

## CompNet Dental Overview – Texas Elite Preferred 705 with Ortho

The CompNet plan offers a variety of benefits with set reimbursement amounts. You pay the provider for services at the time of your appointment. Claim payments are then made to you or your provider. The plan features:

- Freedom to choose any dentist
- Quick claims turnaround
- National coverage

### Frequently Asked Questions

#### How can I reduce Out-Of-Pocket Expenses?

By using one of our CompNet Providers you have the benefit of reduced out-of-pocket expenses. You also get additional peace of mind knowing that our providers go through an extensive credentialing process.

#### How does the plan work?

1. The CompNet plan allows you to seek **treatment from any licensed dentist**.
2. Once services are performed, you or your dentist must file a **claim form** in order to receive reimbursement.
3. **Your claim will be paid based on your group's schedule of benefits.** Benefits will be payable after your deductible and coinsurance (if applicable) are satisfied. Your plan also has an annual limit on benefits available.

The dentist may agree to file your insurance claim for you. However, if he/she does not, you may be required to pay the entire bill at the time services are rendered and submit a claim to CompBenefits for reimbursement.

#### Where should I send my claims?

Claim forms can be obtained from your Group Benefits Administrator or CompBenefits Member Services and should be sent to:

CompBenefits Claims  
PO Box 8236  
Chicago, IL 60680-8236

Your provider may also file your claims electronically.

#### What is a predetermination?

The purpose of submitting a predetermination is to help you understand how your benefits will be paid for your proposed treatment plan.

#### When is a predetermination needed?

If a planned treatment is going to cost over \$200, you should ask the dentist to file for predetermination of benefits before services begin.

#### How can I get further questions answered?

You may contact CompBenefits with any questions or concerns at 1-800-342-5209, M-F 8 am – 6 pm EST. Locate us on the web at

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

Employee	\$24.96
Employee + Spouse	\$42.74
Employee + Child(ren)	\$59.50
Employee + Family	\$83.72

Group #: CD5092

Type I – Diagnostic & Preventive Services	Reimbursement	
	In Network	Out of Network*
Oral Exam	100%	100%
Prophylaxis		
Topical Fluoride		
X-Rays		
Sealants		
Type II – Basic Services	Reimbursement	
	In Network	Out of Network*
Simple Restorative	80%	80%
Non-Surgical Periodontics		
Non-Surgical Tooth Extraction		
Space Maintainers		
Type III – Major Services	Reimbursement	
	In Network	Out of Network*
(12 month waiting period)		
Major Restorative	50%	50%
Bridge, Denture Repair		
Prosthetics		
Surgical Periodontics		
Emergency Palliative Treatment		
Surgical Tooth Extraction		
Endodontics		
Type IV – Orthodontics	Reimbursement	
	In Network	Out of Network*
(12 month waiting period)		
Dependent children 18 years of age or younger	50%	50%

MAXIMUM BENEFITS	In Network	Out of Network
<b>Lifetime</b>		
Type I, II, III.....	Unlimited	Unlimited
Type IV.....	\$1,000	\$1,000
<b>Calendar Year</b>		
Type I, II, III.....	\$1,500	\$1,500
Type IV.....	\$500	\$500
<b>Deductible \$50/\$150 per family maximum</b>		
Type I.....	None	None
Type II, III, IV.....	\$50	\$50

Exclusions and Limitations	
	*Coverage based on contracted fees for the Preferred Provider Network.
	Some pre-existing conditions are not covered.
	Time served on the employer's immediately preceding group dental plan may be credited towards this plan's waiting periods, subject to Underwriting approval.
	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.