

ATTACHMENT D

# Voluntary Group Dental Insurance

*ENHANCED PLAN*

*Employee Benefit Booklet*



**BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY  
AND AGRICULTURAL AND MECHANICAL COLLEGE**

**F019004-0001**

Products and services marketed under the Dearborn National™ brand and the star logo are underwritten and/or provided by Fort Dearborn Life Insurance Company® (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands and Guam.

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# FORT DEARBORN LIFE Insurance Company<sup>®</sup>

## Group Dental Insurance Certificate

Fort Dearborn Life Insurance Company

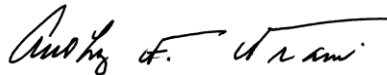
Chicago, Illinois

Administrative Office:

1020 31<sup>st</sup> Street

Downers Grove, IL 60515-5591

Fort Dearborn Life Insurance Company hereby certifies that it has issued a Group Dental Insurance Policy (herein called the "Plan") for the Employees and/or Retirees of the Policyholder named on this Certificate. Subject to the provisions of the Plan, each Employee and/or Retiree to whom a Fort Dearborn Life Identification Card is issued, together with his eligible Dependents for whom application is initially made and accepted, shall have coverage under the Plan, beginning on the effective date shown on the Schedule of Benefits, if the Policyholder makes timely payment of total premium due to FDL. Issuance of this Certificate by FDL does not waive the eligibility and effective date provisions stated in the Plan.



President

The Schedule of Benefits enclosed with this Certificate indicates benefit percentages, Deductibles, maximums, and other terms and conditions which apply to coverage under the **Plan**. The Schedule of Benefits specifies benefits for:

### **VOLUNTARY DENTAL BENEFITS**

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*May be used to insert changes or revisions to the Certificate, as needed*

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<b>SCHEDULE OF BENEFITS</b>
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Benefits described in this Certificate apply only if also listed here.

Policyholder:	BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL AND MECHANICAL COLLEGE
Policy Number:	F019004-0001
Effective Date:	July 1, 2010
Class:	All eligible LSU System Employees, Retirees, and their respective spouses and dependents as defined in "Who is Eligible for Coverage" below.
Waiting Period:	First day of the month following the first full calendar month of employment for newly eligible Employees; Immediate coverage for Employees transferring from prior coverage of other State agencies. All the above subject to completion and submission of all enrollment material within thirty (30) days of hire, continuation or transfer, as applicable.
Dependent child age limit:	21 - 24 if a full-time student
Predetermination amount:	\$0
Deductible each Policy Year for each Participant:	\$0
Family deductible:	\$0

**DENTAL BENEFITS**

DENTAL EXPENSE BENEFIT	ANNUAL DEDUCTIBLE AMOUNT		
	IN-NETWORK	OUT-OF-NETWORK	
<b>Annual Deductible Amount</b>			
Individual	\$0	\$0	
Family	\$0	\$0	
<b>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.</b>			
Benefit Categories	Covered Percentage of Allowable Expenses		
<b>Type I Services</b>	<b>100%</b>	<b>100%</b>	
<b>Type II Services</b>	<b>80%</b>	<b>80%</b>	
<b>Type III Services</b>	<b>50%</b>	<b>50%</b>	
<b>Implants</b>	<b>50%</b>	<b>50%</b>	
<b>Orthodontia</b>	<b>50%</b>	<b>50%</b>	
MAXIMUM POLICY YEAR BENEFITS		MAXIMUM LIFETIME BENEFITS	
Covered Dental Expenses (excluding Orthodontia)	Effective 7/1/2010: \$1,250 Effective 7/1/2011: \$1,500 Effective 7/1/2012: \$2,000	Implant Services	\$2,000
Orthodontic Services	\$0	Orthodontic Services	\$1,500
<b>Note: Amounts applied to the benefit maximums will apply to both the In-Network and Out-of-Network Plans.</b>			



## INTRODUCTION

### EXPLANATION

This Plan has been designed and selected by the Policyholder as one of the benefits of Your employment. Please read this Certificate carefully so You will be aware of the benefits and requirements of the Plan. This Certificate only summarizes Plan benefits and provisions for Dental Benefits. The actual Plan benefits and provisions for Dental Benefits are set forth in the Master Policy delivered to the Policyholder.

Benefits for Covered Dental Services described in this Certificate are determined by the benefit categories listed below. **You are covered only for those benefit categories selected by the Policyholder and shown on the Schedule of Benefits.** The benefit percentage to be applied to each benefit category is shown on the Schedule of Benefits.

Type I Services

Type II Services

Type III Services

Implants

Orthodontia

Your benefits are calculated on a Policy Year benefit period basis unless otherwise stated. At the end of a Policy Year, a new benefit period starts for each Participant.

### IDENTIFICATION CARD

You will be issued an Identification Card. This card identifies You and any covered family members as Participants in the FDL Dental Benefits Plan. Your card contains important information about You, the Policyholder, and the benefits to which You are entitled.

Always remember to carry Your Identification Card with You and present it to Your Dentist when receiving dental services or supplies. Dentists will use the information on Your card to file claims for You and any covered family members. Any time a change in Your family takes place, it may be necessary for a new Identification Card to be issued to You. Contact the Policyholder for more information. Upon receipt of the changed information, a new Identification Card will be issued and forwarded to the Policyholder for distribution to You.

## WHO GETS BENEFITS

### WHO IS ELIGIBLE FOR COVERAGE?

Employees and Retirees who are in a class named in the Application and their Dependents are eligible for coverage under the Plan. Only individuals who meet the following eligibility requirements may apply for coverage under the Plan.

#### ***Employee Eligibility***

A full-time Employee of the Louisiana State University System (“full-time Employee” means a person employed at 75% effort or greater per pay period (average 30 hours per week), with an appointment of more than 120 days or one academic semester. No person appointed on a restricted appointment, or a temporary appointment, will be considered an eligible Employee.

#### ***Dependent Eligibility***

For the purposes of this provision, an eligible Dependent includes:

1. The covered Employee’s legal spouse;
2. A never married Child from date of birth up to 21 years of age and dependent upon the Employee for support (must be added to coverage by completing appropriate enrollment documents);
3. A never married Child who is a fulltime student under 24 years of age and financially dependent upon the Employee for support;
4. A never married Child of any age who meets the criteria for “Over- Age Dependents” in the section entitled “Overage Dependents,” below.
5. The Employee may also enroll an eligible Dependent during the year if a court orders the Employee to cover an eligible Dependent (e.g., a QMCSO). See the Section entitled “Qualified Medical Child Support Order” for more details regarding a QMCSO.
6. Grandchildren, if such children are in the legal custody of and residing with the Employee.

Overage Dependents. If a never-married Dependent Child is incapable (and became incapable prior to attainment of age 21) of self-sustaining employment by reason of mental retardation or physical incapacity, and is dependent upon the covered Employee for support, the coverage for the Dependent Child may be continued for the duration of incapacity.

1. Prior to the Dependent Child reaching age 21, an application for continued coverage with current medical information from the Dependent Child’s attending Physician must be submitted to the Plan Administrator to establish eligibility for continued coverage as set forth above. The Plan Administrator, in its discretion, may consider applications and attending Physician’s information submitted after the Child reaches age 21, if the application and information indicate that the Child’s incapacity was present prior to the Child reaching age 21, but was not apparent or diagnosed until after the Child reached age 21.
2. Upon receipt of the application for continued coverage, the Plan Administrator may require additional medical documentation regarding the Dependent Child’s mental retardation or physical incapacity as often as he may deem necessary thereafter.

#### ***Retiree Eligibility***

An eligible retiree is defined as an individual, who was a covered Employee immediately prior to the date of retirement and who, upon retirement, satisfied one of the following categories:

1. Immediately received retirement benefits from an approved state or governmental agency defined benefit plan;
2. Immediately received retirement benefits from a state-approved or state governmental agency-approved defined contribution plan and has accumulated the total number of years of creditable service which would have entitled him/her to receive a retirement allowance from the defined benefit plan of the retirement system for which the Employee would have otherwise been eligible.

3. Retiree also means an individual who was a covered Employee and continued the coverage through the provisions of COBRA immediately prior to the date of retirement and who, upon retirement, qualified for any of items a. or b., above.

Note: No one may be enrolled simultaneously as an Employee and as a Dependent under the Plan, nor may a Dependent be covered by more than one Employee. If a covered spouse chooses to be covered separately at a later date and is eligible for coverage as an Employee, that person will be a covered Employee effective the first day of the month after the election of separate coverage.

### ***Eligibility Date***

The Eligibility Date is the date a person becomes eligible to be covered under the Plan, as follows for each Employee who completes the applicable Enrollment Form and agrees to make the required payroll contributions to his Participant Employer is effective as follows:

1. For newly eligible Employees, coverage will be effective on the 1<sup>st</sup> of the month following the first full calendar month of employment. For example, an Employee hired on July 1<sup>st</sup> will have an effective date of August 1<sup>st</sup>; an Employee hired on July 18<sup>th</sup> will have an effective date of September 1<sup>st</sup>.
2. Employee coverage will not become effective unless the Employee completes an Enrollment Form within 30 days following the date of employment. If completed after 30 days following the date of employment, the Employee will not be able to enroll again until the following Annual Enrollment.
3. An Employee who transfers employment to another Participating Employer must complete a Transfer Form within 30 days following the date of transfer to maintain coverage without interruption. If completed after 30 days following the date of transfer, the Employee will not be able to enroll again until the following Annual Enrollment.
4. For a Dependent of an eligible Employee acquired while he is covered under the Plan, the date the Employee acquires the Dependent, as follows:
  - a. the date of marriage,
  - b. the date of birth,
  - c. the date of placement for adoption;
  - d. the date of issuance of a court order requiring the Employee to maintain financial responsibility for health coverage for a Dependent spouse or child.

### **WHEN DOES COVERAGE BEGIN?**

The effective date is the date coverage for a Participant actually begins. It may be different from the Eligibility Date.

Employee Effective Dates of Coverage (New Employee and Transferring Employee). Coverage for each Employee who completes the applicable Enrollment Form and agrees to make the required payroll contributions to his Participant Employer is effective as follows:

1. For newly eligible Employees, coverage will be effective the 1<sup>st</sup> of the month following the first full calendar month of employment. For example, an Employee hired on July 1<sup>st</sup> will have an effective date of August 1<sup>st</sup>; an Employee hired on July 18<sup>th</sup> will have an Effective Date of September 1<sup>st</sup>.
2. Employee coverage will not become effective unless the Employee completes an Enrollment Form within 30 days following the date of employment. If completed after 30 days following the date of employment, the Employee will not be able to enroll again until the following Annual Enrollment.
3. An Employee who transfers employment to another Participating Employer must complete a Transfer Form within 30 days following the date of transfer to maintain coverage without interruption. If completed after 30 days following the date of transfer, the Employee will not be able to enroll again until the following Annual Enrollment

Dependents of Employees Effective Dates of Coverage. Coverage for each Dependent will be effective on the date the Employee becomes eligible for Dependent Coverage.

Dependents of Retirees Effective Dates of Coverage. Coverage for Dependents of Retirees will become effective as follows:

1. Coverage for Dependents of Retirees will be effective on the first day of the month following the date of retirement if the Employee and his Dependents were covered immediately prior to retirement.
2. Coverage for Dependents of Retirees first becoming eligible for Dependent Coverage following the date of retirement will be effective on the date of marriage for new Spouses, the date of birth for newborn Children, or the Date Acquired for other classifications of Dependents. Application must be made within 30 days of the date of eligibility for coverage.

#### **ANNUAL ENROLLMENT**

If You are eligible, You may enroll for dental insurance, apply for additional coverage, or request changes to Your current dental benefits only during Annual Enrollment.

#### **REPORTING CHANGES IN YOUR FAMILY**

You should notify the Policyholder promptly if any of the following events take place:

1. You marry or divorce,
2. A child is acquired, by marriage, new birth or adoption,
3. A child marries or reaches the age limit described below,
4. A Participant in Your family dies, or
5. You receive a court order to provide health coverage for Your child or spouse.

You should promptly notify FDL by filling out a form which has been furnished to the Policyholder. If You are adding a Dependent, You must submit an application and the coverage will become effective as described in the Dependent Coverage effective date provision above.

#### **WHEN DOES COVERAGE END?**

FDL is not required to give You notice of termination of coverage. FDL will not always know of the events causing termination until after the events have occurred.

#### ***Termination of Coverage***

Insurance coverage will end for You on the earliest of:

1. the last day of the month following the date You are no longer a member of a covered class; or
2. the date the Plan is canceled; or
3. the effective date of an amendment to this Plan which terminates insurance for the class to which You belong; or
4. the last day of the month following the date You stop making any required contribution toward payment of premiums; or
5. the last day of the month during which You are no longer an eligible Employee; and
6. for Dependents, the last day of the month following the date a Dependent child or spouse is no longer eligible for coverage as defined in this Certificate.

If coverage for a Dependent terminates because of loss of eligibility as listed above, coverage ends automatically and benefits for expenses incurred after termination are not available. If We pay benefits prior to our receiving notification of Your termination, We will request a refund. If Your coverage or that of Your Dependents ends, You may be eligible to continue coverage at Your own expense. Review carefully the **CONTINUATION OF COVERAGE RIGHTS UNDER COBRA** Notice at the back of this Certificate.

#### ***Termination of the Group***

The coverage of all Participants will terminate in accordance with the terms of the Plan if the group is terminated.

## LOSS OF ELIGIBILITY

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.

## HOW TO RECEIVE BENEFITS

### DENTAL NETWORK OF AMERICA PPO DENTISTS

FDL has an arrangement with certain Preferred Providers (herein called Dental Network of America Dentists) to discount their charges for Covered Dental Services. You have the option of selecting a Preferred Provider or a non-Preferred Provider. By choosing a Dental Network of America Dentist, Your out-of-pocket expenses are generally less than the amount owed if Non-Preferred Providers had been used.

When You receive care from a Preferred Provider:

1. confirm the Dentist's continued Dental Network of America PPO Network participation at each visit;
2. Your Dentist is responsible for submitting Your claim to FDL. You do not need to submit claims for Covered Dental Services; and
3. you are not responsible for charges that exceed the Allowable Amount.

You are responsible for:

1. any Deductibles;
2. any amounts in excess of the Policy Year and Lifetime Maximums;
3. Coinsurance Amounts; and
4. services that are limited or not covered by the Plan.

If Your Dentist is not a Preferred Provider, You may be responsible for filing Your claim, as described in **CLAIMS FILING PROCEDURES, Who Files Claims** subsection, and for payment in full at the time services are rendered.

### CLAIM FILING PROCEDURES

#### Filing of Claims Required

##### *Notice of Claim*

You must give written notice to FDL within 90 days, or as soon as reasonably possible, after any Participant receives services for which benefits are provided under the Plan. Failure to give notice within this time will not invalidate or reduce any claim if You show that it was not reasonably possible to give notice and that notice was given as soon as it was reasonably possible.

##### *Claim Forms*

When FDL receives notice of claim, it will furnish to You, or to the Policyholder for delivery to You, or the Dentist, the dental claim forms that are usually furnished by it for filing Proof of Loss. Claim forms may also be obtained by accessing the FDL website at [www.FDL-life.com](http://www.FDL-life.com).

If the forms are not furnished within 15 days after receipt of notice by FDL, You have complied with the requirements of the Plan for Proof of Loss by submitting, within the time fixed under the Plan for filing Proof of Loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

FDL must receive claims prepared and submitted in the proper manner and form, in the time required, and with the information requested before it can consider any claim for payment of benefits.

## **Who Files Claims**

### ***Provider -filed claims***

Preferred Providers are responsible for submitting Your claims directly to FDL for services provided to You or any of Your covered Dependents. To assist Dentists in filing Your claims, You should carry Your Identification Card with You.

### ***Participant-filed claims***

If Your Dentist is not a Preferred Provider, You may need to submit Your claim to FDL using a form provided by FDL. The Policyholder should have a supply of dental claim forms. It is important to file each Participant's expenses separately because Deductibles, maximum benefits, and other provisions are applied for each Participant separately.

Include itemized bills from the Dentist printed on their letterhead and showing the services performed, dates of service, charges, and name of the Participant involved.

## **Who Receives Payment**

Benefit payments will be made directly to the Dentists when they bill FDL. Written agreements between Dental Network of America and some Dentists may require payment directly to them, even if You file the claim. Any benefits payable to You, if unpaid at Your death, will be paid to Your beneficiary or to Your estate if no beneficiary is named.

Except as provided in the section **ASSIGNMENT AND PAYMENT OF BENEFITS**, rights and benefits under this Plan shall not be assignable, either before or after services and supplies are provided.

Benefits for services provided to Your minor Dependent child may be paid to a third party if:

1. the third party is named in a court order as managing or possessory conservator of the child; and
2. FDL has not already paid any portion of the claim.

In order for benefits to be payable to a managing or possessory conservator of a child, the managing or possessory conservator must submit to FDL, with the claim form, proof of payment of the expenses and a certified copy of the court order naming that person the managing or possessory conservator or guardian of the estate of the child.

FDL may deduct from its benefit payment any amounts it is owed by the recipient of the payment. Payment to You or Your Dentist, or deduction by FDL from benefit payments of amounts owed to FDL will be considered in satisfaction of its obligations to You under this Plan.

An *Explanation of Benefits* summary is sent to You so You will know what has been paid.

## **When to Submit Claims**

All claims for benefits under this Plan must be properly submitted within 12 months of the date You receive the services or supplies. Claims not submitted and received by FDL within 12 months after the date You receive the services or supplies will not be considered for payment of benefits except in the absence of legal capacity.

## **Receipt of Claims by FDL**

A claim will be considered received by FDL for processing upon actual delivery to the FDL Administrative Office in the proper manner and form and with all of the information required. If the claim is not complete, it may be denied, or FDL may contact either You or the Dentist for the additional information.

## **Review of Claim Determinations**

### ***Claim Determinations***

When FDL receives a properly submitted claim, it has sole authority and discretion under the Plan to interpret and determine benefits in accordance with the Plan provisions. FDL will render an initial decision to pay or deny a claim within 30 days of receipt of the claim. If FDL requires further information in order to process the claim, we will request it within that 30-day period.

Uncontested Claims will be paid within 30 days from the date upon written notice and proof of Claim has been received.

***If a Claim Is Denied or Not Paid in Full***

On occasion, FDL may deny all or part of Your claim. There are a number of reasons why this may happen. First, read the *Explanation of Benefits* summary prepared by FDL; then, review this Certificate to see whether You understand the reason for the determination. If You have additional information that You believe could change the decision, send it to FDL and request a review of the decision. Include Your full name, group and subscriber numbers with the request. If the claim is denied in whole or in part, You will receive a written notice, from FDL with the following information, if applicable:

1. the reasons for denial;
2. a reference to the dental care plan provision on which the denial is based;
3. a description of additional information which may be necessary to complete the claim and an explanation of why such information is necessary; and
4. an explanation of how You may have the claim reviewed by FDL if You do not agree with the denial.

***Right to Review Claim Determinations***

You have the right to seek and obtain a full and fair review by FDL of any determination of a claim or any other determination made by FDL of Your benefits under this Plan.

If You believe FDL incorrectly denied all or part of Your benefits, You may have Your claim reviewed. FDL will review its decision in accordance with the following procedure:

1. within 180 days after You receive notice of a denial or partial denial, write to FDL's Administrative Office. FDL will need to know the reasons why You do not agree with the denial or partial denial.
2. You may also designate a representative to act for You in the review procedure. Your designation of a representative must be in writing as it is necessary to protect against disclosure of information about You except to Your authorized representative.
3. FDL will honor telephone requests for information; however, such inquiries will not constitute a request for review.
4. You and Your authorized representative may ask to see relevant documents and may submit written issues, comments and additional medical/dental information within 180 days after You receive notice of a denial or partial denial. FDL will give You a written decision within 60 days after it receives Your request for review.
5. if You have any questions about the claims procedures or the review procedure, write to FDL or call the number on Your Identification Card.

***Interpretation of the Policyholder's Plan Provisions***

The operation and administration of the Plan require uniformity regarding the intent of the Plan and the interpretation of the Plan provisions. The Policyholder has given FDL full and complete authority and discretion to make decisions regarding the Plan provisions and determining questions of eligibility and benefits. Any decision by FDL which is not arbitrary or capricious shall be final and conclusive, subject to any applicable State and federal law. The Policyholder has no authority to make decisions regarding or interpretations of Plan provisions.

***Actions Against FDL***

No lawsuit or action in law or equity may be brought by You or on Your behalf unless:

1. You first have fully complied with all of the provisions of the Plan, including all of the procedures and requirements of the **CLAIM FILING PROCEDURES** and **Review of Claim Determinations** subsection; and
2. FDL has either denied in writing Your request for review of the claim determination or has not provided a written response to Your request for review within 60 days after receiving the request; and

3. such lawsuit or action is brought within three years from the expiration of the time within which written Proof of Loss is required to be furnished under the Plan.

## **DENTAL BENEFITS PROVIDED**

Benefits are payable for Covered Dental Services and supplies that are considered Dentally Necessary. The benefit percentage to be applied to each benefit category is shown on the Schedule of Benefits.

Your benefits are calculated on a Policy Year benefit period basis unless otherwise stated. At the end of a Policy Year, a new benefit period starts for each Participant.

### **HOW BENEFITS ARE CALCULATED**

Benefits are paid based on the Coinsurance Amount percentage shown on the Schedule of Benefits for each category as it is applied to the Allowable Amount. To determine benefits, the Deductible (if not previously satisfied) is subtracted from the Allowable Amount for a category. This amount is then multiplied by the Coinsurance Amount percentage for that category. The resulting total is the benefit payable by FDL.

The remaining unpaid amounts, including any excess portion above the Allowable Amount, any Deductible and the Coinsurance Amount percentage will be Your responsibility to pay to Your Dentist.

### **DEDUCTIBLE**

The Deductible shown on the Schedule of Benefits will be subtracted once during each Policy Year from the total eligible Covered Dental Services incurred for that Policy Year. It will apply to each benefit category, unless the Schedule of Benefits indicates it is waived for a particular benefit category. It will apply separately to each Participant. The following exceptions will apply:

1. if “Three-Month Deductible Carryover” is shown on the Schedule of Benefits, any Covered Dental Services incurred during the last three months of a Policy Year and applied toward satisfaction of the Deductible for that Policy Year, may be applied toward satisfaction of that Deductible for the following Policy Year.
2. when any number of family Participants have satisfied the Family Deductible for a Policy Year, any other Participants under Your coverage will not have to satisfy a Deductible for that Policy Year.

### **ALLOWABLE AMOUNT DETERMINATION**

In determining the Allowable Amount, FDL will consider such factors as Your Dentist’s usual fee and fees charged by other Dentists in the area with similar training and experience and any special circumstances. The portion of the charges by Your Dentist that exceeds the Allowable Amount of FDL will be Your responsibility to pay to Your Dentist. In other words, a certain amount of the Dentist’s charge may not be considered by FDL for benefits. Refer to the **DEFINITIONS** section for a detailed explanation of Allowable Amount.

### **CURRENT DENTAL TERMINOLOGY (CDT)**

The most recent edition of the manual published by the American Dental Association (ADA) entitled Current Dental Terminology and Procedure Codes (CDT) is used when classifying dental services.

The Allowable Amount for a Covered Dental Service will be based on the most inclusive procedure codes.

### **COURSE OF TREATMENT**

Your Dentist may decide on a planned series of dental procedures which a dental exam shows You need. In cases where there is more than one professionally acceptable Course of Treatment, benefits will be covered for the most economical procedures.

## PREDETERMINATION OF BENEFITS

The Schedule of Benefits may indicate a "Predetermination Amount." If a Course of Treatment for non-emergency services can reasonably be expected to involve Covered Dental Services in excess of this predetermination amount, a description of the procedures to be performed and an estimate of the Dentist's charge should be filed with and predetermined by FDL prior to the commencement of treatment.

FDL may request copies of existing x-rays, photographs, models, and any other records used by the Dentist in developing the Course of Treatment. FDL will review the reports and materials, taking into consideration alternative Courses of Treatment. FDL will notify You and the Dentist of the benefits to be provided under the Plan.

Predetermination gives You and Your Dentist the opportunity to know the extent of the benefits available. Benefit payments may be reduced based on any claims paid after a predetermination estimate is provided.

## MAXIMUM BENEFITS

### *Maximum Policy Year Benefits*

The maximum amount of benefits available for all combined Covered Dental Services for a Policy Year for any one Participant is the amount shown on the Schedule of Benefits.

Depending on the terms of the Plan, it may also include any benefits provided under the Policyholder's dental plan with another carrier prior to the Participant's effective date of coverage under this Plan.

### *Maximum Lifetime Benefits*

The maximum lifetime benefits available for any one Participant for Orthodontic, Implant is the amount shown on the Schedule of Benefits if applicable to Your coverage. Maximum lifetime benefit amounts do not apply to any other Covered Dental Services.

Depending on the terms of the Plan, it may also include any benefits provided under the Policyholder's dental plan with another carrier prior to the Participant's effective date of coverage under this Plan.

## CHANGES IN BENEFITS

Changes in benefits will apply to all services provided to each Participant under this Plan.

Benefits for Covered Dental Services incurred during a Course of Treatment which begins before the change will be the benefits in effect on the date the Course of Treatment was started.

## COVERED DENTAL SERVICES

The Plan will provide benefits for the following Covered Dental Services, subject to the limitations and Exclusions described in this Certificate. **You are covered only for those benefit categories shown on the Schedule of Benefits.** The benefit percentage applicable to each benefit category is shown on the Schedule of Benefits.

The Listing of Covered Dental Services is a complete list of Covered Dental Services. We will not pay benefits for expenses incurred for any service not listed below, unless We agree to accept an unlisted service as a Covered Dental Service. We will not accept any unlisted service which is not similar to, or which does not accomplish a result similar to, a listed service. The choice of whether or not to accept an unlisted service is solely Ours. If We do accept an unlisted service as a Covered Dental Service, benefits will be payable on a basis consistent with benefits for similar Covered Dental Services which would provide the least costly adequate treatment of a Participant's dental condition according to broadly accepted standards of professional dental care as determined by Us.

## TABLE OF DENTAL SERVICES

### **PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE FREQUENCIES AND PROVISIONS.**

The attached is a list of dental services for which benefits are payable under this section; and is based upon the Current Dental Terminology © American Dental Association. **No benefits are payable for a procedure that is not listed.**

- Your benefits are based on a Policy Year. A Policy Year runs from July 1st through June 30th.
- Benefit Period means the period from July 1 of any year through June 30 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through June 31st of that year.
- Covered Services are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement prosthetic crown, appliance, or fixed partial denture will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service.
- X-ray films, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured.
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described services are performed.

## TYPE 1 SERVICES

PAYMENT BASIS - NON PREFERRED PROVIDERS - Usual and Customary

PAYMENT BASIS - PREFERRED PROVIDERS - Maximum Allowable Charge

BENEFIT PERIOD - Policy year

For Additional Limitations -See Limitations

### ROUTINE ORAL EVALUATION

- D0120 Periodic oral evaluation -established patient.
- D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.
- D0150 Comprehensive oral evaluation -new or established patient.
- D0180 Comprehensive periodontal evaluation -new or established patient.

#### COMPREHENSIVE EVALUATION: D0150, D0180

- Coverage is limited to 1 of each of these procedures.
- In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per 1 benefit period.
- D0120, D0145, also contribute(s) to this limitation.
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

#### ROUTINE EVALUATION: D0120, D0145

- Coverage is limited to 2 of any of these procedures per 1 benefit period.
- D0150, D0180, also contribute(s) to this limitation.
- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.

### COMPLETE SERIES OR PANORAMIC FILM

- D0210 Intraoral -complete series (including bitewings).
- D0330 Panoramic film.

#### COMPLETE SERIES/PANORAMIC FILMS: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 3 year(s).

### OTHER XRAYs

- D0220 Intraoral -periapical first film.
- D0230 Intraoral -periapical each additional film.
- D0240 Intraoral -occlusal film.
- D0250 Extraoral -first film.
- D0260 Extraoral -each additional film.

#### PERIAPICAL FILMS: D0220, D0230

- The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

## TYPE 1 SERVICES

### BITEWING FILMS

- D0270 Bitewing -single film.
- D0272 Bitewings -two films.
- D0273 Bitewings -three films.
- D0274 Bitewings -four films.
- D0277 Vertical bitewings -7 to 8 films.

#### BITEWING FILMS: D0270, D0272, D0273, D0274

- Coverage is limited to 2 of any of these procedures per 1 benefit period.
- D0277, also contribute(s) to this limitation.
- The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

#### VERTICAL BITEWING FILM: D0277

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

### ORAL PATHOLOGY/LABORATORY

- D0472 Accession of tissue, gross examination, preparation and transmission of written report.
- D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.
- D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

#### ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Coverage is limited to 1 examination per biopsy/excision.

### PROPHYLAXIS (CLEANING) AND FLUORIDE

- D1110 Prophylaxis -adult.
- D1120 Prophylaxis -child.
- D1203 Topical application of fluoride (prophylaxis not included) -child.
- D1204 Topical application of fluoride (prophylaxis not included) -adult.
- D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.

#### FLUORIDE: D1203, D1204, D1206

- Coverage is limited to 1 of any of these procedures per 1 benefit period.
- Benefits are considered for persons age 18 and under.

#### PROPHYLAXIS: D1110, D1120

- Coverage is limited to 2 of any of these procedures per 1 benefit period.
- D4910, also contribute(s) to this limitation.
- An adult prophylaxis (cleaning) is considered for individuals age 13 and over. A child prophylaxis (cleaning) is considered for individuals age 12 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.
- One additional adult prophylaxis (cleaning) is available for a pregnant Participant per benefit period.

## TYPE 1 SERVICES

### SEALANT

D1351 Sealant -per tooth.

#### SEALANT: D1351

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits are considered for persons age 16 and under.
- Benefits are considered on permanent molars only.
- Coverage is allowed on the occlusal surface only.

### SPACE MAINTAINERS

D1510 Space maintainer -fixed -unilateral.

D1515 Space maintainer -fixed -bilateral.

D1520 Space maintainer -removable -unilateral.

D1525 Space maintainer -removable -bilateral.

D1550 Re-cementation of space maintainer.

D1555 Removal of fixed space maintainer.

#### SPACE MAINTAINER: D1510, D1515, D1520, D1525

- Benefits are considered for persons age 12 and under.
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

### APPLIANCE THERAPY

D8210 Removable appliance therapy.

D8220 Fixed appliance therapy.

#### APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

### PALLIATIVE

D9110 Palliative (emergency) treatment of dental pain -minor procedure.

#### PALLIATIVE TREATMENT: D9110

- Not covered in conjunction with other procedures, except diagnostic x-ray films.

### MISCELLANEOUS

D0486 Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.

## TYPE 2 SERVICES

PAYMENT BASIS -NON PREFERRED PROVIDERS -Usual and Customary

PAYMENT BASIS -PREFERRED PROVIDERS -Maximum Allowable Charge

BENEFIT PERIOD -Policy year

### **For Additional Limitations -See Limitations**

#### LIMITED ORAL EVALUATION

D0140 Limited oral evaluation -problem focused.

D0170 Re-evaluation -limited, problem focused (established patient; not post-operative visit).

#### LIMITED ORAL EVALUATION: D0140

- Included with exam frequency limitations 0120, 0145, 0150 & 0180

#### LIMITED ORAL RE-EVALUATIONS: D0170

- Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

#### AMALGAM RESTORATIONS (FILLINGS)

D2140 Amalgam -one surface, primary or permanent.

D2150 Amalgam -two surfaces, primary or permanent.

D2160 Amalgam -three surfaces, primary or permanent.

D2161 Amalgam -four or more surfaces, primary or permanent.

#### AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, also contribute(s) to this limitation.

#### RESIN RESTORATIONS (FILLINGS)

D2330 Resin-based composite -one surface, anterior.

D2331 Resin-based composite -two surfaces, anterior.

D2332 Resin-based composite -three surfaces, anterior.

D2335 Resin-based composite -four or more surfaces or involving incisal angle (anterior).

D2391 Resin-based composite -one surface, posterior.

D2392 Resin-based composite -two surfaces, posterior.

D2393 Resin-based composite -three surfaces, posterior.

D2394 Resin-based composite -four or more surfaces, posterior.

D2410 Gold foil -one surface.

D2420 Gold foil -two surfaces.

D2430 Gold foil -three surfaces.

#### COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D9911, also contribute(s) to this limitation.

## TYPE 2 SERVICES

- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

### GOLD FOIL RESTORATIONS: D2410, D2420, D2430

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

### STAINLESS STEEL CROWN (PREFABRICATED CROWN)

- D2390 Resin-based composite crown, anterior.
- D2930 Prefabricated stainless steel crown -primary tooth.
- D2931 Prefabricated stainless steel crown -permanent tooth.
- D2932 Prefabricated resin crown.
- D2933 Prefabricated stainless steel crown with resin window.
- D2934 Prefabricated esthetic coated stainless steel crown -primary tooth.

### STAINLESS STEEL CROWN: D2390, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).

### RECEMENT

- D2910 Recement inlay, onlay, or partial coverage restoration.
- D2915 Recement cast or prefabricated post and core.
- D2920 Recement crown.
- D6092 Recement implant/abutment supported crown.
- D6093 Recement implant/abutment supported fixed partial denture.
- D6930 Recement fixed partial denture.

### SEDATIVE FILLING

- D2940 Sedative filling.

### FIXED CROWN AND PARTIAL DENTURE REPAIR

- D2980 Crown repair, by report.
- D6980 Fixed partial denture repair, by report.
- D9120 Fixed partial denture sectioning.

### ENDODONTICS MISCELLANEOUS

- D3220 Therapeutic pulpotomy (excluding final restoration) -removal of pulp coronal to the dentinocemental junction and application of medicament.
- D3221 Pulpal debridement, primary and permanent teeth.
- D3230 Pulpal therapy (resorbable filling) -anterior, primary tooth (excluding final restoration).
- D3240 Pulpal therapy (resorbable filling) -posterior, primary tooth (excluding final restoration).
- D3333 Internal root repair of perforation defects. D3351 Apexification/recalcification -initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 Apexification/recalcification -interim medication replacement (apical closure/calcific repair of

## TYPE 2 SERVICES

perforations, root resorption, etc.).

- D3353 Apexification/recalcification -final visit (includes completed root canal therapy apical closure/calcific repair of perforations, root resorption, etc.).
- D3430 Retrograde filling -per root.
- D3450 Root amputation -per root.
- D3920 Hemisection (including any root removal), not including root canal therapy.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920

- Procedure D3333 is limited to permanent teeth only.

PULPOTOMY/PULPAL DEBRIDEMENT/PULPAL THERAPY: D3220, D3221, D3230, D3240

- Procedure D3220 is limited to primary teeth.

### ENDODONTIC THERAPY (ROOT CANALS)

- D3310 Anterior (excluding final restoration).
- D3320 Bicuspid (excluding final restoration).
- D3330 Molar (excluding final restoration).
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
- D3346 Retreatment of previous root canal therapy -anterior.
- D3347 Retreatment of previous root canal therapy -bicuspid.
- D3348 Retreatment of previous root canal therapy -molar.

ROOT CANALS: D3310, D3320, D3330, D3332

- Benefits are considered on permanent teeth only.
- Allowances include intraoperative films and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D3310, D3320, D3330, also contribute(s) to this limitation.
- Benefits are considered on permanent teeth only.
- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative films and cultures but exclude final restoration.

### SURGICAL ENDODONTICS

- D3410 Apicoectomy/periradicular surgery -anterior.
- D3421 Apicoectomy/periradicular surgery -bicuspid (first root).
- D3425 Apicoectomy/periradicular surgery -molar (first root).
- D3426 Apicoectomy/periradicular surgery (each additional root).

### NON-SURGICAL PERIODONTICS

- D4341 Periodontal scaling and root planing -four or more teeth per quadrant.
- D4342 Periodontal scaling and root planing -one to three teeth, per quadrant.
- D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.

CHEMOTHERAPEUTIC AGENTS: D4381

- Each quadrant is limited to 1 of any of these procedures per 12 month(s).

## TYPE 2 SERVICES

- A scaling and root planing or periodontal maintenance procedure must be performed in this quadrant within 2 years prior to the date of service for this procedure.

### PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 12 month(s).  
1 each of these procedures is available for a pregnant Participant per benefit period.

## FULL MOUTH DEBRIDEMENT

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis.

### FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 12 month(s).

## PERIODONTAL MAINTENANCE

D4910 Periodontal maintenance.

### PERIODONTAL MAINTENANCE: D4910

- Coverage is limited to 2 of any of these procedures per 1 benefit period.
- D1110, D1120, also contribute(s) to this limitation.
- Coverage is contingent upon evidence of full mouth active periodontal therapy. Benefits are not available if performed on the same date as any other periodontal procedure.

## DENTURE REPAIR

D5510 Repair broken complete denture base.

D5520 Replace missing or broken teeth -complete denture (each tooth).

D5610 Repair resin denture base.

D5620 Repair cast framework.

D5630 Repair or replace broken clasp.

D5640 Replace broken teeth -per tooth.

## DENTURE RELINES

D5730 Reline complete maxillary denture (chairside).

D5731 Reline complete mandibular denture (chairside).

D5740 Reline maxillary partial denture (chairside).

D5741 Reline mandibular partial denture (chairside).

D5750 Reline complete maxillary denture (laboratory).

D5751 Reline complete mandibular denture (laboratory).

D5760 Reline maxillary partial denture (laboratory).

D5761 Reline mandibular partial denture (laboratory).

### DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761

- Coverage is limited to service dates more than 6 months after placement date.

## NON-SURGICAL EXTRACTIONS

## TYPE 2 SERVICES

- D7111 Extraction, coronal remnants -deciduous tooth.
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).

### SURGICAL EXTRACTIONS

- D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.
- D7220 Removal of impacted tooth -soft tissue.
- D7230 Removal of impacted tooth -partially bony.
- D7240 Removal of impacted tooth -completely bony.
- D7241 Removal of impacted tooth -completely bony, with unusual surgical complications.
- D7250 Surgical removal of residual tooth roots (cutting procedure).

### OTHER ORAL SURGERY

- D7260 Oroantral fistula closure.
- D7261 Primary closure of a sinus perforation.
- D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.
- D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).
- D7280 Surgical access of an unerupted tooth.
- D7282 Mobilization of erupted or malpositioned tooth to aid eruption.
- D7283 Placement of device to facilitate eruption of impacted tooth.
- D7310 Alveoloplasty in conjunction with extractions -four or more teeth or tooth spaces, per quadrant.
- D7311 Alveoplasty in conjunction with extractions -one to three teeth or tooth spaces, per quadrant.
- D7320 Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant.
- D7321 Alveoplasty not in conjunction with extractions -one to three teeth or tooth spaces, per quadrant.
- D7340 Vestibuloplasty -ridge extension (secondary epithelialization).
- D7350 Vestibuloplasty -ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).
- D7410 Excision of benign lesion up to 1.25 cm.
- D7411 Excision of benign lesion greater than 1.25 cm.
- D7412 Excision of benign lesion, complicated.
- D7413 Excision of malignant lesion up to 1.25 cm.
- D7414 Excision of malignant lesion greater than 1.25 cm.
- D7415 Excision of malignant lesion, complicated.
- D7440 Excision of malignant tumor -lesion diameter up to 1.25 cm.
- D7441 Excision of malignant tumor -lesion diameter greater than 1.25 cm.
- D7450 Removal of benign odontogenic cyst or tumor -lesion diameter up to 1.25 cm.
- D7451 Removal of benign odontogenic cyst or tumor -lesion diameter greater than 1.25 cm.
- D7460 Removal of benign nonodontogenic cyst or tumor -lesion diameter up to 1.25 cm.

## TYPE 2 SERVICES

- D7461 Removal of benign nonodontogenic cyst or tumor -lesion diameter greater than 1.25 cm.
- D7465 Destruction of lesion(s) by physical or chemical method, by report.
- D7471 Removal of lateral exostosis (maxilla or mandible).
- D7472 Removal of torus palatinus.
- D7473 Removal of torus mandibularis.
- D7485 Surgical reduction of osseous tuberosity.
- D7490 Radical resection of maxilla or mandible.
- D7510 Incision and drainage of abscess -intraoral soft tissue.
- D7520 Incision and drainage of abscess -extraoral soft tissue.
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
- D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
- D7910 Suture of recent small wounds up to 5 cm.
- D7911 Complicated suture -up to 5 cm.
- D7912 Complicated suture -greater than 5 cm.
- D7960 Frenulectomy (frenectomy or frenotomy) -separate procedure.
- D7963 Frenuloplasty.
- D7970 Excision of hyperplastic tissue -per arch.
- D7972 Surgical reduction of fibrous tuberosity.
- D7980 Sialolithotomy.
- D7983 Closure of salivary fistula.

### REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per 1 lifetime.

### BIOPSY OF ORAL TISSUE

- D7285 Biopsy of oral tissue -hard (bone, tooth).
- D7286 Biopsy of oral tissue -soft.
- D7287 Exfoliative cytological sample collection.
- D7288 Brush biopsy -transepithelial sample collection.

### ANESTHESIA-GENERAL/IV

- D9220 Deep sedation/general anesthesia -first 30 minutes.
- D9221 Deep sedation/general anesthesia -each additional 15 minutes.
- D9241 Intravenous conscious sedation/analgesia -first 30 minutes.
- D9242 Intravenous conscious sedation/analgesia -each additional 15 minutes.

### GENERAL ANESTHESIA: D9220, D9221, D9241, D9242

- Coverage is only available with a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report is required. A maximum of two additional units (D9221 or D9242) will

## TYPE 2 SERVICES

be considered.

### PROFESSIONAL CONSULT/VISIT/SERVICES

- D9310 Consultation -diagnostic service provided by dentist or physician other than requesting dentist or physician.
- D9430 Office visit for observation (during regularly scheduled hours) -no other services performed.
- D9440 Office visit -after regularly scheduled hours.
- D9930 Treatment of complications (post-surgical) -unusual circumstances, by report.

#### CONSULTATION: D9310

- Coverage is limited to 1 of any of these procedures per 1 provider. OFFICE VISIT: D9430, D9440
- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

### OCCLUSAL ADJUSTMENT

- D9951 Occlusal adjustment -limited.
- D9952 Occlusal adjustment -complete.

#### OCCLUSAL ADJUSTMENT: D9951, D9952

- Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

### MISCELLANEOUS

- D2951 Pin retention -per tooth, in addition to restoration.
- D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.

#### DESENSITIZATION: D9911

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, also contribute(s) to this limitation.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

### TYPE 3 SERVICES

PAYMENT BASIS -NON PREFERRED PROVIDERS -Usual and Customary

PAYMENT BASIS -PREFERRED PROVIDERS -Maximum Allowable Charge

BENEFIT PERIOD -Policy year

**For Additional Limitations -See Limitations**

#### INLAY RESTORATIONS

- D2510 Inlay -metallic -one surface.
- D2520 Inlay -metallic -two surfaces.
- D2530 Inlay -metallic -three or more surfaces.
- D2610 Inlay -porcelain/ceramic -one surface.
- D2620 Inlay -porcelain/ceramic -two surfaces.
- D2630 Inlay -porcelain/ceramic -three or more surfaces.
- D2650 Inlay -resin-based composite -one surface.
- D2651 Inlay -resin-based composite -two surfaces.
- D2652 Inlay -resin-based composite -three or more surfaces.

INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

#### ONLAY RESTORATIONS

- D2542 Onlay -metallic -two surfaces.
- D2543 Onlay -metallic -three surfaces.
- D2544 Onlay -metallic -four or more surfaces.
- D2642 Onlay -porcelain/ceramic -two surfaces.
- D2643 Onlay -porcelain/ceramic -three surfaces.
- D2644 Onlay -porcelain/ceramic -four or more surfaces.
- D2662 Onlay -resin-based composite -two surfaces.
- D2663 Onlay -resin-based composite -three surfaces.
- D2664 Onlay -resin-based composite -four or more surfaces.

ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.

## TYPE 3 SERVICES

- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

### CROWNS SINGLE RESTORATIONS

- D2710 Crown -resin-based composite (indirect).
- D2712 Crown -3/4 resin-based composite (indirect).
- D2720 Crown -resin with high noble metal.
- D2721 Crown -resin with predominantly base metal.
- D2722 Crown -resin with noble metal.
- D2740 Crown -porcelain/ceramic substrate.
- D2750 Crown -porcelain fused to high noble metal.
- D2751 Crown -porcelain fused to predominantly base metal.
- D2752 Crown -porcelain fused to noble metal.
- D2780 Crown -3/4 cast high noble metal.
- D2781 Crown -3/4 cast predominantly base metal.
- D2782 Crown -3/4 cast noble metal.
- D2783 Crown -3/4 porcelain/ceramic.
- D2790 Crown -full cast high noble metal.
- D2791 Crown -full cast predominantly base metal.
- D2792 Crown -full cast noble metal.
- D2794 Crown -titanium.

CROWN: D2710, D2712, D2720, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

### CORE BUILD-UP

- D2950 Core buildup, including any pins.
- D6973 Core build up for retainer, including any pins.

## TYPE 3 SERVICES

### POST AND CORE

- D2952 Post and core in addition to crown, indirectly fabricated.
- D2954 Prefabricated post and core in addition to crown.

### SURGICAL PERIODONTICS

- D4210 Gingivectomy or gingivoplasty -four or more contiguous teeth or bounded teeth spaces per quadrant.
- D4211 Gingivectomy or gingivoplasty -one to three contiguous teeth or bounded teeth spaces per quadrant.
- D4240 Gingival flap procedure, including root planing -four or more contiguous teeth or bounded teeth spaces per quadrant.
- D4241 Gingival flap procedure, including root planing -one to three contiguous teeth or bounded teeth spaces per quadrant.
- D4260 Osseous surgery (including flap entry and closure) -four or more contiguous teeth or bounded teeth spaces per quadrant.
- D4261 Osseous surgery (including flap entry and closure) -one to three contiguous teeth or bounded teeth spaces per quadrant.
- D4263 Bone replacement graft -first site in quadrant.
- D4264 Bone replacement graft -each additional site in quadrant.
- D4265 Biologic materials to aid in soft and osseous tissue regeneration.
- D4270 Pedicle soft tissue graft procedure.
- D4271 Free soft tissue graft procedure (including donor site surgery).
- D4273 Subepithelial connective tissue graft procedures, per tooth.
- D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).
- D4275 Soft tissue allograft.
- D4276 Combined connective tissue and double pedicle graft, per tooth.

#### BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).
- Coverage is limited to treatment of periodontal disease.

#### GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).
- Coverage is limited to treatment of periodontal disease.

#### OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).
- Coverage is limited to treatment of periodontal disease.

#### TISSUE GRAFTS: D4270, D4271, D4273, D4275, D4276

- Each quadrant is limited to 1 of any of these procedures per 2 year(s).
- Coverage is limited to treatment of periodontal disease.

### CROWN LENGTHENING

- D4249 Clinical crown lengthening -hard tissue.

### PROSTHODONTICS -FIXED/REMOVABLE (DENTURES)

## TYPE 3 SERVICES

- D5110 Complete denture -maxillary.
- D5120 Complete denture -mandibular.
- D5130 Immediate denture -maxillary.
- D5140 Immediate denture -mandibular.
- D5211 Maxillary partial denture -resin base (including any conventional clasps, rests and teeth).
- D5212 Mandibular partial denture -resin base (including any conventional clasps, rests and teeth).
- D5213 Maxillary partial denture -cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).
- D5214 Mandibular partial denture -cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).
- D5225 Maxillary partial denture -flexible base (including any clasps, rests and teeth).
- D5226 Mandibular partial denture -flexible base (including any clasps, rests and teeth).
- D5281 Removable unilateral partial denture -one piece cast metal (including clasps and teeth).
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary).
- D5671 Replace all teeth and acrylic on cast metal framework (mandibular).
- D5810 Interim complete denture (maxillary).
- D5811 Interim complete denture (mandibular).
- D5820 Interim partial denture (maxillary).
- D5821 Interim partial denture (mandibular).
- D5860 Overdenture -complete, by report.
- D5861 Overdenture -partial, by report.
- D6053 Implant/abutment supported removable denture for completely edentulous arch.
- D6054 Implant/abutment supported removable denture for partially edentulous arch.
- D6078 Implant/abutment supported fixed denture for completely edentulous arch.
- D6079 Implant/abutment supported fixed denture for partially edentulous arch.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5860, D6053, D6078

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months after placement date. Procedures D5860, D6053, and D6078 are considered at an alternate benefit of a D5110/D5120.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5670, D5671, D5861, D6054, D6079

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months of placement date. Procedures D5861, D6054, and D6079 are considered at an alternate benefit of a D5213/D5214.

## DENTURE ADJUSTMENTS

- D5410 Adjust complete denture -maxillary.
- D5411 Adjust complete denture -mandibular.
- D5421 Adjust partial denture -maxillary.

## TYPE 3 SERVICES

D5422 Adjust partial denture -mandibular.

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

- Coverage is limited to dates of service more than 6 months after placement date.

### ADD TOOTH/CLASP TO EXISTING PARTIAL

D5650 Add tooth to existing partial denture.

D5660 Add clasp to existing partial denture.

### DENTURE REBASES

D5710 Rebase complete maxillary denture.

D5711 Rebase complete mandibular denture.

D5720 Rebase maxillary partial denture.

D5721 Rebase mandibular partial denture.

### TISSUE CONDITIONING

D5850 Tissue conditioning, maxillary.

D5851 Tissue conditioning, mandibular.

### PROSTHODONTICS -FIXED

D6058 Abutment supported porcelain/ceramic crown.

D6059 Abutment supported porcelain fused to metal crown (high noble metal).

D6060 Abutment supported porcelain fused to metal crown (predominantly base metal).

D6061 Abutment supported porcelain fused to metal crown (noble metal).

D6062 Abutment supported cast metal crown (high noble metal).

D6063 Abutment supported cast metal crown (predominantly base metal).

D6064 Abutment supported cast metal crown (noble metal).

D6065 Implant supported porcelain/ceramic crown.

D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).

D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal).

D6068 Abutment supported retainer for porcelain/ceramic FPD.

D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).

D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).

D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).

D6072 Abutment supported retainer for cast metal FPD (high noble metal).

D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).

D6074 Abutment supported retainer for cast metal FPD (noble metal).

D6075 Implant supported retainer for ceramic FPD.

D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble

## TYPE 3 SERVICES

- metal).
- D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal).
  - D6094 Abutment supported crown -(titanium).
  - D6194 Abutment supported retainer crown for FPD -(titanium).
  - D6205 Pontic -indirect resin based composite.
  - D6210 Pontic -cast high noble metal.
  - D6211 Pontic -cast predominantly base metal.
  - D6212 Pontic -cast noble metal.
  - D6214 Pontic -titanium.
  - D6240 Pontic -porcelain fused to high noble metal.
  - D6241 Pontic -porcelain fused to predominantly base metal.
  - D6242 Pontic -porcelain fused to noble metal.
  - D6245 Pontic -porcelain/ceramic.
  - D6250 Pontic -resin with high noble metal.
  - D6251 Pontic -resin with predominantly base metal.
  - D6252 Pontic -resin with noble metal.
  - D6545 Retainer -cast metal for resin bonded fixed prosthesis.
  - D6548 Retainer -porcelain/ceramic for resin bonded fixed prosthesis.
  - D6600 Inlay -porcelain/ceramic, two surfaces.
  - D6601 Inlay -porcelain/ceramic, three or more surfaces.
  - D6602 Inlay -cast high noble metal, two surfaces.
  - D6603 Inlay -cast high noble metal, three or more surfaces.
  - D6604 Inlay -cast predominantly base metal, two surfaces.
  - D6605 Inlay -cast predominantly base metal, three or more surfaces.
  - D6606 Inlay -cast noble metal, two surfaces.
  - D6607 Inlay -cast noble metal, three or more surfaces.
  - D6608 Onlay -porcelain/ceramic, two surfaces.
  - D6609 Onlay -porcelain/ceramic, three or more surfaces.
  - D6610 Onlay -cast high noble metal, two surfaces.
  - D6611 Onlay -cast high noble metal, three or more surfaces.
  - D6612 Onlay -cast predominantly base metal, two surfaces.
  - D6613 Onlay -cast predominantly base metal, three or more surfaces.
  - D6614 Onlay -cast noble metal, two surfaces.
  - D6615 Onlay -cast noble metal, three or more surfaces.
  - D6624 Inlay -titanium.
  - D6634 Onlay -titanium.
  - D6710 Crown -indirect resin based composite.

## TYPE 3 SERVICES

- D6720 Crown -resin with high noble metal.
- D6721 Crown -resin with predominantly base metal.
- D6722 Crown -resin with noble metal. D6740 Crown -porcelain/ceramic.
- D6750 Crown -porcelain fused to high noble metal.
- D6751 Crown -porcelain fused to predominantly base metal.
- D6752 Crown -porcelain fused to noble metal.
- D6780 Crown -3/4 cast high noble metal.
- D6781 Crown -3/4 cast predominantly base metal.
- D6782 Crown -3/4 cast noble metal.
- D6783 Crown -3/4 porcelain/ceramic. D6790 Crown -full cast high noble metal.
- D6791 Crown -full cast predominantly base metal.
- D6792 Crown -full cast noble metal.
- D6794 Crown -titanium. D6940 Stress breaker.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble

## TYPE 3 SERVICES

metal allowance.

- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

## CAST POST AND CORE FOR PARTIALS

D6970 Post and core in addition to fixed partial denture retainer, indirectly fabricated.

D6972 Prefabricated post and core in addition to fixed partial denture retainer.

## IMPLANT SERVICES

D6010	SURG PLCMT IMPL BODY: ENDOSTEAL
D6040	SURG PLACEMENT: EPOSTEAL IMPLANT
D6055	DENTAL IMPLANT SUPP CONNECTING BAR
D6056	PREFABRICATED ABUTMENT INCL PLCMNT
D6057	CUSTOM ABUTMENT INCLUDES PLACEMENT
D6080	IMPL MAINT PROC REMV CLEANS PROSTH
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE
D6095	REPAIR IMPLANT ABUTMENT
D6100	IMPLANT REMOVAL BY REPORT

Ancillary Services that could be associated with implant placement.

D0360 CONE BEAM CT CRANIOFACIAL DATA

D0362 CONE BEAM 2-D RECONST EXIST DATA M

TYPE 3 SERVICES

D0363 CONE BEAM 3-D RECONST EXIST DATA M  
D7950 OSS OSTEOPERIOSTL CART GFT MAND/MAX  
D7951 SINUS AUGMENTATION W/BONE OR SUBSTS  
D7953 BONE REPLCMT GRAFT RIDGE PRES -SITE

## ORTHODONTIA

### Orthodontic Services

Orthodontic procedures and treatment include examination records, tooth guidance and repositioning (straightening) of the teeth for Participants covered for Orthodontics as shown on Your Schedule of Benefits.

Orthodontic services are paid over the course of treatment, up to the maximum lifetime orthodontic benefit and are not subject to the Policy Year benefit limit.

Orthodontic lifetime benefits may be reduced by the amount paid by the previous Dental carrier if the Policyholder elects to provide FDL with the dollar maximum used while covered under the previous carrier's Plan.

Orthodontic services include:

- a. Diagnostic orthodontic records limited to a lifetime maximum of once per Participant;
- b. Limited, interceptive and comprehensive orthodontic treatment;
- c. Minor treatment to control harmful habits;
- d. Orthodontic retention limited to a lifetime maximum of one appliance per Participant.

Orthodontic treatment is started on the date the bands or appliances are inserted. A Covered Dental Service for orthodontic evaluation will be considered started and completed on the date the service is actually performed.

<b>LIMITATIONS</b>
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*In addition to those benefit maximums and limitations described in DENTAL BENEFITS PROVIDED, the benefits of the Plan are not available for any Covered Dental Services incurred:*

1. For a partial or full denture or fixed bridge which includes replacement of a tooth which was missing before the Participant was covered under this Plan with FDL, except this exclusion will not apply:
  - a. If such partial or full denture or fixed bridge also includes replacement of a missing tooth which was extracted after coverage becomes effective under the Plan for such Participant; or
  - b. If the Participant has been continuously covered under a group dental care policy, which includes prosthetic benefits, held by the Policyholder with FDL for a period of 24 consecutive months following the Participant's effective date' or
  - c. To Participants effective on the Policy Effective Date who were covered under a previous group dental care policy held by the Policyholder with another carrier immediately prior to the Policy Effective Date.
2. In connection with an occupational illness or an injury sustained in the scope of and in the course of employment whether or not benefits are, or could upon proper claim be, provided under the Workers' Compensation law.
3. For services or supplies which do not meet accepted standards of dental practices.
4. As a result of disease contracted or injuries sustained as a result of war, declared or undeclared, or any act of war.
5. Primarily for cosmetic purposes, including but not limited to bleaching teeth, grafts to improve esthetics, except for:
  - a. Services provided for correction of defects incurred through traumatic injuries sustained by the Participant while covered under the Plan; or
  - b. Covered orthodontic diagnostic procedures and treatment; or

- c. Services provided to a newborn child which are necessary for treatment or correction of congenital defects.
- 6. For treatment provided before the effective date of a Participant's coverage or after termination of coverage under this Plan.; or for any prosthetic dental appliances installed or delivered more than 90 days after the Participant's insurance under this Plan terminates.
- 7. For appliances, materials, restorations, or special equipment used to increase vertical dimension, correct or restore the occlusion except as may be provided on the Schedule of Benefits.
- 8. For any procedure not shown on the Schedule of Benefits (there may be additional frequencies and limitations that apply, please see the Table of Dental Services for details.)
- 9. For charges which the Insured person is not liable or which would not have been made had no insurance been in force..
- 10. For a duplicate prosthetic device, other duplicate appliances or duplicate dental restoration.

<b>DEFINITIONS</b>
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**This section tells You the meaning of special words and phrases used in this Certificate. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.**

**Allowable Amount** means the maximum amount determined by FDL to be payable for a particular service, supply, or procedure. To calculate the Allowable Amount, FDL uses the most appropriate method in consideration of the Dentist and/or type of service as follows:

- 1. For Preferred Providers, the Allowable Amount is the lesser of:
  - a. the Maximum Allowance for the service or supply; and
  - b. the amount charged by the Preferred Provider for the service or supply.
- 2. For non-Preferred Providers, the Allowable Amount is the lesser of:
  - a. the Reasonable and Customary Charge for the service or supply; and
  - b. the amount charged by the provider for the service or supply

Unless otherwise stipulated by a contract between the Dentist and carrier:

- 1. an Allowable Amount will be established by identifying Dentists with similar experience or skill in order to establish the applicable amount for the procedure, services, or supplies.
- 2. for multiple surgical procedures performed in the same operative area, the Allowable Amount for all surgical procedures performed on the same patient on the same day will be the amount for the single procedure with the highest Allowable Amount plus an additional Allowable Amount for covered supplies or services.
- 3. when a less expensive professionally acceptable service, supply, or procedure is available, the Allowable Amount will be based upon the least expensive service. This is not a determination of Dental Necessity, but merely a contractual benefit allowance.

The Allowable Amount for all Covered Dental Services also includes the administration of any local anesthesia and necessary infection control as required by state and federal mandates.

**Annual Enrollment** means the period of time as determined by the Policyholder prior to the Policy Anniversary during which Employees and Dependents may enroll for coverage.

**Application** means the document which sets forth the eligible classes, the amounts of insurance, and other relevant information pertaining to the plan of insurance for which the Policyholder applied. The Application is attached to and forms a part of this Policy, and shall include any subsequent amendments to the Application.

**Coinsurance Amount** means the dollar amount of Covered Dental services eligible for benefits that are incurred by a Participant during a Policy Year that exceeds benefits provided under the Plan.

**Course of Treatment** means any number of dental procedures or treatments performed by a Dentist in a planned series resulting from a dental examination concurrently revealing the need for such procedures or treatments.

**Covered Dental Services** means the professionally recognized dental services, supplies, or appliances for which a benefit is available to a Participant when provided by a Dentist on or after the Effective Date of coverage and for which the Participant acquires an obligation for payment.

**Deductible** means the dollar amount of Covered Dental Services that must be incurred by a Participant before benefits under the Plan will be available.

**Dentally Necessary** or **Dental Necessity** means those services, supplies, or appliances covered under the Plan which are:

1. essential to, consistent with, and provided for the diagnosis or the direct care and treatment of the dental condition or injury; and
2. provided in accordance with and are consistent with generally accepted standards of dental practice in the United States; and
3. not primarily for the convenience of the Participant or his Dentist; and
4. the most economical supplies, appliances, or levels of dental service that are appropriate for the safe and effective treatment of the Participant.

FDL shall determine whether a service, supply, or appliance is Dentally Necessary and will consider the views of the state and national health communities, the guidelines and practices of Medicare, Medicaid, or other government-financed programs, and peer reviewed literature. Although a Dentist may have prescribed treatment, such treatment may not be Dentally Necessary within this definition.

**Dentist** means a person, when acting within the scope of his license, who is a Doctor of Dentistry (D.D.S. or D.M.D. degree) and shall also include a person who is a Doctor of Medicine or a Doctor of Osteopathy.

**Dependent** means:

1. The covered Employee's legal spouse;
2. A never married Child from date of birth up to 21 years of age and dependent upon the Employee for support (must be added to coverage by completing appropriate enrollment documents);
3. A never married Child who is a fulltime student under 24 years of age and financially dependent upon the Employee for support;
4. A never married Child of any age who meets the criteria for "Over- Age Dependents" in the section entitled "Overage Dependents," below.
5. The Employee may also enroll an eligible Dependent during the year if a court orders the Employee to cover an eligible Dependent (e.g., a QMCSO). See the Section entitled "Qualified Medical Child Support Order" for more details regarding a QMCSO.
6. Grandchildren, if such children are in the legal custody of and residing with the Employee.

**Overage Dependents.** If a never-married Dependent Child is incapable (and became incapable prior to attainment of age 21) of self-sustaining employment by reason of mental retardation or physical incapacity, and is dependent upon the covered Employee for support, the coverage for the Dependent Child may be continued for the duration of incapacity.

1. Prior to the Dependent Child reaching age 21, an application for continued coverage with current medical information from the Dependent Child's attending Physician must be submitted to the Plan Administrator to establish eligibility for continued coverage as set forth above. The Plan Administrator, in its discretion, may consider applications and attending Physician's information submitted after the Child reaches age 21, if the application and information indicate that the Child's incapacity was present prior to the Child reaching age

21, but was not apparent or diagnosed until after the Child reached age 21.

2. Upon receipt of the application for continued coverage, the Plan Administrator may require additional medical documentation regarding the Dependent Child's mental retardation or physical incapacity as often as he may deem necessary thereafter.

**Eligibility Date** means the date the Participant satisfies the definition of either Employee or Dependent or Retiree and is in a class eligible for coverage under the Plan as described in **WHO GETS BENEFITS**.

**Employee** means a full-time Employee of the Louisiana State University System ("full-time Employee" means a person employed at 75% effort or greater per pay period (average 30 hours per week), with an appointment of more than 120 days or one academic semester. No person appointed on a restricted appointment, or a temporary appointment, will be considered an eligible Employee. The term Employee includes Retiree, as defined below, whenever used.

**Employer** means, in addition to the person, firm, or institution named on the cover of this Certificate, one or more subsidiaries or affiliates, if any, listed on the Policy face page.

**Experimental/Investigational** means the use of any treatment, procedure, facility, equipment, drug, device, or supply not accepted as *standard medical treatment* of the condition being treated or any of such items requiring Federal or other governmental agency approval not granted at the time services were provided.

Approval by a Federal agency means that the treatment, procedure, facility, equipment, drug, or supply has been approved for the condition being treated and, in the case of a drug, in the dosage used on the patient.

As used herein, *medical treatment* includes medical, surgical, or dental treatment. *Standard medical treatment* means the services or supplies that are in general use in the medical community in the United States, and:

1. have been demonstrated in peer reviewed literature to have scientifically established medical value for curing or alleviating the condition being treated;
2. are appropriate for the hospital or facility in which they were performed; and
3. the Dentist has had the appropriate training and experience to provide the treatment or procedure.

FDL shall determine whether any treatment, procedure, facility, equipment, drug, device, or supply is Experimental/Investigational within this definition.

Although a Dentist may have prescribed treatment, and the services or supplies may have been provided as the treatment of last resort, FDL still may determine such services or supplies to be Experimental/ Investigational within this definition. Treatment provided as a part of a clinical trial or a research study is Experimental/ Investigational.

**Maximum Allowance** means the amount determined by FDL which Preferred Providers have agreed to accept as payment in full for a particular Covered Dental Service. These amounts may be amended from time to time by FDL.

**Participant** means an Employee, Dependent, or a retired Employee whose coverage has become effective under this Plan.

**Policy** means the contract between the Policyholder and FDL which provides group insurance benefits, including the attached Application and the group Certificate.

**Policy Anniversary** means the month, day, and year specified on the Application and the corresponding date in each year thereafter for as long as the Policy is in force.

**Policy Effective Date** means the date on which coverage under the Policy with FDL commences.

**Policy Month** means each succeeding monthly period, beginning on the Policy Date.

**Policy Year** means the first Policy Year beginning on the Policy Effective Date of coverage and ending 12 months later. Subsequent Policy Years begin on the Policy Anniversary dates and end 12 months later.

**Policyholder** means the person, firm, or institution named in the Policy, including any covered subsidiaries or affiliates named in the Policy.

**Preferred Provider** means a dentist, dental hygienist, dental office or medical center or any dental care provider who is a participant in FDL's Preferred Provider plan.

**Proof of Loss** means written evidence of a claim including:

1. the form on which the claim is made;
2. bills and statements reflecting dental services, supplies, and appliances furnished to a Participant and amounts charged for those services, supplies, and appliances that are covered by the claim; and
3. correct diagnosis and procedure code(s) for the services and items.

**Reasonable and Customary** means charges made for services or supplies essential to the care of the individual. Charges will be considered reasonable and customary if they are the amount normally charged by the provider for similar services and supplies and do not exceed the amount ordinarily charged by most providers of comparable services and supplies in the locality where the services or supplies are received. In determining whether charges are reasonable and customary, FDL considers the nature and severity of the condition being treated and any medical complications or unusual circumstances which require additional time, skill or experience.

**Retiree** means an individual, who was a covered Employee immediately prior to the date of retirement and who, upon retirement, satisfied one of the following categories:

1. Immediately received retirement benefits from an approved state or governmental agency defined benefit plan;
2. Immediately received retirement benefits from a state-approved or state governmental agency-approved defined contribution plan and has accumulated the total number of years of creditable service which would have entitled him/her to receive a retirement allowance from the defined benefit plan of the retirement system for which the Employee would have otherwise been eligible.
3. Retiree also means an individual who was a covered Employee and continued the coverage through the provisions of COBRA immediately prior to the date of retirement and who, upon retirement, qualified for any of items a. or b., above.

**You or Your** means the Employee or Retiree to whom this Certificate has been delivered.

**We, Our, Us** means Fort Dearborn Life Insurance Company.

## GENERAL INFORMATION

### PARTICIPANT/DENTIST RELATIONSHIP

The choice of a Dentist is made solely by a Participant. FDL does not furnish services but only makes payment for Covered Dental Services incurred by Participants. FDL is not liable for any act or omission by any Dentist and FDL does not have any responsibility for a Dentist's failure or refusal to provide services to a Participant.

### ASSIGNMENT AND PAYMENT OF BENEFITS

If a written assignment of benefits is made by a Participant to a Preferred Provider and the written assignment is delivered to FDL with the claim for benefits, FDL will make any payment directly to the Preferred Provider. Payment to the Preferred Provider discharges FDL's responsibility to the Participant for any benefits available under the Plan.

### SUBROGATION

If FDL pays or provides benefits for You or Your Dependents under this Plan, FDL is subrogated to all rights of recovery which You or Your Dependent have in contract, tort, or otherwise against any person, organization, or insurer for the amount of benefits FDL has paid or provided. That means FDL may use Your rights to recover money through judgment, settlement, or otherwise from any person, organization, or insurer. FDL's right to subrogation is secondary to the right of the covered Insured to be fully compensated for his damages.

For the purposes of this provision, *subrogation* means the substitution of one person or entity (FDL) in the place of another (You or Your Dependent) with reference to a lawful claim, demand, or right, so that he or she who is substituted succeeds to the rights of the other in relation to the debt or claim, and its rights or remedies.

#### ***Right of Reimbursement***

In jurisdictions where subrogation rights are not recognized, or where subrogation rights are precluded by factual circumstances, FDL will have a right of reimbursement.

If You or Your Dependent recover money from any person, organization, or insurer for an injury or condition for which FDL paid benefits under this Plan, You or Your Dependent agree to reimburse FDL from the recovered money for the amount of benefits paid or provided by FDL.

That means You or Your Dependent will pay to FDL the amount of money recovered by You through judgment, settlement, or otherwise from the third party or their insurer, as well as from any person, organization, or insurer, up to the amount of benefits paid or provided by FDL.

We agree to pay Our portion of Your attorney's fee or other costs associated with a claim or lawsuit to the extent that We recover any portion of the benefits paid under this Plan pursuant to Our right of reimbursement.

#### ***Right to Recovery by Subrogation or Reimbursement***

You or Your Dependent agree to promptly furnish to FDL all information which You have concerning Your rights of recovery from any person, organization, or insurer and to fully assist and cooperate with FDL in protecting and obtaining its reimbursement and subrogation rights. You, Your Dependent, or Your attorney will notify FDL before settling any claim or suit so as to enable Us to enforce our rights by participating in the settlement of the claim or suit. You or Your Dependent further agree not to allow the reimbursement and subrogation rights of FDL to be limited or harmed by any acts or failure to act on Your part.

### REFUND OF BENEFIT PAYMENTS

If FDL pays benefits for Covered Dental Services incurred by You or Your covered Dependents and it is found that the payment was more than it should have been, or was made in error, FDL has the right to a refund from the person to or for whom such benefits were paid, any other insurance company, or any other organization. If no refund is received, FDL may deduct any refund due it from any future benefit payment.

## COORDINATION OF BENEFITS

The availability of benefits specified in this Policy is subject to Coordination of Benefits (COB) as described below. This COB provision applies to This Plan when a Participant has dental coverage under more than one Plan.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan shall not be reduced when This Plan determines its benefits before another Plan; but may be reduced when another Plan determines its benefits first.

### *Coordination of Benefits – Definitions*

1. **Plan** means any group insurance or group-type coverage, whether insured or uninsured. This includes:
  - a. group or blanket insurance;
  - b. franchise insurance that terminates upon cessation of employment;
  - c. group dental service plans and other group prepayment coverage;
  - d. any coverage under labor-management trustee arrangements, union welfare arrangements, or employer organization arrangements;
  - e. governmental plans, or coverage required or provided by law.

*Plan* does not include:

- a. any coverage held by the Participant for dental expenses which is written as a part of or in conjunction with any automobile casualty insurance policy;
- b. a policy of dental insurance that is individually underwritten and individually issued;
- c. school accident type coverage; or
- d. a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended).

Each Policy or other arrangement for coverage is a separate Plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate Plan.

2. **This Plan** means the part of this Policy that provides benefits for dental expenses.

3. **Primary Plan/Secondary Plan**

The order of benefit determination rules state whether This Plan is a Primary Plan or Secondary Plan covering the Participant. A *Primary Plan* is a Plan whose benefits are determined before those of the other Plan and without considering the other Plan's benefit. A *Secondary Plan* is a Plan whose benefits are determined after those of a Primary Plan and may be reduced because of the other Plan's benefits.

When there are more than two Plans covering the Participant, This Plan may be a Primary Plan as to one or more other Plans, and may be a Secondary Plan as to a different Plan or Plans.

4. **Allowable Expense** means a necessary, reasonable, and customary item of expense for dental care when the item of expense is covered at least in part by one or more Plans covering the Participant for whom claim is made.
5. **Claim Determination Period** means a Policy Year. However, it does not include any part of a year during which a Participant has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.
6. **We or Us** means Fort Dearborn Life Insurance Company (FDL).

## Order of Benefit Determination Rules

### 1. *General Information*

When there is a basis for a claim under This Plan and another Plan, This Plan is a Secondary Plan which has its benefits determined after those of the other Plan, unless

- a. the other Plan has rules coordinating its benefits with those of This Plan, and
- b. both those rules and This Plan's rules require that This Plan's benefits be determined before those of the other Plan.

### 2. *Rules*

This Plan determines its order of benefits using the first of the following rules which applies:

- a. ***Non-Dependent/Dependent*** – The benefits of the Plan which covers the Participant as an Employee, member, or subscriber are determined before those of the Plan which covers the Participant as a Dependent. However, if the Participant is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:
  - i. secondary to the Plan covering the Participant as a Dependent; and
  - ii. primary to the Plan covering the Participant as other than a Dependent (e.g., a retired Employee), then the benefits of the Plan covering the Participant as a Dependent are determined before those of the Plan covering that Participant other than a Dependent.
- b. ***Dependent Child/Parents Not Separated or Divorced*** – Except as stated in paragraph c below, when This Plan and another Plan cover the same child as a Dependent of different parents:
  - i. The benefits of the Plan of the parent whose birthday falls earlier in a Policy Year are determined before those of the Plan of the parent whose birthday falls later in that Policy Year; but
  - ii. If both parents have the same birthday, the benefits of the Plan which covered one parent longer are determined before those of the Plan which covered the other parent for a shorter period of time.

However, if the other Plan does not have the rule described in this paragraph b, but instead has a rule based on gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

- c. ***Dependent Child/Parents Separated or Divorced*** – If two or more Plans cover a Participant as a Dependent child of divorced or separated parents, benefits for the child are determined in this order:
  - i. First, the Plan of the parent with custody of the child;
  - ii. Then, the Plan of the spouse of the parent with custody, if applicable;
  - iii. Finally, the Plan of the parent not having custody of the child.

However, if the specific terms of a court decree state that one of the parents is responsible for the dental care expense of the child, and the entity obligated to pay or provide the benefits of the Plan of that parent has actual knowledge of those terms, the benefits of that Plan are determined first. The Plan of the other parent shall be the Secondary Plan. This paragraph c does not apply with respect to any Policy Year during which any benefits are actually paid or provided before the entity has that actual knowledge.

- d. ***Joint Custody*** – If the specific terms of a court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the dental care expenses of the child, the Plans covering the child shall follow the order of benefit determination rules outlined in paragraph b.

- e. **Active/Inactive Employee** – The benefits of a Plan which covers a Participant as an Employee who is neither laid off nor retired are determined before those of a Plan which covers that Participant as a laid off or retired Employee. The same would hold true if a Participant is a Dependent of a person covered as a retired Employee and an Employee. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this paragraph e does not apply.
- f. **Continuation Coverage** – If a Participant whose coverage is provided under a right of continuation pursuant to federal or state law is also covered under another Plan, the following shall be the order of benefit determination:
  - i. First, the benefits of a Plan covering the Participant as an Employee, member, or subscriber (or as that Participant's Dependent);
  - ii. Second, the benefits under the continuation coverage.If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this paragraph f does not apply.
- g. **Longer/Shorter Length of Coverage** – If none of the above rules determine the order of benefits, the benefits of the Plan which covered an Employee, member or subscriber longer are determined before those of the Plan which covered that Participant for the shorter period of time.

#### **Effect on the Benefits of this Plan**

##### **1. When This Section Applies**

This section applies when This Plan is the Secondary Plan in accordance with the order of benefits determination outlined above. In that event, the benefits of This Plan may be reduced under this section.

##### **2. Reduction in this Plan's Benefits**

- a. The benefits of This Plan will be reduced when the sum of:
  - i. the benefits that would be payable for the Allowable Expense under This Plan in the absence of this COB provision; and
  - ii. the benefits that would be payable for the Allowable Expense under the other Plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made exceeds those Allowable Expenses in a Claim Determination Period.
- b. If This Plan is a Secondary Plan, the total Allowable Expenses incurred for a Covered Person in any Claim Determination Period are the lessor of:
  - i. the benefits that would be payable under This Plan without applying the Coordination of Benefits Provision; and
  - ii. the benefits that would be payable under all other Plans without applying Coordination of Benefits or similar provisions.

In that case, the benefits of This Plan will be reduced so that they and the benefits payable under the other Plans do not total more than those Allowable Expenses.

When the benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

#### **Right to Receive and Release Needed Information**

We assume no obligation to discover the existence of another Plan, or the benefits available under the other Plan, if discovered. We have the right to decide what information We need to apply these COB rules. We may get needed information from or release information to any other organization or person without telling, or getting the consent of, any person. Each person claiming benefits under This Plan must give Us any information concerning the existence of other Plans, the benefits thereof, and any other information needed to pay the claim.

**Facility of Payment**

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, We may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again.

**Right to Recovery**

If the amount of the payments We make is more than We should have paid under this COB provision, We may recover the excess from one or more of:

1. the persons we have paid or for whom We have paid;
2. insurance companies; or
3. Hospitals, Physicians, or Other Dentists; or
4. any other person or organization.

<b>NOTICE</b> <b>CONTINUATION COVERAGE RIGHTS UNDER COBRA</b>
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### INTRODUCTION

You are receiving this notice because You have recently become covered under Your Employer's group health **plan** (the Plan). This notice contains important information about Your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to You and to other members of Your family who are covered under the Plan when You would otherwise lose Your group health coverage. Contact Your Employer to determine if You are eligible for COBRA continuation coverage.

This notice generally explains:

- COBRA continuation coverage,
- When it may become available to You and Your family, and
- What You need to do to protect the right to receive it.

This notice gives only a summary of Your COBRA continuation coverage rights. For more information about Your rights and obligations under the Plan and under federal law, You should either contact the Plan Administrator or review the Certificate or Certificate of Coverage provided to You by Your Plan.

The Plan Administrator of the Plan is named by the Employer or by the group health plan. Either the Plan Administrator or a third party named by the Plan Administrator is responsible for administering COBRA continuation coverage. Contact Your Plan Administrator for the name, address, and telephone number of the party responsible for administering Your COBRA continuation coverage.

### COBRA CONTINUATION COVERAGE

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and Dependent children of employees may be qualified beneficiaries. Under the Plan, generally most qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. Contact Your Employer and/or COBRA Administrator for specific information for Your Plan.

**If You are an employee,** You will become a qualified beneficiary if You will lose Your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced; or
2. Your employment ends for any reason other than Your gross misconduct.

**If You are the spouse of an employee,** You will become a qualified beneficiary if You will lose Your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5. You become divorced or legally separated from Your spouse.

**Your Dependent children** will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the Plan as a "Dependent child."

**If the Plan provides health care coverage to retired employees, the following applies:**

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Your employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and Dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

**The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred.**

The Employer must notify the Plan Administrator within 30 days when the qualifying event is:

- The end of employment;
- The reduction of hours of employment;
- The death of the employee;
- In the event of retired employee health coverage, commencement of a proceeding in bankruptcy with respect to the employer; or
- The enrollment of the employee in Medicare (Part A, Part B, or both).

**For the other qualifying events (divorce or legal separation of the employee and spouse or a Dependent child's losing eligibility for coverage as a Dependent child), You must notify the Plan Administrator. The Plan requires You to notify the Plan Administrator within 60 days after the qualifying event occurs. Contact Your Employer and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage. COBRA continuation coverage *may* last for up to 36 months when the qualifying event is:

- The death of the employee;
- The enrollment of the employee in Medicare (Part A, Part B, or both);
- Your divorce or legal separation; or
- A Dependent child losing eligibility as a Dependent child.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation can be extended.

### **Disability extension of 18-month period of continuation coverage**

**If You or anyone in Your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and You notify the Plan Administrator in a timely fashion, You and Your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that Your Plan Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. Contact Your Employer and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.**

### **Second qualifying event extension of 18-month period of continuation coverage**

If Your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and Dependent children in Your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and Dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a Dependent child when that child stops being eligible under the Plan as a Dependent child.

**In all of these cases, You must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. Contact Your Employer and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.**

### **IF YOU HAVE QUESTIONS**

If You have questions about Your COBRA continuation coverage, You should contact the Plan Administrator or You may contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone number of Regional and District EBSA Offices are available through EBSA's website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). In order to protect Your family's rights, You should keep the Plan Administrator informed of any changes in the addresses of family members You should also keep a copy, for Your records, of any notices You send to Your Plan Administrator.



Administrative Office:

**1020 31<sup>st</sup> Street • Downers Grove, Illinois 60515-5591**

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