



Schedule of Benefits and Subscriber Copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
<b>APPOINTMENTS</b>			2920	Recement crown .....	\$15.00
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....	\$15.00	2930	Prefabricated stainless steel crown - primary tooth.....	\$75.00
9430	Office Visit (normal hours) .....	\$5.00	2950	Core buildup, including any pins .....	\$45.00
9440	Office Visit (after regularly scheduled hours).....	\$35.00	2951	Pin retention - per tooth .....	\$15.00
<b>DIAGNOSTIC</b>			2952	Cast post and core in addition to crown .....	\$90.00 + LAB**
120	Periodic oral evaluation.....	NO CHARGE	2953	Each additional cast post - same tooth .....	\$90.00 + LAB**
140/150/160	Limited/Comprehensive oral evaluation .....	NO CHARGE	2954	Prefabricated post and core in addition to crown .....	\$90.00
180	Comprehensive periodontal evaluation .....	\$10.00	2962	Labial veneer (porcelain laminate) - laboratory ..	\$280 + LAB**
210	X-Ray Intraoral - complete series including bitewings	NO CHARGE	<b>ENDODONTICS</b>		
220	X-Ray Intraoral - periapical - first film .....	NO CHARGE	3220	Therapeutic pulpotomy (excluding final restoration) .....	\$35.00
230	X-Ray Intraoral - periapical - each additional film	NO CHARGE	3221	Pulpal debridement, primary and permanent teeth .....	\$100.00
270	X-Ray Bitewing - single film .....	NO CHARGE	3310	Root canal therapy - anterior (excluding final restoration)	\$100.00
272	X-Ray Bitewings - two films .....	NO CHARGE	3320	Root canal therapy - bicuspid (excluding final restoration)	\$200.00
274	Bitewings - four films.....	NO CHARGE	3330	Root canal therapy - molar (excluding final restoration)	\$250.00
330	Panoramic film .....	NO CHARGE	3410	Apicoectomy/periradicular surgery - anterior .....	\$125.00
460	Pulp vitality tests .....	NO CHARGE	<b>PERIODONTICS (Gum treatment)</b>		
470	Diagnostic casts .....	NO CHARGE	4210	Gingivectomy/gingivoplasty 4+ teeth per quad .....	\$125.00
<b>PREVENTIVE CARE</b>			4211	Gingivectomy/gingivoplasty 1-3 teeth per quad .....	\$40.00
1110/1120	Prophylaxis-adult/child-routine(once every 6 months)	NO CHARGE	4341	Periodontal scaling and root planing 4+ teeth per quad.....	\$50.00
1110/1120	Prophylaxis-adult/child-(additional) .....	\$20.00	4342	Periodontal scaling and root planing 1-3 teeth per quad .....	\$50.00
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age).....	NO CHARGE	4355	Full mouth debridement to enable eval and diagnosis..	\$45.00
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age).....	NO CHARGE	4381	Localized delivery of chemotherapeutic agents (per tooth)	\$45.00
1330	Oral hygiene instruction .....	NO CHARGE	4910	Periodontal maintenance .....	\$50.00
1351	Sealant - per tooth .....	\$10.00	<b>PROSTHODONTICS</b>		
1510	Space Maintainer - fixed - unilateral .....	\$45.00 + LAB**	5110	Complete denture - maxillary .....	\$300.00 + LAB**
1515	Space Maintainer - fixed - bilateral .....	\$45.00 + LAB**	5120	Complete denture - mandibular .....	\$300.00 + LAB**
1520	Space Maintainer - removable - unilateral .....	\$85.00 + LAB**	5130	Immediate denture - maxillary .....	\$300.00 + LAB**
1525	Space Maintainer - removable - bilateral.....	\$85.00 + LAB**	5140	Immediate denture - mandibular .....	\$300.00 + LAB**
1550	Recementation of space maintainer .....	\$10.00	5211	^ Maxillary partial denture - resin base.....	\$300.00 + LAB**
<b>RESTORATIVE</b>			5212	^ Mandibular partial denture - resin base .....	\$300.00 + LAB**
2140	Amalgam - one surface, primary or permanent ..	NO CHARGE	5213	^ Maxillary partial denture - cast metal framework, resin denture bases .....	\$300.00 + LAB**
2150	Amalgam - two surfaces, primary or permanent..	NO CHARGE	5214	^ Mandibular partial denture - cast metal framework, resin denture bases .....	\$300.00 + LAB**
2160	Amalgam - three surfaces, primary or permanent..	NO CHARGE	5410	Adjust complete denture - maxillary .....	\$15.00
2161	Amalgam - four or more surfaces, primary or permanent .....	NO CHARGE	5411	Adjust complete denture - mandibular .....	\$15.00
2940	Sedative filling .....	\$15.00	5421	Adjust partial denture - maxillary .....	\$15.00
2999	Sedative base (under fillings), by report .....	NO CHARGE	5422	Adjust partial denture - mandibular .....	\$15.00
<b>RESIN RESTORATION</b>			^ including any conventional clasps, rests, and teeth.		
2330	Resin - one surface, anterior .....	\$35.00	<b>REPAIRS TO PROSTHETICS</b>		
2331	Resin - two surfaces, anterior .....	\$40.00	5510	Repair broken complete denture base.....	\$15.00 + LAB**
2332	Resin - three surfaces, anterior .....	\$50.00	5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$15.00 + LAB**
2391	Resin - based composite - one surface, posterior.....	\$60.00	5610	Repair resin denture base .....	\$15.00 + LAB**
2392	Resin - based composite - two surfaces, posterior.....	\$80.00	5630	Repair or replace broken clasp .....	\$15.00 + LAB**
2393	Resin - based composite - three surfaces, posterior.....	\$100.00	5640	Replace broken teeth - per tooth .....	\$15.00 + LAB**
2394	Resin - based composite - four or more surfaces, posterior .....	\$120.00	5650	Add tooth to existing partial denture .....	\$30.00 + LAB**
2510	Inlay - metallic - one surface .....	\$95.00	5730	Reline complete maxillary denture (chairside).....	\$50.00
2520	Inlay - metallic - two surfaces .....	\$105.00	5731	Reline complete mandibular denture (chairside).....	\$50.00
2530	Inlay - metallic - three or more surfaces .....	\$130.00	5740	Reline maxillary partial denture (chairside) .....	\$50.00
<b>CROWN &amp; BRIDGE</b>			5741	Reline mandibular partial denture (chairside) .....	\$50.00
2740	Crown - porcelain/ceramic substrate .....	\$280 + LAB**	5750	Reline complete maxillary denture (laboratory) \$35.00 + LAB**	
2750*	Crown - porcelain fused to high noble metal.....	\$280.00	5751	Reline complete mandibular denture (laboratory) \$35.00 + LAB**	
2751	Crown - porcelain fused to predominantly base metal	\$280.00	5760	Reline maxillary partial denture (laboratory) .....	\$35.00 + LAB**
2752*	Crown - porcelain fused to noble metal.....	\$280.00	5761	Reline mandibular partial denture (laboratory) \$35.00 + LAB**	
2790*	Crown - full cast high noble metal .....	\$280.00	5850	Tissue conditioning - maxillary.....	\$30.00
2791	Crown - full cast predominantly base metal .....	\$280.00	5851	Tissue conditioning - mandibular .....	\$30.00
2792*	Crown - full cast noble metal .....	\$280.00			
2910	Recement inlay .....	\$15.00			

ADA CODE	PROCEDURE	PATIENT PAYS
<b>PROSTHODONTICS (Fixed)</b>		
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

<b>EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY</b>		
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

<b>ORTHODONTICS</b>		
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 .....	\$2,300.00
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 .....	\$2,500.00
8680	Retention .....	\$450.00

<b>ADJUNCTIVE GENERAL SERVICES</b>		
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. Upon identification of yourself as a CompBenefits member, you will receive a 25% reduction from usual and customary fees for services performed. Specialty Services are available only in areas where the dental plan has a Participating Specialty Dentist.

**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**

1. 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.
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 specialty dentist 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 specialty dentist or which in the opinion of the Participating General Dentist or Participating specialty dentist would endanger the health of the Member.
  - d) 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.
  - 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.