EXHIBIT "B" - *Revised 1/6/14*

COMPARISON OF DENTAL SERVICES AND FEES

THIS IS A SUMMARY OF BENEFITS - SEE CARRIER PROPOSALS FOR FULL DETAILS.

		GDS-MD	GDS-MD #2	UCCI	CIGNA
Composite Rate Per Member		**$43.38**	**$37.31**	**$35.96**	**$36.76**
				2-year rate	**2-year rate**
Two Tier Rate	(optional)			**OR**	
Member Only				$16.40	
Member and Family				$44.00	

Procedure Code	**Description**	**Member Co-Pay**	**Member Co-Pay**	**Member Co-Pay**	**Member-Copay**
Diagnostic & Preventive					
00120	Periodic Oral Exam	$0	$0	$5	$0
00180	Comprehensive Periodontal Evaluation	$0	$0	$5	$0
00210	Intraoral - Complete Series, Including Bitewings (once per 3 years)	$0	$0	$0	$0
01110 -011120	Prophylaxis - Adult and Child (once per 6 months)	$0	$0	$0	$0
01510	Space Maintainer - Fixed - Unilateral	$10	$10	$35	$35
01515	Space Maintainer - Fixed - Bilateral	$20	$20	$54	$35
01550	Re-cementation of Space Maintainer	$0	$0	$6	$6
Basic Restorative		$0			
2140 - 02161	Amalgam - One to Four Surfaces, Primary/ Permanent	$0	$20 - $30	$0	$0
02330 - 02335	Resin -Base Composite -One to Four Surfaces, Anterior or Incisal Angle	$0	$20 - $30	$0	$0
02391	Resin -Base Composite -One Surface Posterior	*	*	$40	$70
02392	Resin -Base Composite -Two Surface, Posterior	*	*	$65	$80
02393	Resin -Base Composite -Three Surfaces, Posterior	*	*	$80	$95
02394	Resin -Base Composite -Four or More Surfaces, Posterior	*	*	$85	$105
Crowns (Single Restorations)					
02740	Crown - Porcelain/Ceramic Substrate	$300	$300	$400	$285
02750	Crown - Porcelain fused to High Noble Metal	$300+gold	$300+gold	$350 +	$270
02751	Crown - Porcelain Fused to Predominantly Base Metal	$300	$300	$320	$240
02752	Crown - Porcelain Fused to Noble Metal	$300	$300	$330+	$270
02790	Crown - Full Cast High Noble Metal	$300+gold	$300+gold	$350+	$260
02791	Crown - Full Cast Predominantly Base Metal	$300	$300	$320	$225
02792	Crown - Full Cast Noble Metal	$300	$300	$330+	$260
02920	Re-cement Crown	$0	$0	$13	$0

COMPARISON OF DENTAL SERVICES AND FEES

THIS IS A SUMMARY OF BENEFITS - SEE CARRIER PROPOSALS FOR FULL DETAILS.

		GDS-MD	GDS-MD #2	UCCI	CIGNA
02930	Prefabricated Stainless Steel Crown-Primary Tooth	$20	$20	$52	$35
02931	Prefabricated Stainless Steel Crown-Permanent Tooth	$20	$20	$60	$35
02950	Core Buildup, Including Any Pins	$0	$0	$58	$65
02951	Pin Retention - Per Tooth, In Addition to Restoration	$0	$0	$10	$10
02952	Post & Core in Addition to Crown	$20	$20	$81	$65
02954	Prefabricated Post & Core in Addition to Crown	$20	$20	$79	$40
Endodontics					
03110	Pulp Cap Direct (excluding final restoration)	$0	$0	$0	$0
03120	Pulp Cap Indirect (excluding final restoration)	$0	$10	$0	$0
03220	Therapeutic Pulpotomy (excluding final restoration)	$0	$55	$35	$12
03221	Pulpal Debridment, Primary and Permanent teeth	$0	$50	$26	$55
03310	Anterior Root Canal Therapy (excluding final restoration)	$225	$185	$165	$100
03320	Bicuspid Root Canal Therapy (excluding final restoration)	$225	$305	$200	$150
03330	Molar Root Canal Therapy (excluding final restoration)	$225	$415	$273	$305
03346	Retreatment of Previous Root Canal, Anterior	**	$200	$200	$165
03347	Retreatment of Previous Root Canal, Bicuspid	**	$400	$241	$215
03348	Retreatment of Previous Root Canal, Molar	**	$430	$313	$340
03410	Apicoectomy/Periradicular Surgery, Anterior	$225	$225	$147	$115
03421	Apicoectomy/Periradicular Surgery, Bicuspid (1st root)	$225	$225	$144	$115
03425	Apicoectomy/Periradicular Surgery, Molar (1st root)	$225	$225	$144	$115
03426	Apicoectomy/Periradicular Surgery (each additional root)	$225	$225	$65	$75
03430	Retrograde Filling (per root)	$0	$0	$0	$75
Removable Prosthetics					
05110	Complete Upper Denture (Includes adjustments)	$130	$360	$325	$225
05120	Complete Lower Denture (Includes adjustments)	$130	$305	$325	$225
05130	Immediate Upper Denture (Includes adjustments)	$130	$130	$350	$245

COMPARISON OF DENTAL SERVICES AND FEES

THIS IS A SUMMARY OF BENEFITS - SEE CARRIER PROPOSALS FOR FULL DETAILS.

		GDS-MD	GDS-MD #2	UCCI	CIGNA
05140	Immediate Lower Denture (Includes adjustments)	$130	$270	$350	$245
05211	Upper Partial Resin Base (Includes adjustments)	$130	$250	$245	$225
05212	Lower Partial Resin Base (Includes adjustments)	$130	$130	$245	$225
05213	Upper Partial - Cast Metal Frame w/Resin Base	$130	$325	$350	$240
05214	Lower Partial - Cast Metal Frame w/Resin Base	$130	$325	$350	$240
05410-05422	Adjust Denture	$0	$10	$16	$12
05510	Repair Broken Complete Denture Base	$0	$55	$50	$40
05520	Replace Missing/Broken Tooth - Complete Denture -Ea. Tooth	$0	$50	$45	$40
05610	Partial Denture - Repair Resin Sole/Base	$0	$55	$50	$40
05620	Partial Denture - Repair Cast Framework	$0	$60	$65	$40
05630	Repair or Replace Broken Clasp	$0	$65	$65	$45
05640	Partial Denture - Replace Broken Tooth - Per Tooth	$0	$61	$50	$40
05650	Add Tooth to Existing Partial Denture	$0	$55	$60	$40
05660	Add Clasp to Existing Partial Denture	$0	$55	$60	$45
05670	Replace All Teeth & Acrylic- Cast Metal Frame (Upper)	$0	$225	$228	$200
05671	Replace All Teeth & Acrylic- Cast Metal Frame (Lower)	$0	$225	$228	$200
05730-05741	Reline Denture	$0	$55	$60	$45
05750-05761	Reline Denture	$0	$85	$85	$75
Oral Surgery					
07111	Extraction, Coronal Remnants – Deciduous Tooth	$0	$0	$11	$6
07140	Extraction, Erupted Tooth or Exposed Root	$0	$0	$28	$6
07210	Surgical Removal of Erupted Tooth (including removal of bone and/or section of tooth)	$0	$0	$52	$40
07220	Remove Impacted Tooth - Soft Tissue	$0	$0	$64	$65
07230	Remove Impacted Tooth - Partially Bony	$0	$0	$86	$85
07240	Remove Impacted Tooth - Completely Bony	$0	$0	$106	$110
07241	Remove Impacted Tooth – Completely Bony, Unusual	$0	$0	$121	$135
07250	Surgical Removal of Residual Tooth Roots	$0	$0	$50	$50

COMPARISON OF DENTAL SERVICES AND FEES

THIS IS A SUMMARY OF BENEFITS - SEE CARRIER PROPOSALS FOR FULL DETAILS.

		GDS-MD	GDS-MD #2	UCCI	CIGNA
07310	Alveoplasty in Conjunction w/Extractions, per Quad	$0	$0	$49	$65
Orthodontics					
08070-08090	Comprehensive Orthodontic Treatment - Transitional Dentition - 2 year program	$2,450	$2,450	$2,900	$1,600 Child $2,600 Adult
Miscellaneous					
09110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	$0	$0	$26	$6

***GDS-MD pays up to the cost of Amalgam, patient pays the difference**

* Anesthesia and/or general anesthesia is covered only when administered in an oral surgeon's office forextractions and related services.

- **Procedures not shown are not covered by Dental Plan.**
- When gold is used, a gold surcharge will be charged. Patient will be advised of the surcharge prior to performance of procedure.
- If a condition can be treated by more than one procedure, GDS will only cover the least costly professionally adequate service.

**GDS-MD pays up to the cost of Root Canal, patient pays the difference

+ Precious or semi precious are extra. Decisioun is coop between provider and patient. Providers cannot charge more than $125 extra.