



DENTAL PLANS

Dental Health Management Organization (DHMO)

Effective January 1, 2009

Humana/CompBenefits

Office Visit Fee	\$5
Annual Single/Family Deductible	\$0
Annual Maximum Benefit per Insured	Unlimited

Preventive Services

Oral Examination	\$0 co-pay
Complete X-Ray Series	\$0 co-pay
Prophylaxis (once every 6 months)	\$0 co-pay
Fluoride – (up to 16 years of age)	\$0 co-pay
Sealants – (per tooth)	\$10 co-pay

Basic Services

Amalgam (silver) one surface, filling	\$0 co-pay
Resin (white) one surface, anterior filling	\$35 co-pay
Extraction, erupted tooth or exposed root	\$0 co-pay
Root Canal Therapy (anterior)	\$100 co-pay
Root Canal Therapy (molar)	\$250 co-pay

Major Services

Crown (porcelain to predominantly base metal)	\$280 co-pay (additional cost for noble and high noble metal crowns), per unit
Complete Upper or Lower Denture	\$300 + LAB co-pay, per denture
Bridge (porcelain to predominantly base metal pontic)	\$280 co-pay (additional cost for noble and high noble metal pontics), per unit

Orthodontics

Up to 24 months of routine (fully-banded) orthodontic treatment for Class I and II cases	
• Consultation	\$0 co-pay
• Evaluation	\$35 co-pay
• Records/Treatment Planning	\$250 co-pay
• Orthodontic Treatment	\$1,800 (children up to 19 years of age) \$2,000 (adult)

For more information about this dental service, contact Humana/CompBenefits at 1-800-342-5209.

PREMIUMS: JANUARY 1, 2009 – DECEMBER 31, 2009

Employee – The College pays 100% for full-time employees.
Dependents - \$13.64 per month (\$6.82 per pay period).