

Schedule of Benefits and Subscriber Copayments

| ADA CODE   | PROCEDURE   | PATIENT PAYS | ADA CODE   | PROCEDURE   | PATIENT PAYS |
|--|---|--------------|--|---|--------------|
| <b>DIAGNOSTIC</b>  |   |              | D2740  | CROWN-PORCELAIN/CERAMIC SUBSTRATE.....  | \$411        |
| D0120  | PERIODIC ORAL EVALUATION (limit 2 every 12 months) .....  | \$0          | D2750  | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL .....   | \$405        |
| D0140  | LIMITED ORAL EVALUATION-PROBLEM FOCUSED .....   | \$0          | D2751  | CROWN-PORCELAIN FUSED TO PREDOM BASE METAL .....  | \$377        |
| D0150  | COMPREHENSIVE ORAL EVALUATION (new or established patient) .....                                | \$0          | D2752  | CROWN-PORCELAIN FUSED TO NOBLE METAL .....  | \$386        |
| D0160  | DETAIL AND EXTENSIVE ORAL EVALUATION .....  | \$0          | D2790  | CROWN-FULL CAST HIGH NOBLE METAL .....  | \$391        |
| D0170  | RE-EVALUATION - LIMITED, PROBLEM FOCUSED (est. patient) .....                                   | \$0          | D2791  | CROWN-FULL CAST PREDOM BASE METAL .....   | \$370        |
| D0180  | COMPREHENSIVE PERIODONTAL EVALUATION (new or est. pt.) .....                                    | \$0          | D2792  | CROWN-FULL CAST NOBLE METAL .....   | \$377        |
| <b>X-RAYS AND TESTS</b>  |   |              | <b>OTHER RESTORATIVE SERVICES</b>  |   |              |
| D0210  | INTRAORAL-COMPLETE SERIES INCL. BITEWINGS<br>(limit 1 every 3 years) .....                      | \$0          | D2910  | RECEMENT INLAY .....  | \$35         |
| D0220  | INTRAORAL-PERIAPICAL-1st FILM .....   | \$0          | D2920  | RECEMENT CROWN.....   | \$36         |
| D0230  | INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM .....   | \$0          | D2930  | PREFAB STAINLESS STEEL CROWN-PRIM TOOTH.....  | \$98         |
| D0240  | INTRAORAL-OCCLUSAL FILM .....   | \$0          | D2931  | PREFAB STAINLESS STEEL CROWN-PERM TOOTH .....   | \$111        |
| D0250  | EXTRAORAL-1st FILM.....   | \$0          | D2932  | PREFABRICATED RESIN CROWN-PER TOOTH.....  | \$121        |
| D0260  | EXTRAORAL-EACH ADDITIONAL FILM .....  | \$0          | D2940  | SEDATIVE FILLING.....   | \$38         |
| D0270  | BITEWING-1 FILM (limit 2 every 12 months) .....   | \$0          | D2950  | CORE BUILDUP, INCLUDING ANY PINS .....  | \$94         |
| D0272  | BITEWINGS-2 FILMS (limit 2 every 12 months) .....   | \$0          | D2951  | PIN RETENTION/PER TOOTH .....   | \$20         |
| D0274  | BITEWINGS-4 FILMS (limit 2 every 12 months) .....   | \$0          | D2952  | CAST POST & CORE IN ADD TO CROWN .....  | \$143        |
| D0277  | VERTICAL BITEWINGS - 7-8 FILMS (limit 2 every 12 months) .....                                  | \$0          | D2954  | PREFAB POST & CORE IN ADD TO CROWN .....  | \$118        |
| D0330  | PANORAMIC FILM (limit 1 every 3 years) .....  | \$0          | <b>ENDODONTIC SERVICES</b>   |   |              |
| D0470  | DIAGNOSTIC CASTS .....  | \$0          | D3220  | THERAPEUTIC PULPOTOMY EXCL FINAL RESTORATION.....   | \$0          |
| <b>PREVENTIVE SERVICES</b>   |   |              | D3310  | ROOT CANAL THERAPY-ANTERIOR EXCL FINAL RESTORATION.....   | \$0          |
| D1110  | PROPHYLAXIS-ADULT (limit 1 every 6 months) .....  | \$0          | D3320  | ROOT CANAL THERAPY-BICUSPID EXCL FINAL RESTORATION .....  | \$0          |
| D1120  | PROPHYLAXIS-CHILD (limit 1 every 6 months) .....  | \$0          | D3330  | ROOT CANAL THERAPY-MOLAR EXCL FINAL RESTORATION .....   | \$0          |
| D1201  | TOPICAL APPLICATION FLUORIDE INCL PROPHY-CHILD<br>(limit 2 every 12 months for child <16) ..... | \$0          | D3346  | RETREAT PREVIOUS ROOT CANAL-ANTERIOR .....  | \$0          |
| D1203  | TOPICAL APPLICATION FLUORIDE EXCL PROPHY-CHILD<br>(limit 2 every 12 months for child <16) ..... | \$0          | D3347  | RETREAT PREVIOUS ROOT CANAL-BICUSPID .....  | \$0          |
| D1351  | SEALANT-PER TOOTH (limit 1 per tooth every 12 months for child <13) \$0                         | \$0          | D3348  | RETREAT PREVIOUS ROOT CANAL-MOLAR .....   | \$0          |
| D1510  | SPACE MAINTAINER-FIXED UNILATERAL .....   | \$0          | D3410  | APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR.....   | \$0          |
| D1515  | SPACE MAINTAINER-FIXED BILATERAL.....   | \$0          | D3421  | APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID 1st ROOT .....   | \$0          |
| D1520  | SPACE MAINTAINER-REMOVABLE UNILATERAL .....   | \$0          | D3425  | APICOECTOMY/PERIRADICULAR SURGERY-MOLAR 1st ROOT .....  | \$0          |
| D1525  | SPACE MAINTAINER-REMOVABLE BILATERAL .....  | \$0          | D3426  | APICOECTOMY/PERIRADICULAR SURGERY-EACH ADDL ROOT .....  | \$0          |
| D1550  | RECEMENTATION OF SPACE MAINTAINER .....   | \$0          | D3430  | RETROGRADE FILLING-PER ROOT .....   | \$0          |
| <b>MINOR RESTORATIVE SERVICES</b>  |   |              | <b>PERIODONTAL SERVICES</b>  |   |              |
| D2140  | AMALGAM-1 SURFACE, PRIMARY OR PERMANENT .....   | \$0          | D4210  | GINGIVECTOMY/GINGIVOPLASTY-4+ CONTIGUOUS TEETH, PER<br>QUADRANT (limit 1 every 12 months) .....                 | \$0          |
| D2150  | AMALGAM-2 SURFACES, PRIMARY OR PERMANENT .....  | \$0          | D4211  | GINGIVECTOMY/GINGIVOPLASTY-1 TO 3 TEETH, PER QUADRANT<br>(limit 1 every 12 months) .....                        | \$0          |
| D2160  | AMALGAM-3 SURFACES, PRIMARY OR PERMANENT .....  | \$0          | D4240  | GINGIVAL FLAP PROC INCL ROOT PLANING, 4+ CONTIGUOUS<br>TEETH, PER QUADRANT (limit 1 every 12 months) .....      | \$0          |
| D2161  | AMALGAM-4+ SURFACES, PRIMARY OR PERMANENT .....   | \$0          | D4241  | GINGIVAL FLAP PROC INCL ROOT PLANING, 1 TO 3 TEETH, PER<br>QUAD (limit 1 every 12 months) .....                 | \$0          |
| D2330  | RESIN-1 SURFACE ANTERIOR .....  | \$0          | D4249  | CROWN LENGTHENING-HARD TISSUE .....   | \$0          |
| D2331  | RESIN-2 SURFACES ANTERIOR.....  | \$0          | D4260  | OSSEOUS SURG INCL FLAP ENT/CLOS, 4+ CONTIGUOUS TEETH,<br>PER QUAD .....   | \$0          |
| D2332  | RESIN-3 SURFACES ANTERIOR.....  | \$0          | D4261  | OSSEOUS SURG INCL FLAP ENT/CLOS, 1 TO 3 TEETH, PER QUAD. \$0  | \$0          |
| D2335  | RESIN-4+ SURFACES OR INCISAL ANGLE .....  | \$0          | D4341  | PERIODONTAL SCALING/ROOT PLANING, 4+ CONTIGUOUS TEETH,<br>PER QUADRANT (limit 2 per quad every 12 months) ..... | \$0          |
| D2390  | RESIN-BASED COMPOSITE CROWN, ANTERIOR .....   | \$0          | D4342  | PERIODONTAL SCALING/ROOT PLANING, 1 TO 3 TEETH, PER<br>QUADRANT (limit 2 per quad every 12 months) .....        | \$0          |
| D2391  | RESIN-1 SURFACE POSTERIOR .....   | \$0          | D4355  | FULL MOUTH DEBRIDEMENT TO ENAB COMP EVAL & DIAG .....   | \$0          |
| D2392  | RESIN-2 SURFACES POSTERIOR .....  | \$0          | D4910  | PERIODONTAL MAINTENANCE (limit 2 every 12 months) .....   | \$0          |
| D2393  | RESIN-3 SURFACES POSTERIOR .....  | \$0          | <b>REMOVABLE PARTIAL AND COMPLETE DENTURES</b><br>(Limit replacement to every 5 years) |   |              |
| D2394  | RESIN-4+ SURFACES POSTERIOR.....  | \$0          | D5110  | COMPLETE DENTURE-UPPER.....   | \$498        |
| <b>MAJOR RESTORATIVE SERVICES</b>  |   |              | D5120  | COMPLETE DENTURE-LOWER .....  | \$498        |
| <b>Inlay and Onlay Restorations (Limited to 1 per tooth every 5 years)</b> |   |              | D5130  | IMMEDIATE DENTURE-UPPER .....   | \$543        |
| D2510  | INLAY-METALLIC-1 SURFACE .....  | \$272        | D5140  | IMMEDIATE DENTURE-LOWER .....   | \$543        |
| D2520  | INLAY-METALLIC-2 SURFACES .....   | \$309        | D5211  | UPPER PARTIAL-RESIN BASE w/CONV CLSPS-RSTS&TH .....   | \$420        |
| D2530  | INLAY-METALLIC-3+ SURFACES.....   | \$356        | D5212  | LOWER PARTIAL-RESIN BASE w/CONV CLSPS-RSTS&TH.....  | \$488        |
| D2542  | ONLAY-METALLIC-2 SURFACES .....   | \$349        | D5213  | UPPER PARTIAL-CAST METAL RESIN BASE w/CONV CLSPS .....  | \$550        |
| D2543  | ONLAY-METALLIC-3 SURFACES .....   | \$365        | D5214  | LOWER PARTIAL-CAST METAL RESIN BASE w/CONV CLSPS .....  | \$550        |
| D2544  | ONLAY-METALLIC-4+ SURFACES.....   | \$380        | D5410  | ADJUST COMPLETE DENTURE-UPPER .....   | \$27         |
| D2610  | INLAY-PORCELAIN/CERAMIC-1 SURFACE .....   | \$320        | D5411  | ADJUST COMPLETE DENTURE-LOWER .....   | \$27         |
| D2620  | INLAY-PORCELAIN/CERAMIC-2 SURFACES .....  | \$338        | D5421  | ADJUST PARTIAL DENTURE-UPPER .....  | \$27         |
| D2630  | INLAY-PORCELAIN/CERAMIC-3+ SURFACES.....  | \$360        | D5422  | ADJUST PARTIAL DENTURE-LOWER .....  | \$27         |
| D2642  | ONLAY-PORCELAIN/CERAMIC-2 SURFACES .....  | \$350        | <b>PROSTHETIC REPAIRS</b>  |   |              |
| D2643  | ONLAY-PORCELAIN/CERAMIC-3 SURFACES .....  | \$377        | D5510  | REPAIR BROKEN COMPLETE DENTURE BASE .....   | \$55         |
| D2644  | ONLAY-PORCELAIN/CERAMIC-4+ SURFACES.....  | \$400        | D5520  | REPLACE MISSING/BROKEN TOOTH-COMPL DENTURE-EA TOOTH .....   | \$46         |
| D2650  | INLAY-COMPOSITE/RESIN-1 SURFACE LAB PROCESS .....   | \$210        | D5610  | REPAIR RESIN DENTURE BASE .....   | \$59         |
| D2651  | INLAY-COMPOSITE/RESIN-2 SURFACES LAB PROCESS .....  | \$251        | D5620  | REPAIR CAST FRAMEWORK .....   | \$64         |
| D2652  | INLAY-COMPOSITE/RESIN-3+ SURFACES LAB PROCESS .....   | \$263        | D5630  | REPAIR OR REPLACE BROKEN CLASP .....  | \$77         |
| D2662  | ONLAY-COMPOSITE/RESIN-2 SURFACES .....  | \$229        | D5640  | REPLACE BROKEN TEETH-PER TOOTH.....   | \$50         |
| D2663  | ONLAY-COMPOSITE/RESIN-3 SURFACES .....  | \$269        | D5650  | ADD TOOTH TO EXISTING PARTIAL DENTURE.....  | \$68         |
| D2664  | ONLAY-COMPOSITE/RESIN-4+ SURFACES.....  | \$288        | D5660  | ADD CLASP TO EXISTING PARTIAL DENTURE .....   | \$82         |
| <b>CROWNS (Limited to 1 crown per tooth every 5 years)</b>                 |   |              |  |   |              |
| D2710  | CROWN-RESIN (INDIRECT) .....  | \$162        |  |   |              |
| D2720  | CROWN-RESIN WITH HIGH NOBLE METAL .....   | \$400        |  |   |              |
| D2721  | CROWN-RESIN WITH PREDOM BASE METAL .....  | \$375        |  |   |              |
| D2722  | CROWN-RESIN WITH NOBLE METAL .....  | \$383        |  |   |              |

| ADA CODE  | PROCEDURE  | PATIENT PAYS | ADA CODE   | PROCEDURE   | PATIENT PAYS |
|---|--|--------------|--|---|--------------|
| D5710   | REBASE COMPLETE UPPER DENTURE .....                          | \$202        | <b>ORAL SURGERY</b>  |   |              |
| D5711   | REBASE COMPLETE LOWER DENTURE .....                          | \$193        | D7111  | CORONAL REMNANTS-DECIDUOUS TEETH .....  | \$0          |
| D5720   | REBASE UPPER PARTIAL DENTURE.....                            | \$191        | D7140  | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEV/FORC)...                        | \$0          |
| D5721   | REBASE LOWER PARTIAL DENTURE .....                           | \$191        | D7210  | SURGICAL REMOVAL OF ERUPTED TOOTH .....   | \$0          |
| D5730   | RELINE COMPLETE UPPER DENTURE-CHAIRSIDE .....                | \$114        | D7220  | REMOVAL IMPACTED TOOTH-SOFT TISSUE.....   | \$0          |
| D5731   | RELINE COMPLETE LOWER DENTURE-CHAIRSIDE .....                | \$114        | D7230  | REMOVAL IMPACTED TOOTH-PARTIAL BONY.....  | \$0          |
| D5740   | RELINE UPPER PARTIAL DENTURE-CHAIRSIDE .....                 | \$105        | D7240  | REMOVAL IMPACTED TOOTH-COMplete BONY .....                                      | \$0          |
| D5741   | RELINE LOWER PARTIAL DENTURE-CHAIRSIDE.....                  | \$105        | D7241  | REMOVAL IMPACTED TOOTH-UNUSUAL COMPLICATIONS.....                               | \$0          |
| D5750   | RELINE COMPLETE UPPER DENTURE (LAB).....                     | \$152        | D7250  | SURGICAL REMOVAL RESIDUAL TOOTH ROOTS-CUTTING PROC .....                        | \$0          |
| D5751   | RELINE COMPLETE LOWER DENTURE (LAB).....                     | \$152        | D7310  | ALVEOLOPLASTY IN CONJ WITH EXTRACTION-PER QUAD .....                            | \$0          |
| D5760   | RELINE UPPER PARTIAL DENTURE (LAB).....                      | \$150        | D7320  | ALVEOLOPLASTY NOT IN CONJ WITH EXTRACTION-PER QUAD.....                         | \$0          |
| D5761   | RELINE LOWER PARTIAL DENTURE (LAB).....                      | \$150        | D7510  | INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE .....                      | \$0          |
| D5850   | TISSUE CONDITIONING, MAXILLARY .....                         | \$48         | D7520  | INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE .....                      | \$0          |
| D5851   | TISSUE CONDITIONING, MANDIBULAR .....                        | \$48         | D7960  | FRENULECTOMY-SEPARATE PROCEDURE .....   | \$0          |
|   |  |              | D7970  | EXCISION OF HYPERPLASTIC TISSUE-PER ARCH .....                                  | \$0          |
| <b>FIXED BRIDGES (Limit replacement to every 5 years)</b> |  |              | <b>MISCELLANEOUS SERVICES</b>  |   |              |
| D6210   | PONTIC-CAST HIGH NOBLE METAL .....                           | \$378        | D9110  | PALLIATIVE (EMERGENCY) TREATMENT.....   | \$0          |
| D6211   | PONTIC-CAST PREDOM BASE METAL .....                          | \$354        | D9215  | LOCAL ANESTHESIA .....  | \$0          |
| D6212   | PONTIC-CAST NOBLE METAL .....                                | \$369        | D9241  | IV CONSCIOUS SEDATION-FIRST 30 MINUTES .....                                    | \$0          |
| D6240   | PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL.....              | \$373        | D9242  | IV CONSCIOUS SEDATION-EACH ADDITIONAL 15 MIN.....                               | \$0          |
| D6241   | PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL .....            | \$345        | D9310  | CONSULTATION DIAGNOSTIC SERVICE NONTREATING PRACT.....                          | \$0          |
| D6242   | PONTIC-PORCELAIN FUSED TO NOBLE METAL.....                   | \$364        | D9951  | OCCCLUSAL ADJUSTMENT-LIMITED .....  | \$45         |
| D6250   | PONTIC-RESIN WITH HIGH NOBLE METAL .....                     | \$369        | D9952  | OCCCLUSAL ADJUSTMENT-COMplete.....  | \$251        |
| D6251   | PONTIC-RESIN WITH PREDOM BASE METAL .....                    | \$340        | <b>ORTHODONTIC</b>   |   |              |
| D6252   | PONTIC-RESIN WITH NOBLE METAL.....                           | \$351        | D8070/   | Comprehensive Orthodontic Treatment of the transitional/adolescent dentition    |              |
| D6600   | BRIDGE RETAINER-INLAY, PORCELAIN, 2 SURFACES.....            | \$312        | D8080  | Children up to 19 years of age  |              |
| D6601   | BRIDGE RETAINER-INLAY, PORCELAIN, 3+ SURFACES .....          | \$327        |  | Up to 24 months of routine orthodontic treatment for Class I and Class II cases |              |
| D6602   | BRIDGE RETAINER-INLAY, CAST HIGH NOBLE METAL, 2 SURF.....    | \$333        |  | Consultation .....  | \$0.00       |
| D6603   | BRIDGE RETAINER-INLAY, CAST HIGH NOBLE METAL, 3+ SURF.....   | \$366        |  | Evaluation .....  | \$35.00      |
| D6604   | BRIDGE RETAINER-INLAY, CAST PREDOM BASE METAL, 2 SURF. ....  | \$326        |  | Records/Treatment Planning .....  | \$250.00     |
| D6605   | BRIDGE RETAINER-INLAY, CAST PREDOM BASE METAL, 3+ SURF. ..   | \$346        |  | Orthodontic Treatment .....   | \$2,100.00   |
| D6606   | BRIDGE RETAINER-INLAY, CAST NOBLE METAL, 2 SURFACES.....     | \$321        | D8090  | Comprehensive Orthodontic Treatment of the adult dentition                      |              |
| D6607   | BRIDGE RETAINER- INLAY, CAST NOBLE METAL, 3+ SURFACES.....   | \$356        |  | Adults 19 years of age and over   |              |
| D6608   | BRIDGE RETAINER-ONLAY, PORCELAIN, 2 SURFACES.....            | \$339        |  | Up to 24 months of routine orthodontic treatment for Class I and Class II cases |              |
| D6609   | BRIDGE RETAINER-ONLAY, PORCELAIN, 3+ SURFACES.....           | \$353        |  | Consultation .....  | \$0.00       |
| D6610   | BRIDGE RETAINER-ONLAY, CAST HIGH NOBLE METAL, 2 SURF.....    | \$359        |  | Evaluation .....  | \$35.00      |
| D6611   | BRIDGE RETAINER-ONLAY, CAST HIGH NOBLE METAL, 3+ SURF.....   | \$393        |  | Records/Treatment Planning .....  | \$250.00     |
| D6612   | BRIDGE RETAINER-ONLAY, CAST PREDOM BASE METAL, 2 SURF. ....  | \$357        |  | Orthodontic Treatment .....   | \$2,300.00   |
| D6613   | BRIDGE RETAINER-ONLAY, CAST PREDOM BASE METAL, 3+ SURF. .... | \$373        | D8680  | Retention.....  | \$450.00     |
| D6614   | BRIDGE RETAINER-ONLAY, CAST NOBLE METAL, 2 SURFACES.....     | \$350        | All procedures listed might not be performed by the Participating General Dentist you select. The co-payments shown apply to those Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss the availability of the scheduled services with your Participating General Dentist. Procedures not listed on this schedule of benefits, that are performed by the Participating General Dentist, will be charged at that Participating General Dentist's usual and customary fee less 20%. |   |              |
| D6615   | BRIDGE RETAINER-ONLAY, CAST NOBLE METAL, 3+ SURFACES.....    | \$363        | <b>SPECIALISTS</b>   |   |              |
| D6720   | CROWN-RESIN WITH HIGH NOBLE METAL .....                      | \$416        | Should you need a specialist (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 Specialist. Procedures not listed on this schedule of benefits, that are performed by a Participating Specialist, will be charged at that Participating Specialist's usual and customary fee less 20%.   |   |              |
| D6721   | CROWN-RESIN WITH PREDOM BASE METAL .....                     | \$395        |  |   |              |
| D6722   | CROWN-RESIN WITH NOBLE METAL BONY .....                      | \$402        |  |   |              |
| D6740   | BRIDGE RETAINER-CROWN, PORCELAIN .....                       | \$438        |  |   |              |
| D6750   | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL .....              | \$426        |  |   |              |
| D6751   | CROWN-PORCELAIN FUSED TO PREDOM BASE METAL .....             | \$398        |  |   |              |
| D6752   | CROWN-PORCELAIN FUSED TO NOBLE METAL .....                   | \$407        |  |   |              |
| D6780   | CROWN-3/4 CAST HIGH NOBLE METAL .....                        | \$402        |  |   |              |
| D6790   | CROWN-FULL CAST HIGH NOBLE METAL.....                        | \$411        |  |   |              |
| D6791   | CROWN-FULL CAST PREDOM BASE METAL.....                       | \$390        |  |   |              |
| D6792   | CROWN-FULL CAST NOBLE METAL .....                            | \$404        |  |   |              |
| D6930   | RECEMENT BRIDGE.....   | \$50         |  |   |              |
| D6970   | CAST POST AND CORE IN ADDITION TO BRIDGE.....                | \$138        |  |   |              |
| D6972   | PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE.....       | \$112        |  |   |              |
| D6973   | CORE BUILD-UP FOR BRIDGE, INCLUDING PINS.....                | \$91         |  |   |              |

## LIMITATIONS AND 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 provided in Section VIII, Paragraph B of the Certificate of Benefits.
- Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
- Company does not provide coverage for the following services:
  - Cost of hospitalization and pharmaceuticals, drugs or medications.
  - Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
  - 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.
  - 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.
  - Any dental treatment started prior to the Member's effective date for eligibility of benefits.
  - Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
  - Treatment for cysts, neoplasms and malignancies.
  - General anesthesia.

### CompBenefits Family of Companies

CompBenefits Company • CompDent • CompBenefits Insurance Company • CompBenefits Dental, Inc. • American Dental Plan of North Carolina, Inc. National Dental Plans, Inc. • OHS of Alabama, Inc. • American Dental Plan of Georgia, Inc. • Texas Dental Plans, Inc. • Ultimate Optical, Inc. • VisionCare Plan • Primary Plus