



Voluntary Dental Program

Choice One: C250 – Dental HMO

- See schedule of benefits for member co-payments
 - \$5.00 Office Visit
 - **NO CHARGE** oral exams, bitewing x-rays, and cleanings
 - See schedule of benefits for other co-pays
- Select a Family Dentist from the Network – *You can locate the provider nearest your home or office by visiting our web-site @ www.compbenefits.com and clicking on the provider locator icon.*
- Low co-pays: No annual maximum limitations
- No waiting periods
- No claim forms to file

Cost Per Pay period

Employee Only	\$ 6.00
Employee + One	\$10.00
Employee + Family	\$14.00

Choice Two: Elite Choice 75 – Indemnity Plan

- Select any Licensed Dentist
- \$50 annual deductible per person (waived on preventive services)
- \$1000 annual maximum benefit per person
- No waiting periods on Type I, II, and III Services
- Claims Forms to File – Please note the address for claims: *CompBenefits Corporation, P.O. Box 8236, Chicago, IL 60680-8236*

Cost Per Pay Period

Employee Only	\$12.00
Employee + One	\$20.00
Employee + Family	\$28.00

**These are benefit plan highlights only.
Please refer to the plan schedules for complete description of benefits.**



Schedule of Benefits and Subscriber Copayments

C 250-TX

ADA CODE PROCEDURE PATIENT PAYS

APPOINTMENTS

9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$20.00
9430	Office Visit (normal hours)	\$5.00
9440	Office Visit (after regularly scheduled hours).....	\$35.00

DIAGNOSTIC

120	Periodic oral evaluation.....	NO CHARGE
140/150/160	Limited/Comprehensive oral evaluation	NO CHARGE
210	X-Ray Intraoral - complete series including bitewings	NO CHARGE
220	X-Ray Intraoral - periapical - first film	NO CHARGE
230	X-Ray Intraoral - periapical - each additional film	NO CHARGE
270	X-Ray Bitewing - single film	NO CHARGE
272	X-Ray Bitewings - two films	NO CHARGE
274	Bitewings - four films.....	NO CHARGE
330	Panoramic film	NO CHARGE
460	Pulp vitality tests	NO CHARGE
470	Diagnostic casts	NO CHARGE

PREVENTIVE CARE

1110/1120	Prophylaxis-adult/child-routine(once every 6 months)	NO CHARGE
1110/1120	Prophylaxis-adult/child-(additional)	\$25.00
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age).....	NO CHARGE
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age).....	NO CHARGE
1330	Oral hygiene instruction	NO CHARGE
1351	Sealant - per tooth	\$15.00
1510	Space Maintainer - fixed - unilateral	\$55.00 + LAB**
1515	Space Maintainer - fixed - bilateral	\$55.00 + LAB**
1520	Space Maintainer - removable - unilateral.....	\$95.00 + LAB**
1525	Space Maintainer - removable - bilateral.....	\$95.00 + LAB**
1550	Recementation of space maintainer	\$15.00

RESTORATIVE

2110	Amalgam - one surface, primary	\$20.00
2120	Amalgam - two surfaces, primary	\$25.00
2130	Amalgam - three surfaces, primary	\$30.00
2131	Amalgam - four or more surfaces, primary	\$40.00
2140	Amalgam - one surface, permanent	\$20.00
2150	Amalgam - two surfaces, permanent.....	\$25.00
2160	Amalgam - three surfaces, permanent	\$30.00
2161	Amalgam - four or more surfaces, permanent	\$40.00
2940	Sedative filling	\$20.00
2999	Sedative base (under fillings), by report	NO CHARGE

RESIN RESTORATION

2330	Resin - one surface, anterior	\$40.00
2331	Resin - two surfaces, anterior	\$45.00
2332	Resin - three surfaces, anterior	\$55.00
2380	Resin - one surface, posterior - primary	\$70.00
2381	Resin - two surfaces, posterior - primary.....	\$90.00
2382	Resin - three or more surfaces, posterior - primary.....	\$110.00
2385	Resin - one surface, posterior - permanent.....	\$70.00
2386	Resin - two surfaces, posterior - permanent	\$90.00
2387	Resin - three surfaces, posterior - permanent	\$110.00
2388	Resin - four or more surfaces, posterior - permanent ..	\$130.00
2510	Inlay - metallic - one surface	\$115.00
2520	Inlay - metallic - two surfaces	\$125.00
2530	Inlay - metallic - three or more surfaces	\$150.00

CROWN & BRIDGE

2740	Crown - porcelain/ceramic substrate	\$310 + LAB**
2750*	Crown - porcelain fused to high noble metal.....	\$310.00
2751	Crown - porcelain fused to predominantly base metal	\$310.00
2752*	Crown - porcelain fused to noble metal.....	\$310.00

ADA CODE PROCEDURE PATIENT PAYS

2790*	Crown - full cast high noble metal	\$310.00
2791	Crown - full cast predominantly base metal	\$310.00
2792*	Crown - full cast noble metal	\$310.00
2910	Recement inlay	\$20.00
2920	Recement crown	\$20.00
2930	Prefabricated stainless steel crown - primary tooth.....	\$90.00
2950	Core buildup, including any pins	\$50.00
2951	Pin retention - per tooth	\$20.00
2952	Cast post and core in addition to crown	\$100.00 + LAB**
2953	Each additional cast post - same tooth	\$100.00 + LAB**
2954	Prefabricated post and core in addition to crown	\$100.00
2962	Labial veneer (porcelain laminate) - laboratory ..	\$310 + LAB**

ENDODONTICS

3220	Therapeutic pulpotomy (excluding final restoration)	\$40.00
3221	Gross pulpal debridement, primary and permanent teeth	\$110.00
3310	Root canal therapy - anterior (excluding final restoration)	\$150.00
3320	Root canal therapy - bicuspid (excluding final restoration)	\$250.00
3330	Root canal therapy - molar (excluding final restoration)	\$300.00
3410	Apicoectomy/periradicular surgery - anterior	\$150.00

PERIODONTICS (Gum treatment)

4210	Gingivectomy/gingivoplasty - per quadrant	\$150.00
4211	Gingivectomy/gingivoplasty - per tooth	\$45.00
4220	Gingival curettage, surgical - per quadrant	\$75.00
4341	Periodontal scaling and root planing - per quadrant	\$55.00
4355	Full mouth debridement	\$50.00
4381	Localized delivery of chemotherapeutic agents (per tooth)	\$50.00
4910	Periodontal maintenance procedures (following active therapy)	\$55.00
4999	Complete periodontal probing and treatment plan	\$15.00

PROSTHODONTICS

5110	Complete denture - maxillary	\$325.00 + LAB**
5120	Complete denture - mandibular	\$325.00 + LAB**
5130	Immediate denture - maxillary	\$325.00 + LAB**
5140	Immediate denture - mandibular	\$325.00 + LAB**
5211	^ Maxillary partial denture - resin base	\$325.00 + LAB**
5212	^ Mandibular partial denture - resin base	\$325.00 + LAB**
5213	^ Maxillary partial denture - cast metal framework, resin denture bases	\$325.00 + LAB**
5214	^ Mandibular partial denture - cast metal framework, resin denture bases	\$325.00 + LAB**
5410	Adjust complete denture - maxillary	\$20.00
5411	Adjust complete denture - mandibular	\$20.00
5421	Adjust partial denture - maxillary	\$20.00
5422	Adjust partial denture - mandibular	\$20.00

^ including any conventional clasps, rests, and teeth.

REPAIRS TO PROSTHETICS

5510	Repair broken complete denture base.....	\$20.00 + LAB**
5520	Replace missing or broken teeth - complete denture (each tooth)	\$20.00 + LAB**
5610	Repair resin denture base	\$20.00 + LAB**
5630	Repair or replace broken clasp	\$20.00 + LAB**
5640	Replace broken teeth - per tooth	\$20.00 + LAB**
5650	Add tooth to existing partial denture	\$35.00 + LAB**
5730	Reline complete maxillary denture (chairside).....	\$55.00
5731	Reline complete mandibular denture (chairside).....	\$55.00
5740	Reline maxillary partial denture (chairside)	\$55.00
5741	Reline mandibular partial denture (chairside)	\$55.00
5750	Reline complete maxillary denture (laboratory) \$40.00 + LAB**	
5751	Reline complete mandibular denture (laboratory) \$40.00 + LAB**	
5760	Reline maxillary partial denture (laboratory)	\$40.00 + LAB**
5761	Reline mandibular partial denture (laboratory)	\$40.00 + LAB**
5850	Tissue conditioning - maxillary.....	\$35.00
5851	Tissue conditioning - mandibular	\$35.00

ADA CODE	PROCEDURE	PATIENT PAYS
PROSTHODONTICS (Fixed)		
6210*	Pontic - cast high noble metal	\$310.00
6211	Pontic - cast predominantly base metal.....	\$310.00
6212*	Pontic - cast noble metal	\$310.00
6240*	Pontic - porcelain fused to high noble metal	\$310.00
6241	Pontic - porcelain fused to predominantly base metal.....	\$310.00
6242*	Pontic - porcelain fused to noble metal	\$310.00
6750*	Crown - porcelain fused to high noble metal.....	\$310.00
6751	Crown - porcelain fused to predominantly base metal	\$310.00
6752*	Crown - porcelain fused to noble metal.....	\$310.00
6790*	Crown - full cast high noble metal	\$310.00
6791	Crown - full cast predominantly base metal	\$310.00
6792'	Crown - full cast noble metal	\$310.00
6930	Recement fixed partial denture (per unit)	\$15.00

* THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMI-PRECIOUS (NOBLE) METAL.

** PATIENT IS RESPONSIBLE FOR LAB FEES.

THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED \$125 PER UNIT AND \$75 PER UNIT FOR SEMI-PRECIOUS METAL.

IF YOU BREAK YOUR APPOINTMENT WITH YOUR DENTIST WITHOUT 24-HOUR ADVANCE NOTICE, YOU WILL BE SUBJECT TO YOUR DENTIST'S BROKEN APPOINTMENT FEE.

NOTE: WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY

7110	Extraction, single tooth	\$25.00
7120	Extraction, each additional tooth (per visit)	\$25.00
7130	Extracton, root removal - exposed roots	\$25.00
7210	Surgical removal of erupted tooth	\$45.00
7220	Removal of impacted tooth - soft tissue	\$60.00
7230	Removal of impacted tooth - partially bony	\$80.00
7240	Removal of impacted tooth - completely bony	\$100.00
7250	Surgical removal of residual tooth roots	\$45.00
7310	Alveoloplasty in conjunction with extractions - per quadrant	\$45.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$80.00
7510	Incision and drainage of abscess - intraoral	\$30.00

UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%, INCLUDING, BUT NOT LIMITED TO, MAXILLOFACIAL PROSTHETICS, ENAMEL MICROABRASION, AND BLEACHING.

SPECIALTY CARE

Should you need specialty care, (i.e., endodontist, orthodontist, oral surgeon, periodontist, prosthodontist, 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.

ADJUNCTIVE GENERAL SERVICES

9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25.00
9215	Local anesthesia	NO CHARGE
9230	Analgesia (nitrous oxide)	\$45.00
9951	Occlusal adjustment - limited	\$30.00
9952	Occlusal adjustment - complete	\$175.00

COMPBENEFITS FAMILY OF COMPANIES
 CompDent • CompBenefits Insurance Company • American Dental Plan, Inc.
 Oral Health Services, Inc. • 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 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.

HOW TO ENROLL

Contact: Buddy Murk
16164 Walnut Creek
San Antonio, TX 78247
Bus: 210-490-6317
Cell: 210-834-6875
budman007@att.net

WHEN AM I ELIGIBLE? *

You must have two (2) deductions by the 15th of the month for eligibility to begin the first of the following month. If at any time you have a change of address, or phone number, notify Benefit Architects. If you take a leave of absence due to injury, etc. please be advised that you will be responsible for making arrangements to pay for your coverage until your allotments begin again.

QUESTIONS, CALL 1-210-834-6875