

**dental benefits 2008
State of Florida**



**presenting
CompBenefits'
Network Plus
DHMO plan and
Preferred Plus
DPPO plan**



CompBenefits is proud to have been selected by the Department of Management Services (DMS) to provide dental benefits for employees of the State of Florida. We look forward to serving you and your family in the coming years.



Two distinct options are available to you: a managed care plan (referred to as Network Plus DHMO) and a preferred provider dental plan (referred to as Preferred Plus DPPO). Complete information on each plan is included in this booklet.

Below are some commonly asked questions and answers. Some of the questions have answers that are identical for both plans, and some have answers that are different. When the answers are different, we have provided separate answers for each plan.

Please review this booklet. If you have any questions, please contact us.

We have established a dedicated customer care number at: (800) 943-6880

which is available Monday through Friday, 8:00 a.m. to 6:00 p.m.

Or visit our website at:

[www.compbenefits.com /custom/stateofflorida/](http://www.compbenefits.com/custom/stateofflorida/)

We will also have representatives available at all benefit fairs scheduled by the Department of Management Services (DMS).

MONTHLY PREMIUMS	Network Plus DHMO	Preferred Plus DPPO
Employee only	\$16.22	\$26.82
Employee + Spouse	\$31.98	\$49.62
Employee + Child(ren)	\$38.14	\$55.44
Employee + Family	\$48.70	\$80.50

Who is CompBenefits?

CompBenefits is one of Florida's leading provider of dental benefit plans. The Network Plus DHMO plan is underwritten and administered by CompBenefits Company, a subsidiary of CompBenefits. The Preferred Plus DPPO plan is underwritten and administered by CompBenefits Insurance Company, a subsidiary of CompBenefits.

How do the plans work?

Network Plus DHMO: This plan provides coverage for dental procedures according to the schedule of benefits in this brochure when treatment is performed by your selected primary care dentist. If your primary care dentist determines that you need treatment that is beyond the scope of general dentistry, you will be referred to a participating specialist. The co-payment listing in this brochure is applicable at both the participating general dentist and specialist. General dentistry and specialty services are available only in areas where CompBenefits has a participating general dentist and/or specialist.

Preferred Plus DPPO: This plan provides coverage for dental procedures according to the schedule of benefits in this brochure when treatment is performed by any dentist of your choice. A greater portion of your dental expenses will be covered for treatment provided by participating dentists, who have agreed not to balance bill above their contracted fees. This plan is subject to deductibles and benefit maximums.

questions&answers

Do I have to file a claim form?

Network Plus DHMO: No, all treatment will be coordinated by your primary care dentist. You are only responsible for the co-payment listed on the benefit schedule.

Preferred Plus DPPO: Yes, you must submit a claim form to be reimbursed for your dental expenses. Most dentists will agree to file the claim form on your behalf.

Submit claim forms to:

CompBenefits
PO Box 803843
Chicago, IL 60680-3843



How do I know which dentist to see?

Network Plus DHMO: For participating dentist information you may visit our website at www.compbenefits.com/custom/stateofflorida/ or call our dedicated customer care number at (800) 943-6880. Once you become enrolled in the Network Plus DHMO plan, you will need to select a primary care dentist by registering at www.mycompbenefits.com or by calling our dedicated customer care number at (800) 943-6880.

Preferred Plus DPPO: This plan allows you the freedom to see any dentist of your choice. A greater portion of your dental expenses will be covered for treatment provided by participating DPPO dentists, who have agreed not to balance bill above their contracted fees. For a listing of participating DPPO dentists, please visit our website at www.compbenefits.com/custom/stateofflorida/ or by calling our dedicated customer care number at (800) 943-6880.

Must all of my family members use the same dentist?

Network Plus DHMO: No. Each family member is welcome to select a different participating dental office. This convenient feature allows spouses to use a dental office close to their job, dependent college students living away from home (in Florida) to use a dentist near their school, and younger dependent children to see general dentists who are more comfortable treating young children.

Preferred Plus DPPO: No. Each family member can be treated by the dentist of their choice.

How do I make an appointment?

Network Plus DHMO: As soon as your coverage is effective, you may call your primary care dentist directly to make an appointment.

Preferred Plus DPPO: As soon as your coverage is effective, you may call a participating dentist, or any dentist of your choice, to make an appointment.

What should I do if I have a question or experience a problem?

CompBenefits is eager to assist you with any inquiries or issues you may encounter in using the plans. Please call CompBenefits' Customer Care Department at (800) 943-6880, Monday through Friday, 8:00 a.m. to 6:00 p.m. Our large multilingual staff of customer care associates are waiting to assist you.



Network Plus DHMO plan

Schedule of Benefits and Co-payments

The chart below represents your co-payments for treatment provided by participating general dentists and specialists. Please note limitations and exclusions apply. Refer to the Network Plus DHMO Plan Limitations and Exclusions section on page 7 and 8 of this brochure for more details.

ADA CODE	PROCEDURE	MEMBER PAYS	ADA CODE	PROCEDURE	MEMBER PAYS
D0120	Periodic oral evaluation	\$0	D1351	Sealant - per tooth	\$0
D0140	Limited oral evaluation - problem focused	\$0	D1510	Space maintainer - fixed - unilateral	\$0
D0145	Oral evaluation for a patient under three years of age	\$0	D1515	Space maintainer - fixed - bilateral	\$0
D0150	Comprehensive oral evaluation	\$0	D1520	Space maintainer - removable - unilateral	\$0
D0160	Detailed & extensive oral evaluation - problem focused	\$0	D1525	Space maintainer - removable - bilateral	\$0
D0170	Re-evaluation - limited, problem focused	\$0	D1550	Recementation of space maintainer	\$0
D0180	Comprehensive periodontal evaluation	\$0	D2140	Amalgam - one surface, primary or permanent	\$6
D0210	Intraoral - complete series	\$0	D2150	Amalgam - two surfaces, primary or permanent	\$8
D0220	Intraoral - periapical first film	\$0	D2160	Amalgam - three surfaces, primary or permanent	\$9
D0230	Intraoral - periapical each additional film	\$0	D2161	Amalgam - four or more surfaces, primary or permanent	\$11
D0240	Intraoral - occlusal film	\$0	D2330	Resin-based composite - one surface, anterior	\$8
D0250	Extraoral - first film	\$0	D2331	Resin-based composite - two surfaces, anterior	\$10
D0260	Extraoral - each additional film	\$0	D2332	Resin-based composite - three surfaces, anterior	\$13
D0270	Bitewing - single film	\$0	D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior	\$15
D0272	Bitewings - two films	\$0	D2390	Resin-based composite crown, anterior	\$30
D0273	Bitewings - three films	\$0	D2391	Resin-based composite - one surface, posterior	\$6
D0274	Bitewings - four films	\$0	D2392	Resin-based composite - two surfaces, posterior	\$8
D0277	Vertical bitewings - 7 to 8 films	\$0	D2393	Resin-based composite - three surfaces, posterior	\$9
D0330	Panoramic film	\$0	D2394	Resin-based composite - four or more surfaces, posterior	\$11
D0350	Oral/facial photographic images	\$0	D2510	Inlay - metallic - one surface	\$105
D0415	Collection of microorganisms for culture & sensitivity	\$0	D2520	Inlay - metallic - two surfaces	\$115
D0425	Caries susceptibility tests	\$0	D2530	Inlay - metallic - three or more surfaces	\$125
D0431	Adjunctive pre-diagnostic test that aids in the detection of mucosal abnormalities	\$50	D2542	Onlay - metallic - two surfaces	\$175
D0460	Pulp vitality tests	\$0	D2543	Onlay - metallic - three surfaces	\$185
D0470	Diagnostic casts	\$0	D2544	Onlay - metallic - four or more surfaces	\$195
D0472	Accession of tissue, gross exam, prep & report	\$50	D2610	Inlay - porcelain/ceramic - one surface	\$202
D0473	Accession of tissue, gross and microscopic exam, prep & report	\$50	D2620	Inlay - porcelain/ceramic - two surfaces	\$214
D0474	Accession of tissue, gross and microscopic exam, including assesment of surgical margins, prep & report	\$50	D2630	Inlay - porcelain/ceramic - three or more surfaces	\$227
D1110	Prophylaxis - adult	\$0	D2642	Onlay - porcelain/ceramic - two surfaces	\$221
D1110	Additional prophylaxis - adult	\$25	D2643	Onlay - porcelain/ceramic - three surfaces	\$238
D1120	Prophylaxis - child	\$0	D2644	Onlay - porcelain/ceramic - four or more surfaces	\$253
D1120	Additional prophylaxis - child	\$20	D2650	Inlay - resin-based composite - one surface	\$166
D1203	Topical fluoride - child	\$0	D2651	Inlay - resin-based composite - two surfaces	\$198
D1204	Topical fluoride - adult	\$0	D2652	Inlay - resin-based composite - three surfaces	\$208
D1206	Topical fluoride varnish	\$0	D2662	Onlay - resin-based composite - two surfaces	\$180
D1310	Nutritional counseling	\$0	D2663	Onlay - resin-based composite - three surfaces	\$212
D1320	Tobacco counseling	\$0	D2664	Onlay - resin-based composite - four or more surfaces	\$228
D1330	Oral hygiene instructions	\$0	D2710	Crown - resin-based composite (indirect)	\$228
			D2712	Crown - ¾ resin-based composite (indirect)	\$228



Network Plus DHMO plan

Schedule of Benefits and Co-payments

ADA CODE	PROCEDURE	MEMBER PAYS	ADA CODE	PROCEDURE	MEMBER PAYS
D2720	Crown - resin with high noble metal	\$150	D3240	Pulpal therapy - posterior, primary tooth	\$15
D2721	Crown - resin with predominantly base metal	\$150	D3310	Root canal therapy - anterior	\$41
D2722	Crown - resin with noble metal	\$150	D3320	Root canal therapy - bicuspid	\$50
D2740	Crown - porcelain/ceramic substrate	\$280	D3330	Root canal therapy - molar	\$64
D2750	Crown - porcelain fused to high noble metal	\$150	D3331	Treatment of root canal obstruction; non-surgical access	\$85
D2751	Crown - porcelain fused to predominantly base metal	\$150	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$105
D2752	Crown - porcelain fused to noble metal	\$150	D3333	Internal root repair of perforation defects	\$85
D2780	Crown - ¾ cast high noble metal	\$150	D3346	Retreatment of previous root canal therapy - anterior	\$55
D2781	Crown - ¾ cast predominantly base metal	\$150	D3347	Retreatment of previous root canal therapy - bicuspid	\$65
D2782	Crown - ¾ cast noble metal	\$150	D3348	Retreatment of previous root canal therapy - molar	\$78
D2783	Crown - ¾ porcelain/ceramic	\$280	D3351	Apexification/recalcification - initial visit	\$65
D2790	Crown - full cast high noble metal	\$150	D3352	Apexification/recalcification - interim visit	\$65
D2791	Crown - full cast predominantly base metal	\$150	D3353	Apexification/recalcification - final visit	\$65
D2792	Crown - full cast noble metal	\$150	D3410	Apicoectomy/periradicular surgery - anterior	\$47
D2794	Crown - titanium	\$150	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$51
D2799	Provisional crown	\$150	D3425	Apicoectomy/periradicular surgery - molar (first root)	\$58
D2910	Recement inlay, onlay	\$6	D3426	Apicoectomy/periradicular surgery - each additional root	\$19
D2915	Recement cast or prefabricated post and core	\$6	D3430	Retrograde filling - per root	\$14
D2920	Recement crown	\$6	D3450	Root amputation - per root	\$29
D2930	Prefabricated stainless steel crown - primary tooth	\$63	D3910	Surgical procedure for isolation of tooth with rubber dam	\$20
D2931	Prefabricated stainless steel crown - permanent tooth	\$72	D3920	Hemisection, not including root canal therapy	\$90
D2932	Prefabricated resin crown	\$78	D3950	Canal preparation and fitting of preformed dowel or post	\$15
D2933	Prefabricated stainless steel crown with resin window	\$88	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	\$39
D2940	Sedative filling	\$6	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth per quadrant	\$10
D2950	Core buildup, including any pins	\$59	D4240	Gingival flap procedure - four or more contiguous teeth per quadrant	\$150
D2951	Pin retention - per tooth, in addition to restoration	\$13	D4241	Gingival flap procedure - one to three contiguous teeth per quadrant	\$115
D2952	Cast post and core in addition to crown	\$86	D4245	Apically positioned flap	\$165
D2953	Cast post and core each additional - same tooth	\$86	D4249	Clinical crown lengthening - hard tissue	\$140
D2954	Prefabricated post and core in addition to crown	\$81	D4260	Osseous surgery, four or more contiguous teeth per quadrant	\$75
D2955	Post removal	\$50	D4261	Osseous surgery, one to three contiguous teeth per quadrant	\$75
D2957	Each additional prefabricated post - same tooth	\$81	D4263	Bone replacement graft - first site in quadrant	\$180
D2960	Labial veneer (resin laminate) - chairside	\$250	D4264	Bone replacement graft - each additional site in quadrant	\$95
D2961	Labial veneer (resin laminate) - laboratory	\$300	D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D2962	Labial veneer (porcelain laminate) - laboratory	\$350			
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50			
D2980	Crown repair, by report	\$50			
D3110	Pulp cap - direct	\$4			
D3120	Pulp cap - indirect	\$3			
D3220	Therapeutic pulpotomy	\$10			
D3221	Pulpal debridement, primary and permanent teeth	\$15			
D3230	Pulpal therapy - anterior, primary tooth	\$15			



Network Plus DHMO plan

Schedule of Benefits and Co-payments

ADA CODE	PROCEDURE	MEMBER PAYS	ADA CODE	PROCEDURE	MEMBER PAYS
D4266	Guided tissue regeneration - resorbable barrier, per site.....	\$60	D5710	Rebase complete maxillary denture	\$31
D4267	Guided tissue regeneration - nonresorbable barrier, per site.....	\$64	D5711	Rebase complete mandibular denture	\$31
D4270	Pedicle soft tissue graft procedure	\$55	D5720	Rebase maxillary partial denture.....	\$31
D4271	Free soft tissue graft procedure	\$57	D5721	Rebase mandibular partial denture.....	\$31
D4273	Subepithelial connective tissue graft, per tooth.....	\$75	D5730	Reline complete maxillary denture (chairside)	\$18
D4274	Distal or proximal wedge procedure	\$70	D5731	Reline complete mandibular denture (chairside) ..	\$18
D4275	Soft tissue allograft.....	\$265	D5740	Reline maxillary partial denture (chairside)	\$18
D4320	Provisional splinting - intracoronal	\$95	D5741	Reline mandibular partial denture (chairside)	\$18
D4321	Provisional splinting - extracoronal.....	\$85	D5750	Reline complete maxillary denture (laboratory)....	\$24
D4341	Periodontal scaling and root planing - four or more contiguous teeth per quadrant.....	\$14	D5751	Reline complete mandibular denture (laboratory).....	\$24
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$14	D5760	Reline maxillary partial denture (laboratory)	\$24
D4355	Full mouth debridement.....	\$9	D5761	Reline mandibular partial denture (laboratory)	\$24
D4381	Localized delivery of antimicrobial agents, per tooth.....	\$35	D5810	Interim complete denture (maxillary).....	\$225
D4910	Periodontal maintenance.....	\$9	D5811	Interim complete denture (mandibular).....	\$225
D4999	Unspecified periodontal procedure, by report	\$0	D5820	Interim partial denture (maxillary)	\$225
D5110	Complete denture - maxillary	\$320	D5821	Interim partial denture (mandibular)	\$225
D5120	Complete denture - mandibular	\$320	D5850	Tissue conditioning, maxillary	\$30
D5130	Immediate denture - maxillary	\$349	D5851	Tissue conditioning, mandibular	\$30
D5140	Immediate denture - mandibular	\$349	D5862	Precision attachment, by report	\$180
D5211	Maxillary partial denture - resin base.....	\$292	D6210	Pontic - cast high noble metal.....	\$150
D5212	Mandibular partial denture - resin base.....	\$292	D6211	Pontic - cast predominantly base metal	\$150
D5213	Maxillary partial denture - cast metal framework with resin	\$354	D6212	Pontic - cast noble metal	\$150
D5214	Mandibular partial denture - cast metal framework with resin	\$354	D6214	Pontic - titanium	\$150
D5225	Maxillary partial denture - flexible base	\$365	D6240	Pontic - porcelain fused to high noble metal	\$150
D5226	Mandibular part denture - flexible base.....	\$365	D6241	Pontic - porcelain fused to predominantly base metal	\$150
D5281	Removable unilateral partial denture - one piece cast metal.....	\$250	D6242	Pontic - porcelain fused to noble metal.....	\$150
D5410	Adjust complete denture - maxillary	\$18	D6245	Pontic - porcelain/ceramic	\$280
D5411	Adjust complete denture - mandibular	\$18	D6250	Pontic - resin with high noble metal	\$150
D5421	Adjust partial denture - maxillary.....	\$18	D6251	Pontic - resin with predominantly base metal	\$150
D5422	Adjust partial denture - mandibular.....	\$18	D6252	Pontic - resin with noble metal	\$150
D5510	Repair broken complete denture base.....	\$9	D6253	Provisional pontic	\$75
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$7	D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$150
D5610	Repair resin denture base.....	\$10	D6600	Inlay - porcelain/ceramic, two surfaces	\$214
D5620	Repair cast framework.....	\$10	D6601	Inlay - porcelain/ceramic, three or more surfaces.....	\$227
D5630	Repair or replace broken clasp	\$13	D6602	Inlay - cast high noble metal, two surfaces.....	\$115
D5640	Replace broken teeth - per tooth	\$8	D6603	Inlay - cast high noble metal, three or more surfaces.....	\$125
D5650	Add tooth to existing partial denture.....	\$11	D6604	Inlay - cast predominantly base metal, two surfaces	\$115
D5660	Add clasp to existing partial denture	\$13	D6605	Inlay - cast predominantly base metal, three or more surfaces	\$125
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165	D6606	Inlay - cast noble metal, two surfaces	\$115
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165	D6607	Inlay - cast noble metal, three or more surfaces.....	\$125
			D6608	Onlay - porcelain/ceramic, two surfaces	\$221
			D6609	Onlay - porcelain/ceramic, three or more surfaces.....	\$238
			D6610	Onlay - cast high noble metal, two surfaces.....	\$175



Network Plus DHMO plan

Schedule of Benefits and Co-payments

ADA CODE	PROCEDURE	MEMBER PAYS	ADA CODE	PROCEDURE	MEMBER PAYS
D6611	Onlay - cast high noble metal, three or more surfaces.....	\$185	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
D6612	Onlay - cast predominantly base metal two surfaces.....	\$175	D7283	Placement of devise to facilitate eruption of impacted tooth	\$90
D6613	Onlay - cast predominantly base metal three or more surfaces	\$185	D7285	Biopsy of oral tissue - hard	\$150
D6614	Onlay - cast noble metal, two surfaces	\$175	D7286	Biopsy of oral tissue - soft	\$75
D6615	Onlay - cast noble metal, three or more surfaces.....	\$185	D7287	Exfoliative cytological sample collection.....	\$50
D6710	Crown - indirect resin based composite	\$228	D7288	Brush biopsy - transepithelial sample collection...\$50	
D6720	Crown - resin with high noble metal.....	\$150	D7310	Alveoloplasty in conjunction with extractions - four or more teeth per quadrant.....	\$16
D6721	Crown - resin with predominantly base metal...\$150		D7311	Alveoloplasty in conjunction with extractions - one to three teeth per quadrant	\$16
D6722	Crown - resin with noble metal.....	\$150	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth per quadrant	\$72
D6740	Crown - porcelain/ceramic.....	\$280	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth per quadrant.....	\$72
D6750	Crown - porcelain fused to high noble metal...\$150		D7471	Removal of lateral exostosis	\$62
D6751	Crown - porcelain fused to predominantly base metal.....	\$150	D7472	Removal of torus palatinus	\$72
D6752	Crown - porcelain fused to noble metal	\$150	D7473	Removal of torus mandibularis.....	\$72
D6780	Crown - ¾ cast high noble metal	\$150	D7485	Surgical reduction of osseous tuberosity	\$72
D6781	Crown - ¾ cast predominantly base metal	\$150	D7510	Incision and drainage of abscess - intraoral soft tissue	\$16
D6782	Crown - ¾ cast noble metal	\$150	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	\$16
D6783	Crown - ¾ porcelain/ceramic.....	\$150	D7520	Incision and drainage of abscess - extraoral soft tissue.....	\$35
D6790	Crown - full cast high noble metal.....	\$150	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated.....	\$35
D6791	Crown - full cast predominantly base metal.....	\$150	D7910	Suture of recent small wounds up to 5 cm	\$35
D6792	Crown - full cast noble metal	\$150	D7960	Frenulectomy - separate procedure.....	\$34
D6794	Crown - titanium.....	\$150	D7963	Frenuloplasty	\$34
D6930	Recement fixed partial denture	\$8	D7970	Excision of hyperplastic tissue - per arch.....	\$35
D6940	Stress breaker	\$110	D7971	Excision of pericoronal gingiva	\$35
D6950	Precision attachment.....	\$195	D8010	Limited orthodontic treatment - primary dentition	\$725
D6970	Cast post and core in addition to fixed partial denture retainer	\$89	D8020	Limited orthodontic treatment - transitional dentition	\$725
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$81	D8030	Limited orthodontic treatment - adolescent dentition	\$725
D6973	Core build up for retainer, including any pins.....	\$59	D8040	Limited orthodontic treatment - adult dentition	\$725
D6976	Each additional cast post - same tooth.....	\$89	D8050	Interceptive orthodontic treatment - primary dentition	\$910
D6977	Each additional prefabricated post - same tooth	\$81	D8060	Interceptive orthodontic treatment - transitional dentition	\$970
D6980	Fixed partial denture repair, by report.....	\$45	D8070	Comprehensive orthodontic treatment - transitional dentition	\$1,580
D7111	Extraction, coronal remnants - deciduous tooth	\$8	D8080	Comprehensive orthodontic treatment - adolescent dentition	\$1,580
D7140	Extraction, erupted tooth or exposed root	\$8	D8090	Comprehensive orthodontic treatment - adult dentition	\$1,580
D7210	Surgical removal of erupted tooth	\$14			
D7220	Removal of impacted tooth - soft tissue	\$17			
D7230	Removal of impacted tooth - partially bony	\$23			
D7240	Removal of impacted tooth - completely bony	\$27			
D7241	Removal of impacted tooth - completely bony with surgical complications.....	\$34			
D7250	Surgical removal of residual tooth roots.....	\$15			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$50			
D7280	Surgical access of an unerupted tooth	\$33			



Network Plus DHMO plan

Schedule of Benefits and Co-payments

ADA CODE	PROCEDURE	MEMBER PAYS	ADA CODE	PROCEDURE	MEMBER PAYS
D8660	Pre-orthodontic treatment visit	\$80	D9242	Intravenous conscious sedation/analgesia - each additional 15 min	\$10
D8680	Orthodontic retention	\$250	D9248	Non-intravenous conscious sedation	\$10
D9110	Palliative treatment of dental pain - minor procedure	\$6	D9310	Consultation	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	D9430	Office visit for observation - no other services performed	\$0
D9211	Regional block anesthesia	\$0	D9440	Office visit - after regularly scheduled hours	\$40
D9212	Trigeminal division block anesthesia	\$0	D9450	Case presentation, detailed and extensive treatment planning	\$0
D9215	Local anesthesia	\$0	D9610	Therapeutic drug injection, single administration	\$15
D9220	Deep sedation/general anesthesia - first 30 min	\$23	D9630	Other drugs and/or medicaments, by report	\$15
D9221	Deep sedation/general anesthesia - each additional 15 min	\$10	D9910	Application of desensitizing medicament	\$15
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15	D9940	Occlusal guard, by report	\$120
D9241	Intravenous conscious sedation/analgesia - first 30 min	\$23	D9942	Repair and/or relines of occlusal guard	\$40
			D9951	Occlusal adjustment - limited	\$25
			D9952	Occlusal adjustment - complete	\$150
			D9972	External bleaching - per arch	\$125

LIMITATIONS

- Unlisted services are at the Participating Dentist's usual fee less 25%.
- Services performed for cosmetic reasons are at the Participating Dentist's usual fee less 25%.
- Oral evaluations limited to once every 6 months.
- Bitewing radiographs limited to once every 6 months.
- Panoramic or full-mouth series radiographs limited to once every 3 years or more often, if medically necessary.
- Prophylaxis limited to twice per year. Additional prophylaxis available when medically necessary.
- Sealants limited to one per tooth every 3 years on permanent first molars up to age 14.
- Scaling and root planing limited to once every 12 months.
- Full mouth debridement limited to once every 5 years.
- Periodontal maintenance limited to once every 6 months.
- Services provided by Participating General Dentists only: Cost of noble, high noble or titanium metal is \$150 additional.
- Cases involving 7 or more units of crowns and/or fixed bridge units include an additional charge of \$125 per unit.
- Relines limited to one every 12 months.
- Removal of asymptomatic third molars is not a covered Benefit unless pathology (disease) exists. Asymptomatic third molars may be removed at the Participating Dentist's usual fee less 25%.

- Benefits at the listed co-payments are available at the Participating General Dentist or Participating Specialist, except for Pediatric Dentistry above age 6. Benefits at the Participating Pediatric Dentist for children above age 6 are available at the Participating Pediatric Dentist's usual fee less 25%.
- General anesthesia, IV sedation, and nitrous oxide are covered only when medically necessary and provided in conjunction with complex oral and periodontal surgical procedures.
- Comprehensive orthodontic treatment at the listed co-payment is limited to one twenty-four (24) month course of treatment.

EXCLUSIONS

- 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 specified in the Certificate.
- Whenever any Contributions or Co-payments 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.
- Company does not provide coverage for the following:
 - Cost of hospitalization and/or any pharmaceuticals, drugs or medications unless specifically listed on the Schedule of Benefits.
 - Services which in the opinion of the Participating General Dentist, Participating Specialist or Company



Network Plus DHMO plan

Schedule of Benefits and Co-payments

EXCLUSIONS cont'd.

are (a) not medically necessary; (b) not appropriate for the given condition or not customarily used for dental care; (c) do not have uniform professional endorsement or do not meet the standards set by the American Dental Association; (d) experimental or investigational in nature; (e) for which the Member has no legal obligation to pay; or (f) for which a charge would have been made in the absence of insurance.

- 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 covered under Workers' Compensation or Employers' Liability laws, or that arises out of or in the course of a job or employment for pay or profit.
- g) Treatment for cysts, neoplasms and malignancies, unless specifically listed on the Schedule of Benefits.
- h) Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension.
- i) 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 structures.
- j) Procedures performed by a dentist who is a member of Your immediate family.
- k) Charges for treatment rendered in (a) a clinic, dental or medical facility sponsored or maintained by the employer of any Member; or (b) by an employee of any Member.



Preferred Plus DPPO plan

Schedule of Benefits

	In Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE (waived for Type I - Diagnostic and Preventive Services)	\$25 Individual \$50 Family	\$50 Individual \$100 Family
CALENDAR YEAR MAXIMUM (Type I, II, III) The combined calendar year maximum for in- and out-of-network benefits is \$1,200 per covered person.	\$1,200 (per covered person)	\$1,200 (per covered person)
WAITING PERIOD (Type I, II, III) (Type IV - Orthodontic)	None Prior carrier credit (12 month wait for new enrollees)	None Prior carrier credit (12 month wait for new enrollees)
TYPE I - DIAGNOSTIC & PREVENTIVE SERVICES Oral exam (one per 6 months) Prophylaxis (cleaning, once per 6 months) Topical Fluoride (children under 16, once per 12 months) Sealants (one per 3 year period; limited to children under 16 for non-carious molars) X-rays (limitations apply)	100%*	80%**
TYPE II - BASIC SERVICES Fillings (silver and white) Extractions Periodontics (gum treatment) Endodontics (root canal)	80%*	50%**
TYPE III - MAJOR SERVICES Crowns Inlays and Onlays Fixed bridgework Full and partial dentures Emergency palliative treatment	50%*	30%**
TYPE IV - ORTHODONTIC SERVICES (Adult and Child)	50%* \$1,500 lifetime maximum benefit	Not covered

* We have negotiated fees with participating DPPO dentists. Benefits are covered at the listed percentage of the negotiated fees.

** Coverage based on usual, customary and reasonable fees.

Please note limitations and exclusions apply. Refer to the Preferred Plus DPPO Plan, Limitations and Exclusions Section on page 10 and 11 of this brochure for more details.



Preferred Plus DPPO plan

Schedule of Benefits

MAJOR RESTORATIVE LIMITATIONS

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

1. a denture, partial denture, or fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy, however, this provision will not apply if the Policy replaces a prior policy You had with another insurer and You are covered by this Policy on its Effective Date without a break in coverage provided: a) the prosthetic replaces teeth that were extracted while insured under the prior policy; and b) the prosthetic work is completed within 12 months of the extraction;
2. 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;
3. 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;
4. 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
5. 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;

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;



Preferred Plus DPPO plan

Schedule of Benefits

EXCLUSIONS cont'd.

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. an injury that arises out of or in the course of a job or employment for pay or profit for which benefits are available under any workers' compensation act or similar law; or
18. charges to the extent that they are more than the Reimbursement Rate. If the amount of the Reimbursement Rate for a service cannot be determined due to the unusual nature of the service, CompBenefits will determine the amount. CompBenefits will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors;

For participating dentist information,
please visit our website at:
www.compbenefits.com/custom/stateofflorida/

Or contact our Customer Care Department at:
(800) 943-6880



*Once you have enrolled in the Network Plus DHMO plan,
please visit www.mycompbenefits.com to register and select a
primary care dentist.*

How to Register Online: It's fast and simple!

Step #1: Go to www.mycompbenefits.com.

Step #2: Select [Click here to Register](#).

Step #3: Type the requested information on the PIN Registration page and click **Next**.

Step #4: In the next page, enter your Member ID number.

Step #5: Enter your demographic information as it appeared on your enrollment form
or as indicated on your ID card. Click **Submit**.

*Member Access to Online Services
24 Hours a Day, 7 Days a Week*

CompBenefits Corporation
100 Mansell Court East
Suite 400
Roswell, GA 30076
www.compbenefits.com/custom/stateofflorida/

Form# 2001-01
BCH 635 6/01

