

CompBenefits Dental Advantage

www.fed.dentaladvantage.compbenefits.com

2007



A Regional Fee-for-Service Plan

Serving: Alabama, Arkansas, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, parts of Maryland, Missouri, Mississippi, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Enrollment in this plan is limited. You must live in our geographical area to enroll. See page 5 for requirements.

Options:

High Option Self Only
High Option Self Plus One
High Option Self and Family



Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:



**United States
Office of Personnel Management**

Center for
Retirement and Insurance Services
<http://www.opm.gov/insure>

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of Advantage under CompBenefits Dental Advantage contract OPM-06-00060-3 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

CompBenefits Dental Advantage

PO Box 769179

Roswell, GA 30076-8216

877-692-2468

www.fed.dentaladvantage.compbenefits.com

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits.

OPM negotiates benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

This dental Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

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Program Highlights

| | |
|---|--|
| A choice of plans and options | You can select from several national, and in some areas regional, dental Preferred Provider Organizations (PPO), and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/insure/dentalvision for more information. |
| Enroll through BENEFEDS | You enroll through the Internet at www.BENEFEDS.com . See page 6 for more information. |
| Coverage effective date | If you sign up for a dental and/or vision plan during the 2006 Open Season, your coverage will begin on December 31, 2006. Premium deductions will start with the first full pay period beginning on/after January 1, 2007. You can use your benefits as soon as your coverage becomes effective. |
| Pre-tax salary deduction for employees | Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars. |
| Annual enrollment opportunity | Each year, an open season will be held, during which you can enroll or change your dental and/or vision plan enrollment. This year the Open Season runs from November 13, 2006 through December 11, 2006. You do not need to re-enroll each open season unless you wish to change plans or plan options. Your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. See page 6 for more information. |
| Continued group coverage | Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may be able to continue enrollment after your death. See page 5 for more information. |
| Waiting period | The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be enrolled in the same plan for the entire waiting period. |

Section 1 Eligibility

| | |
|----------------------------|---|
| Federal employees | If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program. Enrollment in the FEHB Program is not required. |
| Federal annuitants | <p>You are eligible to enroll if you:</p> <ul style="list-style-type: none">retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government. <p>You may continue your FEDVIP enrollment into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for the 5 years of service prior to retirement to continue coverage into retirement, as there is with the FEHB Program.</p> <p>Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You can enroll in FEDVIP again when you begin to receive your annuity.</p> |
| Survivor annuitants | If you are a survivor of a deceased Federal/ U.S. Postal Service employee or annuitant and you are receiving an annuity, you can enroll or continue the existing enrollment. |
| Compensationers | A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status. |
| Family members | <p>Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.</p> <p>FEDVIP rules and FEHB rules for family member eligibility are the same. For more information on family member eligibility, see the FEHB Handbook at www.opm.gov/insure/handbook or contact your employing agency or retirement system.</p> |
| Not eligible | <p>The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:</p> <ul style="list-style-type: none">Deferred annuitants;Former spouses of employees or annuitants;FEHB temporary continuation of coverage (TCC) enrollees. |

Section 2 How we change for 2008

Section 3 Enrollment

Enroll through BENEFEDES

You must use BENEFEDES to enroll or change enrollment in a FEDVIP plan. BENEFEDES is a secure enrollment website (www.BENEFEDES.com) sponsored by OPM where you enter your name, personal information such as your address and Social Security Number, the agency you work for (or retirement system that pays your annuity), and the dental/vision plan you select. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

Note: You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDES.

Enrollment types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the employed enrollee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Opportunities to enroll or change enrollment

Open season

If you are an eligible employee or an eligible annuitant, you can enroll in a dental and/or vision plan during the November 13 through December 11, 2006 Open Season. Coverage is effective December 31, 2006.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.

New hire / Newly eligible

You can enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP;

or within 60 days of a return to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDES receives your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLE's and the enrollment actions you may take.

| Qualifying Life Event | From Not Enrolled to Enrolled | INCREASE: Enrollment Type | DECREASE: Enrollment Type | Cancel | CHANGE: from one plan to another |
|--|-------------------------------|---------------------------|---------------------------|--------|----------------------------------|
| Acquiring an eligible family member | No | Yes | No | No | No |
| Losing a covered family member | No | No | Yes | No | No |
| Losing other dental/vision coverage (eligible or covered person) | Yes | Yes | No | No | No |
| Moving out of regional plan's service area | No | No | No | No | Yes |
| Return to pay status from active military duty | Yes | No | No | No | No |
| Annuity/compensation restored | Yes | No | No | No | No |

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and
- You cannot request a new enrollment based on a QLE before the QLE occurs. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Canceling an enrollment

You can cancel your enrollment only during the annual open season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date.

When coverage stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or

- cancel the enrollment during open season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Under FEDVIP, there is no 31-day extension of coverage, temporary continuation of coverage, spouse equity coverage, or right to convert to an individual policy.

**FSAFEDS/High Deductible
Health Plans and
FEDVIP**

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSAs) or Limited Expense Health Care Flexible Spending Account (LEX HCFSAs), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2007. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

Section 4 How you get care

Identification cards / Enrollment confirmation

We will send you an identification (ID) card within 15 days of your effective date. You should carry your ID card with you at all times. You should present your ID card whenever you receive services from a Plan provider.

If you do not receive your ID card within 30 days after the effective date of your enrollment or if you need replacement cards, you can request one through our website at www.mycompbenefits.com or call us at 877-692-2468.

Where you get covered care

Members should receive services from in-network providers. There is no coverage for services rendered by an out-of-network provider.

- **Plan providers**

We list Plan providers in the provider directory, which we update periodically. The list is on our website at: www.fed.dentaladvantage.compbenefits.com or www.mycompbenefits.com

- **In-network**

You may see any network general dentist or specialist (e.g. Endodontist, Periodontist, etc.). You do not need a referral to see a specialist. If there are no network providers available in your geographic area to access, call us at 877-692-2468 to understand the benefits available to you. If you have an emergency outside of the service area, visit any general dentist or specialist for care. We will reimburse you for emergency services up to \$100 per member per year.

- **Out-of-network**

Benefits under your Plan must be received through in-network dentists.

- **Overseas**

We only provide emergency palliative treatment when traveling overseas. Emergency services are defined as treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an in-network plan provider. We will reimburse you for emergency services up to \$100 per member per year. Members should follow the following when submitting a claim for overseas care:

- Name of Country work was performed in
- American Dental Association Codes
- Translation of language to English
- Translation into US currency or accurate day rate
- Tooth number(s)
- Date of service
- X-rays and/or charting for procedures that require review

Coordination of benefits

If you have dental or vision coverage through your FEHB plan and coverage under FEDVIP, your FEHB plan will be the first payor of any benefit payments. We are responsible for coordinating benefits with the primary payor.

We will also coordinate benefit payments with the payment of benefits under other group health benefits coverage you may have and the payment of dental costs under no-fault insurance that pays benefits without regard to fault.

We may request that you verify/identify your health insurance plan(s) annually or at time of service.

Service area

To enroll in this Plan, you must live in our service area. This is where our providers practice. Our service area is: Alabama, Arkansas, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, parts of Maryland, Missouri, Mississippi, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia

Ordinarily, you must get your care from providers within the service area who contract with us. If you receive care outside our service area, we will pay only for emergency care benefits. An emergency is treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider. We will not pay for any other services out of our service area unless the services have prior plan approval.

If you or a covered family member moves outside of our service area, you can enroll in another plan at that time. You do not have to wait until Open Season to change plans. If your family members live out of the area (for example, if your child goes to college in another state), it may make sense to enroll in a Nationwide plan. Contact BENEFEDS at www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to change plans

Rating areas

Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS. Your rates might change because of the move.

Section 5 Your cost for covered services

This is what you will pay out-of-pocket for covered care:

| | |
|---------------------------------|---|
| Copayment | <p>A co-payment is a fixed amount of money you pay directly to the dentist when you receive covered services. Your Benefit Schedule lists the co-payments for each covered procedure. There are no additional charges.</p> <p>Example: In our Plan, you pay \$29 for amalgam-one surface primary or permanent.</p> |
| Annual benefit maximum | <p>There is no annual benefit maximum under this Plan.</p> |
| Lifetime benefit maximum | <p>There is no lifetime benefit maximum under this Plan</p> |
| In-network services | <p>The co-payment amounts listed in the Benefit Schedule represent your total cost for in-network services.</p> |
| Out-of-network services | <p>Benefits under your Plan must be received through in-network dentists. There is no coverage for services rendered by an out-of-network provider.</p> |
| Emergency services | <p>An emergency is treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider. We will not pay for any other services out of our service area unless the services have prior plan approval. We will reimburse you up to \$100 per member per year.</p> |
| Overseas services | <p>When traveling overseas, we will authorize emergency services only.</p> |

Section 6 Dental services and supplies Class A Basic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for basic services.
- The annual benefit maximum is unlimited.

You Pay:

- **High Option**

In-Network: The co-pay amount shown in the Benefit Schedule.

Out-of-Network: N/A

Diagnostic and Treatment Services

D0120 Periodic oral evaluation - *Limited to twice every 12 months* \$0

D0140 Limited oral evaluation - problem focused - *Limited to once every 12 months* \$0

D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver – *Limited to once per patient per lifetime* \$0

D0150 Comprehensive oral evaluation - *Limited to once every 12 months* **Co-Pay Amount \$0**

D0180 Comprehensive periodontal evaluation – *Limited to once every 12 months* **Co-Pay Amount \$0**

D0210 Intraoral - complete series (including bitewings) – *Limited to once every 3 years* **Co-Pay Amount \$0**

D0220 Intraoral - periapical first film **Co-Pay Amount \$0**

D0230 Intraoral - periapical - each additional film **Co-Pay Amount \$0**

D0240 Intraoral - occlusal film **Co-Pay Amount \$0**

D0270 Bitewing - single film – *Limited to twice every 12 months* **Co-Pay Amount \$0**

D0272 Bitewings - two films – *Limited to twice every 12 months* **Co-Pay Amount \$0**

D0273 Bitewings – three films – *Limited to twice every 12 months* **Co-Pay Amount \$0**

D0274 Bitewings - four films – *Limited to twice every 12 months* **Co-Pay Amount \$0**

D0277 Vertical bitewings – 7 to 8 films – *Limited to 2 every 12 months* **Co-Pay Amount \$0**

D0330 Panoramic film – *Limited to once every 3 years* **Co-Pay Amount \$0**

D0425 Caries susceptibility tests **Co-Pay Amount \$0**

Preventative Services

D1110 Prophylaxis – adult - *Limited to twice every 12 months* **Co-Pay Amount \$0**

D1120 Prophylaxis – child - *Limited to twice every 12 months* **Co-Pay Amount \$0**

D1203 Topical application of fluoride (excluding prophylaxis) – child - *Limited to twice every 12 months*

Co-Pay Amount \$0

D1204 Topical application of fluoride (excluding prophylaxis) – adult - *Limited to twice every 12 months*

Co-Pay Amount \$0

D1206 Topical fluoride varnish, therapeutic application for moderate to high caries risk patients – *Limited to twice every 12 months* **Co-Pay Amount \$0**

D1351 Sealant - per tooth - *Limited to permanent molar and children under age 18. One sealant per tooth in a 3-year period* **Co-Pay Amount \$0**

Preventative Services - continued on next page

Preventative Services (cont.)

D1510 Space maintainer - fixed – unilateral - *Limited to children under age 19* **Co-Pay Amount \$0**

D1515 Space maintainer - fixed – bilateral - *Limited to children under age 19* **Co-Pay Amount \$0**

D1520 Space maintainer - removable – unilateral - *Limited to children under age 19* **Co-Pay Amount \$0**

D1525 Space maintainer - removable – bilateral - *Limited to children under age 19* **Co-Pay Amount \$0**

D1550 Re-cementation of space maintainer - *Limited to children under age 19* **Co-Pay Amount \$0**

Additional Procedures covered as Basic Services

D9110 Palliative treatment of dental pain – minor procedure **Co-Pay Amount \$0**

Not covered:

- *Plaque control programs*
 - *Oral hygiene instruction*
 - *Dietary instructions*
 - *Sealants for teeth other than permanent molars*
 - *Over-the-counter dental products, such as teeth whiteners, toothpaste, dental floss*
-

test

Class B Minor

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for intermediate services.
- The annual benefit maximum is unlimited.

You Pay:

- **High Option**

In-Network: The co-pay amount shown in the Schedule of Benefits.

Out-of-Network: N/A

Minor Restorative Services

D2140 Amalgam - one surface, primary or permanent - *Limited to once per tooth every 24 months*

Co-Pay Amount \$29

D2150 Amalgam - two surfaces, primary or permanent - *Limited to once per tooth every 24 months*

Co-Pay Amount \$38

D2160 Amalgam – three surfaces, primary or permanent – *Limited to once per tooth every 24 months*

Co-Pay Amount \$46

D2161 Amalgam - four or more surfaces, primary or permanent - *Limited to once per tooth every 24 months*

Co-Pay Amount \$54

D2330 Resin-based composite - one surface, anterior - *Limited to once per tooth every 24 months*

Co-Pay Amount \$36

D2331 Resin-based composite - two surfaces, anterior - *Limited to once per tooth every 24 months*

Co-Pay Amount \$44

D2332 Resin-based composite - three surfaces, anterior - *Limited to once per tooth every 24 months*

Co-Pay Amount \$54

D2335 Resin-based composite - four or more surfaces or involving incisal angle, anterior - *Limited to once per tooth every 24 months*

Co-Pay Amount \$64

D2391 Resin-based composite- one surface, posterior – *Limited to once per tooth every 24 months*

Co-Pay Amount \$53

D2392 Resin-based composite – two surfaces, posterior – *Limited to once per tooth every 24 months*

Co-Pay Amount \$69

D2393 Resin-based composite – three surfaces, posterior – *Limited to once per tooth every 24 months*

Co-Pay Amount \$85

D2394 Resin-based composite – four or more surfaces, posterior – *Limited to once per tooth every 24 months*

Co-Pay Amount \$103

Minor Restorative Services - continued on next page

Minor Restorative Services (cont.)

D2910 Recement inlay

Co-Pay Amount \$24

D2920 Recement crown

Co-Pay Amount \$24

D2930 Prefabricated stainless steel crown - primary tooth - *Limited to one, per tooth, per lifetime to age 15 or higher if as a result of accidental injury*

Co-Pay Amount \$67

D2931 Prefabricated stainless steel crown - permanent tooth - *Limited to one, per tooth, per lifetime to age 15 or higher if as a result of accidental injury*

Co-Pay Amount \$74

D2951 Pin retention - per tooth, in addition to restoration

Co-Pay Amount \$16

Not Covered:

- Restorations, including veneers, which are placed for cosmetic purposes only
- Sedative restorations
- Gold foil restorations
- Inlays

Endodontic Services

D3220 Therapeutic pulpotomy (excluding final restoration)

Co-Pay Amount \$46

D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) – *up to age 11*

Co-Pay Amount \$53

D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) - *up to age 11*

Co-Pay Amount \$60

Periodontal Services

D4341 Periodontal scaling and root planning-four or more teeth per quadrant – *Limited to once per quad every 24 months*

Co-Pay Amount \$63

D4342 Periodontal scaling and root planning-one to three teeth, per quadrant – *Limited to once per quad every 24 months*

Co-Pay Amount \$41

D4910 Periodontal maintenance – *Limited to twice every 12 months*

Co-Pay Amount \$39

Prosthodontic Services

D5410 Adjust complete denture – maxillary

Co-Pay Amount \$22

D5411 Adjust complete denture – mandibular

Co-Pay Amount \$22

D5421 Adjust partial denture – maxillary

Co-Pay Amount \$22

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D5422 Adjust partial denture – mandibular

Co-Pay Amount \$22

D5510 Repair broken complete denture base

Co-Pay Amount \$44

D5520 Replace missing or broken teeth – complete denture (each tooth)

Co-Pay Amount \$41

D5610 Repair resin denture base

Co-Pay Amount \$46

D5620 Repair cast framework

Co-Pay Amount \$49

D5630 Repair or replace broken clasp

Co-Pay Amount \$56

D5640 Replace broken teeth – per tooth

Co-Pay Amount \$42

D5650 Add tooth to existing partial denture

Co-Pay Amount \$52

D5660 Add clasp to existing partial denture

Co-Pay Amount \$57

D5710 Rebase complete maxillary denture

Co-Pay Amount \$138

D5711 Rebase complete mandibular denture

Co-Pay Amount \$133

D5720 Rebase maxillary partial denture

Co-Pay Amount \$127

D5721 Rebase mandibular partial denture

Co-Pay Amount \$124

D5730 Reline complete maxillary denture (chairside)

Co-Pay Amount \$82

D5731 Reline complete mandibular denture (chairside)

Co-Pay Amount \$82

D5740 Reline maxillary partial denture (chairside)

Co-Pay Amount \$77

D5741 Reline mandibular partial denture (chairside)

Co-Pay Amount \$75

D5750 Reline complete maxillary denture (laboratory)

Co-Pay Amount \$114

D5751 Reline complete mandibular denture (laboratory)

Co-Pay Amount \$114

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D5760 Reline maxillary partial denture (laboratory)

Co-Pay Amount \$112

D5761 Reline mandibular partial denture (laboratory)

Co-Pay Amount \$112

D5850 Tissue conditioning (maxillary)

Co-Pay Amount \$36

D5851 Tissue conditioning (mandibular)

Co-Pay Amount \$36

D6930 Recement fixed partial denture

Co-Pay Amount \$33

D6980 Fixed partial denture repair, by report

Co-Pay Amount \$63

Oral Surgery

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Co-Pay Amount \$39

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

Co-Pay Amount \$65

D7220 Removal of impacted tooth - soft tissue

Co-Pay Amount \$84

D7230 Removal of impacted tooth - partially bony

Co-Pay Amount \$110

D7240 Removal of impacted tooth - completely bony

Co-Pay Amount \$130

D7250 Surgical removal of residual tooth roots (cutting procedure)

Co-Pay Amount \$73

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

Co-Pay Amount \$154

D7280 Surgical access of an unerupted tooth

Co-Pay Amount \$171

D7310 Alveoloplasty in conjunction with extractions - per quadrant

Co-Pay Amount \$84

D7311 Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant

Co-Pay Amount \$68

D7320 Alveoloplasty not in conjunction with extractions - per quadrant

Co-Pay Amount \$155

D7321 Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant

Co-Pay Amount \$124

Oral Surgery - continued on next page

Oral Surgery (cont.)

D7471 Removal of exostosis

Co-Pay Amount \$259

D7510 Incision and drainage of abscess – intraoral soft tissue

Co-Pay Amount \$73

D7910 Suture of recent small wounds up to 5 cm

Co-Pay Amount \$110

D7971 Excision of pericoronal gingiva

Co-Pay Amount \$61

Additional Procedures Covered as Intermediate Services

D6092 Recement implant/abutment supported crown

Co-Pay Amount \$24

D6093 Recement implant/abutment supported fixed partial denture

Co-Pay Amount \$33

Class C Major

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for major services.
- The annual benefit maximum is unlimited.

You Pay:

- **High Option**
- **In-Network:** The co-pay amount shown in the Schedule of Benefits.
- **Out-of-Network:** N/A

Major Restorative Services

D2542 Onlay - metallic - two surfaces – *Limited to once per tooth every 5 years*

Co-Pay Amount \$315

D2543 Onlay - metallic - three surfaces – *Limited to once per tooth every 5 years*

Co-Pay Amount \$342

D2544 Onlay - metallic - four or more surfaces – *Limited to once per tooth every 5 years*

Co-Pay Amount \$362

D2740 Crown - porcelain/ceramic substrate – *Limited to once per tooth every 5 years*

Co-Pay Amount \$430

D2750 Crown - porcelain fused to high noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$432

D2751 Crown - porcelain fused to predominately base metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$396

D2752 Crown - porcelain fused to noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$408

D2780 Crown - 3/4 cast high noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$447

D2781 Crown - 3/4 cast predominately base metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$419

D2782 Crown – ¾ cast noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$431

D2783 Crown – ¾ porcelain/ceramic – *Limited to once per tooth every 5 years*

Co-Pay Amount \$456

D2790 Crown – full cast high noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$412

Major Restorative Services - continued on next page

Major Restorative Services (cont.)

D2791 Crown - full cast predominately base metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$381

D2792 Crown - full cast noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$389

D2794 Crown – titanium – *Limited to once per tooth every 5 years*

Co-Pay Amount \$417

D2950 Core buildup, including any pins

Co-Pay Amount \$90

D2954 Prefabricated post and core, in addition to crown

Co-Pay Amount \$109

D2980 Crown repair, by report

Co-Pay Amount \$70

Not covered:

- *Gold foil restorations*
- *Restorations for cosmetic purposes only*

Endodontic Services

D3310 Anterior root canal (excluding final restoration)

Co-Pay Amount \$328

D3320 Bicuspid root canal (excluding final restoration)

Co-Pay Amount \$400

D3330 Molar root canal (excluding final restoration)

Co-Pay Amount \$508

D3346 Retreatment of previous root canal therapy-anterior

Co-Pay Amount \$426

D3347 Retreatment of previous root canal therapy-bicuspid

Co-Pay Amount \$502

D3348 Retreatment of previous root canal therapy-molar

Co-Pay Amount \$600

D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

Co-Pay Amount \$175

D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)

Co-Pay Amount \$87

D3353 Apexification/recalcification - final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)

Co-Pay Amount \$250

D3410 Apicoectomy/periradicular surgery - anterior

Co-Pay Amount \$342

Endodontic Services - continued on next page

Endodontic Services (cont.)

D3421 Apicoectomy/periradicular surgery - bicuspid (first root)

Co-Pay Amount \$359

D3425 Apicoectomy/periradicular surgery - molar (first root)

Co-Pay Amount \$420

D3426 Apicoectomy/periradicular surgery (each additional root)

Co-Pay Amount \$146

D3450 Root amputation - per root

Co-Pay Amount \$208

D3920 Hemisection (including any root removal) - not including root canal therapy

Co-Pay Amount \$165

Periodontal Services

D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant

Co-Pay Amount \$226

D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant

Co-Pay Amount \$81

D4240 Gingival flap procedure, including root planing, four or more contiguous teeth or bounded teeth spaces per quadrant

Co-Pay Amount \$298

D4249 Clinical crown lengthening-hard tissue

Co-Pay Amount \$332

D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant

Co-Pay Amount \$510

D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant

Co-Pay Amount \$285

D4270 Pedicle soft tissue graft procedure

Co-Pay Amount \$363

D4271 Free soft tissue graft procedure (including donor site surgery)

Co-Pay Amount \$376

D4273 Subepithelial connective tissue graft procedures (including donor site surgery)

Co-Pay Amount \$421

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis - *Limited to once per lifetime*

Co-Pay Amount \$51

Prosthodontic Services

D5110 Complete denture - maxillary *Limited to once per tooth every five years*

Co-Pay Amount \$510

D5120 Complete denture - mandibular *Limited to once per tooth every five years*

Co-Pay Amount \$510

D5130 Immediate denture - maxillary *Limited to once per tooth every five years*

Co-Pay Amount \$544

D5140 Immediate denture - mandibular *Limited to once per tooth every five years*

Co-Pay Amount \$544

D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) *Limited to once per tooth every five years*

Co-Pay Amount \$407

D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) *Limited to once per tooth every five years*

Co-Pay Amount \$435

D5213 Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) *Limited to once per tooth every five years*

Co-Pay Amount \$559

D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) *Limited to once per tooth every five years*

Co-Pay Amount \$559

D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth) *Limited to once per tooth every five years*

Co-Pay Amount \$295

D6210 Pontic - cast high noble metal *Limited to once per tooth every five years*

Co-Pay Amount \$399

D6211 Pontic - cast predominately base metal *Limited to once per tooth every five years*

Co-Pay Amount \$375

Prosthodontic Services

D6212 Pontic - cast noble metal *Limited to once per tooth every five years*

Co-Pay Amount \$391

D6214 Pontic – titanium *Limited to once per tooth every five years*

Co-Pay Amount \$405

D6240 Pontic - porcelain fused to high noble metal *Limited to once per tooth every five years*

Co-Pay Amount \$407

D6241 Pontic - porcelain fused to predominately base metal *Limited to once per tooth every five years*

Co-Pay Amount \$373

D6242 Pontic - porcelain fused to noble metal *Limited to once per tooth every five years*

Co-Pay Amount \$388

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D6245 Pontic - porcelain/ceramic *Limited to once per tooth every five years*

Co-Pay Amount \$384

D6545 Retainer - cast metal for resin bonded fixed prosthesis

Co-Pay Amount \$178

D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis

Co-Pay Amount \$196

D6600 Inlay – porcelain/ceramic, two surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$356

D6601 Inlay – porcelain/ceramic, three or more surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$389

D6602 Inlay – cast high noble metal, two surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$342

D6603 Inlay – cast high noble metal, three or more surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$391

D6604 Inlay – cast predominantly base metal, two surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$341

D6605 Inlay – cast predominantly base metal, three or more surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$379

D6606 Inlay – cast noble metal, two surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$343

D6607 Inlay – cast noble metal, three or more surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$384

D6608 Onlay – porcelain/ceramic, two surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$394

D6609 Onlay – porcelain/ceramic, three or more surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$418

D6610 Onlay – cast noble metal, two surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$412

D6611 Onlay – cast noble metal, three or more surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$381

D6612 Onlay – cast predominantly base metal, two surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$409

D6613 Onlay – cast predominantly base metal, three or more surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$368

D6614 Onlay – cast noble metal, two surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$408

D6615 Onlay – cast noble metal, three or more surfaces – Limited to once per tooth every 5 years

Co-Pay Amount \$368

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D6740 Crown - porcelain/ceramic *Limited to once per tooth every five years*

Co-Pay Amount \$381

D6750 Crown - porcelain fused to high noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$435

D6751 Crown - porcelain fused to predominately base metal *Limited to once per tooth every five years*

Co-Pay Amount \$401

D6752 Crown - porcelain fused to noble metal *Limited to once per tooth every five years*

Co-Pay Amount \$411

D6780 Crown - 3/4 cast high noble metal *Limited to once per tooth every five years*

Co-Pay Amount \$388

D6781 Crown - 3/4 cast predominately base metal *Limited to once per tooth every five years*

Co-Pay Amount \$394

D6782 Crown - 3/4 cast noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$392

D6783 Crown - 3/4 porcelain/ceramic – *Limited to once per tooth every 5 years*

Co-Pay Amount \$418

D6790 Crown - full cast high noble metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$415

D6791 Crown - full cast predominately base metal – *Limited to once per tooth every 5 years*

Co-Pay Amount \$389

D6792 Crown - full cast noble metal *Limited to once per tooth every five years*

Co-Pay Amount \$399

D6794 Crown – titanium – *Limited to once per tooth every 5 years*

Co-Pay Amount \$416

D6972 Prefabricated post and core in addition to fixed partial denture retainer

Co-Pay Amount \$99

D6973 Core buildup for retainer, including any pins

Co-Pay Amount \$100

Additional Procedures Covered as Major Services

D0160 Detailed and extensive oral evaluation – problem focused, by report – *Limited to once per patient per lifetime*

Co-Pay Amount \$53

Not covered:

- *Implants and related services*
 - *Cast unilateral removable partial dentures*
 - *Precision attachments, personalization, precious metal bases, and other specialized techniques*
 - *Replacement of dentures that have been lost, stolen or misplaced*
 - *Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the coverage ending date*
-

Class D Orthodontic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- The waiting period for orthodontic services is 24 months. The person receiving services must be covered under this Plan for the entire waiting period.
- The lifetime maximum for orthodontic services is unlimited.

You Pay:

- **High Option**
- **In-Network:** The co-pay amount shown in the Schedule of Benefits.
- **Out-of-Network:** N/A

D8010 Limited orthodontic treatment of the primary dentition – Limited to one treatment per lifetime

D8010 Limited orthodontic treatment of the primary dentition – *Limited to one treatment per lifetime*

Co-Pay Amount\$685

D8020 Limited orthodontic treatment of the transitional dentition – *Limited to one treatment per lifetime*

Co-Pay Amount\$894

D8030 Limited orthodontic treatment of the adolescent dentition – *Limited to one treatment per lifetime*

Co-Pay Amount\$1007

D8050 Interceptive orthodontic treatment of the primary dentition – *Limited to one treatment per lifetime*

Co-Pay Amount\$1240

D8060 Interceptive orthodontic treatment of the transitional dentition – *Limited to one treatment per lifetime*

Co-Pay Amount\$1431

D8070 Comprehensive orthodontic treatment of the transitional dentition – *Limited to one treatment per lifetime*

Co-Pay Amount\$2829

D8080 Comprehensive orthodontic treatment of the adolescent dentition – *Limited to one treatment per lifetime*

Co-Pay Amount\$2885

D8210 Removable appliance therapy – *Limited to one treatment per lifetime*

Co-Pay Amount\$583

D8220 Fixed appliance therapy – *Limited to one treatment per lifetime*

Co-Pay Amount\$662

D8660 Pre-orthodontic treatment visit – *Limited to one treatment per lifetime*

Co-Pay Amount\$35

D8670 Periodic orthodontic treatment visit (as part of contract)

Co-Pay Amount\$116

D8010 Limited orthodontic treatment of the primary dentition – Limited to one treatment per lifetime - continued on next page

D8010 Limited orthodontic treatment of the primary dentition – Limited to one treatment per lifetime (cont.)

D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s)) – *Limited to one treatment per lifetime*

Co-Pay Amount\$286

Not covered:

- *Orthodontic care for persons age 19 and over*
 - *Repair of damaged orthodontic appliances*
 - *Replacement of lost or missing appliance*
-

General Services

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- The annual benefit maximum is unlimited.

You Pay:

- **High Option**

In-Network: The co-payment shown in the Benefit Schedule

Out-of-Network: N/A

Anesthesia Services

D9215 Local anesthesia

Co-Pay Amount\$0

D9220 Deep sedation/general anesthesia - first 30 minutes

Co-Pay Amount\$141

D9221 Deep sedation/general anesthesia - each additional 15 minutes

Co-Pay Amount\$56

Intravenous Sedation

D9241 Intravenous conscious sedation/analgesia - first 30 minutes

Co-Pay Amount\$123

D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes

Co-Pay Amount\$51

Consultations

D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

Co-Pay Amount\$59

Office Visits

D9440 Office visit - after regularly scheduled hours

Co-Pay Amount\$44

Medications

D9610 Therapeutic drug injection, by report

Co-Pay Amount\$23

Post Surgical Services

D9930 Treatment of complications (post-surgical) unusual circumstances, by report

Co-Pay Amount\$0

Miscellaneous Services

D9940 Occlusal guard, by report

Co-Pay Amount\$155

D9941 Fabrication of athletic mouthguard

Co-Pay Amount\$95

D9974 Internal bleaching - per tooth

Co-Pay Amount\$161

Not covered:

- *Nitrous oxide*
 - *Oral sedation*
-

Section 7 General exclusions – things we don't cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

We do not cover the following:

- Any dental service or treatment not specifically listed as a covered service;
- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment for which the cost is later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group;
- Any dental treatment started prior to your effective date for eligibility of benefits.
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services which in the opinion of the in-network dentist or specialist are not necessary treatment to establish and/or maintain your oral health;
- Any service that is not consistent with the normal and/or usual services provided by the in-network dentist or specialist or which in the opinion of the in-network dentist or specialist would endanger your health;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- The cost of hospitalization, pharmaceuticals, drugs or medications;
- Any service or procedure which the in-network dentist or specialist is unable to perform because of your general health or physical limitations;
- Treatment for cysts, neoplasms and malignancies;
- General anesthesia;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/ mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Adjunctive dental care services are covered by other medical insurance even when provided by a general dentist or oral surgeon;

- No service of any dentist other than an in-network general dentist or specialist will be covered by Plan, except out-of-area emergency services up to Co-Pay Amount \$100 per member per year. Emergency services are defined as treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an in-network provider;
- Whenever any contributions or copayments are delinquent, you will not be entitled to receive benefits, or enjoy any of the other privileges of a member in good standing.

Section 8 The claims filing and disputed claims processes

How to file a claim for covered services

For in-network services, there are no claims for you to file.

This plan does not offer an out-of-network benefit. If you see an out-of-network provider for emergency purposes, the provider should submit a standard ADA claim form to:

CompBenefits Dental Advantage

PO Box 7533

Chicago, IL 60680-7533

If you see an overseas provider for emergency services, the provider or member should submit a claim form with the following information: name of the country the work was performed in, the American Dental Association codes, the tooth number(s), and the date(s) of service. Claims must be submitted in U.S. dollars and mailed to the address shown above.

Deadline for filing your claim

For emergency and overseas claims, you have one year from the date of service to file your claim.

Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide for OPM to review disputed claims.**

Step Description

1 Ask us in writing to reconsider our initial decision. You must: submit a formal written statement to our Grievance Coordinator at: 5775 Blue Lagoon Drive, Suite 400 Miami, FL 33126, within one (1) year from occurrence of the events upon which the grievance is based, and must contain a statement of the action requested, your name, address, telephone number, Member number, signature and the date.

2 We have 60 days from the date we received your request to: Render a decision to either pay or deny the claim and communicate such decision back to you. However, if the grievance involves collection of information from outside our service area, an additional thirty (30) days will be allowed for processing.

3 If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must: Request reconsideration by the Grievance Panel within sixty (60) days after receipt of the initial grievance written decision by submitting a written request to the Grievance Coordinator at: 5775 Blue Lagoon Drive, Suite 400 Miami, FL 33126.

If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by OPM and us, review the decision. The decision of the independent third party is binding and is the final review of your claim. This decision is not subject to judicial review. To request a third-party review, you must submit a written request to the Grievance Coordinator at: 5775 Blue Lagoon Drive, Suite 400 Miami, FL 33126.

Section 9 Definitions of terms we use in this brochure

| | |
|--|--|
| Annuitants | Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees. |
| BENEFEDS | The enrollment and premium administration system for FEDVIP. |
| Benefits | Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure. |
| Annual benefit maximum | The maximum annual benefit that you can receive per person. |
| Class A services | Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays. |
| Class B services | Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments. |
| Class C services | Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures. |
| Class D services | Orthodontic services. |
| Enrollee | The Federal employee or annuitant enrolled in this Plan. |
| FEDVIP | Federal Employees Dental and Vision Insurance Program. |
| Generally accepted dental protocols | The standards set by the American Dental Association or which are customarily used for dental care. CompBenefits reserves the right to determine the level of necessary treatment. |
| Plan allowance | The amount we use to determine our payment for out-of-network services. We determine our plan allowance as follows: |
| Waiting period | The amount of time that you must be enrolled in this Plan before you can receive orthodontic services. |
| We / Us | CompBenefits Dental Advantage. |
| You | Enrollee or eligible family member. |

Stop health care fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:

Call the provider and ask for an explanation. There may be an error.

If the provider does not resolve the matter, call us at 877-692-2468 and explain the situation.

Summary Of Benefits For Advantage - 2007

- **Do not rely on this chart alone.** On this page we summarize specific expenses we cover; for more detail, see Sections 4 and 5 of this brochure.
- If you want to enroll or change your enrollment in this Plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

| High Option Benefits | You Pay In-network | You Pay Out of network | Page |
|---|-----------------------|---------------------------|------|
| Class A (Basic) Services – preventive and diagnostic | Nothing | 100% | 11 |
| Class B (Intermediate) Services – includes minor restorative services | Co-Pay | 100% | 13 |
| Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services | Co-pay | 100% | 16 |
| Class A, B, and C Services are not subject to an annual maximum benefit | | | |
| Class D Services – orthodontic No Lifetime Maximum | Co-pay | 100% | 20 |

2007 Monthly and Bi-Weekly Rate Information for Advantage

How to find your monthly rate

- In the first chart below, look up your state or zip code to determine your Rating Area.
- In the second chart below, match your Rating Area to your enrollment type and plan option.

Premium Rating Areas by State/Zip Code (first three digits)

| State | 3 Digit Zip Code | Rating Area | State | 3 Digit Zip Code | Rating Area |
|-------|---------------------|-------------|-------|---------------------|-------------|
| AL | Entire State | 1 | MO | Entire State | 1 |
| AR | Entire State | 5 | MS | Entire State | 5 |
| DC | Entire State | 4 | NC | Entire State | 5 |
| FL | Entire State | 2 | OH | 430-432 | 3 |
| GA | 300-303, 311 | 3 | OH | Remaining Zip Codes | 1 |
| GA | Remaining Zip Codes | 5 | OK | Entire State | 3 |
| IL | Entire State | 1 | SC | Entire State | 5 |
| IN | Entire State | 1 | TN | Entire State | 1 |
| KS | Entire State | 1 | TX | Entire State | 3 |
| KY | Entire State | 1 | VA | 230-232, 238 | 5 |
| LA | Entire State | 5 | VA | Remaining Zip Codes | 4 |
| MD | 206-218 | 4 | WV | Entire State | 3 |

Monthly and Bi-Weekly Rates

| Rating Area | High option Self Only | High option Self Plus One | High option Self and Family | High option Self Only | High option Self Plus One | High option Self and Family |
|--------------------|----------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|--|
| 1 | \$21.65 | \$43.29 | \$64.94 | \$9.99 | \$19.98 | \$29.97 |
| 2 | \$22.21 | \$44.40 | \$66.60 | \$10.25 | \$20.49 | \$30.74 |
| 3 | \$23.42 | \$46.87 | \$70.29 | \$10.81 | \$21.63 | \$32.44 |
| 4 | \$30.42 | \$60.84 | \$91.24 | \$14.04 | \$28.08 | \$42.11 |
| 5 | \$32.05 | \$64.09 | \$96.14 | \$14.79 | \$29.58 | \$44.37 |