

SERFF Tracking Number: CAIC-126627201 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 45658
Company Tracking Number: 7598
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Dental
Project Name/Number: /

Filing at a Glance

Company: Continental American Insurance Company

Product Name: Dental

SERFF Tr Num: CAIC-126627201 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 45658

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: 7598

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Betty Rakes, Mary Anne
Smith

Disposition Date: 05/19/2010

Date Submitted: 05/13/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Group filings are
exempt in SC and only filed for information

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Other

Filing Status Changed: 05/19/2010

Explanation for Other Group Market Type:
union

State Status Changed: 05/19/2010

Deemer Date:

Created By: Betty Rakes

Submitted By: Betty Rakes

Corresponding Filing Tracking Number:

Filing Description:

Group Dental with riders for Ortho and cosmetic benefits.

Company and Contact

Filing Contact Information

Betty Rakes, Senior Compliance Analyst

companycompliance@caicworksite.com

SERFF Tracking Number: CAIC-126627201 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 45658
 Company Tracking Number: 7598
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Dental
 Project Name/Number: /

2801 Devine Street 888-730-2244 [Phone] 4329 [Ext]
 Columbia, SC 29205 803-929-4944 [FAX]

Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina
 2801 Devine Street Group Code: Company Type: LAH
 Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:
 Co
 (803) 256-6265 ext. [Phone] FEIN Number: 57-0514130

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per submission package
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$50.00	05/13/2010	36478677
Continental American Insurance Company	\$250.00	05/18/2010	36611299

SERFF Tracking Number: CAIC-126627201 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 45658
 Company Tracking Number: 7598
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Dental
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/19/2010	05/19/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/17/2010	05/17/2010	Betty Rakes	05/18/2010	05/18/2010
Pending Industry Response	Rosalind Minor	05/17/2010	05/17/2010	Betty Rakes	05/18/2010	05/18/2010

SERFF Tracking Number: CAIC-126627201 *State:* Arkansas
Filing Company: Continental American Insurance Company *State Tracking Number:* 45658
Company Tracking Number: 7598
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Dental
Project Name/Number: /

Disposition

Disposition Date: 05/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAIC-126627201 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 45658
 Company Tracking Number: 7598
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Dental
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	5-17-2010 Response Letter	Approved-Closed	Yes
Form (revised)	Group Dental Master Policy	Approved-Closed	Yes
Form	Group Dental Master Policy	Replaced	Yes
Form (revised)	Certificate of Insurance	Approved-Closed	Yes
Form	Certificate of Insurance	Replaced	Yes
Form	Dental Master App	Approved-Closed	Yes
Form	Dental Enrollment Form	Approved-Closed	Yes
Form	Benefit Rider	Approved-Closed	Yes
Form	Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: CAIC-126627201 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 45658
Company Tracking Number: 7598
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Dental
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/17/2010

Submitted Date 05/17/2010

Respond By Date

Dear Betty Rakes,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Dental Master Policy, CA11100 (Form)

Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$300.00. Please submit an additional \$250.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 05/18/2010

Submitted Date 05/18/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: I have sent the additional fee seperately.

Related Objection 1

SERFF Tracking Number: CAIC-126627201 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 45658
 Company Tracking Number: 7598
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Dental
 Project Name/Number: /

Applies To:
 - Group Dental Master Policy, CAI1100 (Form)
 Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$300.00. Please submit an additional \$250.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: 5-17-2010 Response Letter
 Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Dental Master Policy	CAI1100A R		Policy/Contract/Fraternal Certificate	Revised			CAI1100A R MP.pdf
Previous Version							
Group Dental Master Policy	CAI1100		Policy/Contract/Fraternal Certificate	Initial			CAI1100 Group Dental MP.pdf
Certificate of Insurance	CAI1101A R		Certificate	Revised			CAI1101A R Cert.pdf
Previous Version							
Certificate of Insurance	CAI1101		Certificate	Initial			CAI1101 Group Dental

SERFF Tracking Number: CAIC-126627201 *State:* Arkansas
Filing Company: Continental American Insurance Company *State Tracking Number:* 45658
Company Tracking Number: 7598
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Dental
Project Name/Number: /

Cert.pdf

No Rate/Rule Schedule items changed.

Sincerely,
Betty Rakes, Mary Anne Smith

SERFF Tracking Number: CAIC-126627201 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 45658
Company Tracking Number: 7598
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Dental
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/17/2010
Submitted Date 05/17/2010
Respond By Date
Dear Betty Rakes,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Dental Master Policy, CAI1100 (Form)
- Certificate of Insurance, CAI1101 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Objection 2

- Group Dental Master Policy, CAI1100 (Form)
- Certificate of Insurance, CAI1101 (Form)

Comment:

With respect to coverage for newborn infants, coverage must be for at least 90 days as outlined under ACA 23-79-129. Also, for coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period under ACA 23-79-137.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/18/2010
Submitted Date 05/18/2010

Dear Rosalind Minor,

SERFF Tracking Number: CAIC-126627201 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 45658
Company Tracking Number: 7598
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Dental
Project Name/Number: /

Comments:

Response 1

Comments: Forms changed were sent with fee letter.

Related Objection 1

Applies To:

- Group Dental Master Policy, CAI1100 (Form)
- Certificate of Insurance, CAI1101 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Form changes were sent with fee letter.

Related Objection 1

Applies To:

- Group Dental Master Policy, CAI1100 (Form)
- Certificate of Insurance, CAI1101 (Form)

Comment:

With respect to coverage for newborn infants, coverage must be for at least 90 days as outlined under ACA 23-79-129. Also, for coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period under ACA 23-79-137.

Changed Items:

SERFF Tracking Number: CAIC-126627201 *State:* Arkansas
Filing Company: Continental American Insurance Company *State Tracking Number:* 45658
Company Tracking Number: 7598
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Dental
Project Name/Number: /

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Betty Rakes, Mary Anne Smith

SERFF Tracking Number: CAIC-126627201 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 45658
 Company Tracking Number: 7598
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Dental
 Project Name/Number: /

Form Schedule

Lead Form Number: CAI1100

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/19/2010	CAI1100AR	Policy/Cont ract/Fraternal Certificate	Group Dental Master	Revised	Replaced Form #: CAI1100 Previous Filing #:		CAI1100AR MP.pdf
Approved-Closed 05/19/2010	CAI1101AR	Certificate	Certificate of Insurance	Revised	Replaced Form #: CAI1101 Previous Filing #:		CAI1101AR Cert.pdf
Approved-Closed 05/19/2010	CAI1110	Application/Enrollment Form	Dental Master App	Initial			CAI1110 Dental MA.pdf
Approved-Closed 05/19/2010	CAI1111	Application/Enrollment Form	Dental Enrollment Form	Initial			CAI1111 App.pdf
Approved-Closed 05/19/2010	CAI1140	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Benefit Rider	Initial			CAI1140 Ortho Rider.pdf
Approved-Closed 05/19/2010	CAI1141	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Benefit Rider	Initial			CAI1141 Cosmetic Rider.pdf



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

GROUP DENTAL POLICY

Notice to Buyer: This Plan provides dental benefits only

Based on the application for this Group Dental Policy (herein called the Plan) made by

[ABC Company]
(herein called the Policyholder)

and based on the payment of the premium when due, we agree to pay the benefits provided on the following pages.

The Plan becomes effective at 12:01 a.m. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section II. The Plan will terminate as provided in the provision titled "Termination of the Plan" in Section I.

The first anniversary of the Plan will be the Anniversary Date shown below. Subsequent anniversaries of the Plan will be the same date each year thereafter.

The Policyholder may add new employees or dependents from time to time in accordance with the terms of the Plan.

All matter printed or written by Continental American Insurance Company (herein called the Company, we, us, or our) on the following pages forms a part of the Plan as if recited over the signature below. The Plan is a legal contract between us and the Policyholder. The Plan is delivered in and is governed by the laws of the jurisdiction shown below.

In witness whereof the Company has caused the Plan to be executed at our Home Office in Columbia, South Carolina on the Effective Date.

Signed for us at our Home Office

A handwritten signature in cursive script that reads "Eugene C. Smith".

President

Group Policy Number - [1234]

Effective Date - [June 1, 2010]

Jurisdiction - [state]

Anniversary Date - [June 1, 2011]

Non-Participating

GROUP POLICY PROVISIONS

- SECTION I** - Eligibility, Effective Date and Termination
- SECTION II** - Premium Provisions
- SECTION III** - Definitions
- SECTION IV** - Limitations and Exclusions
- SECTION V** - Claim Provisions
- SECTION VI** - General Provisions
- SECTION VII** - Benefit Schedule
- SECTION VIII** - Schedule of Premiums
- SECTION IX** - Incorporation of Rider Provisions

SECTION I ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

An applicant is eligible for coverage under the Plan if they are any of the following:

1. [an employee of the Policyholder] [a member of the policyholders group] under the age of 70; or
2. the spouse of an employee; or
3. the dependent children of an employee; or
4. included in the class of applicant's eligible for coverage as shown on the application.

EFFECTIVE DATE

The Effective Date of the Plan is shown on Page 1.

The Effective Date for an employee is either of the following:

1. An employee's insurance will be effective on the date shown on his Certificate Schedule provided the employee is then actively at work.
2. If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such employee is first thereafter actively at work.

TERMINATION OF THE PLAN

The Plan will cease if the premium is not paid before the end of the Grace Period.

After the end of the first Plan year, the Company has the right to cancel the Plan on the day prior to the date any premium is due by giving 31 days written notice to the Policyholder.

In these events, the Plan and all certificates issued hereunder will terminate on such date at 12:01 A.M. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any Insured as respects any claim arising during the period the Plan is in force.

The Policyholder has the sole responsibility to notify employees of such termination.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An employee's insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date an employee ceases to meet the definition of an employee as defined herein;
4. on the premium due date which falls on or first follows the employee's 71st birthday; or
5. on the date the Insured is no longer a member of an eligible class.

Termination of the insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

[PORTABILITY PRIVILEGE

When coverage would otherwise terminate under the Plan because an employee ended employment with his employer, he may elect to continue his coverage. The coverage he may continue is that which he had on the date his employment terminated, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. the employee failed to pay any required premium;
 - b. [the employee attained age 71;

- c.]the Plan terminates.
- 2. To keep his insurance in force he must:
 - a. make written application to us within 31 days after the date insurance would otherwise terminate; and
 - b. pay to us the required premium no later than 31 days after the date insurance would otherwise terminate.
- 3. Insurance will cease on the earliest of these dates:
 - a. the date the employee fails to pay any required premium;
 - b. the date the Plan is terminated.

If an employee qualifies for this Portability Privilege as described, then the same benefits, Plan provisions, and premium rate as shown in the Plan/certificate as previously issued will apply.]

SECTION II PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date will be calculated in accordance with the Schedule of Premiums. The rates shown in this schedule can be changed every [year] [two] [[three] years]. We will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of the Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for the Plan are to be paid to the Company at our Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

The Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given us written notice of discontinuance of the Plan.

SECTION III DEFINITIONS

Whenever the male pronoun is used, it includes the female unless the context clearly shows otherwise.

When the terms below are used in the Plan, the following definitions will apply:

Dental Hygienist: a legally qualified person, other than a member of an employee's Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

Dentist: a legally qualified person, other than a member of an employee's Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

Dependent Children: an employee's natural children, stepchildren, or legally adopted children who are: (1) unmarried; (2) under age 26; and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of the employee's Certificate following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under this Plan. An employee must furnish proof of such incapacity and dependency to us. An employee must furnish proof of continued incapacity and dependency at our request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Effective Date: the date(s) coverage begins as shown on the face page of the Plan and on the employee's certificate schedule.

Employee: a person insured under the Plan who is:

1. [an employee of the Policyholder] [a member of the Policyholder's group];
2. included in the class of employees eligible for coverage as shown on the application.

Immediate Family: anyone related to an employee in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.

Insured: any person insured under Employee, Employee/Spouse, Employee and Children, or Family coverage.

Policy Year:

1. **First Policy Year:** the period of time that begins on the Insured's Effective Date of coverage and ends 365 days from that Effective Date.
2. **Each Subsequent Policy Year:** each 12-month period thereafter.

Policy Year Maximum: the total dollar amount of benefits payable per Policy Year, per Insured.

Type of Coverage

1. **Employee:** coverage for only the employee, the Insured listed in the Certificate Schedule.
2. **Employee/Spouse:** coverage for only the employee (the Insured) and his spouse. "Spouse" is defined as the person to whom an employee is legally married and who is listed on his application.
3. **Employee and Children:** coverage for an employee (the Insured) and all of his Dependent Children.
4. **Family:** coverage for an employee (the Insured), his spouse, and all of his Dependent Children (or those of his spouse).

Persons covered under Employee, Employee/Spouse, Employee and Children, or Family coverage are referred to as "Insureds." Newborn children are automatically covered under the terms of the Plan from the moment of birth. Adopted children are covered from the date of petition. If Employee or Employee/Spouse coverage is in force and an employee desires uninterrupted coverage for a newborn or adopted child, he must notify us in writing within 90 days of the child's birth or within 60 days from the date the petition is filed for adoption of a child. Coverage for newborn will be in effect through the 90th day. Coverage for adopted children will be in

effect through the 60th day following the date of such event. Upon notification, we will convert his certificate to Employee and Children or Family coverage and advise him of the additional premium due. If Employee and Children or Family coverage is in force, it is not necessary for an employee to notify us of the birth of a child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required.

The insurance on any Dependent Child will terminate on the employee's certificate anniversary date following the Dependent Child's 26th birthday, on the date the child marries, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under the Plan. When coverage on all Dependent Children terminates, the employee must notify us, in writing, and elect whether to continue his certificate on an Employee or Employee/Spouse basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any Employee and Children or Family certificate will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the employee's certificate. The employee must furnish proof of such incapacity and dependency to us. He must furnish proof of continued incapacity and dependency at our request, but not more often than annually after the two-year period following the Dependent Child's 26th birthday.

Waiting Period: the period after an Insured's Effective Date during which benefits are not payable. If a dependent is added, the Waiting Period for such dependent will begin from his effective date of coverage. Waiting Periods vary based on the benefit category (see the Benefit Schedule).

[When this coverage is issued as a replacement for coverage previously issued under another group dental plan, the Waiting Periods applicable to each Insured will be reduced by any Waiting Periods fulfilled under the prior carriers group dental coverage.]

SECTION IV LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or resulting from:

1. Any procedure not shown on the Schedule of Dental Procedures.
2. Services that are not recommended by a Dentist or that are not required for the preservation or restoration of oral health.
3. Repairs to dental work within six months of the initial work.
4. Replacement prosthetics within five years of last placement.
5. Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
6. Replacement for inlays or onlays for a given tooth within five years of last placement.
7. Treatment received while outside the territorial limits of the United States.
8. Treatment received prior to an Insured's Effective Date of coverage or treatment received during a benefit's Waiting Period.
9. A dentist's or dental practice's failure to comply with the current ADA coding convention including, but not limited to, upcoding, the overutilization of certain codes and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

No benefits will be paid for replacement of teeth missing before an Insured's Effective Date of coverage.

We will not pay benefits for services rendered by an employee or a member of the Immediate Family of an Insured.

SECTION V CLAIM PROVISIONS

Notice of Claim - Written notice of claim must be given within 60 days after the covered loss or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Insured and the employee's Certificate number.

Claim Forms - When we receive notice of a claim, we will send the forms for filing proof of loss. If these forms are not sent to the claimant within 15 working days, he 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 on the Proof of Loss Section.

Proof of Loss - A claimant must give us written proof within 90 days after the loss for which he is seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the covered loss unless the claimant was legally incapacitated during that time.

Time of Payment of Claims: Benefits for any loss covered by the Plan will be paid as soon as we receive proper written proof.

Payment Of Claims - Benefits will be paid to the employee. All of the benefits due will be paid to the employee unless he assigns them elsewhere. Any benefits unpaid at the time of his death will be paid in the following order:

1. to any approved assignee;
2. his estate.

Unpaid Premium - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Legal Action - An employee cannot take legal action against us for benefits under the Plan:

1. within 60 days after he has sent us written proof of loss; or
2. more than 6 years from the time written proof is required to be given.

SECTION VI GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. the Plan;
2. the application of the Policyholder; and
3. if applicable, an employee's application(s).

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under the Plan unless:

1. the statement is in writing signed by the Policyholder or by an employee; and

2. a copy of that statement is given to the Policyholder or to the employee or to his beneficiary.

Contract Changes - No change in the Plan is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to the Plan. No agent has the authority to change the Plan or to waive any of its provisions.

Misstatements of Age - If an employee incorrectly stated his age or the ages of his dependents, if any, in his application, the benefits will be such as it would have been had the premium paid been purchased at the correct age. If, based on the correct ages, we would not have issued his Certificate or insured certain dependents under this Certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit On Certain Defenses - After the Plan has been in force for two years respecting an Insured, only fraudulent misstatements in an application may be used to void his coverage or to deny any claim for an incurred loss that starts after the two-year period.

Clerical Error- Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Individual Certificate – The Company will give the Policyholder a Certificate for each employee. The Certificate will set forth the following:

1. the coverage;
2. to whom benefits will be paid; and
3. the rights and privileges under the Plan.

Data Required - The Policyholder will furnish all information and proofs that the Company may reasonably require regarding the Plan.

Conformity With State Statutes – If any provision of the Plan is in conflict with the laws of the state in which the Plan was issued on the Effective Date, that provision will be amended to conform to the minimum requirements of those laws.

SECTION VII BENEFIT SCHEDULE

Benefit Categories

Waiting Periods[*]

A.....Preventive	[0] months
B.....Annual Maximum Building Benefit	[12] months
C..... Fillings and Basic Services	[3] months
D.....Pain Management and Adjunctive Services	[3] months
E..... Other Preventive Services	[6] months
F..... Oral Surgery, Gum Treatments & Prosthetic Repair	[6] months
G..... Crowns and Major Services	[12] months
H..... Major Prosthetic Services	[24] months

[Optional Benefits]

Waiting Periods[*]

[Orthodontic Benefit Rider	[24] months]
[Cosmetic Benefit Rider	[24] months]]

Subject to the applicable waiting period[*] listed above and the provisions in the limitations and exclusions section of the Plan, we will pay the following benefits when a charge is incurred for covered dental treatment that is received while an Insured’s coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, we will pay the amount shown in the schedule of dental procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on current ADA coding convention.

[* When this coverage is issued as a replacement for coverage previously issued under another group dental plan, the Waiting Periods applicable to each Insured will be reduced by any Waiting Periods fulfilled under the prior carriers group dental coverage.]

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. [DENTAL WELLNESS BENEFIT.....	[\$25]

This benefit is payable for you or any Insured for any one treatment listed below, per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per Policy Year per Insured. The treatment must be performed by a Dentist or Dental Hygienist.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
D0150	Comprehensive Oral Evaluation (new or established patient)
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)

- D0170 Re-evaluation – Limited, Problem (established patient; not postoperative visit)
- D0180 Comprehensive Periodontal Evaluation (new or established patient)
- D0425 Caries Susceptibility Tests
- D1110 Prophylaxis (adult)
- D1120 Prophylaxis (child)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1206 Topical Fluoride Varnish: Therapeutic Application for Moderate to High Caries Risk Patients
- D1310 Nutritional Counseling for Control of Dental Disease
- D1320 Tobacco Counseling for the Control and Prevention of Oral Disease
- D1330 Oral Hygiene Instructions
- D4910 Periodontal Maintenance
- D9430 Office Visit for Observation (during regularly scheduled hours, no other services performed)
- D9910 Application of Desensitizing Medicament]

Benefit
Amount

2. [X-RAY BENEFIT \$[15]

This benefit is payable for you or for any Insured for any one X-ray procedure listed below, per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per Policy Year per Insured. The treatment must be performed by a Dentist or Dental Hygienist.

ADA Code	Description
D0210	Intraoral (complete series, including bitewings)
D0220	Intraoral (periapical, first film)
D0230	Intraoral (periapical, each additional film)
D0240	Intraoral (occlusal film)
D0250	Extraoral (first film)
D0260	Extraoral (each additional film)
D0270	Bitewing (single film)
D0272	Bitewings (two films)
D0273	Bitewings (three films)
D0274	Bitewings (four films)
D0277	Vertical Bitewings (seven to eight films)
D0330	Panoramic Film
D0340	Cephalometric Film]

The benefits below are subject to the Waiting Period and a Policy Year Maximum of \$[1,200] per Insured. The benefits listed are per Insured. All treatments must be performed by a Dentist.

A. [ANNUAL MAXIMUM BUILDING BENEFIT: We will increase each Insured’s Policy Year Maximum by \$[100] after each 12 consecutive months of an Insured’s coverage being in force. This benefit builds to a maximum of \$[500] per Insured.]

B. [FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	[20]
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	[60]
D0310	Sialography	[160]
D0415	Bacteriologic Studies for Determination of Pathologic Agents.....	[10]
D0416	Viral Culture	[10]
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	[10]
D0418	Analysis of Saliva Sample	[10]
D0421	Genetic test of susceptibility to oral diseases	[10]
D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Bisopsy	[10]
D0460	Pulp Vitality Tests	[15]
D0470	Diagnostic Casts	[20]
D2140	Amalgam (one surface)	
	Primary	[30]
	Permanent	[45]
D2150	Amalgam (two surfaces)	
	Primary	[30]
	Permanent	[50]
D2160	Amalgam (three surfaces)	
	Primary	[40]
	Permanent	[55]
D2161	Amalgam (four or more surfaces)	
	Primary	[45]
	Permanent	[60]
D2330	Resin-Based Composite (one surface, anterior).....	[40]
D2331	Resin-Based Composite (two surfaces, anterior).....	[50]
D2332	Resin-Based Composite (three surfaces, anterior).....	[55]
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	[60]
D2390	Resin-Based Composite Crown (anterior)	[60]
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	[30]
	Permanent	[40]
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	[45]
	Permanent	[50]
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	[50]
	Permanent	[55]
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	[50]

	Permanent	[55]
D2410	Gold Foil (one surface).....	[200]
D2420	Gold Foil (two surfaces)	[225]

ID. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	[\$30]
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	[75]
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	[75]
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	[75]
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes).....	[120]
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment)	[25]
D9410	House/Extended-Care Facility Call.....	[25]
D9420	Hospital Call.....	[25]
D9440	Office Visit (after regularly scheduled hours).....	[25]
D9450	Case Presentation, Detailed and Extensive Treatment Planning	[25]

IE. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth).....	[\$15]
D1510	Space Maintainer (fixed, unilateral)	[80]
D1515	Space Maintainer (fixed, bilateral)	[100]
D1520	Space Maintainer (removable, unilateral).....	[80]
D1525	Space Maintainer (removable, bilateral).....	[100]
D1550	Recementation of Space Maintainer	[35]
D1555	Removal of Fixed Space Maintainer	[80]

IF. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant).....	[\$130]
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant).....	[45]
D4230	Anatomical Crown Exposure - four or more contiguous teeth per quadrant	[130]
D4231	Anatomical Crown Exposure - one to three teeth per quadrant	[45]
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	[225]
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	[225]
D4249	Clinical Crown Lengthening (hard tissue)	[250]
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	[250]
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	[250]
D4263	Bone Replacement Graft (first site in quadrant).....	[275]
D4264	Bone Replacement Graft (each additional site in quadrant).....	[225]
D4270	Pedicle Soft Tissue Graft Procedure	[275]
D4271	Free Soft Tissue Graft Procedure (including donor site surgery).....	[275]
D4273	Subepithelial Connective Tissue Graft Procedures	[300]
D4275	Soft Tissue Allograft	[275]
D4320	Provisional Splinting (intracoronal)	[150]
D4321	Provisional Splinting (extracoronal)	[110]

D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	[60]
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	[60]
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	[55]
D5410	Adjust Complete Denture (maxillary)	[20]
D5411	Adjust Complete Denture (mandibular)	[20]
D5421	Adjust Partial Denture (maxillary)	[20]
D5422	Adjust Partial Denture (mandibular)	[20]
D5510	Repair Broken Complete Denture Base	[45]
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	[40]
D5610	Repair Resin Denture Base.....	[45]
D5620	Repair Cast Framework.....	[60]
D5630	Repair or Replace Broken Clasp	[50]
D5640	Replace Broken Teeth (per tooth)	[40]
D5650	Add Tooth to Existing Partial Denture.....	[45]
D5660	Add Clasp to Existing Partial Denture	[60]
D5710	Rebase Complete Maxillary Denture	[130]
D5711	Rebase Complete Mandibular Denture	[170]
D5720	Rebase Maxillary Partial Denture	[170]
D5721	Rebase Mandibular Partial Denture	[170]
D5730	Reline Complete Maxillary Denture (chairside)	[80]
D5731	Reline Complete Mandibular Denture (chairside)	[80]
D5740	Reline Maxillary Partial Denture (chairside)	[90]
D5741	Reline Mandibular Partial Denture (chairside).....	[90]
D5750	Reline Complete Maxillary Denture (laboratory)	[110]
D5751	Reline Complete Mandibular Denture (laboratory)	[110]
D5760	Reline Maxillary Partial Denture (laboratory)	[130]
D5761	Reline Mandibular Partial Denture (laboratory).....	[130]
D5850	Tissue Conditioning (maxillary)	[40]
D5851	Tissue Conditioning (mandibular).....	[40]
D6090	Repair of Implanted Supported Prosthetic, by Report.....	[110]
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)	[110]
D6092	Recement Implant/Abutment Supported Crown	[110]
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	[110]
D6095	Repair of Implanted Abutment, by Report.....	[110]
D6100	Implant Removal, By Report.....	[35]
D6930	Recement Fixed Partial Denture.....	[35]
D7111	Coronal Remnants (deciduous tooth)	[35]
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)....	[40]
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	[70]
D7220	Removal of Impacted Tooth (soft tissue)	[85]
D7230	Removal of Impacted Tooth (partially bony).....	[120]
D7240	Removal of Impacted Tooth (completely bony)	[130]
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	[150]
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	[70]
D7260	Oroantral Fistula Closure	[180]
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	[180]
D7280	Surgical Access of an Unerupted Tooth.....	[200]
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	[65]
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	[65]
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	[375]
D7286	Biopsy of Oral Tissue – Soft (all others).....	[150]

D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	[65]
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	[65]
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	[80]
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	[80]
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization).....	[750]
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	[700]
D7410	Excision of Benign Lesion (up to 1.25 cm).....	[525]
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	[525]
D7412	Excision of Benign Lesion (complicated).....	[525]
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	[650]
D7414	Excision of Malignant Lesion (greater than 1.25 cm).....	[650]
D7415	Excision of Malignant Lesion (complicated).....	[650]
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	[650]
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm).....	[650]
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	[525]
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	[525]
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	[525]
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	[525]
D7471	Removal of Lateral Exostosis (maxilla or mandible).....	[375]
D7472	Removal of Torus Palatinus.....	[375]
D7473	Removal of Torus Mandibularis.....	[375]
D7485	Surgical Reduction of Osseous Tuberosity.....	[425]
D7510	Incision and Drainage of Abscess (intraoral soft tissue).....	[100]
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage or multiple fascial spaces)	[450]
D7520	Incision and Drainage of Abscess (extraoral soft tissue).....	[450]
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage or multiple fascial spaces)	[450]
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	[170]
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system).....	[180]
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone.....	[120]
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body.....	[700]
D7610	Maxilla (open reduction; teeth immobilized, if present).....	[700]
D7620	Maxilla (closed reduction; teeth immobilized, if present).....	[700]
D7630	Mandible (open reduction; teeth immobilized, if present).....	[65]
D7640	Mandible (closed reduction; teeth immobilized, if present).....	[80]
D7650	Malar and/or Zygomatic Arch (open reduction).....	[700]
D7660	Malar and/or Zygomatic Arch (closed reduction).....	[550]
D7670	Alveolus (closed reduction, may include stabilization of teeth).....	[725]
D7671	Alveolus (open reduction, may include stabilization of teeth).....	[350]
D7710	Maxilla (open reduction).....	[700]
D7720	Maxilla (closed reduction).....	[700]
D7730	Mandible (open reduction).....	[80]
D7740	Mandible (closed reduction).....	[80]
D7750	Malar and/or Zygomatic Arch (open reduction).....	[300]
D7760	Malar and/or Zygomatic Arch (closed reduction).....	[300]
D7770	Alveolus (open reduction stabilization of teeth).....	[350]
D7771	Alveolus (closed reduction stabilization of teeth).....	[725]
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure).....	[80]
D7963	Frenuloplasty	[80]
D7970	Excision of Hyperplastic Tissue (per arch).....	[80]

D7971	Excision of Pericoronal Gingiva	[70]
D9120	Fixed Partial denture Sectioning	[35]

[G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface).....	\$[190]
D2520	Inlay (metallic, two surfaces).....	[225]
D2530	Inlay (metallic, three or more surfaces).....	[350]
D2542	Onlay (metallic, two surfaces).....	[225]
D2543	Onlay (metallic, three surfaces).....	[250]
D2544	Onlay (metallic, four or more surfaces)	[275]
D2610	Inlay (porcelain/ceramic, one surface)	[200]
D2620	Inlay (porcelain/ceramic, two surfaces)	[225]
D2630	Inlay (porcelain/ceramic, three or more surfaces).....	[350]
D2642	Onlay (porcelain/ceramic, two surfaces).....	[250]
D2643	Onlay (porcelain/ceramic, three surfaces).....	[275]
D2644	Onlay (porcelain/ceramic, four or more surfaces).....	[325]
D2650	Inlay (resin-based composite, one surface)	[180]
D2651	Inlay (resin-based composite, two surfaces)	[200]
D2652	Inlay (resin-based composite, three or more surfaces).....	[250]
D2662	Onlay (resin-based composite, two surfaces).....	[225]
D2663	Onlay (resin-based composite, three surfaces).....	[250]
D2664	Onlay (resin-based composite, four or more surfaces).....	[250]
D2710	Crown (resin, indirect)	[150]
D2712	Crown (3/4 resin-based composite, indirect).....	[150]
D2720	Crown (resin with high noble metal).....	[250]
D2721	Crown (resin with predominantly base metal)	[250]
D2722	Crown (resin with noble metal).....	[250]
D2740	Crown (porcelain/ceramic substrate).....	[250]
D2750	Crown (porcelain fused to high noble metal)	[250]
D2751	Crown (porcelain fused to predominantly base metal).....	[250]
D2752	Crown (porcelain fused to noble metal)	[250]
D2780	Crown (3/4-cast high noble metal)	[250]
D2781	Crown (3/4-cast predominantly base metal)	[250]
D2782	Crown (3/4-cast noble metal)	[250]
D2783	Crown (3/4-porcelain/ceramic)	[250]
D2790	Crown (full-cast high noble metal)	[250]
D2791	Crown (full-cast predominantly base metal).....	[250]
D2792	Crown (full-cast noble metal).....	[250]
D2794	Crown (titanium).....	[250]
D2910	Recement Inlay.....	[30]
D2915	Recement Cast of Prefabricated Post and Core.....	[30]
D2920	Recement Crown	[30]
D2930	Prefabricated Stainless Steel Crown (primary tooth)	[65]
D2931	Prefabricated Stainless Steel Crown (permanent tooth).....	[75]
D2932	Prefabricated Resin Crown.....	[100]
D2933	Prefabricated Stainless Steel Crown with Resin Window.....	[110]
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth).....	[65]
D2940	Sedative Filling	[25]
D2950	Core Buildup (including any pins)	[65]
D2951	Pin Retention (per tooth, in addition to restoration).....	[15]
D2952	Cast Post and Core (in addition to crown).....	[95]
D2954	Prefabricated Post and Core (in addition to crown)	[100]
D2955	Post Removal (not in conjunction with endodontic therapy)	[75]
D2970	Temporary Crown (fractured tooth).....	[75]

D2980	Crown Repairs, By Report	[125]
D3110	Pulp Cap (direct, excluding final restoration)	[15]
D3120	Pulp Cap (indirect, excluding final restoration)	[15]
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	[40]
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	[40]
D3230	Pulpal Therapy (resorbable filling ; anterior, primary tooth, excluding final restoration)	[45]
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	[45]
D3310	Anterior (excluding final restoration, root canal).....	[150]
D3320	Bicuspid (excluding final restoration, root canal)	[200]
D3330	Molar (excluding final restoration, root canal).....	[250]
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	[130]
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	[180]
D3348	Retreatment of Previous Root Canal Therapy (molar).....	[225]
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	[130]
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	[30]
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)	[65]
D3410	Apicoectomy/Periradicular Surgery (anterior).....	[140]
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root).....	[275]
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	[300]
D3426	Apicoectomy/Periradicular Surgery (each additional root).....	[110]
D3430	Retrograde Filling (per root)	[80]
D3450	Root Amputation (per root).....	[160]
D3920	Hemisection (including any root removal; not including root canal therapy).....	[120]
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	[55]

[H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	[\$350]
D5120	Complete Denture (mandibular).....	[350]
D5130	Immediate Denture (maxillary)	[350]
D5140	Immediate Denture (mandibular)	[350]
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	[250]
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	[250]
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	[375]
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	[375]
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	[375]
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	[375]
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	[300]
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	[40]
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	[40]
D5810	Interim Complete Denture (maxillary).....	[225]
D5811	Interim Complete Denture (mandibular).....	[225]
D5820	Interim Partial Denture (maxillary).....	[170]
D5821	Interim Partial Denture (mandibular).....	[180]
D6010	Surgical Placement of Implant Body: Endosteal Implant	[450]
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	[450]
D6040	Surgical Placement: Eposteal Implant.....	[450]
D6050	Surgical Placement: Transosteal Implant	[450]

D6056	Prefabricated Abutment (includes placement)	[450]
D6057	Custom Abutment (includes placement)	[450]
D6058	Abutment Supported Porcelain/Ceramic Crown	[250]
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)	[250]
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	[250]
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	[250]
D6062	Abutment Supported Cast Metal Crown (high noble metal)	[250]
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	[250]
D6064	Abutment Supported Cast Metal Crown (noble metal)	[250]
D6065	Implant Supported Porcelain/Ceramic Crown.....	[250]
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	[250]
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	[250]
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	[250]
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	[250]
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	[250]
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	[250]
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	[250]
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	[250]
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	[250]
D6075	Implant Supported Retainer for Ceramic FPD	[250]
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	[250]
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	[250]
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch.....	[250]
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch.....	[250]
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis.....	[150]
D6094	Abutment Supported Crown (titanium)	[250]
D6194	Abutment Supported Retainer Crown for FPD (titanium)	[250]
D6205	Pontic (indirect resin based composite)	[250]
D6210	Pontic (cast high noble metal)	[250]
D6211	Pontic (cast predominantly base metal).....	[250]
D6212	Pontic (cast noble metal)	[250]
D6214	Pontic (titanium)	[250]
D6240	Pontic (porcelain fused to high noble metal).....	[250]
D6241	Pontic (porcelain fused to predominantly base metal)	[250]
D6242	Pontic (porcelain fused to noble metal).....	[250]
D6245	Pontic (porcelain/ceramic)	[250]
D6250	Pontic (resin with high noble metal)	[250]
D6251	Pontic (resin with predominantly base metal)	[250]
D6252	Pontic (resin with noble metal)	[250]
D6253	Provisional Pontic	[250]
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	[140]
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis).....	[140]
D6600	Inlay (porcelain/ceramic, two surfaces)	[225]
D6601	Inlay (porcelain/ceramic, three or more surfaces)	[350]
D6602	Inlay (cast high noble metal, two surfaces)	[300]
D6603	Inlay (cast high noble metal, three or more surfaces)	[325]
D6604	Inlay (cast predominantly base metal, two surfaces)	[300]
D6605	Inlay (cast predominantly base metal, three or more surfaces)	[325]
D6606	Inlay (cast noble metal, two surfaces)	[300]
D6607	Inlay (cast noble metal, three or more surfaces)	[325]

D6608	Onlay (porcelain/ceramic, two surfaces)	[250]
D6609	Onlay (porcelain/ceramic, three or more surfaces)	[275]
D6610	Onlay (cast high noble metal, two surfaces)	[325]
D6611	Onlay (cast high noble metal, three or more surfaces)	[350]
D6612	Onlay (cast predominantly base metal, two surfaces)	[325]
D6613	Onlay (cast predominantly base metal, three or more surfaces)	[350]
D6614	Onlay (cast noble metal, two surfaces)	[325]
D6615	Onlay (cast noble metal, three or more surfaces)	[350]
D6624	Inlay (titanium)	[325]
D6634	Onlay (titanium)	[350]
D6710	Crown (indirect resin based composite)	[250]
D6720	Crown (resin with high noble metal).....	[250]
D6721	Crown (resin with predominantly base metal)	[250]
D6722	Crown (resin with noble metal).....	[250]
D6740	Crown (porcelain/ceramic).....	[250]
D6750	Crown (porcelain fused to high noble metal).....	[250]
D6751	Crown (porcelain fused to predominantly base metal).....	[250]
D6752	Crown (porcelain fused to noble metal)	[250]
D6780	Crown (3/4-cast high noble metal).....	[250]
D6781	Crown (3/4-cast predominantly base metal).....	[250]
D6782	Crown (3/4-cast noble metal).....	[250]
D6783	Crown (3/4-porcelain/ceramic)	[250]
D6790	Crown (full-cast high noble metal)	[250]
D6791	Crown (full-cast predominantly base metal)	[250]
D6792	Crown (full-cast noble metal).....	[250]
D6793	Provisional Retainer Crown	[250]
D6794	Crown (titanium)	[250]
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	[130]
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer).....	[100]
D6973	Core Buildup for Retainer (including any pins).....	[85]
D6975	Coping (metal).....	[225]

SECTION VIII SCHEDULE OF PREMIUMS

The tables below show the premiums applicable to the Plan on the Effective Date.

SECTION IX INCORPORATION OF RIDER PROVISIONS

The attached listed Certificate Riders are made a part of the Plan.

FORM NUMBERS

[CAI11

Orthodontic Benefit Rider]

[CAI11

Cosmetic Benefit Rider]



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

CERTIFICATE OF INSURANCE FOR GROUP DENTAL POLICY

Notice to Buyer: This certificate provides dental benefits only

PLEASE READ YOUR CERTIFICATE CAREFULLY

CERTIFICATE INDEX

Definitions	Section I
Premiums and Individual Terminations	Section II
Limitations and Exclusions	Section III
Claim Provisions	Section IV
General Provisions	Section V
Benefit Schedule	Section VI
Certificate Schedule	Section VII

We certify that you are insured under the Group Dental Policy (herein called the Plan) issued to the Policyholder, subject to the definitions, exclusions, and other provisions of the Plan against loss resulting from the dental procedures shown in the Plan.

Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by this Certificate.

The Effective Date of your Certificate is as shown in the Certificate Schedule if you are on that date Actively at Work. If not, this Certificate will become effective on the next date you are Actively at Work and eligible. This Certificate will remain in effect for the period for which the premium has been paid. This Certificate may be continued for further periods as stated in the Plan.

This Certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in your application.

This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan.

SECTION I DEFINITIONS

Whenever the male pronoun is used, it includes the female, unless the context clearly shows otherwise.

When the terms below are used in this Certificate, the following definitions will apply:

Dental Hygienist: a legally qualified person, other than a member of an employee's Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

Dentist: a legally qualified person, other than a member of an employee's Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

Dependent Children: an employee's natural children, stepchildren, or legally adopted children who are all of the following: (1) unmarried; (2) under age 26; and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of the employee's Certificate following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under this Plan. An employee must furnish proof of such incapacity and dependency to us. An employee must furnish proof of continued incapacity and dependency at our request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Effective Date: the date(s) coverage begins is as shown on the face page of the Plan and on the employee's certificate schedule.

Immediate Family: any person, as applicable, who is related to an employee in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses.

Insured: any person insured under Employee, Employee/Spouse, Employee and Children, or Family coverage.

Policy Year:

1. **First Policy Year:** the period of time that begins on the Insured's Effective Date of coverage and ends 365 days from that Effective Date.
2. **Each Subsequent Policy Year:** each 12-month period following the First Policy Year.

Policy Year Maximum: the total dollar amount of benefits payable per Policy Year, per Insured.

Type of Coverage

1. **Employee:** coverage for only the Insured listed in the Certificate Schedule.
2. **Employee/Spouse:** coverage for only you (the Insured) and your spouse. "Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **Employee and Children:** coverage for you (the Insured) and all of your Dependent Children.
4. **Family:** coverage for you (the Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Persons covered under Employee, Employee/Spouse, Employee and Children, or Family coverage are referred to as "Insureds." Newborn children are automatically covered under the terms of the Plan from the moment of birth. Adopted children are covered from the date of petition. If Employee or Employee/Spouse coverage is in force and an employee desires uninterrupted coverage for a newborn or adopted child, he must notify us in writing within 90 days of the child's birth or within 60 days from the date the petition is filed for adoption of a child. Coverage for newborn will be in effect through the 90th day. Coverage for adopted children will be in effect through the 60th day following the date of such event. Upon notification, we will convert his certificate to Employee and Children or Family coverage and advise him of the additional premium due. If Employee and Children or Family coverage is in force, it is not necessary for an employee to notify us of the birth of a child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required.

The insurance on any Dependent Child will terminate on the certificate anniversary date following the Dependent Child's 26th birthday, on the date the child marries, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under the Plan. When coverage of all Dependent Children terminates, you must notify us, in writing, and elect whether to continue your coverage on an Employee or Employee/Spouse basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any Employee and Children or Family coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under your certificate. You must furnish proof of such incapacity and dependency to us. You must furnish proof of continued incapacity and dependency at our request, but not more often than annually after the two-year period following the Dependent Child's 26th birthday.

Waiting Period: the period after an Insured's Effective Date during which benefits are not payable. If the Employee adds a dependent, the Waiting Period for such dependent will begin from his effective date of coverage. Waiting Periods vary based on the benefit category (see the Benefit Schedule).

[When this coverage is issued as a replacement for coverage previously issued under another group dental plan, the Waiting Periods applicable to each Insured will be reduced by any Waiting Periods fulfilled under the prior carrier's group dental coverage.]

You or Your: means the person insured under the Plan who is either:

1. an employee of the Policyholder [a member of the Policyholder's group]; or
2. included in the class of employees eligible for coverage as shown on the Plan application.

SECTION II PREMIUMS AND INDIVIDUAL TERMINATIONS

PREMIUMS

Premiums are Not Guaranteed: The initial premium shown in the Certificate Schedule is the premium covering the period from the Effective Date to the next renewal date of this Certificate. Renewal premiums will be in accordance with the schedule of premium rates in effect at the time of renewals as set forth in the Plan.

Certificate Term: The first term of this Certificate starts on the Effective Date in the Certificate Schedule. It ends on the first renewal date also shown. Later terms will be the periods for which renewal premiums are paid when due. All terms will begin and end at 12:01 A.M., Standard Time, at the Policyholder's address. The renewal premium for each term will be due on the day preceding term end, subject to the Grace Period.

Grace Period: The Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, your coverage under the Plan will stay in force.

INDIVIDUAL TERMINATIONS

Your insurance will terminate on the earliest of any of the following occurrences:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date you cease to meet the definition of an employee as defined in the Plan;
4. on the premium due date which falls on or first follows the your 71st birthday; or
5. on the date you are no longer a member of an eligible class.

Termination of the insurance on any Insured will be without prejudice to his rights regarding any claim arising prior to the termination.

[PORTABILITY PRIVILEGE

When coverage would otherwise terminate under the Plan because you ended employment with your employer, you may elect to continue this coverage. The coverage you may continue is that which you had on the date your employment terminated, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. you failed to pay any required premium;
 - b. [you attained age 71;
 - c.]the Plan terminates.
2. To keep this insurance in force, you must:
 - a. make written application to us within 31 days after the date your coverage would otherwise terminate; and
 - b. pay to us the required premium no later than 31 days after the date your coverage would otherwise terminate.
3. This certificate will cease on the earliest of these dates:
 - a. the date you fail to pay any required premium;
 - b. the date the Plan is terminated.

If you qualify for this Portability Privilege as described, then the same benefits, Plan provisions, and premium rate as shown in this certificate, as previously issued, will apply.]

SECTION III LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or resulting from the following:

1. Any procedure not shown on the Schedule of Dental Procedures.
2. Services that are not recommended by a Dentist or that are not required for the preservation or restoration of oral health.
3. Repairs to dental work within six months of the initial work.
4. Replacement prosthetics within five years of last placement.
5. Treatment involving crowns for a given tooth within five years of last placement, regardless of the type

of crown.

6. Replacement for inlays or onlays for a given tooth within five years of last placement.
7. Treatment received while outside the territorial limits of the United States.
8. Treatment received prior to an Insured's Effective Date of coverage or treatment received during a benefit's Waiting Period.
9. A dentist's or dental practice's failure to comply with the current ADA coding convention including, but not limited to, upcoding, the overutilization of certain codes and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

No benefits will be paid for replacement of teeth missing before an Insured's Effective Date of coverage.

We will not pay benefits for services rendered by you or a member of the Immediate Family of an Insured.

SECTION IV CLAIM PROVISIONS

Notice of Claim - Written notice of claim must be given within 60 days after the covered loss or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Insured and your Certificate number.

Claim Forms - When we receive notice of a claim, we will send the forms for filing proof of loss. If these forms are not sent to you within 15 working days, he 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 on the Proof of Loss Section.

Proof of Loss – You must give us written proof within 90 days after the loss for which you are seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the covered loss unless you were legally incapacitated during that time.

Time of Payment of Claims: Benefits for any loss covered by the Plan will be paid as soon as we receive proper written proof.

Payment Of Claims - All benefits due will be paid to you unless you assign them elsewhere. Any benefits unpaid at the time of your death will be paid in the following order:

1. to any approved assignee; or
2. your estate.

Unpaid Premium - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Legal Action – You cannot take legal action against us for benefits under the Plan:

1. within 60 days after you have sent us written proof of loss; or
2. more than 6 years from the time written proof is required to be given.

SECTION V GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. the Plan;
2. the application of the Policyholder; and
3. if applicable, an employee's application(s).

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under the Plan unless:

1. the statement is in writing signed by the Policyholder or by you; and
2. a copy of that statement is given to the Policyholder or to you or to your beneficiary.

Contract Changes - No change in the Plan is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to the Plan. No agent has the authority to change the Plan or to waive any of its provisions.

Misstatements of Age - If an employee incorrectly stated his age or the ages of his dependents, if any, in his application, the benefits will be such as the premium paid would have purchased at the correct age. If, based on the correct ages, we would not have issued his Certificate or insured certain dependents under his Certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit On Certain Defenses - After this certificate has been in force for two years as respects an Insured, only fraudulent misstatements in an application may be used to void his coverage or to deny any claim for loss incurred that starts after the two-year period.

Conformity With State Statutes - Any provision of the Plan which, on the Effective Date, is in conflict with the laws of the state, in which the Plan was issued, will be amended to conform to the minimum requirements of those laws.

SECTION VI BENEFIT SCHEDULE

Benefit Categories

Waiting Periods[*]

A.....Preventive	[0] months
B.....Annual Maximum Building Benefit	[12] months
C..... Fillings and Basic Services	[3] months
D.....Pain Management and Adjunctive Services	[3] months
E..... Other Preventive Services	[6] months
F..... Oral Surgery, Gum Treatments & Prosthetic Repair	[6] months
G..... Crowns and Major Services	[12] months
H..... Major Prosthetic Services	[24] months

[Optional Benefits]

Waiting Periods[*]

[Orthodontic Benefit Rider	[24] months]
[Cosmetic Benefit Rider	[24] months]]

Subject to the applicable waiting period[*] listed above and the provisions in the limitations and exclusions section of the Plan, we will pay the following benefits when a charge is incurred for covered dental treatment that is received while an Insured’s coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, we will pay the amount shown in the schedule of dental procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on current ADA coding convention.

[* When this coverage is issued as a replacement for coverage previously issued under another group dental plan, the Waiting Periods applicable to each Insured will be reduced by any Waiting Periods fulfilled under the prior carriers group dental coverage.]

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. [DENTAL WELLNESS BENEFIT.....	[\$25]

This benefit is payable for you or any Insured for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per Policy Year per Insured. The treatment must be performed by a Dentist or Dental Hygienist.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
D0150	Comprehensive Oral Evaluation (new or established patient)
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)

- D0170 Re-evaluation – Limited, Problem (established patient; not postoperative visit)
- D0180 Comprehensive Periodontal Evaluation (new or established patient)
- D0425 Caries Susceptibility Tests
- D1110 Prophylaxis (adult)
- D1120 Prophylaxis (child)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1206 Topical Fluoride Varnish: Therapeutic Application for Moderate to High Caries Risk Patients
- D1310 Nutritional Counseling for Control of Dental Disease
- D1320 Tobacco Counseling for the Control and Prevention of Oral Disease
- D1330 Oral Hygiene Instructions
- D4910 Periodontal Maintenance
- D9430 Office Visit for Observation (during regularly scheduled hours, no other services performed)
- D9910 Application of Desensitizing Medicament]

Benefit
Amount

2. [X-RAY BENEFIT \$[15]

This benefit is payable for you or any Insured for any one X-ray procedure listed below per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per Policy Year per Insured. The treatment must be performed by a Dentist or Dental Hygienist.

ADA Code	Description
D0210	Intraoral (complete series, including bitewings)
D0220	Intraoral (periapical, first film)
D0230	Intraoral (periapical, each additional film)
D0240	Intraoral (occlusal film)
D0250	Extraoral (first film)
D0260	Extraoral (each additional film)
D0270	Bitewing (single film)
D0272	Bitewings (two films)
D0273	Bitewings (three films)
D0274	Bitewings (four films)
D0277	Vertical Bitewings (seven to eight films)
D0330	Panoramic Film
D0340	Cephalometric Film]

The benefits below are subject to the Waiting Period and a Policy Year Maximum of \$[1,200] per Insured. The benefits listed are per Insured. All treatments must be performed by a Dentist.

A. [ANNUAL MAXIMUM BUILDING BENEFIT: We will increase each Insured’s Policy Year Maximum by \$[100] after each 12 consecutive months of an Insured’s coverage being in force. This benefit builds to a maximum of \$[500] per Insured.]

B. [FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	[20]
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	[60]
D0310	Sialography	[160]
D0415	Bacteriologic Studies for Determination of Pathologic Agents.....	[10]
D0416	Viral Culture	[10]
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	[10]
D0418	Analysis of Saliva Sample	[10]
D0421	Genetic test of susceptibility to oral diseases	[10]
D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Biopsy	[10]
D0460	Pulp Vitality Tests	[15]
D0470	Diagnostic Casts	[20]
D2140	Amalgam (one surface)	
	Primary	[30]
	Permanent	[45]
D2150	Amalgam (two surfaces)	
	Primary	[30]
	Permanent	[50]
D2160	Amalgam (three surfaces)	
	Primary	[40]
	Permanent	[55]
D2161	Amalgam (four or more surfaces)	
	Primary	[45]
	Permanent	[60]
D2330	Resin-Based Composite (one surface, anterior).....	[40]
D2331	Resin-Based Composite (two surfaces, anterior).....	[50]
D2332	Resin-Based Composite (three surfaces, anterior).....	[55]
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	[60]
D2390	Resin-Based Composite Crown (anterior)	[60]
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	[30]
	Permanent	[40]
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	[45]
	Permanent	[50]
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	[50]
	Permanent	[55]
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	[50]

	Permanent	[55]
D2410	Gold Foil (one surface)	[200]
D2420	Gold Foil (two surfaces)	[225]

ID. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	[\$30]
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	[75]
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	[75]
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	[75]
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes).....	[120]
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment)	[25]
D9410	House/Extended-Care Facility Call.....	[25]
D9420	Hospital Call.....	[25]
D9440	Office Visit (after regularly scheduled hours).....	[25]
D9450	Case Presentation, Detailed and Extensive Treatment Planning	[25]

IE. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth).....	[\$15]
D1510	Space Maintainer (fixed, unilateral)	[80]
D1515	Space Maintainer (fixed, bilateral)	[100]
D1520	Space Maintainer (removable, unilateral).....	[80]
D1525	Space Maintainer (removable, bilateral).....	[100]
D1550	Recementation of Space Maintainer	[35]
D1555	Removal of Fixed Space Maintainer	[80]

IF. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant).....	[\$130]
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant).....	[45]
D4230	Anatomical Crown Exposure - four or more contiguous teeth per quadrant	[130]
D4231	Anatomical Crown Exposure - one to three teeth per quadrant	[45]
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	[225]
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	[225]
D4249	Clinical Crown Lengthening (hard tissue)	[250]
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	[250]
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	[250]
D4263	Bone Replacement Graft (first site in quadrant).....	[275]
D4264	Bone Replacement Graft (each additional site in quadrant).....	[225]
D4270	Pedicle Soft Tissue Graft Procedure	[275]
D4271	Free Soft Tissue Graft Procedure (including donor site surgery).....	[275]
D4273	Subepithelial Connective Tissue Graft Procedures	[300]
D4275	Soft Tissue Allograft	[275]
D4320	Provisional Splinting (intracoronal)	[150]
D4321	Provisional Splinting (extracoronal)	[110]

D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	[60]
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	[60]
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	[55]
D5410	Adjust Complete Denture (maxillary)	[20]
D5411	Adjust Complete Denture (mandibular)	[20]
D5421	Adjust Partial Denture (maxillary)	[20]
D5422	Adjust Partial Denture (mandibular)	[20]
D5510	Repair Broken Complete Denture Base	[45]
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	[40]
D5610	Repair Resin Denture Base.....	[45]
D5620	Repair Cast Framework.....	[60]
D5630	Repair or Replace Broken Clasp	[50]
D5640	Replace Broken Teeth (per tooth)	[40]
D5650	Add Tooth to Existing Partial Denture.....	[45]
D5660	Add Clasp to Existing Partial Denture	[60]
D5710	Rebase Complete Maxillary Denture	[130]
D5711	Rebase Complete Mandibular Denture	[170]
D5720	Rebase Maxillary Partial Denture	[170]
D5721	Rebase Mandibular Partial Denture	[170]
D5730	Reline Complete Maxillary Denture (chairside)	[80]
D5731	Reline Complete Mandibular Denture (chairside)	[80]
D5740	Reline Maxillary Partial Denture (chairside)	[90]
D5741	Reline Mandibular Partial Denture (chairside).....	[90]
D5750	Reline Complete Maxillary Denture (laboratory)	[110]
D5751	Reline Complete Mandibular Denture (laboratory)	[110]
D5760	Reline Maxillary Partial Denture (laboratory)	[130]
D5761	Reline Mandibular Partial Denture (laboratory).....	[130]
D5850	Tissue Conditioning (maxillary)	[40]
D5851	Tissue Conditioning (mandibular).....	[40]
D6090	Repair of Implanted Supported Prosthetic, by Report.....	[110]
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)	[110]
D6092	Recement Implant/Abutment Supported Crown	[110]
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	[110]
D6095	Repair of Implanted Abutment, by Report.....	[110]
D6100	Implant Removal, By Report.....	[35]
D6930	Recement Fixed Partial Denture.....	[35]
D7111	Coronal Remnants (deciduous tooth)	[35]
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)....	[40]
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	[70]
D7220	Removal of Impacted Tooth (soft tissue)	[85]
D7230	Removal of Impacted Tooth (partially bony).....	[120]
D7240	Removal of Impacted Tooth (completely bony)	[130]
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	[150]
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	[70]
D7260	Oroantral Fistula Closure	[180]
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	[180]
D7280	Surgical Access of an Unerupted Tooth.....	[200]
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	[65]
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	[65]
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	[375]
D7286	Biopsy of Oral Tissue – Soft (all others).....	[150]

D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	[65]
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	[65]
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	[80]
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	[80]
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization).....	[750]
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	[700]
D7410	Excision of Benign Lesion (up to 1.25 cm).....	[525]
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	[525]
D7412	Excision of Benign Lesion (complicated).....	[525]
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	[650]
D7414	Excision of Malignant Lesion (greater than 1.25 cm).....	[650]
D7415	Excision of Malignant Lesion (complicated).....	[650]
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	[650]
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm).....	[650]
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	[525]
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	[525]
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	[525]
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	[525]
D7471	Removal of Lateral Exostosis (maxilla or mandible).....	[375]
D7472	Removal of Torus Palatinus.....	[375]
D7473	Removal of Torus Mandibularis.....	[375]
D7485	Surgical Reduction of Osseous Tuberosity.....	[425]
D7510	Incision and Drainage of Abscess (intraoral soft tissue).....	[100]
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage or multiple fascial spaces)	[450]
D7520	Incision and Drainage of Abscess (extraoral soft tissue).....	[450]
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage or multiple fascial spaces)	[450]
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	[170]
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system).....	[180]
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone.....	[120]
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body.....	[700]
D7610	Maxilla (open reduction; teeth immobilized, if present).....	[700]
D7620	Maxilla (closed reduction; teeth immobilized, if present).....	[700]
D7630	Mandible (open reduction; teeth immobilized, if present).....	[65]
D7640	Mandible (closed reduction; teeth immobilized, if present).....	[80]
D7650	Malar and/or Zygomatic Arch (open reduction).....	[700]
D7660	Malar and/or Zygomatic Arch (closed reduction).....	[550]
D7670	Alveolus (closed reduction, may include stabilization of teeth).....	[725]
D7671	Alveolus (open reduction, may include stabilization of teeth).....	[350]
D7710	Maxilla (open reduction).....	[700]
D7720	Maxilla (closed reduction).....	[700]
D7730	Mandible (open reduction).....	[80]
D7740	Mandible (closed reduction).....	[80]
D7750	Malar and/or Zygomatic Arch (open reduction).....	[300]
D7760	Malar and/or Zygomatic Arch (closed reduction).....	[300]
D7770	Alveolus (open reduction stabilization of teeth).....	[350]
D7771	Alveolus (closed reduction stabilization of teeth).....	[725]
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure).....	[80]
D7963	Frenuloplasty	[80]
D7970	Excision of Hyperplastic Tissue (per arch).....	[80]

D7971	Excision of Pericoronal Gingiva	[70]
D9120	Fixed Partial denture Sectioning	[35]

[G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface).....	\$[190]
D2520	Inlay (metallic, two surfaces).....	[225]
D2530	Inlay (metallic, three or more surfaces).....	[350]
D2542	Onlay (metallic, two surfaces).....	[225]
D2543	Onlay (metallic, three surfaces).....	[250]
D2544	Onlay (metallic, four or more surfaces)	[275]
D2610	Inlay (porcelain/ceramic, one surface)	[200]
D2620	Inlay (porcelain/ceramic, two surfaces)	[225]
D2630	Inlay (porcelain/ceramic, three or more surfaces).....	[350]
D2642	Onlay (porcelain/ceramic, two surfaces).....	[250]
D2643	Onlay (porcelain/ceramic, three surfaces).....	[275]
D2644	Onlay (porcelain/ceramic, four or more surfaces).....	[325]
D2650	Inlay (resin-based composite, one surface)	[180]
D2651	Inlay (resin-based composite, two surfaces)	[200]
D2652	Inlay (resin-based composite, three or more surfaces).....	[250]
D2662	Onlay (resin-based composite, two surfaces).....	[225]
D2663	Onlay (resin-based composite, three surfaces).....	[250]
D2664	Onlay (resin-based composite, four or more surfaces).....	[250]
D2710	Crown (resin, indirect)	[150]
D2712	Crown (3/4 resin-based composite, indirect).....	[150]
D2720	Crown (resin with high noble metal).....	[250]
D2721	Crown (resin with predominantly base metal)	[250]
D2722	Crown (resin with noble metal).....	[250]
D2740	Crown (porcelain/ceramic substrate).....	[250]
D2750	Crown (porcelain fused to high noble metal)	[250]
D2751	Crown (porcelain fused to predominantly base metal).....	[250]
D2752	Crown (porcelain fused to noble metal)	[250]
D2780	Crown (3/4-cast high noble metal)	[250]
D2781	Crown (3/4-cast predominantly base metal)	[250]
D2782	Crown (3/4-cast noble metal)	[250]
D2783	Crown (3/4-porcelain/ceramic)	[250]
D2790	Crown (full-cast high noble metal)	[250]
D2791	Crown (full-cast predominantly base metal).....	[250]
D2792	Crown (full-cast noble metal).....	[250]
D2794	Crown (titanium).....	[250]
D2910	Recement Inlay.....	[30]
D2915	Recement Cast of Prefabricated Post and Core.....	[30]
D2920	Recement Crown	[30]
D2930	Prefabricated Stainless Steel Crown (primary tooth)	[65]
D2931	Prefabricated Stainless Steel Crown (permanent tooth).....	[75]
D2932	Prefabricated Resin Crown.....	[100]
D2933	Prefabricated Stainless Steel Crown with Resin Window.....	[110]
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth).....	[65]
D2940	Sedative Filling	[25]
D2950	Core Buildup (including any pins)	[65]
D2951	Pin Retention (per tooth, in addition to restoration).....	[15]
D2952	Cast Post and Core (in addition to crown).....	[95]
D2954	Prefabricated Post and Core (in addition to crown)	[100]
D2955	Post Removal (not in conjunction with endodontic therapy)	[75]
D2970	Temporary Crown (fractured tooth).....	[75]

D2980	Crown Repairs, By Report	[125]
D3110	Pulp Cap (direct, excluding final restoration)	[15]
D3120	Pulp Cap (indirect, excluding final restoration)	[15]
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	[40]
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	[40]
D3230	Pulpal Therapy (resorbable filling ; anterior, primary tooth, excluding final restoration)	[45]
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	[45]
D3310	Anterior (excluding final restoration, root canal).....	[150]
D3320	Bicuspid (excluding final restoration, root canal)	[200]
D3330	Molar (excluding final restoration, root canal).....	[250]
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	[130]
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	[180]
D3348	Retreatment of Previous Root Canal Therapy (molar).....	[225]
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	[130]
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	[30]
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)	[65]
D3410	Apicoectomy/Periradicular Surgery (anterior).....	[140]
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root).....	[275]
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	[300]
D3426	Apicoectomy/Periradicular Surgery (each additional root).....	[110]
D3430	Retrograde Filling (per root)	[80]
D3450	Root Amputation (per root).....	[160]
D3920	Hemisection (including any root removal; not including root canal therapy).....	[120]
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	[55]

[H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	[\$350]
D5120	Complete Denture (mandibular).....	[350]
D5130	Immediate Denture (maxillary)	[350]
D5140	Immediate Denture (mandibular)	[350]
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	[250]
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	[250]
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	[375]
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	[375]
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	[375]
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	[375]
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	[300]
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	[40]
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	[40]
D5810	Interim Complete Denture (maxillary).....	[225]
D5811	Interim Complete Denture (mandibular).....	[225]
D5820	Interim Partial Denture (maxillary).....	[170]
D5821	Interim Partial Denture (mandibular).....	[180]
D6010	Surgical Placement of Implant Body: Endosteal Implant	[450]
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	[450]
D6040	Surgical Placement: Eposteal Implant.....	[450]
D6050	Surgical Placement: Transosteal Implant	[450]

D6056	Prefabricated Abutment (includes placement)	[450]
D6057	Custom Abutment (includes placement)	[450]
D6058	Abutment Supported Porcelain/Ceramic Crown	[250]
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)	[250]
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	[250]
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	[250]
D6062	Abutment Supported Cast Metal Crown (high noble metal)	[250]
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	[250]
D6064	Abutment Supported Cast Metal Crown (noble metal)	[250]
D6065	Implant Supported Porcelain/Ceramic Crown.....	[250]
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	[250]
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	[250]
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	[250]
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	[250]
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	[250]
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	[250]
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	[250]
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	[250]
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	[250]
D6075	Implant Supported Retainer for Ceramic FPD	[250]
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	[250]
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	[250]
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch.....	[250]
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch.....	[250]
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis.....	[150]
D6094	Abutment Supported Crown (titanium)	[250]
D6194	Abutment Supported Retainer Crown for FPD (titanium)	[250]
D6205	Pontic (indirect resin based composite)	[250]
D6210	Pontic (cast high noble metal)	[250]
D6211	Pontic (cast predominantly base metal).....	[250]
D6212	Pontic (cast noble metal)	[250]
D6214	Pontic (titanium)	[250]
D6240	Pontic (porcelain fused to high noble metal).....	[250]
D6241	Pontic (porcelain fused to predominantly base metal)	[250]
D6242	Pontic (porcelain fused to noble metal).....	[250]
D6245	Pontic (porcelain/ceramic)	[250]
D6250	Pontic (resin with high noble metal)	[250]
D6251	Pontic (resin with predominantly base metal)	[250]
D6252	Pontic (resin with noble metal)	[250]
D6253	Provisional Pontic	[250]
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	[140]
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis).....	[140]
D6600	Inlay (porcelain/ceramic, two surfaces)	[225]
D6601	Inlay (porcelain/ceramic, three or more surfaces)	[350]
D6602	Inlay (cast high noble metal, two surfaces)	[300]
D6603	Inlay (cast high noble metal, three or more surfaces)	[325]
D6604	Inlay (cast predominantly base metal, two surfaces)	[300]
D6605	Inlay (cast predominantly base metal, three or more surfaces)	[325]
D6606	Inlay (cast noble metal, two surfaces)	[300]
D6607	Inlay (cast noble metal, three or more surfaces)	[325]

D6608	Onlay (porcelain/ceramic, two surfaces)	[250]
D6609	Onlay (porcelain/ceramic, three or more surfaces)	[275]
D6610	Onlay (cast high noble metal, two surfaces)	[325]
D6611	Onlay (cast high noble metal, three or more surfaces)	[350]
D6612	Onlay (cast predominantly base metal, two surfaces)	[325]
D6613	Onlay (cast predominantly base metal, three or more surfaces)	[350]
D6614	Onlay (cast noble metal, two surfaces)	[325]
D6615	Onlay (cast noble metal, three or more surfaces)	[350]
D6624	Inlay (titanium)	[325]
D6634	Onlay (titanium)	[350]
D6710	Crown (indirect resin based composite)	[250]
D6720	Crown (resin with high noble metal).....	[250]
D6721	Crown (resin with predominantly base metal)	[250]
D6722	Crown (resin with noble metal).....	[250]
D6740	Crown (porcelain/ceramic).....	[250]
D6750	Crown (porcelain fused to high noble metal).....	[250]
D6751	Crown (porcelain fused to predominantly base metal).....	[250]
D6752	Crown (porcelain fused to noble metal)	[250]
D6780	Crown (3/4-cast high noble metal).....	[250]
D6781	Crown (3/4-cast predominantly base metal).....	[250]
D6782	Crown (3/4-cast noble metal).....	[250]
D6783	Crown (3/4-porcelain/ceramic)	[250]
D6790	Crown (full-cast high noble metal)	[250]
D6791	Crown (full-cast predominantly base metal)	[250]
D6792	Crown (full-cast noble metal).....	[250]
D6793	Provisional Retainer Crown	[250]
D6794	Crown (titanium)	[250]
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	[130]
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer).....	[100]
D6973	Core Buildup for Retainer (including any pins).....	[85]
D6975	Coping (metal).....	[225]

SECTION VII

CERTIFICATE SCHEDULE

Insured - [John A. Doe]
Effective Date - [June 1, 2010]
Initial Premium - [\$109.75 Monthly]

Group Policy Number - [895]
Certificate Number - [51491]
First Renewal Date - [July 1, 2010]

APPLICATION FOR GROUP DENTAL INSURANCE

Application is hereby made to:



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800- 433- 3036

By _____
Employer [Union] Name

in _____
Home Office Location (City and State)

for a Plan of Group Dental Insurance, and representations are made as follows:

1. Class of employees eligible for coverage under the Group Dental Policy:

- Regular full-time employees under age 70
- Regular full-time employees under age 70 except _____
- Other: _____

Full-time employee is one who works ____ hours or more per week. An employee must actively be at work on the date he applies and on the date his group dental insurance becomes effective. An employee must complete _____ months of continuous service before he is eligible to apply for the Group Dental Policy.

2. Effective Date: The requested effective date for the Group Policy is _____

3. Dental Plan: 1 2 3 Other _____

Optional Features: [Orthodontic Benefit Rider] [Cosmetic Benefit Rider - Not available with 125 Plans]

4. Will this Group Dental Policy replace any existing Group Dental Policy? Yes No

5. General Agreement:

[The policyholder agrees to transmit the total premiums under the Group Policy to Continental American Insurance Company at its Home Office when due.] No agent or other person except an officer can make or change any contract or agreement on behalf of Continental American Insurance Company.

By	
Title	Date



**CONTINENTAL AMERICAN
INSURANCE COMPANY**

ENROLLMENT FORM

Please Mail: Post Office Box 427
Columbia, South Carolina 29202
(800) 433-3036

FOR HOME OFFICE USE ONLY

PLAN	PLAN CODE	ID NUMBER
<i>Dental</i>		

Endorsement:

EFFECTIVE DATE:

Employee Name (First, MI, Last)		S.S.N./ ID Number		Gender	Date of Birth
Street Address		City		State	Zip
Employer		Job Class	Location		Date of Hire
Hours Worked	Daytime Phone No. ()	E-mail Address			
Spouse's Name (First, MI, Last) (if coverage is requested)			Spouse's S.S.N.	Gender	Spouse Date of Birth

Applicant - Are you actively at work? YES NO

List all eligible children for whom you are proposing coverage (from Youngest to Oldest):

Name & S.S.N.	Gender	Date of Birth	Name & S.S.N.	Gender	Date of Birth

DENTAL Employee Employee/Spouse Employee & Children Family [Section 125: YES NO]
 Level 1 Plan \$25 Dental Wellness] Level 2 Plan \$50 Dental Wellness] Level 3 Plan \$50 Dental Wellness]
 Orthodontic Benefit Rider] Cosmetic Benefit Rider - Not available with 125 Plans]

Cost Per Pay Period [Including any Riders] _____

- I understand that the dental plan I am applying for will not cover any person who has attained age 71 before the Effective Date of my certificate.
- I understand that the dental plan I am applying for contains different Waiting Periods for benefits listed in the Schedule of Dental Procedures. This means that no benefits are payable during the listed Waiting Period. The Waiting Period begins on the Effective Date of my certificate.
- I understand that unmarried legally Dependent Children, if any, must be under age 26 at the time of application. Once covered, unmarried legally Dependent Children will continue to be covered until the renewal date of my certificate that follows their 26th birthday.

To the best of my knowledge and belief, the statements and answers I have provided on this application are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued.

- Does this coverage replace or change any existing dental insurance? YES NO
- If "Yes," provide carrier and policy number: _____

CERTIFICATION: I have read the completed application, and I realize any false statement or misrepresentation on the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect until my application is approved.

I understand that coverage will not become effective unless I am actively at work on the date of the enrollment and the effective date of coverage.

I authorize my employer to deduct the appropriate dollar amount from my earnings and to deduct and pay Continental American Insurance Company the premium required thereafter each pay period for my insurance. Deduction start date _____

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date _____ Signature of Applicant _____

Date _____ Signature of Agent _____ Agent # _____ State of Enrollment _____



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

This **ORTHODONTIC BENEFIT RIDER** is a part of the policy/certificate and is subject to all policy and certificate provisions unless modified herein.

EFFECTIVE DATE

The Effective Date of this rider is the Effective Date of your certificate or the Effective Date as stated on the Rider Schedule, if issued after your certificate.

BENEFITS

While coverage is in force, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below,* subject to the Waiting Period listed in the Policy Schedule. After the initial treatment is paid and as long as coverage remains in force, we will pay \$50 when that Covered Person receives continued treatment involving one of the orthodontic procedures listed below. Maximum payment of one treatment per month for up to 18 treatments. Lifetime maximum of \$1,400 per Insured. The maximum amount payable under this rider is \$2,600 per Policy Year. This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

<u>ADA Code</u>	<u>Description</u>
D8010	Limited Orthodontic Treatment of the Primary Dentition
D8020	Limited Orthodontic Treatment of the Transitional Dentition
D8030	Limited Orthodontic Treatment of the Adolescent Dentition
D8040	Limited Orthodontic Treatment of the Adult Dentition
D8050	Interceptive Orthodontic Treatment of the Primary Dentition
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition
D8670	Periodic Orthodontic Treatment Visit

*The \$500 initial treatment benefit is not payable for ADA Code D8670, Periodic Orthodontic Treatment Visit. Periodic orthodontic treatment visits are payable as continued treatment, subject to all other terms of this Rider.

TERMINATION

This rider will terminate if the certificate to which it is attached terminates, when the maximum benefit has been paid to all Insureds, or if the premium for this rider is not paid.

In witness whereof, this rider is signed at our Home Office, as of the Effective Date shown in your Certificate Schedule.

President

Rider Schedule

Rider Effective Date



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

This **COSMETIC BENEFIT RIDER** is a part of the policy/certificate and is subject to all policy/certificate provisions unless modified herein.

Part 1 **EFFECTIVE DATE**

The Effective Date of this rider is the Effective Date of your certificate or the Effective Date as stated on the Schedule, if issued after your certificate.

Part 2 **BENEFITS**

Subject to the Waiting Period listed in your certificate Schedule, we will pay the following benefits when a charge is incurred by an Insured for covered dental treatment that occurs while coverage is in force. The benefits listed are per Insured. All treatments must be performed by a Dentist or Dental Hygienist. There is a lifetime maximum of \$1,800 per certificate. The maximum amount payable under this rider is \$600 per Policy Year.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Amount</u>
D2960	Labial Veneer (Laminate)-Chairside	\$200
D2961	Labial Veneer (Resin Laminate)-Laboratory	200
D2962	Labial Veneer (Porcelain Laminate)Laboratory	200
D3960	Bleaching of discolored tooth	100
D9951	Occlusion Adjustment-Limited	50
D9952	Occlusion Adjustment-Complete	225
D9970	Enamel microabrasion	65
D9971	Odontoplasty one-two teeth	125
D9972	External bleaching-per arch	250
D9973	External bleaching-per tooth	25
D9974	Internal bleaching-per tooth	100

Part 3 **TERMINATION**

This rider will terminate if the certificate to which it is attached terminates, when the maximum benefit has been paid to all Insureds, or if the premium for this rider is not paid.

In witness whereof, this rider is signed at our Home Office, as of the Effective Date shown in your Certificate Schedule.

President

RIDER SCHEDULE

Rider Effective Date:

SERFF Tracking Number: CAIC-126627201 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 45658
 Company Tracking Number: 7598
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Dental
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf	Approved-Closed	05/19/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: new forms with new applications. Comments:	Approved-Closed	05/19/2010

	Item Status:	Status Date:
Satisfied - Item: 5-17-2010 Response Letter Comments: Attachment: AR Dental letter 5.17.10.pdf	Approved-Closed	05/19/2010



READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following forms have the following readability score as calculated by the Flesch Reading Ease Test:

CAI1100	Group Dental Master Policy	43.3
CAI1101	Dental Certificate of Insurance	42.6
CAI1110	Master Application	40
CAI1111	Enrollment Application	40
CAI1140	Orthodontic Benefit Rider	40
CAI1141	Cosmetic Benefit Rider	44.3

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance
Continental American Insurance Company

May 13, 2010

Date



May 17, 2010

Arkansas Department of Insurance
Ms. Rosalind Minor

Re: Continental American Insurance Company NAIC#71730 FEIN 57-0514130
Line of Insurance:
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Proposed Effective Date: On Approval

CAI1100AR Group Dental Master Policy
CAI1101AR Dental Certificate of Insurance

Dear Ms Minor:

In accordance with your letter of this date, I have revised the dependent wording on pages 5 and 6 in CAI1100AR and on pages 2 and 3 in form CAI1101AR.

1. In both forms, I have deleted the time limit of 31 day regarding notification if a child is handicapped.
2. I have added wording indicating that newborns will have coverage for 90 days with a 90 day notification period. Also wording has been added so that children subject to a petition of adoption will be covered for 60 day with a 60 day notification period.

Because of these changes the state designation "AR" has been added to the form number of both forms.

I have also added the additional filing fee of \$250.00.

Thank you for your consideration in this matter. If you have any questions please contact me at 1-888-730-2244, ext. 4329 or at companycompliance@caicworksite.com.

Sincerely,

Betty Rakes, HIA, ACP
Director of Compliance, CAIC

SERFF Tracking Number: CAIC-126627201 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 45658
 Company Tracking Number: 7598
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Dental
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/13/2010	Form	Group Dental Master Policy	05/17/2010	CAI1100 Group Dental MP.pdf (Superseded)
05/13/2010	Form	Certificate of Insurance	05/17/2010	CAI1101 Group Dental Cert.pdf (Superseded)



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

GROUP DENTAL POLICY

Notice to Buyer: This Plan provides dental benefits only

Based on the application for this Group Dental Policy (herein called the Plan) made by

[ABC Company]
(herein called the Policyholder)

and based on the payment of the premium when due, we agree to pay the benefits provided on the following pages.

The Plan becomes effective at 12:01 a.m. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section II. The Plan will terminate as provided in the provision titled "Termination of the Plan" in Section I.

The first anniversary of the Plan will be the Anniversary Date shown below. Subsequent anniversaries of the Plan will be the same date each year thereafter.

The Policyholder may add new employees or dependents from time to time in accordance with the terms of the Plan.

All matter printed or written by Continental American Insurance Company (herein called the Company, we, us, or our) on the following pages forms a part of the Plan as if recited over the signature below. The Plan is a legal contract between us and the Policyholder. The Plan is delivered in and is governed by the laws of the jurisdiction shown below.

In witness whereof the Company has caused the Plan to be executed at our Home Office in Columbia, South Carolina on the Effective Date.

Signed for us at our Home Office

A handwritten signature in cursive script that reads "Eugene C. Smith".

President

Group Policy Number - [1234]

Effective Date - [June 1, 2010]

Jurisdiction - [state]

Anniversary Date - [June 1, 2011]

Non-Participating

GROUP POLICY PROVISIONS

- SECTION I** - Eligibility, Effective Date and Termination
- SECTION II** - Premium Provisions
- SECTION III** - Definitions
- SECTION IV** - Limitations and Exclusions
- SECTION V** - Claim Provisions
- SECTION VI** - General Provisions
- SECTION VII** - Benefit Schedule
- SECTION VIII** - Schedule of Premiums
- SECTION IX** - Incorporation of Rider Provisions

SECTION I ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

An applicant is eligible for coverage under the Plan if they are any of the following:

1. [an employee of the Policyholder] [a member of the policyholders group] under the age of 70; or
2. the spouse of an employee; or
3. the dependent children of an employee; or
4. included in the class of applicant's eligible for coverage as shown on the application.

EFFECTIVE DATE

The Effective Date of the Plan is shown on Page 1.

The Effective Date for an employee is either of the following:

1. An employee's insurance will be effective on the date shown on his Certificate Schedule provided the employee is then actively at work.
2. If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such employee is first thereafter actively at work.

TERMINATION OF THE PLAN

The Plan will cease if the premium is not paid before the end of the Grace Period.

After the end of the first Plan year, the Company has the right to cancel the Plan on the day prior to the date any premium is due by giving 31 days written notice to the Policyholder.

In these events, the Plan and all certificates issued hereunder will terminate on such date at 12:01 A.M. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any Insured as respects any claim arising during the period the Plan is in force.

The Policyholder has the sole responsibility to notify employees of such termination.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An employee's insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date an employee ceases to meet the definition of an employee as defined herein;
4. on the premium due date which falls on or first follows the employee's 71st birthday; or
5. on the date the Insured is no longer a member of an eligible class.

Termination of the insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

[PORTABILITY PRIVILEGE

When coverage would otherwise terminate under the Plan because an employee ended employment with his employer, he may elect to continue his coverage. The coverage he may continue is that which he had on the date his employment terminated, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. the employee failed to pay any required premium;
 - b. [the employee attained age 71;

- c.]the Plan terminates.
2. To keep his insurance in force he must:
 - a. make written application to us within 31 days after the date insurance would otherwise terminate; and
 - b. pay to us the required premium no later than 31 days after the date insurance would otherwise terminate.
3. Insurance will cease on the earliest of these dates:
 - a. the date the employee fails to pay any required premium;
 - b. the date the Plan is terminated.

If an employee qualifies for this Portability Privilege as described, then the same benefits, Plan provisions, and premium rate as shown in the Plan/certificate as previously issued will apply.]

SECTION II PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date will be calculated in accordance with the Schedule of Premiums. The rates shown in this schedule can be changed every [year] [two] [[three] years]. We will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of the Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for the Plan are to be paid to the Company at our Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

The Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given us written notice of discontinuance of the Plan.

SECTION III DEFINITIONS

Whenever the male pronoun is used, it includes the female unless the context clearly shows otherwise.

When the terms below are used in the Plan, the following definitions will apply:

Dental Hygienist: a legally qualified person, other than a member of an employee's Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

Dentist: a legally qualified person, other than a member of an employee's Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

Dependent Children: an employee's natural children, stepchildren, or legally adopted children who are: (1) unmarried; (2) under age 26; and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of the employee's Certificate following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under this Plan. An employee must furnish proof of such incapacity and dependency to us within 31 days of the Dependent Child's 26th birthday. An employee must furnish proof of continued incapacity and dependency at our request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Effective Date: the date(s) coverage begins as shown on the face page of the Plan and on the employee's certificate schedule.

Employee: a person insured under the Plan who is:

1. [an employee of the Policyholder] [a member of the Policyholder's group];
2. included in the class of employees eligible for coverage as shown on the application.

Immediate Family: anyone related to an employee in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.

Insured: any person insured under Employee, Employee/Spouse, Employee and Children, or Family coverage.

Policy Year:

1. **First Policy Year:** the period of time that begins on the Insured's Effective Date of coverage and ends 365 days from that Effective Date.
2. **Each Subsequent Policy Year:** each 12-month period thereafter.

Policy Year Maximum: the total dollar amount of benefits payable per Policy Year, per Insured.

Type of Coverage

1. **Employee:** coverage for only the employee, the Insured listed in the Certificate Schedule.
2. **Employee/Spouse:** coverage for only the employee (the Insured) and his spouse. "Spouse" is defined as the person to whom an employee is legally married and who is listed on his application.
3. **Employee and Children:** coverage for an employee (the Insured) and all of his Dependent Children.
4. **Family:** coverage for an employee (the Insured), his spouse, and all of his Dependent Children (or those of his spouse).

Persons covered under Employee, Employee/Spouse, Employee and Children, or Family coverage are referred to as "Insureds." Newborn children are automatically covered under the terms of the Plan from the moment of birth. Adopted children are covered from the date of petition. If Employee or Employee/Spouse coverage is in force and an employee desires uninterrupted coverage for a newborn or adopted child, he must notify us in writing within 31 days of the child's birth or the date the petition is filed for adoption of a child. Coverage for newborn or adopted children will be in effect through the 31st day following the date of such event. Upon

notification, we will convert his certificate to Employee and Children or Family coverage and advise him of the additional premium due. If Employee and Children or Family coverage is in force, it is not necessary for an employee to notify us of the birth of a child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required.

The insurance on any Dependent Child will terminate on the employee's certificate anniversary date following the Dependent Child's 26th birthday, on the date the child marries, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under the Plan. When coverage on all Dependent Children terminates, the employee must notify us, in writing, and elect whether to continue his certificate on an Employee or Employee/Spouse basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any Employee and Children or Family certificate will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the employee's certificate. The employee must furnish proof of such incapacity and dependency to us within 31 days of the Dependent Child's 26th birthday. He must furnish proof of continued incapacity and dependency at our request, but not more often than annually after the two-year period following the Dependent Child's 26th birthday.

Waiting Period: the period after an Insured's Effective Date during which benefits are not payable. If a dependent is added, the Waiting Period for such dependent will begin from his effective date of coverage. Waiting Periods vary based on the benefit category (see the Benefit Schedule).

[When this coverage is issued as a replacement for coverage previously issued under another group dental plan, the Waiting Periods applicable to each Insured will be reduced by any Waiting Periods fulfilled under the prior carriers group dental coverage.]

SECTION IV LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or resulting from:

1. Any procedure not shown on the Schedule of Dental Procedures.
2. Services that are not recommended by a Dentist or that are not required for the preservation or restoration of oral health.
3. Repairs to dental work within six months of the initial work.
4. Replacement prosthetics within five years of last placement.
5. Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
6. Replacement for inlays or onlays for a given tooth within five years of last placement.
7. Treatment received while outside the territorial limits of the United States.
8. Treatment received prior to an Insured's Effective Date of coverage or treatment received during a benefit's Waiting Period.

9. A dentist's or dental practice's failure to comply with the current ADA coding convention including, but not limited to, upcoding, the overutilization of certain codes and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

No benefits will be paid for replacement of teeth missing before an Insured's Effective Date of coverage.

We will not pay benefits for services rendered by an employee or a member of the Immediate Family of an Insured.

SECTION V CLAIM PROVISIONS

Notice of Claim - Written notice of claim must be given within 60 days after the covered loss or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Insured and the employee's Certificate number.

Claim Forms - When we receive notice of a claim, we will send the forms for filing proof of loss. If these forms are not sent to the claimant within 15 working days, he 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 on the Proof of Loss Section.

Proof of Loss - A claimant must give us written proof within 90 days after the loss for which he is seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the covered loss unless the claimant was legally incapacitated during that time.

Time of Payment of Claims: Benefits for any loss covered by the Plan will be paid as soon as we receive proper written proof.

Payment Of Claims - Benefits will be paid to the employee. All of the benefits due will be paid to the employee unless he assigns them elsewhere. Any benefits unpaid at the time of his death will be paid in the following order:

1. to any approved assignee;
2. his estate.

Unpaid Premium - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Legal Action - An employee cannot take legal action against us for benefits under the Plan:

1. within 60 days after he has sent us written proof of loss; or
2. more than 6 years from the time written proof is required to be given.

SECTION VI GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. the Plan;
2. the application of the Policyholder; and
3. if applicable, an employee's application(s).

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under the Plan unless:

1. the statement is in writing signed by the Policyholder or by an employee; and
2. a copy of that statement is given to the Policyholder or to the employee or to his beneficiary.

Contract Changes - No change in the Plan is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to the Plan. No agent has the authority to change the Plan or to waive any of its provisions.

Misstatements of Age - If an employee incorrectly stated his age or the ages of his dependents, if any, in his application, the benefits will be such as it would have been had the premium paid been purchased at the correct age. If, based on the correct ages, we would not have issued his Certificate or insured certain dependents under this Certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit On Certain Defenses - After the Plan has been in force for two years respecting an Insured, only fraudulent misstatements in an application may be used to void his coverage or to deny any claim for an incurred loss that starts after the two-year period.

Clerical Error- Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Individual Certificate – The Company will give the Policyholder a Certificate for each employee. The Certificate will set forth the following:

1. the coverage;
2. to whom benefits will be paid; and
3. the rights and privileges under the Plan.

Data Required - The Policyholder will furnish all information and proofs that the Company may reasonably require regarding the Plan.

Conformity With State Statutes – If any provision of the Plan is in conflict with the laws of the state in which the Plan was issued on the Effective Date, that provision will be amended to conform to the minimum requirements of those laws.

SECTION VII BENEFIT SCHEDULE

Benefit Categories

Waiting Periods[*]

A.....Preventive	[0] months
B.....Annual Maximum Building Benefit	[12] months
C..... Fillings and Basic Services	[3] months
D.....Pain Management and Adjunctive Services	[3] months
E..... Other Preventive Services	[6] months
F..... Oral Surgery, Gum Treatments & Prosthetic Repair	[6] months
G..... Crowns and Major Services	[12] months
H..... Major Prosthetic Services	[24] months

[Optional Benefits]

Waiting Periods[*]

[Orthodontic Benefit Rider	[24] months]
[Cosmetic Benefit Rider	[24] months]]

Subject to the applicable waiting period[*] listed above and the provisions in the limitations and exclusions section of the Plan, we will pay the following benefits when a charge is incurred for covered dental treatment that is received while an Insured’s coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, we will pay the amount shown in the schedule of dental procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on current ADA coding convention.

[* When this coverage is issued as a replacement for coverage previously issued under another group dental plan, the Waiting Periods applicable to each Insured will be reduced by any Waiting Periods fulfilled under the prior carriers group dental coverage.]

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. [DENTAL WELLNESS BENEFIT.....	[\$25]

This benefit is payable for you or any Insured for any one treatment listed below, per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per Policy Year per Insured. The treatment must be performed by a Dentist or Dental Hygienist.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
D0150	Comprehensive Oral Evaluation (new or established patient)
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)

- D0170 Re-evaluation – Limited, Problem (established patient; not postoperative visit)
- D0180 Comprehensive Periodontal Evaluation (new or established patient)
- D0425 Caries Susceptibility Tests
- D1110 Prophylaxis (adult)
- D1120 Prophylaxis (child)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1206 Topical Fluoride Varnish: Therapeutic Application for Moderate to High Caries Risk Patients
- D1310 Nutritional Counseling for Control of Dental Disease
- D1320 Tobacco Counseling for the Control and Prevention of Oral Disease
- D1330 Oral Hygiene Instructions
- D4910 Periodontal Maintenance
- D9430 Office Visit for Observation (during regularly scheduled hours, no other services performed)
- D9910 Application of Desensitizing Medicament]

Benefit
Amount

2. [X-RAY BENEFIT \$[15]

This benefit is payable for you or for any Insured for any one X-ray procedure listed below, per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per Policy Year per Insured. The treatment must be performed by a Dentist or Dental Hygienist.

ADA Code	Description
D0210	Intraoral (complete series, including bitewings)
D0220	Intraoral (periapical, first film)
D0230	Intraoral (periapical, each additional film)
D0240	Intraoral (occlusal film)
D0250	Extraoral (first film)
D0260	Extraoral (each additional film)
D0270	Bitewing (single film)
D0272	Bitewings (two films)
D0273	Bitewings (three films)
D0274	Bitewings (four films)
D0277	Vertical Bitewings (seven to eight films)
D0330	Panoramic Film
D0340	Cephalometric Film]

The benefits below are subject to the Waiting Period and a Policy Year Maximum of \$[1,200] per Insured. The benefits listed are per Insured. All treatments must be performed by a Dentist.

A. [ANNUAL MAXIMUM BUILDING BENEFIT: We will increase each Insured’s Policy Year Maximum by \$[100] after each 12 consecutive months of an Insured’s coverage being in force. This benefit builds to a maximum of \$[500] per Insured.]

B. [FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	[20]
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	[60]
D0310	Sialography	[160]
D0415	Bacteriologic Studies for Determination of Pathologic Agents.....	[10]
D0416	Viral Culture	[10]
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	[10]
D0418	Analysis of Saliva Sample	[10]
D0421	Genetic test of susceptibility to oral diseases	[10]
D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Bisopsy	[10]
D0460	Pulp Vitality Tests	[15]
D0470	Diagnostic Casts	[20]
D2140	Amalgam (one surface)	
	Primary	[30]
	Permanent	[45]
D2150	Amalgam (two surfaces)	
	Primary	[30]
	Permanent	[50]
D2160	Amalgam (three surfaces)	
	Primary	[40]
	Permanent	[55]
D2161	Amalgam (four or more surfaces)	
	Primary	[45]
	Permanent	[60]
D2330	Resin-Based Composite (one surface, anterior).....	[40]
D2331	Resin-Based Composite (two surfaces, anterior).....	[50]
D2332	Resin-Based Composite (three surfaces, anterior).....	[55]
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	[60]
D2390	Resin-Based Composite Crown (anterior)	[60]
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	[30]
	Permanent	[40]
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	[45]
	Permanent	[50]
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	[50]
	Permanent	[55]
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	[50]

	Permanent	[55]
D2410	Gold Foil (one surface).....	[200]
D2420	Gold Foil (two surfaces).....	[225]

ID. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	[\$30]
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	[75]
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	[75]
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	[75]
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes).....	[120]
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment)	[25]
D9410	House/Extended-Care Facility Call.....	[25]
D9420	Hospital Call.....	[25]
D9440	Office Visit (after regularly scheduled hours).....	[25]
D9450	Case Presentation, Detailed and Extensive Treatment Planning.....	[25]

IE. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth).....	[\$15]
D1510	Space Maintainer (fixed, unilateral)	[80]
D1515	Space Maintainer (fixed, bilateral)	[100]
D1520	Space Maintainer (removable, unilateral).....	[80]
D1525	Space Maintainer (removable, bilateral).....	[100]
D1550	Recementation of Space Maintainer	[35]
D1555	Removal of Fixed Space Maintainer	[80]

IF. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant).....	[\$130]
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant).....	[45]
D4230	Anatomical Crown Exposure - four or more contiguous teeth per quadrant	[130]
D4231	Anatomical Crown Exposure - one to three teeth per quadrant	[45]
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	[225]
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	[225]
D4249	Clinical Crown Lengthening (hard tissue)	[250]
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	[250]
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	[250]
D4263	Bone Replacement Graft (first site in quadrant).....	[275]
D4264	Bone Replacement Graft (each additional site in quadrant).....	[225]
D4270	Pedicle Soft Tissue Graft Procedure	[275]
D4271	Free Soft Tissue Graft Procedure (including donor site surgery).....	[275]
D4273	Subepithelial Connective Tissue Graft Procedures	[300]
D4275	Soft Tissue Allograft	[275]
D4320	Provisional Splinting (intracoronal)	[150]
D4321	Provisional Splinting (extracoronal)	[110]

D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	[60]
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	[60]
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	[55]
D5410	Adjust Complete Denture (maxillary)	[20]
D5411	Adjust Complete Denture (mandibular)	[20]
D5421	Adjust Partial Denture (maxillary)	[20]
D5422	Adjust Partial Denture (mandibular)	[20]
D5510	Repair Broken Complete Denture Base	[45]
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	[40]
D5610	Repair Resin Denture Base.....	[45]
D5620	Repair Cast Framework.....	[60]
D5630	Repair or Replace Broken Clasp	[50]
D5640	Replace Broken Teeth (per tooth)	[40]
D5650	Add Tooth to Existing Partial Denture.....	[45]
D5660	Add Clasp to Existing Partial Denture	[60]
D5710	Rebase Complete Maxillary Denture	[130]
D5711	Rebase Complete Mandibular Denture	[170]
D5720	Rebase Maxillary Partial Denture	[170]
D5721	Rebase Mandibular Partial Denture	[170]
D5730	Reline Complete Maxillary Denture (chairside)	[80]
D5731	Reline Complete Mandibular Denture (chairside)	[80]
D5740	Reline Maxillary Partial Denture (chairside)	[90]
D5741	Reline Mandibular Partial Denture (chairside).....	[90]
D5750	Reline Complete Maxillary Denture (laboratory)	[110]
D5751	Reline Complete Mandibular Denture (laboratory)	[110]
D5760	Reline Maxillary Partial Denture (laboratory)	[130]
D5761	Reline Mandibular Partial Denture (laboratory).....	[130]
D5850	Tissue Conditioning (maxillary)	[40]
D5851	Tissue Conditioning (mandibular).....	[40]
D6090	Repair of Implanted Supported Prosthetic, by Report.....	[110]
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)	[110]
D6092	Recement Implant/Abutment Supported Crown	[110]
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	[110]
D6095	Repair of Implanted Abutment, by Report.....	[110]
D6100	Implant Removal, By Report.....	[35]
D6930	Recement Fixed Partial Denture.....	[35]
D7111	Coronal Remnants (deciduous tooth)	[35]
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)....	[40]
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	[70]
D7220	Removal of Impacted Tooth (soft tissue)	[85]
D7230	Removal of Impacted Tooth (partially bony).....	[120]
D7240	Removal of Impacted Tooth (completely bony)	[130]
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	[150]
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	[70]
D7260	Oroantral Fistula Closure	[180]
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	[180]
D7280	Surgical Access of an Unerupted Tooth.....	[200]
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	[65]
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	[65]
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	[375]
D7286	Biopsy of Oral Tissue – Soft (all others).....	[150]

D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	[65]
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	[65]
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	[80]
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	[80]
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization).....	[750]
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	[700]
D7410	Excision of Benign Lesion (up to 1.25 cm).....	[525]
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	[525]
D7412	Excision of Benign Lesion (complicated).....	[525]
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	[650]
D7414	Excision of Malignant Lesion (greater than 1.25 cm).....	[650]
D7415	Excision of Malignant Lesion (complicated).....	[650]
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	[650]
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm).....	[650]
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	[525]
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	[525]
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	[525]
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	[525]
D7471	Removal of Lateral Exostosis (maxilla or mandible).....	[375]
D7472	Removal of Torus Palatinus.....	[375]
D7473	Removal of Torus Mandibularis.....	[375]
D7485	Surgical Reduction of Osseous Tuberosity.....	[425]
D7510	Incision and Drainage of Abscess (intraoral soft tissue).....	[100]
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage or multiple fascial spaces)	[450]
D7520	Incision and Drainage of Abscess (extraoral soft tissue).....	[450]
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage or multiple fascial spaces)	[450]
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	[170]
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system).....	[180]
D7550	Partial Ostectomy/Sequestrectomy for Removal of Nonvital Bone.....	[120]
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body.....	[700]
D7610	Maxilla (open reduction; teeth immobilized, if present).....	[700]
D7620	Maxilla (closed reduction; teeth immobilized, if present).....	[700]
D7630	Mandible (open reduction; teeth immobilized, if present).....	[65]
D7640	Mandible (closed reduction; teeth immobilized, if present).....	[80]
D7650	Malar and/or Zygomatic Arch (open reduction).....	[700]
D7660	Malar and/or Zygomatic Arch (closed reduction).....	[550]
D7670	Alveolus (closed reduction, may include stabilization of teeth).....	[725]
D7671	Alveolus (open reduction, may include stabilization of teeth).....	[350]
D7710	Maxilla (open reduction).....	[700]
D7720	Maxilla (closed reduction).....	[700]
D7730	Mandible (open reduction).....	[80]
D7740	Mandible (closed reduction).....	[80]
D7750	Malar and/or Zygomatic Arch (open reduction).....	[300]
D7760	Malar and/or Zygomatic Arch (closed reduction).....	[300]
D7770	Alveolus (open reduction stabilization of teeth).....	[350]
D7771	Alveolus (closed reduction stabilization of teeth).....	[725]
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure).....	[80]
D7963	Frenuloplasty	[80]
D7970	Excision of Hyperplastic Tissue (per arch).....	[80]

D7971	Excision of Pericoronal Gingiva	[70]
D9120	Fixed Partial denture Sectioning	[35]

[G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface).....	\$[190]
D2520	Inlay (metallic, two surfaces).....	[225]
D2530	Inlay (metallic, three or more surfaces).....	[350]
D2542	Onlay (metallic, two surfaces).....	[225]
D2543	Onlay (metallic, three surfaces).....	[250]
D2544	Onlay (metallic, four or more surfaces)	[275]
D2610	Inlay (porcelain/ceramic, one surface)	[200]
D2620	Inlay (porcelain/ceramic, two surfaces)	[225]
D2630	Inlay (porcelain/ceramic, three or more surfaces).....	[350]
D2642	Onlay (porcelain/ceramic, two surfaces).....	[250]
D2643	Onlay (porcelain/ceramic, three surfaces).....	[275]
D2644	Onlay (porcelain/ceramic, four or more surfaces).....	[325]
D2650	Inlay (resin-based composite, one surface)	[180]
D2651	Inlay (resin-based composite, two surfaces)	[200]
D2652	Inlay (resin-based composite, three or more surfaces).....	[250]
D2662	Onlay (resin-based composite, two surfaces).....	[225]
D2663	Onlay (resin-based composite, three surfaces).....	[250]
D2664	Onlay (resin-based composite, four or more surfaces).....	[250]
D2710	Crown (resin, indirect)	[150]
D2712	Crown (3/4 resin-based composite, indirect).....	[150]
D2720	Crown (resin with high noble metal).....	[250]
D2721	Crown (resin with predominantly base metal)	[250]
D2722	Crown (resin with noble metal).....	[250]
D2740	Crown (porcelain/ceramic substrate).....	[250]
D2750	Crown (porcelain fused to high noble metal)	[250]
D2751	Crown (porcelain fused to predominantly base metal).....	[250]
D2752	Crown (porcelain fused to noble metal)	[250]
D2780	Crown (3/4-cast high noble metal)	[250]
D2781	Crown (3/4-cast predominantly base metal)	[250]
D2782	Crown (3/4-cast noble metal)	[250]
D2783	Crown (3/4-porcelain/ceramic)	[250]
D2790	Crown (full-cast high noble metal)	[250]
D2791	Crown (full-cast predominantly base metal).....	[250]
D2792	Crown (full-cast noble metal).....	[250]
D2794	Crown (titanium).....	[250]
D2910	Recement Inlay.....	[30]
D2915	Recement Cast of Prefabricated Post and Core.....	[30]
D2920	Recement Crown	[30]
D2930	Prefabricated Stainless Steel Crown (primary tooth)	[65]
D2931	Prefabricated Stainless Steel Crown (permanent tooth).....	[75]
D2932	Prefabricated Resin Crown.....	[100]
D2933	Prefabricated Stainless Steel Crown with Resin Window.....	[110]
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth).....	[65]
D2940	Sedative Filling	[25]
D2950	Core Buildup (including any pins)	[65]
D2951	Pin Retention (per tooth, in addition to restoration).....	[15]
D2952	Cast Post and Core (in addition to crown).....	[95]
D2954	Prefabricated Post and Core (in addition to crown)	[100]
D2955	Post Removal (not in conjunction with endodontic therapy)	[75]
D2970	Temporary Crown (fractured tooth).....	[75]

D2980	Crown Repairs, By Report	[125]
D3110	Pulp Cap (direct, excluding final restoration)	[15]
D3120	Pulp Cap (indirect, excluding final restoration)	[15]
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	[40]
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	[40]
D3230	Pulpal Therapy (resorbable filling ; anterior, primary tooth, excluding final restoration)	[45]
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	[45]
D3310	Anterior (excluding final restoration, root canal).....	[150]
D3320	Bicuspid (excluding final restoration, root canal)	[200]
D3330	Molar (excluding final restoration, root canal).....	[250]
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	[130]
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	[180]
D3348	Retreatment of Previous Root Canal Therapy (molar).....	[225]
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	[130]
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	[30]
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)	[65]
D3410	Apicoectomy/Periradicular Surgery (anterior).....	[140]
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root).....	[275]
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	[300]
D3426	Apicoectomy/Periradicular Surgery (each additional root).....	[110]
D3430	Retrograde Filling (per root)	[80]
D3450	Root Amputation (per root).....	[160]
D3920	Hemisection (including any root removal; not including root canal therapy).....	[120]
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	[55]

[H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	[\$350]
D5120	Complete Denture (mandibular).....	[350]
D5130	Immediate Denture (maxillary)	[350]
D5140	Immediate Denture (mandibular)	[350]
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	[250]
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	[250]
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	[375]
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	[375]
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	[375]
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	[375]
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	[300]
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	[40]
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	[40]
D5810	Interim Complete Denture (maxillary).....	[225]
D5811	Interim Complete Denture (mandibular).....	[225]
D5820	Interim Partial Denture (maxillary).....	[170]
D5821	Interim Partial Denture (mandibular).....	[180]
D6010	Surgical Placement of Implant Body: Endosteal Implant	[450]
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	[450]
D6040	Surgical Placement: Eposteal Implant.....	[450]
D6050	Surgical Placement: Transosteal Implant	[450]

D6056	Prefabricated Abutment (includes placement)	[450]
D6057	Custom Abutment (includes placement)	[450]
D6058	Abutment Supported Porcelain/Ceramic Crown	[250]
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)	[250]
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	[250]
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	[250]
D6062	Abutment Supported Cast Metal Crown (high noble metal)	[250]
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	[250]
D6064	Abutment Supported Cast Metal Crown (noble metal)	[250]
D6065	Implant Supported Porcelain/Ceramic Crown.....	[250]
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	[250]
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	[250]
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	[250]
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	[250]
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	[250]
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	[250]
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	[250]
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	[250]
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	[250]
D6075	Implant Supported Retainer for Ceramic FPD	[250]
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	[250]
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	[250]
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch.....	[250]
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch.....	[250]
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis.....	[150]
D6094	Abutment Supported Crown (titanium)	[250]
D6194	Abutment Supported Retainer Crown for FPD (titanium)	[250]
D6205	Pontic (indirect resin based composite)	[250]
D6210	Pontic (cast high noble metal)	[250]
D6211	Pontic (cast predominantly base metal).....	[250]
D6212	Pontic (cast noble metal)	[250]
D6214	Pontic (titanium)	[250]
D6240	Pontic (porcelain fused to high noble metal).....	[250]
D6241	Pontic (porcelain fused to predominantly base metal)	[250]
D6242	Pontic (porcelain fused to noble metal).....	[250]
D6245	Pontic (porcelain/ceramic)	[250]
D6250	Pontic (resin with high noble metal)	[250]
D6251	Pontic (resin with predominantly base metal)	[250]
D6252	Pontic (resin with noble metal)	[250]
D6253	Provisional Pontic	[250]
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	[140]
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis).....	[140]
D6600	Inlay (porcelain/ceramic, two surfaces)	[225]
D6601	Inlay (porcelain/ceramic, three or more surfaces)	[350]
D6602	Inlay (cast high noble metal, two surfaces)	[300]
D6603	Inlay (cast high noble metal, three or more surfaces)	[325]
D6604	Inlay (cast predominantly base metal, two surfaces)	[300]
D6605	Inlay (cast predominantly base metal, three or more surfaces)	[325]
D6606	Inlay (cast noble metal, two surfaces)	[300]
D6607	Inlay (cast noble metal, three or more surfaces)	[325]

D6608	Onlay (porcelain/ceramic, two surfaces)	[250]
D6609	Onlay (porcelain/ceramic, three or more surfaces)	[275]
D6610	Onlay (cast high noble metal, two surfaces)	[325]
D6611	Onlay (cast high noble metal, three or more surfaces)	[350]
D6612	Onlay (cast predominantly base metal, two surfaces)	[325]
D6613	Onlay (cast predominantly base metal, three or more surfaces)	[350]
D6614	Onlay (cast noble metal, two surfaces)	[325]
D6615	Onlay (cast noble metal, three or more surfaces)	[350]
D6624	Inlay (titanium)	[325]
D6634	Onlay (titanium)	[350]
D6710	Crown (indirect resin based composite)	[250]
D6720	Crown (resin with high noble metal).....	[250]
D6721	Crown (resin with predominantly base metal)	[250]
D6722	Crown (resin with noble metal).....	[250]
D6740	Crown (porcelain/ceramic).....	[250]
D6750	Crown (porcelain fused to high noble metal).....	[250]
D6751	Crown (porcelain fused to predominantly base metal).....	[250]
D6752	Crown (porcelain fused to noble metal)	[250]
D6780	Crown (3/4-cast high noble metal).....	[250]
D6781	Crown (3/4-cast predominantly base metal).....	[250]
D6782	Crown (3/4-cast noble metal).....	[250]
D6783	Crown (3/4-porcelain/ceramic)	[250]
D6790	Crown (full-cast high noble metal)	[250]
D6791	Crown (full-cast predominantly base metal)	[250]
D6792	Crown (full-cast noble metal).....	[250]
D6793	Provisional Retainer Crown	[250]
D6794	Crown (titanium)	[250]
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	[130]
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer).....	[100]
D6973	Core Buildup for Retainer (including any pins).....	[85]
D6975	Coping (metal).....	[225]

SECTION VIII SCHEDULE OF PREMIUMS

The tables below show the premiums applicable to the Plan on the Effective Date.

SECTION IX INCORPORATION OF RIDER PROVISIONS

The attached listed Certificate Riders are made a part of the Plan.

FORM NUMBERS

[CAI11

Orthodontic Benefit Rider]

[CAI11

Cosmetic Benefit Rider]



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

CERTIFICATE OF INSURANCE FOR GROUP DENTAL POLICY

Notice to Buyer: This certificate provides dental benefits only

PLEASE READ YOUR CERTIFICATE CAREFULLY

CERTIFICATE INDEX

Definitions	Section I
Premiums and Individual Terminations	Section II
Limitations and Exclusions	Section III
Claim Provisions	Section IV
General Provisions	Section V
Benefit Schedule	Section VI
Certificate Schedule	Section VII

We certify that you are insured under the Group Dental Policy (herein called the Plan) issued to the Policyholder, subject to the definitions, exclusions, and other provisions of the Plan against loss resulting from the dental procedures shown in the Plan.

Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by this Certificate.

The Effective Date of your Certificate is as shown in the Certificate Schedule if you are on that date Actively at Work. If not, this Certificate will become effective on the next date you are Actively at Work and eligible. This Certificate will remain in effect for the period for which the premium has been paid. This Certificate may be continued for further periods as stated in the Plan.

This Certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in your application.

This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan.

SECTION I DEFINITIONS

Whenever the male pronoun is used, it includes the female, unless the context clearly shows otherwise.

When the terms below are used in this Certificate, the following definitions will apply:

Dental Hygienist: a legally qualified person, other than a member of an employee's Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

Dentist: a legally qualified person, other than a member of an employee's Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

Dependent Children: an employee's natural children, stepchildren, or legally adopted children who are all of the following: (1) unmarried; (2) under age 26; and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of the employee's Certificate following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under this Plan. An employee must furnish proof of such incapacity and dependency to us within 31 days of the Dependent Child's 26th birthday. An employee must furnish proof of continued incapacity and dependency at our request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Effective Date: the date(s) coverage begins is as shown on the face page of the Plan and on the employee's certificate schedule.

Immediate Family: any person, as applicable, who is related to an employee in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses.

Insured: any person insured under Employee, Employee/Spouse, Employee and Children, or Family coverage.

Policy Year:

1. **First Policy Year:** the period of time that begins on the Insured's Effective Date of coverage and ends 365 days from that Effective Date.
2. **Each Subsequent Policy Year:** each 12-month period following the First Policy Year.

Policy Year Maximum: the total dollar amount of benefits payable per Policy Year, per Insured.

Type of Coverage

1. **Employee:** coverage for only the Insured listed in the Certificate Schedule.
2. **Employee/Spouse:** coverage for only you (the Insured) and your spouse. "Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **Employee and Children:** coverage for you (the Insured) and all of your Dependent Children.
4. **Family:** coverage for you (the Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Persons covered under Employee, Employee/Spouse, Employee and Children, or Family coverage are referred to as "Insureds." Newborn children are automatically covered under the terms of the Plan from the moment of birth. Adopted children are covered from the date of petition. If Employee or Employee/Spouse coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify us in writing within 31 days of the child's birth or the date the petition is filed for adoption of a child. Coverage for newborn or adopted children will be in effect through the 31st day following the date of such event. Upon notification, we will convert your coverage to Employee and Children or Family coverage and advise you of the additional premium due. If Employee and Children or Family coverage is in force, it is not necessary for you to notify us of the birth of a child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required.

The insurance on any Dependent Child will terminate on the certificate anniversary date following the Dependent Child's 26th birthday, on the date the child marries, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first. Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Insureds under the Plan. When coverage of all Dependent Children terminates, you must notify us, in writing, and elect whether to continue your coverage on an Employee or Employee/Spouse basis. After such notice, we will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any Employee and Children or Family coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under your certificate. You must furnish proof of such incapacity and dependency to us within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at our request, but not more often than annually after the two-year period following the Dependent Child's 26th birthday.

Waiting Period: the period after an Insured's Effective Date during which benefits are not payable. If the Employee adds a dependent, the Waiting Period for such dependent will begin from his effective date of coverage. Waiting Periods vary based on the benefit category (see the Benefit Schedule).

[When this coverage is issued as a replacement for coverage previously issued under another group dental plan, the Waiting Periods applicable to each Insured will be reduced by any Waiting Periods fulfilled under the prior carrier's group dental coverage.]

You or Your: means the person insured under the Plan who is either:

1. an employee of the Policyholder [a member of the Policyholder's group]; or
2. included in the class of employees eligible for coverage as shown on the Plan application.

SECTION II PREMIUMS AND INDIVIDUAL TERMINATIONS

PREMIUMS

Premiums are Not Guaranteed: The initial premium shown in the Certificate Schedule is the premium covering the period from the Effective Date to the next renewal date of this Certificate. Renewal premiums will be in accordance with the schedule of premium rates in effect at the time of renewals as set forth in the Plan.

Certificate Term: The first term of this Certificate starts on the Effective Date in the Certificate Schedule. It ends on the first renewal date also shown. Later terms will be the periods for which renewal premiums are paid when due. All terms will begin and end at 12:01 A.M., Standard Time, at the Policyholder's address. The renewal premium for each term will be due on the day preceding term end, subject to the Grace Period.

Grace Period: The Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, your coverage under

the Plan will stay in force.

INDIVIDUAL TERMINATIONS

Your insurance will terminate on the earliest of any of the following occurrences:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date you cease to meet the definition of an employee as defined in the Plan;
4. on the premium due date which falls on or first follows the your 71st birthday; or
5. on the date you are no longer a member of an eligible class.

Termination of the insurance on any Insured will be without prejudice to his rights regarding any claim arising prior to the termination.

[PORTABILITY PRIVILEGE

When coverage would otherwise terminate under the Plan because you ended employment with your employer, you may elect to continue this coverage. The coverage you may continue is that which you had on the date your employment terminated, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. you failed to pay any required premium;
 - b. [you attained age 71;
 - c.]the Plan terminates.
2. To keep this insurance in force, you must:
 - a. make written application to us within 31 days after the date your coverage would otherwise terminate; and
 - b. pay to us the required premium no later than 31 days after the date your coverage would otherwise terminate.
3. This certificate will cease on the earliest of these dates:
 - a. the date you fail to pay any required premium;
 - b. the date the Plan is terminated.

If you qualify for this Portability Privilege as described, then the same benefits, Plan provisions, and premium rate as shown in this certificate, as previously issued, will apply.]

SECTION III LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or resulting from the following:

1. Any procedure not shown on the Schedule of Dental Procedures.
2. Services that are not recommended by a Dentist or that are not required for the preservation or restoration of oral health.
3. Repairs to dental work within six months of the initial work.
4. Replacement prosthetics within five years of last placement.

5. Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
6. Replacement for inlays or onlays for a given tooth within five years of last placement.
7. Treatment received while outside the territorial limits of the United States.
8. Treatment received prior to an Insured's Effective Date of coverage or treatment received during a benefit's Waiting Period.
9. A dentist's or dental practice's failure to comply with the current ADA coding convention including, but not limited to, upcoding, the overutilization of certain codes and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

No benefits will be paid for replacement of teeth missing before an Insured's Effective Date of coverage.

We will not pay benefits for services rendered by you or a member of the Immediate Family of an Insured.

SECTION IV CLAIM PROVISIONS

Notice of Claim - Written notice of claim must be given within 60 days after the covered loss or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Insured and your Certificate number.

Claim Forms - When we receive notice of a claim, we will send the forms for filing proof of loss. If these forms are not sent to you within 15 working days, we 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 on the Proof of Loss Section.

Proof of Loss – You must give us written proof within 90 days after the loss for which you are seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the covered loss unless you were legally incapacitated during that time.

Time of Payment of Claims: Benefits for any loss covered by the Plan will be paid as soon as we receive proper written proof.

Payment Of Claims - All benefits due will be paid to you unless you assign them elsewhere. Any benefits unpaid at the time of your death will be paid in the following order:

1. to any approved assignee; or
2. your estate.

Unpaid Premium - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Legal Action – You cannot take legal action against us for benefits under the Plan:

1. within 60 days after you have sent us written proof of loss; or
2. more than 6 years from the time written proof is required to be given.

SECTION V GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. the Plan;
2. the application of the Policyholder; and
3. if applicable, an employee's application(s).

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under the Plan unless:

1. the statement is in writing signed by the Policyholder or by you; and
2. a copy of that statement is given to the Policyholder or to you or to your beneficiary.

Contract Changes - No change in the Plan is valid unless approved by our Home Office and unless such approval is endorsed by an officer and attached to the Plan. No agent has the authority to change the Plan or to waive any of its provisions.

Misstatements of Age - If an employee incorrectly stated his age or the ages of his dependents, if any, in his application, the benefits will be such as the premium paid would have purchased at the correct age. If, based on the correct ages, we would not have issued his Certificate or insured certain dependents under his Certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit On Certain Defenses - After this certificate has been in force for two years as respects an Insured, only fraudulent misstatements in an application may be used to void his coverage or to deny any claim for loss incurred that starts after the two-year period.

Conformity With State Statutes - Any provision of the Plan which, on the Effective Date, is in conflict with the laws of the state, in which the Plan was issued, will be amended to conform to the minimum requirements of those laws.

SECTION VI BENEFIT SCHEDULE

Benefit Categories

Waiting Periods[*]

A.....Preventive	[0] months
B.....Annual Maximum Building Benefit	[12] months
C..... Fillings and Basic Services	[3] months
D.....Pain Management and Adjunctive Services	[3] months
E..... Other Preventive Services	[6] months
F..... Oral Surgery, Gum Treatments & Prosthetic Repair	[6] months
G..... Crowns and Major Services	[12] months
H..... Major Prosthetic Services	[24] months

[Optional Benefits]

Waiting Periods[*]

[Orthodontic Benefit Rider	[24] months]
[Cosmetic Benefit Rider	[24] months]]

Subject to the applicable waiting period[*] listed above and the provisions in the limitations and exclusions section of the Plan, we will pay the following benefits when a charge is incurred for covered dental treatment that is received while an Insured’s coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, we will pay the amount shown in the schedule of dental procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on current ADA coding convention.

[* When this coverage is issued as a replacement for coverage previously issued under another group dental plan, the Waiting Periods applicable to each Insured will be reduced by any Waiting Periods fulfilled under the prior carriers group dental coverage.]

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. [DENTAL WELLNESS BENEFIT.....	[\$25]

This benefit is payable for you or any Insured for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per Policy Year per Insured. The treatment must be performed by a Dentist or Dental Hygienist.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
D0150	Comprehensive Oral Evaluation (new or established patient)
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)

- D0170 Re-evaluation – Limited, Problem (established patient; not postoperative visit)
- D0180 Comprehensive Periodontal Evaluation (new or established patient)
- D0425 Caries Susceptibility Tests
- D1110 Prophylaxis (adult)
- D1120 Prophylaxis (child)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1206 Topical Fluoride Varnish: Therapeutic Application for Moderate to High Caries Risk Patients
- D1310 Nutritional Counseling for Control of Dental Disease
- D1320 Tobacco Counseling for the Control and Prevention of Oral Disease
- D1330 Oral Hygiene Instructions
- D4910 Periodontal Maintenance
- D9430 Office Visit for Observation (during regularly scheduled hours, no other services performed)
- D9910 Application of Desensitizing Medicament]

Benefit
Amount

2. [X-RAY BENEFIT \$[15]

This benefit is payable for you or any Insured for any one X-ray procedure listed below per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per Policy Year per Insured. The treatment must be performed by a Dentist or Dental Hygienist.

ADA Code	Description
D0210	Intraoral (complete series, including bitewings)
D0220	Intraoral (periapical, first film)
D0230	Intraoral (periapical, each additional film)
D0240	Intraoral (occlusal film)
D0250	Extraoral (first film)
D0260	Extraoral (each additional film)
D0270	Bitewing (single film)
D0272	Bitewings (two films)
D0273	Bitewings (three films)
D0274	Bitewings (four films)
D0277	Vertical Bitewings (seven to eight films)
D0330	Panoramic Film
D0340	Cephalometric Film]

The benefits below are subject to the Waiting Period and a Policy Year Maximum of \$[1,200] per Insured. The benefits listed are per Insured. All treatments must be performed by a Dentist.

A. [ANNUAL MAXIMUM BUILDING BENEFIT: We will increase each Insured’s Policy Year Maximum by \$[100] after each 12 consecutive months of an Insured’s coverage being in force. This benefit builds to a maximum of \$[500] per Insured.]

B. [FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	[20]
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	[60]
D0310	Sialography	[160]
D0415	Bacteriologic Studies for Determination of Pathologic Agents.....	[10]
D0416	Viral Culture	[10]
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	[10]
D0418	Analysis of Saliva Sample	[10]
D0421	Genetic test of susceptibility to oral diseases	[10]
D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Biopsy	[10]
D0460	Pulp Vitality Tests	[15]
D0470	Diagnostic Casts	[20]
D2140	Amalgam (one surface)	
	Primary	[30]
	Permanent	[45]
D2150	Amalgam (two surfaces)	
	Primary	[30]
	Permanent	[50]
D2160	Amalgam (three surfaces)	
	Primary	[40]
	Permanent	[55]
D2161	Amalgam (four or more surfaces)	
	Primary	[45]
	Permanent	[60]
D2330	Resin-Based Composite (one surface, anterior).....	[40]
D2331	Resin-Based Composite (two surfaces, anterior).....	[50]
D2332	Resin-Based Composite (three surfaces, anterior).....	[55]
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	[60]
D2390	Resin-Based Composite Crown (anterior)	[60]
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	[30]
	Permanent	[40]
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	[45]
	Permanent	[50]
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	[50]
	Permanent	[55]
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	[50]

	Permanent	[55]
D2410	Gold Foil (one surface)	[200]
D2420	Gold Foil (two surfaces)	[225]

ID. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	[\$30]
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	[75]
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	[75]
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	[75]
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes).....	[120]
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment)	[25]
D9410	House/Extended-Care Facility Call.....	[25]
D9420	Hospital Call.....	[25]
D9440	Office Visit (after regularly scheduled hours).....	[25]
D9450	Case Presentation, Detailed and Extensive Treatment Planning	[25]

]

IE. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth).....	[\$15]
D1510	Space Maintainer (fixed, unilateral)	[80]
D1515	Space Maintainer (fixed, bilateral)	[100]
D1520	Space Maintainer (removable, unilateral).....	[80]
D1525	Space Maintainer (removable, bilateral).....	[100]
D1550	Recementation of Space Maintainer	[35]
D1555	Removal of Fixed Space Maintainer	[80]

]

IF. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant).....	[\$130]
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant).....	[45]
D4230	Anatomical Crown Exposure - four or more contiguous teeth per quadrant	[130]
D4231	Anatomical Crown Exposure - one to three teeth per quadrant	[45]
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	[225]
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	[225]
D4249	Clinical Crown Lengthening (hard tissue)	[250]
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	[250]
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	[250]
D4263	Bone Replacement Graft (first site in quadrant).....	[275]
D4264	Bone Replacement Graft (each additional site in quadrant).....	[225]
D4270	Pedicle Soft Tissue Graft Procedure	[275]
D4271	Free Soft Tissue Graft Procedure (including donor site surgery).....	[275]
D4273	Subepithelial Connective Tissue Graft Procedures	[300]
D4275	Soft Tissue Allograft	[275]
D4320	Provisional Splinting (intracoronal)	[150]
D4321	Provisional Splinting (extracoronal)	[110]

D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	[60]
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	[60]
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	[55]
D5410	Adjust Complete Denture (maxillary)	[20]
D5411	Adjust Complete Denture (mandibular)	[20]
D5421	Adjust Partial Denture (maxillary)	[20]
D5422	Adjust Partial Denture (mandibular)	[20]
D5510	Repair Broken Complete Denture Base	[45]
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	[40]
D5610	Repair Resin Denture Base.....	[45]
D5620	Repair Cast Framework.....	[60]
D5630	Repair or Replace Broken Clasp	[50]
D5640	Replace Broken Teeth (per tooth)	[40]
D5650	Add Tooth to Existing Partial Denture.....	[45]
D5660	Add Clasp to Existing Partial Denture	[60]
D5710	Rebase Complete Maxillary Denture	[130]
D5711	Rebase Complete Mandibular Denture	[170]
D5720	Rebase Maxillary Partial Denture	[170]
D5721	Rebase Mandibular Partial Denture	[170]
D5730	Reline Complete Maxillary Denture (chairside)	[80]
D5731	Reline Complete Mandibular Denture (chairside)	[80]
D5740	Reline Maxillary Partial Denture (chairside)	[90]
D5741	Reline Mandibular Partial Denture (chairside).....	[90]
D5750	Reline Complete Maxillary Denture (laboratory)	[110]
D5751	Reline Complete Mandibular Denture (laboratory)	[110]
D5760	Reline Maxillary Partial Denture (laboratory)	[130]
D5761	Reline Mandibular Partial Denture (laboratory).....	[130]
D5850	Tissue Conditioning (maxillary)	[40]
D5851	Tissue Conditioning (mandibular).....	[40]
D6090	Repair of Implanted Supported Prosthetic, by Report.....	[110]
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)	[110]
D6092	Recement Implant/Abutment Supported Crown	[110]
D6093	Recement Implant/Abutment Supported Fixed Partial Denture	[110]
D6095	Repair of Implanted Abutment, by Report.....	[110]
D6100	Implant Removal, By Report.....	[35]
D6930	Recement Fixed Partial Denture.....	[35]
D7111	Coronal Remnants (deciduous tooth)	[35]
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)....	[40]
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	[70]
D7220	Removal of Impacted Tooth (soft tissue)	[85]
D7230	Removal of Impacted Tooth (partially bony).....	[120]
D7240	Removal of Impacted Tooth (completely bony)	[130]
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	[150]
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	[70]
D7260	Oroantral Fistula Closure	[180]
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	[180]
D7280	Surgical Access of an Unerupted Tooth.....	[200]
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	[65]
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	[65]
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	[375]
D7286	Biopsy of Oral Tissue – Soft (all others).....	[150]

D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	[65]
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	[65]
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	[80]
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	[80]
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization).....	[750]
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	[700]
D7410	Excision of Benign Lesion (up to 1.25 cm).....	[525]
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	[525]
D7412	Excision of Benign Lesion (complicated).....	[525]
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	[650]
D7414	Excision of Malignant Lesion (greater than 1.25 cm).....	[650]
D7415	Excision of Malignant Lesion (complicated).....	[650]
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	[650]
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm).....	[650]
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	[525]
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	[525]
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	[525]
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	[525]
D7471	Removal of Lateral Exostosis (maxilla or mandible).....	[375]
D7472	Removal of Torus Palatinus.....	[375]
D7473	Removal of Torus Mandibularis.....	[375]
D7485	Surgical Reduction of Osseous Tuberosity.....	[425]
D7510	Incision and Drainage of Abscess (intraoral soft tissue).....	[100]
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage or multiple fascial spaces)	[450]
D7520	Incision and Drainage of Abscess (extraoral soft tissue).....	[450]
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage or multiple fascial spaces)	[450]
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	[170]
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system).....	[180]
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone.....	[120]
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body.....	[700]
D7610	Maxilla (open reduction; teeth immobilized, if present).....	[700]
D7620	Maxilla (closed reduction; teeth immobilized, if present).....	[700]
D7630	Mandible (open reduction; teeth immobilized, if present).....	[65]
D7640	Mandible (closed reduction; teeth immobilized, if present).....	[80]
D7650	Malar and/or Zygomatic Arch (open reduction).....	[700]
D7660	Malar and/or Zygomatic Arch (closed reduction).....	[550]
D7670	Alveolus (closed reduction, may include stabilization of teeth).....	[725]
D7671	Alveolus (open reduction, may include stabilization of teeth).....	[350]
D7710	Maxilla (open reduction).....	[700]
D7720	Maxilla (closed reduction).....	[700]
D7730	Mandible (open reduction).....	[80]
D7740	Mandible (closed reduction).....	[80]
D7750	Malar and/or Zygomatic Arch (open reduction).....	[300]
D7760	Malar and/or Zygomatic Arch (closed reduction).....	[300]
D7770	Alveolus (open reduction stabilization of teeth).....	[350]
D7771	Alveolus (closed reduction stabilization of teeth).....	[725]
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure).....	[80]
D7963	Frenuloplasty	[80]
D7970	Excision of Hyperplastic Tissue (per arch).....	[80]

D7971	Excision of Pericoronal Gingiva	[70]
D9120	Fixed Partial denture Sectioning	[35]

[G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface).....	\$[190]
D2520	Inlay (metallic, two surfaces).....	[225]
D2530	Inlay (metallic, three or more surfaces).....	[350]
D2542	Onlay (metallic, two surfaces).....	[225]
D2543	Onlay (metallic, three surfaces).....	[250]
D2544	Onlay (metallic, four or more surfaces)	[275]
D2610	Inlay (porcelain/ceramic, one surface)	[200]
D2620	Inlay (porcelain/ceramic, two surfaces)	[225]
D2630	Inlay (porcelain/ceramic, three or more surfaces).....	[350]
D2642	Onlay (porcelain/ceramic, two surfaces).....	[250]
D2643	Onlay (porcelain/ceramic, three surfaces).....	[275]
D2644	Onlay (porcelain/ceramic, four or more surfaces).....	[325]
D2650	Inlay (resin-based composite, one surface)	[180]
D2651	Inlay (resin-based composite, two surfaces)	[200]
D2652	Inlay (resin-based composite, three or more surfaces).....	[250]
D2662	Onlay (resin-based composite, two surfaces).....	[225]
D2663	Onlay (resin-based composite, three surfaces).....	[250]
D2664	Onlay (resin-based composite, four or more surfaces).....	[250]
D2710	Crown (resin, indirect)	[150]
D2712	Crown (3/4 resin-based composite, indirect).....	[150]
D2720	Crown (resin with high noble metal).....	[250]
D2721	Crown (resin with predominantly base metal)	[250]
D2722	Crown (resin with noble metal).....	[250]
D2740	Crown (porcelain/ceramic substrate).....	[250]
D2750	Crown (porcelain fused to high noble metal)	[250]
D2751	Crown (porcelain fused to predominantly base metal).....	[250]
D2752	Crown (porcelain fused to noble metal)	[250]
D2780	Crown (3/4-cast high noble metal)	[250]
D2781	Crown (3/4-cast predominantly base metal)	[250]
D2782	Crown (3/4-cast noble metal)	[250]
D2783	Crown (3/4-porcelain/ceramic)	[250]
D2790	Crown (full-cast high noble metal)	[250]
D2791	Crown (full-cast predominantly base metal).....	[250]
D2792	Crown (full-cast noble metal).....	[250]
D2794	Crown (titanium).....	[250]
D2910	Recement Inlay.....	[30]
D2915	Recement Cast of Prefabricated Post and Core.....	[30]
D2920	Recement Crown	[30]
D2930	Prefabricated Stainless Steel Crown (primary tooth)	[65]
D2931	Prefabricated Stainless Steel Crown (permanent tooth).....	[75]
D2932	Prefabricated Resin Crown.....	[100]
D2933	Prefabricated Stainless Steel Crown with Resin Window.....	[110]
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth).....	[65]
D2940	Sedative Filling	[25]
D2950	Core Buildup (including any pins)	[65]
D2951	Pin Retention (per tooth, in addition to restoration).....	[15]
D2952	Cast Post and Core (in addition to crown).....	[95]
D2954	Prefabricated Post and Core (in addition to crown)	[100]
D2955	Post Removal (not in conjunction with endodontic therapy)	[75]
D2970	Temporary Crown (fractured tooth).....	[75]

D2980	Crown Repairs, By Report	[125]
D3110	Pulp Cap (direct, excluding final restoration)	[15]
D3120	Pulp Cap (indirect, excluding final restoration)	[15]
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	[40]
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	[40]
D3230	Pulpal Therapy (resorbable filling ; anterior, primary tooth, excluding final restoration)	[45]
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	[45]
D3310	Anterior (excluding final restoration, root canal).....	[150]
D3320	Bicuspid (excluding final restoration, root canal)	[200]
D3330	Molar (excluding final restoration, root canal).....	[250]
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	[130]
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	[180]
D3348	Retreatment of Previous Root Canal Therapy (molar).....	[225]
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	[130]
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	[30]
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)	[65]
D3410	Apicoectomy/Periradicular Surgery (anterior).....	[140]
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root).....	[275]
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	[300]
D3426	Apicoectomy/Periradicular Surgery (each additional root).....	[110]
D3430	Retrograde Filling (per root)	[80]
D3450	Root Amputation (per root).....	[160]
D3920	Hemisection (including any root removal; not including root canal therapy).....	[120]
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	[55]

[H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	[\$350]
D5120	Complete Denture (mandibular).....	[350]
D5130	Immediate Denture (maxillary)	[350]
D5140	Immediate Denture (mandibular)	[350]
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	[250]
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	[250]
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	[375]
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	[375]
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	[375]
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	[375]
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	[300]
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	[40]
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	[40]
D5810	Interim Complete Denture (maxillary).....	[225]
D5811	Interim Complete Denture (mandibular).....	[225]
D5820	Interim Partial Denture (maxillary).....	[170]
D5821	Interim Partial Denture (mandibular).....	[180]
D6010	Surgical Placement of Implant Body: Endosteal Implant	[450]
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	[450]
D6040	Surgical Placement: Eposteal Implant.....	[450]
D6050	Surgical Placement: Transosteal Implant	[450]

D6056	Prefabricated Abutment (includes placement)	[450]
D6057	Custom Abutment (includes placement)	[450]
D6058	Abutment Supported Porcelain/Ceramic Crown	[250]
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)	[250]
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	[250]
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	[250]
D6062	Abutment Supported Cast Metal Crown (high noble metal)	[250]
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	[250]
D6064	Abutment Supported Cast Metal Crown (noble metal)	[250]
D6065	Implant Supported Porcelain/Ceramic Crown.....	[250]
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	[250]
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	[250]
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	[250]
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	[250]
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	[250]
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	[250]
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	[250]
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	[250]
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	[250]
D6075	Implant Supported Retainer for Ceramic FPD	[250]
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	[250]
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	[250]
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch.....	[250]
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch.....	[250]
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis.....	[150]
D6094	Abutment Supported Crown (titanium)	[250]
D6194	Abutment Supported Retainer Crown for FPD (titanium)	[250]
D6205	Pontic (indirect resin based composite)	[250]
D6210	Pontic (cast high noble metal)	[250]
D6211	Pontic (cast predominantly base metal).....	[250]
D6212	Pontic (cast noble metal)	[250]
D6214	Pontic (titanium)	[250]
D6240	Pontic (porcelain fused to high noble metal).....	[250]
D6241	Pontic (porcelain fused to predominantly base metal)	[250]
D6242	Pontic (porcelain fused to noble metal).....	[250]
D6245	Pontic (porcelain/ceramic)	[250]
D6250	Pontic (resin with high noble metal)	[250]
D6251	Pontic (resin with predominantly base metal)	[250]
D6252	Pontic (resin with noble metal)	[250]
D6253	Provisional Pontic	[250]
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	[140]
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis).....	[140]
D6600	Inlay (porcelain/ceramic, two surfaces)	[225]
D6601	Inlay (porcelain/ceramic, three or more surfaces)	[350]
D6602	Inlay (cast high noble metal, two surfaces)	[300]
D6603	Inlay (cast high noble metal, three or more surfaces)	[325]
D6604	Inlay (cast predominantly base metal, two surfaces)	[300]
D6605	Inlay (cast predominantly base metal, three or more surfaces)	[325]
D6606	Inlay (cast noble metal, two surfaces)	[300]
D6607	Inlay (cast noble metal, three or more surfaces)	[325]

D6608	Onlay (porcelain/ceramic, two surfaces)	[250]
D6609	Onlay (porcelain/ceramic, three or more surfaces)	[275]
D6610	Onlay (cast high noble metal, two surfaces)	[325]
D6611	Onlay (cast high noble metal, three or more surfaces)	[350]
D6612	Onlay (cast predominantly base metal, two surfaces)	[325]
D6613	Onlay (cast predominantly base metal, three or more surfaces)	[350]
D6614	Onlay (cast noble metal, two surfaces)	[325]
D6615	Onlay (cast noble metal, three or more surfaces)	[350]
D6624	Inlay (titanium)	[325]
D6634	Onlay (titanium)	[350]
D6710	Crown (indirect resin based composite)	[250]
D6720	Crown (resin with high noble metal).....	[250]
D6721	Crown (resin with predominantly base metal)	[250]
D6722	Crown (resin with noble metal).....	[250]
D6740	Crown (porcelain/ceramic).....	[250]
D6750	Crown (porcelain fused to high noble metal).....	[250]
D6751	Crown (porcelain fused to predominantly base metal).....	[250]
D6752	Crown (porcelain fused to noble metal)	[250]
D6780	Crown (3/4-cast high noble metal).....	[250]
D6781	Crown (3/4-cast predominantly base metal).....	[250]
D6782	Crown (3/4-cast noble metal).....	[250]
D6783	Crown (3/4-porcelain/ceramic)	[250]
D6790	Crown (full-cast high noble metal)	[250]
D6791	Crown (full-cast predominantly base metal)	[250]
D6792	Crown (full-cast noble metal).....	[250]
D6793	Provisional Retainer Crown	[250]
D6794	Crown (titanium)	[250]
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	[130]
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer).....	[100]
D6973	Core Buildup for Retainer (including any pins).....	[85]
D6975	Coping (metal).....	[225]

SECTION VII

CERTIFICATE SCHEDULE

Insured - [John A. Doe]
Effective Date - [June 1, 2010]
Initial Premium - [\$109.75 Monthly]

Group Policy Number - [895]
Certificate Number - [51491]
First Renewal Date - [July 1, 2010]