



## Schedule of Benefits and Subscriber Copayments

# PRESTIGE 65L

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
<b>APPOINTMENT</b>					
D9430	Office visit (during regularly scheduled hours)	\$0	D2791	Crown, full cast predominantly base metal	\$275
D9440	Office visit (after regularly scheduled hours)	\$0	D2792	Crown, full cast noble metal*	\$275
D9999	Emergency visit during regularly scheduled hours, by report	\$0	D2910	Recement inlay	\$15
D9999	Broken appointments without 24 hour notice-per 15 min.	\$10	D2920	Recement crown	\$15
	Maximum \$40 per broken appointment		D2930	Prefabricated stainless steel crown - primary	\$75
	No charge if due to emergency		D2931	Prefabricated stainless steel crown - permanent	\$75
			D2932	Prefabricated resin crown	\$75
<b>DIAGNOSTIC</b>			D2940	Sedative filling	\$25
D0120	Periodic Oral Evaluation	\$0	D2950	Crown build up including pins, adhesive	\$75
D0140	Limited Oral Evaluation - problem focused	\$0	D2951	Pin retention, per tooth, in addition to restoration	\$25
D0150	Comprehensive Oral Evaluation-New or Established Patient	\$0	D2952	Cast post & core in addition to crown*	\$100
D0160	Detailed and Extensive Oral Evaluation - problem focused, by report	\$0	D2954	Prefabricated post & core in addition to crown	\$75
D0180	Complete Periodontal Evaluation-New or Established Patient	\$0	D2960	Labial Veneer (resin) - Chairside	\$250
D0210	X-Ray, Intraoral-Complete Series, including Bitewings	\$0	D2961	Labial Veneer (resin) - Laboratory	\$300
D0220	X-Ray, Intraoral-Periapical, first film	\$0	D2962	Labial Veneer (porcelain) - laboratory	\$325
D0230	X-Ray, Intraoral-Periapical, each additional film	\$0	D2980	Crown Repair, by report	\$25
D0240	X-Ray, Intraoral-Occlusal film	\$0	D2999	Bleach, per arch	\$100
D0250	X-Ray, Extraoral-first film	\$0	<b>ENDODONTICS</b>		
D0260	X-Ray, Extraoral-each additional film	\$0	D3110	Pulp cap-direct (excluding final restoration)	\$10
D0270	X-Ray, Bitewing-single film	\$0	D3120	Pulp cap-indirect (excluding final restoration)	\$10
D0272	X-Rays, Bitewings-two films	\$0	D3220	Therapeutic pulpotomy (excluding final restoration)	\$25
D0274	X-Rays, Bitewings-four films	\$0	D3230	Pulpal therapy (resorbable filling), anter., prim. (excl. final restoration)	\$25
D0330	Panoramic film	\$0	D3240	Pulpal therapy (resorbable filling), poster., prim. (excl. final restoration)	\$25
D0340	Cephalometric film	\$0	D3310	Root Canal Therapy, Anterior (excluding final restoration)	\$100
D0415	Bacteriological Studies	\$0	D3320	Root Canal Therapy, Bicuspid (excluding final restoration)	\$115
D0425	Caries Susceptibility tests	\$0	D3330	Root Canal Therapy, Molar (excluding final restoration)	\$150
D0460	Pulp vitality tests	\$0	D3351	Apexification/recalcification, initial visit	\$55
D0470	Diagnostic casts	\$0	D3352	Apexification/recalcification, interim visit	\$25
			D3353	Apexification/recalcification, final visit	\$100
<b>PREVENTIVE</b>			D3410	Apicoectomy/periradicular surgery, Anterior	\$110
D1110	Prophylaxis, adult(once every 6 months)	\$0	D3421	Apicoectomy/periradicular surgery, Bicuspid, first root	\$125
D1120	Prophylaxis, child(once every 6 months)	\$0	D3425	Apicoectomy/periradicular surgery, Molar, first root	\$175
D1203	Fluoride application (prophy not included), child	\$0	D3426	Apicoectomy/periradicular surgery, each additional root	\$75
D1204	Fluoride application including prophylaxis, adult	\$0	D3430	Retrograde filling- per root	\$30
D1310	Nutritional Counseling	\$0	D3450	Root amputation - per root	\$75
D1320	Tobacco Counseling	\$0	<b>PERIODONTICS</b>		
D1330	Oral Hygiene instructions	\$0	D4210	Gingivectomy/gingivoplasty, four or more contiguous teeth, per quad	\$100
D1351	Sealant, per tooth	\$0	D4211	Gingivectomy/gingivoplasty, one to three teeth, per quad	\$25
D1510	Space maintainer, fixed unilateral	\$45	D4240	Gingival flap - incl. root planing, four or more contig. teeth, per quad	\$100
D1515	Space maintainer, fixed bilateral	\$45	D4241	Gingival flap - including root planing, one to three teeth, per quad	\$100
D1520	Space maintainer, removable unilateral	\$55	D4249	Clinical crown lengthening - hard tissue	\$200
D1525	Space maintainer, removable bilateral	\$55	D4260	Osseous surgery, four or more contiguous teeth, per quad	\$225
D1550	Recement space maintainer	\$10	D4261	Osseous surgery, one to three teeth, per quad	\$225
			D4270	Pedicle soft tissue graft (including donor site)	\$150
<b>RESTORATIVE</b>			D4271	Free soft tissue graft (including donor site)	\$150
D2140	Amalgam, one surface - primary or permanent	\$10	D4273	Subepithelial connective tissue graft	\$175
D2150	Amalgam, two surfaces - primary or permanent	\$15	D4274	Distal or Proximal wedge	\$50
D2160	Amalgam, three surfaces - primary or permanent	\$20	D4320	Provisional splinting, intracoronal	\$75
D2161	Amalgam, four surfaces - primary or permanent	\$25	D4321	Provisional splinting, extracoronal	\$65
D2330	Resin restoration, one surface, anterior	\$25	D4341	Periodontal scaling/root planing, four or more contiguous teeth, per quad	\$40
D2331	Resin restoration, two surfaces, anterior	\$30	D4342	Periodontal scaling/root planing, one to three teeth, per quad	\$40
D2332	Resin restoration, three surfaces, anterior	\$35	D4355	Full mouth debridement to enable examination	\$25
D2335	Resin restoration, four or more surfaces or involv. incisal angle, anterior	\$45	D4381	Local delivery of chemotherapeutic agent, per tooth, by report	\$30
D2390	Resin-based composite crown, anterior	\$35	D4910	Periodontal maintenance	\$30
D2391	Resin restoration, one surface, posterior	\$20	<b>PROSTHODONTICS (removable)</b>		
D2392	Resin restoration, two surface, posterior	\$25	D5110	Complete upper denture	\$350
D2393	Resin restoration, three surface, posterior	\$30	D5120	Complete lower denture	\$350
D2394	Resin restoration, four or more surfaces, posterior	\$30	D5130	Immediate upper denture	\$400
D2510	Inlay, metallic - one surface	\$225	D5140	Immediate lower denture	\$400
D2520	Inlay, metallic - two surfaces	\$250	D5211	Upper partial denture, resin base	\$350
D2530	Inlay, metallic - three or more surfaces	\$250	D5212	Lower partial denture, resin base	\$350
D2543	Onlay, metallic, three surfaces	\$250	D5213	Upper partial cast metal framework, resin bases	\$425
D2544	Onlay, metallic, four or more surfaces	\$250	D5214	Lower partial cast metal framework, resin bases	\$425
D2610	Inlay, porcelain, one surface	\$225	D5281	Removable unilateral partial denture, one piece cast metal	\$225
D2620	Inlay, porcelain, two surfaces	\$250	D5410	Adjust complete denture upper	\$15
D2630	Inlay, porcelain, three or more surfaces	\$250	D5411	Adjust complete denture lower	\$15
D2740	Crown, porcelain/ceramic substrate	\$275	D5421	Adjust partial denture upper	\$15
D2750	Crown, porcelain fused to high noble*	\$275	D5422	Adjust partial denture lower	\$15
D2751	Crown, porcelain, fused to predominantly base metal	\$275	D5510	Repair broken complete denture base	\$50
D2752	Crown, porcelain, fused to noble metal*	\$275			
D2790	Crown, full cast high noble*	\$275			

ADA CODE	PROCEDURE	PATIENT PAYS
D5520	Replace missing or broken teeth, complete denture (each tooth) . . . . .	\$50
D5610	Repair resin denture base . . . . .	\$50
D5620	Repair cast framework . . . . .	\$50
D5630	Repair or replace broken clasp . . . . .	\$50
D5640	Replace broken teeth, per tooth . . . . .	\$50
D5650	Adding tooth existing partial denture . . . . .	\$50
D5730	Reline upper denture (chairside) . . . . .	\$75
D5731	Reline lower denture (chairside) . . . . .	\$75
D5740	Reline upper partial (chairside) . . . . .	\$75
D5741	Reline lower partial (chairside) . . . . .	\$75
D5750	Reline upper denture (lab) . . . . .	\$125
D5751	Reline lower denture (lab) . . . . .	\$125
D5760	Reline upper partial denture (lab) . . . . .	\$125
D5761	Reline lower partial denture (lab) . . . . .	\$125
D5850	Tissue conditioning, maxillary . . . . .	\$35
D5851	Tissue conditioning, mandibular . . . . .	\$35
D5860	Complete overdenture . . . . .	\$400
D5861	Partial overdenture . . . . .	\$400
D5862	Precision Attachment . . . . .	\$400

#### PROSTHODONTICS (fixed)

D6210	Pontic, cast high noble metal* . . . . .	\$250
D6211	Pontic, cast predominantly base metal . . . . .	\$250
D6212	Pontic, cast noble metal* . . . . .	\$250
D6240	Pontic, porcelain fused to high noble metal* . . . . .	\$250
D6241	Pontic, porcelain fused to predominantly base metal . . . . .	\$250
D6242	Pontic, porcelain fused to noble metal* . . . . .	\$250
D6251	Pontic, resin with predominantly base metal . . . . .	\$250
D6545	Retainer- cast metal for resin bonded fixed prosthesis . . . . .	\$175
D6720	Crown, resin with high noble metal* . . . . .	\$275
D6721	Crown, resin with predominantly base metal . . . . .	\$250
D6750	Crown, porcelain fused to high noble metal* . . . . .	\$275
D6751	Crown, porcelain fused to predominantly base metal . . . . .	\$275
D6752	Crown, porcelain fused to noble metal* . . . . .	\$275
D6780	Crown, 3/4 cast high noble metal* . . . . .	\$275
D6790	Crown, full cast high noble metal* . . . . .	\$275
D6791	Crown, full cast predominantly base metal . . . . .	\$275
D6792	Crown, full cast noble metal* . . . . .	\$275
D6930	Recement fixed partial denture . . . . .	\$25
D6940	Stress breaker . . . . .	\$100
D6950	Precision Attachment . . . . .	\$200
D6970	Cast post & core, in addition to fixed partial denture retainer . . . . .	\$100
D6972	Prefabricated post & core, in addition to fixed partial denture retainer . . . . .	\$75
D6973	Core build-up for retainer, including any pins . . . . .	\$75
D6980	fixed partial denture repair, by report . . . . .	\$50

#### ORAL AND MAXILLOFACIAL SURGERY

D7111	Coronal Remnants, Deciduous Teeth . . . . .	\$20
D7140	Extraction of erupted tooth or exposed roots . . . . .	\$20
D7210	Surgical removal of erupted tooth . . . . .	\$35
D7220	Removal of soft tissue impaction . . . . .	\$45
D7230	Removal of partial bony impaction . . . . .	\$65
D7240	Removal of complete bony impaction . . . . .	\$85
D7241	Removal of complete bony impaction with complications . . . . .	\$85
D7250	Surgical removal of residual roots . . . . .	\$40
D7270	Tooth reimplantation (including splinting) . . . . .	\$50
D7280	Surgical access of an unerupted tooth . . . . .	\$100
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption . . . . .	\$100
D7286	Biopsy, soft tissue . . . . .	\$75
D7310	Alveoloplasty, with extractions, per quadrant . . . . .	\$75

#### 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:
  - Cost of hospitalization and pharmaceuticals, drugs or medications.
  - 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.
  - 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.
  - 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.
  - 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.

#### CompBenefits Family of Companies

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

ADA CODE	PROCEDURE	PATIENT PAYS
D7320	Alveoloplasty, without extractions, per quadrant . . . . .	\$75
D7510	Incision and drainage of abscess, intraoral soft tissue . . . . .	\$35
D7960	Frenulectomy, each procedure . . . . .	\$85
D7970	Excision of hyperplastic tissue . . . . .	\$125
D7971	Excision of pericoronal gingiva . . . . .	\$75

#### ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure . . . . .	\$0
D9210	Local Anesthesia not in conjunction with procedure . . . . .	\$0
D9215	Local Anesthesia . . . . .	\$0
D9220	Deep sedation/general anesthesia - first 30 minutes . . . . .	\$150
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide . . . . .	\$10
D9241	Intravenous conscious sedation/analgesia first 30 minutes . . . . .	\$150
D9310	Consultation(diagnostic services by other dentist) . . . . .	\$25
D9910	Application of desensitizing medicament . . . . .	\$10
D9940	Occlusal guard, by report . . . . .	\$100
D9951	Occlusal Adjustment-Limited . . . . .	\$50
D9952	Occlusal Adjustment-Complete . . . . .	\$100

#### ORTHODONTICS

D8070/	Comprehensive orthodontic treatment of the transitional/adolescent dentition	
D8080	Children up to 19 years of age	
	Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation . . . . .	\$0
	Evaluation . . . . .	\$35
	Records, Treatment Planning . . . . .	\$250
	Orthodontic Treatment . . . . .	\$1,800
D8090	Comprehensive orthodontic treatment of the adult dentition	
	Adults 19 years of age or over	
	Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation . . . . .	\$0
	Evaluation . . . . .	\$35
	Records, Treatment Planning . . . . .	\$250
	Orthodontic Treatment . . . . .	\$2,200
D8680	Retention . . . . .	UCR

\* 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:** 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%.

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.

#### SPECIALIST SERVICES:

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. Copayment amounts are applicable when treatment is performed 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%.