

## DHMO Overview Texas CS600 Plan

The DHMO plan provides a wide variety of benefits through participating providers. At the time of service, you pay the dentist for any applicable co-payments according to your schedule of benefits. The plan features:

- No claims to file
- No hidden costs
- No maximums
- No waiting periods

### Frequently Asked Questions

#### How many times a year can I visit my dentist?

You are encouraged to visit your dentist regularly. With your CompBenefits dental plan, you are not limited to a specific number of visits per year.

#### How can I get more information?

You can contact Member Services at 1-800-342-5209, M-F, 8am-6pm EST. Member Services can assist you with changing your provider, answer questions about your plan, and provide information on obtaining emergency services. Locate us on the web at [www.mycompbenefits.com](http://www.mycompbenefits.com) to find the provider near you.

#### Is there any maximum coverage limitation?

There are no limitations on benefits.

#### How do I pay for services?

If your visit is for covered preventive care, like a routine exam, cleaning, or x-ray, there is no charge for the procedure. The dentist is prepaid by the CompBenefits program. For other procedures, a small co-payment may be required. See your Schedule of Benefits for amounts. You pay co-payments directly to the dentist.

#### What if I need a Specialty Dentist?

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

#### How do I make an appointment?

Making an appointment is easy. Simply call the dental office you have selected, on or after the date you receive your certificate of coverage, and you can schedule an appointment. Your enrollment with that dental office will already be on hand, confirming that you are eligible for treatment.

#### What if I go to a non-participating dentist?

You will not be eligible for benefits. You must receive treatment from the Participating General Dentist you have selected.

Monthly rates for: Arlington ISD  
Effective date: September 1, 2009

<b>Pay Periods:</b>	<u>12</u>	<u>18</u>	<u>26</u>
Employee	\$15.78	\$10.52	\$ 7.28
Employee + Spouse	\$27.23	\$18.15	\$12.57
Employee + Children	\$28.51	\$19.01	\$13.16
Employee + Family	\$38.28	\$25.52	\$17.67

Group #: 99288

<b>Type I – Preventive Services</b>	<b>Patient Pays</b>
Office Visit	\$5.00
Initial Exam	No charge
X-Rays (Bitewings)	No charge
Semi-Annual Cleaning	No charge
Sealant – per tooth	\$8.00
<b>Type II – Basic Services</b>	<b>Patient Pays</b>
One surface silver filling	\$10.00
Two surface white filling, anterior	\$30.00
Single tooth extraction	\$10.00
Surgical removal of erupted tooth	\$30.00
<b>Type III – Major Services</b>	<b>Patient Pays*</b>
Porcelain crown (high noble)	\$230.00
Porcelain bridge	\$230.00
One surface inlay	\$85.00
Molar root canal therapy	\$175.00
Complete upper dentures	\$290.00
<b>Type IV – Orthodontics</b>	<b>Patient Pays*</b>
Treatment for patients age 18 and younger	
Evaluation	\$35.00
Treatment Planning	\$250.00
Orthodontic Treatment	\$1800.00

\* Some services require additional lab fees.

<b>Calendar Year Deductible</b>	None
<b>Annual Maximum Benefit</b>	None
<b>Pre-Existing Condition Exclusion</b>	No pre-existing condition exclusion applies
<b>Exclusions and Limitations</b>	Certain exclusions and limitations apply



This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits for each plan will be determined by the contract. For a complete listing of benefits, exclusions, and limitations, please reference your certificate of coverage.