

# elite preferred

## *What to expect from your dental plan:*

When you're experiencing tooth pain, you can rest assured that your CompBenefits PPO dental insurance will give you the peace of mind that it will be there for you, helping with the expense of that trip to the dentist.

CompBenefits' fully insured PPO emphasizes preventive care – routine oral examinations, cleanings and x-rays – the simplest way to keep those nasty toothaches away.

And you'll get these benefits at an affordable price whether you choose a dentist from one of CompBenefits' participating dental office locations or if you choose a dentist who is not in our network.

If you need to file a claim, CompBenefits will reimburse you from our state-of-the-art claims system that pays claims quickly and correctly.

## *Get more out of your dental plan @ [www.mycompbenefits.com](http://www.mycompbenefits.com)*

Want to know the status of a claim? Need to find a dentist closer to you? You can do all of this and more at [www.mycompbenefits.com](http://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.



*Dental Plan  
of Choice*

The network plan that offers maximum coverage with the cost advantages on a traditional indemnity plan.

- **FREEDOM TO CHOOSE ANY DENTIST**  
Participants are free to select from a panel of participating dentists or seek care from any non-participating dentist.
- **VALUABLE SAVINGS FROM NETWORK DENTISTS**  
Network dentists offer savings by agreeing to charge you based on negotiated maximum allowable contracted fee schedule. If you go to a non-participating dentist, the charged amount may be above that charged by a Participating Dentist.
- **NO BALANCE BILLING**  
A participating dentist has agreed not to charge you any amount for services above the negotiated maximum allowable fee amount. When utilizing a non-participating dentist, you will be responsible for any extra amount charged by the dentist over the CompBenefits negotiated maximum and the customary charge of the dentist.
- **EXTENSIVE NETWORK OF PARTICIPATING DENTISTS**  
Refer to your Provider Directory for a listing of participating dentists that offer services on a guaranteed-negotiated fee schedule.
- **ACCESS TO INFORMATION**  
Our toll-free Customer Care number at 1-(800)-342-5209 has Customer Care Representatives who can provide the answers you need quickly and thoroughly.

Any way you add it up, CompBenefits really is the benefits company of choice!

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

\*Coverage based on Preferred Provider schedule of discounted fees

\*\*\*Maximum of 3 per family.

**SUMMARY OF BENEFITS**

Partial Listing of Covered Services	In-Network Reimbursements	Out-of-Network Reimbursements
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**Type I Diagnostic & Preventive...100%.....100%**  
 Oral Examination (once per six months)  
 Prophylaxis (cleaning, once per six months)  
 Topical Fluoride (children under 16, once per 12 months)  
 X-Rays (limitations may apply)  
 Sealants (once per 3 years for children under age 16, for non carious molars only)  
 Space Maintainers (for children under age 16)

**Type II Basic Services..... 80%.....80%**  
 Simple Restorative (amalgam, synthetic, or composite fillings)  
 Emergency Palliative Treatment  
 Tooth Extraction  
 Endodontics (root canals)

**Type III Major Services.....50%.....50%**  
 Major Restorative (crowns/inlays/onlays)  
 Periodontics (includes treatment of diseases of the gums)  
 Bridge, Denture Repair  
 Prosthetics (bridges and dentures)

**Type IV Orthodontics .....50%.....50%**

You and Your Dependents covered under the plan

**MAXIMUM BENEFITS**

		Insured Individual and Dependents
<b>Lifetime</b>	Type I, II, III.....	Unlimited.....Unlimited
	Type IV.....	\$1,000.....\$1,000
<b>Calendar Year</b>	Type I, II, III.....	\$1,000.....\$1,000
	Type IV.....	\$500.....\$500
<b>Deductible***</b>	Type I.....	None.....None
	Type II, III, IV.....	\$50.....\$50

**MAJOR RESTORATIVE LIMITATIONS**

*The charges for Major Restorative services will be Covered Dental Expenses subject to the following:*

1. the denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
2. the fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
3. the replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury;
4. the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if: (a) replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and cannot be restored to function;
5. the replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and
6. the replacement of teeth up to the normal complement of 32.

**EXCLUSIONS**

*Benefits will not be paid for:*

1. procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by CompBenefits Insurance Company;
3. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
4. appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
5. any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;
6. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
7. charges for travel time; transportation costs; or professional advice given on the phone;

8. procedures performed by a Dentist who is a member of Your immediate family;
9. any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
10. charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
11. any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
12. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
13. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
14. treatment for cosmetic purposes. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
15. any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
16. procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
17. a sickness for which the patient can receive benefits under a workers' compensation act or similar law;
18. an injury that arises out of or in the course of a job or employment for pay or profit;
19. charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, CompBenefits Insurance Company will determine the amount. CompBenefits Insurance Company will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.

**PREDETERMINATION**

If Covered Dental Expenses for a procedure are expected to be more than \$200 it is recommended that you send a Dental Treatment Plan in prior to beginning treatment, send preauthorization to CompBenefits, P.O. Box 8236 Chicago, IL 60680-8236. You and/or your dentist will be notified of the benefits payable based upon the Dental Treatment Plan.

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

# frequently asked questions

## **Q.** *How does an Elite Preferred dental plan work?*

**A.** Under our PPO plans, you do not have to pre-select a primary dentist. When you want dental services, make your appointment with any licensed dentist. When you receive treatment from a CompBenefits PPO dentist, your costs will be reduced. Once services are performed, you or your dentist must file a claim form in order to receive reimbursement. Your claim will be paid based on your group's schedule of benefits. The plan will pay a percentage of the eligible charges, up to the plan's annual limit for benefits.

## **Q.** *How do I select an in-network dentist?*

**A.** You may choose a participating PPO general dentist from our preferred provider directory available online at [www.mycompbenefits.com](http://www.mycompbenefits.com). Participating general dentists in our network are conveniently located near your home or office. CompBenefits reviews each participating dentist's credentials before he or she is selected to join our network. By using an in-network dentist, you will receive the maximum benefit of your plan.

## **Q.** *How do I select an out-of-network dentist?*

**A.** By choosing a general dentist not included in the preferred provider list at [www.mycompbenefits.com](http://www.mycompbenefits.com), you have selected an out-of-network provider. You will be charged the dentist's usual fees for treatment. When you use an out-of-network dentist, your out-of-pocket costs will be typically greater than using an in-network dentist.

## **Q.** *When is predetermination required?*

**A.** If planned treatment is going to cost more than \$200, you should ask your dentist to file for predetermination of benefits prior to treatment. Predetermination is not necessary for emergency treatment.

## **Q.** *How does my bill get paid?*

**A.** Each dentist bills separately. Your dentist may agree to file your insurance claim for you. If he or she does not, however, you may be required to pay the entire bill at time of service and will need to submit a claim to CompBenefits for your reimbursement. Your reimbursement will be based on whether you have met any applicable deductible or coinsurance amounts or not. All financial arrangements concerning payment are strictly between you and your dentist and should be determined prior to treatment.

## **Q.** *Where do I send my claims?*

**A.** You can get a claim form from your Group Benefits Administrator, from CompBenefits' Member Services department or from our Web site, [www.mycompbenefits.com](http://www.mycompbenefits.com). Mail your claim to:

CompBenefits Claims

P.O. Box 8236

Chicago, Illinois 60680-8236

## **Q.** *Can I go online to find out more about my plan or get assistance?*

**A.** Yes. After you enroll, you can visit [www.mycompbenefits.com](http://www.mycompbenefits.com) to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.