

**schedule of benefits**

ADA CODE	PATIENT PAYS
<b>APPOINTMENTS</b>	
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) . . . . . \$15.00
D9430	Office visit (during regularly scheduled hours) . . . . . \$5.00
D9440	Office Visit (after regularly scheduled hours) . . . \$35.00
D9999	Emergency visit during regularly scheduled hours, by report . . . . . \$20.00
DO999	Broken appointments (less than 24 hour notice, per 15 min) Maximum \$40 per broken appointment No charge will be made due to emergencies . . . . . \$10.00
<b>DIAGNOSTIC</b>	
D0120	Periodic oral evaluation . . . . . No Charge
DO140/DO150/DO160	Limited/Comprehensive oral evaluation . . . . . No Charge
DO180	Comprehensive periodontal evaluation . . . . . \$10.00
DO210	X-Ray Intraoral - complete series, including bitewings . . . . . No Charge
DO220	X-Ray Intraoral - periapical - first film . . . . . No Charge
DO230	X-Ray Intraoral - periapical - each additional film . . . . . No Charge
DO270	X-Ray Bitewing-single film . . . . . No Charge
DO272	X-Ray Bitewings - two films . . . . . No Charge
DO274	Bitewings - four films . . . . . No Charge
DO330	Panoramic film . . . . . No Charge
DO460	Pulp vitality tests . . . . . No Charge
DO470	Diagnostic casts . . . . . No Charge
<b>PREVENTIVE CARE</b>	
D1110/D1120	Prophylaxis - adult/child - (once every 6 months) . . . . . No Charge
D1110/D1120	Prophylaxis - adult/child - (additional) . . . . . \$20.00
D1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age) . . . . . No Charge
D1203	Topical application of fluoride (not including prophylaxis)child (up to 16 years of age) . . . . . No Charge
D1330	Oral hygiene instructions . . . . . No Charge
D1351	Sealant - per tooth . . . . . \$10.00
D1510	Space maintainer - fixed - unilateral . . . . \$45.00 + LAB
D1515	Space Maintainer-fixed-bilateral . . . . . \$45.00 + LAB
D1520	Space Maintainer-removable-unilateral . . . . . \$85.00 + LAB
D1525	Space Maintainer-removable-bilateral . . . . . \$85.00 + LAB
D1550	Recementation of space maintainer . . . . . \$10.00
<b>RESTORATIVE</b>	
D2140	Amalgam - one surface, primary or permanent . . . . . No Charge
D2150	Amalgam - two surfaces, primary or permanent . . . . . No Charge
D2160	Amalgam - three surfaces, primary or permanent . . . . . No Charge
D2161	Amalgam - four or more surfaces,primary or permanent . . . . . No Charge

ADA CODE	PATIENT PAYS
D2940	Sedative filling . . . . . \$15.00
D2999	Sedative base (under fillings), by report . . . . . No Charge
<b>RESIN RESTORATION</b>	
D2330	Resin - one surface, anterior . . . . . \$35.00
D2331	Resin - two surfaces, anterior . . . . . \$40.00
D2332	Resin - three surfaces, anterior . . . . . \$50.00
D2391	Resin - based composite - one surface, posterior . . . . . \$60.00
D2392	Resin - based composite - two surfaces, posterior . . . . . \$80.00
D2393	Resin - based composite - three surfaces, posterior . . . . . \$100.00
D2394	Resin - based composite - four or more surfaces, posterior . . . . . \$120.00
D2510	Inlay - metallic- one surface . . . . . \$95.00
D2520	Inlay - metallic - two surfaces . . . . . \$105.00
D2530	Inlay - metallic - three or more surfaces . . . . . \$130.00
<b>CROWN &amp; BRIDGE</b>	
D2740	Crown - porcelain/ceramic substrate . . . . \$280 + LAB
D2750*	Crown - porcelain fused to high noble metal . . . . . \$280.00
D2751	Crown - porcelain fused to predominantly base metal . . . . . \$280.00
D2752*	Crown - porcelain fused to noble metal . . . . . \$280.00
D2790*	Crown - full cast high noble metal . . . . . \$280.00
D2791	Crown - full cast predominantly base metal . . . . . \$280.00
D2792*	Crown - full cast noble metal . . . . . \$280.00
D2910	Recent inlay . . . . . \$15.00
D2920	Recent crown . . . . . \$15.00
D2930	Prefabricated stainless steel crown - primary tooth . . . . . \$75.00
D2950	Core buildup, including any pins . . . . . \$45.00
D2951	Pin retention - per tooth . . . . . \$15.00
D2952	Cast post and core in addition to crown . . . . . \$90.00 + LAB
D2953	Each additional cast post - same tooth . . . . . \$90.00 + LAB
D2954	Prefabricated post and core in addition to crown . . . . . \$90.00
D2962	Labial Veneer (porcelain laminate) - laboratory . . . . . \$280 + LAB
<b>ENDODONTICS</b>	
D3220	Therapeutic pulpotomy . . . . . \$35.00
D3221	Gross pulpal debridement, primary and permanent teeth . . . . . \$100.00
D3310	Root canal therapy - anterior (excluding final restoration) . . . . . \$100.00
D3320	Root canal therapy - bicuspid (excluding final restoration) . . . . . \$200.00
D3330	Root canal therapy - molar (excluding final restoration) . . . . . \$250.00
D3410	Apicoectomy/periradicular surgery - anterior . . . . . \$125.00
<b>PERIODONTICS</b>	
D4210	Gingivectomy or gingivoplasty - per quadrant . . . . . \$125.00
D4211	Gingivectomy or gingivoplasty - per tooth . . . . . \$40.00
D4341	Periodontal scaling and root planing, per quadrant (4 per 12 months) . . . . . \$50.00
D4342	Periodontal scaling and root planing 1-3 teeth per quad . . . . . \$50.00
D4355	Full mouth debridement . . . . . \$45.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) . . . . . \$45.00
D4910	Periodontal maintenance procedures (following active therapy) . . . . . \$50.00

ADA CODE	PATIENT PAYS
<b>PROSTHODONTICS (removable)</b>	
D5110	Complete denture - maxillary . . . . . \$300.00 + LAB
D5120	Complete denture -mandibular . . . . . \$300.00 + LAB
D5130	Immediate denture - maxillary . . . . . \$300.00 + LAB
D5140	Immediate denture - mandibular . . . . . \$300.00 + LAB
D5211	Maxillary partial denture - resin base . . \$300.00 + LAB
D5212	Mandibular partial denture - resin base . \$300.00 + LAB
D5213	Maxillary/mandibular partial denture - cast metal framework with resin denture bases . . . . . \$300.00 + LAB
D5214	Maxillary/mandibular partial denture - cast metal framework with resin denture bases . . . . . \$300.00 + LAB
D5410	Adjust complete denture - maxillary . . . . \$15.00
D5411	Adjust complete denture - mandibular . . . . \$15.00
D5421	Adjust partial denture - maxillary . . . . . \$15.00
D5422	Adjust partial denture -mandibular . . . . . \$15.00
<b>REPAIRS TO PROSTHETICS</b>	
D5510	Repair broken complete denture base . . . . . \$15.00 + LAB
D5520	Replace missing or broken teeth - complete denture (each tooth) . . . . . \$15.00 + LAB
D5610	Repair resin denture base . . . . . \$15.00 + LAB
D5630	Replace or replace broken clasp . . . . . \$15.00 + LAB
D5640	Replace broken teeth - per tooth . . . . . \$15.00 + LAB
D5650	Add tooth to existing partial denture . . . \$30.00 + LAB
D5730	Reline complete maxillary denture (chairside) . . . \$50.00
D5731	Reline complete mandibular denture (chairside) . \$50.00
D5740	Reline maxillary partial denture (chairside) . . . \$50.00
D5741	Reline mandibular partial denture (chairside) . . \$50.00
D5750	Reline complete maxillary denture (laboratory) . . . . . \$35.00 + LAB
D5751	Reline complete mandibular denture (laboratory) . . . . . \$35.00 + LAB
D5760	Reline maxillary partial denture (laboratory) . . . . . \$35.00 + LAB
D5761	Reline mandibular partial denture (laboratory) . . . . . \$35.00 + LAB
D5850	Tissue conditioning -maxillary . . . . . \$30.00
D5851	Tissue conditioning - mandibular . . . . . \$30.00
<b>PROSTHODONTICS (fixed)</b>	
D6210*	Pontic - cast high noble metal . . . . . \$280.00
D6211	Pontic - cast predoinantly base metal . . . . . \$280.00
D6212*	Pontic - cast noble metal . . . . . \$280.00
D6240*	Pontic - porcelain fused to high noble metal . . \$280.00
D6241	Pontic - porcelain fused to predominantly base metal . . . . . \$280.00
D6242*	Pontic - porcelain fused to predominantly noble metal . . . . . \$280.00
D6750*	Crown - porcelain fused to high noble metal . . \$280.00
D6751	Crown - porcelain fused to predominantly noble metal . . . . . \$280.00
D6752*	Crown - porcelain fused to predominantly noble metal . . . . . \$280.00
D6790*	Crown - full cast high noble metal . . . . . \$280.00
D6791	Crown - full cast predominantly base metal . . . . . \$280.00
D6792*	Crown - full cast noble metal . . . . . \$280.00
D6930	Recent fixed partial denture (per unit) . . . . \$10.00
<b>EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY</b>	
D7111	Coronal remnants, deciduous tooth . . . . . No Charge
D7140	Extraction, erupted tooth or exposed root . . . No Charge
D7210	Surgical removal of erupted tooth . . . . . \$40.00
D7220	Removal of impacted tooth - soft tissue . . . . \$50.00
D7230	Removal of impacted tooth - partially bony . . . \$70.00
D7240	Removal of impacted tooth - completely bony . . . . . \$85.00

ADA CODE	PATIENT PAYS
<b>EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY (cont.)</b>	
D7250	Surgical removal of residual tooth roots . . . . . \$35.00
D7310	Alveoplasty in conjunction with extractions - per quadrant . . . . . \$35.00
D7320	Alveoplasty in conjunction with extractions - per quadrant . . . . . \$70.00
D7510	Incision and drainage of abscess - intraoral . . \$25.00
<b>ADJUNCTIVE GENERAL SERVICES</b>	
D9215	Local anesthesia . . . . . No Charge
D9230	Analgesia (nitrous oxide - per 15 minutes) . . . \$15.00
D9450	Case presentation, detailed and extensive treatment planning . . . . . No Charge
D9951	Occlusal adjustment - limited . . . . . \$25.00
D9952	Occlusal adjustment - complete . . . . . \$150.00

\* THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMI-PRECIOUS (NOBLEO METAL).

THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED \$125 PER UNIT AND \$75 PER UNIT FOR SEMIPRECIOUS METAL

NOTE: WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%

**SPECIALISTS**

Should you need a specialist, (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Pediatric Dentist) you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Upon identification of yourself as a CompBenefits member, you will receive a 25% reduction from usual and customary fees for services performed. Specialist services are available only in areas where the dental plan has a Participating Specialist.

**LIMITATIONS AND EXCLUSIONS**

- No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
- Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities or enjoy any of the privileges of a Member in good standing.
- Company does not provide coverage for the following services:
  - Cost of hospitalization and pharmaceuticals, drugs or medications.
  - Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
  - Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of a Member.
  - Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
  - Any dental treatment started prior to the Member's effective date for eligibility of benefits.
  - Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
  - Treatment for cysts, neoplasms and malignancies.
  - General anesthesia.

**Associated Credit Union**



For Members of Associated Credit Union

Send all applications to:

CompBenefits Corporation  
P.O. Box 769649  
Roswell, Georgia, 30076-8225

# group dental plan for

## Association Credit Union Members

We are happy to announce you are eligible for CompBenefits coverage. AT LAST, you have the opportunity to receive quality dental care and save money too! After a small copayment for an office visit, CompBenefits offers you these excellent benefits:

ROUTINE EXAMS . . . . . NO CHARGE  
 ROUTINE X-RAYS . . . . . NO CHARGE  
 ROUTINE CLEANINGS . . . . . NO CHARGE  
 TOPICAL FLUORIDES (SEMI-ANNUALLY) . . . . . NO CHARGE  
 SILVER FILLINGS . . . . . NO CHARGE  
 NON-SURGICAL EXTRATIONS . . . . . NO CHARGE  
 BRACES . . . . . SAVE 25%  
 PLUS SAVINGS UP TO 50% ON ALL OTHER TREATMENT

(See Schedule of Benefits and Surcharges on reverse side.)

Notice that many preventive and routine dental services are provided at NO ADDITIONAL COST. Pre-existing conditions are covered. There are no claims forms, no deductibles, no benefit maximums, and no waiting periods.

Please see CompBenefits Provider Directory to locate a participating provider in your area. All facilities are private practices, and all professional services are by appointment. Transfers to another participating provider are allowed.

## Associated Credit Union

*If you have any questions, call:*

**AA LaRocco & Associates, Inc**  
**(770) 441-2712**

## Take care of your teeth!

It's a well known fact that dental disease is preventable. Dentists stress regular brushing, flossing and periodic check-ups.

CompBenefits makes preventative care affordable.

CompBenefits will help you take better care of your teeth, and you'll pay less to do it.

You'll get great benefits. You'll save money. You'll help prevent gum disease which could save your teeth.

## No Charge Benefits.

When you see your participating dentist, you'll pay a small copayment for an office visit, after which you will receive **no charge** services for:

- |  |                  |
|--|------------------|
| Silver Fillings                            | Routine X-rays   |
| Routine Cleanings                          | Oral Exams       |
| Topical Fluoride<br><i>(children only)</i> | Local Anesthesia |

All other dental procedures are covered at substantial savings to you. The Schedule of Benefits shows you the exact amount you pay. **Compare and compute your savings.**

## No deductible.

With CompBenefits, you won't be surprised by a hidden deductible. There isn't one. Your dental needs are covered right from the start. And any pre-existing condition you may have is covered immediately.

## No claim forms for you to file.

CompBenefits has taken the confusion out of dental care.

Most routine and preventive care is covered **in full**. And you'll know exactly how much you'll pay for other procedures by checking your Schedule of Benefits for the pre-negotiated fees.

You don't have to file a claim and then wait to receive your money.

## Large, established dental network.

With a large network it is easy to find a participating dentist located near your home or office. Just select your family general dentist from the CompBenefits Provider Directory. Each dentist is appropriately licensed and CompBenefits carefully reviews the credentials of each dentist in the network before they are selected.

## No surprises.

With CompBenefits, you have an easy way to determine how much, if anything, dental services will cost you before they're performed. You just review your Schedule of Benefits with your dentist. You'll always know what to expect. And often, you can expect "No Charge".

## Friendly, efficient member service.

CompBenefits Member Service Representatives are trained to help you with your questions. They are familiar with your benefits and the dentists on the panel. And they'll answer your questions clearly and completely.

## Qualified participating CompBenefits dentists.

All participating dentist are appropriately licensed, and as part of our requirement for participation in the CompBenefits network, they undergo periodic reviews by CompBenefits' trained staff of dentist and Professional Service Representatives.

## CompBenefits Member Services

1-800-342-5209

*Website*  
*www.compbenefits.com*

## mail today

### Enrollment Instructions

1. Complete the application. (Be sure to list all Family Members to be included).
2. Select a dental office from the Provider list and insert the dental facility number on the application
3. Return the completed application to CompBenefits. Deductions from your account will be made in accordance with the procedures established and communicated by CompBenefits

**Completed applications, with correct premiums, received by Home Office by the 15th of the month** will become effective on the 1st of the following month.

Any person with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

## enroll today

*Make checks payable to CompBenefits*

**Premium Rates Monthly**  
 Individual . . . . . 14.30  
 Individual and 1 dependent . . . . . 26.14  
 Individual and 2 or more dependents . . . 37.62  
 Rates guaranteed through May 31, 2010

**HUMANANA®**  
*CompBenefits*

Social Security No.	Last Name		First	MI	Date of Birth
Home address	Area Code		Home Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Group Code # <b>2532</b>
City	State	Zip Code	Area Code	Business Phone	Account Number
Credit Union <b>ASSOCIATED CREDIT UNION</b>	Share Draft	Share Savings	Dental Facility #		
<b>List all your eligible dependents if they are to be covered</b>					
2. Member:	<input type="checkbox"/> M <input type="checkbox"/> F	First	Middle	Last (if different)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
3. Spouse:	<input type="checkbox"/> M <input type="checkbox"/> F				
4. Child:	<input type="checkbox"/> M <input type="checkbox"/> F				
5. Child:	<input type="checkbox"/> M <input type="checkbox"/> F				
Coverage Effective Date	Group code #		Premium Amount	Amount Paid	Agent Code

I wish to enroll in the American Dental Plan. I understand that this is a minimum one (1) year contract and that all necessary dental services will be provided as described in the description of benefits and surcharges. I have received and understand the outline of coverage.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_ Agent Signature \_\_\_\_\_

### Authorization for Deduction — Signature Required —

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 (Last) (MI)  
 I authorize ASSOCIATED CREDIT UNION  
 (Employer, Financial, or other organization)

To make a monthly deduction of \$ from:  My Checking, Savings # \_\_\_\_\_

check one: ( ) checking ( ) savings

I hereby authorize CompBenefits to deduct monthly and future renewal period(s) my portion of such subscription fee from any funds due me. I understand that enrollments are by group contract and/or my subscription fee is subject to change on the anniversary/renewal date of the Group. I hereby represent to the carrier that all information furnished by me herein is true and complete to the best of my knowledge. I hereby consent, personally and on behalf of any family member enrolled, to the unrestricted release of my/our dental records maintained by participating dentists to CompBenefits for, but no limited to, verification and quality assessment review, and to any other participating dentist who may be or become involved in my/our dental care.

Date \_\_\_\_\_ 20 \_\_\_\_\_ Signature X \_\_\_\_\_