

HumanaDental

Contractholder: EMPLOYEES RETIREMENT SYSTEM OF TEXAS
Group Number: 538226
Coverage Effective Date: 09/01/2009

A DENTAL HEALTH MAINTENANCE ORGANIZATION

COMPBENEFITS

Insured or administered by DentiCare, Inc (d/b/a as CompBenefits)
P.O Box 14639
Lexington KY 40512-4639
(877) 377-0987

MEMBER HANDBOOK

AND

EVIDENCE OF COVERAGE

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IMPORTANT NOTICE

To obtain information or make a complaint:

You may call CompBenefits', in the HumanaDental family of companies, toll-free telephone number for information or to make a complaint at

(877) 377-0987

You may contact the Texas Department of Insurance to obtain information on companies, coverage, rights or complaints at

(800) 252-3439

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should You have a dispute concerning Your premium or about a claim You should contact CompBenefits first.

If the dispute is not resolved by CompBenefits, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de CompBenefits, una compania en la familia de companias de HumanaDental, para informacion o para someter una queja al

(877) 377-0987

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

(800) 252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con primero.

Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

SPECIAL COMMUNICATION NEEDS

If You have special communication needs

We want the plan to be convenient for all members, particularly those with special needs. That is why We offer many materials in both Spanish and English. If You are not comfortable speaking in English, You can still call Our Member Services at (877) 377-0987. We have a number of bilingual Member Services Representatives. If You have a disability affecting Your ability to communicate or read, this Member Handbook and Evidence of Coverage is also available on audiocassette, in large type, Braille, and through the use of an interpreter.

Si usted necesita asistencia especial para comunicarse

Queremos que el plan sea conveniente para todos nuestros miembros, en especial aquellos quienes tengan requerimientos especiales. Con este fin ofrecemos muchos materiales impresos en español e inglés. Si no se siente cómodo comunicándose en inglés, puede llamar sin embargo a Servicios Para Miembros al (877) 377-0987. Tenemos a varios representantes bilingües. Si tiene alguna invalidez que afecte sus posibilidades de comunicarse o de leer, este manual es disponible en forma de audio cassette, en letra mayúscula, en letra para desprovistos de vista y también por medio de un intérprete.

INTRODUCING THE DHMO DENTAL PLAN

Welcome to CompBenefits, a member of the HumanaDental family of Companies, a single service dental health maintenance organization (“DHMO”). We are pleased that You have selected our coverage for Your dental needs. This Handbook and Evidence of Coverage (“Handbook”) contains a description of covered benefits as well as Copayments, limitations and exclusions. There is a helpful glossary located in the appendix of this Handbook that gives definitions of dental terminology found in this Handbook. You have a responsibility to know what services are covered under your dental plan, **please read this Handbook carefully**. If You have questions about what Your dental plan covers, please refer to your Handbook and Schedule of Benefits or call Our Member Services at (877) 377-0987.

HOW THE DHMO PLAN WORKS

Your dental plan is designed to help You and Your family obtain comprehensive dental care by offering inexpensive preventive care and reduced rates for many other dental treatments. You will only pay a Copayment for covered services or treatments You receive at the time services are performed, unless You make other payment arrangements with Your dentist. Copayment amounts are shown on Your Schedule of Benefits. Procedures not listed on the Schedule of Benefits that are performed by Your selected Participating Dentist are available at the provider’s usual and customary fee. You should ask Your Participating Dentist for a benefit determination and cost estimate before You receive any dental treatment.

GETTING STARTED

Selecting Your Primary Care Dentist (PCD)

First, You must select a Participating General Dentist from a list of dentists participating in Our network as Your primary care dentist (PCD). A directory of all the Participating Dentists will be provided for You upon request. The directory is sorted by city, and lists all the dentists in the facility, the address, telephone number and if the dentist is accepting new patients. Provider directories are updated frequently and available on Our website, however, paper copies can be requested from Our Member Services. If You need assistance finding a Participating Dentist, call Our Member Services at (877) 377-0987 or use the provider locator function on Our website at HumanaDental.com/ers. Once You have located a Participating Dentist, please contact Our Member Services department with Your selection.

You may select a different PCD at any time. All You have to do is call or write Our Member Services to request the change. All requests for dentist changes received by the 15th of the month will become effective on the 1st of the following month. You may select a new dentist once per month.

On rare occasions it may be necessary to assign You to another dentist. A change may be necessary in the following situations:

- if Your selected dentist decides to no longer participate in Our network;
- if the dentist is unable to effectively provide the care You need;
- if efforts to establish a satisfactory relationship between You and the dentist have failed; or
- if You refuse treatment from the dentist that he or she feels is necessary.

If a change is needed, You will be asked to select another dentist from the directory.

In the event Dentally Necessary Dental Care Services are not available through Participating Dentists, the Plan, upon the request of a Participating Dentist, within the time appropriate to the circumstances relating to the delivery of the Dental Care Services and the condition of the patient, but in no event to exceed five (5) business days after receipt of reasonably requested documentation, allow a referral to a non-Participating Dentist and shall fully reimburse the non-Participating Dentist at the usual and customary or an agreed rate. For purposes of determining whether Dentally Necessary Dental Care Services are available through Participating Dentists, the Plan shall offer its entire network, rather than limited provider networks within the Plan's delivery network. The Plan shall not require You to change Your PCD to receive Dentally Necessary Dental Care Services that are not available within the limited provider network. The Plan will provide for a review by a specialist of the same or similar specialty as the type of dentist or provider to whom a referral is requested before the Plan authorizes a referral to a non-Participating Dentist.

Identification Card

You will be issued an identification card upon enrollment in the Plan. The card identifies You as a member of this CompBenefits' DHMO plan in the HumanaDental family of companies. If Your card is lost or stolen, call Our Member Services at (877) 377-0987 to get a new card mailed to You. You may also request a new card via the website at HumanaDental.com/ers.

Making an appointment

When You need dental care, simply call Your PCD's office to make an appointment. When You call, make sure You have Your ID card handy, in case You are asked questions regarding Your dental plan. All non-emergency Dental Care Services shall be on a prior appointment basis during the normal office hours of the PCD. In order to receive Benefits, You must first make an appointment with a PCD and the request for an appointment must be made after the Effective Date. When making an appointment, You should inform the Dental Facility that You are a Plan Member. For dental emergencies, please refer to the "Emergency Care" section below.

Specialty Care

You may be referred by Your PCD to a Participating Specialty Dentist (i.e. endodontist, orthodontist, oral surgeon, periodontist, prosthodontist, or pediatric dentist). Participating Specialty Dentist benefits vary by plan. Please refer to Your Schedule of Benefits for payment and benefit information.

Second Opinions

Both You and Your dentist decide on Your course of treatment. If You are not satisfied with Your PCD's treatment plan, We encourage You to get a second opinion from another Participating Dentist. The second opinion is subject to any applicable Copayments. Please refer to Your Schedule of Benefits for the exact amount.

Whether You need routine, preventive care, emergency care, or just have a dental question, You should call Your selected PCD first.

EMERGENCY CARE

The Plan covers dental emergencies 24 hours a day, seven days a week, no matter where You are. If You have a dental emergency, You are covered for palliative (emergency) treatment. Palliative treatment involves only those things necessary to control unexpected pain or more than usual bleeding, prevent complications related to an infection, or prevent the loss of a tooth from a traumatic injury. Emergency dental service is intended to relieve pain caused by an acute condition until Your PCD can see You. **Your emergency care benefit does not include procedures that may be required, but are not necessary for the relief of pain.** For example, root canals and crowns may be necessary treatments but are not covered under emergency care benefits. If You have an emergency that involves extensive accidental or traumatic injury to Your teeth or mouth, or that affects Your ability to breath or swallow, You should contact Your medical physician.

What is considered an emergency dental service?

Emergency dental services are limited to procedures administered in a dentist's office, dental clinic, or other comparable facility; to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

What should you do in an emergency?

You can receive palliative (emergency) treatment from any licensed dentist. In the event you receive palliative (emergency) treatment from a non-Participating Dentist, You will be reimbursed for the cost of the emergency care minus any applicable Copayments. In

order to be reimbursed for the services, You must have an itemized statement and receipt showing the services paid in full from the treating dentist. We must be notified of such treatment within ninety (90) days of its receipt, or as soon as reasonably possible.

IF YOU HAVE A COMPLAINT

If You have a concern or complaint about Your dental care or coverage, the way We manage it, or a decision We have made, We want to know. Our goal is to acknowledge and resolve complaints in a timely manner. We monitor complaints and use this feedback from Members to improve Our performance.

Complaints

Our Member Services Department is available by phone Monday through Friday, 7AM to 7PM (CT) to assist members in addressing any dissatisfaction with their dental plan benefits and/or participating dental office. You can call Our Member Services at (877) 377-0987 or submit a Complaint in writing. Written Complaints should be mailed to:

HumanaDental - ERS
PO Box 14639
Lexington KY 40512-4639

If You submit a written Complaint please include Your concern, specific details, dates, and Your name and contact information. Should You have any question about submitting a written Complaint, call Our Member Services at (877) 377-0987. Your complaint will be acknowledged in writing within five (5) business days of receipt, and if the complaint was made orally, it will be accompanied by a one-page complaint form that prominently and clearly states that the form must be returned to Us for prompt resolution of the complaint. Written Complaints will be researched and resolved within 30 days from the date of receipt. A response letter explaining the Plan's resolution of the Complaint will be sent to You. The letter will include Our resolution of the complaint, the specific dental and contractual reasons for the resolution, the specialization of any dentist or other provider consulted, and a complete description of the process of appeal including the deadlines for the appeals process and the deadlines for the final decision on the appeal .

In the event the complaint concerns a dental emergency, We shall investigate and resolve a complaint concerning a dental emergency in accordance with the dental immediacy of the case and not later than one business day after We receive the complaint.

Appeal of Complaint Resolution

If the initial Complaint is not resolved to your satisfaction, You have the right within 60 days of the initial determination, to Appeal the resolution of Your Complaint and appear, in person or by telephone, before a Complaint Appeal panel at the site at which You normally receive dental services or at an agreed upon location, or You may address a written Appeal directly to the panel at:

HumanaDental - ERS
PO Box 14639
Lexington KY 40512-4639

We will send You an acknowledgment letter within five (5) business days of the receipt of Your Appeal request. You will be contacted to make arrangements for a meeting or to submit Your written Appeal. We will convene the Appeal panel and address Your Appeal within thirty (30) days of Your request. Not later than the fifth (5th) business day before the date the Appeal panel is scheduled to meet, unless You agree otherwise, We shall provide You or Your designated representative: 1) any documentation to be presented to the Appeal panel by Plan staff; 2) the specialization of any dentists or providers consulted during the investigation; and 3) the name and affiliation of each Plan representative on the Appeal panel. The Appeal panel consists of an equal number of Plan staff members, dentists or other providers, and enrollees who were not previously involved in the disputed decision. The dentists or other providers on the Appeal panel must have experience in the area of care that is in dispute and be independent of any dentist or provider who made any previous determination. If specialty care is in dispute, the Appeal panel will include a person who is a specialist in the field of care to which the appeal relates. They will consider all information presented and give a decision on the Appeal. Once the Appeal panel reaches a decision, You will receive a letter with specific clinical and contractual criteria used to reach the decision. Should You disagree with the decision of the appeal panel, or at anytime You are dissatisfied, You have the right to contact the **Texas Department of Insurance** in writing at the following address:

P.O. Box 149104
Austin, Texas 78714-9104

(800) 252-3439
(512) 475-1771 (facsimile)

The Plan is prohibited from retaliating against You or Your group for filing a complaint against the Plan or for appealing a Plan decision. The Plan is also prohibited from retaliating against a dentist because the dentist has on behalf of a member filed a complaint against the Plan or appealed a Plan decision.

In the event the Appeal involves ongoing emergency dental treatment, the investigation and resolution of an Appeal of a complaint relating to an ongoing emergency shall be concluded in accordance with the dental immediacy of the case, and not later than one business day after Your request for an Appeal is received. Because of the ongoing emergency, and at Your request, We shall provide, instead of an Appeal panel, a review by a dentist who: 1) has not previously reviewed the case; and 2) is of the same or a similar specialty as the dentist or provider who would typically managed the dental condition, procedure, or treatment under consideration for review in the appeal. The dentist or provider reviewing the appeal may interview You or Your designated representative and shall decide the Appeal. The dentist or provider may deliver initial notice of the decision on the Appeal orally if the dentist or provider subsequently provides written notice of the decision not later than the third (3rd) day after the date of the decision.

ELIGIBILITY AND COVERAGE

Who is eligible for the plan

You and Your eligible Dependents are allowed to participate in the plan if You reside, live or work in the Service Area. In order for You and Your dependents to be eligible for and receive dental benefits, We must receive all Contributions and Enrollment Fees, if applicable. Your PCD must receive any Copayments in accordance with Your Schedule of Benefits. Additionally, the permanent legal residence of all of Your Dependents must be the same as Yours or;

- in the Service Area with someone else having temporary or permanent conservatorship or guardianship of such Dependents, including adoptees or children who have become the subject of a suit for adoption by You, but where You still have legal responsibility for the health care of such Dependents;
- in the Service Area under other circumstances where You are legally responsible for the health care of Your Dependents;
- in the Service Area living with Your spouse or common law spouse; or
- anywhere in the United States for a child whose coverage under a plan is required by a medical support order.

Dependent children living outside of the Service Area must receive their care within the Service Area. They will only be covered for emergency care when outside the Service Area.

Coverage after retirement

If You retire and are eligible for retiree coverage, benefits under the plan for You and Your Dependents will continue in force.

When coverage begins

Your Coverage Begins - You and Your Dependents are covered at 12:01 a.m. on the later of:

- The first of the month following the date first eligible for coverage;
- The date We accept Your enrollment, if You are not enrolled within 31 days of becoming eligible;
- The date You first acquire a new Dependent; or
- The date We accept a Dependent's enrollment, if not enrolled within 31 days of becoming eligible.

Newborn Child - A child born to You or Your Dependent spouse or common law spouse is covered from the moment of birth for 31 days. If you choose to insure Your newborn, You must enroll the child within 31 days from the date of birth or coverage for that child will terminate at the end of the 31-day period.

Adopted Child - A child placed with You for adoption will be covered from the earlier of: 1) the date of birth if a petition for adoption is filed within 30 days of the birth of such child; 2) the date you gain custody of the child under a temporary court order that grants You conservatorship of the child; or 3) the date the child is placed with You for adoption; and additional premium, if any, is paid.

When coverage ends

Coverage for You and/or Your Dependent(s) will end at:

- The end of the month that the Contractholder tells Us that You and/or Your Dependent cease to be eligible for coverage;
- The end of the month that Your Dependent is no longer a Dependent as defined;
- Subject to the Grace Period provision, the last day of the month for which Contributions have been paid;
- The end of the month that coverage ends for any class or Group to which You belong; or
- The end of the month that the Contract ends.

In addition to any other Contributions for which the Contractholder is liable, the Contractholder is liable for an enrollee's Contributions from the time the enrollee is no longer part of the group eligible for coverage under the contract until the end of the month in which the Contractholder notifies the Plan that the enrollee is no longer part of the group eligible for coverage by the contract; and the enrollee remains covered by the contract until the end of that period.

If Your family status changes

Even though You only enroll in Your dental plan once a year, changes in Your personal situation can happen at any time. For instance, if You get married or have a baby, You may want to add Your spouse, common law spouse or child to Your coverage. If so, We need to know about the change as soon as possible. If any of these changes occur in Your family contact the Benefits Administrator or Us immediately:

- You get married;
- One of Your Dependent children gets married;
- You, Your spouse or common law spouse deliver a child or adopt a child;
- Your spouse, common law spouse or Dependent child dies; or
- One of Your Dependent children reaches the maximum age for coverage

If You are declining enrollment for Yourself or Your dependents (including Your spouse or common law spouse) because of other dental insurance coverage, You may in the future be able to enroll Yourself or Your Dependents in the plan, provided that You request enrollment within 31 days after Your coverage ends. In addition, if You have a new Dependent as a result of marriage, birth or adoption, You may be able to enroll Your Dependent, provided that You request enrollment within 31 days after the marriage, birth, or adoption.

CANCELATION AND NON-RENEWAL

A Member's coverage may be cancelled, with ERS's approval, in the case of:

- nonpayment of amounts due under the Handbook upon 30 days advance written notice, except no written notice will be required for failure to pay Contributions;
- fraud or intentional material misrepresentation upon 15 days advance written notice;
- fraud in the use of services or facilities upon 15 days advance written notice;
- failure to meet eligibility requirements other than the requirement that the Subscriber reside, live, or work in the service area, coverage may be cancelled immediately, subject to continuation of coverage and conversion privilege provisions, if applicable;
- misconduct detrimental to safe plan operations and the delivery of services, coverage may be cancelled immediately;
- failure of the Member and a PCD to establish a satisfactory patient-dentist relationship, if it is shown that the Plan has, in good faith, provided the Member with the opportunity to select an alternative PCD, the Member has been notified in writing at least 30 days in advance that the Plan considers the patient-dentist relationship to be unsatisfactory and specifies the changes that are necessary in order to avoid termination, and the Member has failed to make such changes, coverage may be cancelled at the end of the 30 days; or

- the Subscriber neither resides, lives, or works in the Service Area, or area for which the Plan is authorized to do business, but only if coverage is terminated uniformly without regard to any health status-related factor of Subscribers, coverage may be cancelled after 30 days written notice. Coverage for a child who is the subject of a medical support order cannot be cancelled solely because the child does not reside, live or work in the Service Area.

Cancellation of Your coverage by the Plan is without prejudice. Participating Dentists shall complete all dental procedures You may be undergoing. Your dentist will treat You until the specific treatment or procedure has been completed or for ninety (90) days, whichever is less.

CONTINUATION OF COVERAGE

If You are covered under a group plan and Your coverage under the group contract is terminated for any reason, except involuntary termination for cause, and You were continuously covered under this Plan for 3 consecutive months prior to losing coverage, You can transfer Your dental benefits to an individual plan or You can continue Your group coverage subject to the eligibility provisions below:

- Continuation of group coverage must be requested in writing within 31 days following the later of: (a) the date the group coverage would otherwise terminate; or (b) the date the Member is given notice of the right of continuation by either the employer or the group Contractholder.
- A Member electing continuation must pay to the group Contractholder or employer on a monthly basis, in advance, the amount of contribution required by the Contractholder or employer, plus two percent of the group rate for the coverage being continued under the group contract, on the due date of each payment.
- The Member's written election of continuation, together with the first contribution required to establish contributions on a monthly basis, in advance, must be given to the Contractholder or employer within 31 days following the later of: (a) the date the group coverage would otherwise terminate; or (b) the date the Member is given notice of the right of continuation by either the employer or the group Contractholder.
- Continuation may not terminate until the earliest of: (a) six months after the date the election is made; (b) the date on which failure to make timely payments would terminate coverage; (c) the date on which the Member is covered for similar services and benefits by another dental insurance policy or dental subscriber contract or dental practice or other prepayment plan; or (d) the date on which the group coverage terminates in its entirety.

COBRA CONTINUATION COVERAGE

Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage can become available to You when You would otherwise lose Your dental coverage. It can also become available to other members of Your family who are covered under the Plan when they would otherwise lose their dental coverage. For additional information about Your rights and obligations under the Plan and under federal law, You should contact the Contractholder.

COORDINATION OF BENEFITS

We want to make sure You receive all of the benefits to which You are entitled. That is why it is important to let Your Participating Dentist and the Plan know if You or any of Your Dependents are covered by more than one dental plan. If this is so, benefits may be coordinated so that not more than 100% of eligible expense incurred is paid. Remember, the benefits You receive from this plan may be affected by the benefits You receive from any other dental plan.

GENERAL PROVISIONS

Grace Period

The contract has a thirty-one (31) day grace period. This means that if any due premium is not paid on or before the date it is due, it may be paid subsequently during the grace period. During the grace period, the contract will stay in force. If full payment is not

received within the thirty-one (31) day grace period, coverage will be retrospectively terminated back to the first day of the grace period. Subscriber will be liable for the cost of any Dental Care Services received during the grace period.

Reinstatement

The following guidelines shall apply to requests for reinstatement:

- The Contractholder must submit a request for reinstatement to the Plan.
- The Contractholder must remit to the Plan all Contributions for the period between the termination date and the reinstatement date.

Upon receipt by the Plan of the appropriate Contributions, the Plan will notify Contractholder of the Effective Date of resumption of Benefits. The Contractholder is responsible for notifying Members of the reinstatement of coverage.

Dental Records

Dental records concerning services rendered to Member shall remain the property of the PCD. Member may obtain copies of their dental records for a reasonable fee directly payable to the PCD. Member agrees that his/her dental records may be reviewed by the Plan as deemed necessary in order to fulfill its obligations under the contract and for compiling utilization and/or similar data. The Plan agrees to honor confidentiality of said data.

Limitations and Exclusions

No service of any dentist other than a Participating Dentist will be covered by the Plan, except emergency care as provided in this Handbook.

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.

The Plan does not provide coverage for the following services:

- 1) A charge for a service not reasonably necessary, or not customarily performed, for the dental care of the covered person. This does not include Dentally Necessary services performed by non-Participating Dentists approved by the Plan.
- 2) A charge in connection with a service not listed in the Dental Care Schedule.
- 3) A charge for treatment by other than a Dentist, except for services performed by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a Dentist.
- 4) A charge for a service to the extent that it is more than the usual charge made by the provider for the service when there is no coverage.
- 5) A charge for a service to the extent that it is above the prevailing charge in the area for dental care of a comparable nature. A charge is above the prevailing charge to the extent that is above the range of charges generally made in the area for dental care of a comparable nature. The area and that range are as determined by us.
- 6) A charge for prescription drugs.
- 7) A charge for treatment for malignancies or neoplasms.
- 8) A charge for hospitalization, outpatient surgical center, general anesthesia or intravenous sedation.
- 9) A charge for any procedure not performed in a General Dentist's or Specialty Dentist's office, except for Emergency Care and certain charges for Non-Member Dental Providers.

Incontestability

In the absence of fraud, all statements made by a Subscriber are considered representations and not warranties. During the first two years, coverage can be voided for material misrepresentations contained in the written application. After two years, coverage can be voided only in the event of a fraudulent misstatement contained in the written application.

Conformity with Texas Law

This Handbook shall be interpreted in accordance with the laws of the state of Texas and any action or claim, including arbitration, shall be brought within the state of Texas. Any statute, act, ordinance, rule or regulation of any governmental authority with jurisdiction over the Plan shall have the effect of amending this Handbook to conform with the minimum requirements thereof. In the event any portion of this Handbook is held to be void, it shall not affect any other provisions.

Notice of Independent Contractor Relationship

The Plan assumes responsibility of fulfilling the terms of this Handbook. Participating Dentists are independent contractors. The Plan cannot be held responsible for any damages incurred as a result of tort, negligence, breach of contract, or malpractice by a Participating Dentist, or for any damages which result from any defective or dangerous condition in or about any Dental Facility.

Claims

The Plan shall, not later than the 45th day after receipt of notice of a clean paper claim, or not later than the 30th day after receipt of a clean electronic claim: (1) pay the claim in accordance with any contracts We may have with the provider; (2) pay any portion of claim that is not in dispute and notify the provider in writing of the reason for the disputed amount; or (3) notify the provider in writing why the claims will not be paid.

If We need additional information from the provider to determine payment, We will request in writing that the provider submit clarification of the claim or additional documentation, not later than the 30th day after the date We receive a clean claim.

We will notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date We receives all items, statements, and forms, in order to secure final proof of loss.

Changes in Contributions

The Plan has the right to change the Contributions charged, at ERS' direction, upon sixty (60) days prior written notice to the Contractholder of the amount of the increase and the date on which the increase is to take effect.

DEFINITIONS

Appeal is the formal process by which the Plan offers the Member a mechanism to request a secondary review of a complaint resolution.

Benefits are those Dental Care Services available to the Members as stated in their Schedule of Benefits.

Benefits Administrator means the person or persons responsible for the implementation and coordination of an employee benefits plan.

Complaint is a verbal or written expression of dissatisfaction with the Plan, regarding any process. It does not include a misunderstanding or misinformation that is resolved promptly by supplying the appropriate information or clearing up the misunderstanding to the satisfaction of the Member.

Contractholder means an individual, association, employer, trust or organization to which an individual or group contract for Dental Care Services has been issued.

Contributions are those periodic payments due Us by Contractholder to receive Benefits as provided by the Handbook.

Copayment is the fee the Participating Dentist may charge Member when providing Dental Care Services.

Dental Care Services are those services to be performed by a Participating Dentist pursuant to the terms of this Handbook and the Participating Dentist's agreement with Us.

Dental Facility is the location of the Participating Dentist's office.

Dental Necessity or Dentally Necessary: The extent of care and treatment that is the generally accepted, proven and established practice by most dentists with similar experience and training. Such care and treatment must use the least costly setting or procedure required by the patient's condition, and must not be provided primarily for the convenience of the patient or the dentist.

Dependent means any of the following persons:

1. Your spouse or common law spouse;
2. Your unmarried children or grandchildren;
 - a) from birth to age 25 and dependent upon You for support; or
 - b) at least 25 years of age and:
 - i. primarily dependent upon You for support because of mental or physical handicap; or
 - ii. was incapacitated and covered under this Handbook and Evidence of Coverage on his or her 25th birthday; and continues to be incapacitated beyond his 25th birthday.

The term "children" also includes adopted children, stepchildren, and foster children living with You in a parent-child relationship.

Effective Date is the first day that a Member is entitled to receive Benefits designated in the Handbook.

Enrollment Fee, if applicable, is a one-time application fee for non-group contracts.

Member is a Subscriber and/or covered eligible Dependent of a Subscriber.

Participating General Dentist and Participating Specialty Dentist (hereinafter referred to as "Participating Dentist") are those licensed dentists selected and contracted with the Plan as independent contractors to provide Dental Care Services to Members.

Primary Care Dentist (PCD) is the Participating General Dentist within Our DHMO network whom you have selected to handle your dental care.

Service Area means the entire state of Texas.

Subscriber is an Individual in good standing for whom the necessary Contributions and Copayments have been made in payment for Dental Care Services and to whom a Handbook evidencing coverage has been issued.

Treatment Plan is that individual proposal by the Participating Dentist outlining the recommended course of Member's Dental Care Services. The Member may request a written copy.

You or Your means the Subscriber.

We, Us, Our or the Plan means DeniCare, Inc (d/b/a CompBenefits) a member of the HumanaDental family of companies.

Service Area

The Service Area for this plan is the entire state of Texas. The following is a list of the Zip Codes map that shows PCD locations in the state of Texas. Please note that PCD locations may change from time to time. To find a PCD, please refer to the Provider Directory, call Member Services at (877) 377-0987 or use the provider locator function on Our Website at **[HumanaDental.com/ers](https://www.humana.com/ers)**.

Dentist Map

Texas

August 17, 2009

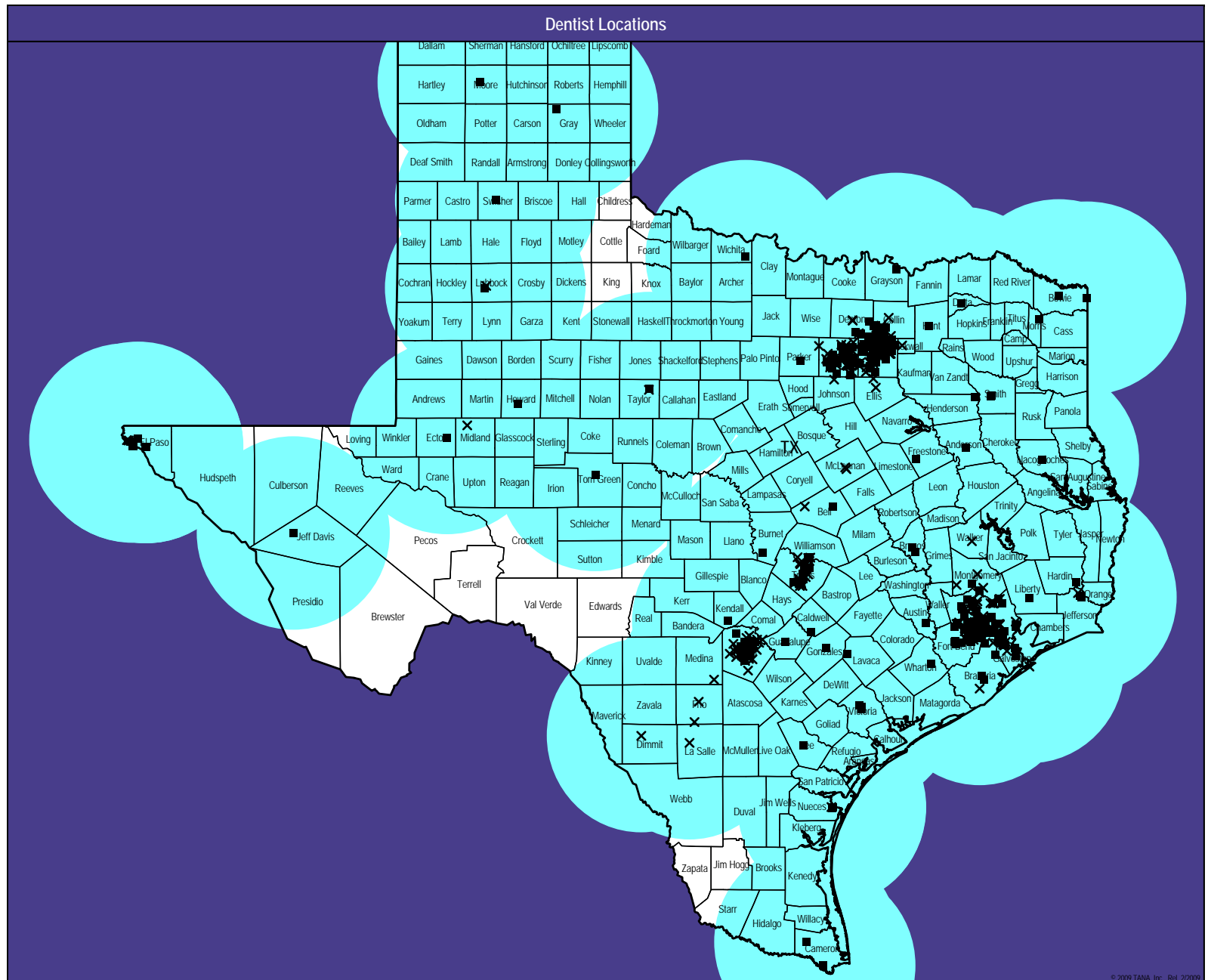
Created by...
HumanaDental Insurance Company

All General Dentists

1,255 dentists at 470 locations

- Single Dentists (256)
- ✕ Multiple Dentists (214)
- 75 mile radius

1 in. = 112.36 miles



Schedule of Benefits

The plan benefits apply when dental services are performed by your selected participating Primary Care Dentist (PCD). Treatment costs may be calculated by totaling the amount shown in the "Patient pays" column for the procedures performed during your dentist visit. You are responsible for payment to the PCD at the time services are performed.

Only services included on the schedule below are covered under the plan. Any services not specifically listed are your responsibility and are payable at the dentist's usual and prevailing charge.

While enrolled in the plan, if you receive services from a PCD who is not your selected PCD such dentist services will NOT be covered by the plan.

Specialty Dentist: When your PCD cannot perform a covered dental procedure because of individual case circumstances or the severity of your condition, your PCD may refer you or you may seek care from a participating specialty dentist. You can see a participating specialty dentist without a referral. Specialty dentists include oral surgeons, orthodontists, endodontists, periodontists, pedodontists, and prosthodontists.

If you receive services from a participating specialty dentist, you will receive a 25% discount off the dentist's usual and prevailing charge. You must identify yourself as a plan member in order to receive the discount. Payment is due at the time service is rendered.

ADA CODE	Procedure	Patient pays
Diagnostic Dentistry		
D0120	Periodic oral examination (2 per calendar year*)	No Charge
D0140	Limited oral evaluation - problem focused	\$22
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
D0150	Clinical oral exam/evaluation (initial)	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge
D0170	Re-evaluation – limited, problem focused	No Charge
D0180	Comprehensive periodontal evaluation – new or established patient	No Charge
D0210	X-ray intraoral - complete series (including bitewings).....	No Charge
D0220	X-ray intraoral - periapical - first film	No Charge
D0230	X-ray intraoral - periapical - each additional film	No Charge
D0240	X-ray intraoral - occlusal film	No Charge
D0250	X-ray extraoral - first film	No Charge
D0260	X-ray extraoral - each additional film.....	No Charge
D0270	X-ray bitewing - single film.....	No Charge
D0272	X-ray bitewings - two films	No Charge
D0273	X-ray bitewings - three films	No Charge
D0274	X-ray bitewings - four films	No Charge
D0277	X-ray vertical bitewings - 7 to 8 films	No Charge
D0330	X-ray panoramic	No Charge
D0350	Oral/facial images.....	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests.....	No Charge
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts (excluding ortho).....	No Charge
D0472 – D0480	Oral pathology procedures	No Charge
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.....	\$42
D0502	Other oral pathology procedures, by report	No Charge

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Schedule of Benefits

ADA CODE	Procedure	Patient pays
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Diagnostic Dentistry - continued

D0999	Unspecified diagnostic procedures, by report.....	No Charge
D4999	Periodontal probing	\$13
D9430	Office visit.....	No Charge
D9440	Office visit after regularly scheduled hours.....	\$30
D9999	Sterilization fee.....	\$7

Preventive

D1110	Dental cleaning/prophylaxis - adult (2 per calendar year*)	\$12
D1120	Dental cleaning/prophylaxis - child (12 years and under) (2 per calendar year*).....	\$12
D1203	Topical application of fluoride - child	No Charge
D1204	Topical application of fluoride – adult.....	No Charge
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.....	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions.....	No Charge
D1351	Sealant – per tooth.....	\$10
D1510	Space maintainers – fixed – unilateral	\$90
D1515	Space maintainers – fixed – bilateral.....	\$90
D1520	Space maintainers – removable – unilateral.....	\$90
D1525	Space maintainers – removable – bilateral.....	\$90
D1550	Recementation of space maintainer	\$10
D1555	Removal of fixed space maintainer (by original dentist)	No Charge
D1555	Removal of fixed space maintainer (by different dentist).....	\$12

Restorative

D2140	Amalgam - 1 surface primary or permanent	\$22
D2150	Amalgam - 2 surfaces, primary or permanent.....	\$27
D2160	Amalgam - 3 surfaces, primary or permanent.....	\$32
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$37
D2330	Resin-based composite - 1 surface, anterior	\$27
D2331	Resin-based composite – 2 surfaces, anterior	\$32
D2332	Resin-based composite – 3 surfaces, anterior	\$37
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle (anterior).....	\$52
D2390	Resin-based composite crown, anterior	\$40
D2391	Resin-based composite - 1 surface, posterior.....	\$47
D2392	Resin-based composite - 2 surfaces, posterior	\$57
D2393	Resin-based composite - 3 surfaces, posterior	\$67
D2394	Resin-based composite – 4 or more surfaces, posterior	\$74
D2410	Gold foil restoration – 1 surface	\$60
D2420	Gold foil restoration – 2 surfaces.....	\$140
D2430	Gold foil restoration – 3 surfaces.....	\$180

Major Restorative

D2510	Inlay - metallic – 1 surface	\$140
D2520	Inlay - metallic – 2 surfaces.....	\$170
D2530	Inlay - metallic - 3 or more surfaces	\$200
D2542	Onlay - metallic - 2 surfaces.....	\$250

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Schedule of Benefits

ADA CODE	Procedure	Patient pays
Major Restorative - continued		
D2543	Onlay - metallic - 3 surfaces	\$260
D2544	Onlay - metallic - 4 or more surfaces.....	\$270
D2610	Inlay - porcelain/ceramic – 1 surface.....	\$247
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$297
D2630	Inlay - porcelain/ceramic - 3 or more surfaces.....	\$297
D2642	Onlay - porcelain/ceramic – 2 surfaces.....	\$317
D2643	Onlay - porcelain/ceramic – 3 surfaces.....	\$317
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	\$327
D2650	Inlay – resin-based composite - 1 surface	\$172
D2651	Inlay – resin-based composite - 2 surfaces	\$182
D2652	Inlay – resin-based composite – 3 or more surfaces	\$212
D2662	Onlay – resin-based composite - 2 surfaces.....	\$212
D2663	Onlay – resin-based composite - 3 surfaces.....	\$222
D2664	Onlay – resin-based composite – 4 or more surfaces.....	\$237
D2710	Crown resin based composite (indirect).....	\$318
D2712	Crown ¾ resin based composite (indirect).....	\$318
D2720	Crown - resin with high noble metal.....	\$368
D2721	Crown - resin with predominantly base metal	\$260
D2722	Crown - resin with noble metal.....	\$299
D2740	Crown - porcelain/ceramic substrate.....	\$410
D2750	Crown - porcelain fused to high noble metal	\$410
D2751	Crown - porcelain fused predominantly base metal.....	\$360
D2752	Crown - porcelain fused to noble metal	\$399
D2780	Crown – ¾ cast high noble metal.....	\$399
D2781	Crown – ¾ cast predominantly base metal	\$350
D2782	Crown – ¾ cast noble metal.....	\$389
D2783	Crown – ¾ cast porcelain/ceramic	\$350
D2790	Crown - full cast high noble metal.....	\$410
D2791	Crown - full cast predominantly base metal	\$360
D2792	Crown - full cast noble metal	\$399
D2794	Crown – titanium	\$410
D2910	Recement inlay, onlay or partial coverage restoration (by original dentist).....	No Charge
D2910	Recement inlay, onlay or partial coverage restoration (by new dentist)	\$5
D2915	Recement cast or prefabricated post and core.....	\$5
D2920	Recement crown (by original dentist).....	No Charge
D2920	Recement crown (by new dentist).....	\$5
D2930	Prefabricated stainless steel crown - primary tooth	\$50
D2931	Prefabricated stainless steel crown - permanent tooth	\$55
D2932	Prefabricated resin crown	No Charge
D2933	Prefabricated stainless steel crown with resin window	\$65
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$65
D2940	Sedative filling.....	\$5
D2950	Core buildup, including any pins	\$65
D2951	Pin retention - per tooth, in addition restoration	No Charge
D2952	Post and core, in addition to crown, indirectly fabricated.....	\$62
D2953	Each additional indirectly fabricated post – same tooth.....	\$18
D2954	Prefabricated post and core, in addition to crown.....	\$58
D2957	Each additional prefabricated post – same tooth.....	\$15

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Schedule of Benefits

ADA CODE	Procedure	Patient pays
Major Restorative - continued		
D2961	Labial veneer (resin laminate) – laboratory	\$297
D2962	labial veneer (porcelain laminate) – laboratory.....	\$380
D2970	Temporary crown (fractured tooth)	\$25
D2971	Additional procedures to construct new crown under existing partial denture framework	\$15
D2975	Coping	\$148
D2980	Crown repair, by report.....	\$30
D2999	Unspecified restorative procedure, by report	No Charge
D2999	Temporary metal crown (with permanent)	No Charge

Endodontics

D3999	Endodontic consultation	No Charge
D3110	Pulp cap direct (excluding final restoration).....	No Charge
D3120	Pulp cap indirect (excluding final restoration).....	No Charge
D3220	Therapeutic pulpotomy (excluding final restoration).....	\$35
D3310	Root canal therapy – anterior.....	\$170
D3320	Root canal therapy – bicuspid.....	\$190
D3330	Root canal therapy – molar.....	\$250
D3351 – D3353	Apexification/recalcification.....	No Charge
D3410	Apicoectomy/periradicular surgery - anterior.....	\$140
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$140
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$170
D3426	Apicoectomy/periradicular surgery (each add'l root)	\$90
D3430	Retrograde filling - per root	\$35
D3450	Root amputation – per root	\$55
D3470	Intentional replantation (including necessary splinting).....	\$55
D3910	Surgical procedure for isolation of tooth with rubber dam	\$3
D3920	Hemisection (including any root removal), not including root therapy	\$66
D3999	Unspecified endodontic procedure, by report	No Charge
D3999	Culturing canal	No Charge

Periodontics

D4999	Periodontal consultation, evaluation and treatment plan.....	No Charge
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or bounded teeth spaces per quadrant	\$156
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	\$94
D4240	Gingival flap procedure, including root planing – 4 or more contiguous teeth or bounded teeth spaces per quadrant	\$220
D4241	Gingival flap procedure, including root planing, 1 to 3 contiguous teeth or bounded teeth spaces, per quadrant	\$132
D4260	Osseous surgery (incl flap entry and closure) – 4 or more contiguous teeth or bounded spaces by quadrant	\$220
D4261	Osseous surgery (incl flap entry and closure) 1 to 3 contiguous teeth or bounded teeth spaces, per quadrant	\$132
D4263	Bone replacement graft – first site in quadrant	\$150
D4264	Bone replacement graft – each add'l site in quadrant	\$150
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$150
D4320	Provisional splinting – intracoronal	\$60
D4321	Provisional splinting – extracoronal	\$60
D4341	Periodontal scaling and root planing – 4 or more teeth, per quadrant.....	\$50
D4342	Periodontal scaling and root planing – 1 to 3 teeth, per quadrant	\$32

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Schedule of Benefits

ADA CODE	Procedure	Patient pays
Periodontics - continued		
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$42
D4910	Periodontal maintenance procedures (following active therapy)	\$37
D4920	Unscheduled dressing change (other than treating dentist)	No Charge
D4999	Unspecified periodontal procedure (by report)	No Charge
D4999	Home care instructions for periodontal management.....	No Charge
D4999	Post-therapeutic evaluation.....	No Charge
D4999	Non-surgical service periodontal	No Charge
Prosthodontics - removable		
D5110	Complete denture - maxillary	\$490
D5120	Complete denture - mandibular	\$490
D5110	Complete denture - maxillary (duplicate)	\$260
D5120	Complete denture - mandibular (duplicate)	\$260
D5130	Immediate denture - maxillary	\$518
D5140	Immediate denture - mandibular	\$518
D5211	Maxillary partial denture - resin base (incl. any conventional clasps, rests and teeth).....	\$503
D5212	Mandibular partial denture - resin base (incl. any conventional clasps, rests and teeth).....	\$503
D5213	Maxillary partial denture - cast metal framework with resin denture bases (incl. any conventional clasps, rests and teeth)	\$578
D5214	Mandibular partial denture - cast metal framework with resin denture base (incl. any conventional clasps, rests and teeth)	\$578
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$538
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$538
D5410	Adjust complete denture - maxillary (by original dentist)	No Charge
D5410	Adjust complete denture - maxillary (by new dentist)	\$10
D5411	Adjust complete denture - mandibular (by original dentist)	No Charge
D5411	Adjust complete denture - mandibular (by new dentist)	\$10
D5421	Adjust partial denture - maxillary (by original dentist)	No Charge
D5421	Adjust partial denture - maxillary (by new dentist)	\$10
D5422	Adjust partial denture - mandibular (by original dentist).....	No Charge
D5422	Adjust partial denture - mandibular (by new dentist)	\$10
D5510	Repair broken complete denture base	\$35
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$20
D5610	Repair resin denture base	\$78
D5620	Repair cast framework	\$78
D5630	Repair or replace broken clasp.....	\$78
D5640	Replace broken teeth - per tooth	\$78
D5650	Add tooth to existing partial denture	\$78
D5660	Add clasp to existing partial denture	\$78
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$164
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$164
D5710	Rebase complete maxillary denture	\$164
D5711	Rebase complete mandibular denture	\$164
D5720	Rebase maxillary partial denture	\$164

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Schedule of Benefits

ADA CODE	Procedure	Patient pays
Prosthodontics – removable - continued		
D5721	Rebase mandibular partial denture.....	\$164
D5730	Reline complete maxillary denture (chairside)	\$60
D5731	Reline complete mandibular denture (chairside)	\$60
D5740	Reline maxillary partial denture (chairside)	\$60
D5741	Reline mandibular partial denture (chairside).....	\$60
D5750	Reline complete maxillary denture (laboratory)	\$75
D5751	Reline complete mandibular denture (laboratory)	\$75
D5760	Reline maxillary partial denture (laboratory).....	\$75
D5761	Reline mandibular partial denture (laboratory).....	\$75
D5810	Interim complete denture (maxillary)	\$60
D5811	Interim complete denture (mandibular)	\$60
D5820	Interim partial denture (maxillary).....	\$90
D5821	Interim partial denture (mandibular).....	\$90
D5850	Tissue conditioning, maxillary	\$20
D5851	Tissue conditioning, mandibular	\$20
D5862	Precision attachment, by report	\$150
D5899	Unspecified removable prosthodontic procedure, by report	No Charge

Implant services

D6010	Surgical placement of implant body: endosteal implant	\$900
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Implant supported prosthetics

D6053	Implant/abutment supported removable denture for completely edentulous arch.....	\$590
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$687
D6058	Abutment supported porcelain/ceramic crown	\$461
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$461
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$412
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$451
D6062	Abutment supported cast metal crown (high noble metal).....	\$461
D6063	Abutment supported cast metal crown (predominantly base metal)	\$412
D6064	Abutment supported cast metal crown (noble metal).....	\$451
D6065	Implant supported porcelain/ceramic crown	\$461
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, or high noble metal).....	\$461
D6067	Implant supported metal crown (titanium, titanium alloy, or high noble metal).....	\$461
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture.....	\$461
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal).....	\$461
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	\$412
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal).....	\$451
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal).....	\$461
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal).....	\$412
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal).....	\$451
D6075	Implant supported retainer for ceramic fixed partial denture	\$461
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, or high noble metal).....	\$461
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, or high noble metal)	\$461
D6091	Replacement of semi-precision or precision attachment	\$155

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Schedule of Benefits

ADA CODE	Procedure	Patient pays
Implant supported prosthetics - continued		
D6092	Recement implant/abutment supported crown.....	\$20
D6093	Recement implant/abutment supported fixed partial denture.....	\$20
D6094	Abutment supported crown – titanium.....	\$461
D6194	Abutment supported retainer crown for FPD – titanium.....	\$461

Prosthodontics – fixed

The following bridge prices are listed on the per unit basis. A unit equals each tooth restored or replaced.

D6205	Pontic – indirect resin based composite.....	\$350
D6210	Pontic - cast high noble metal.....	\$410
D6211	Pontic - cast predominantly base metal.....	\$360
D6212	Pontic - cast noble metal.....	\$399
D6214	Pontic – titanium.....	\$410
D6240	Pontic - porcelain fused to high noble metal.....	\$410
D6241	Pontic - porcelain fused predominantly base metal.....	\$360
D6242	Pontic - porcelain fused to noble metal.....	\$399
D6245	Pontic – porcelain/ceramic.....	\$360
D6250	Pontic - resin with high noble metal.....	\$399
D6251	Pontic - resin with predominantly base metal.....	\$350
D6252	Pontic - resin with noble metal.....	\$389
D6253	Provisional pontic (interim of at least 6 months).....	\$200
D6545	Retainer – cast metal for resin bonded fixed prosthesis.....	\$236
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis.....	\$236
D6600	Inlay - porcelain/ceramic, two surfaces.....	\$297
D6601	Inlay - porcelain/ceramic, three or more surfaces.....	\$297
D6602	Inlay - cast high noble metal, two surfaces.....	\$200
D6603	Inlay - cast high noble metal, three or more surfaces.....	\$230
D6604	Inlay - cast predominantly base metal, two surfaces.....	\$170
D6605	Inlay - cast predominantly base metal, three or more surfaces.....	\$200
D6606	Inlay - cast noble metal, two surfaces.....	\$190
D6607	Inlay - cast noble metal, three or more surfaces.....	\$220
D6608	Onlay - porcelain/ceramic, two surfaces.....	\$317
D6609	Onlay - porcelain/ceramic, three or more surfaces.....	\$317
D6610	Onlay - cast high noble metal, two surfaces.....	\$280
D6611	Onlay - cast high noble metal, three or more surfaces.....	\$290
D6612	Onlay - cast predominantly base metal, two surfaces.....	\$250
D6613	Onlay - cast predominantly base metal, three or more surfaces.....	\$260
D6614	Onlay - cast noble metal, two surfaces.....	\$270
D6615	Onlay - cast noble metal, three or more surfaces.....	\$280
D6624	Inlay – titanium.....	\$200
D6634	Onlay – titanium.....	\$280
D6710	Crown – indirect resin based composite.....	\$260
D6720	Crown - resin with high noble metal.....	\$368
D6721	Crown - resin with predominantly base metal.....	\$260
D6722	Crown - resin with noble metal.....	\$299
D6740	Crown - porcelain/ceramic.....	\$410
D6750	Crown - porcelain fused to high noble metal.....	\$410
D6751	Crown - porcelain fused predominantly base metal.....	\$360

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Schedule of Benefits

ADA CODE	Procedure	Patient pays
Prosthodontics – fixed - continued		
D6752	Crown - porcelain fused to noble metal	\$399
D6780	Crown – ¾ cast high noble metal	\$399
D6781	Crown – ¾ cast predominantly base metal	\$350
D6782	Crown – ¾ cast noble metal	\$389
D6783	Crown – ¾ porcelain/ceramic	\$350
D6790	Crown - full cast high noble metal.....	\$410
D6791	Crown - full cast predominantly base metal	\$360
D6792	Crown - full cast noble metal.....	\$399
D6793	Provisional retainer crown (interim of at least 6 months)	\$200
D6794	Crown – titanium	\$410
D6930	Recent fixed partial denture (by original dentist).....	No Charge
D6930	Recent fixed partial denture (by new dentist)	\$15
D6940	Stress breaker.....	\$148
D6950	Precision attachment.....	\$145
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$62
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$58
D6973	Core build up for retainer, including any pins	\$65
D6975	Coping – metal.....	\$148
D6976	Each additional indirectly fabricated post – same tooth.....	\$18
D6977	Each additional prefabricated post – same tooth.....	\$15
D6980	Fixed partial denture repair, by report.....	\$123

Oral Surgery

D7111	Extraction, coronal remnants – deciduous tooth	\$15
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$28
D7210	Surgical removal of erupted tooth.....	\$42
D7220	Removal of impacted tooth, soft tissue	\$64
D7230	Removal of impacted tooth, partially bony.....	\$78
D7240	Removal of impacted tooth, completely bony	\$115
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications.....	\$126
D7250	Surgical removal of residual tooth roots (cutting procedure).....	\$50
D7280	Surgical access of an unerupted tooth to aid eruption.....	\$90
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.....	\$75
D7283	Placement of device to facilitate eruption of impacted tooth	\$18
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$150
D7286	Biopsy of oral tissue – soft.....	\$150
D7287	Exfoliative cytologically sample collection	\$40
D7288	Brush biopsy – transepithelial sample collection	\$40
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.....	\$50
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$25
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.....	\$75
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$38
D7471	Removal of lateral exostosis (maxilla or mandible).....	\$150

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ADA CODE	Procedure	Patient pays
Oral Surgery - continued		
D7472	Removal of torus palatinus	\$150
D7473	Removal of torus mandibularis.....	\$150
D7485	Surgical reduction of osseous tuberosity.....	\$150
D7510	Incision and drainage per abscess – intraoral soft tissue.....	\$35
D7511	Incision and drainage per abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$38
D7520	Incision and drainage per abscess – extraoral soft tissue	\$40
D7521	Incision and drainage per abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$44
D7950	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible of facial bones – autogenous or nonautogeneous, by report.....	\$150
D7953	Bone replacement graft for ridge preservation – per site	\$18
D7960	Frenulectomy (frenextomy or frenotomy) separate procedure.....	\$84
D7963	Frenuloplasty	\$86
D7970	Excision of hyperplastic tissue, per arch.....	\$100
D7972	Surgical reduction of fibrous tuberosity.....	\$50
Orthodontics		
D8999	Orthodontic exam (including consultation).....	\$126
D8010	Limited orthodontic treatment of the primary dentition.....	\$500
D8020	Limited orthodontic treatment of the transitional dentition.....	\$500
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,800
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,100
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,100
D8220	Fixed appliance therapy (habit appliance)	\$250
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers(s)).....	\$100
D8999	Adjusting retainers.....	No Charge
D8999	Elastics.....	No Charge
D8999	Final orthodontic records	No Charge
D8999	Reattach brackets and bands (limit 3).....	No Charge
D8999	Replace broken ligature wires (limit 3).....	No Charge
Other services		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$15
D9120	Fixed partial denture sectioning.....	\$125
D9211	Regional block anesthesia.....	No Charge
D9212	Trigeminal division block anesthesia	No Charge
D9215	Local anesthesia.....	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$10
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment).....	No Charge
D9450	Case presentation, detailed and extensive treatment planning	No Charge
D9940	Occlusal guard, by report.....	\$150
D9942	Repair and/or relining of an occlusal guard	\$39
D9951	Occlusal adjustment – limited.....	\$10
D9952	Occlusal adjustment – complete	\$40
D9999	Preparatory fee.....	No Charge

* This limit will not apply if needed more frequently due to medical necessity as determined by your Primary Care Dentist.

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Schedule of Benefits

Exclusions and Limitations (Charges not covered)

- 1) A charge for a service not reasonably necessary, or not customarily performed, for the dental care of the covered person.
- 2) A charge in connection with a service not listed in the Dental Care Schedule.
- 3) A charge for treatment by other than a Dentist, except for services performed by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a Dentist.
- 4) A charge for a service to the extent that it is more than the usual charge made by the provider for the service when there is no coverage.
- 5) A charge for a service to the extent that it is above the prevailing charge in the area for dental care of a comparable nature. A charge is above the prevailing charge to the extent that it is above the range of charges generally made in the area for dental care of a comparable nature. The area and that range are as determined by us.
- 6) A charge for prescription drugs.
- 7) A charge for treatment for malignancies or neoplasms.
- 8) A charge for hospitalization, outpatient surgical center, general anesthesia or intravenous sedation.
- 9) A charge for any procedure not performed in a General Dentist's or Specialty Dentist's office, except for Emergency Care and certain charges for Non-Member Dental Providers.

Any services not specifically listed are the responsibility of the member and are payable at the participating dentist's standard fees. If in doubt, ask your dentist.

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