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**CITY OF LAKELAND**

**DENTAL OPTIONS**

YOU HAVE A CHOICE OF FOUR PLANS - SELECT ONE!

<table>
<thead>
<tr>
<th>Choice One</th>
<th>Choice Two</th>
<th>Choice Three</th>
<th>Choice Four</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Managed Care/DHMO Dental Plan</strong></td>
<td><strong>PPO/INDEMNITY-MID w/Ortho Dental Plan</strong></td>
<td><strong>PPO/Indemnity w/Ortho Dental Plan</strong></td>
<td><strong>Dental Plan-Advantage 1S Plan</strong></td>
</tr>
<tr>
<td>• Provider Assignment required, choose DHMO Network Provider</td>
<td>• Choose any dentist; however greater savings when you access a Network Provider</td>
<td>• Choose any dentist; however greater savings when you access a Network Provider</td>
<td>• No Assignment required, however must see Advantage Network Provider</td>
</tr>
<tr>
<td>• No Hidden costs or referrals needed to see Specialists</td>
<td>• Annual deductible In &amp; Out of Network $50 /3 per family</td>
<td>• Annual deductible $25 (In Network) $50 (Out of Network) /3 per family</td>
<td>• No Hidden costs or referrals needed to see Specialists</td>
</tr>
<tr>
<td>• No annual maximums or limitations</td>
<td>• $1, 000 Annual Maximum</td>
<td>• $1, 250 Annual Maximum</td>
<td>• No annual maximums or limitations</td>
</tr>
<tr>
<td>• No waiting periods</td>
<td>• No Waiting Periods</td>
<td>• No Waiting Periods</td>
<td>• No waiting periods</td>
</tr>
<tr>
<td>• No Deductibles</td>
<td>• Claim forms</td>
<td>• Claim forms</td>
<td>• No Deductibles</td>
</tr>
<tr>
<td>• No Claim Forms</td>
<td>• Orthodontic Coverage for Children to age 19</td>
<td>• Orthodontic Coverage for Children to age 19</td>
<td>• No Claim Forms</td>
</tr>
<tr>
<td>• Adult &amp; Child(ren) Ortho</td>
<td></td>
<td></td>
<td>• Adult &amp; Child(ren) Ortho</td>
</tr>
<tr>
<td>• After $5 office visit copayment, the dentist selected will perform most Preventative and Diagnostic procedures at no charge</td>
<td></td>
<td></td>
<td>• Lab fee included in Copays for Crown, Bridge, &amp; Prosthodontics</td>
</tr>
<tr>
<td>• Members receive a 25% discount for procedures not listed on Schedule of Benefits</td>
<td></td>
<td></td>
<td>• $0 office visit copayment, the dentist selected will perform most Preventative and Diagnostic procedures at no charge</td>
</tr>
<tr>
<td>• Participation Specialists paid according to Schedule of Benefits; same as general dentist</td>
<td></td>
<td></td>
<td>• Members receive a 20% discount for procedures not listed on Schedule of Benefits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Choice One</th>
<th>Choice Two</th>
<th>Choice Three</th>
<th>Choice Four</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td><strong>Employee</strong></td>
<td><strong>Employee</strong></td>
<td><strong>Employee</strong></td>
</tr>
<tr>
<td>$10.84</td>
<td>$21.48</td>
<td>$27.38</td>
<td>$16.52</td>
</tr>
<tr>
<td><strong>Employee + One Dependent</strong></td>
<td><strong>Employee + One Dependent</strong></td>
<td><strong>Employee + One Dependent</strong></td>
<td><strong>Employee + One Dependent</strong></td>
</tr>
<tr>
<td>$20.46</td>
<td>$37.90</td>
<td>$48.30</td>
<td>$32.24</td>
</tr>
<tr>
<td><strong>Employee + Two or More Dependent</strong></td>
<td><strong>Employee + Two or More Dependent</strong></td>
<td><strong>Employee + Two or More Dependent</strong></td>
<td><strong>Employee + Two or More Dependent</strong></td>
</tr>
<tr>
<td>$27.68</td>
<td>$59.06</td>
<td>$75.24</td>
<td>$54.88</td>
</tr>
</tbody>
</table>

New for 2012
What to expect from your dental plan:

Think about this: Your dentist tells you that you need a complicated dental procedure best performed by a specialist. Would you have the resources to keep that appointment?

CompBenefits’ CS Series dental plan makes that decision a lot easier. The CS Series provides you the opportunity to visit any of the General Dentists in our network as well as the alternative of seeing a network Specialist Dentist to complete these intricate procedures.

Your CompBenefits’ CS Series dental plan also provides you with routine cleanings and x-rays every six months, topical fluoride for children up to 16 and local anesthesia, among others.

With our exhaustive schedule of benefits, you will know up front how much your co-payment will be, and for procedures that may not be listed on the CS Series schedule, you’ll receive a 25 percent discount off a network dentist’s usual fees.

Additionally, CompBenefits’ CS Series gives you freedom from deductibles, claim forms, waiting periods, or benefit maximums.

Get more out of your dental plan @ www.mycompbenefits.com

Need to find a dentist closer to you? You can do all of this and more at www.mycompbenefits.com. Registering for this service is simple and will give you access to your plan benefits, including your benefit information, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you’ll be checking out your benefits in no time.

**Choice One**

<table>
<thead>
<tr>
<th>Rates - CS150</th>
<th>Monthly</th>
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<tbody>
<tr>
<td>Employee</td>
<td>$10.84</td>
</tr>
<tr>
<td>Employee + 1 Dependent</td>
<td>$20.46</td>
</tr>
<tr>
<td>Employee + 2 or more Dependents</td>
<td>$27.68</td>
</tr>
</tbody>
</table>
frequently asked questions

Q. What are CS Series DHMO plans?
A. CompBenefits’ CS Series DHMO plans are network-based products that emphasize prevention and cost containment. In order to receive services, you select a primary dentist who participates in the CompBenefits DHMO network. The plan provides for quality care and allows members to seek care from in-network specialty dentist at fixed co-payments. These plans provide savings ranging from 20 percent to 60 percent off regular dental procedures. The plans do not cover services (except emergency care) received from out-of-network dentists.

Q. How does the plan work?
A. Your primary dentist will provide all of your routine dental care. When you visit your primary care dentist, simply present your CompBenefits identification card. You may be required to pay a co-payment for some services provided by your primary care dentist. If the dental services provided are not listed as covered procedures under the plan, primary care dentists will give you a 25 percent discount off their usual fees. Should you require the services of a specialty dentist, you can choose any in-network specialty dentist under the CompBenefits DHMO plan. All in-network specialists will provide services at the co-payment listed on your schedule of benefits. The co-payments are billed by the participating dentist at the time of service, so there are no claims forms to file. You pay your dentist directly, if applicable.

Q. How many times a year can I visit my dentist?
A. You are encouraged to visit your dentist regularly. With your CompBenefits’ CS Series Plan, you are not limited to a specific number of visits per year.

Q. How do I make appointments?
A. Making an appointment is easy. Once you have selected your participating dentist, simply call the dental office on or after the date you receive your certificate of coverage and make your appointment. Your enrollment information will already be at or on its way to your participating dentist’s office, confirming that you are eligible for treatment.

Q. What if I need a specialty dentist?
A. When you need treatment from a specialty dentist you can visit one of the participating specialty dentists from our network, and you will only be responsible for the co-payment listed on your schedule of benefits.

Q. Is there any maximum coverage limitation?
A. No, there are no maximum coverage limitations.

Q. How do I pay for services?
A. You make your co-payments to the dentist at time of service.

Q. What if I go to a non-participating dentist?
A. You will not be eligible for benefits from a non-participating dentist. You must seek treatment from the participating dentist you selected.

Q. Can I change participating dentists?
A. Yes. You can easily change dentists by contacting our Customer Care department at 800-342-5209. You can also change your dentist by logging onto www.mycompbenefits.com.

Q. Can I go online to find out more about my plan or get assistance?
A. Yes. You can visit www.mycompbenefits.com to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.

Q. How do I order an ID card?
A. You can download and print a temporary ID card or order a new ID card at www.mycompbenefits.com, or you can call our Customer Care department at 800-342-5209.
### Schedule of Benefits and Subscriber Copayments

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS (cont.)</th>
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</thead>
<tbody>
<tr>
<td>1110/1120</td>
<td>Prophylaxis-adult/child (routine)</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td></td>
<td>Prophylaxis-adult/child (additional)</td>
<td>$20.00</td>
</tr>
<tr>
<td>1201</td>
<td>Topical application of fluoride (including prophylaxis) child (up to 16 years of age)</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>1203</td>
<td>Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>1330</td>
<td>Oral hygiene instruction</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>1351</td>
<td>Sealant - per tooth</td>
<td>$10.00</td>
</tr>
<tr>
<td>1510</td>
<td>Space Maintainer - fixed - unilateral</td>
<td>$45.00 + LAB</td>
</tr>
<tr>
<td>1515</td>
<td>Space Maintainer - fixed - bilateral</td>
<td>$45.00 + LAB</td>
</tr>
<tr>
<td>1520</td>
<td>Space Maintainer - removable - unilateral</td>
<td>$85.00 + LAB</td>
</tr>
<tr>
<td>1525</td>
<td>Space Maintainer - removable - bilateral</td>
<td>$85.00 + LAB</td>
</tr>
<tr>
<td>1550</td>
<td>Recementation of space maintainer</td>
<td>$10.00</td>
</tr>
<tr>
<td>2140</td>
<td>Amalgam - one surface, primary or permanent</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>2150</td>
<td>Amalgam - two surfaces, primary or permanent</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>2160</td>
<td>Amalgam - three surfaces, primary or permanent</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>2161</td>
<td>Amalgam - four or more surfaces, primary or permanent</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>2390</td>
<td>Resin - based composite - one surface, posterior</td>
<td>$60.00</td>
</tr>
<tr>
<td>2392</td>
<td>Resin - based composite - two surfaces, posterior</td>
<td>$80.00</td>
</tr>
<tr>
<td>2393</td>
<td>Resin - based composite - three surfaces, posterior</td>
<td>$100.00</td>
</tr>
<tr>
<td>2394</td>
<td>Resin - based composite - four or more surfaces, posterior</td>
<td>$120.00</td>
</tr>
<tr>
<td>2510</td>
<td>Inlay - metallic - one surface</td>
<td>$95.00</td>
</tr>
<tr>
<td>2520</td>
<td>Inlay - metallic - two surfaces</td>
<td>$105.00</td>
</tr>
<tr>
<td>2530</td>
<td>Inlay - metallic - three or more surfaces</td>
<td>$130.00</td>
</tr>
<tr>
<td>2740</td>
<td>Crown - porcelain/ceramic substrate</td>
<td>$280 + LAB</td>
</tr>
<tr>
<td>2750</td>
<td>Crown - porcelain fused to high noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>2751</td>
<td>Crown - porcelain fused to predominantly base metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>2752*</td>
<td>Crown - porcelain fused to noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>2790*</td>
<td>Crown - full cast high noble metal</td>
<td>$280.00</td>
</tr>
</tbody>
</table>

### Prepreventive Care

- **120**: Periodic oral evaluation
- **140/150/160**: Limited/Comprehensive oral evaluation
- **180**: Comprehensive periodontal evaluation - new or established patient
- **210**: X-Ray Intraoral - complete series including bitewings
- **220**: X-Ray Intraoral - periapical - first film
- **230**: X-Ray Intraoral - periapical - each additional film
- **270**: X-Ray Bitewing - single film
- **272**: X-Ray Bitewings - two films
- **274**: Bitewings - four films
- **330**: Panoramic film
- **460**: Pulp vitality tests
- **470**: Diagnostic casts

### Preventive Care (cont.)

- **1515**: Space Maintainer - fixed - bilateral
- **1520**: Space Maintainer - removable - unilateral
- **1525**: Space Maintainer - removable - bilateral
- **1550**: Recementation of space maintainer

### Diagnostic

- **120**: Periodic oral evaluation
- **140/150/160**: Limited/Comprehensive oral evaluation
- **180**: Comprehensive periodontal evaluation - new or established patient
- **210**: X-Ray Intraoral - complete series including bitewings
- **220**: X-Ray Intraoral - periapical - first film
- **230**: X-Ray Intraoral - periapical - each additional film
- **270**: X-Ray Bitewing - single film
- **272**: X-Ray Bitewings - two films
- **274**: Bitewings - four films
- **330**: Panoramic film
- **460**: Pulp vitality tests
- **470**: Diagnostic casts

### Restorative

- **2330**: Resin - one surface, anterior
- **2331**: Resin - two surfaces, anterior
- **2332**: Resin - three surfaces, anterior
- **2391**: Resin - based composite - one surface, posterior
- **2392**: Resin - based composite - two surfaces, posterior
- **2393**: Resin - based composite - three surfaces, posterior
- **2394**: Resin - based composite - four or more surfaces, posterior
- **2510**: Inlay - metallic - one surface
- **2520**: Inlay - metallic - two surfaces
- **2530**: Inlay - metallic - three or more surfaces

### Crown & Bridge

- **2740**: Crown - porcelain/ceramic substrate
- **2750**: Crown - porcelain fused to high noble metal
- **2751**: Crown - porcelain fused to predominantly base metal
- **2752**: Crown - porcelain fused to noble metal
- **2790**: Crown - full cast high noble metal
## CROWN & BRIDGE (cont.)

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2791</td>
<td>Crown - full cast predominantly base metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>2792*</td>
<td>Crown - full cast noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>2910</td>
<td>Recement inlay</td>
<td>$15.00</td>
</tr>
<tr>
<td>2920</td>
<td>Recement crown</td>
<td>$15.00</td>
</tr>
<tr>
<td>2930</td>
<td>Prefabricated stainless steel crown - primary tooth</td>
<td>$75.00</td>
</tr>
<tr>
<td>2950</td>
<td>Core buildup, including any pins</td>
<td>$45.00</td>
</tr>
<tr>
<td>2951</td>
<td>Pin retention - per tooth</td>
<td>$15.00</td>
</tr>
<tr>
<td>2952</td>
<td>Cast post and core in addition to crown</td>
<td>$90.00 + LAB</td>
</tr>
<tr>
<td>2953</td>
<td>Each additional cast post - same tooth</td>
<td>$90.00 + LAB</td>
</tr>
<tr>
<td>2954</td>
<td>Prefabricated post and core in addition to crown</td>
<td>$90.00</td>
</tr>
<tr>
<td>2962</td>
<td>Labial veneer (porcelain laminate) - laboratory</td>
<td>$280 + LAB</td>
</tr>
</tbody>
</table>

## ENDODONTICS

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3220</td>
<td>Therapeutic pulpotomy</td>
<td>$35.00</td>
</tr>
<tr>
<td>3221</td>
<td>Pulpal debridement, primary and permanent teeth</td>
<td>$100.00</td>
</tr>
<tr>
<td>3310</td>
<td>Root canal therapy - anterior [excluding final restoration]</td>
<td>$100.00</td>
</tr>
<tr>
<td>3320</td>
<td>Root canal therapy - bicuspid [excluding final restoration]</td>
<td>$200.00</td>
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<tr>
<td>3330</td>
<td>Root canal therapy - molar [excluding final restoration]</td>
<td>$250.00</td>
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<tr>
<td>3410</td>
<td>Apicoectomy / periapical surgery - anterior</td>
<td>$125.00</td>
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## PERIODONTICS (Gum treatment)

<table>
<thead>
<tr>
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<th>PROCEDURE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4210</td>
<td>Gingivectomy / gingivoplasty 4+ teeth per quad</td>
<td>$125.00</td>
</tr>
<tr>
<td>4211</td>
<td>Gingivectomy / gingivoplasty 1-3 teeth per quad</td>
<td>$40.00</td>
</tr>
<tr>
<td>4260</td>
<td>Osseous surgery, 4+ teeth, per quad</td>
<td>$350.00</td>
</tr>
<tr>
<td>4261</td>
<td>Osseous surgery, 1-3 teeth, per quad</td>
<td>$350.00</td>
</tr>
<tr>
<td>4271</td>
<td>Free soft tissue graft procedure [inc. donor site surgery]</td>
<td>$225.00</td>
</tr>
<tr>
<td>4310</td>
<td>Periodontal scaling and root planing 4+ teeth per quad</td>
<td>$50.00</td>
</tr>
<tr>
<td>4312</td>
<td>Periodontal scaling and root planing 1-3 teeth per quad</td>
<td>$50.00</td>
</tr>
<tr>
<td>4355</td>
<td>Full mouth debridement to enable eval and diagnosis</td>
<td>$45.00</td>
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</table>

## PERIODONTICS (cont.)

<table>
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<tr>
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<th>PATIENT PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4381</td>
<td>Localized delivery of chemotherapeutic agents [per tooth]</td>
<td>$45.00</td>
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<tr>
<td>4910</td>
<td>Periodontal maintenance</td>
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## PROSTHODONTICS

<table>
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<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5110</td>
<td>Complete denture - maxillary</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>5120</td>
<td>Complete denture - mandibular</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>5130</td>
<td>Immediate denture - maxillary</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>5140</td>
<td>Immediate denture - mandibular</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>5211</td>
<td>Maxillary partial denture - resin base</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>5212</td>
<td>Mandibular partial denture - resin base</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>5213</td>
<td>Maxillary partial denture - cast metal framework, resin denture bases</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>5214</td>
<td>Mandibular partial denture - cast metal framework, resin denture bases</td>
<td>$300.00 + LAB</td>
</tr>
<tr>
<td>5410</td>
<td>Adjust complete denture - maxillary</td>
<td>$15.00</td>
</tr>
<tr>
<td>5411</td>
<td>Adjust complete denture - mandibular</td>
<td>$15.00</td>
</tr>
<tr>
<td>5421</td>
<td>Adjust partial denture - maxillary</td>
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</tr>
<tr>
<td>5422</td>
<td>Adjust partial denture - mandibular</td>
<td>$15.00</td>
</tr>
</tbody>
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## REPAIRS TO PROSTHETICS

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5510</td>
<td>Repair broken complete denture base</td>
<td>$15.00 + LAB</td>
</tr>
<tr>
<td>5520</td>
<td>Replace missing or broken teeth - complete denture [each tooth]</td>
<td>$15.00 + LAB</td>
</tr>
<tr>
<td>5610</td>
<td>Repair resin denture base</td>
<td>$15.00 + LAB</td>
</tr>
<tr>
<td>5630</td>
<td>Repair or replace broken clasp</td>
<td>$15.00 + LAB</td>
</tr>
<tr>
<td>5640</td>
<td>Replace broken teeth - per tooth</td>
<td>$15.00 + LAB</td>
</tr>
<tr>
<td>5650</td>
<td>Add tooth to existing partial denture</td>
<td>$30.00 + LAB</td>
</tr>
<tr>
<td>5730</td>
<td>Reline complete maxillary denture (chairside)</td>
<td>$50.00</td>
</tr>
<tr>
<td>5731</td>
<td>Reline complete mandibular denture (chairside)</td>
<td>$50.00</td>
</tr>
<tr>
<td>5740</td>
<td>Reline maxillary partial denture (chairside)</td>
<td>$50.00</td>
</tr>
<tr>
<td>5741</td>
<td>Reline mandibular partial denture (chairside)</td>
<td>$50.00</td>
</tr>
<tr>
<td>5750</td>
<td>Reline complete maxillary denture (laboratory)</td>
<td>$35.00 + LAB</td>
</tr>
<tr>
<td>5751</td>
<td>Reline complete mandibular denture (laboratory)</td>
<td>$35.00 + LAB</td>
</tr>
<tr>
<td>5760</td>
<td>Reline maxillary partial denture (laboratory)</td>
<td>$35.00 + LAB</td>
</tr>
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</table>
REPAIRS TO PROSTHETICS (cont.)

<table>
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<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
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</thead>
<tbody>
<tr>
<td>5761</td>
<td>Reline mandibular partial denture (laboratory)</td>
<td>$35.00 + LAB</td>
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<tr>
<td>5850</td>
<td>Tissue conditioning - maxillary</td>
<td>$30.00</td>
</tr>
<tr>
<td>5851</td>
<td>Tissue conditioning - mandibular</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

PROSTHODONTICS (Fixed)

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6210*</td>
<td>Pontic - cast high noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6211</td>
<td>Pontic - cast predominantly base metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6212*</td>
<td>Pontic - cast noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6240*</td>
<td>Pontic - porcelain fused to high noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6241</td>
<td>Pontic - porcelain fused to predominantly base metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6242*</td>
<td>Pontic - porcelain fused to noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6750*</td>
<td>Crown - porcelain fused to high noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6751</td>
<td>Crown - porcelain fused to predominantly base metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6752*</td>
<td>Crown - porcelain fused to noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6790*</td>
<td>Crown - full cast high noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6791</td>
<td>Crown - full cast predominantly base metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6792*</td>
<td>Crown - full cast noble metal</td>
<td>$280.00</td>
</tr>
<tr>
<td>6930</td>
<td>Recement fixed partial denture (per unit)</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

EXTRCTIONS/oral and maxillofacial surgery

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7111</td>
<td>Coronal remnants, deciduous tooth NO CHARGE</td>
<td></td>
</tr>
<tr>
<td>7140</td>
<td>Extraction, erupted tooth or exposed root NO CHARGE</td>
<td></td>
</tr>
<tr>
<td>7210</td>
<td>Surgical removal of erupted tooth</td>
<td>$40.00</td>
</tr>
<tr>
<td>7220</td>
<td>Removal of impacted tooth - soft tissue</td>
<td>$50.00</td>
</tr>
<tr>
<td>7230</td>
<td>Removal of impacted tooth - partially bony</td>
<td>$70.00</td>
</tr>
<tr>
<td>7240</td>
<td>Removal of impacted tooth - completely bony</td>
<td>$85.00</td>
</tr>
<tr>
<td>7250</td>
<td>Surgical removal of residual tooth roots</td>
<td>$35.00</td>
</tr>
<tr>
<td>7310</td>
<td>Alveoloplasty in conjunction with extractions - per quadrant</td>
<td>$35.00</td>
</tr>
<tr>
<td>7311</td>
<td>Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</td>
<td>$35.00</td>
</tr>
<tr>
<td>7320</td>
<td>Alveoloplasty not in conjunction with extractions - per quadrant</td>
<td>$70.00</td>
</tr>
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</table>

EXTRCTIONS/oral and maxillofacial surgery (cont.)

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7321</td>
<td>Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</td>
<td>$70.00</td>
</tr>
<tr>
<td>7510</td>
<td>Incision and drainage of abscess - intraoral</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

ORTHODONTICS

8070/8080

Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases

- Consultation NO CHARGE
- Evaluation $35.00
- Records/Treatment Planning $250.00
- Orthodontic Treatment $1,800.00

8090

Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases

- Consultation NO CHARGE
- Evaluation $35.00
- Records/Treatment Planning $250.00
- Orthodontic Treatment $2,000.00

8680

Retention $450.00

ADJUNCTIVE GENERAL SERVICES

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
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</thead>
<tbody>
<tr>
<td>9215</td>
<td>Local anesthesia NO CHARGE</td>
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<tr>
<td>9230</td>
<td>Analgesia (nitrous oxide - per 15 minutes)</td>
<td>$15.00</td>
</tr>
<tr>
<td>9450</td>
<td>Case presentation, detailed and extensive treatment planning NO CHARGE</td>
<td></td>
</tr>
<tr>
<td>9951</td>
<td>Occlusal adjustment - limited $25.00</td>
<td></td>
</tr>
<tr>
<td>9952</td>
<td>Occlusal adjustment - complete $150.00</td>
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</tr>
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*THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMI-PRECIOUS (NOBLE) METAL. THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED $125 PER UNIT AND $75 PER UNIT FOR SEMI-PRECIOUS METAL.
schedule of benefits and subscriber copayments

LIMITATIONS AND EXCLUSIONS

1. 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 C of the Certificate.
2. 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.
3. Company does not provide coverage for the following services:
   a) Cost of hospitalization and pharmaceuticals, drugs or medications.
   b) 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.
   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 paid or payable under Workers’ Compensation or Employers’ Liability laws.
   g) Treatment for cysts, neoplasms and malignancies.
   h) General anesthesia.
   i) Services for injuries and conditions which are paid or payable under Workers’ Compensation or Employers’ Liability laws.
   j) Any dental treatment started prior to the Member’s effective date for eligibility of benefits.
   k) Services for injuries and conditions which are paid or payable under Workers’ Compensation or Employers’ Liability laws.
   l) Treatment for cysts, neoplasms and malignancies.
   m) General anesthesia.

SPECIALIST SERVICES

Should you need a specialist, (i.e., Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Copayment amounts are applicable when treatment is performed by Participating Specialists. Benefits for procedures not listed on the schedule, that are performed by a Participating Specialist, are available at the Participating Specialist’s usual and customary fee less 25%.

NOTE:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST’S USUAL FEE LESS 25%.
3. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL $50.00 PER UNIT.

NOTE:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST’S USUAL FEE LESS 25%.
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SPECIALIST SERVICES

Should you need a specialist, (i.e., Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Copayment amounts are applicable when treatment is performed by Participating Specialists. Benefits for procedures not listed on the schedule, that are performed by a Participating Specialist, are available at the Participating Specialist’s usual and customary fee less 25%.

NOTE:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST’S USUAL FEE LESS 25%.
3. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL $50.00 PER UNIT.
Florida CS150 Series Provider Directory  
Hillsborough, Lake, Orange, Osceola and Polk Counties

GENERAL DENTISTS
Please Note:  
This directory of participating providers reflects the most accurate and up-to-date information available at the time of printing. This list of participating providers can and will change during the benefit year. Please call our Customer Care Department at 1-800-342-5209 for more information or for assistance in selecting a provider. You can also visit our website at www.combenefits.com for a map of the provider nearest your home or office by clicking on the provider locator icon on our home page. Some General Dentists do not accept all plans, please confirm that your General Dentist accepts your plan before seeking treatment.

General Dentists

Hillsborough County

Brandon

Brandon Advanced Dental Care  
625 Lisbon Dr  
33511 (813)662-3599  
Min Age: 0  
Facility #211654  
Derakshian, DMD, Michael  
Montilla, DMD, Miguel A  
Nguyen, DMD, Thu  
Tucker, DMD, Chelsea M

Brandon Cosmetic Dentistry  
1127 Professional Park Dr  
33511 (813)662-4853  
Min Age: 0  
Facility #193915  
Solano, DDS, Giovanni P  
Bright Now! Dental - Brandon  
11385 Causeway Blvd Ste A-5  
33511 (813)662-2500  
Min Age: 4  
Facility #184911  
Crim, DDS, Robert C  
Derakshian, DMD, Mitra A  
Kantwill, DDS, Richard G  
Moore, DMD, Julius A  
Park, DMD, Ken H  
Singer, DMD, John R

East Coast PA -  
Bloomington  
165 E Bloomingdale Ave  
33511 (813)643-6969  
Min Age: 10  
Facility #5004  
Addison, DMD, John  
Diasti, DDS, Adam  
Gromak, DDS, Adam M  
Klaib, DMD, Charbel  
Lampert, DMD, Scott  
Li, DMD, Ling  
May, DMD, Jeffrey D

East Coast PA - Brandon  
21788 W Brandon Blvd Ste K  
33511 (813)662-9340  
Lang:SP  
Min Age: 6  
Facility #4004  
Addison, DMD, John  
Caudill, DDS, Joel K  
Diasti, DDS, Adam  
Diasti, DMD, Rhiam  
Gromak, DDS, Adam M  
Klaib, DMD, Charbel  
Lampert, DMD, Scott  
May, DMD, Jeffrey D  
Ortiz Roldan, DMD, Ramon L  
Spicola, DDS, Rachel

Dental Health Group - Brandon  
2468 W Brandon Blvd  
33511 (813)654-6700  
Lang:SP  
Min Age: 3  
Facility #4127  
Anderson, DMD, Lindsey A  
Ascunce, DMD, Leeanet  
Atkinson, DDS, William A  
Baig, DMD, Mohammed Z  
Beno, DMD, Adam M  
Bernier, DDS, Brian F  
Boldt, DMD, Paul  
Brody, DMD, Robert A  
Buckley, DMD, James K  
Burdman, DDS, Laurie  
Campbell, DMD, William P  
Cancelleri, DMD, John P  
Casey, DDS, Barbara L  
Chawla, DDS, Kanwal J  
Childers, DDS, Seldon T  
Choksi, DMD, Rachana  
Christoph, DDS, Victor  
Clark Lube, DMD, Patricia L  
Cohen, DMD, Freyba B  
Correa, DMD, Anaelys  
Creech Glosis, DDS, Amy  
Daneshapajou, DMD, Sara  
De La rua, DDS, Lissette  
Delucia, DMD, Ping Ping H  
Dominguez, DDS, Alexis B  
Dos Passos, DMD, John D  
Ducatel, DMD, Martha L  
Dvorikin, DMD, Borislaw  
Espinal, DDS, Lilcette F  
Fidler, DDS, Russell M  
French, DDS, Carlos  
Garcia, DDS, Ricardo A  
Garraway, DMD, Chira A  
Goldshien, DDS, David  
Guire, DMD, Shannon M  
Ha, DMD, Dawn T  
Halttunen, DDS, Twardo C  
Heusner, DDS, Alison J  
Hovora, DDS, Elizabeth M  
Hoffman, DMD, Brian P  
Ionata, DMD, John F  
Jackson, DMD, David C  
Johnson, DMD, Jonathan M  
Karath, DDS, Aneetha B  
Lash, DDS, Jeffrey R  
Lee Loy, DDS, Ingrid N  
Luba, DMD, Kevin J  
Magazine, DDS, Joanna  
Marrero, DDS, Jaydene  
Mcclaran, DDS, Jerry T  
Meinbach, DDS, Kenneth A  
Mercado, DDS, Carlos  
Moneyhan, DMD, Aaron G  
Morin, DDS, Aline  
Nguyen, DMD, Linh  
O Neil, DDS, Michael  
Patek, DMD, Niyati B  
Patek, DMD, Rimal M  
Pham, DMD, Cindy N  
Pham, DMD, Linh T  
Rangel, DMD, Raul V  
Rodriguez, DMD, Mayra L  
Rodriguez, DMD, Wilfredo  
Ruiz Martone, DMD, Arelis S  
Saenz, DMD, Manuel O  
Santini, DDS, Ivelyn G  
Schaffner, DMD, Daniel W  
Scott, DMD, Tessa  
Shumate, DDS, Norman  
Simon, DMD, Tala L  
Dental Health Group @ Fishhawk  
5658 Fishhawk Crossing Blvd  
33547 (813)657-7456  
Min Age: 0  
Facility #19378  
Abreu, DMD, Edward R  
Anderson, DMD, Lindsey A  
Ascunce, DMD, Leeanet  
Atkinson, DDS, William A  
Beno, DMD, Adam M  
Bernier, DDS, Brian F  
Boldt, DMD, Paul  
Brody, DMD, Robert A  
Buckley, DMD, James K  
Campbell, DMD, William P  
Cancelleri, DMD, John P  
Casey, DDS, Barbara L  
Chawla, DDS, Kanwal J  
Childers, DDS, Seldon T  
Choksi, DMD, Rachana  
Christoph, DDS, Victor

Lutz  
Friendly Smiles Dental Care  
18850 N Dale Mabry Hwy  
33548 (813)944-6969  
Lang:SP  
Min Age: 5  
Facility #30021  
Gebel, DDS, Fadi Y  
Gribbin, DMD, Michael C  
Johnson, DDM, Diana L  
Morrison, DDS, Jack W  
Morrison, DDS, Jack W  
Ruiz Jr, DDS, Peter A  
Smiley, DMD, A. D.

Plant City  
Austin-Brown, DDS, Deborah  
420 N Alexander St  
33563 (813)752-5520  
Min Age: 5  
Facility #19855  
Austin-Brown, DDS, Deborah A

Coastal Dental  
Plant City  
1912 W Reynolds St  
33563 (813)967-7001  
Min Age: 0  
Facility #212183  
Addison, DMD, John  
Coba, DMD, Richard I  
Gromak, DDS, Adam M  
Suzane Watkins, DMD, Christina

Dental Assosicate of Walden Woods  
512 E Alexander St  
33563 (813)752-3030  
Min Age: 5  
NPN

Deeds, DMD, Sarah M  
Gutierrez, DMD, Ramon L

Dental Associates of Plant City  
1701 S Alexander St Ste 113  
33566 (813)719-2222  
Min Age: 0  
Facility #211616  
Bivens, DDS, Jason P  
Boyett, DDS, Kimberly  
Carter, DDS, John I  
Corral, DMD, Juliana  
Mueller III, DMD, William A  
Walding, DDS, Stephen J  
Shoopak, DMD, Alan D  
1205 W Baker St  
33563 (813)689-4929  
Min Age: 7  
Facility #189102  
Patek, DMD, Mayuri V

Riverview  
A Brilliant Smile  
11948 Boyette Rd  
33549 (813)872-2200  
Min Age: 0  
NPN  
Aibril, DMD, Jeffrey I.
Prior to treatment, please confirm that the specialist from whom you are seeking treatment accepts your specific plan. Some specialists do not accept all plans.
Orlando

Celebration Dental Group
6001 Vineland Rd Ste 106-108
32819 (407)566-1510
Min Age: 0
Crawford, DDS, Teryl M
Justiniano, DMD, Sandra

Isler, DDS, Aaron E
Bergman, DMD, Adam V.
Aippersbach, DMD, William J
Min Age: 0
32803 (407)228-0132
Prusaskowski, DMD, David
Greenberg Dental-Conway
44424 Curry Ford Rd
32812 (407)482-5855
Min Age: 5
Cherin, BDS, MDS, Shiju
Deshpande, BDS, DMD, Annapurna
Marcos Arenal, DDS, MS, Joselu
Rhodes, DMD, Steven C

Orlando Endodontic Specialists
3607 E Colonial Dr
32803 (407)514-0400
Min Age: 5
Cherin, BDS, MDS, Shiju
Deshpande, BDS, DMD, Annapurna
Marcos Arenal, DDS, MS, Joselu
Rhodes, DMD, Steven C

Greenberg Dental-East Colonial
4307 E Colonial Dr
32803 (407)514-0400
Min Age: 5
Cherin, BDS, MDS, Shiju
Deshpande, BDS, DMD, Annapurna
Marcos Arenal, DDS, MS, Joselu
Rhodes, DMD, Steven C

Greenberg Dental-Highland
7319 W Colonial Dr
32818 (407)292-9200
Min Age: 5
Cherin, BDS, MDS, Shiju
Deshpande, BDS, DMD, Annapurna
Marcos Arenal, DDS, MS, Joselu
Rhodes, DMD, Steven C

Greenberg Dental-Kirkman
4780 S Kirkman Rd
32811 (407)292-7373
Min Age: 5
Cherin, BDS, MDS, Shiju
Deshpande, BDS, DMD, Annapurna
Marcos Arenal, DDS, MS, Joselu
Rhodes, DMD, Steven C

Greenberg Dental-Williamsburg
5316 Central Florida Pkwy
32821 (407)239-9557
Min Age: 5
Cherin, BDS, MDS, Shiju
Deshpande, BDS, DMD, Annapurna
Marcos Arenal, DDS, MS, Joselu
Rhodes, DMD, Steven C

Greenberg Dental-Poinciana
1006 Cypress Pkwy
34759 (407)933-8222
Min Age: 5
Cherin, BDS, MDS, Shiju
Deshpande, BDS, DMD, Annapurna
Marcos Arenal, DDS, MS, Joselu
Rhodes, DMD, Steven C

Saint Cloud

Greenberg Dental-St Cloud
4039 13th St
34770 (407)892-1643
Min Age: 0
Cherin, BDS, MDS, Shiju
Deshpande, BDS, DMD, Annapurna
Marcos Arenal, DDS, MS, Joselu
Rhodes, DMD, Steven C

Polk County

Bartow

Dental Associates Of Bartow Pl
1054 N Broadway Ave Ste 13
33830 (863)333-4453
Min Age: 0
Pham, DMD, Thai V

Lakeland

Coast Florida PA - Highland
2960 Lakeland Highlands Rd
33803 (863)685-1545
Min Age: 0
Cubenas, DDS, Julio J

Trinity Endodontics of Lakeland
1602 S Florida Ave Ste 1
33803 (863)413-9773
Min Age: 0
Crawford, DDS, Teryl M
Justiniano, DMD, Sandra

Oral Surgeons

Hillsborough County

Brandon

Brandon Oral Surgery
710 Oakfield Dr Ste 105
33511 (813)681-3737
Min Age: 0
Colmenares, DDS, Nicholas F
Bright Now! Dental - Brandon
11385 Causeway Blvd Ste A4-5
33511 (813)662-2500
Min Age: 7
Aves, DDS, Renato J

Coast Florida PA-Brandon Town
2118 W Brandon Blvd Ste K
33511 (813)662-9540
Min Age: 7
Hamilton, DDS, Brian H
Salomon, DMD, Dale E

Dental Health Grp-Brandon
2468 W Brandon Blvd
33511 (813)654-6700
Min Age: 3
Carrillo, DDS, Catalina
Celestina, DDS, Leslie W
Edwards, DMD, Jason A

Moffett, DMD, Jeffrey V
Jack A Davidson, DDS, MD, PLCC
1165 Nikki View Dr
33511 (813)571-1516
Min Age: 3
Davidson, DDS, MD, Jack A.

Lithia

Dental Health Group @ Fishhawk
5058 Fishhawk Crossing Blvd
33547 (813)657-7456
Min Age: 0
Moffett, DMD, Jeffrey V

Plant City

Jack A Davidson, DDS, MD, PLCC
620 E Alexander St
33563 (813)571-1516
Min Age: 0
Davidson, DDS, MD, Jack A.

Oral Surgery and Implants of Florida
1702 Walden Village Ct
33566 (863)333-4453
Min Age: 0
Ason, DMD, Raphael A

Sun City Center

Tomeo, DDS, Charles A.
703 W Del Webb Blvd Ste A
33573 (813)634-5597
Min Age: 0
Tomeo, DDS, Charles A

Tampa

Bright Now Dental-Carrollwood
14347 N Dale Mabry Hwy
33618 (813)968-8080
Min Age: 3
Aves, DDS, Renato J

Butchart, DDS, PA, Chris J.
5420 Webb Rd Ste D1
33615 (813)886-0545
Min Age: 8
Spoto, DDS, Marshall D

Center for Oral Surgery & Dental
6515 Gunn Hwy
33625 (813)968-5400
Min Age: 2
Valiente, DMD, Ernesto

Coast Dental - Silver Mill
11258 W Hillsborough Ave
33635 (813)814-4309
Min Age: 7
Hamilton, DDS, Brian H

Coast Dental - Town & Country
7340 W Waters Ave
33634 (813)886-1800
Min Age: 6
Salomon, DMD, Dale E

Coast Dental-Hyde Park
2605 W Swann Ave Ste 200
33609 (813)871-6050
Min Age: 0
Salomon, DMD, Dale E

Coast Dental-Town & Country
7340 W Waters Ave
33634 (813)886-1800
Min Age: 6
Salomon, DMD, Dale E

Coast Dental - Carrollwood
14815 N Dale Mabry Hwy
33618 (813)264-2193
Min Age: 6
Salomon, DMD, Dale E

Coast Dental - University
13584 University Plaza St
33613 (813)971-8141
Min Age: 6
Hamilton, DDS, Brian H
<table>
<thead>
<tr>
<th>Location</th>
<th>Practice Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Min Age</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake County</td>
<td>Clermont</td>
<td>Towncare Dental of Clermont</td>
<td>1645 E Highway 50 Ste 100 34711 (352)242-6222</td>
<td>Min Age: 0</td>
<td>Mendro, DMD, Ryan L</td>
</tr>
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<tr>
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<td></td>
<td>Greenberg Dental-Leesburg</td>
<td>949 N 14th St 34748 (352)460-0164</td>
<td>Min Age: 0</td>
<td>Cherry, DMD, Elizabeth A Mccall, DMD MS, Allen D</td>
</tr>
<tr>
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</tr>
<tr>
<td>Orange County</td>
<td>Apopka</td>
<td>Greenberg Dental-Apopka</td>
<td>2216 E Semoran Blvd 32703 (407)889-4360</td>
<td>Min Age: 5</td>
<td>Wallace, DMD, Kevin B</td>
</tr>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Bright Nowi Dental - Orlando</td>
<td>785 N Alafaya Trl 32828 (321)354-0905</td>
<td>Min Age: 0</td>
<td>Fanelli, DDS, Alfredo A</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

23
Osceola County

Kissimmee
Greenberg Dental-Kissimmee
1379 E Vine St
34744 (407)933-8686
Min Age: 5
Wallace, DMD, Kevin B

Saint Cloud
Greenberg Dental-St Cloud
4039 13th St
34769 (407)892-1643
Min Age: 0
Wallace, DMD, Kevin B
**What to expect from your dental plan:**

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

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

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

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

**Get more out of your dental plan**
@ www.mycompbenefits.com

Want to know the status of a claim? Need to find a dentist closer to you? You can do all of this and more at www.mycompbenefits.com. Registering for this service is simple and will give you access to your plan benefits, including your benefit information, claims status, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you’ll be checking out your benefits in no time.

<table>
<thead>
<tr>
<th>Choice Two</th>
<th>Choice Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP620 w/Ortho-MID Plan</td>
<td>EP620 w/Ortho</td>
</tr>
<tr>
<td>Rates - PPO</td>
<td>Monthly</td>
</tr>
<tr>
<td>Employee</td>
<td>$21.48</td>
</tr>
<tr>
<td>Employee + 1 Dependent</td>
<td>$37.90</td>
</tr>
<tr>
<td>Employee + 2 or more Dependents</td>
<td>$59.06</td>
</tr>
</tbody>
</table>
frequently asked questions

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

Q. How do I select an in-network dentist?
A. You may choose a participating PPO general dentist from our preferred provider directory available online at www.mycompbenefits.com. Participating general dentists in our network are conveniently located near your home or office. CompBenefits reviews each participating dentist’s credentials before he or she is selected to join our network. By using an in-network dentist, you will receive the maximum benefit of your plan.

Q. How do I select an out-of-network dentist?
A. By choosing a general dentist not included in the preferred provider list at www.mycompbenefits.com, you have selected an out-of-network provider. You will be charged the dentist’s usual fees for treatment. When you use an out-of-network dentist, your out-of-pocket costs will be typically greater than using an in-network dentist.

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

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

Q. Where do I send my claims?
A. You can get a claim form from your Group Benefits Administrator, from CompBenefits’ Customer Care department or from our Web site, www.mycompbenefits.com. Mail your claim to:
CompBenefits Claims
P.O. Box 8236
Chicago, Illinois 60680-8236

Q. Can I go online to find out more about my plan or get assistance?
A. Yes. After you enroll, you can visit www.mycompbenefits.com to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.
Because we specialize in dental, we can bring you benefits and service that other companies can't match!

- **QUICK CLAIMS TURNAROUND**
  CompBenefits’ state of the art claims center provides fast reimbursement of your claims.

- **ACCESS TO INFORMATION**
  Our toll-free Customer Care number at 1-(800)-342-5209 has Customer Care Representatives who can provide the answers you need quickly and thoroughly.

- **TOTAL FREEDOM OF CHOICE**
  The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on the plan you have chosen.

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

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

*Coverage based on contracted fees for the Preferred Provider Network.

**Time served on the employer’s immediately preceding group dental plan may be credited towards this plan’s waiting periods, subject to Underwriting approval.

***Maximum of 3 per family.

---

**SUMMARY OF BENEFITS**

<table>
<thead>
<tr>
<th>Partial Listing of Covered Services</th>
<th>In-Network Reimbursements</th>
<th>Out-of-Network Reimbursements</th>
</tr>
</thead>
</table>

**Type I Diagnostic & Preventive**
- 100% - Oral Examination (once per six months)
- 80% - Prophylaxis (cleaning, once per six months)
- 80% - Topical Fluoride (children under 16, once per 12 months)
- X-Rays (limitations may apply)
- Sealants (once per 3 years for children under age 16, for non carious molars only)
- Space Maintainers (for children under age 16)

**Type II Basic Services**
- 80% - Simple Restorative (amalgam, synthetic, or composite fillings)
- 60% - Emergency Palliative Treatment
- 60% - Tooth Extraction
- 60% - Endodontics (root canals)

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

**Type IV Orthodontics**
- 50% - Dependent children 18 years of age or younger

**MAXIMUM BENEFITS**

<table>
<thead>
<tr>
<th>Insured Individual and Dependents</th>
<th>Lifetime</th>
<th>Calendar Year</th>
<th>Deductible***</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type I, II, III</strong></td>
<td>Unlimited</td>
<td>$1,000</td>
<td>None</td>
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<tr>
<td><strong>Type IV</strong></td>
<td>$1,000</td>
<td>$1,000</td>
<td>$50</td>
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<tr>
<td><strong>Dependent children 18 years of age or younger</strong></td>
<td>$1,000</td>
<td>$1,000</td>
<td>$50</td>
</tr>
</tbody>
</table>

PPO True Group High □ Ortho

Elite Choice 620-1

065CI620X
Because we specialize in dental, we can bring you benefits and service that other companies can’t match!

- **QUICK CLAIMS TURNAROUND**
  CompBenefits’ state of the art claims center provides fast reimbursement of your claims.

- **ACCESS TO INFORMATION**
  Our toll-free Customer Care number at 1-(800)-342-5209 has Customer Care Representatives who can provide the answers you need quickly and thoroughly.

- **TOTAL FREEDOM OF CHOICE**
  The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on the plan you have chosen.

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

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*Coverage based on contracted fees for the Preferred Provider Network.
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***Maximum of 3 per family.

---

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<tr>
<th>Partial Listing of Covered Services</th>
<th>In-Network Reimbursements</th>
<th>Out-of-Network Reimbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I Diagnostic &amp; Preventive</td>
<td>100% 90%</td>
<td>80% 70%</td>
</tr>
<tr>
<td>Oral Examination (once per six months)</td>
<td></td>
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</tr>
<tr>
<td>Prophylaxis (cleaning, once per six months)</td>
<td></td>
<td></td>
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<tr>
<td>Topical Fluoride (children under 16, once per 24 months)</td>
<td></td>
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<tr>
<td>X-Rays (limitations may apply)</td>
<td></td>
<td></td>
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<tr>
<td>Sealants (once per 3 years for children under age 16, for non carious molars only)</td>
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<td></td>
</tr>
<tr>
<td>Space Maintainers (for children under age 16)</td>
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</tr>
<tr>
<td>Type II Basic Services</td>
<td>80% 70%</td>
<td>50% 40%</td>
</tr>
<tr>
<td>Simple Restorative (amalgam, synthetic, or composite fillings)</td>
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<td></td>
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<tr>
<td>Emergency Palliative Treatment</td>
<td></td>
<td></td>
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<tr>
<td>Tooth Extraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type III Major Services</td>
<td>50% 40%</td>
<td>30% 20%</td>
</tr>
<tr>
<td>Major Restorative (crowns/inlays/onlays)</td>
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<tr>
<td>Periodontics (includes treatment of diseases of the gums)</td>
<td></td>
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<tr>
<td>Bridge, Denture Repair</td>
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<td></td>
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<tr>
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</tr>
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<td>Type IV Orthodontics</td>
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<td>Dependent children 18 years of age or younger</td>
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**MAXIMUM BENEFITS**

<table>
<thead>
<tr>
<th>Insured Individual and Dependents</th>
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</thead>
<tbody>
<tr>
<td>Lifetime</td>
</tr>
<tr>
<td>Type I, II, III</td>
</tr>
<tr>
<td>Type IV</td>
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<tr>
<td>Type V</td>
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<tr>
<td>Calendar Year</td>
</tr>
<tr>
<td>Type I, II, III</td>
</tr>
<tr>
<td>Type IV</td>
</tr>
<tr>
<td>Deductible**</td>
</tr>
<tr>
<td>Type I</td>
</tr>
<tr>
<td>Type II, III, IV</td>
</tr>
<tr>
<td>$50</td>
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</table>
The charges for Major Restorative services will be Covered Dental Expenses subject to the following:

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

EXCLUSIONS

Benefits will not be paid for:

1. procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. any procedure, service, or supply which may not reasonably be expected to successfully correct the patient’s dental condition for a period of at least three years, as determined by CompBenefits Insurance Company;
3. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
4. appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
5. any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;
6. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
7. charges for travel time; transportation costs; or professional advice given on the phone;
8. procedures performed by a Dentist who is a member of Your immediate family;
9. any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
10. charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
11. any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
12. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of $100 (US dollars) per year;
13. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
14. treatment for cosmetic purposes. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
15. any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
16. procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
17. a sickness for which the patient can receive benefits under a workers’ compensation act or similar law;
18. an injury that arises out of or in the course of a job or employment for pay or profit;
19. charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, CompBenefits Insurance Company will determine the amount. CompBenefits Insurance Company will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors; or
20. orthodontic plan benefits for persons 19 years of age or older.

PREDETERMINATION

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

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

Life brings all manner of surprises – some of them good, some of them not.

No matter how much you plan for now and the future, it is very likely that something will come along that leaves you wondering how you are going to pay for it – like dental problems.

Your teeth may be perfectly healthy right now, but CompBenefits’ Advantage plan will give you the security you need in case you are looking at expensive dental treatment down the road.

Advantage is a new generation, hybrid dental plan (which takes the best from DHMOs as well as traditional indemnity insurance). And Advantage is the dental benefit of choice for thousands of CompBenefits members who depend on a company that has been helping people maintain good oral health for more than 25 years.

Advantage isn’t hard to navigate: you’ll be free from deductibles, claim forms, waiting periods, and benefit maximums – freedom you won’t find with other insurance plans.

Plus, you’ll get a large network of in-network dentists, and with a small co-payment, routine cleanings and x-rays every six months are covered 100 percent as well as oral exams, local anesthesia and topical fluoride for children up to age 16.

Get more out of your dental plan @ www.mycompbenefits.com

Need to find a dentist closer to you? You can do all of this and more at www.mycompbenefits.com. Registering for this service is simple and will give you access to your plan benefits, including your benefit information, claims status, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you’ll be checking out your benefits in no time.

Choice Four
Dental Plan - Advantage 1S Plan

<table>
<thead>
<tr>
<th>Rates</th>
<th>Monthly</th>
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<tr>
<td>Employee</td>
<td>$16.52</td>
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<tr>
<td>Employee + 1 Dependent</td>
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<td>Employee + 2 or more Dependents</td>
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### Schedule of Benefits and Subscriber Co-Payments

#### Preventive Services

<table>
<thead>
<tr>
<th>ADA Code</th>
<th>Procedure</th>
<th>Patient Pays</th>
</tr>
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<tbody>
<tr>
<td>D0120</td>
<td>Periodic oral examination (limit 1 every 6 months)</td>
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<tr>
<td>D0140</td>
<td>Limited oral evaluation - problem focused (limit 1 every 6 months)</td>
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<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)</td>
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<tr>
<td>D0150</td>
<td>Comp oral evaluation - new/established patient (limit 1 every 24 months)</td>
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<tr>
<td>D0160</td>
<td>Dil&amp;Ext oral evaluation - problem focused (limit 1 every 12 months)</td>
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</tr>
<tr>
<td>D0170</td>
<td>Re-evaluation - limited problem focused (limit 1 every 12 months)</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0180</td>
<td>Comp periodontal evaluation - new/est patient (limit 1 every 12 months)</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0210</td>
<td>Intraoral-Complete series (limit 1 every 3 years)</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0220</td>
<td>Intraoral-Periapical-First film (limit 9 every 12 months incl. D0230)</td>
<td>$0.00</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral-Periapical-Each additional film (limit 9 every 12 months incl. D0220)</td>
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<tr>
<td>D0240</td>
<td>Intraoral - occlusal film</td>
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<tr>
<td>D0250</td>
<td>Extraoral - first film</td>
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<td>D0260</td>
<td>Extraoral - each additional film</td>
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<td>D0270</td>
<td>Bitewing - single film (limit 1 every 6 months)</td>
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<tr>
<td>D0272</td>
<td>Bitewings - two films (limit 1 every 6 months)</td>
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<td>D0273</td>
<td>Bitewings - three films (limit 1 every 6 months)</td>
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<td>D0274</td>
<td>Bitewings - four films (limit 1 every 6 months)</td>
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<td>D0277</td>
<td>Vertical bitewings - 7 to 8 films (limit 1 every 6 months)</td>
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<td>D0330</td>
<td>Panoramic film (limit 1 every 3 years)</td>
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<td>D0470</td>
<td>Diagnostic casts</td>
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<td>D1110</td>
<td>Prophylaxis - adult (limit 1 every 6 months, inclusive of D4910)</td>
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<tr>
<td>D1120</td>
<td>Prophylaxis - child (limit 1 every 6 months, inclusive of D4910)</td>
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<tr>
<td>D1203</td>
<td>Topical application of fluoride - child (limit 1 every 6 months for child &lt;16)</td>
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<tr>
<td>D1206</td>
<td>Topical fluoride varnish (limit 1 every 6 months for child &lt;16)</td>
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</tr>
<tr>
<td>D1351</td>
<td>Sealant - per tooth (limit 1 per tooth every 12 months for child &lt;14)</td>
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#### Basic Services

<table>
<thead>
<tr>
<th>ADA Code</th>
<th>Procedure</th>
<th>Patient Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1510</td>
<td>Space maintainer - fixed-unilateral (limited to child &lt;14)</td>
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<tr>
<td>D1515</td>
<td>Space maintainer - fixed-bilateral (limited to child &lt;14)</td>
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</tr>
<tr>
<td>D1520</td>
<td>Space maintainer - removable-unilateral (limited to child &lt;14)</td>
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<td>Space maintainer - removable-bilateral (limited to child &lt;14)</td>
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<td>D1550</td>
<td>Recementation of space maintainer</td>
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<tr>
<td>D2140</td>
<td>Amalgam-One surface primary or permanent</td>
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<td>Amalgam-Two surfaces primary or permanent</td>
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<td>Amalgam-Three surfaces primary or permanent</td>
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<td>D2161</td>
<td>Amalgam-Four/More surfaces primary/permanent</td>
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<tr>
<td>D2330</td>
<td>Resin-Based composite - one surface anterior</td>
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<td>D2331</td>
<td>Resin-Based composite - two surfaces anterior</td>
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<td>D2332</td>
<td>Resin-Based composite - three surfaces anterior</td>
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<td>D2335</td>
<td>Resin compos - 4/more surfaces/invlv incisal ang</td>
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<td>D2390</td>
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<td>D2393</td>
<td>Resin-Based composite - three surfaces posterior</td>
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<td>Resin compos - four or more surfaces posterior</td>
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<td>Pradontal scaling&amp;root planing 4/more teeth/quad (limit 1 per quad every 12 months)</td>
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<td>Pradontal scaling&amp;root planing 1-3 teeth/quad (limit 1 per quad every 12 months)</td>
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<td>D4355</td>
<td>Full mouth debrid enable comp evaluation &amp; dx (limit 1 every 5 years)</td>
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<tr>
<td>D4910</td>
<td>Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)</td>
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### Basic Services (cont.)

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<tr>
<td>D7111</td>
<td>Extraction coronal remnants deciduous tooth</td>
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<td>D7140</td>
<td>Extraction erupted tooth or exposed root</td>
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### Major Services (cont.)

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<th>Patient Pays</th>
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<tr>
<td>D2710</td>
<td>Crown resin based composite indirect (limit 1 per tooth every 8 years)</td>
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<td>D2720</td>
<td>Crown - resin with high noble metal (limit 1 per tooth every 8 years)</td>
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<td>D2721</td>
<td>Crown - resin with predominantly base metal (limit 1 per tooth every 8 years)</td>
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<tr>
<td>D2722</td>
<td>Crown - resin with noble metal (limit 1 per tooth every 8 years)</td>
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<td>D2740</td>
<td>Crown - porcelain/ceramic substrate (limit 1 per tooth every 8 years)</td>
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<td>Crown - porcelain fused to high noble metal (limit 1 per tooth every 8 years)</td>
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<tr>
<td>D2751</td>
<td>Crown - porcelain fused predom base metal (limit 1 per tooth every 8 years)</td>
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<tr>
<td>D2752</td>
<td>Crown - porcelain fused to noble metal (limit 1 per tooth every 8 years)</td>
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<tr>
<td>D2790</td>
<td>Crown - full cast high noble metal (limit 1 per tooth every 8 years)</td>
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<td>Crown - full cast predom base metal (limit 1 per tooth every 8 years)</td>
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<td>Crown - full cast noble metal (limit 1 per tooth every 8 years)</td>
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<td>Prefab stainless steel crown - permanent tooth</td>
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<td>Prefabricated resin crown</td>
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<td>Sedative filling</td>
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<td>Core buildup including any pins</td>
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<td>Pin retention - per tooth addition restoration</td>
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<td>Cast post and core in addition to crown</td>
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<td>D2954</td>
<td>Prefabricated post and core in addition to crown</td>
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<td>D3220</td>
<td>Tx pulp remove pulp coronal dentinocemential junc</td>
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<tr>
<td>D3310</td>
<td>Anterior root canal</td>
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<td>Bicuspid root canal</td>
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<td>Molar root canal</td>
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<td>D3346</td>
<td>Retreatment previous root canal therapy - anterior</td>
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<td>Retreatment previous root canal therapy - bicuspid</td>
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<td>Retreatment previous root canal therapy - molar</td>
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<td>Apicoectomy/Periradicular surgery - anterior</td>
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### Schedule of Benefits and Subscriber Co-Payments

#### Major Services (cont.)

<table>
<thead>
<tr>
<th>ADA Code</th>
<th>Procedure</th>
<th>Patient Pays</th>
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<tbody>
<tr>
<td>D3421</td>
<td>Apicoectomy/Periradicular surgery - bicuspids</td>
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<td>Apicoectomy/Periradicular surgery - molar</td>
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<td>D3426</td>
<td>Apicoectomy/Periradicular surgery</td>
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<td>Retrograde filling - per root</td>
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<td>Gingivectomy/Plasty 4/&gt;contig/bound teeth spaces-quad (limit 1 every 12 months)</td>
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<td>Gingivectomy/Plasty 1-3 contig/bound teeth spaces-quad (limit 1 every 12 months)</td>
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<td>Gingival flap proc 4/&gt;contig/bound teeth spaces-quad (limit 1 every 12 months)</td>
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<td>Clinical crown lengthening - hard tissue</td>
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<td>Osseous surgery 4/&gt;contig/bound teeth spaces-quad</td>
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<td>Osseous surgery 1-3 contig/bound teeth spaces-quad</td>
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<td>Complete denture - mandibular (limit 1 every 5 years)</td>
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<td>D5130</td>
<td>Immediate denture - maxillary (limit 1 every 5 years)</td>
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<td>Immediate denture - mandibular (limit 1 every 5 years)</td>
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<td>Maxillary partial denture - resin base (limit 1 every 5 years)</td>
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<td>D5212</td>
<td>Mandibular partial denture - resin base (limit 1 every 5 years)</td>
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<td>Max part dent-cast metal framework w/resin base (limit 1 every 5 years)</td>
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<td>D5214</td>
<td>Mnd part dent-cst metal framework w/resin base (limit 1 every 5 years)</td>
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<td>Adj complete denture - maxillary (limit 1 every 12 months)</td>
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<td>Adj partial denture - maxillary (limit 1 every 12 months)</td>
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<td>D5422</td>
<td>Adj partial denture - mandibular (limit 1 every 12 months)</td>
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<td>Repair broken complete denture base</td>
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<td>Replace missing/broken teeth - complete denture</td>
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<td>Repair resin denture base</td>
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<td>Repair cast framework</td>
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<td>Repair or replace broken clasp</td>
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<td>Replace broken teeth - per tooth</td>
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<td>Add tooth to existing partial denture</td>
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<td>Add clasp to existing partial denture</td>
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<td>Rebase complete maxillary denture (limit 1 every 3 years)</td>
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<td>Rebase complete mandibular denture (limit 1 every 3 years)</td>
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<td>Rebase maxillary partial denture (limit 1 every 3 years)</td>
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<td>Rebase mandibular partial denture (limit 1 every 3 years)</td>
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<td>Reline complete maxillary denture (limit 1 every 3 years)</td>
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<td>Reline complete mandibular denture (limit 1 every 3 years)</td>
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<td>Reline maxillary partial denture (limit 1 every 3 years)</td>
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<td>Reline mandibular partial denture (limit 1 every 3 years)</td>
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<td>D5750</td>
<td>Reline complete maxillary denture (limit 1 every 3 years)</td>
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<tr>
<td>D5751</td>
<td>Reline complete mandibular denture (limit 1 every 3 years)</td>
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<td>Reline maxillary partial denture (limit 1 every 3 years)</td>
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<td>Reline mandibular partial denture (limit 1 every 3 years)</td>
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<td>Tissue conditioning maxillary</td>
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<td>D5851</td>
<td>Tissue conditioning mandibular</td>
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<td>Recement implant/abutment supported crown</td>
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<td>Recement implant/abutment supported fixed partial denture</td>
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<td>Pontic - cast high noble metal (limit 1 every 8 years)</td>
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<td>Pontic - cast predominantly base metal (limit 1 every 8 years)</td>
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<td>Pontic - cast noble metal (limit 1 every 8 years)</td>
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<td>Pontic - porcelain fused to high noble metal (limit 1 every 8 years)</td>
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<td>Pontic - porcelain fused to high noble metal (limit 1 every 8 years)</td>
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<td>Pontic - resin with noble metal (limit 1 every 8 years)</td>
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### MAJOR SERVICES (cont.)

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
</tr>
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<tbody>
<tr>
<td>D6600</td>
<td>Inlay-Porcelain/Ceramic two surfaces</td>
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<td>Inlay - porcelain/ceramic 3 or more surfaces</td>
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<td>D6602</td>
<td>Inlay - cast high noble metal two surfaces</td>
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<td>D6603</td>
<td>Inlay - cast high noble metal 3/more surfaces</td>
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<td>D6604</td>
<td>Inlay - cast predom base metal 2 surfaces</td>
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<td>D6605</td>
<td>Inlay - cast predom base 3/more surfaces</td>
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<td>D6606</td>
<td>Inlay - cast noble metal two surfaces</td>
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<tr>
<td>D6607</td>
<td>Inlay - cast noble metal 3 or more surfaces</td>
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<td>D6608</td>
<td>Onlay - porcelain/ceramic two surfaces</td>
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<td>D6609</td>
<td>Onlay - porcelain/ceramic 3 or more surfaces</td>
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<td>Onlay - cast high noble metal two surfaces</td>
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<td>Onlay - cast high noble metal 3/more surfaces</td>
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<td>Onlay - cast predom base metal 2 surfaces</td>
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<td>Onlay - cast predom base 3/more surfaces</td>
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<td>Onlay - cast noble metal 3 or more surfaces</td>
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<td>Crown resin with high noble metal</td>
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<td>Crown resin w/predom base metal-denture</td>
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<td>Crown resin with noble metal</td>
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<td>Crown porcelain fse d to hi noble metal-denture</td>
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<tr>
<td>D6790</td>
<td>Crown full cast high noble metal-denture</td>
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### MAJOR SERVICES (cont.)

<table>
<thead>
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<th>ADA CODE</th>
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<th>PATIENT PAYS</th>
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<tbody>
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<td>Crown full cast predom base metal-denture</td>
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<tr>
<td>D6792</td>
<td>Crown full cast noble metal-denture</td>
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<tr>
<td>D6930</td>
<td>Recement fixed partial denture</td>
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<td>D6970</td>
<td>Cast post&amp;core add fix part dentur retainer</td>
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<td>Prefab post&amp;core add fix part dentur retainer</td>
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<td>D6973</td>
<td>Core build up for retainer including any pins</td>
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<td>Surg remv erupted tooth rq elev fis&amp;rmv bone</td>
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<td>Removal of impacted tooth - soft tissue</td>
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<td>Removal of impacted tooth - partially bony</td>
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<td>D7240</td>
<td>Removal of impacted tooth - completely bony</td>
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<td>Remv imp tooth - cmpl bony w/ unusual surg comps</td>
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<td>D7250</td>
<td>Surgical removal of residual tooth roots</td>
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<td>Alveoloplasty conjunc w/extractions-per quadrant</td>
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<td>Local anesthesia</td>
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<td>IV conscious sedation/analg - 1st 30 minutes</td>
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<td>IV conscious sedation/analg - ea add 15 minutes</td>
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<td>Professional consultation by non-treating dentist</td>
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<td>D9951</td>
<td>Occlusal adjustment - limited</td>
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<tr>
<td>D9952</td>
<td>Occlusal adjustment - complete</td>
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## schedule of benefits and subscriber co-payments

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<thead>
<tr>
<th>ADA CODE</th>
<th>PROCEDURE</th>
<th>PATIENT PAYS</th>
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<tbody>
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<td>Comprehensive Orthodontic treatment of the transitional/adolescent dentition&lt;br&gt;Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases</td>
<td>Consultation: $0.00&lt;br&gt;Evaluation: $35.00&lt;br&gt;Records/Treatment Planning: $250.00&lt;br&gt;Orthodontic treatment: $2,100.00</td>
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<td>D8090</td>
<td>Comprehensive Orthodontic treatment of the transitional/adult dentition&lt;br&gt;19 years of age and older Up to 24 months of routine orthodontic treatment for Class I and Class II cases</td>
<td>Consultation: $0.00&lt;br&gt;Evaluation: $35.00&lt;br&gt;Records/Treatment Planning: $250.00&lt;br&gt;Orthodontic treatment: $2,300.00</td>
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**NOTE:**

1. Your Participating General Dentist and Participating Specialist office visit co-payment amounts, if applicable, are shown on your I.D. card. Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for Covered Dental Care Services.

2. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.

3. Unlisted Covered Dental Care Services are available at the Participating Dentist's usual fee less 20%.

4. Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.
LIMITATIONS AND EXCLUSIONS

1. Major restorative services will be subject to the following:
   a. denture, removable partial denture, or fixed partial denture must replace a natural tooth extracted while covered under this Certificate, however, this provision will not apply if the Contract replaces a prior group dental policy under which You were covered, and You are covered by this Certificate on the effective date of the Contract 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;
   b. the replacement of a partial denture, full denture, or the addition of teeth to a partial denture if: (i) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (ii) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (iii) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a functioning natural tooth while covered under this Certificate; or (iv) 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;
   c. the replacement of crowns, cast restorations, in-lays, onlays, fixed partial dentures or other laboratory prepared restorations only if: (i) replacement occurs at least eight years after the initial date of insertion; and (ii) they are not serviceable and cannot be restored to function;
   d. 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;
   e. the replacement of teeth up to the normal complement of 32; and
   f. denture adjustments are limited to once every twelve (12) months starting twelve (12) months after placement.

2. 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 X, Paragraph B of this Certificate.

3. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, or enjoy any of the other privileges of a Member in good standing.

4. Orthodontic treatment, if a Covered Dental Care Service as shown in the Member’s Schedule of Benefits, is limited to one twenty-four (24) month course of treatment.

5. Members who are children may be seen by a Pediatric Dentist for any reason until their seventh (7th) birthday. Referrals to a Pediatric Dentist after age seven require medical documentation.

6. Only one (1) periapical radiograph is an allowed benefit for root canal treatment.

7. The total number of periodontal maintenance and all other prophylaxis treatments combined are limited to two (2) per member every twelve (12) months.

8. Company does not provide coverage for the following services:
   a) Pharmaceuticals, drugs or medications.
   b) Services which in the opinion of the Participating General Dentist, Participating Specialist or Company are (a) not 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.
   h) General anesthesia, IV sedation, and nitrous oxide, unless it is specifically listed on the Schedule of Benefits. When listed on the Schedule of Benefits, general anesthesia and IV sedation are covered only when medically necessary and provided in conjunction with other Covered Dental Services and performed by an Oral Surgeon, Periodontist, or Pediatric Dentist. The following rationales are not eligible for benefits: 1) pain control, unless documented allergy to local anesthetic; 2) anxiety; 3) fear of pain; 4) pain management; or 5) emotional inability to undergo surgery.
LIMITATIONS AND EXCLUSIONS (cont.)

i) 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 Company.

j) Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling.

k) Appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting.

l) 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 restoration, or bite analysis.

m) Adult fluoride treatments, athletic mouth guards, myofunctional therapy, infection control, precision or semi-precision attachments, denture duplication, oral hygiene instructions, radiograph duplication charges for claim submission, separate charges for acid etching, completion of claim fees, equipment or technology fees, exams required by third party, personal supplies (water pik, toothbrush, floss holder, etc.), or replacement of lost or stolen appliances.

n) 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.

o) 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.

p) Extraction of asymptomatic third molars, including extraction of erupted third molars for orthodontics.

q) Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance). Facings on crowns or fixed partial dentures on molar teeth will always be considered cosmetic.

r) Dental implants and related services.

s) Restoration of teeth that have been damaged by attrition, abrasion, or erosion.

t) Resin bonded bridges, including associated retainers and pontics.

u) Charges for travel time, transportation costs, or professional advice given on the phone.

v) Procedures performed by a dentist who is a member of Your immediate family.

w) Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility.

x) Any charges related to the review of any diagnostic biopsy, material, or specimens submitted to a pathologist, or pathology lab, for histological review.

y) Charges for treatment rendered; (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any Member; or (b) by an employee of any Member.

z) Charges for treatment performed outside the United States other than for emergency treatment. Benefits for emergency treatment that is performed outside the United States is limited to $100 (US dollars) per year.

aa) Dental services required while serving in the armed forces, or the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared.
frequently asked questions

Q. **What are CompBenefits Advantage dental plans?**
   
A. CompBenefits’ Advantage plans are network-based dental plans that emphasize prevention and cost containment. In order to receive services, you simply select any participating general dentist in CompBenefits’ Advantage network and make your appointment. You do not need to notify us of your choice. Advantage does not cover services (except emergency care) received from an out-of-network dentist.

Q. **How do the plans work?**
   
A. With CompBenefits’ Advantage plans, you do not have to pre-select a primary dentist. When you want dental services, simply select any general dentist from the CompBenefits’ Advantage network. Many preventive services are covered 100 percent after a co-payment for other listed procedures. Once you have paid your co-payment, you do not have to file any claim forms. For dental services that are not listed on your schedule of benefits, dentists will give you a 20 percent discount off their usual fees. You will pay your dentist directly, if applicable.

Q. **How many times a year can I visit my dentist?**
   
A. You are encouraged to visit your dentist regularly. With your CompBenefits’ Advantage Plan, you are not limited to a specific number of visits per year.

Q. **How do I make appointments?**
   
A. Making an appointment is easy. Simply call a participating dental office on or after the date you receive your certificate of coverage, and you may schedule an appointment. You do not have to notify us when you have selected your Advantage dentist.

Q. **Do I need to select a participating dentist?**
   
A. Yes, you will choose an Advantage network dentist, but you are welcome to change to another participating dentist at any time without notifying us.

Q. **Is there any maximum coverage limitation?**
   
A. No, there are no maximum coverage limitations.

Q. **How do I pay for services?**
   
A. You will be responsible for a co-payment, based on your schedule of benefits.

Q. **What if I need a specialty dentist?**
   
A. When treatment by a participating specialty dentist is required, you will pay a co-payment for procedures listed on your schedule of benefits. For any other treatment, participating specialty dentists will give you a 20 percent discount off their usual fees.

Q. **Can I go online to find out more about my plan or get assistance?**
   
A. Yes. After you enroll, you can visit www.mycompbenefits.com to learn about your plan, to check your benefits, to use our Provider Locator, to send us an e-mail and more.


**General Dentists**

**Hillsborough County**

**Apollo Beach**

Apollo Beach Dental

**Hillsborough, Lake, Orange, Osceola and Polk Counties**

**Florida Advantage Provider Directory**

**GENERAL DENTISTS**

Please Note:

This directory of participating providers reflects the most accurate and up-to-date information available at the time of printing. This list of participating providers can and will change during the benefit year. Please call our Customer Care Department at 1-800-342-5208 for more information or for assistance in selecting a provider. You can also visit our website at www.compbenefits.com for a map to the provider nearest your home or office by clicking on the provider locator icon on our home page. Some General Dentists do not accept all plans, please confirm that your General Dentist accepts your plan before seeking treatment.

**General Dentists**

**Brandon**

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October, 2011
Derry H Cancio DDS PA
33619 (813)630-0013
Dooms, DDS, Ingrid
Min Age: 6
1415 E 24th Ave Ste A

Doan, DDS, Khoi
33614 (813)933-8847
Min Age: 4
Easier, DDS, Lawrence G.
7211 N Dale Mabry Hwy Ste 100
33614. (813)933-8847
Min Age: 4
Easier, DDS, Lawrence G.
Elizabeth H. DeWeese, DMD, PA.
3343 W Bearss Ave
33618 (813)962-3396
Min Age: 0
DeWeese, DMD, Elizabeth H.
Endodontic Specialists
3670 Henderson Blvd Ste B
33609 (813)871-5900
Min Age: 0

Endodontic Specialists
5111 Ehrlich Rd Ste 130
33624 (813)964-8833
Min Age: 0
Friendly Smiles Dental Care
4301 Gunn Hwy
33618 (813)961-9616
Min Age: 5
Fares, DDS, Fadi Y.
Gribbin, DMD, Michael C.
Johnson, DDS, Diana L.
Love, DMD, Matthew C.
Ruiz, Jr, DDS, Peter A.
Smiley, DMD, A. D.
FAMILY DENTAL GROUP INC
507 E 1st St
33603 (813)221-0010
Min Age: 10
Graddy, DDS, Nathan
Garcia Jr, DDS, Ralph
2506 W Saint Isabel St
33607 (813)973-4481
Min Age: 3
Garcia Jr., DDS, Ralph
Gargasz LLC
101 N Franklin St Ste E
33602 (813)225-1204
Min Age: 0
Garzio, DDS, Bret M
Koratliyil, DMD, Melvin M
Gerard M. Finley DDS PA
4312 W El Prado Blvd
33629 (813)831-8588
Min Age: 0
Finley, DDS, Gerard M
Gregory J Gauthier DDS LLC
444 E Fletcher Ave Ste A
33613 (813)977-7553
Min Age: 5
Gauthier, DDS, Gregory J
Tiffenberg, DDS, Nathan
Hernandez, DDS, Gredell
2509 W Crest Ave Ste 4
33614 (813)877-6368
Min Age: 5
Hernandez, DDS, Gredell
Highland Park Dental
11210 S Mobley Rd
33626 (813)792-7878
Min Age: 0
Ricks, DMD, Clayton L

Hyde Park Dental
2111 W Swann Ave Ste 201
33606 (813)251-3911
Min Age: 7
Patino, DMD, Christopher J.
Ideal Dentistry
6523 Gunn Hwy
33625 (813)949-4744
Min Age: 0
Georgy-Palos, DDS, Maureen
Isolda B Gamble, DDS, Inc.
2130 W Dr Mlk Blvd
33607 (813)876-4642
Min Age: 0
Gamble, DDS, Isolda B.
Kantar, DDS, Michael D.
2401 W Kennedy Blvd Ste 100
33609 (813)251-5740
Min Age: 5
Kantar, DDS, Michael D.
Kapadia, DDS, Mukesh A.
613 W Milk Blvd
33603 (813)237-2882
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Kapadia, DDS, Mukesh A.
Kumar, DDS, S. B.
5201 N Central Ave
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Min Age: 9
Kumar, DDS, Sivathanan B.
Lopez Jr, Jr, Angel
2009 N Himes Ave
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Min Age: 0
Lopez Jr, DR, Angel
M Walker DDS Associates PA
294 Westshore Pkz
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Kopakini, DMD, Jason M
VuPhuong-dung, DMD, Chau
Walker, DDS, Michael J
Mangrove Bay Dentistry
1398 W Hillsborough Ave
33635 (813)891-8988
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Medina, DDS, Vivian
3630 Madaca Ln
33618 (813)264-0286
Min Age: 3
Medina, DDS, Vivian
Ponce, DDS, Rolando
Miles, DDS, H. Bruce
308 E Milk Blvd
33603 (813)237-3568
Min Age: 5
Miles, DDS, Howard B
My Dentist
14442 Bruce B Downs Blvd
33613 (813)963-6997
Min Age: 16
Flannigan, DDS, John T
Norteast Dental Care Smiley &
13905 Bruce B Downs Blvd Ste A
33613 (813)978-1090
Min Age: 4
Bersot, DDS, Robert O
Pettinato, DDS, Frank C.
14497 N Dale Mabry Hwy Ste 100
33618 (813)265-1200
Min Age: 3
Pettinato, DDS, Tierney M
Prado, DDS, Juan F.
13301 N Dale Mabry Hwy Ste D
33618 (813)968-1373
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Prado, DDS, Juan F.
Pranamukh Dental Practice
19007 Bruce B Downs Blvd
33647 (813)406-4947
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Papel, DDS, Vijay
Pulliam, DDS, T. David
4446 E Fletcher Ave Ste F
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14201 Bruce B Downs Blvd Ste 1
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Rothman, DMD, Amy R.
Ruprell Family Dentistry
1155 S Dale Mabry Hwy Ste 14
33629 (813)639-9788
Min Age: 3
Ruprell, DDS, Cory J
Ruprell, DDS, Solveig B
Salmone, DDS PA, Cesar
2203 N Lois Ave Ste G600
33607 (813)871-5969
Min Age: 0
Salmone, DDS, Cesar
Saul Torres, DDS, PA.
4700N Habana Ave Ste 304
33614 (813)877-6574
Min Age: 5
Torres, DDS, Saul
Schroeder, DDS, Jeffrey
3733 W Neptune St
33626 (813)254-1007
Min Age: 10
Schroeder, DDS, Jeffrey V.
Shoopak, DMD, Alan D.
17401 Commerce Pk Blvd Ste 101
33647 (813)615-0405
Min Age: 7
Papel, DDS, Mayuri V
Schroeder, DDS, Jacob
5121 Ehrlich Rd Ste 105
33624 (813)960-2232
Min Age: 1
Skinner, DDS, Jacob W.
Smile Design
7620 Gunn Hwy Ste 180
33625 (813)926-6776
Min Age: 0
Smile Design of Citrus Park
7620 Gunn Hwy Ste 180
33625 (813)926-6776
Min Age: 0

Smile Design Dentistry
16021 Tampa Palms Blvd W
33647 (813)866-1100
Min Age: 6
Douglass, DDS, Shawn J
Little, DMD, Leslie Ann
Nanavati, DMD, Gaurang R
Newman, DDS, Marlyane C
Papel, DMD, Mil
South Tampa Dental PLLC
3112 W Kennedy Blvd
33609 (813)960-5869
Min Age: 5
Bustos, DDS, Victor M
Diez, Dent, Randall A.
South Tampa Family and Cosmetic
33608 N Dale Mabry Hwy
33629 (813)835-0090
Min Age: 12
Mason, DMD, John A.
Sunshine Dentistry PA
14953 N Florida Ave
33613 (813)269-9360
Min Age: 0
Asli, DDS, Ziad A.
SMILE BRIGHT DENTAL PLLC
14430 N Dale Mabry Hwy
33613 (813)299-9100
Min Age: 0
Chadha, DMD, Ritu
Patel, DMD, Rajin C
SMILE BRIGHT DENTAL PLLC
8370 Whittington Blvd Ste 101
33618 (813)885-3900
Min Age: 9
Papel, DMD, Rajin C
Tampa Bay Smiles
8963 Race Track Rd
33635 (813)818-8204
Min Age: 5
Moore, DMD, Jason M
Tampa Sedation and Family Dentist
8416 Sheldon Rd
33615 (813)498-1300
Min Age: 0
Ha, DMD, Danny
West Park Dental Associates
9914 W Linebaugh Ave
33626 (813)920-9144
Min Age: 8
Campbell, DMD, William M
Johnson, DDS, Heather
Rafieian, DDS, Siamak
West Waters Dental Center
1804 W Waters Ave
33604 (813)933-6825
Min Age: 0
Twigg, DDS, Rudolph L.
West Waters Family Dentistry
8130 W Waters Ave Ste 208
33615 (813)243-1442
Min Age: 7
Alvarez, DDS, Juan L
Belauzaran, DDS, Pedro A
Skinner, DDS, Jacob W.
Prior to treatment, please confirm that the specialist from whom you are seeking treatment accepts your specific plan. Some specialists do not accept all plans.
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<th>County</th>
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<td>Kissimmee</td>
<td>Greenberg Dental-Winter Garden</td>
<td>Winter Park Cherian, BDS, MDS, Shiju</td>
<td>13361 W Colonial Dr 34787 (407)905-9622 Min Age: 5</td>
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<td>Greenberg Dental-Winter Garden</td>
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<td>3727 N Goldenrod Rd Ste 108 34792 (407)671-0001 Min Age: 5</td>
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| Saint Cloud Cherian, BDS, MDS, Shiju | Greenberg Dental-St Cloud 4039 13th St 34769 (407)892-1643 Min Age: 0 |
|-------------------------------------|-----------------------------|----------------------------------------|
| Deshpande, BDS, DMD, Annapurna      | Greenberg Dental-St Cloud    | 4039 13th St 34769 (407)892-1643 Min Age: 0 |
| Marcos Arenal, DDS, MS, Joselu      | Greenberg Dental-St Cloud    | 4039 13th St 34769 (407)892-1643 Min Age: 0 |
| Rhodes, DMD, Steven C               | Greenberg Dental-St Cloud    | 4039 13th St 34769 (407)892-1643 Min Age: 0 |

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<td>Bright Now! Dental - Brandon 11385 Causeway Blvd Ste A4-5 33511 (813)662-2500 Min Age: 4</td>
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<td>Ares, DDS, Dale E</td>
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<td>Colmenares, DDS, Nicholas F</td>
<td>Brandon Oral Surgery 710 Oakfield Dr Ste 105 33511 (813)681-3737 Min Age: 0</td>
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<td>Call, DDS, Catalina</td>
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<td>Dental Health Gp-Brandon 2468 W Brandon Blvd 33511 (813)654-6700 Min Age: 3</td>
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<td>Colmenares, DDS, Nicholas F</td>
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Moffett, DMD, Jeffrey V
Moffett Oral Surg & Implant Ct
13136 Vail Ridge Dr
33579 (813)677-3331
Min Age: 0

Sun City Center

Tomeo, DDS, Charles A

Tomeo, DDS, Charles A.
703 W Del Webb Blvd Ste A
33573 (813)634-5597
Min Age: 0

Tampa

Ason, DMD, Raphael A
West Park Dental Associates
9914 W Linebaugh Ave
33626 (813)920-9144
Min Age: 5

Avex, DDS, Renato J
Bright Now Dental-Carrollwood
14347 N Dale Mabry Hwy
33618 (813)968-8080
Min Age: 3

Beltran, DMD, Jose L
Dental Health Grp-West Busch
1060 W Busch Blvd Ste 105
33612 (813)931-4000
Min Age: 1

Beltran, DMD, Jose L
Dental Health Grp Downtown
1006 N Florida Ave
33602 (813)223-3266
Min Age: 0

Carillo, DDS, Catalina
Dental Health Grp-West Busch
1060 W Busch Blvd Ste 105
33612 (813)931-4000
Min Age: 1

Carillo, DDS, Catalina
Dental Health Grp- East Busch
5101 E Busch Blvd Ste 13-15
33617 (813)988-1167
Min Age: 7

Edwards, DMD, Jason A
Dental Health Grp-West Busch
1060 W Busch Blvd Ste 105
33612 (813)931-4000
Min Age: 1

Edwards, DMD, Jason A
Dental Health Grp Carrollwood
15148 N Dale Mabry Hwy
33618 (813)960-0106
Min Age: 7

Hamilton, DDS, Brian H
Coast Dental - Silver Mill
1258 W Hillsborough Ave
33635 (813)814-4309
Min Age: 7

Hamilton, DDS, Brian H
Coast Dental-Town & Country
7340 W Waters Ave
33634 (813)886-1800
Min Age: 6

Kessler, DDS, Michael W
Monteleone & Kessler LP
4014 W Estrella St Ste B
33629 (813)250-9440
Min Age: 0

Linek, DDS, Peter J
Dental Health Group-West Busch
1060 W Busch Blvd Ste 105
33612 (813)931-4000
Min Age: 1

Linek, DDS, Peter J
Dental Health Grp Carrollwood
15148 N Dale Mabry Hwy
33618 (813)960-0106
Min Age: 1

Maajokudumi, DDS, Joseph O
Dental Health Grp- West Busch
1060 W Busch Blvd Ste 105
33612 (813)931-4000
Min Age: 1

Maajokudumi, DDS, Joseph O
Dental Health Grp Carrollwood
15148 N Dale Mabry Hwy
33618 (813)960-0106
Min Age: 1

McDonald, DMD, David
McDonald, DMD, David
7001 N Dale Mabry Hwy Ste 7
33614 (813)931-0700
Min Age: 0

Meymand, DDS, Samira
Dental Health Grp-West Busch
1060 W Busch Blvd Ste 105
33612 (813)931-4000
Min Age: 1

Moffett, DMD, Jeffrey V
Dental Health Group-West Busch
1060 W Busch Blvd Ste 105
33612 (813)931-4000
Min Age: 1

Moffett, DMD, Jeffrey V
Dental Health Grp Carrollwood
15148 N Dale Mabry Hwy
33618 (813)960-0106
Min Age: 1

Monteleone, DDS, Kevin L
Monteleone & Kessler LP
4014 W Estrella St Ste B
33629 (813)250-9440
Min Age: 0

Salomon, DMD, Dale E
Coast Florida PA - Carrollwood
14815 N Dale Mabry Hwy
33618 (813)264-1993
Min Age: 6

Salomon, DMD, Dale E
Coast Dental- Hyde Park
2605 W Swan Ave Ste 200
33609 (813)871-6050
Min Age: 0

Schubert, DMD, Sascha
Dental Health Grp- West Busch
1060 W Busch Blvd Ste 105
33612 (813)931-4000
Min Age: 1

Schubert, DMD, Sascha
Dental Health Grp Carrollwood
15148 N Dale Mabry Hwy
33618 (813)960-0106
Min Age: 1

Snedders Jr, DMD, Robert V
West Park Dental Associates
9914 W Linebaugh Ave
33626 (813)920-9144
Min Age: 5

Soto, DDS, Marshall D
Butchart, DDS, PA, Chris J.
5420 Webb Rd Ste D1
33615 (813)886-0545
Min Age: 0

Valiente, DMD, Ernesto
Center for Oral Surgery&Dental
6515 Gunn Hwy
33625 (813)968-5400
Min Age: 2

Costa Dental - Silver Mill
3180 Citrus Tower Blvd
34711 (352)243-5599
Min Age: 1

Lake County

Clermont

Achong, DMD, Ronald M
Oral Facial Surgical Arts PA
3180 Citrus Tower Blvd
34711 (352)243-5599
Min Age: 1

Leesburg

Azizi, DMD, Abdul M
Greenberg Dental-Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Burchfield, DMD, Tommie L
Greenberg Dental-Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Claussen, DMD, Eric R
Silver Lake Family Dentistry
33006 Professional Dr Ste 103
34788 (352)323-9200
Min Age: 0

Lawson, DDS MD, Scott
Greenberg Dental-Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Pantozoulas, DMD, Spiro J
Greenberg Dental-Leesburg
949 N 14th St
34748 (352)460-0164
Min Age: 0

Mount Dora

Spoto, DDS, Marshall D
Advanced Dental Care of Mt Dorr
3555 N Highway 19A
32757 (352)383-7146
Min Age: 5

Orange County

Apopka

Azizi, DMD, Abdul M
Greenberg Dental-Apopka
2216 E Semoran Blvd
32703 (407)889-4360
Min Age: 5

Burchfield, DMD, Tommie L
Greenberg Dental-Apopka
2216 E Semoran Blvd
32703 (407)889-4360
Min Age: 5

Lawson, DDS MD, Scott
Greenberg Dental-Apopka
2216 E Semoran Blvd
32703 (407)889-4360
Min Age: 5

Pantozoulas, DMD, Spiro J
Greenberg Dental-Apopka
2216 E Semoran Blvd
32703 (407)889-4360
Min Age: 5

Trevisani, DMD, Ronald J
Trevisani, DMD, Ronald J
511 Wekiva Commons Cir
32712 (407)886-2050
Min Age: 0

Temple Terrace

Haddad, DMD, Raymond D
Gentle Dental Inc
9800 N 56th St
33617 (813)988-9276
Min Age: 0

Susskind, DDS, Marvin S
Gentle Dental Inc
9800 N 56th St
33617 (813)988-9276
Min Age: 0

Tolley, DDS, Barrett R
Gentle Dental Inc
9800 N 56th St
33617 (813)988-9276
Min Age: 0

Coast Dental - Silver Mill
3180 Citrus Tower Blvd
34711 (352)243-5599
Min Age: 1
I wish to enroll in the plan indicated above as offered through my employer. I understand that this is a minimum one (1) year contract. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Signature: X ______________________________ Date: ____________________