A Dental DHMO Plan for State of Texas and Certain Higher Education Employees, Retirees and Eligible Dependents

BENEFITS BOOK

Effective September 1, 2009
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HumanaDental is the brand name used for products and services provided by one or more of the HumanaDental group of subsidiary companies. In Texas, the HumanaDental Company that offers benefits coverage is DentiCare, Inc. (d.b.a. CompBenefits).

“Primary Care Dentist” may also be referred to as “General Dentist”, “Primary Dentist” or “Personal Dentist”.

Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of HumanaDental. Provider participation may change without notice. HumanaDental does not provide care or guarantee access to dental services. Information is subject to change. For more information about the HumanaDental ERS plan, refer to www.HumanaDental.com/ers.
The Advantages of HumanaDental's DHMO

The HumanaDental Maintenance Organization (DHMO) provides you and your covered family members with broad-based dental coverage. Coverage includes:

- Preventive care (cleanings, bitewing X-rays, full-mouth X-rays, and more);
- Restorative care (fillings);
- Major restorative (bridges, crowns, dentures, and more);
- Implants; and
- Orthodontics.

With the HumanaDental DHMO plan for the State of Texas and certain Higher Education employees, retirees and eligible dependents, there are:

- No annual maximums;
- No annual or lifetime deductibles (patient payments may apply);
- No waiting periods; and
- No patient payments for most diagnostic and preventive services. Other procedures have some out-of-pocket expense.

Participating primary care dentists are located in most, but not all areas of Texas. Each eligible family member may select a different participating primary care dentist. The DHMO Participating Dentist list for the ERS plan can be viewed via the ERS website at www.ers.state.tx.us, select “Insurance,” “Dental,” then “HumanaDental”. You may also call HumanaDental Customer Service at (877) 377-0987 and request a list of participating primary care dentists in your area. When selecting a participating primary care dentist, you may take advantage of:

- Monthly switches, no explanation required; and
- ID cards displaying information for subscriber and up to four dependents.

Participation in the HumanaDental DHMO Plan includes access to the following value-added programs:

- HumanaDental EyeMed Vision discount program; and
- HumanaDental MyDentalIQ.

Note: ERS cannot and does not guarantee the length of time that a specific or type of value-added product will be offered or that a product will be offered in the future. If you have questions or concerns about these products, please contact the carrier directly.

HumanaDental Customer Service is available from 7 a.m. to 7 p.m. CT, Monday through Friday, at (877) 377-0987.

This plan year is effective September 1, 2009
A retiree must live or reside within the service area, and an active employee must live, reside or work within the service area to be eligible to enroll in the plan. Please see the Service Area Map and County Listings on pages 18 – 19 for a complete description of the service area.

1. 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.**

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.

   a) What is not considered an emergency?
      Some examples include, but are not limited to, the following:
      i. Root Canals and Crowns;
      ii. Lost filling;
      iii. Lost or loose crown or bridge; or
      iv. Broken partial or full dentures.

   b) What if a member has 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. 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 receive a claim for the palliative treatment as soon as reasonably possible.

2. We have complaint procedures to resolve member complaints in a timely manner. HumanaDental Customer Service works to resolve complaints informally with the member.

   If the results of an informal process are unsatisfactory, there is a formal procedure. Refer to pages 20 - 21 for complete details of the complaint and appeal process.

   The DHMO must not retaliate against any member or participating dentist for filing a complaint against the plan.
3. Please refer to your Schedule of Benefits for payment and benefit information. Covered procedures are listed in the "Dental Care Schedule" on pages 9 - 17. Plan member payments ("Patient Pays") are required at the time the service is rendered. The patient payments listed apply only when your selected participating primary care dentist performs services.

When your participating primary care dentist cannot perform a covered dental procedure because of individual case circumstances or the severity of your condition, you may seek care from a participating specialty dentist. You can see a participating specialty dentist without a referral.

4. 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.

Specialty dentists have advanced training in the following types of services:

- **Endodontics**: The diagnosis, prevention, and treatment of pathological conditions within the pulp chamber or apical area of a tooth root, including root canal treatment.
- **Oral Surgery**: Surgery Surgical procedures, including extractions, in and around the oral cavity and jaws.
- **Periodontics**: The examination, diagnosis, and treatment of diseases affecting the tissues that support the teeth.
- **Orthodontics**: The detection, prevention, and correction of abnormalities in the positioning of the teeth in their relationship to the jaws, including full braces.
- **Pedodontics**: Children’s dentistry.
- **Prosthodontics**: The restoration and maintenance of function by replacement of natural teeth, including crowns, bridges, and dentures.

5. We recommend that before you start any dental treatment, you and your participating general or specialty dentist discuss all charges relative to the services the dentist will provide.
General Information About This Plan

6. Please take your HumanaDental ID card with you when visiting your selected participating primary care dentist. If you have misplaced your card, please call HumanaDental Customer Service at (877) 377-0987 to request a replacement.

7. If you need to cancel a dental appointment, please call at least 24 hours in advance. Your dentist may charge you a fee for broken or missed appointments. This charge is not a covered benefit under the DHMO plan.

8. Only services included on the Dental Care Schedule are covered under the plan. Any service not specifically listed is the responsibility of the member and is payable at the dentist’s usual and customary charge for the service.

9. While enrolled in the plan, if you are treated by a primary care dentist who is not your selected participating primary care dentist, these services will NOT be covered by the plan. The only exception is when you receive emergency palliative treatment specifically for the treatment of dental pain.

10. Exclusions and Limitations:
   The Plan does not provide coverage for the following services:
   a. 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.
   b. A charge in connection with a service not listed in the Schedule of Benefits.
   c. A charge for treatment by anyone 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.
   d. 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.
   e. 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 HumanaDental.
   f. A charge for prescription drugs.
   g. A charge for treatment for malignancies or neoplasms.
   h. A charge for hospitalization, outpatient surgical center, general anesthesia or intravenous sedation.
   i. 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-participating dental providers.
11. Continuity of treatment: If your participating general or specialty dentist discontinues participation in the DHMO network and you are currently under active dental treatment, your dentist may continue providing care until the treatment in progress is completed. If orthodontic treatment began before the participating general or specialty dentist left the network, the dentist may continue to provide care throughout the course of active orthodontic treatment.
General Information About This Plan

Selecting a Primary Care Dentist
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 HumanaDental’s Customer Service area. If you need assistance finding a participating dentist, call our Customer Service at (877) 377-0987 or use the Dentist Finder function on our website at HumanaDental.com/ers. After you have located a participating dentist, please contact our Customer Service department with your selection.

Once enrolled, you and your family will receive ID cards. Each family ID card displays information for the subscriber and up to four covered family members in a single family. The employee and covered spouse each receive an ID card with the selected primary care dentist’s name, phone number and the HumanaDental Customer Service phone number of (877) 377-0987 that is printed on the back of the card.

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.

Switching Dentists
You can select a different dentist at any time. All you have to do is call or write HumanaDental’s Customer Service 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.

Internet Address for Participating Dentist List
You can see the participating dentist list on the ERS website. Go to www.ers.state.tx.us, select “Insurance”, “Dental”, and then “HumanaDental”. Once on the HumanaDental website, select “DHMO Dentist”.

Scheduling Appointments
Once you have selected your participating primary care dentist, make an appointment as you would with any other dentist. Please mention that you are covered under the plan for State of Texas and certain Higher Education employees, retirees, and eligible dependents when you call. At your first visit, please show your ID card.
General Information About This Plan

Simplified Paperwork
When using your selected participating primary care dentist, you will rarely have to fill out a claim form. In most instances, administration and paperwork are handled by the provider. A patient signature verifying that the services were performed is usually all that is necessary.

Patient Payments
Many diagnostic and preventive dental care procedures performed by your selected participating primary care dentist require no payment on your part. A “patient pay” amount may be required for other dental care procedures. (See "Dental Care Schedule" on pages 9 – 17.) While enrolled in the DHMO, if you choose to see a dentist who is not your selected participating primary care dentist, or not a contracting specialist, dental services will NOT be covered by the plan. Therefore, you will be responsible for the full cost. The only exception is when you have obtained services for emergency palliative treatment specifically for the treatment of dental pain.

Customer Service
Our Customer Service department is available to help you from 7 am to 7 pm CT Monday through Friday. Call the toll-free number if you:

- Need to replace your ID card;
- Want to switch participating primary care dentists;
- Have a question or concern about your dental plan or participating primary care dentist;
- Have an emergency and cannot reach your participating primary care dentist; or
- Have an emergency and are out of the service area.

You can reach Customer Service at (877) 377-0987. TDD (telecommunications device for the deaf) users please call toll-free (800) 325-2025 for TDD assistance.
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.

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

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

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>Procedure</th>
<th>Patient pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Dentistry - continued</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D0999</td>
<td>Unspecified diagnostic procedures, by report</td>
<td>No Charge</td>
</tr>
<tr>
<td>D4999</td>
<td>Periodontal probing</td>
<td>$13</td>
</tr>
<tr>
<td>D9430</td>
<td>Office visit</td>
<td>No Charge</td>
</tr>
<tr>
<td>D9440</td>
<td>Office visit after regularly scheduled hours</td>
<td>$30</td>
</tr>
<tr>
<td>D9999</td>
<td>Sterilization fee</td>
<td>$7</td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D1110</td>
<td>Dental cleaning/prophylaxis - adult (2 per calendar year*)</td>
<td>$12</td>
</tr>
<tr>
<td>D1120</td>
<td>Dental cleaning/prophylaxis - child (12 years and under) (2 per calendar year*)</td>
<td>$12</td>
</tr>
<tr>
<td>D1203</td>
<td>Topical application of fluoride - child</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1204</td>
<td>Topical application of fluoride – adult</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1206</td>
<td>Topical fluoride varnish; therapeutic application for moderate to high caries risk patients</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1310</td>
<td>Nutritional counseling for control of dental disease</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1330</td>
<td>Oral hygiene instructions</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant – per tooth</td>
<td>$10</td>
</tr>
<tr>
<td>D1510</td>
<td>Space maintainers – fixed – unilateral</td>
<td>$90</td>
</tr>
<tr>
<td>D1515</td>
<td>Space maintainers – fixed – bilateral</td>
<td>$90</td>
</tr>
<tr>
<td>D1520</td>
<td>Space maintainers – removable – unilateral</td>
<td>$90</td>
</tr>
<tr>
<td>D1525</td>
<td>Space maintainers – removable – bilateral</td>
<td>$90</td>
</tr>
<tr>
<td>D1550</td>
<td>Recementation of space maintainer</td>
<td>$10</td>
</tr>
<tr>
<td>D1555</td>
<td>Removal of fixed space maintainer (by original dentist)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1555</td>
<td>Removal of fixed space maintainer (by different dentist)</td>
<td>$12</td>
</tr>
<tr>
<td><strong>Restorative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D2140</td>
<td>Amalgam - 1 surface primary or permanent</td>
<td>$22</td>
</tr>
<tr>
<td>D2150</td>
<td>Amalgam - 2 surfaces, primary or permanent</td>
<td>$27</td>
</tr>
<tr>
<td>D2160</td>
<td>Amalgam - 3 surfaces, primary or permanent</td>
<td>$32</td>
</tr>
<tr>
<td>D2161</td>
<td>Amalgam - 4 or more surfaces, primary or permanent</td>
<td>$37</td>
</tr>
<tr>
<td>D2330</td>
<td>Resin-based composite - 1 surface, anterior</td>
<td>$27</td>
</tr>
<tr>
<td>D2331</td>
<td>Resin-based composite - 2 surfaces, anterior</td>
<td>$32</td>
</tr>
<tr>
<td>D2332</td>
<td>Resin-based composite - 3 surfaces, anterior</td>
<td>$37</td>
</tr>
<tr>
<td>D2335</td>
<td>Resin-based composite – 4 or more surfaces or involving incisal angle (anterior)</td>
<td>$52</td>
</tr>
<tr>
<td>D2390</td>
<td>Resin-based composite crown, anterior</td>
<td>$40</td>
</tr>
<tr>
<td>D2391</td>
<td>Resin-based composite - 1 surface, posterior</td>
<td>$47</td>
</tr>
<tr>
<td>D2392</td>
<td>Resin-based composite - 2 surfaces, posterior</td>
<td>$57</td>
</tr>
<tr>
<td>D2393</td>
<td>Resin-based composite - 3 surfaces, posterior</td>
<td>$67</td>
</tr>
<tr>
<td>D2394</td>
<td>Resin-based composite – 4 or more surfaces, posterior</td>
<td>$74</td>
</tr>
<tr>
<td>D2410</td>
<td>Gold foil restoration – 1 surface</td>
<td>$60</td>
</tr>
<tr>
<td>D2420</td>
<td>Gold foil restoration – 2 surfaces</td>
<td>$140</td>
</tr>
<tr>
<td>D2430</td>
<td>Gold foil restoration – 3 surfaces</td>
<td>$180</td>
</tr>
<tr>
<td><strong>Major Restorative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D2510</td>
<td>Inlay - metallic – 1 surface</td>
<td>$140</td>
</tr>
<tr>
<td>D2520</td>
<td>Inlay - metallic – 2 surfaces</td>
<td>$170</td>
</tr>
<tr>
<td>D2530</td>
<td>Inlay - metallic – 3 or more surfaces</td>
<td>$200</td>
</tr>
<tr>
<td>D2542</td>
<td>Onlay - metallic - 2 surfaces</td>
<td>$250</td>
</tr>
</tbody>
</table>

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

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TX Schedule – ERS 03/09
### Schedule of Benefits

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Patient pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Restorative - continued</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D2543</td>
<td>Onlay - metallic - 3 surfaces ..................................................................</td>
<td>$260</td>
</tr>
<tr>
<td>D2544</td>
<td>Onlay - metallic - 4 or more surfaces ................................................</td>
<td>$270</td>
</tr>
<tr>
<td>D2610</td>
<td>Inlay - porcelain/ceramic - 1 surface ................................................</td>
<td>$247</td>
</tr>
<tr>
<td>D2620</td>
<td>Inlay - porcelain/ceramic - 2 surfaces ................................................</td>
<td>$297</td>
</tr>
<tr>
<td>D2630</td>
<td>Inlay - porcelain/ceramic - 3 or more surfaces ........................................</td>
<td>$297</td>
</tr>
<tr>
<td>D2642</td>
<td>Onlay - porcelain/ceramic - 2 surfaces ................................................</td>
<td>$317</td>
</tr>
<tr>
<td>D2643</td>
<td>Onlay - porcelain/ceramic - 3 surfaces ................................................</td>
<td>$317</td>
</tr>
<tr>
<td>D2644</td>
<td>Onlay - porcelain/ceramic - 4 or more surfaces .......................................</td>
<td>$327</td>
</tr>
<tr>
<td>D2650</td>
<td>Inlay – resin-based composite - 1 surface .............................................</td>
<td>$172</td>
</tr>
<tr>
<td>D2651</td>
<td>Inlay – resin-based composite - 2 surfaces .............................................</td>
<td>$182</td>
</tr>
<tr>
<td>D2652</td>
<td>Inlay – resin-based composite – 3 or more surfaces ..................................</td>
<td>$212</td>
</tr>
<tr>
<td>D2662</td>
<td>Onlay – resin-based composite - 2 surfaces ............................................</td>
<td>$212</td>
</tr>
<tr>
<td>D2663</td>
<td>Onlay – resin-based composite - 3 surfaces ............................................</td>
<td>$222</td>
</tr>
<tr>
<td>D2664</td>
<td>Onlay – resin-based composite – 4 or more surfaces ..................................</td>
<td>$237</td>
</tr>
<tr>
<td>D2710</td>
<td>Crown resin based composite (indirect) .................................................</td>
<td>$318</td>
</tr>
<tr>
<td>D2712</td>
<td>Crown ¾ resin based composite (indirect) ...............................................</td>
<td>$318</td>
</tr>
<tr>
<td>D2720</td>
<td>Crown - resin with high noble metal .....................................................</td>
<td>$369</td>
</tr>
<tr>
<td>D2721</td>
<td>Crown - resin with predominantly base metal ...........................................</td>
<td>$260</td>
</tr>
<tr>
<td>D2722</td>
<td>Crown - resin with noble metal ..................................................................</td>
<td>$299</td>
</tr>
<tr>
<td>D2740</td>
<td>Crown - porcelain/ceramic substrate ......................................................</td>
<td>$410</td>
</tr>
<tr>
<td>D2750</td>
<td>Crown - porcelain fused to high noble metal ...........................................</td>
<td>$410</td>
</tr>
<tr>
<td>D2751</td>
<td>Crown - porcelain fused predominantly base metal ....................................</td>
<td>$360</td>
</tr>
<tr>
<td>D2752</td>
<td>Crown - porcelain fused to noble metal ..................................................</td>
<td>$399</td>
</tr>
<tr>
<td>D2780</td>
<td>Crown – ¾ cast high noble metal .............................................................</td>
<td>$399</td>
</tr>
<tr>
<td>D2781</td>
<td>Crown – ¾ cast predominantly base metal ..................................................</td>
<td>$350</td>
</tr>
<tr>
<td>D2782</td>
<td>Crown – ¾ cast noble metal ........................................................................</td>
<td>$389</td>
</tr>
<tr>
<td>D2783</td>
<td>Crown – ¾ cast porcelain/ceramic .............................................................</td>
<td>$350</td>
</tr>
<tr>
<td>D2790</td>
<td>Crown - full cast high noble metal ..........................................................</td>
<td>$410</td>
</tr>
<tr>
<td>D2791</td>
<td>Crown - full cast predominantly base metal .............................................</td>
<td>$360</td>
</tr>
<tr>
<td>D2792</td>
<td>Crown - full cast noble metal ...................................................................</td>
<td>$399</td>
</tr>
<tr>
<td>D2794</td>
<td>Crown – titanium .......................................................................................</td>
<td>$410</td>
</tr>
<tr>
<td>D2910</td>
<td>Recement inlay, onlay or partial coverage restoration (by original dentist)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D2910</td>
<td>Recement inlay, onlay or partial coverage restoration (by new dentist) .......</td>
<td>$5</td>
</tr>
<tr>
<td>D2915</td>
<td>Recement cast or prefabricated post and core ...........................................</td>
<td>$5</td>
</tr>
<tr>
<td>D2920</td>
<td>Recement crown (by original dentist) .......................................................</td>
<td>No Charge</td>
</tr>
<tr>
<td>D2920</td>
<td>Recement crown (by new dentist) ...................................................................</td>
<td>$5</td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown - primary tooth ..................................</td>
<td>$50</td>
</tr>
<tr>
<td>D2931</td>
<td>Prefabricated stainless steel crown - permanent tooth ................................</td>
<td>$55</td>
</tr>
<tr>
<td>D2932</td>
<td>Prefabricated resin crown .......................................................................</td>
<td>No Charge</td>
</tr>
<tr>
<td>D2933</td>
<td>Prefabricated stainless steel crown with resin window ................................</td>
<td>$65</td>
</tr>
<tr>
<td>D2940</td>
<td>Sedative filling .........................................................................................</td>
<td>$5</td>
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<tr>
<td>D2950</td>
<td>Core buildup, including any pins .............................................................</td>
<td>$65</td>
</tr>
<tr>
<td>D2951</td>
<td>Pin retention - per tooth, in addition restoration .....................................</td>
<td>No Charge</td>
</tr>
<tr>
<td>D2952</td>
<td>Post and core, in addition to crown, indirectly fabricated ....................</td>
<td>$62</td>
</tr>
<tr>
<td>D2953</td>
<td>Each additional indirectly fabricated post – same tooth ..........................</td>
<td>$18</td>
</tr>
<tr>
<td>D2954</td>
<td>Prefabricated post and core, in addition to crown ....................................</td>
<td>$58</td>
</tr>
<tr>
<td>D2957</td>
<td>Each additional prefabricated post – same tooth ......................................</td>
<td>$15</td>
</tr>
</tbody>
</table>

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## Schedule of Benefits

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

| 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/recalification                        | 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 |
| 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 planning – 4 or more contiguous teeth or bounded teeth spaces per quadrant | $220         |
| D4241    | Gingival flap procedure, including root planning, 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         |
| D3320    | Provisional splinting – intracoronal                                     | $60          |
| D3321    | Provisional splinting – extracoronal                                     | $60          |
| D3431    | Periodontal scaling and root planning – 4 or more teeth, per quadrant   | $50          |
| D3432    | Periodontal scaling and root planning – 1 to 3 teeth, per quadrant      | $32          |

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## Schedule of Benefits

### Periodontics - continued

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Patient pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4355</td>
<td>Full mouth debridement to enable comprehensive evaluation and diagnosis</td>
<td>$42</td>
</tr>
<tr>
<td>D4910</td>
<td>Periodontal maintenance procedures (following active therapy)</td>
<td>$37</td>
</tr>
<tr>
<td>D4920</td>
<td>Unscheduled dressing change (other than treating dentist)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D4999</td>
<td>Unspecified periodontal procedure (by report)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D4999</td>
<td>Home care instructions for periodontal management</td>
<td>No Charge</td>
</tr>
<tr>
<td>D4999</td>
<td>Post-therapeutic evaluation</td>
<td>No Charge</td>
</tr>
<tr>
<td>D4999</td>
<td>Non-surgical service periodontal</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

### Prosthodontics - removable

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Patient pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5110</td>
<td>Complete denture - maxillary</td>
<td>$490</td>
</tr>
<tr>
<td>D5120</td>
<td>Complete denture - mandibular</td>
<td>$490</td>
</tr>
<tr>
<td>D5110</td>
<td>Complete denture - maxillary (duplicate)</td>
<td>$260</td>
</tr>
<tr>
<td>D5120</td>
<td>Complete denture - mandibular (duplicate)</td>
<td>$260</td>
</tr>
<tr>
<td>D5130</td>
<td>Immediate denture - maxillary</td>
<td>$518</td>
</tr>
<tr>
<td>D5140</td>
<td>Immediate denture - mandibular</td>
<td>$518</td>
</tr>
<tr>
<td>D5211</td>
<td>Maxillary partial denture - resin base (incl. any conventional clasps, rests and teeth)</td>
<td>$503</td>
</tr>
<tr>
<td>D5212</td>
<td>Mandibular partial denture - resin base (incl. any conventional clasps, rests and teeth)</td>
<td>$503</td>
</tr>
<tr>
<td>D5213</td>
<td>Maxillary partial denture - cast metal framework with resin denture bases (incl. any conventional clasps, rests and teeth)</td>
<td>$578</td>
</tr>
<tr>
<td>D5214</td>
<td>Mandibular partial denture - cast metal framework with resin denture base (incl. any conventional clasps, rests and teeth)</td>
<td>$578</td>
</tr>
<tr>
<td>D5225</td>
<td>Maxillary partial denture – flexible base (including any clasps, rests and teeth)</td>
<td>$538</td>
</tr>
<tr>
<td>D5226</td>
<td>Mandibular partial denture – flexible base (incl. any clasps, rests and teeth)</td>
<td>$538</td>
</tr>
<tr>
<td>D5410</td>
<td>Adjust complete denture - maxillary (by original dentist)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D5410</td>
<td>Adjust complete denture - maxillary (by new dentist)</td>
<td>$10</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust complete denture - mandibular (by original dentist)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust complete denture - mandibular (by new dentist)</td>
<td>$10</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture - maxillary (by original dentist)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture - maxillary (by new dentist)</td>
<td>$10</td>
</tr>
<tr>
<td>D5422</td>
<td>Adjust partial denture - mandibular (by original dentist)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D5422</td>
<td>Adjust partial denture - mandibular (by new dentist)</td>
<td>$10</td>
</tr>
<tr>
<td>D5510</td>
<td>Repair broken complete denture base</td>
<td>$35</td>
</tr>
<tr>
<td>D5520</td>
<td>Replace missing or broken teeth - complete denture (each tooth)</td>
<td>$20</td>
</tr>
<tr>
<td>D5610</td>
<td>Repair resin denture base</td>
<td>$78</td>
</tr>
<tr>
<td>D5620</td>
<td>Repair cast framework</td>
<td>$78</td>
</tr>
<tr>
<td>D5630</td>
<td>Repair or replace broken clasp</td>
<td>$78</td>
</tr>
<tr>
<td>D5640</td>
<td>Replace broken teeth - per tooth</td>
<td>$78</td>
</tr>
<tr>
<td>D5650</td>
<td>Add tooth to existing partial denture</td>
<td>$78</td>
</tr>
<tr>
<td>D5660</td>
<td>Add clasp to existing partial denture</td>
<td>$78</td>
</tr>
<tr>
<td>D5670</td>
<td>Replace all teeth and acrylic on cast metal framework (maxillary)</td>
<td>$164</td>
</tr>
<tr>
<td>D5671</td>
<td>Replace all teeth and acrylic on cast metal framework (mandibular)</td>
<td>$164</td>
</tr>
<tr>
<td>D5710</td>
<td>Rebase complete maxillary denture</td>
<td>$164</td>
</tr>
<tr>
<td>D5711</td>
<td>Rebase complete mandibular denture</td>
<td>$164</td>
</tr>
<tr>
<td>D5720</td>
<td>Rebase maxillary partial denture</td>
<td>$164</td>
</tr>
</tbody>
</table>

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*Insured or administered by DentiCare, Inc (d/b/a CompBenefits)*

TX Schedule – ERS 03/09
### Schedule of Benefits

<table>
<thead>
<tr>
<th>Prosthodontics – removable - continued</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADA CODE</strong></td>
</tr>
<tr>
<td>D5721</td>
</tr>
<tr>
<td>D5730</td>
</tr>
<tr>
<td>D5731</td>
</tr>
<tr>
<td>D5740</td>
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<tr>
<td>D5741</td>
</tr>
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<td>D5750</td>
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<tr>
<td>D5751</td>
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<td>D5760</td>
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<tr>
<td>D5761</td>
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<tr>
<td>D5810</td>
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<tr>
<td>D5811</td>
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<tr>
<td>D5820</td>
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<td>D5821</td>
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<td>D5850</td>
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<td>D5851</td>
</tr>
<tr>
<td>D5862</td>
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<tr>
<td>D5899</td>
</tr>
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</table>

### Implant services

<table>
<thead>
<tr>
<th><strong>ADA CODE</strong></th>
<th><strong>Procedure</strong></th>
<th><strong>Patient pays</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>D6010</td>
<td>Surgical placement of implant body: endosteal implant</td>
<td>$900</td>
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</table>

### Implant supported prosthetics

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

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### Schedule of Benefits

#### ADA CODE Procedure Patient pays

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implant supported prosthetics - continued</strong></td>
<td></td>
</tr>
<tr>
<td>D6092 Recement implant/abutment supported crown</td>
<td>$20</td>
</tr>
<tr>
<td>D6093 Recement implant/abutment supported fixed partial denture</td>
<td>$20</td>
</tr>
<tr>
<td>D6094 Abutment supported crown – titanium</td>
<td>$461</td>
</tr>
<tr>
<td>D6194 Abutment supported retainer crown for FPD – titanium</td>
<td>$461</td>
</tr>
<tr>
<td><strong>Prosthodontics – fixed</strong></td>
<td></td>
</tr>
<tr>
<td>The following bridge prices are listed on the per unit basis. A unit equals each tooth restored or replaced.</td>
<td></td>
</tr>
<tr>
<td>D6205 Pontic – indirect resin based composite</td>
<td>$350</td>
</tr>
<tr>
<td>D6210 Pontic - cast high noble metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6211 Pontic - cast predominantly base metal</td>
<td>$360</td>
</tr>
<tr>
<td>D6212 Pontic - cast noble metal</td>
<td>$399</td>
</tr>
<tr>
<td>D6214 Pontic – titanium</td>
<td>$410</td>
</tr>
<tr>
<td>D6240 Pontic - porcelain fused to high noble metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6241 Pontic - porcelain fused predominantly base metal</td>
<td>$360</td>
</tr>
<tr>
<td>D6242 Pontic - porcelain fused to noble metal</td>
<td>$399</td>
</tr>
<tr>
<td>D6245 Pontic – porcelain/ceramic</td>
<td>$360</td>
</tr>
<tr>
<td>D6250 Pontic - resin with high noble metal</td>
<td>$399</td>
</tr>
<tr>
<td>D6251 Pontic - resin with predominantly base metal</td>
<td>$350</td>
</tr>
<tr>
<td>D6252 Pontic - resin with noble metal</td>
<td>$389</td>
</tr>
<tr>
<td>D6253 Provisional pontic (interim of at least 6 months)</td>
<td>$200</td>
</tr>
<tr>
<td>D6545 Retainer – cast metal for resin bonded fixed prosthesis</td>
<td>$236</td>
</tr>
<tr>
<td>D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis</td>
<td>$236</td>
</tr>
<tr>
<td>D6600 Inlay - porcelain/ceramic, two surfaces</td>
<td>$297</td>
</tr>
<tr>
<td>D6601 Inlay - porcelain/ceramic, three or more surfaces</td>
<td>$297</td>
</tr>
<tr>
<td>D6602 Inlay - cast high noble metal, two surfaces</td>
<td>$200</td>
</tr>
<tr>
<td>D6603 Inlay - cast high noble metal, three or more surfaces</td>
<td>$230</td>
</tr>
<tr>
<td>D6604 Inlay - cast predominantly base metal, two surfaces</td>
<td>$170</td>
</tr>
<tr>
<td>D6605 Inlay - cast predominantly base metal, three or more surfaces</td>
<td>$200</td>
</tr>
<tr>
<td>D6606 Inlay - cast noble metal, two surfaces</td>
<td>$190</td>
</tr>
<tr>
<td>D6607 Inlay - cast noble metal, three or more surfaces</td>
<td>$220</td>
</tr>
<tr>
<td>D6608 Onlay - porcelain/ceramic, two surfaces</td>
<td>$317</td>
</tr>
<tr>
<td>D6609 Onlay - porcelain/ceramic, three or more surfaces</td>
<td>$317</td>
</tr>
<tr>
<td>D6610 Onlay - cast high noble metal, two surfaces</td>
<td>$280</td>
</tr>
<tr>
<td>D6611 Onlay - cast high noble metal, three or more surfaces</td>
<td>$290</td>
</tr>
<tr>
<td>D6612 Onlay - cast predominantly base metal, two surfaces</td>
<td>$250</td>
</tr>
<tr>
<td>D6613 Onlay - cast predominantly base metal, three or more surfaces</td>
<td>$260</td>
</tr>
<tr>
<td>D6614 Onlay - cast noble metal, two surfaces</td>
<td>$270</td>
</tr>
<tr>
<td>D6615 Onlay - cast noble metal, three or more surfaces</td>
<td>$280</td>
</tr>
<tr>
<td>D6624 Inlay – titanium</td>
<td>$200</td>
</tr>
<tr>
<td>D6634 Onlay – titanium</td>
<td>$280</td>
</tr>
<tr>
<td>D6710 Crown – indirect resin based composite</td>
<td>$260</td>
</tr>
<tr>
<td>D6720 Crown - resin with high noble metal</td>
<td>$368</td>
</tr>
<tr>
<td>D6721 Crown - resin with predominantly base metal</td>
<td>$260</td>
</tr>
<tr>
<td>D6722 Crown - resin with noble metal</td>
<td>$299</td>
</tr>
<tr>
<td>D6740 Crown - porcelain/ceramic</td>
<td>$410</td>
</tr>
<tr>
<td>D6750 Crown - porcelain fused to high noble metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6751 Crown - porcelain fused predominantly base metal</td>
<td>$360</td>
</tr>
</tbody>
</table>

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

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Insured or administered by DentiCare, Inc (d/b/a CompBenefits)

TX Schedule – ERS 03/09
### Schedule of Benefits

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>Procedure</th>
<th>Patient pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6752</td>
<td>Crown - porcelain fused to noble metal</td>
<td>$399</td>
</tr>
<tr>
<td>D6780</td>
<td>Crown –⅓ cast high noble metal</td>
<td>$399</td>
</tr>
<tr>
<td>D6781</td>
<td>Crown –⅓ cast predominantly base metal</td>
<td>$350</td>
</tr>
<tr>
<td>D6782</td>
<td>Crown –⅓ cast noble metal</td>
<td>$389</td>
</tr>
<tr>
<td>D6783</td>
<td>Crown –⅓ porcelain/ceramic</td>
<td>$350</td>
</tr>
<tr>
<td>D6790</td>
<td>Crown - full cast high noble metal</td>
<td>$410</td>
</tr>
<tr>
<td>D6791</td>
<td>Crown - full cast predominantly base metal</td>
<td>$360</td>
</tr>
<tr>
<td>D6792</td>
<td>Crown - full cast noble metal</td>
<td>$399</td>
</tr>
<tr>
<td>D6793</td>
<td>Provisional retainer crown (interim of at least 6 months)</td>
<td>$200</td>
</tr>
<tr>
<td>D6794</td>
<td>Crown – titanium</td>
<td>$410</td>
</tr>
<tr>
<td>D6930</td>
<td>Recement fixed partial denture (by original dentist)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D6940</td>
<td>Stress breaker</td>
<td>$148</td>
</tr>
<tr>
<td>D6950</td>
<td>Precision attachment</td>
<td>$145</td>
</tr>
<tr>
<td>D6970</td>
<td>Post and core in addition to fixed partial denture retainer, indirectly fabricated</td>
<td>$62</td>
</tr>
<tr>
<td>D6972</td>
<td>Prefabricated post and core in addition to fixed partial denture retainer</td>
<td>$58</td>
</tr>
<tr>
<td>D6973</td>
<td>Core build up for retainer, including any pins</td>
<td>$65</td>
</tr>
<tr>
<td>D6975</td>
<td>Coping – metal</td>
<td>$148</td>
</tr>
<tr>
<td>D6976</td>
<td>Each additional indirectly fabricated post – same tooth</td>
<td>$18</td>
</tr>
<tr>
<td>D6977</td>
<td>Each additional prefabricated post – same tooth</td>
<td>$15</td>
</tr>
<tr>
<td>D6980</td>
<td>Fixed partial denture repair, by report</td>
<td>$123</td>
</tr>
</tbody>
</table>

### Prosthodontics – fixed - continued

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>Procedure</th>
<th>Patient pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7110</td>
<td>Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</td>
<td>$28</td>
</tr>
<tr>
<td>D7110</td>
<td>Surgery removal of erupted tooth</td>
<td>$42</td>
</tr>
<tr>
<td>D7220</td>
<td>Removal of impacted tooth, soft tissue</td>
<td>$64</td>
</tr>
<tr>
<td>D7230</td>
<td>Removal of impacted tooth, partially bony</td>
<td>$78</td>
</tr>
<tr>
<td>D7240</td>
<td>Removal of impacted tooth, completely bony</td>
<td>$115</td>
</tr>
<tr>
<td>D7241</td>
<td>Removal of impacted tooth – completely bony, with unusual surgical complications</td>
<td>$126</td>
</tr>
<tr>
<td>D7250</td>
<td>Surgical removal of residual tooth roots (cutting procedure)</td>
<td>$50</td>
</tr>
<tr>
<td>D7280</td>
<td>Surgical access of an unerupted tooth to aid eruption</td>
<td>$90</td>
</tr>
<tr>
<td>D7281</td>
<td>Mobilization of erupted or malpositioned tooth to aid eruption</td>
<td>$75</td>
</tr>
<tr>
<td>D7283</td>
<td>Placement of device to facilitate eruption of impacted tooth</td>
<td>$18</td>
</tr>
<tr>
<td>D7285</td>
<td>Biopsy of oral tissue – hard (bone, tooth)</td>
<td>$150</td>
</tr>
<tr>
<td>D7286</td>
<td>Biopsy of oral tissue – soft</td>
<td>$150</td>
</tr>
<tr>
<td>D7287</td>
<td>Exfoliative cytologically sample collection</td>
<td>$40</td>
</tr>
<tr>
<td>D7288</td>
<td>Brush biopsy – transepithelial sample collection</td>
<td>$40</td>
</tr>
<tr>
<td>D7310</td>
<td>Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant</td>
<td>$50</td>
</tr>
<tr>
<td>D7311</td>
<td>Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant</td>
<td>$25</td>
</tr>
<tr>
<td>D7320</td>
<td>Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant</td>
<td>$75</td>
</tr>
<tr>
<td>D7321</td>
<td>Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant</td>
<td>$38</td>
</tr>
<tr>
<td>D7471</td>
<td>Removal of lateral exostosis (maxilla or mandible)</td>
<td>$150</td>
</tr>
</tbody>
</table>

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TX Schedule – ERS 03/09
### Oral Surgery - continued

<table>
<thead>
<tr>
<th>ADA Code</th>
<th>Procedure Description</th>
<th>Patient Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7472</td>
<td>Removal of torus palatinus</td>
<td>$150</td>
</tr>
<tr>
<td>D7473</td>
<td>Removal of torus mandibularis</td>
<td>$150</td>
</tr>
<tr>
<td>D7485</td>
<td>Surgical reduction of osseous tuberosity</td>
<td>$150</td>
</tr>
<tr>
<td>D7510</td>
<td>Incision and drainage per abscess – intraoral soft tissue</td>
<td>$35</td>
</tr>
<tr>
<td>D7511</td>
<td>Incision and drainage per abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)</td>
<td>$38</td>
</tr>
<tr>
<td>D7520</td>
<td>Incision and drainage per abscess – extraoral soft tissue</td>
<td>$40</td>
</tr>
<tr>
<td>D7521</td>
<td>Incision and drainage per abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)</td>
<td>$44</td>
</tr>
<tr>
<td>D7950</td>
<td>Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible of facial bones – autogenous or nonautogenous, by report</td>
<td>$150</td>
</tr>
<tr>
<td>D7953</td>
<td>Bone replacement graft for ridge preservation – per site</td>
<td>$18</td>
</tr>
<tr>
<td>D7960</td>
<td>Frenulotomy (frenectomy or frenotoly) separate procedure</td>
<td>$84</td>
</tr>
<tr>
<td>D7963</td>
<td>Frenuoplasty</td>
<td>$86</td>
</tr>
<tr>
<td>D7970</td>
<td>Excision of hyperplastic tissue, per arch</td>
<td>$100</td>
</tr>
<tr>
<td>D7972</td>
<td>Surgical reduction of fibrous tuberosity</td>
<td>$50</td>
</tr>
</tbody>
</table>

### Orthodontics

<table>
<thead>
<tr>
<th>ADA Code</th>
<th>Procedure Description</th>
<th>Patient Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D8999</td>
<td>Orthodontic exam (including consultation)</td>
<td>$126</td>
</tr>
<tr>
<td>D8010</td>
<td>Limited orthodontic treatment of the primary dentition</td>
<td>$500</td>
</tr>
<tr>
<td>D8020</td>
<td>Limited orthodontic treatment of the transitional dentition</td>
<td>$500</td>
</tr>
<tr>
<td>D8070</td>
<td>Comprehensive orthodontic treatment of the transitional dentition</td>
<td>$1,800</td>
</tr>
<tr>
<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
<td>$2,100</td>
</tr>
<tr>
<td>D8090</td>
<td>Comprehensive orthodontic treatment of the adult dentition</td>
<td>$2,100</td>
</tr>
<tr>
<td>D8220</td>
<td>Fixed appliance therapy (habit appliance)</td>
<td>$250</td>
</tr>
<tr>
<td>D8680</td>
<td>Orthodontic retention (removal of appliances, construction and placement of retainers(s))</td>
<td>$100</td>
</tr>
<tr>
<td>D8999</td>
<td>Adjusting retainers</td>
<td>No Charge</td>
</tr>
<tr>
<td>D8999</td>
<td>Elastics</td>
<td>No Charge</td>
</tr>
<tr>
<td>D8999</td>
<td>Final orthodontic records</td>
<td>No Charge</td>
</tr>
<tr>
<td>D8999</td>
<td>Reattach brackets and bands (limit 3)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D8999</td>
<td>Replace broken ligature wires (limit 3)</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

### Other services

<table>
<thead>
<tr>
<th>ADA Code</th>
<th>Procedure Description Description</th>
<th>Patient Pays</th>
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</thead>
<tbody>
<tr>
<td>D9110</td>
<td>Palliative (emergency) treatment of dental pain – minor procedure</td>
<td>$15</td>
</tr>
<tr>
<td>D9120</td>
<td>Fixed partial denture sectioning</td>
<td>$125</td>
</tr>
<tr>
<td>D9211</td>
<td>Regional block anesthesia</td>
<td>No Charge</td>
</tr>
<tr>
<td>D9212</td>
<td>Trigeminal division block anesthesia</td>
<td>No Charge</td>
</tr>
<tr>
<td>D9215</td>
<td>Local anesthesia</td>
<td>No Charge</td>
</tr>
<tr>
<td>D9230</td>
<td>Analgesia, anxiolysis, inhalation of nitrous oxide</td>
<td>$10</td>
</tr>
<tr>
<td>D9310</td>
<td>Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D9450</td>
<td>Case presentation, detailed and extensive treatment planning</td>
<td>No Charge</td>
</tr>
<tr>
<td>D9942</td>
<td>Repair and/or relining of an occlusal guard</td>
<td>$39</td>
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<tr>
<td>D9951</td>
<td>Occlusal adjustment – limited</td>
<td>$10</td>
</tr>
<tr>
<td>D9952</td>
<td>Occlusal adjustment – complete</td>
<td>$40</td>
</tr>
<tr>
<td>D9999</td>
<td>Preparatory fee</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

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Texas - Primary Care Dentists
September 1, 2009

All Primary Care Dentists
1,255 dentists at 470 locations

- Single Dentists (256)
- Multiple Dentists (214)
- Network Service Area

Counts listed are ones that have providers within a 75 mile radius, and might not necessarily have a provider physically located in that county.

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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 Customer Services at (877) 377-0987 or use the provider locator function on HumanaDental’s website at HumanaDental.com/ers.
DHMO Contracted Primary Care Dentist Providers

Counties listed physically have a provider located in that county

<table>
<thead>
<tr>
<th>Anderson</th>
<th>Frio</th>
<th>Midland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>Galveston</td>
<td>Montgomery</td>
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<tr>
<td>Bee</td>
<td>Gonzales</td>
<td>Moore</td>
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<tr>
<td>Bell</td>
<td>Gray</td>
<td>Morris</td>
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<tr>
<td>Bexar</td>
<td>Grayson</td>
<td>Nacogdoches</td>
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<td>Guadalupe</td>
<td>Nueces</td>
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<tr>
<td>Brazoria</td>
<td>Hardin</td>
<td>Parker</td>
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<td>Brazos</td>
<td>Harris</td>
<td>Presidio</td>
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<tr>
<td>Burnet</td>
<td>Henderson</td>
<td>Rockwall</td>
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<td>Howard</td>
<td>Smith</td>
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<tr>
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<td>Hunt</td>
<td>Swisher</td>
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<td>Collin</td>
<td>Jefferson</td>
<td>Tarrant</td>
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<tr>
<td>Dallas</td>
<td>Johnson</td>
<td>Taylor</td>
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<tr>
<td>Delta</td>
<td>Jeff Davis</td>
<td>Tom Green</td>
</tr>
<tr>
<td>Denton</td>
<td>Kendall</td>
<td>Travis</td>
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<td>La Salle</td>
<td>Victoria</td>
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<td>McLennan</td>
<td>Williamson</td>
</tr>
<tr>
<td>Freestone</td>
<td>McLennan</td>
<td>Medina</td>
</tr>
</tbody>
</table>

If the county in which you live or work is not listed, please contact HumanaDental at (877) 377–0987.
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 Customer Service 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 Customer Service 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 Customer Service 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 manage 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.