

**general overview of benefits and member copayments**

<p>The Advantage plan provides a wide variety of benefits through participating providers. At the time of service, you pay the dentist for any applicable co-payments according to your schedule of benefits. The plan features:</p> <ul style="list-style-type: none"> <li>• No claims to file</li> <li>• No hidden costs</li> <li>• No maximums</li> <li>• No waiting periods</li> </ul>	<p>Monthly rates for: <b>One Source Business Solution</b> Effective date: <b>07/01/2009</b></p> <table> <tr> <td>Employee</td> <td>\$19.50</td> </tr> <tr> <td>Employee + One</td> <td>\$38.00</td> </tr> <tr> <td>Employee + Family</td> <td>\$64.00</td> </tr> </table>		Employee	\$19.50	Employee + One	\$38.00	Employee + Family	\$64.00																																																																																	
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<p style="text-align: center;"><b>Frequently Asked Questions</b></p> <p><b>Must I choose a primary provider?</b></p> <p>No preselection of dentist is required, therefore, you may be treated by any dentist within the network. Benefits are only available to members who receive care from in-network providers.</p> <p><b>Do I have to file a claim form?</b></p> <p>Since your Advantage dentist will submit claims forms direct to CompBenefits, you will be free from paperwork.</p> <p><b>How do I pay for services?</b></p> <p>If your visit is for covered preventive care, like a routine exam, cleaning, or x-ray, there is no charge for the procedure. You only pay your office visit copayment. For other procedures, a small copayment may be required in addition to your office visit copayment. See your Schedule of Benefits for amounts. You pay co-payments directly to the dentist.</p> <p><b>What if I need a Specialty Dentist?</b></p> <p>Should you need a Specialty Dentist (i.e., Endodontist, Oral Surgeon, Orthodontist, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by a Participating Specialty Dentist. Procedures not listed on the schedule of benefits that are performed by a Participating Specialty Dentist will be charged at that Participating Specialty Dentist's usual and customary fee less 20%.</p> <p><b>How do I make an appointment?</b></p> <p>Making an appointment is easy. Simply call the office of the Participating Provider you choose on or after the date you receive your certificate of coverage to schedule an appointment.</p> <p><b>How can I get more information?</b></p> <p>CompBenefits offers online assistance to members 24 hours a day, 7 days a week via our Web site <a href="http://www.mycompbenefits.com">www.mycompbenefits.com</a>. Members may review plan benefits, search for a provider, check claim status, and order replacement ID cards.</p>	<table> <tr> <td><b>office visit copayment</b></td> <td>General Dentist \$5.00 Specialist \$15.00</td> </tr> </table>		<b>office visit copayment</b>	General Dentist \$5.00 Specialist \$15.00																																																																																					
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<p>This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits for each plan will be determined by the contract. For a complete listing of benefits, exclusions, and limitations, please reference your Certificate of Coverage.</p>	<table> <tr> <td colspan="2"><b>Type I - Preventative Services</b></td> <td><b>Member Pays</b></td> </tr> <tr> <td>X-Rays (Bitewings)</td> <td></td> <td>No Charge</td> </tr> <tr> <td>Semi-Annual Cleaning, Adult</td> <td></td> <td>No Charge</td> </tr> <tr> <td>Sealant – per tooth</td> <td></td> <td>No Charge</td> </tr> <tr> <td colspan="2"><b>Type II- Basic Services</b></td> <td><b>Member Pays</b></td> </tr> <tr> <td>One surface silver filling</td> <td></td> <td>\$0</td> </tr> <tr> <td>Two surface white filling, anterior</td> <td></td> <td>\$0</td> </tr> <tr> <td>Single tooth extraction</td> <td></td> <td>\$0</td> </tr> <tr> <td>Surgical removal of erupted tooth</td> <td></td> <td>\$108.00</td> </tr> <tr> <td colspan="2"><b>Type III - Major Services</b></td> <td><b>Member Pays</b></td> </tr> <tr> <td>Porcelain crown (high noble)</td> <td></td> <td>\$466.00</td> </tr> <tr> <td>Porcelain bridge (high noble)</td> <td></td> <td>\$426.00</td> </tr> <tr> <td>One surface inlay, metallic</td> <td></td> <td>\$313.00</td> </tr> <tr> <td>Molar root canal therapy</td> <td></td> <td>\$497.00</td> </tr> <tr> <td>Complete upper dentures</td> <td></td> <td>\$642.00</td> </tr> <tr> <td colspan="2"><b>Type IV - Orthodontia</b></td> <td><b>Member Pays</b></td> </tr> <tr> <td>Treatment for patients age 18 and younger</td> <td></td> <td></td> </tr> <tr> <td>    Evaluation</td> <td></td> <td>\$35.00</td> </tr> <tr> <td>    Treatment Planning</td> <td></td> <td>\$250.00</td> </tr> <tr> <td>    Orthodontic Treatment</td> <td></td> <td>\$2,100.00</td> </tr> <tr> <td>Treatment for patients age 19 and over</td> <td></td> <td></td> </tr> <tr> <td>    Evaluation</td> <td></td> <td>\$35.00</td> </tr> <tr> <td>    Treatment Planning</td> <td></td> <td>\$250.00</td> </tr> <tr> <td>    Orthodontic Treatment</td> <td></td> <td>\$2,300.00</td> </tr> <tr> <td>Retention (Retainer)</td> <td></td> <td>\$450.00</td> </tr> <tr> <td><b>Calendar Year Deductible</b></td> <td colspan="2"><b>No Calendar Year Deductible</b></td> </tr> <tr> <td><b>Annual Maximum Benefit</b></td> <td colspan="2"><b>No Annual Maximum Benefit</b></td> </tr> <tr> <td><b>Pre-Existing Condition Exclusion</b></td> <td colspan="2"><b>No pre-existing condition exclusion applies</b></td> </tr> <tr> <td><b>Exclusions and Limitations</b></td> <td colspan="2"><b>Certain exclusions and limitations apply</b></td> </tr> </table>		<b>Type I - Preventative Services</b>		<b>Member Pays</b>	X-Rays (Bitewings)		No Charge	Semi-Annual Cleaning, Adult		No Charge	Sealant – per tooth		No Charge	<b>Type II- Basic Services</b>		<b>Member Pays</b>	One surface silver filling		\$0	Two surface white filling, anterior		\$0	Single tooth extraction		\$0	Surgical removal of erupted tooth		\$108.00	<b>Type III - Major Services</b>		<b>Member Pays</b>	Porcelain crown (high noble)		\$466.00	Porcelain bridge (high noble)		\$426.00	One surface inlay, metallic		\$313.00	Molar root canal therapy		\$497.00	Complete upper dentures		\$642.00	<b>Type IV - Orthodontia</b>		<b>Member Pays</b>	Treatment for patients age 18 and younger			Evaluation		\$35.00	Treatment Planning		\$250.00	Orthodontic Treatment		\$2,100.00	Treatment for patients age 19 and over			Evaluation		\$35.00	Treatment Planning		\$250.00	Orthodontic Treatment		\$2,300.00	Retention (Retainer)		\$450.00	<b>Calendar Year Deductible</b>	<b>No Calendar Year Deductible</b>		<b>Annual Maximum Benefit</b>	<b>No Annual Maximum Benefit</b>		<b>Pre-Existing Condition Exclusion</b>	<b>No pre-existing condition exclusion applies</b>		<b>Exclusions and Limitations</b>	<b>Certain exclusions and limitations apply</b>	
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