

Dental Indemnity Overview Elite Schedule 75 Plan

The scheduled indemnity plan offers a variety of benefits with set reimbursement amounts. You pay the provider for services at the time of your appointment. Claim payments are then made to you or your provider. The plan features:

- Freedom to choose any dentist
- Quick claims turnaround
- National coverage

Frequently Asked Questions

How does the plan work?

1. The Indemnity plan allows you to seek **treatment from any licensed dentist**.
2. Once services are performed, you or your dentist must file a **claim form** in order to receive reimbursement.
3. **Your claim will be paid based on your group's schedule of benefits.** Benefits will be payable after your deductible and coinsurance (if applicable) are satisfied. Your plan also has an annual limit on benefits available.

The dentist may agree to file your insurance claim for you. However, if he/she does not, you may be required to pay the entire bill at the time services are rendered and submit a claim to CompBenefits for reimbursement.

Where should I send my claims?

Claim forms can be obtained from your Group Benefits Administrator or CompBenefits Member Services and should be sent to:

CompBenefits Claims
PO Box 8236
Chicago, IL 60680-8236

Your provider may also file your claims electronically.

How much of the dental charges will the plan cover?

Payment schedules vary from plan to plan. Please check your Schedule of Benefits for more details.

What is a predetermination?

The purpose of submitting a predetermination is to help you understand how your benefits will be paid for your proposed treatment plan.

When is a predetermination needed?

If a planned treatment is going to cost over \$200, you should ask the dentist to file for predetermination of benefits before services begin.

How can I get further questions answered?

You may contact CompBenefits with any questions or concerns at 1-800-342-5209, M-F 8 am – 6 pm EST. Locate us on the web at www.compbenefits.com.

Monthly rates for: Lake County School Board
Effective date: October 1st

No Orthodontic Benefits

Type I – Preventive Services		Maximum Reimbursement
Initial Exam		\$21.00
X-Rays (bitewings) – two films		\$16.00
Semi-Annual Cleaning		\$32.00
Sealant - per tooth		\$16.00
Type II – Basic Services		Maximum Reimbursement
One surface silver filling, primary		\$34.00
Two surface white filling, anterior		\$47.00
Single tooth extraction		\$38.00
Surgical removal of erupted tooth		\$76.00
Molar root canal therapy		\$273.00
Type III – Major Services		Maximum Reimbursement
Porcelain crown (high noble)		\$226.00
Porcelain bridge (pontic, high noble)		\$224.00
One surface inlay, metallic		\$147.00
Complete upper dentures		\$261.00
Type IV – Orthodontics (Optional)		Maximum Reimbursement
(12 month waiting period)		50%
Dependent children 18 years of age or younger		
Calendar Year Deductible		
Individual		\$50.00
Family Aggregate		\$150.00
Annual Maximum Benefit		
Individual		\$1,000
Pre-Existing Condition Exclusion	Some pre-existing conditions are not covered.	
Exclusions and Limitations	Certain exclusions and limitations apply.	



This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits for each plan will be determined by the contract.