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 Treatment Planning Orthodontic Treatment	\$35.00 \$250.00 \$2,100.00				
Treatment for patients age 19 and over Evaluation Treatment Planning Orthodontic Treatment	\$35.00 \$250.00 \$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

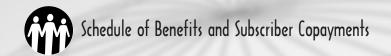
Monthly Rates Effective May 1, 2009 - April 30, 2010

Employee \$22.09 Employee + 1 \$43.11

Family

For network listing, see www.compbenefits.com. Then select: Advantage Plus Plans.

\$59.93





ADA	PROCEDURE PA	TIENT PA	AYS	ADA	PROCEDURE	PATIENT PAYS
CODE				CODE		
DIAGNO	STIC			CROWN	S (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 D0150	Limited oral evaluation, problem focused Comprehensive oral evaluation		0	D2720 D2721	Crown, resin with high noble metal Crown, resin with predominantly base metal	391 366
D0150	Detailed/extensive oral evaluation, problem focused		0	D2721	Crown, resin with noble metal	374
D0170	Re-evaluation - limited, problem focused (established patier	nt)	0	D2740	Crown, porcelain ceramic	401
		,		D2750	Crown, porcelain fused to high noble metal	396
	AND TESTS			D2751	Crown, porcelain fused to predominantly base metal	369
D0210 D0220	Intraoral, comp with bitewings (limit one every 3 years) Intraoral, periapical - first single film		0	D2752 D2790	Crown, porcelain fused to noble metal Crown, full cast high noble metal	378 382
D0220	Intraoral, periapical, additional films		0	D2790 D2791	Crown, full cast predominantly base metal	362
D0240	Intraoral, occlusal		0	D2792	Crown, full cast noble metal	369
D0250	Extraoral, first		0			
D0260	Extraoral, each additional film		0		RESTORATIVE SERVICES	
D0270 D0272	Bitewing, single film (limit two every 12 months)		0	D2910 D2920	Recement inlay	35 37
D0272 D0274	Bitewing, two films (limit two every 12 months) Bitewing, four films (limit two every 12 months)		0	D2920 D2930	Recement crown 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
DDEVEN	TIVE CERVICES			D2950	Crown build up including pins, adhesive	96
D1110	TIVE SERVICES Prophylaxis, adult (limit 1 every 6 months)		0	D2951 D2952	Pin retention tooth Cast post & core	20 146
D1110	Prophylaxis, child (limit 1 every 6 months)		0	D2952	Prefabricated post & core	121
D1201	Fluoride, inc. prophy - child (limit 2 every 12 months for cl	hild < 16)	0			
D1203	Fluoride, exc. prophy - child (limit 2 every 12 months for c		0		ONTIC SERVICES	
D1351	Sealant, per tooth (limit 1 per tooth every 12 months for c	hild < 13)	7	D3220	Therapeutic pulp, when not performing endodontics	24
D1510	Space maintainer, fixed unilateral		46	D3310	Root Canal Therapy - Anterior	256
D1515 D1520	Space maintainer, fixed bilateral Space maintainer, removable unilateral		60 57	D3320 D3330	Root Canal Therapy - Bicuspid Root Canal Therapy - Molar	312 403
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
				D3348	Retreatment of previous RCT therapy, molar	488
	RESTORATIVE SERVICES			D3410	Apicoectomy, anterior - per tooth	293
D2110	Amalgam, one surface - primary		16	D3421	Apicoectomy periradicular surgery bicuspid, first root	320
D2120 D2130	Amalgam, two surfaces - primary Amalgam, three surfaces - primary		20 24	D3425 D3426	Apicoectomy periradicular surgery molar, first root Apicoectomy periradicular surgery, additional roots	361 121
D2131	Amalgam, four surfaces - primary		28	D3430	Retrograde filling	89
D2140	Amalgam, one surface - permanent		17			
D2150	Amalgam, two surfaces - permanent		22		ONTAL SERVICES	
D2160	Amalgam, three surfaces permanent		27	D4210	Gingivectomy/gingivoplasty, quad (limit 1 every 12 mor	
D2161 D2330	Amalgam, four or more surfaces - permanent Resin - one surface		33 20	D4211 D4220	Gingivectomy/gingivoplasty,per tooth(limit 1 every 12 mon Gingival curettage, quad (limit 1 every 12 months)	ths) 61 81
D2331	Resin - two surfaces		25	D4240	Gingival flap procedure, quad (limit 1 every 12 months)	
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 month	
D2381	Resin - two surfaces, posterior - primary		26	D4355	Full mouth debridement	22
D2382 D2385	Resin - three surfaces, posterior - primary Resin - one surface, posterior - permanent		32 22	D4910	Periodontal maintenance (limit 2 every 12 months)	20
D2386	Resin - two surfaces, posterior - permanent		31	REMOVA	ABLE PARTIAL AND FULL DENTURES -	
D2387	Resin - three surfaces, posterior - permanent		38	(limit rep	placement to every 5 years)	
D2388	Resin - four or more surfaces, posterior - permanent		46	D5110	Complete upper denture	513
MA IOD	DESTORATIVE SERVICES			D5120 D5130	Complete lower denture	513
WAJOR	RESTORATIVE SERVICES -			D5130 D5140	Immediate upper denture Immediate lower denture	559 559
INLAY AN	ID ONLAY RESTORATIONS (limited to one per tooth every 5 years)	ears)		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 D2544	Onlay, metallic - three surfaces Onlay, metallic - four or more surfaces		357 371	D5411 D5421	Adjust complete denture, lower Adjust partial denture, upper	28 28
D2610	Inlay, porcelain/ceramic - one surface		313	D5422	Adjust partial denture, lower	28
D2620	Inlay, porcelain/ceramic - two surfaces		330	20.22	rajast partar domars, remor	
D2630	Inlay, porcelain/ceramic - three or more surfaces		352	PROSTH	IETIC REPAIRS	
D2642	Onlay, porcelain/ceramic - two surfaces		342	D5510	Repair resin denture base	56
D2643	Onlay, porcelain/ceramic - three surfaces		369	D5520	Replace tooth in denture	47
D2644 D2650	Onlay, porcelain/ceramic - four or more surfaces Inlay, composite/resin - one surface, lab processed		391 206	D5610 D5620	Repair broken partial denture Repair cast framework	61 66
D2651	Inlay, composite/resin - two surface, lab processed		245	D5630	Replace broken clasp	80
D2652	Inlay, composite/resin - three or more surface, lab processed		257	D5640	Replace broken teeth	52
D2662	Onlay, composite/resin - two surfaces		224	D5650	Adding tooth to partial denture	70
D2663	Onlay, composite/resin - three surfaces		263	D5660	Add clasp to existing partial denture	84
D2664	Onlay, composite/resin - four or more surfaces		282	D5710 D5711	Rebase complete upper Rebase complete lower	208 199
				ווויטט	ricbase complete lower	199

Exp Access Rev. 07/02 IL5AVC1

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D5720 D5721 D5730 D5731 D5740 D5741 D5750 D5751 D5760 D5761 D5850 D5851	Rebase partial upper Rebase partial lower Reline upper denture, chairside Reline lower denture, chairside Reline upper partial, chairside Reline lower partial, chairside Reline lower partial, chairside Reline upper denture, lab Reline lower denture, lab Reline lower partial denture Reline lower partial denture Tissue conditioning, maxillary Tissue conditioning, mandibular	\$197 197 118 118 108 108 157 157 155 155 49	MISCELI D9110 D9215 D9241 D9242 D9310 D9951 D9952	Palliative treatment, emergency Local anesthesia IV sedation - first 30 minutes IV sedation - each additional 15 min Consultation by non-treating dentist Occlusal adjustment, limited Occlusal adjustment, complete	\$14 0 113 47 30 45 255
EIVED DE	NDCES (Limit replacement to over, E vecre)				
D6210	RIDGES (Limit replacement to every 5 years) Pontic, cast high noble metal	358			
D6210	Pontic, cast night hobie metal	358			
D6212	Pontic, cast semiprecious metal	349	ORTHO	DONTIC	
D6240	Pontic, porcelain fused to high noble metal	353			
D6241	Pontic, porcelain fused to nonprecious metal	326	D8070/	Comprehensive Orthodontic Treatment of	the transitional/adolescent
D6242	Pontic, semi precious metal	344	Danca	dentition	
D6250	Pontic, resin with high noble metal	349	D8080	Children up to 19 years of age	natment for Class Land
D6251	Pontic, resin with base metal	322		Up to 24 months of routine orthodontic tre Class II cases	eatment for Glass Fand
D6252 D6520	Pontic, resin with noble metal Inlay - metallic, two surfaces	332 308		Consultation	\$0.00
D6520	Inlay - metallic, two surfaces Inlay - metallic, three or more surfaces	353		Evaluation	
D6720	Crown, resin - with high noble metal	394		Records/TreatmentPlanning	
D6721	Crown, resin - with predom base metal	374		OrthodonticTreatment	
D6722	Crown, resin with noble metal	380			
D6750	Crown, porcelain high noble metal	403	D8090	Comprehensive Orthodontic Treatment of	the adult dentition
D6751	Crown, porcelain fused to base metal	376		Adults 19 years of age and over	
D6752	Crown, porcelain semiprecious metal	385		Up to 24 months of routine orthodontic tre	eatment for Class I and
D6780	Crown, 3/4 cast metal	380		Class II cases Consultation	00.00
D6790 D6791	Crown, full cast high noble metal	389 369		Evaluation	
D6791 D6792	Crown, full cast base metal Crown, full cast semiprecious metal	383		Records/Treatment Planning	
D6930	Recement bridge	47		Orthodontic Treatment	
ORAL SU			D8680	Retention	\$450.00
D7110	Routine extraction, single tooth	19			
D7120	Routine extraction, each additional tooth	18			
D7130 D7210	Root removal, exposed	62 95			
D7210 D7220	Surg erupted tooth Removal of soft tissue impaction	118		dures listed might not be performed by the Participati	
D7230	Removal of partial bony impaction	158		ents shown apply to those Participating General De	
D7240	Removal of complete bony impaction	185		efore, you are encouraged to discuss the availability ting General Dentist. Procedures not listed on this	
D7241	Removal of complete bony impaction - unusual surgion	cal		by the Participating General Dentist, will be char	
	complications	232		usual and customary fee less 20%.	. 5
D7250	Root recovery	100			
D7310	Alveoloplasty in conj. w/extractions per quad.	110	SPECIAL	LISTS: Should you need a specialist (I.e. Endodo	ontist, Oral Surgeon. Orthodontist.
D7320	Alveoloplasy not in conjunction with exts. (per quad)	491	Periodon	tist, Prosthodontist, Pediatric Dentist), you may	be referred by your Participating
D7510 D7520	Incision and drainage of abscess, intraoral	105 500		Dentist. Co-payment percentage amounts are appli	
D7520 D7960	Incision and drainage of abscess, extraoral Frenulectomy (frenectomy or frenotomy)	231		ticipating Specialist. Procedures not listed on this y a Participating Specialist, will be charged at that F	
D7960 D7970	Excision of hyperplastic tissue, per arch	239		y fee less 20%.	anapating openialists usual and

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 B of the Certificate of Benefits.
- 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.

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	DATE OF BIRTH			
									/ /	
HOME ADDRESS					AREA CODE	HOME I	PHONE	SEX		
									\square M \square	F
CITY STATE ZIP CO			AREA CODE	BUSINE	BUSINESS PHONE					
NAME AND ADDRESS O	F EMPLOYER OF	ORGANIZ	ZATION	OCCU	PATION	(TITLE)		DATE H	IIRED FI	JLL TIM
LIST	ALL YOUR ELIC	GIBLE DE	EPENDE	NTS II	FTHEY	ARE TO	BEC	OVERED		
FIRST	M.I.	LAST	Γ		SOCIA	L SECUR	RITY#	SEX	BIRT	HDATE
SPOUSE:								□M□F	/	/
CHILD:								□M□F	/	/
CHILD:								\square M \square F	/	/
CHILD:								\square M \square F	/	/
EFFECTIVE DATE	PLAN CODE	GROUP	CODE #	PREM AMOU \$		AMOU \$	JNT PAI	D AGEN	T CODE	
reby consent, personal ords maintained by par essment review, and to	ly and on behalf	of any fa sts to Co ipating de	amily me ompBenentist wh	embers efits fo no may	enrolled or, but n be or be	d, to the ot limite ecome in	unrestred to, c	icted relea laims verif in my/our o	se of mication	ny/our o and q are.
essment review, and to	any other partic	.p								
essment review, and to licant's nature:				Date: _				-		

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.

GRP-ENR-FORM 0100 006CIGRP