

SERFF Tracking Number: MGCC-125612182 State: Arkansas  
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 38743  
Company Tracking Number: CH-26099-IP (1/08)  
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
Product Name: 2008 INDV Dental  
Project Name/Number: /

## Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: 2008 INDV Dental SERFF Tr Num: MGCC-125612182 State: ArkansasLH  
TOI: H101 Individual Health - Dental SERFF Status: Closed State Tr Num: 38743  
Sub-TOI: H101.000 Health - Dental Co Tr Num: CH-26099-IP (1/08) State Status: Approved-Closed  
Filing Type: Form/Rate Co Status: Reviewer(s): Rosalind Minor  
Authors: Courtney Andre, Kathleen Disposition Date: 04/22/2008  
Allen  
Date Submitted: 04/18/2008 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 04/22/2008  
State Status Changed: 04/22/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Please refer to cover letter.

## Company and Contact

### Filing Contact Information

Kathleen Allen, Compliance Analyst III kathleen.allen@healthmarkets.com

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9151 Boulevard 26 (817) 255-3590 [Phone]  
North Richland Hills, TX 76180 (817) 255-8153[FAX]

**Filing Company Information**

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma  
9151 Boulevard 26 Group Code: 264 Company Type: Health  
North Richland Hills, TX 76180 Group Name: State ID Number:  
(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$50.00 x 1 policy form= \$50.00  
\$50.00 x 1 rate filing = \$50.00  
\$50.00 policy form + \$50.00 rate filing=\$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$100.00	04/18/2008	19693311

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/22/2008	04/22/2008

*SERFF Tracking Number:*      *MGCC-125612182*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Chesapeake Life Insurance Company*      *State Tracking Number:*      *38743*  
*Company Tracking Number:*      *CH-26099-IP (1/08)*  
*TOI:*                      *H101 Individual Health - Dental*                      *Sub-TOI:*                      *H101.000 Health - Dental*  
*Product Name:*              *2008 INDV Dental*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Cover letter	Approved-Closed	Yes
<b>Form</b>	Dental Insurance Policy	Approved-Closed	Yes
<b>Form</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes
<b>Rate</b>	Dental Insurance Policy	Approved-Closed	No

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CH-26099-IP (1/08)	Policy/Cont ract/Fratern al Certificate	Dental Insurance	Initial			CH-26099-IP_108_.pdf
Approved-Closed	CH-26099-IP (1/08) OC	Outline of Coverage	Outline of Coverage	Initial			CH-26099-IP_108_OC.pdf
Approved-Closed	AE CH-26099-IP (1/08) AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement	Initial			AE CH-26099-IP_108_AR.pdf

## THE CHESAPEAKE LIFE INSURANCE COMPANY

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

### DENTAL INSURANCE POLICY

#### IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

The attached application is a part of this Policy. Please read it and check it carefully. This Policy is issued on the basis that Your answers are correct and complete. If it is not complete or has an error, please let Us know within 10 days. An incorrect application may cause Your coverage to be voided, or a claim to be reduced or denied.

#### 10 DAY RIGHT TO EXAMINE THE POLICY

It is important to Us that You understand and are satisfied with the coverage being provided to You. If You are not satisfied that this coverage will meet Your insurance needs, You may return this Policy to Us at Our administrative office in North Richland Hills, Texas, within 10 days after You receive it. Upon receipt, We will cancel Your coverage as of the Policy Date, refund all premiums paid and treat the Policy as if it were never issued.

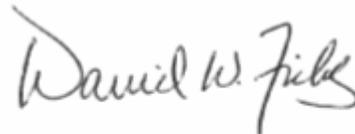
#### RENEWABILITY

This Policy is guaranteed renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of this Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. On each anniversary of the Policy Date, the premium for the Policy may change in amount by reason of an increase in the age of an Insured Person.

This Policy is a legal contract between You and Us. This Policy provides limited dental benefits only and is not intended to cover all dental care expenses.



SECRETARY



PRESIDENT

**Notice to Buyer: This Policy provides dental benefits only.  
Please read it carefully.**

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PREMIUMS	[X]
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BENEFITS	[X]
LIMITATIONS AND EXCLUSIONS	[X]
GENERAL PROVISIONS	[X]



D0274	bitewings - four films	[One (1) per year]	[No]	[\$23.00 - \$41.00]
D0330	panoramic film	[Limited to [one (1)] every [sixty (60)] months.]	[No]	[\$44.00 - \$77.00]

**PREVENTIVE/PROPHY SERVICES:** [Preventive/Prophy Services are limited to:] [Limited to [one (1)] Preventive/Prophy Code every [six (6)] months from the first date of service, unless otherwise stated.]

<u>ADA CODE</u>	<u>COVERED EXPENSES</u>	<u>LIMITATION</u>	<u>WAITING PERIOD</u>	<u>SCHEDULED AMOUNT</u>
D1110	prophylaxis - adult	[[One (1)] every [six (6)] months.]	[No]	[\$35.00 - \$63.00]
D1120	prophylaxis - child	[[One (1)] every [six (6)] months.]	[No]	[\$25.00 - \$46.00]



<b>D0220</b>	Intraoral - Periapical - First Film	[Limited to one every twelve (12) months]	[No]	[\$10.00 - \$19.00]
<b>D0230</b>	Intraoral - Periapical - Each Additional Film	[Three (3) additional every twelve (12) months]	[No]	[\$8.00 - \$14.00]
<b>D0240</b>	Intraoral - Occlusal Film	[Limited to one every twelve (12) months]	[No]	[\$15.00 - \$27.00]
<b>D0250</b>	Extraoral - First Film	[1 procedure/s allowed every 1 year/s from the first day of the plan year]	[No]	[\$21.00 - \$37.00]
<b>D0260</b>	Extraoral - Each Additional Film	[1 procedure/s allowed every 1 year/s from the first day of the plan year]	[No]	[\$20.00 - \$36.00]
<b>D0270</b>	Bitewing - Single Film	[Limited to one every twelve (12) months]	[No]	[\$11.00 - \$20.00]
<b>D0272</b>	Bitewings - Two Films	[Limited to one every twelve (12) months]	[No]	[\$16.00 - \$29.00]
<b>D0273</b>	Bitewings - Three Films	[Limited to one every twelve (12) months]	[No]	[\$20.00 - \$35.00]
<b>D0274</b>	Bitewings - Four Films	[Limited to one every twelve (12) months]	[No]	[\$23.00 - \$41.00]
<b>D0277</b>	Vertical Bitewings, 7-8 Films	[1 procedure/s allowed every 36 month/s from the first date of service]	[No]	[\$31.00 - \$55.00]
<b>D0330</b>	Panoramic Film	[Limited to one (1) every sixty (60) months from the first date of service]	[No]	[\$44.00 - \$77.00]

**DIAGNOSTIC SERVICES:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D0340</b>	Cephalometric Film	[Limited to one (1) every sixty (60) months from the first date of service]	[12 Months]	[\$21.20 - \$38.40]
<b>D0470</b>	Diagnostic Casts	[1 procedure/s allowed every 24 month/s from the first date of service]	[No]	[\$45.00 - \$81.00]

**PREVENTIVE/PROPHY SERVICES: [Preventive/Prophy Services are limited to:] [Limited to [one (1)] Preventive/Prophy Code every [six (6)] months from the first date of service, unless otherwise stated.]**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D1110</b>	Prophylaxis - Adult	[One (1) every six (6) months]	[No]	[\$35.00 - \$63.00]
<b>D1120</b>	Prophylaxis - Child	[One (1) every six (6) months]	[No]	[\$25.00 - \$46.00]

**PREVENTIVE SERVICES:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
D1203	Topical Application Of Fluoride (Prophylaxis Not Included) - Child	[1 procedure allowed every 1 year/s from the first date of service]	[No]	[\$14.00 - \$26.00]
D1204	Topical Application Of Fluoride (Prophylaxis Not Included) - Adult	[1 procedure allowed every 1 year/s from the first date of service]	[No]	[\$15.00 - \$27.00]
D1351	Sealant - Per Tooth	[1 procedure/s allowed every 36 month/s from the first date of service]	[No]	[\$20.00 - \$36.00]
D1510	Space Maintainer - Fixed – Unilateral	1 procedure/s allowed every 36 month/s from the first date of service	[No]	[\$126.00 - \$228.00]
D1515	Space Maintainer - Fixed – Bilateral	[1 procedure/s allowed every 36 month/s from the first date of service]	[No]	[\$167.00 - \$301.00]
D1520	Space Maintainer - Removable – Unilateral	[1 procedure/s allowed every 36 month/s from the first date of service]	[No]	[\$157.00 - \$282.00]
D1525	Space Maintainer - Removable – Bilateral	[1 procedure/s allowed every 36 month/s from the first date of service]	[No]	[\$215.00 - \$387.00]
D1550	Recementation Of Space Maintainer	[1 procedure/s allowed every 36 month/s from the first date of service]	[6 Months]	[\$13.50 - \$24.50]

**RESTORATIVE SERVICES:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
D2140	Amalgam - One Surface, Primary Or Permanent		[6 Months]	[\$24.00 - \$43.00]
D2150	Amalgam - Two Surfaces, Primary Or Permanent		[6 Months]	[\$31.00 - \$55.50]
D2160	Amalgam - Three Surfaces, Primary Or Permanent		[6 Months]	[\$37.50 - \$67.00]
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent		[6 Months]	[\$46.00 - \$82.00]
D2330	Resin-Based Composite - One Surface, Anterior		[6 Months]	[\$28.00 - \$50.00]
D2331	Resin-Based Composite - Two Surfaces, Anterior		[6 Months]	[\$35.50 - \$64.50]

<b>D2332</b>	Resin-Based Composite - Three Surfaces, Anterior		[6 Months]	[\$43.50 - \$78.50]
<b>D2335</b>	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)		[6 Months]	[\$52.00 - \$93.00]
<b>D2390</b>	Resin-Based Composite Crown, Anterior		[6 Months]	[\$73.00 - \$132.00]
<b>D2391</b>	Resin-Based Composite - One Surface, Posterior		[6 Months]	[\$31.50 - \$56.50]
<b>D2392</b>	Resin-Based Composite - Two Surfaces, Posterior		[6 Months]	[\$43.50 - \$78.00]
<b>D2393</b>	Resin-Based Composite - Three Surfaces, Posterior		[6 Months]	[\$54.00 - \$97.00]
<b>D2394</b>	Resin-Based Composite - Four Or More Surfaces, Posterior		[6 Months]	[\$56.50 - \$101.50]
<b>D2510</b>	Inlay - Metallic - One Surface	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$105.60 - \$190.00]
<b>D2520</b>	Inlay - Metallic - Two Surfaces	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$120.00 - \$216.00]
<b>D2530</b>	Inlay - Metallic - Three Or More Surfaces	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$138.40 - \$248.40]
<b>D2542</b>	Onlay Metallic, Two Surfaces	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$126.40 - \$227.60]
<b>D2543</b>	Onlay-Metallic-Three Surfaces	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$141.60 - \$255.20]
<b>D2544</b>	Onlay-Metallic-Four Or More Surfaces	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$147.20 - \$265.20]
<b>D2610</b>	Inlay - Porcelain/Ceramic – One Surface		[12 Months]	[\$124.40 - \$223.60]
<b>D2620</b>	Inlay - Porcelain/Ceramic - Two Surfaces		[12 Months]	[\$131.20 - \$236.40]
<b>D2630</b>	Inlay - Porcelain/Ceramic - Three Or More Surfaces		[12 Months]	[\$139.60 - \$251.60]
<b>D2642</b>	Onlay - Porcelain/Ceramic –Two Surfaces		[12 Months]	[\$135.60 - \$244.40]
<b>D2643</b>	Onlay - Porcelain/Ceramic – Three Surfaces		[12 Months]	[\$146.40 - \$263.60]
<b>D2644</b>	Onlay - Porcelain/Ceramic - Four Or More Surfaces		[12 Months]	[\$155.20 - \$279.60]
<b>D2650</b>	Inlay - Composite/Resin - One Surface		[12 Months]	[\$81.60 - \$146.80]
<b>D2651</b>	Inlay - Composite/Resin - Two Surfaces		[12 Months]	[\$97.20 - \$175.20]

<b>D2652</b>	Inlay - Composite/Resin - Three Or More Surfaces		[12 Months]	[\$102.40 - \$184.00]
<b>D2662</b>	Onlay - Composite/Resin - Two Surfaces		[12 Months]	[\$129.60 - \$233.20]
<b>D2663</b>	Onlay - Composite/Resin - Three Surfaces		[12 Months]	[\$131.60 - \$237.20]
<b>D2664</b>	Onlay - Composite/Resin - Four Or More Surfaces		[12 Months]	[\$138.40 - \$248.80]
<b>D2710</b>	Crown - Resin (Indirect)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$65.60 - \$117.60]
<b>D2720</b>	Crown - Resin With High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$180.00 - \$324.40]
<b>D2721</b>	Crown - Resin With Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$168.80 - \$304.00]
<b>D2722</b>	Crown - Resin With Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$172.40 - \$310.00]
<b>D2740</b>	Crown - Porcelain/Ceramic Substrate	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$184.00 - \$331.20]
<b>D2750</b>	Crown - Porcelain Fused To High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$182.40 - \$328.00]
<b>D2751</b>	Crown - Porcelain Fused To Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$169.60 - \$305.60]
<b>D2752</b>	Crown - Porcelain Fused To Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$173.60 - \$312.80]
<b>D2780</b>	Crown, 3/4 Cast High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$178.40 - \$320.80]
<b>D2781</b>	Crown, 3/4 Cast Predominately Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$171.20 - \$308.40]

<b>D2782</b>	Crown, 3/4 Cast Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$177.60 - \$319.60]
<b>D2783</b>	Crown, 3/4 Porcelain/Ceramic	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$189.20 - \$340.00]
<b>D2790</b>	Crown - Full Cast High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$175.60 - \$316.00]
<b>D2791</b>	Crown - Full Cast Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$167.60 - \$301.20]
<b>D2792</b>	Crown - Full Cast Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$170.00 - \$306.00]
<b>D2910</b>	Recement Inlay		[12 Months]	[\$15.20 - \$27.20]
<b>D2920</b>	Recement Crown		[12 Months]	[\$15.60 - \$28.40]
<b>D2930</b>	Prefabricated Stainless Steel Crown - Primary Tooth	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$42.80 - \$77.20]
<b>D2931</b>	Prefabricated Stainless Steel Crown - Permanent Tooth	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$48.40 - \$87.20]
<b>D2932</b>	Prefabricated Resin Crown	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$52.80 - \$95.20]
<b>D2933</b>	Prefabricated Stainless Steel Crown With Resin Window	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$59.20 - \$106.80]
<b>D2940</b>	Sedative Filling		[12 Months]	[\$16.40 - \$29.60]
<b>D2950</b>	Core Buildup, Including Any Pins		[12 Months]	[\$40.80 - \$73.60]
<b>D2951</b>	Pin Retention – Per Tooth, In Addition To Restoration	[2 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$8.80 - \$15.60]
<b>D2952</b>	Cast Post And Core In Addition To Crown		[12 Months]	[\$62.40 - \$112.40]
<b>D2953</b>	Each Additional Cast Post, Same Tooth		[12 Months]	[\$39.60 - \$71.20]
<b>D2954</b>	Prefabricated Post And Core In Addition To Crown		[12 Months]	[\$52.00 - \$93.20]
<b>D2957</b>	Each Additional Prefabricated Post, Same Tooth		[12 Months]	[\$19.20 - \$34.00]

**ENDODONTIC SERVICES:**

<b>ADA CODE</b>	<b>COVERED EXPENSES</b>	<b>LIMITATION</b>	<b>WAITING PERIOD</b>	<b>SCHEDULED AMOUNT</b>
D3110	Pulp Cap - Direct (Excluding Final Restoration)		[12 Months]	[\$11.20 - \$20.00]
D3120	Pulp Cap - Indirect (Excluding Final Restoration)		[12 Months]	[\$8.80 - \$15.60]
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)		[12 Months]	[\$26.40 - \$47.60]
D3221	Pulpal Debridement, Primary And Permanent Teeth		[12 Months]	[\$26.00 - \$47.20]
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)		[12 Months]	[\$28.00 - \$50.00]
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)		[12 Months]	[\$30.00 - \$54.00]
D3310	Root Canal Therapy – Anterior (Excluding Final Restoration)		[12 Months]	[\$111.60 - \$200.80]
D3320	Root Canal Therapy – Bicuspid (Excluding Final Restoration)		[12 Months]	[\$136.40 - \$246.00]
D3330	Root Canal Therapy – Molar (Excluding Final Restoration)		[12 Months]	[\$176.00 - \$317.60]
D3331	Treatment Of Root Canal Obstruction, Non-Surgical Access		[12 Months]	[\$59.60 - \$107.20]
D3332	Incomplete Endodontic Therapy, Inoperable Or Fractured Tooth		[12 Months]	[\$49.20 - \$88.80]
D3333	Internal Root Repair Of Perforation Defects		[12 Months]	[\$30.00 - \$54.00]
D3346	Retreatment Of Previous Root Canal Therapy - Anterior		[12 Months]	[\$150.40 - \$270.80]
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid		[12 Months]	[\$177.60 - \$319.20]
D3348	Retreatment Of Previous Root Canal Therapy - Molar		[12 Months]	[\$213.20 - \$384.00]
D3351	Apexification/Recalcification – Initial Visit (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)		[12 Months]	[\$63.60 - \$114.40]
D3352	Apexification/Recalcification – Interim Medication Replacement		[12 Months]	[\$28.00 - \$50.00]
D3353	Apexification/Recalcification –Final Visit (Includes Completed Root Resorption)		[12 Months]	[\$93.60 - \$168.40]
D3410	Apicoectomy/Periradicular Surgery - Anterior		[12 Months]	[\$127.60 - \$230.40]
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)		[12 Months]	[\$140.00 - \$251.60]
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)		[12 Months]	[\$158.00 - \$284.40]

<b>D3426</b>	Apicoectomy/Periradicular Surgery (Each Additional Root)		[12 Months]	[\$52.80 - \$95.20]
<b>D3430</b>	Retrograde Filling - Per Root		[12 Months]	[\$38.80 - \$69.60]
<b>D3450</b>	Root Amputation - Per Root		[12 Months]	[\$78.40 - \$141.20]
<b>D3920</b>	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy		[12 Months]	[\$61.60 - \$110.40]

**PERIODONTICS:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D4210</b>	Gingivectomy Or Gingivoplasty – Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$109.60 - \$196.80]
<b>D4211</b>	Gingivectomy Or Gingivoplasty – One To Three Teeth, Per Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$29.20 - \$52.80]
<b>D4240</b>	Gingival Flap Procedure, Including Root Planning - Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$128.80 - \$232.00]
<b>D4241</b>	Gingival Flap Procedure, Including Root Planing - One To Three Teeth	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$91.60 - \$170.00]
<b>D4245</b>	Apically Positioned Flap	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$116.40 - \$209.60]
<b>D4249</b>	Clinical Crown Lengthening – Hard Tissue	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$146.80 - \$264.40]
<b>D4260</b>	Osseous Surgery (Including Flap Entry And Closure) - Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$207.60 - \$373.60]
<b>D4261</b>	Osseous Surgery (Including Flap Entry And Closure) - 1 - 3 Teeth, Per Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$117.60 - \$218.40]
<b>D4263</b>	Bone Replacement Graft – First Site In Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$62.80 - \$112.80]
<b>D4264</b>	Bone Replacement Graft – Each Additional Site In Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$31.20 - \$56.80]
<b>D4266</b>	Guided Tissue Regeneration – Resorbable Barrier, Per Site	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$76.00 - \$136.40]

<b>D4267</b>	Guided Tissue Regeneration – Nonresorbable Barrier, Per Site	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$97.20 - \$175.20]
<b>D4268</b>	Surgical Revision Procedure, Per Tooth	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$117.60 - \$212.00]
<b>D4270</b>	Pedicle Soft Tissue Graft Procedure	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$153.60 - \$276.40]
<b>D4271</b>	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$158.00 - \$284.40]
<b>D4320</b>	Provisional Splinting - Intracoronaral	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$69.20 - \$124.80]
<b>D4321</b>	Provisional Splinting - Extracoronaral	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$60.80 - \$109.60]
<b>D4341</b>	Periodontal Scaling And Root Planing - Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$37.60 - \$67.60]
<b>D4342</b>	Periodontal Scaling And Root Planing - One - Three Teeth, Per Quadrant	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$18.00 - \$33.60]
<b>D4355</b>	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$24.80 - \$44.80]
<b>D4910</b>	Periodontal Maintenance	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$22.80 - \$40.40]
<b>D4920</b>	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)		[12 Months]	[\$19.20 - \$34.80]

**PERIODONTICS (REMOVABLE):**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D5110</b>	Complete Denture - Maxillary	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$239.20 - \$431.20]
<b>D5120</b>	Complete Denture - Mandibular	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$239.20 - \$431.20]

<b>D5130</b>	Immediate Denture - Maxillary	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$261.20 - \$470.00]
<b>D5140</b>	Immediate Denture - Mandibular	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$261.20 - \$470.00]
<b>D5211</b>	Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests And Teeth)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$235.20 - \$422.80]
<b>D5212</b>	Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests And Teeth)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$235.20 - \$422.80]
<b>D5213</b>	Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	1 procedure/s allowed every 12 month/s from the first date of service	[12 Months]	[\$264.80 - \$476.40]
<b>D5214</b>	Mandibular Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$264.80 - \$476.40]
<b>D5281</b>	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$154.40 - \$277.60]
<b>D5410</b>	Adjust Complete Denture – Maxillary		[12 Months]	[\$13.20 - \$23.60]
<b>D5411</b>	Adjust Complete Denture – Mandibular		[12 Months]	[\$13.20 - \$23.60]
<b>D5421</b>	Adjust Partial Denture - Maxillary		[12 Months]	[\$13.20 - \$23.60]
<b>D5422</b>	Adjust Partial Denture – Mandibular		[12 Months]	[\$13.20 - \$23.60]
<b>D5510</b>	Repair Broken Complete Denture Base		[12 Months]	[\$26.00 - \$47.20]
<b>D5520</b>	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)		[12 Months]	[\$22.00 - \$39.20]
<b>D5610</b>	Repair Resin Denture Base		[12 Months]	[\$28.40 - \$51.20]
<b>D5620</b>	Repair Cast Framework		[12 Months]	[\$30.40 - \$54.80]
<b>D5630</b>	Repair Or Replace Broken Clasp		[12 Months]	[\$37.20 - \$67.20]
<b>D5640</b>	Replace Broken Teeth - Per Tooth		[12 Months]	[\$24.00 - \$43.20]
<b>D5650</b>	Add Tooth To Existing Partial Denture		[12 Months]	[\$32.80 - \$58.80]
<b>D5660</b>	Add Clasp To Existing Partial Denture		[12 Months]	[\$39.20 - \$70.80]
<b>D5710</b>	Rebase Complete Maxillary Denture		[12 Months]	[\$97.20 - \$175.20]
<b>D5711</b>	Rebase Complete Mandibular Denture		[12 Months]	[\$92.80 - \$167.60]
<b>D5720</b>	Rebase Maxillary Partial Denture		[12 Months]	[\$91.60 - \$165.20]
<b>D5721</b>	Rebase Mandibular Partial Denture		[12 Months]	[\$91.60 - \$165.20]

<b>D5730</b>	Reline Complete Maxillary Denture (Chairside)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$54.80 - \$98.40]
<b>D5731</b>	Reline Complete Mandibular Denture (Chairside)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$54.80 - \$98.40]
<b>D5740</b>	Reline Maxillary Partial Denture (Chairside)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$50.00 - \$90.80]
<b>D5741</b>	Reline Mandibular Partial Denture (Chairside)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$50.00 - \$90.80]
<b>D5750</b>	Reline Complete Maxillary Denture (Laboratory)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$73.20 - \$131.60]
<b>D5751</b>	Reline Complete Mandibular Denture (Laboratory)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$73.20 - \$131.60]
<b>D5760</b>	Reline Maxillary Partial Denture (Laboratory)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$72.00 - \$130.00]
<b>D5761</b>	Reline Mandibular Partial Denture (Laboratory)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$72.00 - \$130.00]
<b>D5810</b>	Interim Complete Denture (Maxillary)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$118.40 - \$213.20]
<b>D5811</b>	Interim Complete Denture (Mandibular)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$118.40 - \$213.20]
<b>D5820</b>	Interim Partial Denture (Maxillary)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$95.20 - \$171.20]
<b>D5821</b>	Interim Partial Denture (Mandibular)	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$95.20 - \$171.20]
<b>D5850</b>	Tissue Conditioning, Maxillary		[12 Months]	[\$23.20 - \$41.60]
<b>D5851</b>	Tissue Conditioning, Mandibular		[12 Months]	[\$23.20 - \$41.60]

**PERIODONTICS (FIXED) SERVICES:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
D6210	Pontic - Cast High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$151.60 - \$273.20]
D6211	Pontic - Cast Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$142.40 - \$256.40]
D6212	Pontic - Cast Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$148.40 - \$266.40]
D6240	Pontic - Porcelain Fused To High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$150.00 - \$270.00]
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$138.80 - \$249.20]
D6242	Pontic - Porcelain Fused To Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$146.00 - \$263.20]
D6245	Pontic-Porcelain/Ceramic	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$149.20 - \$268.40]
D6250	Pontic - Resin With High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$148.40 - \$266.40]
D6251	Pontic - Resin With Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$136.40 - \$246.00]
D6252	Pontic - Resin With Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$141.20 - \$253.60]
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$63.20 - \$113.20]
D6548	Retainer-Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$134.00 - \$240.80]
D6720	Crown - Resin With High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$167.60 - \$300.80]

<b>D6721</b>	Crown - Resin With Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$158.80 - \$285.60]
<b>D6722</b>	Crown - Resin With Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$161.20 - \$290.80]
<b>D6740</b>	Crown-Porcelain/Ceramic	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$151.20 - \$272.00]
<b>D6750</b>	Crown - Porcelain Fused To High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$171.20 - \$308.40]
<b>D6751</b>	Crown - Porcelain Fused To Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$160.00 - \$287.60]
<b>D6752</b>	Crown - Porcelain Fused To Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$163.60 - \$294.40]
<b>D6780</b>	Crown - 3/4 Cast High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$161.20 - \$290.80]
<b>D6781</b>	Crown-3/4 Cast Predominately Based Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$142.40 - \$256.80]
<b>D6782</b>	Crown-3/4 Cast Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$144.00 - \$258.80]
<b>D6783</b>	Crown-3/4 Porcelain/Ceramic	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$146.40 - \$263.60]
<b>D6790</b>	Crown - Full Cast High Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$165.20 - \$297.60]
<b>D6791</b>	Crown - Full Cast Predominantly Base Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$156.40 - \$282.00]
<b>D6792</b>	Crown - Full Cast Noble Metal	[1 procedure/s allowed every 12 month/s from the first date of service]	[12 Months]	[\$162.80 - \$292.40]
<b>D6930</b>	Recement Fixed Partial Denture		[12 Months]	[\$20.00 - \$36.00]
<b>D6970</b>	Cast Post And Core In Addition To Fixed Partial Denture Retainer		[12 Months]	[\$55.20 - \$100.00]
<b>D6972</b>	Prefabricated Post And Core In Addition To Fixed Partial Denture Retainer		[12 Months]	[\$44.80 - \$81.20]

<b>D6973</b>	Core Build Up For Retainer, Including Any Pins		[12 Months]	[\$36.00 - \$65.60]
<b>D6975</b>	Coping - Metal		[12 Months]	[\$99.60 - \$178.80]
<b>D6976</b>	Each Additional Cast Post-Same Tooth		[12 Months]	[\$36.00 - \$64.80]
<b>D6977</b>	Each Additional Prefabricated Post-Same Tooth		[12 Months]	[\$22.00 - \$39.20]

**ORAL SURGERY:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D7111</b>	Coronal Remnants – Deciduous Tooth		[12 Months]	[\$19.20 - \$35.60]
<b>D7140</b>	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)		[12 Months]	[\$23.60 - \$42.40]
<b>D7210</b>	Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Flap And Removal Of Bone And/Or Section Of Tooth		[12 Months]	[\$41.60 - \$74.40]
<b>D7220</b>	Removal Of Impacted Tooth – Soft Tissue		[12 Months]	[\$46.80 - \$83.60]
<b>D7230</b>	Removal Of Impacted Tooth – Partially Bony		[12 Months]	[\$62.00 - \$111.60]
<b>D7240</b>	Removal Of Impacted Tooth – Completely Bony		[12 Months]	[\$72.80 - \$131.20]
<b>D7241</b>	Removal Of Impacted Tooth – Completely Bony, With Unusual Surgical		[12 Months]	[\$91.60 - \$164.80]
<b>D7250</b>	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)		[12 Months]	[\$39.20 - \$70.80]
<b>D7270</b>	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth		[12 Months]	[\$79.60 - \$144.00]
<b>D7272</b>	Tooth Transplantation (Includes Reimplantation From One Site To Another And Splinting And/Or Stabilization)		[12 Months]	[\$91.20 - \$163.60]
<b>D7280</b>	Surgical Access Of An Unerupted Tooth		[12 Months]	[\$87.60 - \$158.00]
<b>D7285</b>	Biopsy Of Oral Tissue – Hard (Bone, Tooth)		[12 Months]	[\$142.00 - \$256.00]
<b>D7286</b>	Biopsy Of Oral Tissue - Soft (All Others)		[12 Months]	[\$63.60 - \$114.40]
<b>D7310</b>	Alveoplasty In Conjunction With Extractions - Per Quadrant		[12 Months]	[\$43.20 - \$78.00]
<b>D7320</b>	Alveoplasty Not In Conjunction With Extractions - Per Quadrant		[12 Months]	[\$177.60 - \$319.60]
<b>D7450</b>	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 CM		[12 Months]	[\$126.80 - \$228.00]
<b>D7451</b>	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 CM		[12 Months]	[\$198.80 - \$358.00]

<b>D7460</b>	Removal Of Benign Nonodontogenic Cyst Or Tumor – Lesion Diameter Up To 1.25 CM		[12 Months]	[\$126.80 - \$228.00]
<b>D7461</b>	Removal Of Benign Nonodontogenic Cyst Or Tumor – Lesion Diameter Greater Than 1.25 CM		[12 Months]	[\$198.80 - \$358.00]
<b>D7510</b>	Incision And Drainage Of Abscess - Intraoral Soft Tissue		[12 Months]	[\$41.60 - \$74.40]
<b>D7960</b>	Frenulectomy (Frenectomy Or Frenotomy) - Separate Procedure		[12 Months]	[\$91.20 - \$164.00]
<b>D7970</b>	Excision Of Hyperplastic Tissue – Per Arch		[12 Months]	[\$93.60 - \$169.20]
<b>D7971</b>	Excision Of Pericoronal Gingiva		[12 Months]	[\$29.60 - \$53.60]

**ADJUNCTIVE SERVICES:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D9310</b>	Consultation (Diagnostic Service Provided By Dentist Or Physician Other Than Practitioner Providing Treatment)		[6 Months]	[\$40.50 - \$72.50]
<b>D9910</b>	Application Of Desensitizing Medicament		[12 Months]	[\$6.80 - \$12.40]
<b>D9911</b>	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth		[12 Months]	[\$10.00 - \$18.00]
<b>D9950</b>	Occlusion Analysis – Mounted Case		[6 Months]	[\$53.50 - \$96.00]
<b>D9951</b>	Occlusal Adjustment - Limited		[6 Months]	[\$24.00 - \$43.50]
<b>D9952</b>	Occlusal Adjustment - Complete		[6 Months]	[\$136.50 - \$246.00]

**[Option C "Deluxe"]  
POLICY SCHEDULE**

PRIMARY INSURED: [John Doe, Sr.]	EFFECTIVE DATE OF COVERAGE: [01/02/08]
COVERED DEPENDENTS: [Johnette Doe] [John Doe, Jr.] [Johnita Doe]	EFFECTIVE DATE OF COVERAGE: [01/02/08] [03/12/09] [01/22/10]
POLICY NUMBER: [ABC1234567]	POLICY DATE: [01/02/08]
INITIAL PREMIUM: \$[0.00]	MODE OF PAYMENT: [Monthly]

**SCHEDULE OF BENEFITS**

- LIFETIME DEDUCTIBLE:** **[\$100 PER INSURED PERSON]**
- [THE DEDUCTIBLE DOES NOT APPLY TO DIAGNOSTIC EVALUATION, DIAGNOSTIC X-RAY, DIAGNOSTIC SERVICES OR PREVENTIVE/PROPHY SERVICES]**
- [ANNUAL BENEFIT MAXIMUM:** **[\$1,200 PER INSURED PERSON]**
- [MONTHLY ORTHODONTICS BENEFIT MAXIMUM** **[\$50 PER INSURED PERSON]**  
**(Counts toward Annual Benefit Maximum)**
- [ORTHODONTICS LIFETIME MAXIMUM:** **[\$1,200 PER INSURED PERSON]**

**DIAGNOSTIC EVALUATION SERVICES:** [Diagnostic Evaluation Services are limited to:]  
[Limited to [one (1)] Diagnostic Evaluation Code every [six (6)] months from the first date of service, unless otherwise stated.]

<u>ADA CODE</u>	<u>COVERED EXPENSES</u>	<u>LIMITATION</u>	<u>WAITING PERIOD</u>	<u>SCHEDULED AMOUNT</u>
<b>D0120</b>	periodic oral evaluation	[Limited to [one (1)] every [six (6)] months.]	[No]	[\$19.00 - \$33.00]
<b>D0140</b>	limited oral evaluation - problem focused	[Limited to [one (1)] every six (6)] months.]	[No]	[\$29.00 - \$53.00]
<b>D0150</b>	comprehensive oral evaluation - new or established patient	[Limited to [one (1)] every [thirty-six (36)] months.]	[No]	[\$31.00 - \$56.00]
<b>D0170</b>	re-evaluation, limited, problem focused	[Limited to [one] every [twelve (12)] months.]	[No]	[\$22.00 - \$39.00]
<b>D0180</b>	Comprehensive Periodontal Evaluation - New Or Established Patient	[Limited to [one] every [twelve (12)] months.]	[No]	[\$24.00 - \$44.00]

**DIAGNOSTIC X-RAY SERVICES: [Diagnostic X-Ray Services are limited to:] [Limited to [one (1)] Diagnostic X-Ray Code every [twelve (12)] months from the first date of service.]**

<b>ADA CODE</b>	<b>COVERED EXPENSES</b>	<b>LIMITATION</b>	<b>WAITING PERIOD</b>	<b>SCHEDULED AMOUNT</b>
<b>D0210</b>	intraoral - complete series (including bitewings)	Limited to [one (1)] every [sixty (60)] months.]	[No]	[\$53.00 - \$96.00]
<b>D0220</b>	intraoral - periapical - first film	[Limited to [one] every [twelve (12)] months.]	[No]	[\$10.00 - \$19.00]
<b>D0230</b>	intraoral - periapical - each additional film	[Three (3)] additional every [twelve (12)] months.]	[No]	[\$8.00 - \$14.00]
<b>D0240</b>	intraoral - occlusal film	[Limited to [one] every [twelve (12)] months.]	[No]	[\$15.00 - \$27.00]
<b>D0250</b>	extraoral - first film	[[1] procedure/s allowed every [1 year/s] from the first day of the plan year]	[No]	[\$21.00 - \$37.00]
<b>D0260</b>	extraoral - each additional film	[[1] procedure/s allowed every [1 year/s] from the first day of the plan year]	[No]	[\$20.00 - \$36.00]
<b>D0270</b>	bitewing - single film	[Limited to [one] every [twelve (12)] months.]	[No]	[\$11.00 - \$20.00]
<b>D0272</b>	bitewings - two films	[Limited to [one] every [twelve (12)] months.]	[No]	[\$16.00 - \$29.00]
<b>D0273</b>	bitewings - three films	[Limited to [one] every [twelve (12)] months.]	[No]	[\$20.00 - \$35.00]
<b>D0274</b>	bitewings - four films	[Limited to [one] every [twelve (12)] months.]	[No]	[\$23.00 - \$41.00]
<b>D0277</b>	vertical bitewings, 7-8 films	[[1] procedure/s allowed every [36 month/s] from the first date of service]	[No]	[\$31.00 - \$55.00]
<b>D0330</b>	panoramic film	[Limited to [one (1)] every [sixty (60)] months from the first date of service]	[No]	[\$44.00 - \$77.00]

**DIAGNOSTIC SERVICES:**

<u>ADA CODE</u>	<u>COVERED EXPENSES</u>	<u>LIMITATION</u>	<u>WAITING PERIOD</u>	<u>SCHEDULED AMOUNT</u>
D0340	cephalometric film	[Limited to one [(1)] every [sixty (60)] months from the first date of service]	[12 months]	[\$26.50 - \$48.00]
D0470	diagnostic casts	[[1] procedure/s allowed every [24] month/s from the first date of service]	[No]	[\$45.00 - \$81.00]

**PREVENTIVE/PROPHY SERVICES: [Preventive/Prophy Services are limited to:] [Limited to [one (1)] Preventive/Prophy Code every [six (6)] months from the first date of service, unless otherwise stated.]**

<u>ADA CODE</u>	<u>COVERED EXPENSES</u>	<u>LIMITATION</u>	<u>WAITING PERIOD</u>	<u>SCHEDULED AMOUNT</u>
D1110	prophylaxis - adult	[[One (1)] every [six (6)] months.]	[No]	[\$35.00 - \$63.00]
D1120	prophylaxis - child	[[One (1)] every [six (6)] months.]	[No]	[\$25.00 - \$46.00]

**PREVENTIVE SERVICES:**

<u>ADA CODE</u>	<u>COVERED EXPENSES</u>	<u>LIMITATION</u>	<u>WAITING PERIOD</u>	<u>SCHEDULED AMOUNT</u>
D1203	topical application of fluoride (prophylaxis not included) - child	[[1] procedure allowed every [1 year/s] from the first date of service]	[No]	[\$14.00 - \$26.00]
D1204	topical application of fluoride (prophylaxis not included) - adult	[[1] procedure allowed every [1 year/s] from the first date of service]	[No]	[\$15.00 - \$27.00]
D1351	sealant - per tooth	[[1] procedure/s allowed every [36 month/s] from the first date of service]	[No]	[\$20.00 - \$36.00]
D1510	space maintainer - fixed - unilateral	[[1] procedure/s allowed every [36 month/s] from the first date of service]	[No]	[\$126.00 - \$228.00]
D1515	space maintainer - fixed - bilateral	[[1] procedure/s allowed every [36 month/s] from the first date of service]	[No]	[\$167.00 - \$301.00]
D1520	space maintainer - removable - unilateral	[[1] procedure/s allowed every [36 month/s] from the first date of service]	[No]	[\$157.00 - \$282.00]

<b>D1525</b>	space maintainer - removable - bilateral	[1 procedure/s allowed every 36 month/s from the first date of service]	[No]	[\$215.00 - \$387.00]
<b>D1550</b>	recementation of space maintainer	[1 procedure/s allowed every 36 month/s from the first date of service]	[6 months]	[\$21.60 - \$39.20]

**RESTORATIVE SERVICES:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D2140</b>	amalgam - one surface, primary or permanent		[6 months]	[\$38.40 - \$68.80]
<b>D2150</b>	amalgam - two surfaces, primary or permanent		[6 months]	[\$49.60 - \$88.80]
<b>D2160</b>	amalgam - three surfaces, primary or permanent		[6 months]	[\$60.00 - \$107.20]
<b>D2161</b>	amalgam - four or more surfaces, primary or permanent		[6 months]	[\$73.60 - \$131.20]
<b>D2330</b>	resin-based composite - one surface, anterior		[6 months]	[\$44.80 - \$80.00]
<b>D2331</b>	resin-based composite - two surfaces, anterior		[6 months]	[\$56.80 - \$103.20]
<b>D2332</b>	resin-based composite - three surfaces, anterior		[6 months]	[\$69.60 - \$125.60]
<b>D2335</b>	resin-based composite - four or more surfaces or involving incisal angle (anterior)		[6 months]	[\$83.20 - \$148.80]
<b>D2390</b>	Resin-Based Composite Crown, Anterior		[6 months]	[\$116.80 - \$211.20]
<b>D2391</b>	Resin-Based Composite - One Surface, Posterior		[6 months]	[\$50.40 - \$90.40]
<b>D2392</b>	Resin-Based Composite - Two Surfaces, Posterior		[6 months]	[\$69.60 - \$124.80]
<b>D2393</b>	Resin-Based Composite - Three Surfaces, Posterior		[6 months]	[\$86.40 - \$155.20]
<b>D2394</b>	Resin-Based Composite - Four Or More Surfaces, Posterior		[6 months]	[\$90.40 - \$162.40]
<b>D2510</b>	inlay - metallic - one surface	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$132.00 - \$237.50]
<b>D2520</b>	inlay - metallic - two surfaces	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$150.00 - \$270.00]
<b>D2530</b>	inlay - metallic - three or more surfaces	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$173.00 - \$310.50]

<b>D2542</b>	onlay metallic, two surfaces	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$158.00 - \$284.50]
<b>D2543</b>	onlay-metallic-three surfaces	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$177.00 - \$319.00]
<b>D2544</b>	onlay-metallic-four or more surfaces	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$184.00 - \$331.50]
<b>D2610</b>	inlay - porcelain/ceramic - one surface		[12 months]	[\$155.50 - \$279.50]
<b>D2620</b>	inlay - porcelain/ceramic - two surfaces		[12 months]	[\$164.00 - \$295.50]
<b>D2630</b>	inlay - porcelain/ceramic - three or more surfaces		[12 months]	[\$174.50 - \$314.50]
<b>D2642</b>	onlay - porcelain/ceramic - two surfaces		[12 months]	[\$169.50 - \$305.50]
<b>D2643</b>	onlay - porcelain/ceramic - three surfaces		[12 months]	[\$183.00 - \$329.50]
<b>D2644</b>	onlay - porcelain/ceramic - four or more surfaces		[12 months]	[\$194.00 - \$349.50]
<b>D2650</b>	inlay - composite/resin - one surface		[12 months]	[\$102.00 - \$183.50]
<b>D2651</b>	inlay - composite/resin - two surfaces		[12 months]	[\$121.50 - \$219.00]
<b>D2652</b>	inlay - composite/resin - three or more surfaces		[12 months]	[\$128.00 - \$230.00]
<b>D2662</b>	onlay - composite/resin - two surfaces		[12 months]	[\$162.00 - \$291.50]
<b>D2663</b>	onlay - composite/resin - three surfaces		[12 months]	[\$164.50 - \$296.50]
<b>D2664</b>	onlay - composite/resin - four or more surfaces		[12 months]	[\$173.00 - \$311.00]
<b>D2710</b>	crown - resin (indirect)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$82.00 - \$147.00]
<b>D2720</b>	crown - resin with high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$225.00 - \$405.50]
<b>D2721</b>	crown - resin with predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$211.00 - \$380.00]
<b>D2722</b>	crown - resin with noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$215.50 - \$387.50]
<b>D2740</b>	crown - porcelain/ceramic substrate	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$230.00 - \$414.00]

<b>D2750</b>	crown - porcelain fused to high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$228.00 - \$410.00]
<b>D2751</b>	crown - porcelain fused to predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$212.00 - \$382.00]
<b>D2752</b>	crown - porcelain fused to noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$217.00 - \$391.00]
<b>D2780</b>	crown, 3/4 cast high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$223.00 - \$401.00]
<b>D2781</b>	crown, 3/4 cast predominately base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$214.00 - \$385.50]
<b>D2782</b>	crown, 3/4 cast noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$222.00 - \$399.50]
<b>D2783</b>	crown, 3/4 porcelain/ceramic	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$236.50 - \$425.00]
<b>D2790</b>	crown - full cast high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$219.50 - \$395.00]
<b>D2791</b>	crown - full cast predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$209.50 - \$376.50]
<b>D2792</b>	crown - full cast noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$212.50 - \$382.50]
<b>D2910</b>	recement inlay		[12 months]	[\$19.00 - \$34.00]
<b>D2920</b>	recement crown		[12 months]	[\$19.50 - \$35.50]
<b>D2930</b>	prefabricated stainless steel crown - primary tooth	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$53.50 - \$96.50]
<b>D2931</b>	prefabricated stainless steel crown - permanent tooth	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$60.50 - \$109.00]
<b>D2932</b>	prefabricated resin crown	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$66.00 - \$119.00]
<b>D2933</b>	prefabricated stainless steel crown with resin window	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$74.00 - \$133.50]

<b>D2940</b>	sedative filling		[12 months]	[\$20.50 - \$37.00]
<b>D2950</b>	core buildup, including any pins		[12 months]	[\$51.00 - \$92.00]
<b>D2951</b>	pin retention - per tooth, in addition to restoration	2 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$11.00 - \$19.50]
<b>D2952</b>	cast post and core in addition to crown		[12 months]	[\$78.00 - \$140.50]
<b>D2953</b>	each additional cast post, same tooth		[12 months]	[\$49.50 - \$89.00]
<b>D2954</b>	prefabricated post and core in addition to crown		[12 months]	[\$65.00 - \$116.50]
<b>D2957</b>	each additional prefabricated post, same tooth		[12 months]	[\$24.00 - \$42.50]

**ENDODONTICS:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D3110</b>	pulp cap - direct (excluding final restoration)		[12 months]	[\$14.00 - \$25.00]
<b>D3120</b>	pulp cap - indirect (excluding final restoration)		[12 months]	[\$11.00 - \$19.50]
<b>D3220</b>	therapeutic pulpotomy (excluding final restoration)		[12 months]	[\$33.00 - \$59.50]
<b>D3221</b>	pulpal debridement, primary and permanent teeth		[12 months]	[\$32.50 - \$59.00]
<b>D3230</b>	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		[12 months]	[\$35.00 - \$62.50]
<b>D3240</b>	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		[12 months]	[\$37.50 - \$67.50]
<b>D3310</b>	root canal therapy - anterior (excluding final restoration)		[12 months]	[\$139.50 - \$251.00]
<b>D3320</b>	root canal therapy - bicuspid (excluding final restoration)		[12 months]	[\$170.50 - \$307.50]
<b>D3330</b>	root canal therapy - molar (excluding final restoration)		[12 months]	[\$220.00 - \$397.00]
<b>D3331</b>	treatment of root canal obstruction, non-surgical access		[12 months]	[\$74.50 - \$134.00]
<b>D3332</b>	incomplete endodontic therapy, inoperable or fractured tooth		[12 months]	[\$61.50 - \$111.00]
<b>D3333</b>	internal root repair of perforation defects		[12 months]	[\$37.50 - \$67.50]
<b>D3346</b>	retreatment of previous root canal therapy - anterior		[12 months]	[\$188.00 - \$338.50]
<b>D3347</b>	retreatment of previous root canal therapy - bicuspid		[12 months]	[\$222.00 - \$399.00]
<b>D3348</b>	retreatment of previous root canal therapy - molar		[12 months]	[\$266.50 - \$480.00]
<b>D3351</b>	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		[12 months]	[\$79.50 - \$143.00]

<b>D3352</b>	apexification/recalcification - interim medication replacement		[12 months]	[\$35.00 - \$62.50]
<b>D3353</b>	apexification/recalcification - final visit (includes completed root)		[12 months]	[\$117.00 - \$210.50]
<b>D3410</b>	apicoectomy/periradicular surgery - anterior		[12 months]	[\$159.50 - \$288.00]
<b>D3421</b>	apicoectomy/periradicular surgery - bicuspid (first root)		[12 months]	[\$175.00 - \$314.50]
<b>D3425</b>	apicoectomy/periradicular surgery - molar (first root)		[12 months]	[\$197.50 - \$355.50]
<b>D3426</b>	apicoectomy/periradicular surgery (each additional root)		[12 months]	[\$66.00 - \$119.00]
<b>D3430</b>	retrograde filling - per root		[12 months]	[\$48.50 - \$87.00]
<b>D3450</b>	root amputation - per root		[12 months]	[\$98.00 - \$176.50]
<b>D3920</b>	hemisection (including any root removal), not including root canal therapy		[12 months]	[\$77.00 - \$138.00]

**PERIODONTICS:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D4210</b>	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$137.00 - \$246.00]
<b>D4211</b>	gingivectomy or gingivoplasty - one to three teeth, per quadrant	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$36.50 - \$66.00]
<b>D4240</b>	gingival flap procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$161.00 - \$290.00]
<b>D4241</b>	Gingival Flap Procedure, Including Root Planing - One To Three Teeth	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$114.50 - \$212.50]
<b>D4245</b>	apically positioned flap	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$145.50 - \$262.00]
<b>D4249</b>	clinical crown lengthening - hard tissue	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$183.50 - \$330.50]
<b>D4260</b>	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$259.50 - \$467.00]
<b>D4261</b>	Osseous Surgery (Including Flap Entry And Closure) - 1 - 3 Teeth, Per	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$147.00 - \$273.00]

<b>D4263</b>	Bone replacement graft - first site in quadrant	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$78.50 - \$141.00]
<b>D4264</b>	Bone replacement graft - each additional site in quadrant	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$39.00 - \$71.00]
<b>D4266</b>	guided tissue regeneration - resorbable barrier, per site	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$95.00 - \$170.50]
<b>D4267</b>	guided tissue regeneration - nonresorbable barrier, per site	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$121.50 - \$219.00]
<b>D4268</b>	surgical revision procedure, per tooth	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$147.00 - \$265.00]
<b>D4270</b>	pedicle soft tissue graft procedure	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$192.00 - \$345.50]
<b>D4271</b>	free soft tissue graft procedure (including donor site surgery)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$197.50 - \$355.50]
<b>D4320</b>	provisional splinting - intracoronal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$86.50 - \$156.00]
<b>D4321</b>	provisional splinting - extracoronal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$76.00 - \$137.00]
<b>D4341</b>	periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$47.00 - \$84.50]
<b>D4342</b>	Periodontal Scaling And Root Planing - One - Three Teeth, Per Quadrant	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$22.50 - \$42.00]
<b>D4355</b>	full mouth debridement to enable comprehensive evaluation and diagnosis	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$31.00 - \$56.00]
<b>D4910</b>	periodontal maintenance	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$28.50 - \$50.50]
<b>D4920</b>	unscheduled dressing change (by someone other than treating dentist)		[12 months]	[\$24.00 - \$43.50]

**PERIODONTICS (REMOVABLE):**

<b>ADA CODE</b>	<b>COVERED EXPENSES</b>	<b>LIMITATION</b>	<b>WAITING PERIOD</b>	<b>SCHEDULED AMOUNT</b>
D5110	complete denture - maxillary	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$299.00 - \$539.00]
D5120	complete denture - mandibular	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$299.00 - \$539.00]
D5130	immediate denture - maxillary	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$326.50 - \$587.50]
D5140	immediate denture - mandibular	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$326.50 - \$587.50]
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$294.00 - \$528.50]
D5212	mandibular partial denture - resin base (including any conventional clasps,rests and teeth)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$294.00 - \$528.50]
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$331.00 - \$595.50]
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$331.00 - \$595.50]
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$193.00 - \$347.00]
D5410	adjust complete denture - maxillary		[12 months]	[\$16.50 - \$29.50]
D5411	adjust complete denture - mandibular		[12 months]	[\$16.50 - \$29.50]
D5421	adjust partial denture - maxillary		[12 months]	[\$16.50 - \$29.50]
D5422	adjust partial denture - mandibular		[12 months]	[\$16.50 - \$29.50]
D5510	repair broken complete denture base		[12 months]	[\$32.50 - \$59.00]
D5520	replace missing or broken teeth - complete denture (each tooth)		[12 months]	[\$27.50 - \$49.00]
D5610	repair resin denture base		[12 months]	[\$35.50 - \$64.00]
D5620	repair cast framework		[12 months]	[\$38.00 - \$68.50]
D5630	repair or replace broken clasp		[12 months]	[\$46.50 - \$84.00]
D5640	replace broken teeth - per tooth		[12 months]	[\$30.00 - \$54.00]
D5650	add tooth to existing partial denture		[12 months]	[\$41.00 - \$73.50]
D5660	add clasp to existing partial denture		[12 months]	[\$49.00 - \$88.50]

<b>D5710</b>	rebase complete maxillary denture		[12 months]	[\$121.50 - \$219.00]
<b>D5711</b>	rebase complete mandibular denture		[12 months]	[\$116.00 - \$209.50]
<b>D5720</b>	rebase maxillary partial denture		[12 months]	[\$114.50 - \$206.50]
<b>D5721</b>	rebase mandibular partial denture		[12 months]	[\$114.50 - \$206.50]
<b>D5730</b>	reline complete maxillary denture (chairside)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$68.50 - \$123.00]
<b>D5731</b>	reline complete mandibular denture (chairside)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$68.50 - \$123.00]
<b>D5740</b>	reline maxillary partial denture (chairside)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$62.50 - \$113.50]
<b>D5741</b>	reline mandibular partial denture (chairside)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$62.50 - \$113.50]
<b>D5750</b>	reline complete maxillary denture (laboratory)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$91.50 - \$164.50]
<b>D5751</b>	reline complete mandibular denture (laboratory)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$91.50 - \$164.50]
<b>D5760</b>	reline maxillary partial denture (laboratory)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$90.00 - \$162.50]
<b>D5761</b>	reline mandibular partial denture (laboratory)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$90.00 - \$162.50]
<b>D5810</b>	interim complete denture (maxillary)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$148.00 - \$266.50]
<b>D5811</b>	interim complete denture (mandibular)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$148.00 - \$266.50]
<b>D5820</b>	interim partial denture (maxillary)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$119.00 - \$214.00]
<b>D5821</b>	interim partial denture (mandibular)	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$119.00 - \$214.00]
<b>D5850</b>	tissue conditioning, maxillary		[12 months]	[\$29.00 - \$52.00]
<b>D5851</b>	tissue conditioning, mandibular		[12 months]	[\$29.00 - \$52.00]

**PERIODONTICS (FIXED):**

<u>ADA CODE</u>	<u>COVERED EXPENSES</u>	<u>LIMITATION</u>	<u>WAITING PERIOD</u>	<u>SCHEDULED AMOUNT</u>
D6210	pontic - cast high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$189.50 - \$341.50]
D6211	pontic - cast predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$178.00 - \$320.50]
D6212	pontic - cast noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$185.50 - \$333.00]
D6240	pontic - porcelain fused to high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$187.50 - \$337.50]
D6241	pontic - porcelain fused to predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$173.50 - \$311.50]
D6242	pontic - porcelain fused to noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$182.50 - \$329.00]
D6245	pontic-porcelain/ceramic	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$186.50 - \$335.50]
D6250	pontic - resin with high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$185.50 - \$333.00]
D6251	pontic - resin with predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$170.50 - \$307.50]
D6252	pontic - resin with noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$176.50 - \$317.00]
D6545	retainer - cast metal for resin bonded fixed prosthesis	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$79.00 - \$141.50]
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$167.50 - \$301.00]
D6720	crown - resin with high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$209.50 - \$376.00]

<b>D6721</b>	crown - resin with predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$198.50 - \$357.00]
<b>D6722</b>	crown - resin with noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$201.50 - \$363.50]
<b>D6740</b>	crown-porcelain/ceramic	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$189.00 - \$340.00]
<b>D6750</b>	crown - porcelain fused to high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$214.00 - \$385.50]
<b>D6751</b>	crown - porcelain fused to predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$200.00 - \$359.50]
<b>D6752</b>	crown - porcelain fused to noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$204.50 - \$368.00]
<b>D6780</b>	crown - 3/4 cast high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$201.50 - \$363.50]
<b>D6781</b>	crown-3/4 cast predominately based metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$178.00 - \$321.00]
<b>D6782</b>	crown-3/4 cast noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$180.00 - \$323.50]
<b>D6783</b>	crown-3/4 porcelain/ceramic	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$183.00 - \$329.50]
<b>D6790</b>	crown - full cast high noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$206.50 - \$372.00]
<b>D6791</b>	crown - full cast predominantly base metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$195.50 - \$352.50]
<b>D6792</b>	crown - full cast noble metal	[1 procedure/s allowed every [12 month/s from the first date of service]	[12 months]	[\$203.50 - \$365.50]
<b>D6930</b>	recement fixed partial denture		[12 months]	[\$25.00 - \$45.00]
<b>D6970</b>	cast post and core in addition to fixed partial denture retainer		[12 months]	[\$69.00 - \$125.00]
<b>D6972</b>	prefabricated post and core in addition to fixed partial denture retainer		[12 months]	[\$56.00 - \$101.50]

<b>D6973</b>	core build up for retainer, including any pins		[12 months]	[\$45.00 - \$82.00]
<b>D6975</b>	coping - metal		[12 months]	[\$124.50 - \$223.50]
<b>D6976</b>	each additional cast post-same tooth		[12 months]	[\$45.00 - \$81.00]
<b>D6977</b>	each additional prefabricated post-same tooth		[12 months]	[\$27.50 - \$49.00]

**ORAL SURGERY:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D7111</b>	Coronal Remnants - Deciduous Tooth		[12 months]	[\$24.00 - \$44.50]
<b>D7140</b>	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)		[12 months]	[\$29.50 - \$53.00]
<b>D7210</b>	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth		[12 months]	[\$52.00 - \$93.00]
<b>D7220</b>	removal of impacted tooth - soft tissue		[12 months]	[\$58.50 - \$104.50]
<b>D7230</b>	removal of impacted tooth - partially bony		[12 months]	[\$77.50 - \$139.50]
<b>D7240</b>	removal of impacted tooth - completely bony		[12 months]	[\$91.00 - \$164.00]
<b>D7241</b>	removal of impacted tooth - completely bony, with unusual surgical		[12 months]	[\$114.50 - \$206.00]
<b>D7250</b>	surgical removal of residual tooth roots (cutting procedure)		[12 months]	[\$49.00 - \$88.50]
<b>D7270</b>	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth		[12 months]	[\$99.50 - \$180.00]
<b>D7272</b>	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)		[12 months]	[\$114.00 - \$204.50]
<b>D7280</b>	surgical access of an unerupted tooth		[12 months]	[\$109.50 - \$197.50]
<b>D7285</b>	biopsy of oral tissue - hard (bone, tooth)		[12 months]	[\$177.50 - \$320.00]
<b>D7286</b>	biopsy of oral tissue - soft (all others)		[12 months]	[\$79.50 - \$143.00]
<b>D7310</b>	alveoloplasty in conjunction with extractions - per quadrant		[12 months]	[\$54.00 - \$97.50]
<b>D7320</b>	alveoloplasty not in conjunction with extractions - per quadrant		[12 months]	[\$222.00 - \$399.50]
<b>D7450</b>	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		[12 months]	[\$158.50 - \$285.00]

<b>D7451</b>	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		[12 months]	[\$248.50 - \$447.50]
<b>D7460</b>	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		[12 months]	[\$158.50 - \$285.00]
<b>D7461</b>	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		[12 months]	[\$248.50 - \$447.50]
<b>D7510</b>	incision and drainage of abscess - intraoral soft tissue		[12 months]	[\$52.00 - \$93.00]
<b>D7960</b>	frenulectomy (frenectomy or frenotomy) - separate procedure		[12 months]	[\$114.00 - \$205.00]
<b>D7970</b>	excision of hyperplastic tissue - per arch		[12 months]	[\$117.00 - \$211.50]
<b>D7971</b>	excision of pericoronal gingiva		[12 months]	[\$37.00 - \$67.00]

**ADJUNCTIVE SERVICES:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D9310</b>	consultation (diagnostic service) provided by dentist or physician other than practitioner providing treatment)		[6 months]	[\$64.80 - \$116.00]
<b>D9910</b>	application of desensitizing medicament		[12 months]	[\$8.50 - \$15.50]
<b>D9911</b>	application of desensitizing resin for cervical and/or root surface, per tooth		[12 months]	[\$12.50 - \$22.50]
<b>D9950</b>	occlusion analysis - mounted case		[6 months]	[\$85.60 - \$153.60]
<b>D9951</b>	occlusal adjustment - limited		[6 months]	[\$38.40 - \$69.60]
<b>D9952</b>	occlusal adjustment - complete		[6 months]	[\$218.40 - \$393.60]

**ORTHODONTICS:**

<b><u>ADA CODE</u></b>	<b><u>COVERED EXPENSES</u></b>	<b><u>LIMITATION</u></b>	<b><u>WAITING PERIOD</u></b>	<b><u>SCHEDULED AMOUNT</u></b>
<b>D8010</b>	limited orthodontic treatment of the primary dentition		[12 months]	[50%] OF U&C
<b>D8020</b>	limited orthodontic treatment of the transitional dentition		[12 months]	[50%] OF U&C
<b>D8030</b>	limited orthodontic treatment of the adolescent dentition		[12 months]	[50%] OF U&C
<b>D8040</b>	limited orthodontic treatment of the adult dentition		[12 months]	[50%] OF U&C
<b>D8050</b>	interceptive orthodontic treatment of the primary dentition		[12 months]	[50%] OF U&C
<b>D8060</b>	interceptive orthodontic treatment of the transitional dentition		[12 months]	[50%] OF U&C
<b>D8070</b>	comprehensive orthodontic treatment of the transitional dentition		[12 months]	[50%] OF U&C
<b>D8080</b>	comprehensive orthodontic treatment of the adolescent dentition		[12 months]	[50%] OF U&C

<b>D8090</b>	comprehensive orthodontic treatment of the adult dentition		[12 months]	[50%] OF U&C
<b>D8210</b>	removable appliance therapy		[12 months]	[50%] OF U&C
<b>D8220</b>	fixed appliance therapy		[12 months]	[50%] OF U&C
<b>D8660</b>	pre-orthodontic treatment visit		[12 months]	[50%] OF U&C
<b>D8670</b>	periodic orthodontic treatment visit (as part of contract)		[12 months]	[50%] OF U&C
<b>D8680</b>	orthodontic retention (removal of appliances, construction and placement of retainer(s))		[12 months]	[50%] OF U&C
<b>D8690</b>	orthodontic treatment, (alternative billing to a contract fee)		[12 months]	[50%] OF U&C
<b>D8691</b>	repair of orthodontic appliance		[12 months]	[50%] OF U&C
<b>D8693</b>	rebonding or recementing; and/or repair, as required, of fixed retainers		[12 months]	[50%] OF U&C
<b>D8999</b>	unspecified orthodontic procedure, by report		[12 months]	[50%] OF U&C

## DEFINITIONS

**ADA Code** means the American Dental Association Code assigned to a particular dental procedure.

**Attained Age** means the Insured Person's age on the most recent Policy anniversary.

**Class Basis** means the classification by which each Insured Person's rates are determined. We will not and cannot change the rates on this Policy unless rates are changed on all Policies issued on the same Class Basis.

**Covered Dependent** means an Eligible Dependent whose coverage has become effective under this Policy and has not terminated.

**Covered Expenses** mean the scheduled benefit amount payable for the dental procedures shown in the SCHEDULE OF BENEFITS, which are incurred by an Insured Person while this coverage is in force and are not otherwise excluded herein. If the actual charge is less than the scheduled benefit amount, then the actual charge for the procedure or service will be considered the Covered Expense. [Any amount of the Dentist's fee in excess of the scheduled benefit amount will not be considered a Covered Expense under this Policy].

**[Deductible** means the amount of Covered Expenses that an Insured Person must pay before the Policy pays any benefits.]

**Dentist or Physician** means a duly licensed or certified Dentist practicing within the authority of his/her license and a duly licensed or certified Physician authorized by his/her license to perform the particular dental services rendered. A Dentist or Physician does not include You or a member of Your immediate family.

**Effective Date of Coverage** means the date coverage becomes effective under this Policy with respect to a particular Insured Person.

**Eligible Dependent** means Your lawful spouse and Your unmarried natural, adopted and step-children who are under 19 years of age (the Limiting Age). The Limiting Age is extended from the child's 19<sup>th</sup> birthday to the child's [24<sup>th</sup>] birthday if the child is enrolled as a full-time student and attends classes regularly at an accredited college or university.

**Insured Person** means You or a Covered Dependent under this Policy.

**Monthly** means that period of time:

1. beginning at 12:00 AM Standard Time at the Insured person's principal location on the first day of any calendar month; and
2. ending at 11:59 PM on the last day of the same calendar month.

**Policy** means the written description of coverage provided to You.

**Preferred Provider Organization ("PPO")** means a group of Physicians, Dentists, facilities or other dental care providers who have contracted with the Company or a Company-designated organization to provide services, treatment and supplies to an Insured Person at scheduled fees.

**Usual and Customary Charges ("U&C")** means charge which is the smallest of:

1. the actual charge;
2. the charge usually made for the Covered Expense by the provider who furnishes it;
3. the prevailing charge made for a Covered Expense in a geographical area by those of similar professional standing; and
4. the negotiated rate in effect with a PPO on the date it provides a Covered Expense.

**[Waiting Period** means the period of time following the Insured Person's Effective Date of Coverage during which no benefits will be payable for Covered Expenses. Only Covered Expenses incurred after the end of a Waiting Period will be covered under the Policy [and used to satisfy the Deductible].]

**We, Us and Our** means The Chesapeake Life Insurance Company.

**You, Your, Yours** means the primary insured named in the Policy Schedule whose coverage has become effective and has not terminated.

## **EFFECTIVE DATE OF COVERAGE**

### **Beginning of Coverage**

Once We have approved Your application based upon the information You provided therein, the Effective Date of Coverage for You and those Eligible Dependents listed in the application and accepted by Us will be the POLICY DATE shown in the POLICY SCHEDULE.

### **Additional Dependents**

You may add Eligible Dependents by providing evidence of eligibility and insurability satisfactory to Us and upon payment of any additional premium, if required.

The acceptance of a new Eligible Dependent will be shown by endorsement and the date of the endorsement will be the Effective Date of Coverage for the new Eligible Dependent.

## **PREMIUMS**

### **Premium Due Date**

Premiums are payable to Us at Our administrative office in North Richland Hills, Texas. The premium is payable monthly, quarterly, semi-annually or annually, as indicated in the POLICY SCHEDULE. Payment of any premium will not maintain coverage in force beyond the next premium due date, except as provided by the grace period. Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

### **Grace Period**

There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.

### **Premium Changes**

We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person.

## TERMINATION OF COVERAGE

### You

Your coverage will terminate and no further benefits will be payable under this Policy and any attached Riders, if any:

1. at the end of the period for which premium has been paid;
2. if Your mode of premium is monthly, at the end of the period through which premium has been paid following Our receipt of Your request of termination;
3. if Your mode of premium is other than monthly, upon the next monthly anniversary day following Our receipt of Your request of termination. Premium will be refunded for any amounts paid beyond the termination date;
4. on the date of fraud or misrepresentation by You;
5. on the date We elect to discontinue this plan or type of coverage;
6. on the date We elect to discontinue all coverage in Your state;
7. on the date an Insured Person is no longer a permanent resident of the United States; or
8. upon attainment of age 65.

### Covered Dependents

Your Covered Dependent's coverage will terminate under this Policy on:

1. the date Your coverage terminates;
2. the date such dependent ceases to be an Eligible Dependent; or
3. the date We receive Your written request to terminate a Covered Dependent's coverage.

The attainment of the limiting age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide proof that the dependent is in fact a disabled and dependent person at least 31 days prior to the date upon which the dependent would otherwise reach the limiting age, and thereafter We may require such proof not more frequently than annually. In the absence of such proof We may terminate the coverage of such person after the attainment of the limiting age.

### Reinstatement

If coverage under this Policy terminates due to non-payment of premium, We require an application for reinstatement. The reinstatement will not become effective unless We approved such application and receive all premiums then due. We will advise You of the effective date of reinstatement by giving You written notice of the date, by issuing You an amended Policy or by issuing You a new Policy. In any case, the reinstated coverage provides benefits only for Covered Expenses incurred after the effective date of reinstatement.

### Special Continuation Provision for Dependents

Your Covered Dependents may continue their same (or substantially similar) coverage under a new Policy without evidence of insurability if their coverage under this Policy would otherwise terminate because they cease to be an Eligible Dependent for any of the following reasons:

1. divorce, legal separation, or Your death; or
2. a dependent child reaches the limiting age.

To continue coverage, You or Your Covered Dependent must request continuation of coverage within 31 days of the date coverage would otherwise terminate and pay any required premium.

## BENEFITS

### **Covered Expenses**

Benefits are payable under this Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS that are received by an Insured Person. Unless otherwise stated herein, all benefits are subject to:

1. the scheduled benefit amount shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. If the actual charge is less than the scheduled benefit amount, then the actual charge for the procedure or service will be paid;
- [2.] [the Deductibles shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;]
- [3.] any benefit or Lifetime Maximums shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
- [4.] the LIMITATIONS AND EXCLUSIONS; and
- [5.] all other provisions of the Policy.

To be a Covered Expense, the dental service must be performed by:

1. a licensed Dentist acting within the scope of his/her license;
2. a licensed Physician performing dental services within the scope of his/her license; or
3. a licensed dental hygienist under the supervision and direction of a Dentist.

Covered Expenses must be incurred while the Insured Person's coverage under this Policy is in force.

[A Covered Expense is considered to be incurred on the following dates:]

- [1.] [full and partial dentures – on the date the final impression is taken;]
- [2.] [fixed bridges, crowns, inlays and onlays – on the date the teeth are first prepared;]
- [3.] [root canal therapy – on the date the pulp chamber is opened;]
- [4.] [periodontal surgery – on the date surgery is performed;] [or]
- [5.] [all other services – on the date the service is performed.]

### **Alternate Treatment**

If more than one type of service can be used to treat a condition, We have the right to base benefits on the least expensive service which is within the range of professionally adequate standards of dental practice. In the case of bilateral multiple adjacent missing teeth, the benefit amount will be based on a removable partial denture.

### **Important PPO Information**

**Participating and Non-Participating Providers.** This Policy provides benefits for Covered Expenses obtained from both Participating Providers and Non-Participating Providers.

For the purpose of this provision, Participating Providers are those providers who have agreed to participate in the Company's Preferred Provider Organization and provide dental care at scheduled fees. Non-Participating Providers have not agreed to scheduled fees or arrangements.

**Using a Participating Provider May Lower Costs.** Covered Expenses rendered by a Non-Participating Provider may cost the Insured Person more than Covered Expenses rendered by a Participating Provider. Covered Expenses for a Non-Participating Provider's services may be substantially lower than the actual charges. The Covered Person's responsibility includes the portion of the expense not payable under this Policy, plus all of the Non-Participating Provider's charges that exceed the Covered Expense.

**To minimize out-of-pocket costs, it is important that the Insured Person receives services from a Participating Provider.**

## LIMITATIONS AND EXCLUSIONS

We will not provide any benefits for any loss caused by or resulting from:

1. any portion of a charge for any service not listed as a Covered Expense in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
2. care, treatment, services or supplies that exceed the scheduled benefit amount;
- [3.] [treatment of disturbances of the temporomandibular joint (TMJ);]
- [4.] a service not furnished by a Dentist, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist;
- [5.] [cosmetic procedures, unless due to an injury or for congenital or developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;]
- [6.] the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- [7.] implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; or splinting;
- [8.] plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;
- [9.] replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, unless due to an injury;
- [10.] an initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under this Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;
- [11.] services not completed by the end of the month in which coverage terminates;
- [12.] procedures that are begun, but not completed;
- [13.] those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;
- [14.] services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
- [15.] care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;
- [16.] charges that are applied toward the satisfaction of a Deductible, if any;]
- [17.] [orthodontic procedures;] or
- [18.] Covered Expenses for which an Insured Person is not legally obligated to pay.

## GENERAL PROVISIONS

### Entire Contract

The Entire Contract consists of:

1. the Policy;
2. any applications for the proposed insured individuals; and
3. any endorsements, amendments or riders attached.

All statements made by You will, in the absence of fraud, be deemed representations and not warranties.

Only Our President, a Vice President or Secretary has the power on Our behalf to execute or amend the Policy. No other person will have the authority to bind Us in any manner. No agent may accept risks, alter or amend coverage or waive any provisions of the Policy. Any change in the Policy will be made by an amendment signed by Us. Such amendment will not require the consent of any Insured Person.

### Notice of Claim

Written notice of claim must be given to Us within 20 days, or as soon as reasonably possible. Written notice of claim given by or on behalf of the Insured Person to Us with information sufficient to identify such person will be considered notice to Us.

## **Claim Forms**

When We receive the notice of claim, We will send the Insured Person forms for filing proof of loss. If these forms are not furnished within 15 days, the Insured Person will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the next provision.

## **Proof of Loss**

Written proof of loss must be furnished to Us at Our administrative office in North Richland Hills, Texas, within 90 days after the date of the loss for which claim is made. Failure to furnish written proof of loss within that time will neither invalidate nor reduce any claim if it is shown that it was not reasonably possible to furnish written proof of loss within that time; provided such proof is furnished as soon as reasonably possible and in no event, in the absence of legal incapacity, later than one year from the time proof is otherwise required.

## **Claim Payments**

We will pay all benefits due under the Policy promptly upon receipt of due proof of loss.

All benefits are payable to You, however, at Our option, We may pay the provider of service instead, unless You have requested otherwise in writing prior to providing proof of loss. If any such benefits remain unpaid at Your death, or if You are, in Our opinion, incapable of giving a legally binding receipt for payment of any benefit, We may, at Our option, pay such benefit to Your estate or any one or more of the following relatives: Your spouse; mother, father, child or children; brother or brothers; sister or sisters. Any payment so made will constitute a complete discharge of Our obligations to the extent of such payment.

## **Legal Action**

No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after proof of loss has been filed as required by the Policy; nor may any action be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

## **Age Misstatement**

If the age of any Insured Person has been misstated, Our records will be changed to show the correct age. The benefits provided will not be affected if the Insured Person continues to be eligible for coverage at the correct age. However, premium adjustments, including collection of any premium due to Us because of past underpayments, will be made so that We receive the premiums due at the correct age payable on the premium due date following Our notification of an age correction.

## **Incontestability**

After 2 years from the Insured Person's Effective Date of Coverage, no misstatements, except fraudulent misstatements, made in the application will be used to void the coverage, or deny a claim unless the loss was incurred during the first 2 years following such Insured Person's Effective Date of Coverage.

## **Conformity**

Any provision of this Policy which, on the Effective Date of Coverage, is in conflict with the applicable statutes of the state in which You reside on such date, is hereby amended to conform to the minimum requirements of such statutes.

## **Change of Residence**

If You move, You must notify the Company.

## **Subrogation**

You agree that We shall be subrogated to Your right to damages, to the extent of the benefits provided by the Policy, for Covered Expenses that a third party is liable for or causes. You agree to repay Us first out of any monies You obtain regardless of the amount that You recover. In the event that We retain Our own attorney to represent Our subrogation interest, We will not be responsible for paying a portion of Your attorney fees or costs.

You assign to Us Your claim against a liable party to the extent of Our payments, and shall not prejudice Our subrogation rights. Entering into a settlement or compromise arrangement with a third party without Our prior written consent shall be deemed to prejudice Our rights. You shall promptly advise Us in writing whenever a claim against another party is made and shall further provide to Us such additional information as is reasonably requested by Us. You agree to fully cooperate in protecting Our rights against a third party.

# THE CHESAPEAKE LIFE INSURANCE COMPANY

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

## DENTAL INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM 26099-IP (1/08)

- A. READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Us. It is, therefore, important that You READ YOUR POLICY CAREFULLY!
- B. Dental Insurance Policy –** This plan is designed to provide limited dental expense coverage based on American Dental Association Codes (ADA Codes), up to the scheduled amounts shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.
- C. Schedule of Benefits -** Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

### ***[Option A "Diagnostic & Preventive"]***

**DEDUCTIBLE:** [None]

**COVERED EXPENSES:** Includes coverage for the preventive and diagnostic dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

**LIMITATIONS:** Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

**WAITING PERIODS:** [None]

### ***[Option B "Premier"]***

**ANNUAL DEDUCTIBLE:** [\$100 per Insured Person]  
[Deductible does not apply to Diagnostic Evaluation, Diagnostic X-Ray, Diagnostic Services or Preventive/Prophy Services]

**ANNUAL BENEFIT MAXIMUM:** [\$1,000 per Insured Person]

**COVERED EXPENSES:** Includes coverage for preventive, diagnostic, restorative and major procedure dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

**LIMITATIONS:** Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

**WAITING PERIODS:** Certain ADA Codes are subject to a Waiting Period, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

**[Option C "Deluxe"]**

**LIFETIME DEDUCTIBLE:** **[\$100 per Insured Person]**  
[Deductible does not apply to Diagnostic Evaluation, Diagnostic X-Ray, Diagnostic Services or Preventive/Prophy Services]

**ANNUAL BENEFIT MAXIMUM:** **[\$1,200 per Insured Person]**

**MONTHLY ORTHODONTICS BENEFIT MAXIMUM:** **[\$50 per Insured Person]**  
(Counts toward Annual Benefit Maximum)

**ORTHODONTICS LIFETIME MAXIMUM:** **[\$1,200 per Insured Person]**

**COVERED EXPENSES:** Includes coverage for preventive, diagnostic, restorative, major procedure and orthodontic dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

**LIMITATIONS:** **Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS**

**WAITING PERIODS:** **Certain ADA Codes are subject to a Waiting Period, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS**

**D. BENEFITS** - Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS that are received by an Insured Person. Unless otherwise stated herein, all benefits are subject to:

1. the scheduled benefit amount shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. If the actual charge is less than the scheduled benefit amount, then the actual charge for the procedure or service will be paid;
- [2.] [the Deductibles shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS];
- [3.] any benefit or Lifetime Maximums shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
- [4.] the LIMITATIONS AND EXCLUSIONS; and
- [5.] all other provisions of the Policy.

To be a Covered Expense, the dental service must be performed by:

1. a licensed Dentist acting within the scope of his/her license;
2. a licensed Physician performing dental services within the scope of his/her license; or
3. a licensed dental hygienist under the supervision and direction of a Dentist.

Covered Expenses must be incurred while the Insured Person's coverage under the Policy is in force.

[A Covered Expense is considered to be incurred on the following dates:]

- [1.] [full and partial dentures – on the date the final impression is taken;]
- [2.] [fixed bridges, crowns, inlays and onlays – on the date the teeth are first prepared;]
- [3] [root canal therapy – on the date the pulp chamber is opened;]
- [4.] [periodontal surgery – on the date surgery is performed;] [or]
- [5.] [all other services – on the date the service is performed.]

**Alternate Treatment**

If more than one type of service can be used to treat a condition, We have the right to base benefits on the least expensive service which is within the range of professionally adequate standards of dental practice. In the case of bilateral multiple adjacent missing teeth, the benefit amount will be based on a removable partial denture.

## **Important PPO Information**

### **Participating and Non-Participating Providers**

The Policy provides benefits for Covered Expenses obtained from both Participating Providers and Non-Participating Providers.

For the purpose of this provision, Participating Providers are those providers who have agreed to participate in the Company's Preferred Provider Organization and provide dental care at scheduled fees. Non-Participating Providers have not agreed to scheduled fees or arrangements.

**Using a Participating Provider May Lower Costs.** Covered Expenses rendered by a Non-Participating Provider may cost the Insured Person more than Covered Expenses rendered by a Participating Provider. Covered Expenses for a Non-Participating Provider's services may be substantially lower than the actual charges. The Covered Person's responsibility includes the portion of the expense not payable under the Policy, plus all of the Non-Participating Provider's charges that exceed the Covered Expense.

**To minimize out-of-pocket costs, it is important that the Insured Person receives services from a Participating Provider.**

### **E. LIMITATIONS AND EXCLUSIONS - We will not provide any benefits for any loss caused by or resulting from:**

1. any portion of a charge for any service not listed as a Covered Expense in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
2. care, treatment, services or supplies that exceed the scheduled benefit amount;
- [3.] [treatment of disturbances of the temporomandibular joint (TMJ)];
- [4.] a service not furnished by a Dentist, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist;
- [5.] [cosmetic procedures, unless due to an injury or for congenital or developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic];
- [6.] the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- [7.] implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; or splinting;
- [8.] plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;
- [9.] replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, unless due to an injury;
- [10.] an initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under the Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;
- [11.] services not completed by the end of the month in which coverage terminates;
- [12.] procedures that are begun, but not completed;
- [13.] those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;
- [14.] services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
- [15.] care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;
- [16.] [charges that are applied toward the satisfaction of a Deductible, if any];
- [17.] [orthodontic procedures]; or
- [18.] Covered Expenses for which an Insured Person is not legally obligated to pay.

**F. RENEWABILITY** - The Policy is guaranteed renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. On each anniversary of the Policy Date, the premium for the Policy may change in amount by reason of an increase in the age of an Insured Person.

**G. PREMIUMS** - We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person.

**Premiums** - based on the mode of payment, checked below, the initial premiums are as follows:

Monthly (Bank Draft)       Quarterly       Semiannually       Annually

Policy 26099-IP (1/08), described above	\$
[Optional Riders (checked on first page) (LIST)]	\$
	\$
<b>TOTAL</b>	\$

**H. GRACE PERIOD** -There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.

# THE CHESAPEAKE LIFE INSURANCE COMPANY

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

## AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Group Policy to which it is attached. It is subject to all the provisions of the Group Policy which are not inconsistent with this endorsement. It is applicable only to Insured Persons who are residents of the State of Arkansas.

1. The following provisions under the **EFFECTIVE DATE OF COVERAGE** section are **added** as follows:

### Newborn Children

Your newborn children will be provided coverage after the Policy Date from the moment of birth for 90 days. Coverage for Your newborn child(ren) will not continue beyond 90 days unless You send written notice directing Us to add the newborn child(ren) to Your Policy. If notice is not received within 90 days the newborn child(ren) may be added in accordance with the Additional Dependents provision. This notice must be received by Us within 90 days of the newborn child's date of birth and must be accompanied by any required premium. A claim form or Hospital bill does not constitute written notice.

### Adopted Children

Any minor under Your charge, care and control for whom You have filed a petition to adopt, will be provided coverage on the same basis as coverage for other Covered Dependents under the Policy. This coverage will begin on the date of the filing of a petition; or from the moment of birth, if the petition for adoption and application for coverage is filed within sixty (60) days after the date of birth.

Coverage provided under this provision will terminate upon the dismissal or denial of a petition for adoption.

2. The following provision under the **PREMIUMS** section is hereby **added** with the following:

### Unearned Premiums Refund

Upon the death of an Insured Person, the proceeds payable to the Insured Person or his/her estate shall include premiums paid for insurance coverage for the period beyond the end of the month in which the death occurred. Unearned Premiums shall be paid in a lump sum payment no later than thirty (30) days after the proof of the Insured Person's death has been furnished to Us.

3. The following provision under the **TERMINATION OF COVERAGE** section is hereby **revised** as follows:

### Covered Dependents

Your Covered Dependent's coverage will terminate under this Policy on:

1. the date Your coverage terminates;
2. the date such dependent ceases to be an Eligible Dependent;
3. the date We receive Your written request to terminate a dependent's coverage.

*The attainment of the limiting age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:*

1. incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
2. chiefly dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide proof that the dependent is in fact a disabled and dependent person. In the absence of such proof We may terminate the coverage of such person after the attainment of the limiting age.

Any Benefits payable pursuant to this Amendatory Endorsement will not be duplicated under any optional benefit rider that may be attached to the Insured Person's Policy.

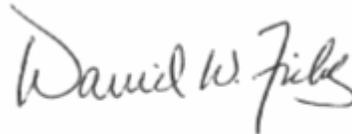
The provisions of this Amendatory Endorsement are effective on the Policy Date, the Insured Person's Effective Date of Coverage, or the date stated herein, whichever is later.

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for The Chesapeake Life Insurance Company at North Richland Hills, Texas.



SECRETARY



PRESIDENT

SERFF Tracking Number: MGCC-125612182 State: Arkansas  
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 38743  
 Company Tracking Number: CH-26099-IP (1/08)  
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
 Product Name: 2008 INDV Dental  
 Project Name/Number: /

## Supporting Document Schedules

<p><b>Satisfied -Name:</b> Certification/Notice  <b>Comments:</b>            Please refer to attached.  <b>Attachments:</b>            ARGA 0104.pdf            Cert Compl Rule-Reg19 -AR.pdf            Cert Compliance AR-Readability.pdf</p>	<p><b>Review Status:</b>            Approved-Closed 04/22/2008</p>
<p><b>Satisfied -Name:</b> Application  <b>Comments:</b>            Form number: CH-26098-INDAPP (7/08)            Submitted for approval under: MGCC-125612986</p>	<p><b>Review Status:</b>            Approved-Closed 04/22/2008</p>
<p><b>Satisfied -Name:</b> Health - Actuarial Justification  <b>Comments:</b>            Please refer to attached.  <b>Attachment:</b>            CH-26099-IP (108) Act Memo.pdf</p>	<p><b>Review Status:</b>            Approved-Closed 04/22/2008</p>
<p><b>Satisfied -Name:</b> Outline of Coverage  <b>Comments:</b>            The outline of coverage was also attached under the Form Schedule Tab.  <b>Attachment:</b>            CH-26099-IP _108_ OC.pdf</p>	<p><b>Review Status:</b>            Approved-Closed 04/22/2008</p>
<p><b>Satisfied -Name:</b> Cover letter  <b>Comments:</b>            Please refer to attached.</p>	<p><b>Review Status:</b>            Approved-Closed 04/22/2008</p>

*SERFF Tracking Number:*      *MGCC-125612182*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Chesapeake Life Insurance Company*      *State Tracking Number:*      *38743*  
*Company Tracking Number:*      *CH-26099-IP (1/08)*  
*TOI:*                      *H101 Individual Health - Dental*                      *Sub-TOI:*                      *H101.000 Health - Dental*  
*Product Name:*              *2008 INDV Dental*  
*Project Name/Number:*      */*

**Attachment:**

Dental CH-26099 1-08 Filing Letter.pdf



## LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

### DISCLAIMER

**The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract..**

**Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.**

**Insurance companies or their agents are required by law to provide you with this notice.**

**The Arkansas Life and Health Insurance Guaranty Association  
C/O The Liquidation Division  
1023 West Capitol, Suite 2  
Little Rock, Arkansas 72201**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and they hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

### EXCLUSIONS FROM COVERAGE

However, persons owning such policies or contracts are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to suture assessments, or by an insurance exchange.

The Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans, to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of any unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

#### **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits for net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.]

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: The Chesapeake Life Insurance Company

Form Number(s):

CH-26099-IP (1/08); AE CH-26099-IP (1/08) AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



---

Signature of Company Officer

Kay Phillips

---

Name

Vice President and Chief Compliance Officer

---

Title

April 16, 2008

---

Date

## Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

Form Name: Dental Insurance Policy; Amendatory Endorsement

Form Number: CH-26099-IP (1/08); AE CH-26099-IP (1/08) AR

Flesch Reading Ease Score: 43.6



---

Kay Phillips, Vice President and Chief Compliance Officer

April 16, 2008

---

Date

# THE CHESAPEAKE LIFE INSURANCE COMPANY

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

## DENTAL INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY FORM 26099-IP (1/08)

- A. READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Us. It is, therefore, important that You READ YOUR POLICY CAREFULLY!
- B. Dental Insurance Policy –** This plan is designed to provide limited dental expense coverage based on American Dental Association Codes (ADA Codes), up to the scheduled amounts shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.
- C. Schedule of Benefits -** Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

### ***[Option A "Diagnostic & Preventive"]***

**DEDUCTIBLE:** [None]

**COVERED EXPENSES:** Includes coverage for the preventive and diagnostic dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

**LIMITATIONS:** Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

**WAITING PERIODS:** [None]

### ***[Option B "Premier"]***

**ANNUAL DEDUCTIBLE:** [\$100 per Insured Person]  
[Deductible does not apply to Diagnostic Evaluation, Diagnostic X-Ray, Diagnostic Services or Preventive/Prophy Services]

**ANNUAL BENEFIT MAXIMUM:** [\$1,000 per Insured Person]

**COVERED EXPENSES:** Includes coverage for preventive, diagnostic, restorative and major procedure dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

**LIMITATIONS:** Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

**WAITING PERIODS:** Certain ADA Codes are subject to a Waiting Period, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS

**[Option C "Deluxe"]**

**LIFETIME DEDUCTIBLE:** **[\$100 per Insured Person]**  
[Deductible does not apply to Diagnostic Evaluation, Diagnostic X-Ray, Diagnostic Services or Preventive/Prophy Services]

**ANNUAL BENEFIT MAXIMUM:** **[\$1,200 per Insured Person]**

**MONTHLY ORTHODONTICS BENEFIT MAXIMUM:** **[\$50 per Insured Person]**  
(Counts toward Annual Benefit Maximum)

**ORTHODONTICS LIFETIME MAXIMUM:** **[\$1,200 per Insured Person]**

**COVERED EXPENSES:** Includes coverage for preventive, diagnostic, restorative, major procedure and orthodontic dental benefits outlined in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS.

**LIMITATIONS:** **Certain ADA Codes are subject to a limitation, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS**

**WAITING PERIODS:** **Certain ADA Codes are subject to a Waiting Period, as shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS**

**D. BENEFITS** - Benefits are payable under the Policy for the Covered Expenses listed in the POLICY SCHEDULE / SCHEDULE OF BENEFITS that are received by an Insured Person. Unless otherwise stated herein, all benefits are subject to:

1. the scheduled benefit amount shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS. If the actual charge is less than the scheduled benefit amount, then the actual charge for the procedure or service will be paid;
- [2.] [the Deductibles shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS];
- [3.] any benefit or Lifetime Maximums shown in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
- [4.] the LIMITATIONS AND EXCLUSIONS; and
- [5.] all other provisions of the Policy.

To be a Covered Expense, the dental service must be performed by:

1. a licensed Dentist acting within the scope of his/her license;
2. a licensed Physician performing dental services within the scope of his/her license; or
3. a licensed dental hygienist under the supervision and direction of a Dentist.

Covered Expenses must be incurred while the Insured Person's coverage under the Policy is in force.

[A Covered Expense is considered to be incurred on the following dates:]

- [1.] [full and partial dentures – on the date the final impression is taken;]
- [2.] [fixed bridges, crowns, inlays and onlays – on the date the teeth are first prepared;]
- [3] [root canal therapy – on the date the pulp chamber is opened;]
- [4.] [periodontal surgery – on the date surgery is performed;] [or]
- [5.] [all other services – on the date the service is performed.]

**Alternate Treatment**

If more than one type of service can be used to treat a condition, We have the right to base benefits on the least expensive service which is within the range of professionally adequate standards of dental practice. In the case of bilateral multiple adjacent missing teeth, the benefit amount will be based on a removable partial denture.

## **Important PPO Information**

### **Participating and Non-Participating Providers**

The Policy provides benefits for Covered Expenses obtained from both Participating Providers and Non-Participating Providers.

For the purpose of this provision, Participating Providers are those providers who have agreed to participate in the Company's Preferred Provider Organization and provide dental care at scheduled fees. Non-Participating Providers have not agreed to scheduled fees or arrangements.

**Using a Participating Provider May Lower Costs.** Covered Expenses rendered by a Non-Participating Provider may cost the Insured Person more than Covered Expenses rendered by a Participating Provider. Covered Expenses for a Non-Participating Provider's services may be substantially lower than the actual charges. The Covered Person's responsibility includes the portion of the expense not payable under the Policy, plus all of the Non-Participating Provider's charges that exceed the Covered Expense.

**To minimize out-of-pocket costs, it is important that the Insured Person receives services from a Participating Provider.**

### **E. LIMITATIONS AND EXCLUSIONS - We will not provide any benefits for any loss caused by or resulting from:**

1. any portion of a charge for any service not listed as a Covered Expense in the POLICY SCHEDULE / SCHEDULE OF BENEFITS;
2. care, treatment, services or supplies that exceed the scheduled benefit amount;
- [3.] [treatment of disturbances of the temporomandibular joint (TMJ)];
- [4.] a service not furnished by a Dentist, unless by a dental hygienist under the Dentist's supervision and x-rays are ordered by the Dentist;
- [5.] [cosmetic procedures, unless due to an injury or for congenital or developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic];
- [6.] the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- [7.] implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; or splinting;
- [8.] plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;
- [9.] replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within 5 years of the date of the last replacement, unless due to an injury;
- [10.] an initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one or more natural teeth lost before coverage was effective under the Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Policy;
- [11.] services not completed by the end of the month in which coverage terminates;
- [12.] procedures that are begun, but not completed;
- [13.] those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;
- [14.] services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
- [15.] care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;
- [16.] [charges that are applied toward the satisfaction of a Deductible, if any];
- [17.] [orthodontic procedures]; or
- [18.] Covered Expenses for which an Insured Person is not legally obligated to pay.

**F. RENEWABILITY** - The Policy is guaranteed renewable to age 65, subject to the Company's right to discontinue or terminate the coverage as provided in the TERMINATION OF COVERAGE section of the Policy. The Company reserves the right to change the applicable table of premium rates on a Class Basis. On each anniversary of the Policy Date, the premium for the Policy may change in amount by reason of an increase in the age of an Insured Person.

**G. PREMIUMS** - We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person.

**Premiums** - based on the mode of payment, checked below, the initial premiums are as follows:

Monthly (Bank Draft)       Quarterly       Semiannually       Annually

Policy 26099-IP (1/08), described above	\$
[Optional Riders (checked on first page) (LIST)]	\$
	\$
<b>TOTAL</b>	<b>\$</b>

**H. GRACE PERIOD** -There is a grace period of 31 days for the payment of any premiums due, except the first. At the end of the 31 day grace period, We may cancel the Policy without further notice. During the grace period, the contract will remain in force; however, the Company is not obligated to pay any claims incurred by Insured Persons during the grace period unless and until the premium due is received during the grace period.



**The Chesapeake  
Life Insurance Company**  
Home Office: Oklahoma City, OK

9151 Boulevard 26  
North Richland Hills, TX 76180

April 18, 2008

Arkansas Insurance Department  
Life and Health Division  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

Attn.: Life & Health Division  
A&H Form Filing Section

Re: **The Chesapeake Life Insurance Company** NAIC#: 264-61832 FEIN#: 52-0676509  
**SERFF Tracking Number: MGCC-125612182**

<u>Form</u>	<u>Description</u>
CH-26099-IP (1/08)	Dental Insurance Policy
CH-26099-IP (1/08) OC	Outline of Coverage
AE CH-26099-IP (1/08) AR	Amendatory Endorsement

Additional Information  
Actuarial Memorandum and Rates

Dear Examiner:

The above referenced forms are submitted for your review and approval. These forms are new and not intended to replace any forms previously approved by your Department. These submitted forms and rates are identical to those approved by your Department for our sister Company, The MEGA Life & Health Insurance Company, on February 20, 2008; submitted under SERFF filing MGCC-125487997.

This policy provides limited dental expense coverage based on ADA Codes, up to the scheduled amounts which are determined by the negotiated fee schedule in effect with contracted dental providers. The policy provides the same benefits for covered expenses obtained from both participating (contracted) providers and non-participating providers; however, out-of-pocket costs may be lower and the insured may also have access to discounts on certain non-covered expenses when using a participating provider.

Please note that the applicant will have the following three different plan options to choose from:

**Option A / Diagnostic & Preventive Option**

This option provides coverage for the preventive and diagnostic dental benefits outlined in Policy Schedule Option A. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the Policy Schedule / Schedule of Benefits.

**Option B / Premier Option**

This option provides coverage for preventive, diagnostic, restorative and major procedure dental benefits outlined in Policy Schedule Option B. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the Policy Schedule / Schedule of Benefits.



**The Chesapeake  
Life Insurance Company**  
Home Office: Oklahoma City, OK

**Option C / Deluxe Option**

This option provides coverage for preventive, diagnostic, restorative, major procedure and orthodontic dental benefits outlined in Policy Schedule Option C. Benefits are based on ADA code, and unless otherwise noted, are subject to the scheduled benefit amounts, Deductible, Limitations and/or Waiting Periods as shown in the Policy Schedule / Schedule of Benefits.

Please note that depending on the option selected by the applicant, only Policy Schedule Option A, B or C will be included in the policy when issued. The bracketed items on the Policy Schedule(s) / Schedule of Benefits are intended as variable information. The bracketed provisions within the policy form indicate information that will either be included or excluded at the time of issue. At no time will this bracketed information be arranged in such a way to violate the laws of your state.

We intend to use form **CH-26098-INDAPP (7/08)**, which is filed under separate cover, SERFF MGCC-125612986, and any future applications approved by your Department, to solicit this coverage.

Please be advised of our intention to exercise our deemer rights as allowed under 23-79-109, if within 30 days of the Department's receipt of the filing, we have not received your objections to or approval of the filing.

To the best of our knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state. The required filing fees and certifications are included herewith. Also, the Actuarial Memorandum and rates are included with this submission.

If you have any questions or if anything further is needed to expedite the review of this filing, please call me collect at (817) 255-3590. Your assistance in this matter is greatly appreciated.

Sincerely,

Kathleen Allen

Compliance Analyst III

Product Compliance Department