



Shelby County Government

A Group Dental Plan for Employees and Retirees



You have a choice of four plans:

Option I — Prestige 45

Option II — Prestige 15

Option III — Elite Preferred 520

Option IV — Elite Preferred 510

*No action on your part is
required if you are
currently in a dental plan
and you do not wish to
make any changes*



October 29, 2007

Dear Shelby County Government Employee/Retiree:

Attention Dental Plan Subscribers! Effective January 1, 2008, there will be no change in premiums or benefits to your dental options. Please read the following carefully!

CompBenefits DHMO Options I (PST45) and II (PST15)

With CompBenefits you have two excellent DHMO (Dental Health Maintenance Organization) options to choose from – Prestige 45 (Option I) or Prestige 15 (Option II). The higher option - PST15 (Option II) provides greater savings because the co-payments are lower than those on the PST45 (Option I) plan. (Please see the enclosed brochure for a partial listing of both options' co-payment schedules.) A Dental ID card, complete co-payment schedule and Value-Added Enhancement membership card will be mailed to new enrollees following this annual enrollment period. Please note laboratory fees may be applied where applicable.

<u>DHMO Option I (PST45)</u>	<u>Active - Rates Per Pay Period</u>	<u>Head Start - Rates Per Pay Period</u>	<u>Retiree - Rates Per Month</u>
Employee	\$ 3.77	\$ 4.52	\$ 7.54
Employee + One	\$ 7.54	\$ 9.05	\$ 15.08
Family	\$ 11.30	\$ 13.56	\$ 22.60

The deduction amounts for both options are as follows:

<u>DHMO Option II (PST15)</u>	<u>Active - Rates Per Pay Period</u>	<u>Head Start - Rates Per Pay Period</u>	<u>Retiree - Rates Per Month</u>
Employee	\$ 6.29	\$ 7.55	\$ 12.58
Employee + One	\$ 10.48	\$ 12.58	\$ 20.96
Family	\$ 15.71	\$ 18.85	\$ 31.42

How to Change Your CompBenefits Participating General Dentist

Go to www.mycompbenefits.com or call CompBenefits' Customer Care Department at 800.342.5209 with the name of the dentist to whom you want to be transferred. If your request is received before the 15th of the month, the change will be effective on the first day of the following month, as long as you do not have an unpaid balance with your previous Participating General Dentist.

CompBenefits PPO Option III (EP520) – Elite Preferred 520 is a PPO (Preferred Provider Organization) plan, which will allow you to use the dentist of your choice. The benefits are as follows: 100% of Diagnostic and Preventative Services, 80% of Basic Services, and 50% of Major Services and Orthodontic Services for children to age 19. The yearly maximums are \$1,000 per person on Types I, II and III services and \$500 for Orthodontia. The lifetime maximum for Orthodontics is \$1,000. (Orthodontic claim forms must be filed with each visit.)

The deduction amounts for Option III are as follows:

<u>CompBenefits PPO Option III (EP520)</u>	<u>Active - Rates Per Pay Period</u>	<u>Head Start - Rates Per Pay Period</u>	<u>Retiree - Rates Per Month</u>
Employee	\$ 13.96	\$ 16.75	\$ 27.92
Employee + One	\$ 28.13	\$ 33.76	\$ 56.26
Family	\$ 40.20	\$ 48.24	\$ 80.40



CompBenefits PPO Option IV (EP510) – The CompBenefits Option IV – Elite Preferred 510 is a PPO (Preferred Provider Organization) option, which will allow you to use the dentist of your choice. This option is considered the Higher Option of the two options. The benefits are as follows: 100% of Diagnostic and Preventative Services, 80% of Basic Services, and 50% of Major Services and Orthodontic Services for children to age 19. However, Crowns are covered under the 80% category in this option. The yearly maximums are \$1,500 per person on Types I, II, and III services and \$750 for Orthodontia. The lifetime maximum for Orthodontics is \$1,500. (Orthodontic claim forms must be filed with each visit.)

The deduction amounts for Option IV are as follows:

CompBenefits PPO Option IV (EP510)	Active - Rates Per Pay Period	Head Start - Rates Per Pay Period	Retiree - Rates Per Month
Employee	\$ 17.75	\$ 21.30	\$ 35.50
Employee + One	\$ 35.76	\$ 42.91	\$ 71.52
Family	\$ 51.11	\$ 61.33	\$ 102.22

The claims address is CompBenefits Corporation, P.O. Box 8236, Chicago, IL 60680.

Adding or Deleting Dependents: Please complete the enclosed Enrollment/Change Form, and mark the space provided for adding or deleting dependents. If you are adding a dependent other than a spouse, natural child or stepchild, please call our office for instructions.

No action on your part is required if you are currently enrolled in a dental option and you do not wish to make any changes. Please note that all Enrollment/Change Forms must be submitted to the Shelby County Employee Benefits Office, 160 North Main, Suite 949 by 4:00 P.M. on or before November 9, 2007. Your coverage will be effective January 1, 2008, with payroll deductions beginning on January 15, 2008.

If you have any questions, please contact your local agent, Chuck Forrest, with Forrest & Forrest Benefits at (901) 385-2070.

Sincerely,

CompBenefits

MyCompBenefits

Customer Care 1-800-342-5209



To request replacement cards, change dentists, or for further information please contact

CompBenefits Customer Care at 1-800-342-5209

or your local agent, Forrest & Forrest Benefits at (901) 385-2070

At MyCompBenefits.com, you will be able to:

- Order I.D. Cards
- Find the network Dentists and Specialists near you
- Update your information
- Change your providers
- View coverage and enrollment
- Check the status of your claim
- View your plan and benefits
- Download claim forms

Take a moment now and complete your one-time registration for this exciting new online service.

How Do I Join?

Follow these simple steps:

1. Indicate your choice of either **Option I (PST45)**, **Option II (PST15)** or **Option III (EP520)** or **IV (EP510)** coverage on the Dental Enrollment form included with this brochure.
2. If you choose either Option I (PST45) or Option II (PST15), you must select a Participating General Dentist from the enclosed listing. Write in the Dental Facility Number (Facility #) of the dentist you have chosen for yourself and each family member in the appropriate space on the Dental Enrollment Form.
3. Complete the Dental Enrollment Form, sign where specified and return it to:
Shelby County Government
Employee Benefits Office
160 North Main Street, Suite 949
Memphis, TN 38103

How To Use The Plan

Option I (PST45) and Option II (PST15)

- After your effective date, phone the dentist you have selected for an appointment.
- Tell the dentist's office that you have CompBenefits coverage. (Some General Dentists and Specialists do not accept plans I and II. Please confirm that your Provider accepts the plan that you are selecting before seeking treatment.)
- After seeing the dentist, pay any required co-payments.

Option III (EP520) and IV (EP510)

- Phone any dentist for an appointment.
- Identify yourself as a CompBenefits Insurance Company insured.
- Meet the deductible, if applicable.
- Claim is filed with CompBenefits Insurance Company:
P.O. Box 8236, Chicago, IL 60680-8236

Important Flexible Benefits Plan Information

Enrollees in the Flexible Benefits Plan of Shelby County are required by IRS Section 125 regulations to participate in the plan without changing benefit coverage for the full plan year, unless they qualify under one of the following family status changes, as defined by the IRS:

1. Marriage or divorce
2. Death of spouse or child
3. Birth or adoption of child
4. Termination of employment or start of employment of the employee's spouse
5. Switching from part-time to full-time employment status or vice versa by employee or employee's spouse
6. Taking of an unpaid leave of absence by employee or the employee's spouse
7. Significant change in the health coverage of the employee or spouse attributed to the spouse's employment

Employees requesting to change their plan of benefits coverage after open enrollment under any of the above reasons must submit verification of the event. Call your Employee Benefits Office if you should need further information regarding any of the above.

Frequently Asked Questions

Options I and II

Q. *What are DHMO plans?*

A. CompBenefits' DHMO plans are network-based products that emphasize prevention and cost containment. These plans provide savings up to 75 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. You may be required to pay a co-payment for some services provided by your primary care dentist. The co-payments or discounted charges are billed at the time of service, so there are no claim 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' DHMO 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 the participating dentist's office or on its way to confirm 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 he or she will reduce normal charges by 25 percent.

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 my dentist?*

A. Yes. You can easily change dentists by logging onto www.mycompbenefits.com or by calling the Customer Care Department at 1-800-342-5209. There is no coverage if services are rendered by a non-participating Provider and you will be responsible for all charges.

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 register and 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.

DHMO (Dental Health Maintenance Organization)

Option I (PST45) and Option II (PST15)



Option I and Option II

You must select a Participating General Dentist from the enclosed provider directory.

Benefits Include:

- No-Charge Services:**

- Oral Exams
- Routine Semi-Annual Cleanings
- X-Rays
- Fluoride Treatment

- Other Features:**

- No Deductibles
- No Claim Forms
- No Annual Dollar Maximum
- No Pre-Existing Dental Exclusions

Also Included:

- Specialists' co-pays now the same as General Dentists**
- Vision/Hearing Benefits**
- Out-of-Area Emergency Benefits**

	DHMO Option I (PST45)	DHMO Option II (PST15)
Active Employee — Rates Per Pay Period		
Employee	\$ 3.77	\$ 6.29
Employee + One	\$ 7.54	\$ 10.48
Family	\$ 11.30	\$ 15.71
Head Start — Rates Per Pay Period		
Employee	\$ 4.52	\$ 7.55
Employee + One	\$ 9.05	\$ 12.58
Family	\$ 13.56	\$ 18.85
Retiree — Rates Per Month		
Employee	\$ 7.54	\$ 12.58
Employee + One	\$ 15.08	\$ 20.96
Family	\$ 22.60	\$ 31.42

Eligibility

You, your spouse and legal dependents under the age of 25 are eligible for dental coverage. Unmarried children, step-children, adopted children and legal wards qualify as dependents. Orthodontics on Options III and IV are covered on dependent children 18 years of age or younger.

DHMO

Option I (PST45) and Option II (PST15)

Partial List of Co-payments

The following is a sample of some of the most frequently used dental treatments. When you enroll under CompBenefits' coverage, treatments you receive from your Participating General Dentist will be provided at discounted fees called co-payments. After you enroll, a complete list of co-payments will be mailed to your home along with your Certificate of Benefits. The example below demonstrates your savings with CompBenefits coverage versus what you would pay for the same services without CompBenefits.

DENTAL TREATMENT	OPTION I (PST45) CO-PAYMENT	OPTION II (PST15) CO-PAYMENT	WITH NO COVERAGE	DENTAL TREATMENT	OPTION I (PST45) CO-PAYMENT	OPTION II (PST15) CO-PAYMENT	WITH NO COVERAGE
APPOINTMENTS				ORAL SURGERY cont'd			
Office Visit	\$5	\$5	\$60	Removal of Impacted Tooth			
Initial Oral Evaluation	No Charge	No Charge	\$57	Soft Tissue	\$70	\$40	\$214
Periodic Oral Evaluation	No Charge	No Charge	\$33	Partial Bony	\$85	\$60	\$285
DIAGNOSTIC DENTISTRY				Complete Bony	\$135	\$75	\$334
Complete X-ray series, (incl. bitewings)	No Charge	No Charge	\$106	OTHER SERVICES			
Study models	No Charge	No Charge	\$75	Local Anesthesia (with operative procedures)	No Charge	No Charge	\$26
PREVENTIVE DENTISTRY				ORTHODONTICS			
Routine Cleaning-Adult*	No Charge	No Charge	\$60	The following co-payments, which provide up to 24 months of routine Orthodontics for Types I, II and III services, apply to those Participating Orthodontists and Participating General Dentists who perform those services.			
Routine Cleaning-Child*	No Charge	No Charge	\$42	8070/8080	Orthodontic Treatment for Children-under the age of 19		
Application of Fluoride**	No Charge	No Charge	\$65	8090	Orthodontic Treatment for Adults		
Oral Hygiene Instruction	No Charge	No Charge	\$49		Option I (PST45)		
Application of Sealant (ea. tooth)	\$14	\$7	\$38		Child	Adult	
Fixed Space Maintainer	\$60 + LAB	\$45 + LAB	\$240	Consultation	No Charge	No Charge	
* (once every six months)				Exam/Evaluation	\$35	\$35	
** (up to 16 yrs. of age)				Records/Treatment Planning	\$250	\$250	
FILLINGS/CROWNS				Orthodontic Treatment	\$2,100	\$2,300	
Silver Fillings				Retention	\$450	\$450	
One Surface	\$20	No Charge	\$82		Option II (PST15)		
Two Surfaces	\$25	No Charge	\$104	Consultation	No Charge	No Charge	
Three Surfaces	\$35	No Charge	\$125	Exam/Evaluation	\$35	\$35	
White Fillings				Records/Treatment Planning	\$250	\$250	
One Surface, Anterior	\$45	\$30	\$99	Orthodontic Treatment	\$1,650	\$1,850	
Two Surfaces, Anterior	\$50	\$37	\$127	Retention	\$450	\$450	
Three Surfaces, Anterior	\$57	\$45	\$155				
Crowns				THE ABOVE CO-PAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.			
Porcelain to High Noble Metal	\$305*	\$240*	\$778	All procedures listed may not be performed by the Participating General Dentist you select. The co-payments shown apply to those CompBenefits Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist.			
Three Quarter Cast Crown	\$295*	\$220*	\$584	Procedures not listed on the schedule of benefits that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.			
*(cost of precious & semi-precious metal is add'l)				SPECIALISTS: Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by selected Participating General Dentists or by Participating Specialists. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual and customary fee less 25%.			
ROOT CANALS				NOTE: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.			
Anterior	\$140	\$100	\$555				
Bicuspid	\$225	\$190	\$678				
Molar	\$275	\$240	\$876				
PERIODONTICS							
Periodontal Scaling & Root Planing, per quadrant	\$60	\$45	\$186				
Full Mouth Debridement	\$40	\$35	\$124				
DENTURES							
Complete Denture-Upper	\$325	\$260	\$1,057				
Complete Denture-Lower	\$325	\$260	\$1,057				
Partial Denture-Upper	\$320	\$280	\$892				
Partial Denture-Lower	\$320	\$280	\$892				
ORAL SURGERY							
Single Tooth Extraction	\$20	No Charge	\$97				
Each Add'l Tooth Extraction	\$20	\$10	\$92				

ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS		
9430	Office visit (normal hours)	\$5.00
9430	Emergency visit (regular hours)	\$20.00
9440	Emergency visit (after hours)	\$35.00
0999	Broken appointments (without 24 hr notice, per 15 min)	\$10.00
	Maximum \$40 per broken appointment.	
	No charge will be made due to emergencies.	
DIAGNOSTIC		
0140/0150/0160	Oral evaluation	NO CHARGE
0120	Periodic oral evaluation	NO CHARGE
0470	Diagnostic casts (study models)	NO CHARGE
0999	Diagnosis and treatment plan presentation	NO CHARGE
9310	Consultation (second opinion) as provided by participating dentist	\$20.00
0460	Pulp vitality tests	NO CHARGE
RADIOGRAPHS (X-rays)		
0210	Intraoral - complete series	NO CHARGE
0220	Intraoral - periapical - first film	NO CHARGE
0230	Intraoral - periapical - each additional film	NO CHARGE
0270	Bitewings - single film	NO CHARGE
0272	Bitewings - two films	NO CHARGE
0274	Bitewings - four films	NO CHARGE
0330	Panoramic	NO CHARGE
PREVENTIVE		
1110/1120	Prophylaxis (routine, once every 6 months)	NO CHARGE
1110/1120	Additional prophylaxis	\$24.00
1201/1203	Topical application of fluoride (up to 16 years of age)	NO CHARGE
1351	Sealant - per tooth	\$14.00
1330	Oral hygiene instruction	NO CHARGE
SPACE MAINTAINERS		
1510	Fixed, unilateral	\$60.00 *
1515	Fixed, bilateral	\$60.00 *
1520	Removable, unilateral	\$95.00 *
1525	Removable, bilateral	\$95.00 *
1550	Recementation of space maintainer	\$12.00
RESTORATIVE (Fillings)		
2999	Sedative base (under fillings)	NO CHARGE
Amalgam (Silver)		
2110/2140	One surface	\$20.00
2120/2150	Two surfaces	\$25.00
2130/2160	Three surfaces	\$35.00
2131/2161	Four or more surfaces	\$45.00
Resin restoration (Including acid etch, glass ionomer liner)		
2330	Anterior one surface	\$45.00
2331	Anterior two surfaces	\$50.00
2332	Anterior three surfaces	\$57.00
2510	Inlay - metallic - one surface	\$90.00
2520	Inlay - metallic - two surfaces	\$120.00
2530	Inlay - metallic - three surfaces	\$150.00
2940	Sedative filling	\$15.00
CROWN & BRIDGE		
2930	Prefabricated stainless steel - primary tooth	\$55.00
2790/2791/2792/6790/6791/6792	Full cast crown	\$295.00
2750/2751/2752/6750/6751/6752	Porcelain fused to metal crown	\$305.00
2810	Three quarter cast crown	\$295.00
Pontics		
6210/6211/6212	Full cast pontic	\$295.00
6240/6241/6242	Porcelain fused to metal pontic	\$305.00
2950	Core build up	\$50.00
2951	Pin Retention - Per Tooth	\$15.00
2952	Cast post and core	\$95.00
2954	Prefabricated post and core	\$85.00
2910/2920/6930	Recement inlay/onlay/crown/bridge (per unit)	\$15.00
ENDODONTICS		
3220	Therapeutic pulpotomy	\$35.00
Root Canals		
3310	Anterior	\$140.00
3320	Bicuspid	\$225.00
3330	Molar	\$275.00
3410	Apicoectomy (anterior only)	\$140.00
PERIODONTICS (Gum treatment)		
4210	Gingivectomy/gingivoplasty - per quadrant	\$140.00
4211	Gingivectomy/gingivoplasty - per tooth	\$43.00
4220	Gingival curettage, surgical - per quadrant	\$85.00
4260	Osseous surgery - per quadrant	\$300.00

ADA CODE	PROCEDURE	PATIENT PAYS
PERIODONTICS (Gum treatment) cont'd.		
4271	Free soft tissue graft	\$215.00
4341	Periodontal scaling and root planing - per quadrant	\$60.00
4355	Full mouth debridement	\$40.00
4381	Localized delivery of chemotherapeutic agents (2 teeth)	\$60.00
4910	Periodontal maintenance procedures	\$50.00
PROSTHODONTICS		
Standard complete dentures (includes adjustments within 30 days)		
5110	Complete maxillary (upper)	\$325.00
5120	Complete mandibular (lower)	\$325.00
5130	Immediate maxillary (upper)	\$345.00
5140	Immediate mandibular (lower)	\$345.00
Partial dentures (includes adjustments within 30 days)		
5211/5212	Maxillary/mandibular partial - resin base (with 2 clasps)	\$320.00
5213/5214	Maxillary/mandibular partial - cast metal with resin base (with 2 clasps)	\$450.00
5410/5411	Adjust complete - maxillary/mandibular	\$15.00
5421/5422	Adjust partial denture - maxillary/mandibular	\$15.00
5999	Additional clasps	\$35.00
REPAIRS TO PROSTHETICS		
5510/5610	Repair broken resin denture base	\$30.00 *
5520/5640	Replace missing or broken teeth (each tooth)	\$20.00 *
5520/5640	Each additional tooth	\$15.00 *
5630	Repair or replace broken clasp	\$30.00 *
5650	Add tooth to existing partial denture	\$30.00 *
5850/5851	Tissue conditioning	\$30.00
5730/5731/5740/5741	Relining (chairside)	\$55.00
5750/5751/5760/5761	Relining (laboratory)	\$45.00 *
EXTRACTIONS/ORAL SURGERY		
7110	Single tooth	\$20.00
7120	Each additional tooth (per visit)	\$20.00
7130	Root removal - exposed roots	\$25.00
7210	Surgical extraction of erupted tooth	\$45.00
7220	Soft tissue impaction	\$70.00
7230	Partially bony impaction	\$85.00
7240	Completely bony impaction	\$135.00
7250	Surgical removal of residual tooth roots	\$45.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$40.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$70.00
7510	Incision and drainage (intraoral)	\$20.00
ANESTHESIA		
9215	Local anesthesia	NO CHARGE
9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
ADJUNCTIVE SERVICES		
9951	Occlusal adjustment - limited	\$35.00
9952	Occlusal adjustment - complete	\$165.00
ORTHODONTICS		
8070/8080/8090	Children up to 19 years of age	
Up to 24 months of routine orthodontic treatment for Type I and Type II cases		
	Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$2,100.00
8090	Adults 19 years of age and over	
Up to 24 months of routine orthodontic treatment for Type I and Type II cases		
	Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$2,300.00
8680	Retention	Additional
THE ABOVE CO-PAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.		
All procedures listed may not be performed by the Participating General Dentist you select. The co-payments shown apply to those CompBenefits Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.		
SPECIALISTS: Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by selected Participating General Dentist or by Participating Specialists. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual and customary fee less 25%.		
NOTE: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.		
* Plus laboratory fees when applicable.		

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS			PERIODONTICS (Gum treatment) cont'd		
9430	Office Visit (normal hours)	\$5.00	4271	Free soft tissue graft	\$215.00
9430	Emergency visit (regular hours)	\$20.00	4341	Periodontal scaling and root planing - per quadrant	\$45.00
9440	Emergency visit (after hours)	\$35.00	4355	Full mouth debridement	\$35.00
0999	Broken appointments (without 24 hr notice, per 15 min)	\$10.00	4381	Localized delivery of chemotherapeutic agents (2 teeth)	\$45.00
	Maximum \$40 per broken appointment.		4910	Periodontal maintenance procedures	\$45.00
	No charge will be made due to emergencies.		PROSTHODONTICS		
DIAGNOSTIC			Standard complete dentures (includes adjustments within 30 days)		
0140/0150/0160	Oral evaluation	NO CHARGE	5110	Complete maxillary (upper)	\$260.00
0120	Periodic oral evaluation	NO CHARGE	5120	Complete mandibular (lower)	\$260.00
0470	Diagnostic casts (study models)	NO CHARGE	5130	Immediate maxillary (upper)	\$280.00
0999	Diagnosis and treatment plan presentation	NO CHARGE	5140	Immediate mandibular (lower)	\$280.00
9310	Consultation (second opinion) as provided by participating dentist	\$10.00	Partial dentures (includes adjustments within 30 days)		
0460	Pulp vitality tests	NO CHARGE	5211/5212	Maxillary/mandibular partial - resin base (with 2 clasps)	\$280.00
RADIOGRAPHS (X-rays)			5213/5214	Maxillary/mandibular partial - cast metal with resin base (with 2 clasps)	\$350.00
0210	Intraoral - complete series	NO CHARGE	5410/5411	Adjust complete - maxillary/mandibular	\$15.00
0220	Intraoral - periapical - first film	NO CHARGE	5421/5422	Adjust partial denture - maxillary/mandibular	\$15.00
0230	Intraoral - periapical - each additional film	NO CHARGE	5999	Additional clasps	\$30.00
0270	Bitewings - single film	NO CHARGE	REPAIRS TO PROSTHETICS		
0272	Bitewings - two films	NO CHARGE	5510/5610	Repair broken resin denture base	\$15.00 *
0274	Bitewings - four films	NO CHARGE	5520/5640	Replace missing or broken teeth (each tooth)	\$10.00 *
0330	Panoramic	NO CHARGE	5520/5640	Each additional tooth	\$10.00 *
PREVENTIVE			5630	Repair or replace broken clasp	\$15.00 *
1110/1120	Prophylaxis (routine, once every 6 months)	NO CHARGE	5650	Add tooth to existing partial denture	\$30.00 *
1110/1120	Additional prophylaxis	\$15.00	5850/5851	Tissue conditioning	\$25.00
1201/1203	Topical application of fluoride (up to 16 years of age)	NO CHARGE	5730/5731/5740/5741	Relining (chairside)	\$45.00
1351	Sealant - per tooth	\$7.00	5750/5751/5760/5761	Relining (laboratory)	\$35.00 *
1330	Oral hygiene instruction	NO CHARGE	EXTRACTIONS/ORAL SURGERY		
SPACE MAINTAINERS			7110	Single tooth	NO CHARGE
1510	Fixed, unilateral	\$45.00 *	7120	Each additional tooth (per visit)	\$10.00
1515	Fixed, bilateral	\$45.00 *	7130	Root removal - exposed roots	\$10.00
1520	Removable, unilateral	\$85.00 *	7210	Surgical extraction of erupted tooth	\$25.00
1525	Removable, bilateral	\$85.00 *	7220	Soft tissue impaction	\$40.00
1550	Recementation of space maintainer	\$10.00	7230	Partially bony impaction	\$60.00
RESTORATIVE (Fillings)			7240	Completely bony impaction	\$75.00
2999	Sedative base (under fillings)	NO CHARGE	7250	Surgical removal of residual tooth roots	\$25.00
Amalgam (Silver)			7310	Alveoplasty in conjunction with extractions - per quadrant	\$20.00
2110/2140	One surface	NO CHARGE	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$50.00
2120/2150	Two surfaces	NO CHARGE	7510	Incision and drainage (intraoral)	\$20.00
2130/2160	Three surfaces	NO CHARGE	ANESTHESIA		
2131/2161	Four or more surfaces	NO CHARGE	9215	Local anesthesia	NO CHARGE
Resin restoration (including acid etch, glass ionomer liner)			9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
2330	Anterior one surface	\$30.00	ADJUNCTIVE SERVICES		
2331	Anterior two surfaces	\$37.00	9951	Occlusal adjustment - limited	\$25.00
2332	Anterior three surfaces	\$45.00	9952	Occlusal adjustment - complete	\$150.00
2510	Inlay - metallic - one surface	\$85.00	ORTHODONTICS		
2520	Inlay - metallic - two surfaces	\$95.00	8070/8080/8090	Children up to 19 years of age	
2530	Inlay - metallic - three surfaces	\$120.00	Up to 24 months of routine orthodontic treatment for Type I and Type II cases		
2940	Sedative filling	\$15.00		Consultation	NO CHARGE
CROWN & BRIDGE				Evaluation	\$35.00
2930	Prefabricated stainless steel - primary tooth	\$45.00		Records/Treatment Planning	\$250.00
2790/2791/2792/6790/6791/6792	Full cast crown	\$220.00		Orthodontic Treatment	\$1,650.00
2750/2751/2752/6750/6751/6752	Porcelain fused to metal crown	\$240.00	8090	Adults 19 years of age and over	
2810	Three quarter cast crown	\$220.00	Up to 24 months of routine orthodontic treatment for Type I and Type II cases		
Pontics				Consultation	NO CHARGE
6210/6211/6212	Full cast pontic	\$220.00		Evaluation	\$35.00
6240/6241/6242	Porcelain fused to metal pontic	\$240.00		Records/Treatment Planning	\$250.00
2950	Core build up	\$40.00		Orthodontic Treatment	\$1,850.00
2951	Pin Retention - Per Tooth	\$12.00	8680	Retention	Additional
2952	Cast post and core	\$90.00	THE ABOVE CO-PAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.		
2954	Prefabricated post and core	\$75.00	All procedures listed may not be performed by the Participating General Dentist you select. The co-payments shown apply to those CompBenefits Plan Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.		
2910/2920/6930	Recement inlay/onlay/crown/bridge (per unit)	\$10.00	SPECIALISTS: Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by selected Participating General Dentist or by Participating Specialists. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual and customary fee less 25%.		
ENDODONTICS			NOTE: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.		
3220	Therapeutic pulpotomy	\$30.00	* Plus laboratory fees when applicable.		
Root Canals					
3310	Anterior	\$100.00			
3320	Bicuspid	\$190.00			
3330	Molar	\$240.00			
3410	Apicoectomy (anterior only)	\$95.00			
PERIODONTICS (Gum treatment)					
4210	Gingivectomy/gingivoplasty - per quadrant	\$120.00			
4211	Gingivectomy/gingivoplasty - per tooth	\$36.00			
4220	Gingival curettage, surgical - per quadrant	\$65.00			
4260	Osseous surgery - per quadrant	\$300.00			

SHELBY COUNTY GOVERNMENT - DHMO PROVIDER DIRECTORY FOR PLANS I AND II CompBenefits

GENERAL DENTISTS

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SOME GENERAL DENTISTS DO NOT ACCEPT PLANS I AND II. PLEASE CONFIRM THAT YOUR GENERAL DENTIST ACCEPTS THE PLAN THAT YOU ARE SELECTING BEFORE SEEKING TREATMENT.

Mississippi

Clarksdale

Bailey Jr., DDS, Malcolm D.
Facility # 583543 Lang:SP
130 Lee Dr
38614 (662)627-4791
Min Age: 4
Bailey Jr., DDS, Malcolm D.
Plans I & II

Long, DDS, Robert E.
Facility # 583522
527 Desoto Ave
38614 (662)627-2565
Min Age: 3
Long, DDS, Robert E.
Plans I & II

Tennessee

Collierville

Collierville Family Dentistry
Facility # 840221
2130 W Poplar Ave Ste 106
38017 (901)861-7007
Min Age: 4
Ballard, DDS, Steve D.
Plans I & II
Belisle, DDS, Jodice L.
Plans I & II
Hochhauser III, DDS, Edward
Plans I & II
Holmes, DDS, Kurt
Plans I & II
McGee, DDS, Patrick E.
Plans I & II

Ploch, DDS, PC, Thomas K.
2028 W Poplar Ave Ste 111
38017
Min Age: 3
Ploch, DDS, Thomas K.
Plans I & II *new CompBenefits patients accepted*

Cordova

Cordova Family Dentistry
Facility # 820079
8520 Macon Rd Ste 1
38018 (901)754-4383
Min Age: 4
Calderon, DDS, Melissa
Plans I & II
Hochhauser III, DDS, Edward
Plans I & II
McGee, DDS, Patrick E.
Plans I & II
Wall-Marks, DDS, Kathleen A.
Plans I & II

Cordova Smiles
Facility # 192337
8295 Cordova Rd Ste 101
38016 (901)737-0957
Min Age: 5
Macaraeg, DDS, Teresa
Plans I & II

Dental Cares
1890 N Germantown Pkwy
38016
Min Age: 5
Smith, DDS, William M.
Plans I & II *new CompBenefits patients accepted*

Garrett, DDS, Floyd
Facility # 820225
8089 Walnut Run Rd Ste 3
38018 (901)737-8981
Min Age: 3
Devall, DMD, Terry M.
Plans I & II
Garrett, DDS, Floyd A.
Plans I & II

Tompkins, DDS, William P.
Plans I & II

Smith, DDS, David W.
831 Timber Creek Dr Ste 1
38018
Min Age: 5
Smith, DDS, David W.
Plans I & II *new CompBenefits patients accepted*

Taylor, DDS, Stuart M.
Facility # 184245
86 Timber Creek Dr Ste 3
38018 (901)756-0002
Min Age: 4
Taylor, DDS, Charlotte R.
Plans I & II
Taylor, DDS, Stuart M.
Plans I & II

Winbush, DDS, PC, Sharifa H.
Facility # 191183
2845 N Houston Levee Rd # 101
38016 (901)266-0555
Min Age: 3
Winbush, DDS, Sharifa H
Plans I & II

Germantown

Kutas, DDS, Patrick W.
7512 Corporate Center Dr
38138
Min Age: 3
Kutas, DDS, Patrick W.
Plans I & II *new CompBenefits patients accepted*

Pulido, DDS, Mike
8590 Farmington Blvd Ste 5
38139
Min Age: 3
Pulido, DDS, Miguel
Plans I & II *new CompBenefits patients accepted*

Memphis

Adams-Browne Dental Associates
Facility # 820043
3333 Elvis Presly Blvd Ste 202
38116 (901)332-7111
Min Age: 4
Adams-Browne, DDS, Kaye
Plans I & II
Watson, DDS, William A.
Plans I & II

Associate Dental Group
2154 Frayser Blvd
38127
Min Age: 5
Branch, DDS, Roderick A.
Plans I & II *new CompBenefits patients accepted*

Associated Dentists
1279 Lamar Ave
38104
Min Age: 18
Sims, DDS, Larry D.
Plans I & II *new CompBenefits patients accepted*

Bartlett Family Dentistry
Facility # 820082
7519 US Highway 64
38133 (901)371-0609
Min Age: 7
Hochhauser III, DDS, Edward
Plans I & II
Hodge, DDS, Tracy L.
Plans I & II
Holmes, DDS, Kurt
Plans I & II
McGee, DDS, Patrick E.
Plans I & II
Montoya, DDS, Jose L.
Plans I & II

Nichols-Gregory, DDS, Wendi N.
Plans I & II

Centennial Village Dental Grp.
Facility # 820010
7825 Winchester Rd Ste 115
38125 (901)752-1290
Min Age: 4
Jasper, DDS, William S.
Plans I & II
Johnson, DDS, Dean
Plans I & II

Chinn Jr., DDS, PC, Harry J.
6622 Kirby Center Cv
38115
Min Age: 4
Chinn Jr., DDS, Harry J.
Plans I & II *new CompBenefits patients accepted*

Christian, DDS, Solomon
Facility # 820044
3037 S Perkins Rd
38118 (901)566-1414
Min Age: 3
Christian, DDS, Solomon
Plans I & II

Cleo Kirk Dental Office
Facility # 820228
2523 Lamar Ave
38114 (901)743-5723
Min Age: 4
Kirk, DDS, Cleo
Plans I & II

Dove, DDS, Laura
Facility # 820199
7189 Stage Rd
38133 (901)373-3800
Min Age: 6
Dove, DDS, Laura
Plans I & II

East Memphis Dental Care
Facility # 820065
6223 Mount Moriah Road Ext
38115 (901)794-3391
Min Age: 4
Spell III, DDS, Charlie
Plans I & II

Hedgerow Family Dentistry
Facility # 820233
6757 E Shelby Dr
38141 (901)363-3144
Min Age: 3
Christion, DDS, Tracey D.
Plans I & II
Myers, DDS, Lee T.
Plans I & II

Hickory Hills Family Dentistry
Facility # 840151 Lang:SP
3725 Riverdale Rd Ste 1
38115 (901)797-3077
Min Age: 4
Myers, DDS, Lee T.
Plans I & II

Johnson Jr., DMD, Joseph
Facility # 820047
4299 Elvis Presley Blvd
38116 (901)346-3257
Min Age: 3
Johnson Jr., DMD, Joseph
Plans I & II

Johnson, DDS, Dean
Facility # 820009
1440 E Shelby Dr Ste 2
38116 (901)346-1171
Min Age: 4
Johnson, DDS, Dean
Plans I & II

King, DDS, Dewitt H.
Facility # 820050
2212 Airways Blvd
38114 (901)743-2055
Min Age: 4
King, DDS, Dewitt H.
Plans I & II

Kirby Parkway Dental Care
Facility # 820078
4137 Kirby Pkwy Ste 3
38115 (901)362-7844
Min Age: 4
Spell III, DDS, Charlie
Plans I & II

Kutas, DDS, Timothy
519 N Highland St
38122
Min Age: 7
Kutas, DDS, Timothy W.
Plans I & II *new CompBenefits patients accepted*

Meadows, DDS, Jeffrey R.
Facility # 187281 Lang:SP
4700 Poplar Ave Ste 410
38117 (901)767-0507
Min Age: 4
Meadows, DDS, Jeff R.
Plans I & II

Meekins, DDS, Richard D.
2390 Lamar Ave
38114 (901)743-0704
Min Age: 3
Meekins, DDS, Richard D.
Plans I & II *new CompBenefits patients accepted*

Miller Jr., DDS, Richard A.
640 S Perkins Rd
38117
Min Age: 5
Miller Jr., DDS, Richard A.
Plans I & II *new CompBenefits patients accepted*

Myers, DDS, Lee T.
Facility # 820066
1952 Lamar Ave
38114 (901)276-4629
Min Age: 4
Myers, DDS, Lee T.
Plans I & II

New Image Family Dentistry
Facility # 187318
3719 Riverdale Rd
38115 (901)365-2000
Min Age: 3
Lyons-Anderson, DDS, Tonya M.
Plans I & II

New Image Family Dentistry
Facility # 995618 Lang:SP
2713 Mount Moriah Pkwy Ste 101
38115 (901)366-9953
Min Age: 2
Lyons-Anderson, DDS, Tonya M.
Plans I & II

North Watkins Dental Care
Facility # 840177
3697 N Watkins St
38127 (901)357-0797
Min Age: 4
Alexander, DDS, Carlos
Plans I & II
Spell III, DDS, Charlie
Plans I & II

Oak Court Dental Clinic
Facility # 840145 Lang:SP FR
4515 Poplar Ave Ste 227
38117 (901)680-9578
Min Age: 3
Leordeanu, DDS, Mihaela D.
Plans I & II

Payne Family Dentistry
Facility # 186986
3574 Hickory Hill Rd
38115 (901)365-9054
Min Age: 1
Payne, DDS, Jackson L.
Plans I & II

Price, DDS, Vincent J.
Facility # 820080
2900 Kirby Rd Ste 9
38119 (901)755-7392
Min Age: 4
Price, DDS, Vincent
Plans I & II

Raleigh Family Dentistry
Facility # 820022
3068 Covington Pike Ste 2
38128 (901)386-2328
Min Age: 6
Hochhauser III, DDS, Edward
Plans I & II
Ward, DDS, Michelle
Plans I & II

Rutledge, DDS, Joel W.
Facility # 187497
5100 Wheelis Dr Ste 214
38117 (901)767-1610
Min Age: 4
Rutledge, DDS, Joel W.
Plans I & II

Shirley, DDS, Michael D.
Facility # 820003
4302 Summer Ave
38122 (901)683-3849
Min Age: 3
Shirley, DDS, Michael D.
Plans I & II

Smile Studios of Memphis
Facility # 820222
1697 Bender Rd
38116 (901)346-1820
Min Age: 4
Alexander, DDS, Carlos
Plans I & II

Southgate Dental Clinic
Facility # 840033
1799 S 3rd St
38109 (901)774-9602
Min Age: 2
Jeu, DDS, Richard C.
Plans I & II

Southwind Family Dentistry
Facility # 820087
7948 Winchester Rd Ste 108
38125 (901)624-0440
Min Age: 6
Hochhauser III, DDS, Edward
Plans I & II
Holmes, DDS, Kurt
Plans I & II
McGee, DDS, Patrick E.
Plans I & II

Stanford, DDS, Jon C.
Facility # 840051
3596 Park Ave
38111 (901)458-2617
Min Age: 3
Stanford, DDS, Jon C.
Plans I & II

Sykes, DDS, O. T.
Facility # 820204
1399 Airways Blvd Ste 6
38114 (901)323-7613
Min Age: 5
Sykes, DDS, O. T.
Plans I & II

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SOME GENERAL DENTISTS DO NOT ACCEPT PLANS I AND II. PLEASE CONFIRM THAT YOUR GENERAL DENTIST ACCEPTS THE PLAN THAT YOU ARE SELECTING BEFORE SEEKING TREATMENT.

Union Ave Dental Associates

Facility # 820198
1331 Union Ave Ste 1225
38104 (901)276-7314
Min Age: 5
O'Neal, DDS, Joe Dean
Plans I & II

Uptown Dental Center LLC

Facility # 820203
493 N Front St Ste 101
38105 (901)527-2102
Min Age: 5
Branch, DDS, Joerald
Plans I & II

Vance Dental Clinic

Facility # 820223
516 Vance Ave
38126 (901)526-4442
Min Age: 2
Hudson III, DDS, Roy
Plans I & II

Vincent Price DDS & Associates

Facility # 820036
1440 E Shelby Dr Ste 5
38116 (901)332-8729
Min Age: 4
Price, DDS, Vincent
Plans I & II

Oakland

Oakland Family Dentistry

Facility # 191514
7033 Highway 64
38060 (901)465-4655
Min Age: 0
Myers, DDS, Lee T.
Plans I & II

Somerville

Richardson Family Dentistry

Facility # 187419 Lang.SP
17395 Highway 64 E
38068 (901)466-9833
Min Age: 3
Richardson, DDS, Dwayne
Plans I & II

Stanton

Dr. C.R. White & Assoc Dental

Facility # 820068
17 1st St
38069 (731)548-2400
Min Age: 3
White, DDS, Clarice R.
Plans I & II

SPECIALISTS

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SOME SPECIALISTS DO NOT ACCEPT PLANS I AND II; PLEASE CONFIRM THAT THE SPECIALIST OF YOUR CHOICE ACCEPTS YOUR SPECIFIC PLAN BEFORE SEEKING TREATMENT BY CALLING 1-800-342-5209.

Endodontists

Tennessee

Memphis

Case, DDS, Julius F.
5565 Murray Rd
38119 (901)682-8437
Min Age: 12
Case, DDS, Julius F.
Plans I & II

Taintor, DDS, Jerry F.
5370 Estate Office Dr Ste 2
38119 (901)684-1513
Min Age: 12
Taintor, DDS, Jerry F.
Plans I & II

Oral Surgeons

Mississippi

Southaven

Albright & Smith Oral & Max
187 Stalentine Rd E Ste 20
38671 (662)393-8093
Min Age: 0
Albright, DDS, J. E.
Plans I & II
Smith, DDS, Robert K.
Plans I & II

Tennessee

Collierville

Williams, DDS, Darren R.
1100 Poplar View Ln N Ste 1
38017 (901)854-4422
Min Age: 0
Williams, DDS, Darren R.
Plans I & II

Memphis

Albright & Smith Oral & Max
766 S White Station Rd Ste 1
38117 (901)685-8090
Min Age: 0
Albright, DDS, J. E.
Plans I & II
Peck, DDS, Russell C.
Plans I & II
Smith, DDS, Robert K.
Plans I & II

Cannon, DDS, John S.
1717 Kirby Pkwy
38120 (901)756-8475
Min Age: 0
Cannon, DDS, John S.
Plans I & II
Sexton, DDS, Stephen Barrett
Plans I & II

Center for Oral & Facial Surge
1251 Wesley Dr Ste 101
38116 (901)398-0793
Min Age: 0
Meekins Jr., DDS, Richard D.
Plans I & II
Staples, DDS, Ronald C.
Plans I & II
Williams, MD, Michael A.
Plans I & II

McCullar, DDS, Bruce H.
805 Estate Pl Ste 2
38120 (901)682-9713
Min Age: 0
McCullar, DDS, Bruce H.
Plans I & II

Staples, DDS, Ronald C.
4250 Faronia Rd
38116 (901)398-0793
Min Age: 0
Meekins Jr., DDS, Richard D.
Plans I & II
Staples, DDS, Ronald C.
Plans I & II

Williams, MD, Michael A.
Plans I & II

Stein, DDS, Gilbert G.
1715 Kirby Pkwy Ste 101
38120 (901)755-1177
Min Age: 0
Stein, DDS, Gilbert G.
Plans I & II

Zelig, DDS, David
5375 Poplar Ave Ste 512
38119 (901)767-7741
Min Age: 0
Zelig, DDS, David
Plans I & II

Orthodontists

Tennessee

Bartlett

The Orthodontic Clinic PC
6637 Summer Knoll Cir Ste 102
38134 (901)377-1744
Min Age: 0
Falely, DMD, Adeola O.
Plans I & II

Cordova

Getman, DDS, Chris
1207 Macon View Dr Ste 101
38018 (901)843-2483
Min Age: 0
Getman, DDS, MDS, Chris H.
Plans I & II

Germantown

Muller, DDS, Lyle
7535 Poplar Ave
38138 (901)754-4200
Min Age: 0
Muller, DDS, Lyle
Plans I & II

Memphis

Carter, DDS, Ellen Phyllis
5180 Park Ave Ste 260
38119 (901)683-5827
Min Age: 7
Carter, DDS, Ellen Phyllis
Plans I & II

Robinson, DDS, Quinton C.
5180 Park Ave Ste 260
38119 (901)683-6770
Min Age: 6
Robinson, DDS, Quinton C.
Plans I & II

Tri State Orthodontics
5101 Sanderlin Ave Ste 108
38117 (901)767-6320
Min Age: 0
Watts, DDS, Samuel
Plans I & II

Tri State Orthodontics
7970 Giacosa Pl Ste 104
38133 (901)937-7797
Min Age: 0
Watts, DDS, Samuel
Plans I & II

Pediatric Dentists

Tennessee

Cordova

Cohen, DDS, Alka V.
8142 Country Village Dr # 101
38016 (901)756-4447
Min Age: 0
Cohen, DDS, Alka V.
Plans I & II

Freeman, DDS, Daniel D.
1658 Appling Rd Ste 108
38016 (901)383-7337
Min Age: 0
Freeman, DDS, Daniel D.
Plans I & II

Periodontists

Tennessee

Memphis

Mustiful-Martin, DDS, Denise
1286 Peabody Ave
38104 (901)276-6000
Min Age: 0
Mustiful-Martin, DDS, Denise
Plans I & II

Periodontal Assoc of Memphis
6268 Poplar Ave
38119 (901)761-3770
Min Age: 0
Binkley Jr., DDS, Les H.
Plans I & II
Craddock, DDS, Roger D.
Plans I & II
Godat, DDS, Mitchel S.
Plans I & II
Miller Jr., DDS, Preston D.
Plans I & II

Frequently Asked Questions

Options III and IV

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 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. 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 CompBenefits' Customer Care department by calling 1-800-342-5209 or from our website, www.compbenefits.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.

Option III (EP520)

Benefits Include:

- Freedom of choice — you may choose any licensed dentist.
- Out of Network reimbursements based on usual and customary rates.
- Benefits will be reimbursed based on % applicable to the type of service. See page 12 for In/Out of Network %.
- \$1,000 calendar year maximum per person.
- \$50 calendar year deductible per person. Waived for preventive services.
- Orthodontia is covered for dependents under the age of 19 and has a \$500 calendar year maximum per person, \$1,000 lifetime maximum.
- You must file claim each visit.

Option IV (EP510)

Benefits Include:

- Freedom of choice — you may choose any licensed dentist.
- Out of Network reimbursements based on usual and customary rates.
- Benefits will be reimbursed based on % applicable to the type of service. See page 12 for In/Out of Network %.
- \$1,500 calendar year maximum per person.
- \$50 calendar year deductible per person. Waived for preventive services.
- Orthodontia is covered for dependents under the age of 19 and has a \$750 calendar year maximum per person, \$1,500 lifetime maximum.
- Crowns are covered at 80%.
- You must file claim each visit.

	PPO Option III (EP520)	PPO Option IV (EP510)
Active Employee — Rates Per Pay Period		
Employee	\$ 13.96	\$ 17.75
Employee + One	\$ 28.13	\$ 35.76
Family	\$ 40.20	\$ 51.11
Head Start — Rates Per Pay Period		
Employee	\$ 16.75	\$ 21.30
Employee + One	\$ 33.76	\$ 42.91
Family	\$ 48.24	\$ 61.33
Retiree — Rates Per Month		
Employee	\$ 27.92	\$ 35.50
Employee + One	\$ 56.26	\$ 71.52
Family	\$ 80.40	\$102.22

Other important information:

- Coordination of benefits is applicable.
- Pre-statement of benefits is requested.

Eligibility

You, your spouse and legal dependents under the age of 25 are eligible for dental coverage. Unmarried children, step-children, adopted children and legal wards qualify as dependents. Orthodontics on Options III and IV are covered on dependent children 18 years of age or younger.

PPO

Option III (EP520)

Option III Elite Preferred 520 (w/ortho)

Summary of Benefits

Partial Listing of Covered Services	In-Network Reimbursements	Out-of-Network* Reimbursements
Type I – Diagnostic & Preventive Services	100%	100%
Oral Exam (one every 6 months) Prophylaxis (cleaning, once per six months) Topical Fluoride (children under age 16, once per 12 months) X-Rays (limitations apply) Sealants (1 per 3 year period; limited to children under 16 for non-carious molars) Space Maintainers (limited to children under age 16)		
Type II – Basic Services	80%	80%
Simple Restorative (amalgam, synthetic or composite filling) Emergency Palliative Treatment Endodontics (root canal)		
Type III – Major Services	50%	50%
Major Restorations (Crowns/Inlays/onlays) Periodontics (includes treatment of disease of the gum) Bridge, Denture Repair Prosthetics (bridge, denture)		
Type IV – Orthodontics	50%	50%
Orthodontics (Dependent children 18 years of age or younger)		
Maximum Benefits	Insured Individual and Dependents	
Lifetime		
Type I, Type II, III	Unlimited	Unlimited
Type IV	\$1,000	\$1,000
Calendar Year		
Type I, II, III	\$1,000	\$1,000
Type IV	\$500	\$500
Deductible**		
Type I,	None	None
Type II, III, Type IV	\$50	\$50

* coverage based on usual, customary and reasonable fees credited towards this plan's waiting periods, subject to Underwriting approval.

** Maximum of 3 per family.

Because we specialize in dental, we can bring you benefits and services 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 dental 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 Certificate of Group Dental Insurance.

PPO

Option IV (EP510)

Option IV Elite Preferred 510 (w/ortho)

Summary of Benefits

Partial Listing of Covered Services	In-Network Reimbursements	Out-of-Network* Reimbursements
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Type I – Diagnostic & Preventive Services	100%	100%
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Oral Exam (one every 6 months)
Prophylaxis (cleaning, once per six months)
Topical Fluoride (children under age 18, once per 12 months)
X-Rays (limitations apply)
Sealants (1 per 3 year period; limited to children under 16 for non-carious molars)
Space Maintainers (limited to children under age 16)

Type II – Basic Services	80%	80%
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Simple Restorative (amalgam, synthetic or composite filling)
Emergency Palliative Treatment
Endodontics (root canal)
Periodontics (includes treatment of disease of the gum)
Crowns

Type III – Major Services	50%	50%
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Major Restorations (Inlays/onlays)
Bridge, Denture Repair
Prosthetics (bridge, denture)

Type IV – Orthodontics	50%	50%
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Orthodontics (Dependent children 18 years of age or younger)

Maximum Benefits

Insured Individual
and Dependents

Lifetime

Type I, Type II, III	Unlimited	Unlimited
Type IV	\$1,500	\$1,500

Calendar Year

Type I, II, III	\$1,500	\$1,500
Type IV	\$750	\$750

Deductible**

Type I,	None	None
Type II, III, Type IV	\$50	\$50

Because we specialize in dental, we can bring you benefits and services 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

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Total Freedom of Choice

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Any way you add it up, CompBenefits really is the dental 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 Certificate of Group Dental Insurance.

* coverage based on usual, customary and reasonable fees

** Maximum of 3 per family.

Option I (PST45) and Option II (PST15)

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.

Option III (EP520) and IV (EP510)

MAJOR RESTORATIVE LIMITATIONS

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 necessary 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. Chewing injuries are not considered Covered Dental Injuries;
 4. the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if:
 - a) they are not serviceable and
 - b) 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 the replacement of teeth up to the normal complement of 32.
7. 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;
 8. charges for travel time; transportation costs; or professional advice given on the phone;
 9. procedures performed by a Dentist who is a member of Your immediate family;
 10. any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
 11. 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;
 12. any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the tempor mandibular joints or their associated structures;
 13. 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;
 14. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
 15. treatment for cosmetic purposes; however, if the charges are made for the treatment of: (a) injuries sustained in an accident which happens while the patient is insured for Dental Benefits under this policy; or (b) congenital defects of a child born while his or her parent is insured, they will not be excluded if they qualify as Covered Dental Expenses. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
 16. 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;
 17. 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;
 18. a sickness for which the patient can receive benefits under a workers' compensation act or similar law;
 19. an injury that arises out of or in the course of a job or employment for pay or profit; or
 20. 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. New Life will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.

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. any chewing injury. A chewing injury means an injury which occurs during the act of chewing or biting. The injury may be caused by biting on a foreign object not expected to be a normal constituent of food; by parafunctional habits, such as chewing on eye-glass frames or pencils; or by biting down on a suddenly dislodged or loose dental prosthesis.
4. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
5. appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
6. 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;

PREDETERMINATION

If Covered Dental Expenses for a procedure are expected to be more than \$300 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.

SHELBY COUNTY GOVERNMENT PPO PROVIDER DIRECTORY FOR PLANS III AND IV CompBenefits

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 Customer Care at 1-800-342-5209 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.

Under Plans III and IV, 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. ALL PROVIDERS IN THIS LISTING ARE OPEN TO PLAN III AND IV PARTICIPANTS.

Mississippi Batesville

Batesville Dental Clinic
Facility # 996768
113 Eureka St
38606 (662)563-7644
Min Age: 4
Garrott, DMD, Lea Anderson

Clarksdale

Long, DDS, Robert E.
Facility # 583522
527 Desoto Ave
38614 (662)627-2565
Min Age: 3
Long, DDS, Robert E.

Tennessee Bartlett

Smiles Are Us Dental Center
Facility # 187421
5150 Stage Rd Ste 100
38134 (901)385-9898
Min Age: 3
Grimes-Moore, DDS, Freida C.

Brunswick

Brunswick Station Dental Ctr
Facility # 187423
8755 Chaffee Rd # 103
38014 (901)382-9704
Min Age: 0
Ferguson, DDS, William E.
James, DDS, Kelly O.

Collierville

Collierville Family Dentistry
Facility # 840221
2130 W Poplar Ave Ste 106
38017 (901)861-7007
Min Age: 4
Ballard, DDS, Steve D.
Belisle, DDS, Jodice L.
Hochhauser III, DDS, Edward
Holmes, DDS, Kurt
McGee, DDS, Patrick E.

Ploch, DDS, PC, Thomas K.
2028 W Poplar Ave Ste 111
38017
Min Age: 3
Ploch, DDS, Thomas K.

Cordova

Cordova Family Dentistry
Facility # 820079
8520 Macon Rd Ste 1
38018 (901)754-4383
Min Age: 4
Calderon, DDS, Melissa
Hochhauser III, DDS, Edward
McGee, DDS, Patrick E.
Wall-Marks, DDS, Kathleen A.

Cordova Smiles
Facility # 192337
8295 Cordova Rd Ste 101
38016 (901)737-0957
Min Age: 5
Macaraeg, DDS, Teresa

Dental Cares
1890 N Germantown Pkwy
38016
Min Age: 5
Smith, DDS, William M.

Garrett, DDS, Floyd
Facility # 820225
8089 Walnut Run Rd Ste 3
38018 (901)737-8981
Min Age: 3
Devall, DMD, Terry M.
Garrett, DDS, Floyd A.
Tompkins, DDS, William P.

Henry Polk Dental Group, DPC
Facility # 994808
8110 Cordova Rd Ste 125
38016 (901)755-0001
Min Age: 5
Henry, DDS, Andrea
Polk, DDS, Erica

Macon Oral Care
Facility # 187460
8095 Macon Rd Ste 109
38018 (901)756-9150
Min Age: 0
Khan, DDS, Fauzia

Morris, DDS, Graham Hall
Facility # 184321
8176 Old Dexter Rd Ste 106
38016 (901)737-3606
Min Age: 6
Johnston, DDS, Marion M.
Morris, DDS, Graham H.

Slovits, DDS, Herbert N.
Facility # 586637
315 S Walnut Bend Rd
38018 (901)759-7931
Min Age: 3
Slovits, DDS, Herbert N.

Smith, DDS, David W.
831 Timber Creek Dr Ste 1
38018
Min Age: 5
Smith, DDS, David W.

Taylor, DDS, Charlotte R.
Facility # 184244
86 Timber Creek Dr Ste 3
38018 (901)756-0002
Min Age: 4
Taylor, DDS, Charlotte R.

Taylor, DDS, Stuart M.
Facility # 184245
86 Timber Creek Dr Ste 3
38018 (901)756-0002
Min Age: 4
Taylor, DDS, Charlotte R.
Taylor, DDS, Stuart M.

Winbush, DDS, PC, Sharifa, H.
Facility # 191183
2845 N Houston Levee Rd # 101
38016 (901)266-0555
Min Age: 3
Winbush, DDS, Sharifa H

Germantown

Kutas, DDS, Patrick W.
7512 Corporate Center Dr
38138
Min Age: 3
Kutas, DDS, Patrick W.

Pulido, DDS, Mike
8590 Farmington Blvd Ste 5
38139
Min Age: 3
Pulido, DDS, Miguel

Salazar Dental Group, LLC
Facility # 187494
6799 Great Oaks Rd Ste 201
38138 (901)753-0404
Min Age: 0
Salazar, DDS, Jose L.
Salazar, DDS, Juan C.

Simpson, DDS, MAGD, Jon A.
Facility # 187232
3087 Professional Plz
38138 (901)758-2273
Min Age: 3
Simpson, DDS, MAGD, Jon A.

The Dental Office @ Saddle Cre
Facility # 187506
7535 Poplar Ave
38138 (901)754-4200
Min Age: 0
Messer, DMD, Andrea S.
Perry, DMD, Calley J.
Wall-Marks, DDS, Kathleen A.

Memphis

Adams-Browne Dental Associates
Facility # 820043
3333 Elvis Prsly Blvd Ste 202
38116 (901)332-7111
Min Age: 4
Adams-Browne, DDS, Kaye
Watson, DDS, William A.

Alperin, DDS, Murray S.
Facility # 184283
1130 S 3rd St
38106 (901)948-7052
Min Age: 2
Alperin, DDS, Murray S.

Associate Dental Group
2154 Frayser Blvd
38127
Min Age: 5
Branch, DDS, Roderick A.

Banks Jr., DDS, William K.
Facility # 586638
776 Mount Moriah Rd
38117 (901)761-0527
Min Age: 0
Banks Jr., DDS, William K.

Bartlett Dental Clinic
Facility # 187222
6630 Summer Knoll Cir Ste 103
38134 (901)377-5060
Min Age: 3
Peppers, DDS, David C.
Thomas, DDS, James D.

Bartlett Family Dentistry
Facility # 820082
7519 US Highway 64
38133 (901)371-0609
Min Age: 7
Hochhauser III, DDS, Edward
Hodge, DDS, Tracy L.
Holmes, DDS, Kurt
McGee, DDS, Patrick E.
Montoya, DDS, Jose L.
Nichols-Gregory, DDS, Wendi N.

Bellott Jr., DDS, Donald J.
Facility # 587259
560 Colonial Rd Ste 100
38117 (901)680-6881
Min Age: 5
Bellott Jr., DDS, Donald J.

Bellott Sr., DDS, Donald J.
Facility # 586167
560 Colonial Rd Ste 100
38117 (901)680-6881
Min Age: 0
Bellott Sr., DDS, Donald J.

Braxton, DDS, Sonia D.
1154 S Bellevue Blvd
38106
Min Age: 5
Braxton, DDS, Sonia D.

Centennial Village Dental Grp.
Facility # 820010
7825 Winchester Rd Ste 115
38125 (901)752-1290
Min Age: 4
Jasper, DDS, William S.
Johnson, DDS, Dean

Chelsea Dental Clinic
2410 Chelsea Ave
38108
Min Age: 3
Pryor, DDS, Gloria J.

Chinn Jr., DDS, PC, Harry J.
6622 Kirby Center Cv
38115
Min Age: 4
Chinn Jr., DDS, Harry J.

Christian, DDS, Solomon
Facility # 820044
3037 S Perkins Rd
38118 (901)566-1414
Min Age: 3
Christian, DDS, Solomon

Cleo Kirk Dental Office
Facility # 820228
2523 Lamar Ave
38114 (901)743-5723
Min Age: 4
Kirk, DDS, Cleo

Coleman, DDS, PC, Harry T.
Facility # 187307
3087 Park Ave
38111 (901)327-4200
Min Age: 3
Coleman, DDS, Harry T.
Washington, DDS, George L.

Cooper Dental Associates
1032 S Cooper St
38104
Min Age: 4
Pryor, DDS, Gloria J.

Copeland, DDS, Vincent H.
Facility # 586646
4250 Faronia Rd
38116 (901)332-9170
Min Age: 5
Copeland, DDS, Vincent H.
Washington-Jackson, DDS, Chery

Dawson, DDS, Toya P.
Facility # 187274
2348 Park Ave
38114 (901)327-6166
Min Age: 0
Dawson, DDS, Toya P.

Dove Family Dentistry
Facility # 191940
3030 Covington Pike
38128 (901)213-9337
Min Age: 1
Dove, DDS, Joseph

Dove, DDS, Laura
Facility # 820199
7189 Stage Rd
38133 (901)373-3800
Min Age: 6
Dove, DDS, Laura

Eason, DDS, Dan S.
Facility # 994991
2670 Union Avenue Ext Ste 130
38112 (901)327-3800
Min Age: 4
Eason, DDS, Dan S.

East Memphis Dental Care
Facility # 820065
6223 Mount Moriah Road Ext
38115 (901)794-3391
Min Age: 4
Spell III, DDS, Charlie

Franklin, DDS, David B.
Facility # 187564
2738 Mount Moriah Pkwy
38115 (901)363-1287
Min Age: 0
Franklin, DDS, David B.

Glenn, DMD, Howard
Facility # 820041
425 E Shelby Dr
38109 (901)789-4891
Min Age: 2
Glenn, DMD, Howard
Watson, DDS, William A.

Goldwin, DDS, Robert R.
744 E Brookhaven Cir
38117
Min Age: 0
Goldwin, DDS, Robert R.

Greer, DDS, Joe C.
Facility # 992362
2829 Lamar Ave
38114 (901)744-4990
Min Age: 0
Greer, DDS, Joe C.

Hedgerow Family Dentistry
Facility # 820233
6757 E Shelby Dr
38141 (901)363-3144
Min Age: 3
Christion, DDS, Tracey D.
Myers, DDS, Lee T.

Herring Dental PA
183 Tillman St
38111
Min Age: 4
Herring, DDS, Larry W.

Hickory Hills Family Dentistry
Facility # 840151 Lang, SP
3725 Riverdale Rd Ste 1
38115 (901)797-3077
Min Age: 4
Myers, DDS, Lee T.

Highland Park Dental Center PC
Facility # 995492
845 S Highland St
38111 (901)323-8488
Min Age: 5
Chitalia, DDS, Sharad S.
Hollerman, DMD, Davida A.
Wiggs, DDS, Joseph P.

Johnson Jr., DMD, Joseph
Facility # 820047
4299 Elvis Presley Blvd
38116 (901)346-3257
Min Age: 3
Johnson Jr., DMD, Joseph

Johnson, DDS, Dean
Facility # 820009
1440 E Shelby Dr Ste 2
38116 (901)346-1171
Min Age: 4
Johnson, DDS, Dean

Jones, DDS, Cheryl D.
Facility # 187312
3251 Park Ave
38111 (901)325-4005
Min Age: 5
Jones, DDS, Cheryl D.

King, DDS, Dewitt H.
Facility # 820050
2212 Airways Blvd
38114 (901)743-2055
Min Age: 4
King, DDS, Dewitt H.

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Kirby Parkway Dental Care

Facility # 820078
4137 Kirby Pkwy Ste 3
38115 (901)362-7844
Min Age: 4
Spell III, DDS, Charlie

Kutas, DDS, Timothy

519 N Highland St
38122
Min Age: 7
Kutas, DDS, Timothy W.

Majestic Family Dentistry

Facility # 994538
3705 Malco Way Ste 103
38125 (901)751-4420
Min Age: 3
Vescovo, DDS, Barry A

Meadows, DDS, Jeffrey R.

Facility # 187281 Lang:SP
4700 Poplar Ave Ste 410
38117 (901)767-0507
Min Age: 4
Meadows, DDS, Jeff R.

Meekins, DDS, Richard D.

Facility # 820074
2390 Lamar Ave
38114 (901)743-0704
Min Age: 3

Meekins, DDS, Richard D.

Facility # 820074
2390 Lamar Ave
38114 (901)743-0704
Min Age: 3
Meekins, DDS, Richard D.

Messer Dental Group, PC

Facility # 187450
785 Estate Pl Ste 2
38120 (901)682-1645
Min Age: 3
Messer, DMD, Andrea S.
Messer, DMD, Timothy S.

Miller Jr., DDS, Richard A.

640 S Perkins Rd
38117
Min Age: 5
Miller Jr., DDS, Richard A.

Moore, DDS, Gordon R.

Facility # 184351
5498 Poplar Ave Ste C1
38119 (901)682-9631
Min Age: 10
Moore, DDS, Gordon R.

Mvers, DDS, Lee T.

Facility # 820066
1952 Lamar Ave
38114 (901)276-4629
Min Age: 4
Myers, DDS, Lee T.

New Image Family Dentistry

Facility # 187318
3719 Riverdale Rd
38115 (901)365-2000
Min Age: 3
Lyons-Anderson, DDS, Tonya M.

New Image Family Dentistry

Facility # 995618 Lang:SP
2713 Mount Moriah Pkwy Ste 101
38115 (901)366-9953
Min Age: 2
Lyons-Anderson, DDS, Tonya M.

North Watkins Dental Care

Facility # 840177
3697 N Watkins St
38127 (901)357-0797
Min Age: 4
Alexander, DDS, Carlos
Spell III, DDS, Charlie

Oak Court Dental Clinic

Facility # 840145 Lang:SP FR
4515 Poplar Ave Ste 227
38117 (901)680-9578
Min Age: 3
Leordeanu, DDS, Mihaela D.

Paradiom Dental Center

Facility # 192074
4730 Riverdale Rd Ste 3
38141 (901)758-2127
Min Age: 0
Rosenthal, DDS, Christina T.

Payne Family Dentistry

Facility # 186986
3574 Hickory Hill Rd
38115 (901)365-9054
Min Age: 1
Payne, DDS, Jackson L.

Perfect Smile Dentistry

Facility # 186964
4646 Poplar Ave Ste 514
38117 (901)763-3601
Min Age: 0
Washington-Jackson, DDS, Cheryl

Pirani Jr., DDS, Carlo B.

Facility # 995495
752 National St
38122 (901)452-6611
Min Age: 12
Nunnelee, DDS, Chris M.
Pirani, DDS, Carlo B.

Price, DDS, Vincent J.

Facility # 820080
2900 Kirby Rd Ste 9
38119 (901)755-7392
Min Age: 4
Price, DDS, Vincent

Ragland, DDS, Fred B.

Facility # 995238
2753 S Mendenhall Rd Ste 10
38115 (901)365-6047
Min Age: 6
Ragland, DDS, Fred B.

Raleigh Dental Group

Facility # 187373
4283 Raleigh Millington Rd
38128 (901)372-1221
Min Age: 3
Craig Jr., DDS, Thomas J.
Ferguson, DDS, William E.

Raleigh Family Dentistry

Facility # 820022
3068 Covington Pike Ste 2
38128 (901)386-2328
Min Age: 6
Hochhauser III, DDS, Edward
Ward, DDS, Michelle

Roberson, DDS, James Mike

Facility # 184322
6425 Stage Rd Ste 6
38134 (901)388-6191
Min Age: 6
Roberson, DDS, James Mike

Rutledge, DDS, Joel W.

Facility # 187497
5100 Wheelis Dr Ste 214
38117 (901)767-1610
Min Age: 4
Rutledge, DDS, Joel W.

Salomon, DDS, Alan P.

Facility # 187066
5575 Poplar Ave Ste 121
38119 (901)683-5293
Min Age: 3
Salomon, DDS, Alan P.

Shelby County Health Care Corp

Facility # 187275
409 Ayers St
38105 (901)515-5600
Min Age: 0
Thompson, DDS, Dwight E.

Shirley, DDS, Michael D.

Facility # 820003
4302 Summer Ave
38122 (901)683-3849
Min Age: 3
Shirley, DDS, Michael D.

Smile Studios of Memphis

Facility # 820222
1697 Bender Rd
38116 (901)346-1820
Min Age: 4
Alexander, DDS, Carlos

Sorrells, Jr., DDS, Lavelle D.

Facility # 187231
6555 Stage Rd Ste 2
38134 (901)372-8959
Min Age: 6
Sorrells Jr., DDS, Lavelle D.

Southgate Dental Clinic

Facility # 840033
1799 S 3rd St
38109 (901)774-9602
Min Age: 2
Jeu, DDS, Richard C.

Southwind Family Dentistry

Facility # 820087
7948 Winchester Rd Ste 108
38125 (901)624-0440
Min Age: 6
Hochhauser III, DDS, Edward
Holmes, DDS, Kurt
McGee, DDS, Patrick E.

Stanford, DDS, Jon C.

Facility # 840051
3596 Park Ave
38111 (901)458-2617
Min Age: 3
Stanford, DDS, Jon C.

Superior Smiles of Memphis

Facility # 191962
4205 Hacks Cross Rd Ste 118
38125 (901)737-8714
Min Age: 0
Cosby, DDS, Sherrye
Payne, DDS, Derrick

Townsend Dental Associates

Facility # 995097 Lang:FR
1723 Kirby Pkwy
38120 (901)751-2778
Min Age: 3
Townsend, DDS, Carmel E.

Triplett, DDS, PC, Orpheus H.

Facility # 996364
2877 Poplar Ave
38111 (901)324-0093
Min Age: 0
Christian, DDS, Tracey D.
Triplett, DDS, Orpheus L.

Union Ave Dental Associates

Facility # 820198
1331 Union Ave Ste 1225
38104 (901)276-7314
Min Age: 5
O'Neal, DDS, Joe Dean

Uptown Dental Center LLC

Facility # 820203
493 N Front St Ste 101
38105 (901)527-2102
Min Age: 5
Branch, DDS, Joerald

Vance Dental Clinic

Facility # 820223
516 Vance Ave
38126 (901)526-4442
Min Age: 2
Hudson III, DDS, Roy

Vincent Price DDS & Associates

Facility # 820036
1440 E Shelby Dr Ste 5
38116 (901)332-8729
Min Age: 4
Price, DDS, Vincent

Watkins Family Dentistry

Facility # 191788
3912 Elvis Presley Blvd
38116 (901)398-8216
Min Age: 0
Watkins, DDS, Mialika K

Wesberry, DDS, Fred C.

Facility # 187311 Lang:GR
2900 S Perkins Rd
38118 (901)362-9995
Min Age: 3
Wesberry, DDS, Fred C.

Williams, DDS, Stephen

Facility # 995410
5112 Stage Rd Ste 4
38134 (901)372-7906
Min Age: 5
Williams, DDS, Stephen S.

Wohrman, DDS, Robert

Facility # 995251
555 Perkins Ext Ste 300
38117 (901)761-3040
Min Age: 4
Wohrman, DDS, Robert E.

Zinn III, DDS, Ernest M.

Facility # 996560
5119 Millbranch Rd
38116 (901)346-1059
Min Age: 3
Zinn, DDS, Ernest M.

Zitek, DDS, Steve

Facility # 187053
1273 E Raines Rd
38116 (901)398-6435
Min Age: 3
Zitek, DDS, Steve

Oakland

Oakland Family Dentistry

Facility # 191514
7033 Highway 64
38060 (901)465-4655
Min Age: 0
Myers, DDS, Lee T.

Smith, DDS, Johnny S.

Facility # 187298
7066 Highway 64
38060 (901)466-1580
Min Age: 5
Smith, DDS, Johnny S.

Somerville

Cima, DDS, John

Facility # 994646
13190 N Main St
38068 (901)465-3050
Min Age: 7
Cima, DDS, John D.

Richardson Family Dentistry

Facility # 187419 Lang:SP
17395 Highway 64 E
38068 (901)466-9833
Min Age: 3
Richardson, DDS, Dwayne

Stanton

Dr. C.R. White & Assoc Dental

Facility # 820068
17 1st St
38069 (731)548-2400
Min Age: 3
White, DDS, Clarice R.

Tiptonville

Blue Ribbon Dental Center

Facility # 191186
PO Box 375
211 Church St
38079 (731)253-9091
Min Age: 0
Carr, DDS, Denean R

SPECIALISTS

Please Note:

This directory of participating providers reflects the most accurate and up-to-date listing of providers at the time of printing. This list of providers can and will change as some providers may elect to terminate or accept certain plans during the benefit year. Please call Customer Care at 1-800-342-5209 for more information on selecting a provider. You can also visit our website at www.compbenefits.com for a map to the provider locator icon located on our home page.

Oral Surgeons

Mississippi

Southaven

Albright & Smith Oral & Max

187 Stateline Rd E Ste 20

38671 (662)393-8093

Min Age: 0

Albright, DDS, J. E.

Smith, DDS, Robert K.

Tennessee

Collierville

Williams, DDS, Darren R.

1100 Poplar View Ln N Ste 1

38017 (901)854-4422

Min Age: 0

Williams, DDS, Darren R.

Memphis

Albright & Smith Oral & Max

766 S White Station Rd Ste 1

38117 (901)685-8090

Min Age: 0

Albright, DDS, J. E.

Peck, DDS, Russell C.

Smith, DDS, Robert K.

Cannon, DDS, John S.

1717 Kirby Pkwy

38120 (901)756-8475

Min Age: 0

Cannon, DDS, John S.

Sexton, DDS, Stephen Barrett

Center for Oral & Facial Surge

1251 Wesley Dr Ste 101

38116 (901)398-0793

Min Age: 0

Meekins Jr., DDS, Richard D.

Staples, DDS, Ronald C.

Williams, MD, Michael A.

McCullar, DDS, Bruce H.

805 Estate Pl Ste 2

38120 (901)682-9713

Min Age: 0

McCullar, DDS, Bruce H.

McRae-Wilson Oral Surgery Grp

2785 Summer Oaks Dr Ste 101

38134 (901)386-6385

Min Age: 0

Wilson, DDS, Gary Trent

McRae-Wilson Oral Surgery Grp

5565 Murray Rd

38119 (901)767-0088

Min Age: 0

Wilson, DDS, Gary Trent

Staples, DDS, Ronald C.

4250 Faronia Rd

38116 (901)398-0793

Min Age: 0

Meekins Jr., DDS, Richard D.

Staples, DDS, Ronald C.

Williams, MD, Michael A.

Stein, DDS, Gilbert G.

1715 Kirby Pkwy Ste 101

38120 (901)755-1177

Min Age: 0

Stein, DDS, Gilbert G.

Williams Oral & Maxi Surgery

6621 Kirby Center Cv

38115 (901)362-6103

Min Age: 0

Williams, DDS, Harris E.

Orthodontists

Tennessee

Memphis

Tri State Orthodontics

5101 Sanderlin Ave Ste 108

38117 (901)767-6320

Min Age: 0

Watts, DDS, Samuel

Tri State Orthodontics

7970 Giacosa Pl Ste 104

38133 (901)937-7797

Min Age: 0

Watts, DDS, Samuel

Periodontists

Tennessee

Memphis

Higgason, DDS, James D.

729 Reddoch St

38120 (901)682-8439

Min Age: 0

Higgason, DDS, James D.

Mustiful-Martin, DDS, Denise

1286 Peabody Ave

38104 (901)276-6000

Min Age: 0

Mustiful-Martin, DDS, Denise

Vision and Hearing Enhancement Program

Through an arrangement with your group, you can receive discounts on vision and hearing services at NO ADDITIONAL CHARGE.¹

Eyewear Program

As a CompBenefits Dental Plan Member, you can receive eyewear products from Preferred Vision Care (PVC) at wholesale prices.

- Up to 50% savings off retail prices on lenses and frames
- PVC providers conveniently located throughout the nation
- Top of the line products from leading manufacturers
- Unlimited eyewear purchases — Use as often as desired

To Utilize the Eyewear Program

- Simply: Call the PVC toll-free number Locator Service. A customer service representative will provide the name(s), location and telephone number of the nearest PVC provider(s)
- Present your Identification Card to the PVC provider. (Note: The ID card provides savings for all dependents within the household.)
- Present your prescription and select the eyewear of your choice — no restrictions

You pay the PVC provider the specially reduced price for the eyewear at the time of purchase — no claim forms or time-delayed reimbursements.

Contact Lens Program

As a CompBenefits Dental Plan Member, you can also receive contact lens replacement from Lensavers at a discount through its quick and easy mail order service.

- Up to 60% savings off the retail cost of contact lenses
- Provides any contact lens, regardless of manufacturer
- Call the Lensavers toll-free number and request an order form and cost for the contact lens

- Complete the order form and mail it along with a copy of your prescription and payment to:
Lensavers
10505 North 69th Street, #500
Scottsdale, AZ 85253
- Lensavers will fill and ship most orders within 24 hours of the order
- Lensavers accepts VISA and MasterCard
- Rush orders can be handled via FAX

Hearing Aid Enhancement Program

- As a CompBenefits Dental Plan Member, you can receive hearing aid discounts from Beltone Managed, Care, Inc. at NO ADDITIONAL CHARGE.

The Beltone Plan includes such services as:

- No Charge annual electronic hearing evaluations for you and your family members.
- Free audiometric testing by a trained Beltone hearing aid specialist or audiologist.
- 15% discount off the dispenser's regular list price on hearing aid purchases.
- Over 70 models and hundreds of customized Beltone hearing aids to choose from including a warranty commitment honored at the 2,600 Beltone Centers.

To use your discount, just show your CompBenefits I.D. card. For the Beltone Hearing Aid Center nearest you: Call 1-800-BELTONE

¹ At the present time, these benefits are not available in North Carolina and Alabama.



A World of Enhancements

*Eyewear Program, Contact Lens Replacement
and Hearing Aid Enhancement...*

All complimentary with your Dental Plan Enrollment



Eyewear Program 1-888-526-8000

Preferred Vision Care (PVC) works with selected independent ophthalmic professionals to provide you with eyewear products at wholesale prices.

- Up to 50% savings on lenses and frames.
- Unlimited lens wear purchases.
- Top of the line products from leading manufacturers.
- PVC Providers conveniently located throughout the state.

Contact Replacement 1-866-337-2020*

**When calling, please refer to "Preferred Vision Care."*

World of Enhancements provides you with a contact lens replacement program through a nationwide mail-order contact lens provider.

- Up to 60% savings off retail prices of contact lenses.
- Provides most contact lenses, regardless of manufacturer.

Hearing Enhancement 1-800-BELTONE

Beltone offers you a variety of services from hearing exams and evaluations to more than 75 models of hearing instruments.

- Free hearing exam for you and your family members.
- 15% off the dispensers regular list price on hearing aid purchases.
- Belcare follow up customer commitment honored at 2,000 Beltone Centers.

www.beltone.com

cut along dotted lines and place in your wallet

fold here

<p>Membership Benefit Card <i>(for vision)</i></p> <p>www.preferredvisioncare.com</p> <p>Membership benefits valid with current Dental Plan membership.</p> 	<p>Membership Benefit Card <i>Group # 999</i></p> <p>Preferred Vision Care: Call 1-888-526-8000 to find the location nearest you and for customer service.</p> <p>Contact Replacement: Call 1-866-337-2020 to find the location nearest you and for customer service.</p>
<p>Membership Benefit Card <i>(for vision)</i></p> <p>www.preferredvisioncare.com</p> <p>Membership benefits valid with current Dental Plan membership.</p> 	<p>Membership Benefit Card <i>Group # 999</i></p> <p>Preferred Vision Care: Call 1-888-526-8000 to find the location nearest you and for customer service.</p> <p>Contact Replacement: Call 1-866-337-2020 to find the location nearest you and for customer service.</p>

Take Advantage of these Extra Savings!



RETURN THIS FORM IF YOU ARE CURRENTLY ENROLLED AND WISH TO CHANGE YOUR COVERAGE.

EMPLOYEE INFORMATION (Please Print)

Employee's Name: _____ **Employee's Social Security #:** _____

Last Name _____ First _____ MI _____

Employer's Name: **Shelby County Government**

EMPLOYEE CHANGES (Please Complete The Appropriate Items Below)

CHANGE OF ADDRESS:

Street Address _____ Apt #: _____

City _____ State _____ Zip Code _____

PLEASE SELECT ONE:

- Employee**
- Employee + One**
- Family**

CHANGE COVERAGE TO (Check One):

- Option I:** Basic DHMO - Prestige 45
- Option II:** Enhanced DHMO - Prestige 15
- Option III:** Basic PPO - Elite Preferred 520
- Option IV:** Enhanced PPO - Elite Preferred 510

FACILITY CHANGE:

If you are currently on Plan I or II and would like to change your facility selection, please note **new facility number:** _____

SELECT DENTIST FOR OPTION I (PST45) AND II (PST15) ONLY

If you are changing your coverage to the DHMO Plan, select a dentist from the list of Participating General Dentists, which is included in your enrollment packet. Write the Dental Facility Number of the dentist you have chosen for you and your family members in the space below.

CHANGE DEPENDENT COVERAGE

List dependents to be added or deleted. Please note it is the responsibility of the employee to inform the Shelby County Employee Benefits Office if a dependent has reached the maximum age limit or if their status has changed.

Last Name	First	M.I.	Relationship	Date of Birth	Sex	Facility #	Add	Delete
				/ /				
				/ /				
				/ /				
				/ /				
				/ /				
				/ /				
				/ /				
				/ /				
				/ /				
				/ /				

CANCEL Coverage

Check Box

Employee Signature: _____ Date: _____

Office Use Only:

Employee (EIN) Number: _____

Effective Date: _____

Entered by: _____

Comments: _____

RETURN THIS FORM IF YOU ARE A NEW ENROLLEE.

Effective January 1, 2008, I have enrolled for one of the dental plans offered under the Shelby County Government Flexible Benefits Plan.

I authorize Shelby County Government to deduct an amount equal to the employee cost of the plan from my wages each pay period on a pre-tax basis. My W-2 statement will show my wages after this redirection. I understand that my enrollment for dental insurance and related payroll redirection is IRREVOCABLE and may not be changed until the next January 1, except in case of a change in family status, as provided under Article 3 of the Flexible Benefit Plan. If you are not enrolled in Shelby County Government Flexible Plan this coverage will be on an after-tax basis.

Please Select One:

- Option I Basic DHMO - Prestige 45
 Option II Enhanced DHMO - Prestige 15
 Option III Basic PPO - Elite Preferred 520
 Option IV Enhanced PPO - Elite Preferred 510

Please Select One:

- Employee
 Employee + One
 Family

Amount deducted Active Employee (per pay period) /Head Start (per pay period) /Retiree (per month): \$ _____

EMPLOYEE INFORMATION (Please Print)

Social Security No.		Dental Facility #: (Options I [PST45] and II [PST15] Only)		
Last Name	First	MI	Date of Birth / /	
Home Address	Home Phone ()	Business Phone ()		
City	State	Zip Code	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Employer's Name: Shelby County Government		Occupation:		
Are you now performing all duties of your regular occupation on a full-time basis (20 hours per week or more)? <input type="checkbox"/> YES <input type="checkbox"/> NO		Full-Time Date of Hire:		

If covering your dependents, please complete the following:

(Please note it is the responsibility of the employee to inform the Shelby County Employee Benefits Office if a dependent has reached the maximum age limit or if their status has changed.)

First	Middle	Last (if Different)	Dental Facility # <small>(Options I [PST45] and II [PST15] Only)</small>	Sex	Birthdate
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Child				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Child				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Child				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Child				<input type="checkbox"/> M <input type="checkbox"/> F	/ /

AGREEMENT AND AUTHORIZATION

All the information I have provided on this enrollment form is true and complete to the best of my knowledge and belief. I agree that the insurance coverage is not in force until it is approved by Unilife Insurance Company or the applicable subsidiary of CompBenefits Corporation for DHMO Dental Care.

If enrolling for the DHMO Dental Care plan, I understand that this is a minimum one (1) year contract and that all necessary dental services will be provided in the description of benefits and surcharges. I have received and understand the outline of coverage. I authorize my employer to make any necessary payroll deductions.

The following is required in certain states: Any person who knowingly and with intent to defraud or deceive any insurance company, files an application containing any materially false, incomplete or misleading information is guilty of committing a fraudulent insurance act which is a crime and subject to criminal prosecution.

Signature: _____ Date: _____

Office Use Only:

Employee (EIN) Number: _____

Effective Date: _____

Entered by: _____

Comments: _____



100 Mansell Court East
Suite 400
Roswell, GA 30076

Return Service Requested

PRESORTED
THIRD-CLASS MAIL
U.S. POSTAGE
PAID
ATLANTA, GA
PERMIT NO.

Important!
Information Enclosed
Shelby County Dental Plan
