

# CS150 Dental Plan Indiana





Schedule of Benefits and Subscriber Copayments

ADA CODE PROCEDURE	PATIENT PAYS	ADA CODE PROCEDURE	PATIENT PAYS
<b>APPOINTMENTS</b>		<b>PREVENTIVE CARE (cont.)</b>	
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....\$15.00	1515	Space Maintainer - fixed - bilateral .....\$45.00 + LAB
9430	Office Visit (normal hours) .....\$5.00	1520	Space Maintainer - removable - unilateral .....\$85.00 + LAB
9440	Office Visit (after regularly scheduled hours) .....\$35.00	1525	Space Maintainer - removable - bilateral .....\$85.00 + LAB
9999	Emergency visit during regularly scheduled hours, by report .....\$20.00	1550	Recementation of space maintainer .....\$10.00
9999	Broken appointments (without 24 hr notice, per 15 min) Maximum \$40 per broken appointment. No charge will be made due to emergencies .....\$10.00	<b>RESTORATIVE</b>	
<b>DIAGNOSTIC</b>		2140	Amalgam - one surface, primary or permanent .....NO CHARGE
120	Periodic oral evaluation .....NO CHARGE	2150	Amalgam - two surfaces, primary or permanent .....NO CHARGE
140/150/160	Limited/Comprehensive oral evaluation .....NO CHARGE	2160	Amalgam - three surfaces, primary or permanent .....NO CHARGE
180	Comprehensive periodontal evaluation - new or established patient .....\$10.00	2161	Amalgam - four or more surfaces, primary or permanent .....NO CHARGE
210	X-Ray Intraoral - complete series including bitewings .....NO CHARGE	2940	Sedative filling .....\$15.00
220	X-Ray Intraoral - periapical - first film .....NO CHARGE	2999	Sedative base (under fillings), by report ..... NO CHARGE
230	X-Ray Intraoral - periapical - each additional film .....NO CHARGE	<b>RESIN RESTORATION</b>	
270	X-Ray Bitewing - single film .....NO CHARGE	2330	Resin - one surface, anterior .....\$35.00
272	X-Ray Bitewings - two films .....NO CHARGE	2331	Resin - two surfaces, anterior .....\$40.00
274	Bitewings - four films .....NO CHARGE	2332	Resin - three surfaces, anterior .....\$50.00
330	Panoramic film .....NO CHARGE	2391	Resin - based composite - one surface, posterior .....\$60.00
460	Pulp vitality tests .....NO CHARGE	2392	Resin - based composite - two surfaces, posterior .....\$80.00
470	Diagnostic casts .....NO CHARGE	2393	Resin - based composite - three surfaces, posterior .....\$100.00
<b>PREVENTIVE CARE</b>		2394	Resin - based composite - four or more surfaces, posterior .....\$120.00
1110/1120	Prophylaxis-adult/child-routine (once every 6 months) .....NO CHARGE	2510	Inlay - metallic - one surface .....\$95.00
1110/1120	Prophylaxis-adult/child(additional) .....\$20.00	2520	Inlay - metallic - two surfaces .....\$105.00
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age) .....NO CHARGE	2530	Inlay - metallic - three or more surfaces .....\$130.00
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age) .....NO CHARGE	<b>CROWN &amp; BRIDGE</b>	
1330	Oral hygiene instruction .....NO CHARGE	2740	Crown - porcelain/ceramic substrate .....\$280 + LAB
1351	Sealant - per tooth .....\$10.00	2750*	Crown - porcelain fused to high noble metal .....\$280.00
1510	Space Maintainer - fixed - unilateral .....\$45.00 + LAB	2751	Crown - porcelain fused to predominantly base metal .....\$280.00
		2752*	Crown - porcelain fused to noble metal .....\$280.00
		2790*	Crown - full cast high noble metal ...\$280.00

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<b>CROWN &amp; BRIDGE (cont.)</b>			<b>PROSTHODONTICS</b>		
2791	Crown - full cast predominantly base metal .....	\$280.00	5110	Complete denture - maxillary .....	\$300.00 + LAB
2792*	Crown - full cast noble metal .....	\$280.00	5120	Complete denture - mandibular .....	\$300.00 + LAB
2910	Recement inlay .....	\$15.00	5130	Immediate denture - maxillary .....	\$300.00 + LAB
2920	Recement crown .....	\$15.00	5140	Immediate denture - mandibular .....	\$300.00 + LAB
2930	Prefabricated stainless steel crown - primary tooth .....	\$75.00	5211	Maxillary partial denture - resin base .....	\$300.00 + LAB
2950	Core buildup, including any pins .....	\$45.00	5212	Mandibular partial denture - resin base .....	\$300.00 + LAB
2951	Pin retention - per tooth .....	\$15.00	5213	Maxillary partial denture - cast metal framework, resin denture bases .....	\$300.00 + LAB
2952	Cast post and core in addition to crown .....	\$90.00 + LAB	5214	Mandibular partial denture - cast metal framework, resin denture bases .....	\$300.00 + LAB
2953	Each additional cast post - same tooth .....	\$90.00 + LAB	5410	Adjust complete denture - maxillary ....	\$15.00
2954	Prefabricated post and core in addition to crown .....	\$90.00	5411	Adjust complete denture - mandibular .....	\$15.00
2962	Labial veneer (porcelain laminate) - laboratory .....	\$280 + LAB	5421	Adjust partial denture - maxillary .....	\$15.00
			5422	Adjust partial denture - mandibular ....	\$15.00
<b>ENDODONTICS</b>			<b>REPAIRS TO PROSTHETICS</b>		
3220	Therapeutic pulpotomy .....	\$35.00	5510	Repair broken complete denture base .....	\$15.00 + LAB
3221	Pulpal debridement, primary and permanent teeth .....	\$100.00	5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$15.00 + LAB
3310	Root canal therapy - anterior (excluding final restoration) .....	\$100.00	5610	Repair resin denture base .....	\$15.00 + LAB
3320	Root canal therapy - bicuspid (excluding final restoration) .....	\$200.00	5630	Repair or replace broken clasp .....	\$15.00 + LAB
3330	Root canal therapy - molar (excluding final restoration) .....	\$250.00	5640	Replace broken teeth - per tooth .....	\$15.00 + LAB
3410	Apicoectomy/periradicular surgery - anterior .....	\$125.00	5650	Add tooth to existing partial denture .....	\$30.00 + LAB
<b>PERIODONTICS (Gum treatment)</b>			5730	Reline complete maxillary denture (chairside) .....	\$50.00
4210	Gingivectomy/gingivoplasty 4+ teeth per quad .....	\$125.00	5731	Reline complete mandibular denture (chairside) .....	\$50.00
4211	Gingivectomy/gingivoplasty 1-3 teeth per quad .....	\$40.00	5740	Reline maxillary partial denture (chairside) .....	\$50.00
4260	Osseous surgery, 4+ teeth, per quad .....	\$350.00	5741	Reline mandibular partial denture (chairside) .....	\$50.00
4261	Osseous surgery, 1-3 teeth, per quad .....	\$350.00	5750	Reline complete maxillary denture (laboratory) .....	\$35.00 + LAB
4271	Free soft tissue graft procedure (inc. donor site surgery) .....	\$225.00	5751	Reline complete mandibular denture (laboratory) .....	\$35.00 + LAB
4341	Periodontal scaling and root planing 4+ teeth per quad .....	\$50.00	5760	Reline maxillary partial denture (laboratory) .....	\$35.00 + LAB
4342	Periodontal scaling and root planing 1-3 teeth per quad .....	\$50.00	5761	Reline mandibular partial denture (laboratory) .....	\$35.00 + LAB
4355	Full mouth debridement to enable eval and diagnosis .....	\$45.00	5850	Tissue conditioning - maxillary .....	\$30.00
4381	Localized delivery of chemotherapeutic agents (per tooth) .....	\$45.00	5851	Tissue conditioning - mandibular .....	\$30.00
4910	Periodontal maintenance .....	\$50.00			

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	Recent fixed partial denture (per unit)	\$10.00

### EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY

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	Alveoplasty in conjunction with extractions - per quadrant	\$35.00
7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$35
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$70.00
7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$70
7510	Incision and drainage of abscess - intraoral	\$25.00

ADA CODE	PROCEDURE	PATIENT PAYS
<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 .....\$1,800.00
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 .....\$2,000.00
8680	Retention	\$450.00

### ADJUNCTIVE GENERAL SERVICES

9215	Local anesthesia	NO CHARGE
9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
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.

### 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%.

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## **LIMITATIONS AND EXCLUSIONS**

1. 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.
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 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.

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CompBenefits of Alabama, Inc. CompBenefits of Georgia, Inc. American Dental Plan of North Carolina, Inc.*

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Thank you for selecting a CompBenefits dental plan. You and your family can look forward to receiving affordable care as well as good dental health. CompBenefits' benefits are designed to encourage preventive care which will keep your teeth and gums free of dental disease. When you receive care from one of our Participating General Dentists or Participating Specialists, simply consult your Schedule of Benefits to determine the amount you will pay for a specified procedure. This amount is referred to as a "copayment" or "surcharge".

From time to time, you may have questions about your dental benefits. We have anticipated what some of those questions may be and have provided the answers for you below. Understanding how your new dental program works will allow you to get the best care possible for both you and your family. Please take a moment now to read through this brochure and learn more about your dental plan.

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## Where can I receive benefits?

Benefits are provided by Participating General Dentists and Participating Specialists. The Participating General Dentist you have selected is printed on your Certificate of Dental Benefits. If you have not already chosen a Participating General Dentist, please contact Member Services in order to do so.

Please note that some Participating General Dentists may have more than one office. Please be sure to go only to the physical office location you choose. Each month, your dentist will receive a list with your name on it. It is a good idea for you to check with your dentist's office staff to be sure your name is on their list before you receive services.

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## How do I obtain a dental appointment?

Simply call your selected Participating General Dentist and make an appointment. Please take a moment to confirm the effective date of your coverage, which is printed on your Certificate of Dental Benefits. If you receive your Certificate of Benefits prior to your effective date, please wait until your effective date to make an appointment.

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## How do I obtain a list of Participating Dentists?

Simply call Member Services. We will be happy to mail one to you.

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## What should I do if I need to cancel my appointment?

If you need to cancel an appointment, please call your Participating General Dentist at least 24 hours before your appointment. Dentists work on an appointment basis and need to know your change of plans. If you break an appointment without giving 24-hour notice to your Participating General Dentist's office, you may be charged for a broken appointment at the rate shown on your Schedule of Benefits.

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## When I go to my selected Participating General Dentist, what treatment will I receive?

Your Participating General Dentist will evaluate your total dental needs. The two of you will then agree on a treatment plan to correct any existing problems and get you started on a program of good oral hygiene to help keep your teeth healthy and sound. Be sure you understand the recommended treatment plan and any associated charges. You may request a written copy of your treatment plan.

Your dentist is a dental care professional. Please do not ask him or her to provide only the "no charge" benefits and neglect treatment which is in the best interest of your own oral health. If you have any questions about your treatment plan, discuss them with your Participating General Dentist. If you have questions regarding your Schedule of Benefits, contact Member Services.



## What if I want a second opinion?

You may get a second opinion from one of our Participating General Dentists at the cost indicated on your Schedule of Benefits. Simply call a Participating General Dentist and let the receptionist know that you'd like a second opinion appointment. Be sure to indicate that you are a member. The dentist will evaluate your situation and discuss it with you. If any services are rendered, you will be responsible for the cost.

## What do I do if I need emergency treatment?

Call your Participating General Dentist and request an emergency appointment for the treatment of accidental, painful or urgent conditions. Your Schedule of Benefits shows the copayment for emergency appointments. This copayment is in addition to any copayment for treatment.

If your Participating General Dentist is not available, contact Member Services. We will help you locate another Participating General Dentist who can provide emergency care.

Consult your Certificate of Benefits for specific information regarding "out-of-area" emergency care.

## Can I go to any Specialist of my choice?

Your benefits are available only from Participating General Dentists and Participating Specialists. Your Participating General Dentist will provide most, if not all, of the care you need. In the event specialist care is required, your Participating General Dentist may make a recommendation. Depending on your plan's specific provisions, an authorized referral from your Participating General Dentist may be required before seeking specialty care. Please read your plan's Certificate of Benefits carefully for specific guidance about accessing specialty care.

## What should I do if I have a change of address?

Simply notify Member Services by phone or letter if your address or telephone number changes.

## What are my charges if a procedure is not on my Schedule of Benefits?

A few services are specifically listed as exclusions on your Schedule of Benefits. You do not have any benefits for those services. Any service that is not specifically excluded may be available at a discount from Participating General Dentists' Usual and Customary Fees. Please refer to your Schedule of Benefits for the exact discount applicable to your plan.

## What is the difference between Prophylaxis and Periodontal Prophylaxis?

Prophylaxis (ADA code #1110) is a routine cleaning. It includes scaling and polishing of teeth with normal periodontium (gum attachment and bone support).

Periodontal Maintenance Procedures (ADA code #4910) are maintenance procedures which are often necessary for those patients who have treatment for periodontal problems such as gum disease or pyorrhea and require follow up care.

Periodic maintenance treatment following active therapy is not the same as routine cleaning. It is a more extensive scaling process. There is a scheduled copayment for this procedure.

## May I change from one Participating General Dentist to another?

Yes. You may change your Participating General Dentist by simply calling Member Services. If you request a change by the 15th of the month, it will become effective on the first of the following month. You may be precluded from transferring if you have a balance owed to your current dentist. Please read your plan's Certificate of Benefits for details on dental facility transfer limitations.



## Is your dental plan a dental insurance plan?

Our plan is not an insurance plan. It is a Prepaid Dental Plan which makes benefits available from selected Participating General Dentists and Participating Specialists.

You enjoy benefits without deductibles, pre-existing conditions, or maximum benefit limitations. You, as the patient, pay your dentist the copayment amount stated in your Schedule of Benefits. The financial arrangements for making these copayments are strictly between the dentist and the patient. There are no claim forms to be filed.

## What will I pay for a crown or a bridge?

The amount you pay depends on the type of crown or bridge which your Participating General Dentist recommends for you. The copayment on your Schedule of Benefits may not include the price of gold. If your crown or bridge includes gold, there may be an additional charge.

## How do I transfer my dental records?

Dental records are the property of the Participating General Dentists or the Specialists. As a patient, you may request that a copy of your dental records be forwarded to your new Participating General Dentist's office, however, we cannot do this for you. Please note that there may be a charge to you for copies of dental records, including X-rays.



## What happens if I am covered by dental insurance in addition to my coverage?

We typically will be your primary coverage. However, you may want to file your "out-of-pocket" expenses with your other carrier. Please contact your other plan for information about how they would like you to submit your "out-of-pocket" expenses.

## What if I have other questions?

We have a qualified staff trained to answer your questions. Please contact us for further information.

### Contact Member Services for:

- Name of Participating General Dentist
- Change of Participating General Dentist
- List of Participating Dentists
- Explanation of benefits
- Change of address
- New Certificate of Benefits & ID Cards

### Contact Account Services for:

- Billing/payment questions
- Continuation of coverage
- Continuation of coverage for dependents who have reached the maximum age limit
- Policy reinstatement
- Dependent addition
- Dependent deletion
- Change of name
- Cancellation of coverage
- Effective date of policy

**CompBenefits Member Services**  
**1.800.342.5209**

[www.compbenefits.com](http://www.compbenefits.com)