

The Advantage plan provides a wide variety of benefits through participating providers. At the time of service, you pay the dentist for any applicable co-payments according to your schedule of benefits. The plan features:

- No claims to file
- No hidden costs
- No maximums
- No waiting periods

Frequently Asked Questions

How many times a year can I visit a dentist?

You are encouraged to visit a dentist regularly. With your CompBenefits dental plan, you are not limited to a specific number of visits per year.

How can I get more information?

You can contact Member Services at 1-800-837-2341, M-F, 8am-6pm CST. Member Services can assist you in many ways, and can provide you with information about your plan or obtaining emergency services. Locate us on the web at www.compbenefits.com to find a provider near you.

Is there any maximum coverage limitation?

There are no limitations on benefits.

How do I pay for services?

If your visit is for covered preventive care, like a routine exam, cleaning, or x-ray, there is no charge for the procedure. For other procedures, a small co-payment may be required. See your Schedule of Benefits for amounts. You pay co-payments directly to the dentist.

What if I need a Specialty Dentist?

Should you need a Specialty Dentist (i.e., Endodontist, Oral Surgeon, Orthodontist, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by a Participating Specialty Dentist. Procedures not listed on the schedule of benefits that are performed by a Participating Specialty Dentist will be charged at that Participating Specialty Dentist's usual and customary fee less 20%.

How do I make an appointment?

Making an appointment is easy. Simply call the office of the Participating Provider you choose on or after the date you receive your certificate of coverage to schedule an appointment.

Must I choose a primary provider?

No preselection of dentist is required, therefore, you may be treated by any dentist within the network. Benefits are only available to members who receive care from in-network providers.

Type I – Preventive Services

Patient Pays

Initial Exam	No charge
X-Rays (Bitewings)	No charge
Semi-Annual Cleaning, Adult	No charge
Sealant – per tooth	\$7.00

Type II – Basic Services

Patient Pays

One surface silver filling	\$16.00
Two surface white filling, anterior	\$25.00
Single tooth extraction	\$19.00
Surgical removal of erupted tooth	\$95.00

Type III – Major Services

Patient Pays

Porcelain crown (high noble)	\$396.00
Porcelain bridge (high noble)	\$353.00
One surface inlay, metallic	\$266.00
Molar root canal therapy	\$403.00
Complete upper dentures	\$513.00

Type IV – Orthodontics

Patient Pays

Treatment for patients age 18 and younger	
Evaluation	\$35.00
Treatment Planning	\$250.00
Orthodontic Treatment	\$2,100.00
Treatment for patients age 19 and over	
Evaluation	\$35.00
Treatment Planning	\$250.00
Orthodontic Treatment	\$2,300.00
Retention (Retainer)	\$450.00

Calendar Year Deductible

None

Annual Maximum Benefit

None

Pre-Existing Condition Exclusion

No pre-existing condition
exclusion applies

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. For a complete listing of benefits, exclusions, and limitations, please reference your certificate of coverage.

Community HealthCare Alliance

Monthly Rates Effective May 1, 2009 - April 30, 2010

Employee	\$22.09
Employee + 1	\$43.11
Family	\$59.93

For network listing, see www.compbenefits.com.

Then select: Advantage Plus Plans.





Schedule of Benefits and Subscriber Copayments

ADVANTAGE-AVC1

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
DIAGNOSTIC			CROWNS (limited to one crown per tooth every 5 years)		
D0120	Periodic oral exam (limit two every 12 months)	\$0	D2710	Crown, resin (lab)	\$159
D0140	Limited oral evaluation, problem focused	0	D2720	Crown, resin with high noble metal	391
D0150	Comprehensive oral evaluation	0	D2721	Crown, resin with predominantly base metal	366
D0160	Detailed/extensive oral evaluation, problem focused	0	D2722	Crown, resin with noble metal	374
D0170	Re-evaluation - limited, problem focused (established patient)	0	D2740	Crown, porcelain ceramic	401
X-RAYS AND TESTS			D2750	Crown, porcelain fused to high noble metal	396
D0210	Intraoral, comp with bitewings (limit one every 3 years)	0	D2751	Crown, porcelain fused to predominantly base metal	369
D0220	Intraoral, periapical - first single film	0	D2752	Crown, porcelain fused to noble metal	378
D0230	Intraoral, periapical, additional films	0	D2790	Crown, full cast high noble metal	382
D0240	Intraoral, occlusal	0	D2791	Crown, full cast predominantly base metal	362
D0250	Extraoral, first	0	D2792	Crown, full cast noble metal	369
D0260	Extraoral, each additional film	0	OTHER RESTORATIVE SERVICES		
D0270	Bitewing, single film (limit two every 12 months)	0	D2910	Recement inlay	35
D0272	Bitewing, two films (limit two every 12 months)	0	D2920	Recement crown	37
D0274	Bitewing, four films (limit two every 12 months)	0	D2930	Prefabricated stainless steel, primary	100
D0277	Vertical bitewings (limit two every 12 months)	0	D2931	Prefabricated stainless steel, permanent	113
D0330	Panoramic film (limit one every 3 years)	0	D2932	Prefabricated resin	123
D0470	Diagnostic casts	37	D2940	Sedative filling	15
PREVENTIVE SERVICES			D2950	Crown build up including pins, adhesive	96
D1110	Prophylaxis, adult (limit 1 every 6 months)	0	D2951	Pin retention tooth	20
D1120	Prophylaxis, child (limit 1 every 6 months)	0	D2952	Cast post & core	146
D1201	Fluoride, inc. proph. - child (limit 2 every 12 months for child < 16)	0	D2954	Prefabricated post & core	121
D1203	Fluoride, exc. proph. - child (limit 2 every 12 months for child < 16)	0	ENDODONTIC SERVICES		
D1351	Sealant, per tooth (limit 1 per tooth every 12 months for child < 13)	7	D3220	Therapeutic pulp, when not performing endodontics	24
D1510	Space maintainer, fixed unilateral	46	D3310	Root Canal Therapy - Anterior	256
D1515	Space maintainer, fixed bilateral	60	D3320	Root Canal Therapy - Bicuspid	312
D1520	Space maintainer, removable unilateral	57	D3330	Root Canal Therapy - Molar	403
D1525	Space maintainer, removable bilateral	78	D3346	Retreatment of previous RCT therapy, anterior	344
D1550	Recement space maintainer	10	D3347	Retreatment of previous RCT therapy, bicuspid	406
MINOR RESTORATIVE SERVICES			D3348	Retreatment of previous RCT therapy, molar	488
D2110	Amalgam, one surface - primary	16	D3410	Apicoectomy, anterior - per tooth	293
D2120	Amalgam, two surfaces - primary	20	D3421	Apicoectomy periradicular surgery bicuspid, first root	320
D2130	Amalgam, three surfaces - primary	24	D3425	Apicoectomy periradicular surgery molar, first root	361
D2131	Amalgam, four surfaces - primary	28	D3426	Apicoectomy periradicular surgery, additional roots	121
D2140	Amalgam, one surface - permanent	17	D3430	Retrograde filling	89
D2150	Amalgam, two surfaces - permanent	22	PERIODONTAL SERVICES		
D2160	Amalgam, three surfaces permanent	27	D4210	Gingivectomy/gingivoplasty, quad (limit 1 every 12 months)	227
D2161	Amalgam, four or more surfaces - permanent	33	D4211	Gingivectomy/gingivoplasty, per tooth (limit 1 every 12 months)	61
D2330	Resin - one surface	20	D4220	Gingival curettage, quad (limit 1 every 12 months)	81
D2331	Resin - two surfaces	25	D4240	Gingival flap procedure, quad (limit 1 every 12 months)	267
D2332	Resin - three surfaces	31	D4249	Crown lengthening - hard tissue	305
D2335	Resin - four or more surfaces or incisal angle	37	D4260	Osseous surgery, per quadrant	431
D2380	Resin - one surface, posterior - primary	23	D4341	Scaling/root planing, quad (limit 2 per quad every 12 months)	33
D2381	Resin - two surfaces, posterior - primary	26	D4355	Full mouth debridement	22
D2382	Resin - three surfaces, posterior - primary	32	D4910	Periodontal maintenance (limit 2 every 12 months)	20
D2385	Resin - one surface, posterior - permanent	22	REMOVABLE PARTIAL AND FULL DENTURES - (limit replacement to every 5 years)		
D2386	Resin - two surfaces, posterior - permanent	31	D5110	Complete upper denture	513
D2387	Resin - three surfaces, posterior - permanent	38	D5120	Complete lower denture	513
D2388	Resin - four or more surfaces, posterior - permanent	46	D5130	Immediate upper denture	559
MAJOR RESTORATIVE SERVICES -			D5140	Immediate lower denture	559
INLAY AND ONLAY RESTORATIONS (limited to one per tooth every 5 years)			D5211	Upper partial denture, resin base	433
D2510	Inlay, one surface - metallic	266	D5212	Lower partial denture, resin base	503
D2520	Inlay, two surfaces - metallic	302	D5213	Upper partial cast base, acrylic saddles	567
D2530	Inlay, three or more surfaces - metallic	348	D5214	Lower partial cast base, acrylic saddles	567
D2542	Onlay, metallic - two surfaces	345	D5410	Adjust complete denture, upper	28
D2543	Onlay, metallic - three surfaces	357	D5411	Adjust complete denture, lower	28
D2544	Onlay, metallic - four or more surfaces	371	D5421	Adjust partial denture, upper	28
D2610	Inlay, porcelain/ceramic - one surface	313	D5422	Adjust partial denture, lower	28
D2620	Inlay, porcelain/ceramic - two surfaces	330	PROSTHETIC REPAIRS		
D2630	Inlay, porcelain/ceramic - three or more surfaces	352	D5510	Repair resin denture base	56
D2642	Onlay, porcelain/ceramic - two surfaces	342	D5520	Replace tooth in denture	47
D2643	Onlay, porcelain/ceramic - three surfaces	369	D5610	Repair broken partial denture	61
D2644	Onlay, porcelain/ceramic - four or more surfaces	391	D5620	Repair cast framework	66
D2650	Inlay, composite/resin - one surface, lab processed	206	D5630	Replace broken clasp	80
D2651	Inlay, composite/resin - two surface, lab processed	245	D5640	Replace broken teeth	52
D2652	Inlay, composite/resin - three or more surface, lab processed	257	D5650	Adding tooth to partial denture	70
D2662	Onlay, composite/resin - two surfaces	224	D5660	Add clasp to existing partial denture	84
D2663	Onlay, composite/resin - three surfaces	263	D5710	Rebase complete upper	208
D2664	Onlay, composite/resin - four or more surfaces	282	D5711	Rebase complete lower	199

ADVANTAGE PLAN ENROLLMENT APPLICATION

Insured by CompBenefits Insurance Company, Roswell, Georgia

ENROLLMENT INSTRUCTIONS:

1. Complete the application. (Be sure to list all Family Members to be included)
2. Complete the authorization for deduction with full information and sign in the lower portion.
3. Return the completed application and authorization for deduction to your payroll department for processing.

SOCIAL SECURITY #	LAST NAME		FIRST	MI	DATE OF BIRTH / /	
HOME ADDRESS			AREA CODE	HOME PHONE		SEX <input type="checkbox"/> M <input type="checkbox"/> F
CITY		STATE	ZIP CODE	AREA CODE	BUSINESS PHONE	
NAME AND ADDRESS OF EMPLOYER OR ORGANIZATION			OCCUPATION (TITLE)		DATE HIRED FULL TIME	
LIST ALL YOUR ELIGIBLE DEPENDENTS IF THEY ARE TO BE COVERED						
FIRST	M.I.	LAST		SOCIAL SECURITY #	SEX	BIRTHDATE
SPOUSE:					<input type="checkbox"/> M <input type="checkbox"/> F	/ /
CHILD:					<input type="checkbox"/> M <input type="checkbox"/> F	/ /
CHILD:					<input type="checkbox"/> M <input type="checkbox"/> F	/ /
CHILD:					<input type="checkbox"/> M <input type="checkbox"/> F	/ /
EFFECTIVE DATE	PLAN CODE	GROUP CODE #	PREMIUM AMOUNT \$	AMOUNT PAID \$	AGENT CODE	

I hereby consent, personally and on behalf of any family members enrolled, to the unrestricted release of my/our dental records maintained by participating dentists to CompBenefits for, but not limited to, claims verification and quality assessment review, and to any other participating dentist who may be or become involved in my/our dental care.

Applicant's

Date: _____

Signature: _____

Agent's Signature: _____

Please Note:

Any person who, with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Completed applications, with correct premiums, received by the Home Office by the 15th of the month will become effective on the 1st of the following month.