

SERFF Tracking Number: FDLA-127132266 State: Arkansas
Filing Company: Fort Dearborn Life Insurance Company State Tracking Number: 48545
Company Tracking Number: AH-4/20-7R1001210DEPMAR
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental Insurance
Project Name/Number: 2011 Revised Schedule of Benefits and Amendatory Riders/7R-100-1210 DepM, et al.

Filing at a Glance

Company: Fort Dearborn Life Insurance Company

Product Name: Group Dental Insurance SERFF Tr Num: FDLA-127132266 State: Arkansas
TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- State Tr Num: 48545
Closed

Sub-TOI: H10G.000 Health - Dental Co Tr Num: AH-4/20- State Status: Approved-Closed
7R1001210DEPMAR

Filing Type: Form

Reviewer(s): Rosalind Minor
Author: Antionette Hill Disposition Date: 04/20/2011
Date Submitted: 04/20/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2011 Revised Schedule of Benefits and Amendatory Riders

Status of Filing in Domicile:

Project Number: 7R-100-1210 DepM, et al.
Requested Filing Mode: Review & Approval

Date Approved in Domicile:

Explanation for Combination/Other:

Domicile Status Comments:

Submission Type: New Submission

Market Type: Group

Group Market Type: Employer

Group Market Size: Small and Large

Filing Status Changed: 04/20/2011

Overall Rate Impact:

State Status Changed: 04/20/2011

Deemer Date:

Created By: Antionette Hill

Submitted By: Antionette Hill

Corresponding Filing Tracking Number:

Filing Description:

Re:

Fort Dearborn Life Insurance Company

NAIC #71129 - FEIN #36-2598882

New Form Filing for Group Dental Certificate, Form no. 7C-100-1004 (AR)

7R-100-1210 DepM, Group Dental Insurance Amendatory Rider

7R-100-211 Elg, Group Dental Insurance Amendatory Rider

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7C-100-211, Group Dental Insurance Schedule of Benefits

Dear Reviewer:

We are submitting for your review and approval, the above referenced schedule of benefits and riders for use with Group Dental Insurance Certificate, form 7C-100-1004 (AR), which was approved by your Department on July 1, 2005 under SERFF tracking number SERT-6DMRD3204/00-00/00-00/00; and, State tracking number 29862. The forms are new and will not replace any previously approved forms.

As you are aware, with the recent passage of the Patient Protection and Affordable Care Act ("ACA" - federal health care reform), health insurers will be required to extend dependent coverage to married dependents. Although ACA does not appear to apply directly to "HIPPA excepted benefits" such as stand alone dental products, recent activity in the marketplace indicates some of our existing groups, as well as potential new groups, for which our sales force are currently quoting business have been inquiring as to whether FDL can match the dependent coverage of our group dental products to that of the medical coverage for these groups in order to synchronize administration and minimize consumer confusion.

Form no. 7R-100-211 DepM revises the definition of "Dependent" to include a married dependent. This is an optional benefit selected by the group policyholder.

Form no. 7R-100-1210 Elg amends the "Loss of Eligibility" provision in the Certificate to add variability to the time period (12 months) the insured has to re-enter an eligible class without having to complete the eligibility requirements again.

Form no. 7C-100-211 has been developed to accommodate our large, national account groups. We have found that these larger groups need variability for the services and coinsurance amounts listed under each benefit category. With this new schedule, the covered services for each benefit, and its corresponding coinsurance amount, is listed separately under each benefit category. Also, the dependent child age limit has been raised to age 30 to accommodate groups that want to match up their dental and medical coverage.

In regards to the use of brackets and underlining throughout the forms, brackets show options of text that may or may not be offered. We reserve the right not to show these items if they are not offered. Underlines show text that can change. The underlined text represents our standard design and underwriting guidelines; however, text may vary to comply with specific state requirements or to accommodate the request of a large group requesting customization. An Explanation of Variable Text document is attached.

The forms are in final printed format subject only to changes in font style, margins, page numbers, ink and paper stock. Printing standards will not be lower than those required under the laws of your state.

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Fort Dearborn's group products are marketed in your state to employer groups by licensed resident agents.

Company and Contact

Filing Contact Information

Antionette Hill, Advanced Contract Specialist Antionette_Hill@fdlic.com
 1020 31st Street 630-824-6064 [Phone]
 c/o Fort Dearborn Life Insurance Company 630-824-5428 [FAX]
 Downers Grove, IL 60515-5591

Filing Company Information

Fort Dearborn Life Insurance Company CoCode: 71129 State of Domicile: Illinois
 1020 31st Street Group Code: 917 Company Type: Life and Health
 Downers Grove, IL 60515-5591 Group Name: State ID Number:
 (800) 633-3696 ext. [Phone] FEIN Number: 36-2598882

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: Domicile (Illinois) fee is \$50 per form. Arkansas fee is \$50 per form.
 \$50 x 3 = \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fort Dearborn Life Insurance Company	\$150.00	04/20/2011	46777728

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/20/2011	04/20/2011

SERFF Tracking Number: FDLA-127132266 *State:* Arkansas
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Disposition

Disposition Date: 04/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanation of Variable Text	Approved-Closed	Yes
Form	Amendatory Rider - Depenent Eligibility	Approved-Closed	Yes
Form	Amendatory Rider - Loss of Eligibility	Approved-Closed	Yes
Form	Group Dental Insurance Certificate - Schedule of Benefits	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 7R-100-1210 DepM, et al.

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/20/2011	7R-100-1210 DepM	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Rider - Dependent Eligibility	Initial		51.600	7R-100-1210 DepM.pdf
Approved-Closed 04/20/2011	7R-100-211 Elg	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Rider - Loss of Eligibility	Initial		51.600	7R-100-211 Elg.pdf
Approved-Closed 04/20/2011	7C-100-211	Schedule Pages	Group Dental Insurance Certificate - Schedule of Benefits	Initial			7C-100-211.pdf

FORT DEARBORN LIFE INSURANCE COMPANY®
Chicago, Illinois

Administrative Office:
1020 31st Street • Downers Grove, IL 60515

AMENDATORY RIDER

This Amendatory Endorsement amends the Policy or Certificate to which it is attached. It takes effect and ends at the same time as the Policy or Certificate. All provisions of the Policy or Certificate will apply to this Amendatory Endorsement, except that in the event of a conflict, the specific provisions of this Amendatory Endorsement will govern.

The following provision is revised and amended as set forth below:

WHO IS ELIGIBLE FOR COVERAGE?

Dependent Eligibility

2. any [unmarried] child of an eligible Employee who is within the age limits set forth in the Schedule of Benefits, and who is not in active military service, including:

...

Except for the above, this Amendatory Endorsement does not change the Policy or Certificate to which it is attached in any way.

Fort Dearborn Life Insurance Company



[Anthony F. Trani]
President

This Amendatory Endorsement is attached to and made a part of the Contract. This Amendatory Endorsement is subject to all of the provisions of the Contract that apply to and are not in conflict with the provisions of this Amendatory Endorsement.

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The following provision is revised and amended as set forth below:

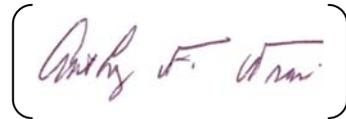
LOSS OF ELIGIBILITY

[If You re-enter an eligible class within 12 months after Your insurance ends due to loss of eligibility, You will not have to complete the eligibility requirements again.]

[If Your coverage ends due to loss of eligibility, You must meet all the requirements of a new Employee if You are rehired at a later date.]

Except for the above, this Amendatory Endorsement does not change the Policy or Certificate to which it is attached in any way.

Fort Dearborn Life Insurance Company



[Anthony F. Trani]
President

This Amendatory Endorsement is attached to and made a part of the Contract. This Amendatory Endorsement is subject to all of the provisions of the Contract that apply to and are not in conflict with the provisions of this Amendatory Endorsement.

SCHEDULE OF BENEFITS

Benefits described in this Certificate apply only if also listed here.

Policyholder:	<u>ABC Company</u>	Policy Number: <u>12345</u>
Effective Date	<u>MM/DD/YY</u>	
[Coverage Code:	<u>002</u>	
Class[es]:	<u>Non-Union</u>	
Employee and Dependent eligibility:	<u>Full-time employees working 40 hours per week</u>	
[Waiting Period:	<u>30 Days</u>	
[Dependent child age limit:	<u>19-30 [23-30 if a full-time student]</u>	
[Predetermination amount:	<u>\$300</u>	
[Deductible each <u>Calendar Year</u> for each Participant:	<u>\$50</u>	
[Family deductible:	<u>\$150</u>	
[Probationary Period* for Allowable Expenses in:		* Probationary Period is the amount of time a Participant must have been continuously covered under this contract before he is eligible for certain benefits.]
Benefit Categories [1, 2, 3, 4, 5, 7, 10]	[None]	
Benefit Categories [6, 8, 9]	<u>12 Months</u>	
[Benefit Category [11, 12]	<u>12 Months</u>	
[Three-month deductible carryover:	<input type="checkbox"/> Yes]	

DENTAL BENEFITS

DENTAL EXPENSE BENEFIT	AMOUNT	
	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Amount		
[Individual	<u>\$50</u>	<u>\$50</u>
[Family	<u>\$150</u>	<u>\$150</u>
Note: Deductible waived for Preventive and Diagnostic Services and Miscellaneous Services. Covered dental expenses incurred toward the deductible amount apply to both the In-Network and Out-of-Network Plan. Probationary Period waived if enrolled within 31 days of eligibility.		
Benefit Categories	Covered Percentage of Allowable Expenses	
[1. Diagnostic and Preventive Care	<u>100%</u>	<u>100%</u>
[Routine oral evaluations	<u>100%</u>	<u>100%</u>
[X-rays	<u>100%</u>	<u>100%</u>
[Cleaning, scaling and polishing	<u>100%</u>	<u>100%</u>
[Fluoride treatment	<u>100%</u>	<u>100%</u>
[2. Miscellaneous Services	<u>80%</u>	<u>80%</u>
[Sealants	<u>80%</u>	<u>80%</u>
[Space maintainers	<u>80%</u>	<u>80%</u>
[Pulp vitality tests	<u>80%</u>	<u>80%</u>
[Palliative treatment	<u>80%</u>	<u>80%</u>
[3. Restorative Services	<u>80%</u>	<u>80%</u>
[Amalgam restorations	<u>80%</u>	<u>80%</u>
[Pin retention	<u>80%</u>	<u>80%</u>
[Composite restorations	<u>80%</u>	<u>80%</u>
[Simple tooth extractions	<u>80%</u>	<u>80%</u>

[4. General Services	<u>50%</u>	<u>50%</u>
[Intravenous sedation]	<u>50%</u>	<u>50%</u>
[General Anesthesia]	<u>50%</u>	<u>50%</u>
[House call]	<u>50%</u>	<u>50%</u>
[Injection of Antibiotic]	<u>50%</u>	<u>50%</u>
[Stainless steel crowns]	<u>50%</u>	<u>50%</u>
[5. Endodontic Services	<u>50%</u>	<u>50%</u>
[Root Canal therapy]	<u>50%</u>	<u>50%</u>
[Direct pulp cap]	<u>50%</u>	<u>50%</u>
[Apicoectomy/periradicular services]	<u>50%</u>	<u>50%</u>
[Apexification/recalcification]	<u>50%</u>	<u>50%</u>
[Retrograde filling]	<u>50%</u>	<u>50%</u>
[Root amputation/hemisection]	<u>50%</u>	<u>50%</u>
[Therapeutic pulpotomy]	<u>50%</u>	<u>50%</u>
[Gross pulpal debridement]	<u>50%</u>	<u>50%</u>
[6. Periodontal Services	<u>50%</u>	<u>50%</u>
[Periodontal scaling and root planning]	<u>50%</u>	<u>50%</u>
[Full mouth debridement]	<u>50%</u>	<u>50%</u>
[Gingivectomy or gingivoplasty]	<u>50%</u>	<u>50%</u>
[Gingival flap procedure]	<u>50%</u>	<u>50%</u>
[Osseous surgery]	<u>50%</u>	<u>50%</u>
[Osseous grafts]	<u>50%</u>	<u>50%</u>
[Soft tissue grafts]	<u>50%</u>	<u>50%</u>
[7. Oral Surgery Services	<u>50%</u>	<u>50%</u>
[Surgical tooth extractions]	<u>50%</u>	<u>50%</u>
[Alveoloplasty]	<u>50%</u>	<u>50%</u>
[Vestibuloplasty]	<u>50%</u>	<u>50%</u>
[Other Dentally Necessary surgical procedures]	<u>50%</u>	<u>50%</u>
[8. Crowns, Inlays/Onlays Services	<u>50%</u>	<u>50%</u>
[Prefabricated post and cores]	<u>50%</u>	<u>50%</u>
[Cast post and cores]	<u>50%</u>	<u>50%</u>
[Crown, inlays/onlays repairs]	<u>50%</u>	<u>50%</u>
[Recementation of inlays/onlays]	<u>50%</u>	<u>50%</u>
[9. Prosthodontic Services	<u>50%</u>	<u>50%</u>
[Bridgework installation, repair, buildup]	<u>50%</u>	<u>50%</u>
[Dentures installation, adjustments repairs]	<u>50%</u>	<u>50%</u>
[10. Implant Services	<u>0%</u>	<u>0%</u>
[11. Orthodontia ([Adult &] [Child])	<u>0%</u>	<u>0%</u>
Note: The limiting age for Children is 19		
[12. Temporomandibular Joint (TMJ) Services	<u>0%</u>	<u>0%</u>

MAXIMUM CALENDAR YEAR BENEFITS		MAXIMUM LIFETIME BENEFITS	
[Covered Dental Expenses (excluding Orthodontia)]	\$1,000]	[Implant Services	\$0]
[Orthodontic Services	\$0]	[Orthodontic Services	\$0]
[Temporomandibular Joint (TMJ) Services	\$0]	[Temporomandibular Joint (TMJ) Services	\$0]
		[TMJ - Combined with Orthodontia	\$0]
Note: Amounts applied to the benefit maximums will apply to both the In-Network and Out-of-Network Plans.			

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/20/2011
Comments:			
Attachment:			
	AR Certificate of Compliance.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	04/20/2011
Bypass Reason:	This component is being bypassed because a policy is not included in this submission.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variable Text	Approved-Closed	04/20/2011
Comments:			
Attachment:			
	EOVT.pdf		

FORT DEARBORN LIFE INSURANCE COMPANY
COMPLIANCE CERTIFICATION

I, Victoria E. Fimea, Vice Present, General Counsel and Secretary of Fort Dearborn Life Insurance Company, hereby certify that, to the best of my knowledge, this submission meets the provisions of Rule & Regulation 19, Rule & Regulation 49, ACA 23-80-206 and ACA 23-79-138, as well as all applicable requirements of the Arkansas Department of Insurance.

Fort Dearborn Life Insurance Company

By: 

Victoria E. Fimea
Vice President, General Counsel and Secretary

Date: April 20, 2011

Fort Dearborn Life Insurance Company®
Explanation of Variable Text
Group Dental Schedule of Benefits and Amendatory Riders
Form numbers: 7C-100-211, 7R-100-211 Elg, 7R-100-1210 DepM
March 28, 2011

- Bracketed items denote text that is either included or excluded based on coverage elected, i.e. optional benefits or spouse/dependents. Bracketed officer signatures denotes variability allowing new signatures be used if there is a change in officers.
- Underlined text denotes policyholder or company specific data that may be changed.
- Ranges for numeric values are shown.

Variable Text	Explanation
Form no. 7C-100-211, Schedule of Benefits	
Policyholder: <u>ABC Company</u>	The Policyholder is specific to the group being insured.
Policy Number: <u>12345</u>	The Policy Number is specific to the group being insured.
Effective Date: <u>MM/DD/YY</u>	The Effective Date is specific to the group being insured.
[Coverage Code: <u>002</u>]	If included, the Coverage Code is variable to allow the employer to assign coding to a class of employees.
Class[es]; <u>Non-Union</u>	The Class[es] are variable to allow the employer to define the class of employees that are eligible for coverage.
Employee and Dependent eligibility: <u>Full-time employees working 40 hours per week</u>	This section is variable to allow the employer to define the employees and dependents that are eligible for coverage under the plan.
[Waiting Period] <u>30 days</u>	The Waiting Period is included at the group's request. The most common period is 30 days but ranges could be 30 to 120 days in 30 day increments.
[Dependent child age limit] <u>19-30 [23-30 if a full-time student]</u>	This section will be included if dependent children are covered. The minimum age is set by state law; and, the maximum age is negotiated by the employer group up to age 30.
[[Predetermination amount: <u>\$300</u>]	The Predetermination amount will be included if selected by the Policyholder. The standard amount is \$300 but could change at the group's request. The range is \$150 - \$900.
[Deductible each <u>Calendar Year</u> for each Participant <u>\$50</u>]	This section will be included if selected by the Policyholder. Calendar Year could be replaced with Policy Year. The range is \$0 to \$300.
[[Family deductible: <u>\$150</u>]	This section is included if family coverage is selected by the employee. The range for family deductible is \$0 to \$900.
[Probationary Period Benefit Categories [1,2,3,4,5,7,10] [None] Benefit Categories [6,8,9] <u>12 Months</u> [Benefit Category [11,12] <u>12 Months</u>]	If included, the probationary period is negotiated during the underwriting process and will be included depending on the group being insured. Benefit categories are bracketed to correspond with the Dental Expense Benefits selected by the Policyholder. Benefit Category 11 and/or 12 will be included if selected on the group's plan. For benefit categories 6, 8, 9, 11 and 12, the range for the probationary period is 12 to 24 months.
[Three-month deductible carryover]	The three-month deductible carryover option will be included depending on the group being insured. A group changing coverage during the 3 rd quarter of a calendar year will have the ability to carry over deductible expenses into the next calendar year.
DENTAL BENEFITS	
Benefit categories and dental services are bracketed to correspond with the Dental Expense Benefits selected by the Policyholder. Coinsurance amounts will vary by group and plan design. The ranges for the coinsurance amounts are listed below in increments of 10%.	
Annual Deductible Amount [Individual] [<u>\$50</u>]	This section will be included if individual only coverage is selected. The range is \$0 to \$300.
Annual Deductible Amount [Family] [<u>\$150</u>]	This section will be included if family coverage is selected. The range is \$0 to \$500.
[Note: <u>Deductible waived for Preventive and Diagnostic Services...</u>]	This sentence will appear if deductible is waived for Preventive, Diagnostic and Miscellaneous Services. The text is variable to waive deductible for other services at employer and underwriter request.
Benefit Categories	Covered Percentage of Allowable Expenses
[1. <u>Diagnostic and Preventive Care</u>	<u>20 - 100%</u>
[<u>Routine oral evaluations</u>]	<u>20 - 100%</u>

Variable Text	Explanation	
[X-rays	20 - 100%	20 - 100%]
[Cleaning, scaling and polishing	20 - 100%	20 - 100%]
[Fluoride treatment	20 - 100%	20 - 100%]
[2. Miscellaneous Services	20 - 100%	20 - 100%]
[Sealants	20 - 100%	20 - 100%]
[Space maintainers	20 - 100%	20 - 100%]
[Pulp vitality tests	20 - 100%	20 - 100%]
[Palliative treatment	20 - 100%	20 - 100%]
[3. Restorative Services	20 - 100%	20 - 100%]
[Amalgam restorations	20 - 100%	20 - 100%]
[Pin retention	20 - 100%	20 - 100%]
[Composite restorations	20 - 100%	20 - 100%]
[Simple tooth extractions	20 - 100%	20 - 100%]
[4. General Services	20 - 100%	20 - 100%]
[Intravenous sedation	20 - 100%	20 - 100%]
[General Anesthesia	20 - 100%	20 - 100%]
[House call	20 - 100%	20 - 100%]
[Injection of Antibiotic	20 - 100%	20 - 100%]
[Stainless steel crowns	20 - 100%	20 - 100%]
[5. Endodontic Services	20 - 100%	20 - 100%]
[Root Canal therapy	20 - 100%	20 - 100%]
[Direct pulp cap	20 - 100%	20 - 100%]
[Apicoectomy/periradicular services	20 - 100%	20 - 100%]
[Apexification/recalcification	20 - 100%	20 - 100%]
[Retrograde filling	20 - 100%	20 - 100%]
[Root amputation/hemisection	20 - 100%	20 - 100%]
[Therapeutic pulpotomy	20 - 100%	20 - 100%]
[Gross pulpal debridement	20 - 100%	20 - 100%]
[6. Periodontal Services	20 - 100%	20 - 100%]
[Periodontal scaling and root planning	20 - 100%	20 - 100%]
[Full mouth debridement	20 - 100%	20 - 100%]
[Gingivectomy or gingivoplasty	20 - 100%	20 - 100%]
[Gingival flap procedure	20 - 100%	20 - 100%]
[Osseous surgery	20 - 100%	20 - 100%]
[Osseous grafts	20 - 100%	20 - 100%]
[Soft tissue grafts	20 - 100%	20 - 100%]
[7. Oral Surgery Services	20 - 100%	20 - 100%]
[Surgical tooth extractions	20 - 100%	20 - 100%]
[Alveoloplasty	20 - 100%	20 - 100%]
[Vestibuloplasty	20 - 100%	20 - 100%]
[Other Dentally Necessary surgical procedures	20 - 100%	20 - 100%]
[8. Crowns, Inlays/Onlays Services	20 - 100%	20 - 100%]
[Prefabricated post and cores	20 - 100%	20 - 100%]
[Cast post and cores	20 - 100%	20 - 100%]
[Crown, inlays/onlays repairs	20 - 100%	20 - 100%]
[Recementation of inlays/onlays	20 - 100%	20 - 100%]
[9. Prosthodontic Services	20 - 100%	20 - 100%]
[Bridgework installation, repair, buildup	20 - 100%	20 - 100%]
[Dentures installation, adjustments repairs	20 - 100%	20 - 100%]
[10. Implant Services	20 - 100%	20 - 100%]
[11. Orthodontia ([Adult &] [Child])	20 - 100%	20 - 100%]
Note: The limiting age for Children is 19		
[12. Temporomandibular Joint (TMJ) Services	0 - 100%	0 - 100%]

MAXIMUM CALENDAR YEAR BENEFITS		MAXIMUM LIFETIME BENEFITS	
[Covered Dental Expenses (excluding Orthodontia)]	<u>\$0 – 5,000</u>	[Implant Services]	<u>\$0 – 5,000</u>
[Orthodontic Services]	<u>\$0 – 5,000</u>	[Orthodontic Services]	<u>\$0 – 5,000</u>
[Temporomandibular Joint (TMJ) Services]	<u>\$0 – 5,000</u>	[Temporomandibular Joint (TMJ) Services]	<u>\$0 – 5,000</u>
		[TMJ - Combined with Orthodontia]	<u>\$0 – 5,000</u>
CALENDAR YEAR	Calendar Year could be replaced with Policy Year.		
Note: Amounts applied to the benefit maximums will apply to both the In-Network and Out-of-Network Plans.	Maximums apply to both the in-network and out-of-network plans. Amounts may change to reflect maximums only applying to in-network or out-of-network, if applicable.		

Variable Text	Explanation
Form no. 7R-100-211 Elg, Amendatory Rider	
<u>Administrative Office</u>	The address of Fort Dearborn's administrative office is underlined to allow us to reflect a change in address, as applicable.
[If You re-enter an eligible class within <u>12</u> months...] [If Your coverage ends due to loss of eligibility...]	Group specific language selected at implementation. The group has the choice between the two options. The range for <u>12</u> is variable and could change within the range of 3 – 24 in 1 month increments.
Form no. 7R-100-1210 DepM, Amendatory Rider	
<u>Administrative Office</u>	The address of Fort Dearborn's administrative office is underlined to allow us to reflect a change in address, as applicable.
[unmarried]	This term is bracketed to allow the removal of the qualifier “unmarried” in anticipation of potential requests from policyholders to synchronize coverage for dependents by including married children as dependents, as is now mandated by federal law for certain types of health insurance. This will allow for consistency across all types of coverage provided under a policyholder’s employee welfare benefit plan.
<u>Schedule of Benefits</u>	This language is our standard language. Alternate language is “Table of Benefits.”