

advantage

What to expect from your dental plan:

Life brings all manner of surprises – some of them good, some of them not.

No matter how much you plan for now and the future, it is very likely that something will come along that leaves you wondering how you are going to pay for it – like dental problems.

Your teeth may be perfectly healthy right now, but CompBenefits' Advantage plan will give you the security you need in case you are looking at expensive dental treatment down the road.

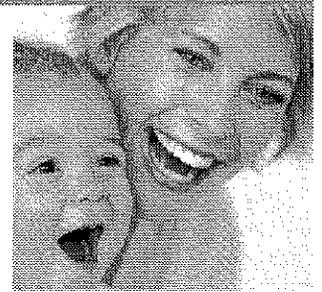
Advantage is a new generation, hybrid dental plan (which takes the best from DHMOs as well as traditional indemnity insurance). And Advantage is the dental benefit of choice for thousands of CompBenefits members who depend on a company that has been helping people maintain good oral health for more than 25 years.

Advantage isn't hard to navigate: you'll be free from deductibles, claim forms, waiting periods, and benefit maximums – freedom you won't find with other insurance plans.

Plus, you'll get a large network of in-network dentists, and with no co-payment, routine cleanings and x-rays every six months are covered 100 percent as well as oral exams, local anesthesia and topical fluoride for children up to age 16.

*Get more out of your dental plan
@ www.mycompbenefits.com*

Need to find a dentist closer to you? You can do all of this and more at www.mycompbenefits.com. Registering for this service is simple and will give you access to your plan benefits, including your benefit information, claims status, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you'll be checking out your benefits in no time.



*The Advantage of
Good Oral Health*

HUMANA.
CompBenefits

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D0120	Periodic oral examination (limit 2 every 12 months)	\$0.00	D2330	Resin-based composite - one surface, anterior	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00	D2331	Resin-based composite - two surfaces, anterior	\$0.00
D0150	Comp oral evaluation - new / established patient	\$0.00	D2332	Resin-based composite - three surfaces, anterior	\$0.00
D0160	DTL&EXT oral evaluation - problem focused report	\$0.00	D2335	Resin compos - 4/more surfaces/ invlv incisal ang	\$0.00
D0170	Re-evaluation - limited problem focused	\$0.00	D2390	Resin-based composite crown anterior	\$0.00
D0180	Comp periodontal evaluation - new / est patient	\$0.00	D2391	Resin-based composite - one surface, posterior	\$0.00
D0210	Intraoral, complete series (limit one every 3 years)	\$0.00	D2392	Resin-based composite - two surfaces, posterior	\$0.00
D0220	Intraoral, periapical - first film	\$0.00	D2393	Resin-based composite - three surfaces, posterior	\$0.00
D0230	Intraoral, periapical each additional film	\$0.00	D2394	Resin compos - four or more surfaces, posterior	\$0.00
D0240	Intraoral, occlusal film	\$0.00	D2510	Inlay - metallic one surface (limit 1 per tooth every 5 years)	\$313.00
D0250	Extraoral, first film	\$0.00	D2520	Inlay - metallic two surfaces (limit 1 per tooth every 5 years)	\$355.00
D0260	Extraoral, each additional film	\$0.00	D2530	Inlay - metallic - 3 or more surfaces (limit 1 per tooth every 5 years)	\$410.00
D0270	Bitewing, single film (limit two every 12 months)	\$0.00	D2542	Onlay - metallic two surfaces (limit 1 per tooth every 5 years)	\$402.00
D0272	Bitewing, two films (limit two every 12 months)	\$0.00	D2543	Onlay - metallic three surfaces (limit 1 per tooth every 5 years)	\$420.00
D0274	Bitewing, four films (limit two every 12 months)	\$0.00	D2544	Onlay - metallic four or more surfaces (limit 1 per tooth every 5 years)	\$437.00
D0277	Vertical Bitewings (limit two every 12 months)	\$0.00	D2610	Inlay, porcelain/ceramic - one surface (limit 1 per tooth every 5 years)	\$368.00
D0330	Panoramic film (limit one every 3 years)	\$0.00	D2620	Inlay, porcelain/ceramic - two surfaces (limit 1 per tooth every 5 years)	\$389.00
D0470	Diagnostic Casts	\$0.00	D2630	Inlay, porcelain/ceramic - three or more surfaces (limit 1 per tooth every 5 years)	\$414.00
D1110	Prophylaxis, adult (limit 1 every 6 months)	\$0.00	D2642	Onlay, porcelain/ceramic - two surfaces (limit 1 per tooth every 5 years)	\$403.00
D1120	Prophylaxis, child (limit 1 every 6 months)	\$0.00	D2643	Onlay, porcelain/ceramic - three surfaces (limit 1 per tooth every 5 years)	\$434.00
D1201	Topical application of fluoride - child (limit 2 every 12 months)	\$0.00	D2644	Onlay, porcelain/ceramic - four or more surfaces (limit 1 per tooth every 5 years)	\$461.00
D1203	Topical application of fluoride - child (limit 2 every 12 months)	\$0.00	D2650	Inlay - resin-based composite - one surface (limit 1 per tooth every 5 years)	\$242.00
D1351	Sealant, per tooth (limit 1 per tooth every 12 months for child < 13)	\$0.00	D2651	Inlay - resin-based composite - two surfaces (limit 1 per tooth every 5 years)	\$288.00
D1510	Space maintainer, fixed unilateral	\$0.00	D2652	Inlay - resin-based composite - three or more surfaces (limit 1 per tooth every 5 years)	\$303.00
D1515	Space maintainer, fixed bilateral	\$0.00			
D1520	Space maintainer, removable unilateral	\$0.00			
D1525	Space maintainer, removable bilateral	\$0.00			
D1550	Recementation of space maintainer	\$0.00			
D2140	Amalgam, one surface, primary or permanent	\$0.00			
D2150	Amalgam, two surfaces, primary or permanent	\$0.00			
D2160	Amalgam, three surfaces, primary or permanent	\$0.00			
D2161	Amalgam, four or more surfaces, primary or permanent	\$0.00			

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D2662	Onlay - resin-based composite - two surfaces (limit 1 per tooth every 5 years)	\$263.00	D3346	Retreatment of previous RCT therapy, anterior	\$424.00
D2663	Onlay - resin-based composite - three surfaces (limit 1 per tooth every 5 years)	\$310.00	D3347	Retreatment of previous RCT therapy, bicuspid	\$500.00
D2664	Onlay - resin-based composite - four or more surfaces (limit 1 per tooth every 5 years)	\$332.00	D3348	Retreatment of previous RCT therapy, molar	\$601.00
D2710	Crown resin based composite indirect (limit 1 per tooth every 5 years)	\$187.00	D3410	Apicoectomy/periradicular surgery, anterior	\$361.00
D2720	Crown - resin with high noble metal (limit 1 per tooth every 5 years)	\$461.00	D3421	Apicoectomy periradicular surgery bicuspid	\$394.00
D2721	Crown - resin with predominantly base metal (limit 1 per tooth every 5 years)	\$432.00	D3425	Apicoectomy periradicular surgery molar	\$445.00
D2722	Crown - resin with noble metal (limit 1 per tooth every 5 years)	\$441.00	D3426	Apicoectomy/periradicular surgery	\$148.00
D2740	Crown, porcelain/ceramic substrate (limit 1 per tooth every 5 years)	\$473.00	D3430	Retrograde filling - per root	\$109.00
D2750	Crown, porcelain fused to high noble metal (limit 1 per tooth every 5 years)	\$466.00	D4210	Gingivect/plsty 4/> cntig/bound teeth spaces - quad (limit 1 every 12 mos.)	\$358.00
D2751	Crown, porcelain fused to predom base metal (limit 1 per tooth every 5 years)	\$434.00	D4211	Gingivect/plsty 1-3 cntig/bound teeth spaces - quad (limit 1 every 12 mos.)	\$153.00
D2752	Crown, porcelain fused to noble metal (limit 1 per tooth every 5 years)	\$445.00	D4240	Gingivect/flp proc 4/> cntig/bound teeth spaces - quad (limit 1 every 12 mos.)	\$421.00
D2790	Crown, full cast high noble metal (limit 1 per tooth every 5 years)	\$450.00	D4241	Gingivect/flp proc 1-3 cntig/bound teeth spaces - quad (limit 1 every 12 mos.)	\$217.00
D2791	Crown, full cast predom base metal (limit 1 per tooth every 5 years)	\$426.00	D4249	Clinical crown lengthening - hard tissue	\$481.00
D2792	Crown, full cast noble metal (limit 1 per tooth every 5 years)	\$434.00	D4260	Osseous surg 4/> contig/bound teeth spaces - quad	\$680.00
D2910	Recement inlay only/part coverage restoration	\$41.00	D4261	Osseous surg 1-3 contig/bound teeth spaces - quad	\$354.00
D2920	Recement crown	\$42.00	D4341	Prdntal scaling & root planing 4/more teeth - quad (limit 2 per quad every 12 months)	\$0.00
D2930	Prefabricated stainless steel crown - primary tooth	\$115.00	D4342	Prdntal scaling & root planing 1-3 teeth - quad (limit 2 per quad every 12 months)	\$0.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$131.00	D4355	Full Mouth Debridement to enable comprehensive evaluation and diagnosis	\$0.00
D2932	Prefabricated resin crown	\$142.00	D4910	Periodontal Maintenance (limit 2 every 12 months)	\$0.00
D2940	Sedative Filling	\$44.00	D5110	Complete denture - maxillary (limit 1 every 5 years)	\$642.00
D2950	Core buildup including pins	\$110.00	D5120	Complete denture - mandibular (limit 1 every 5 years)	\$642.00
D2951	Pin retention - per tooth, in addition to restoration	\$23.00	D5130	Immediate denture - maxillary (limit 1 every 5 years)	\$700.00
D2952	Cast post & core in addition to crown	\$168.00	D5140	Immediate denture - mandibular (limit 1 every 5 years)	\$700.00
D2954	Prefabricated post & core in addition to crown	\$139.00	D5211	Maxillary partial denture, resin base (limit 1 every 5 years)	\$542.00
D3220	Tx pulp-remv pulp coronal dentinocementl junc	\$75.00	D5212	Mandibular partial denture, resin base (limit 1 every 5 years)	\$629.00
D3310	Root canal - Anterior	\$315.00	D5213	Max part dentr - cast metl frmwrk w/ resin base (limit 1 every 5 years)	\$709.00
D3320	Root canal - Bicuspid	\$385.00			
D3330	Root canal - Molar	\$497.00			

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D5214	Mnd part dentr - cast metl frmwrk w/ resin base (limit 1 every 5 years)	\$709.00	D6602	Inlay, cast high noble metal, two surfaces (limit 1 every 5 years)	\$380.00
D5410	Adjust complete denture - Maxillary	\$35.00	D6603	Inlay, cast high noble metal, three or more surfaces (limit 1 every 5 years)	\$418.00
D5411	Adjust complete denture - Mandibular	\$35.00	D6604	Inlay, cast predominantly base metal, two surfaces (limit 1 every 5 years)	\$372.00
D5421	Adjust partial denture - Maxillary	\$35.00	D6605	Inlay, cast predominantly base metal, three or more surfaces (limit 1 every 5 years)	\$394.00
D5422	Adjust partial denture - Mandibular	\$35.00	D6606	Inlay, cast noble metal, two surfaces (limit 1 every 5 years)	\$366.00
D5510	Repair broken complete denture base	\$70.00	D6607	Inlay, cast noble metal, three or more surfaces (limit 1 every 5 years)	\$406.00
D5520	Replace missing or broken teeth - complete denture	\$59.00	D6608	Onlay - porcelain/ceramic two surfaces (limit 1 every 5 years)	\$386.00
D5610	Repair resin denture base	\$76.00	D6609	Onlay - porcelain/ceramic three or more surfaces (limit 1 every 5 years)	\$403.00
D5620	Repair cast framework	\$82.00	D6610	Onlay, cast high noble metal, two surfaces (limit 1 every 5 years)	\$409.00
D5630	Repair or replace broken clasp	\$100.00	D6611	Onlay, cast high noble metal, three or more surfaces (limit 1 every 5 years)	\$448.00
D5640	Replace broken teeth - per tooth	\$64.00	D6612	Onlay, cast predominantly base metal, two surfaces (limit 1 every 5 years)	\$407.00
D5650	Add tooth to existing partial denture	\$88.00	D6613	Onlay, cast predominantly base, three or more surfaces (limit 1 every 5 years)	\$426.00
D5660	Add clasp to existing partial denture	\$105.00	D6614	Onlay, cast noble metal, two surfaces (limit 1 every 5 years)	\$399.00
D5710	Rebase complete maxillary denture	\$261.00	D6615	Onlay, cast noble metal, three or more surfaces (limit 1 every 5 years)	\$414.00
D5711	Rebase complete mandibular denture	\$249.00	D6720	Crown, resin - with high noble metal (limit 1 every 5 years)	\$474.00
D5720	Rebase maxillary partial denture	\$246.00	D6721	Crown, resin - with predom base metal - denture (limit 1 every 5 years)	\$450.00
D5721	Rebase mandibular partial denture	\$246.00	D6722	Crown, resin with noble metal (limit 1 every 5 years)	\$458.00
D5730	Reline complete maxillary denture	\$147.00	D6740	Crown, porcelain/ceramic (limit 1 every 5 years)	\$499.00
D5731	Reline complete mandibular denture	\$147.00	D6750	Crown, porcelain fused to high noble metal - denture (limit 1 every 5 years)	\$486.00
D5740	Reline maxillary partial denture	\$135.00	D6751	Crown, porcelain fused to predominantly base metal (limit 1 every 5 years)	\$453.00
D5741	Reline mandibular partial denture	\$135.00	D6752	Crown, porcelain fused to noble metal (limit 1 every 5 years)	\$464.00
D5750	Reline complete maxillary denture	\$196.00	D6780	Crown, 3/4 cast high noble metal	\$458.00
D5751	Reline complete mandibular denture	\$196.00	D6790	Crown, full cast high noble metal - denture (limit 1 every 5 years)	\$469.00
D5760	Reline maxillary partial denture	\$193.00	D6791	Crown, full cast predominantly base metal - denture (limit 1 every 5 years)	\$445.00
D5761	Reline mandibular partial denture	\$193.00	D6792	Crown, full cast noble metal - denture (limit 1 every 5 years)	\$461.00
D5850	Tissue conditioning, maxillary	\$61.00	D6930	Recement fixed partial denture (limit 1 every 5 years)	\$57.00
D5851	Tissue conditioning, mandibular	\$61.00			
D6210	Pontic, cast high noble metal (limit 1 every 5 years)	\$431.00			
D6211	Pontic, cast predominantly base metal (limit 1 every 5 years)	\$404.00			
D6212	Pontic, cast noble metal (limit 1 every 5 years)	\$420.00			
D6240	Pontic, porcelain fused to high noble metal (limit 1 every 5 years)	\$426.00			
D6241	Pontic, porcelain fused to predominantly base metal (limit 1 every 5 years)	\$393.00			
D6242	Pontic, porcelain fused to noble metal (limit 1 every 5 years)	\$415.00			
D6250	Pontic, resin with high noble metal (limit 1 every 5 years)	\$420.00			
D6251	Pontic, resin with predominantly base metal (limit 1 every 5 years)	\$388.00			
D6252	Pontic, resin with noble metal (limit 1 every 5 years)	\$400.00			
D6600	Inlay - porcelain/ceramic two surfaces (limit 1 every 5 years)	\$355.00			
D6601	Inlay - porcelain/ceramic three or more surfaces (limit 1 every 5 years)	\$373.00			

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ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D6970	Cast post & core add fix part dentur retainer (limit 1 every 5 years)	\$157.00	ORTHODONTICS		
D6972	Prefab post & core add fix part dentur retain (limit 1 every 5 years)	\$128.00	D8070/D8080	Comprehensive Orthodontic Treatment of the transitional adult dentition.	
D6973	Core buildup for retainer including any pins (limit 1 every 5 years)	\$103.00		Comprehensive Orthodontic Treatment of the transitional adolescent dentition Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
D7111	Extraction of coronal remnants, deciduous tooth	\$0.00		Consultation	\$0.00
D7140	Extraction, erupted tooth or exposed root	\$0.00		Evaluation	\$35.00
D7210	Surgical removal of erupted tooth rqr elev flp & remv bone	\$108.00		Records/Treatment Planning	\$250.00
D7220	Removal of impacted tooth soft tissue	\$135.00		Orthodontic Treatment	\$2,100.00
D7230	Removal of impacted tooth - partially bony	\$179.00	D8090	Comprehensive Orthodontic Treatment of the transitional adult dentition	
D7240	Removal of impacted tooth - completely bony	\$211.00		Comprehensive Orthodontic Treatment of the transitional adolescent dentition Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
D7241	Removal of impacted tooth - compl bony w/unusual surgical complications	\$265.00		Consultation	\$0.00
D7250	Surgical removal of residual tooth roots	\$114.00		Evaluation	\$35.00
D7310	Alveoloplasty conjunc w/extractions per quadrant	\$125.00		Records/Treatment Planning	\$250.00
D7311	Alveoloplasty conjunc xtract 1-3 teeth/spaces quad	\$97.00		Orthodontic Treatment	\$2,300.00
D7320	Alveoloplasty not in conjunc w/extractions - quad	\$181.00	D8680	Retention	\$450.00
D7321	Alveoloplasty not conjunc xtract 1-3 teeth/spaces quad	\$153.00	NOTE		
D7510	Incision and drainage of abscess, intraoral soft tissue	\$120.00	1. Your Participating General Dentist and Participating Specialty office visit co-payment amounts, if applicable, are shown on your I.D. card. Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered services.		
D7520	Incision and drainage of abscess, extraoral soft tissue	\$570.00	2. Co-payment amounts for listed procedures are applicable at either the Participating General Dentist or Participating Specialty dentist.		
D7960	Frenulectomy separate procedure	\$111.00	3. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.		
D7970	Excision of hyperplastic tissue, per arch	\$272.00	4. Unlisted covered procedures are available at the Participating Dentist's usual fee less 20%.		
D9110	Palliative treatment of dental pain - minor procedure	\$45.00	5. If you should need to see a specialty dentist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialty dentist.		
D9241	IV conscious sedation/analgesia - First 30 minutes	\$144.00			
D9242	IV conscious sedation/analgesia - each additional 15 minutes	\$60.00			
D9310	Consultation	\$96.00			
D9951	Occlusal adjustment, limited	\$58.00			
D9952	Occlusal adjustment, complete	\$326.00			

schedule of benefits and subscriber copayments

LIMITATIONS AND EXCLUSIONS

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph B of the Certificate.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
 - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
 - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
 - c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
 - d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
 - e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
 - f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
 - g) Treatment for cysts, neoplasms and malignancies.
 - h) General anesthesia.