treatment for Class I and Class II cases 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

- 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.
- 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:
  - 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.