

Voluntary Group Dental Reasonable & Customary Plan

Gold Coverage Schedule

Administrative Offices:

Downers Grove, Illinois | Cleveland, Ohio | Dallas, Texas



FORT DEARBORN LIFE
Insurance Company
Chicago, Illinois

A Member of The Preferred Financial Group

Reasonable & Customary Plan

GOLD COVERAGE SCHEDULE

We will pay the percentage of reasonable and customary charges (R&C) for dental procedures and services listed in this schedule, not to exceed the provider's actual charges. Some procedures and services are limited as to frequency and/or age. Please carefully review the Limitations Section below.

I. Diagnostic & Preventive			II. Minor Restorative (continued)		
00120	Periodic Oral Evaluation	100%	02940	Sedative Filling	80%
00140	Limited Oral Evaluation-Problem Focused	100%	06930	Recement Fixed Partial Denture	80%
00150	Comprehensive Oral Evaluation	100%			
00160	Detailed Exten Oral Eval-Problem Focused	100%	III. Major Restorative		
00180	Comp Perio Evaluation	100%	02510	Inlay-Metallic-One Surface	50%
00210	Intraoral-Complete Series Including Bitewings	100%	02520	Inlay-Metallic-Two Surfaces	50%
00220	Intraoral-Periapical-First Film	100%	02530	Inlay-Metallic-Three Or More Surfaces	50%
00230	Intraoral-Periapical-Each Additional Film	100%	02542	Onlay-Metallic-Two Surfaces	50%
00240	Intraoral-Occlusal Film	100%	02543	Onlay-Metallic-Three Surfaces	50%
00270	Bitewings-Single Film	100%	02544	Onlay-Metallic-Four Or More Surfaces	50%
00272	Bitewings-Two Films	100%	02610	Inlay-Porcelain/Ceramic-One Surface	50%
00274	Bitewings-Four Films	100%	02620	Inlay-Porcelain/Ceramic-Two Surfaces	50%
00277	Vertical Bitewings-7 To 8 Films	100%	02630	Inlay-Porcelain/Ceramic-Three Or More Surfaces	50%
00330	Panoramic Film	100%	02642	Onlay Porcelain/Ceramic-Two Surfaces	50%
01110	Prophylaxis-Adult	100%	02643	Onlay Porcelain/Ceramic-Three Surfaces	50%
01120	Prophylaxis-Child	100%	02644	Onlay Porcelain/Ceramic-Four Or More Surfaces	50%
01201	Topical Application Of Fluoride Includ/Pxs Child	100%	02650	Inlay-Comp/Resin-1 Surface (Lab Processed)	50%
01203	Topical Applic Fluoride Pxs Not Incl-Child	100%	02651	Inlay-Comp/Resin-2 Surfaces (Lab Processed)	50%
01351	Sealant-Per Tooth	100%	02652	Inlay-Comp/Resin-3/More Surf (Lab Processed)	50%
II. Minor Restorative			02662	Onlay-Comp/Resin-2 Surfaces (Lab Processed)	50%
01510	Space Maintainer-Fixed-Unilateral	80%	02663	Onlay-Comp/Resin-3 Surfaces (Lab Processed)	50%
01515	Space Maintainer-Fixed-Bilateral	80%	02664	Onlay-Comp/Resin-4/More Surf (Lab Processed)	50%
01520	Space Maintainer-Removable-Unilateral	80%	02710	Crown-Resin (Indirect)	50%
01525	Space Maintainer-Removable-Bilateral	80%	02712	Crown-3/4 resin-based composite (indirect)	50%
01550	Recementation Of Space Maintainer	80%	02720	Crown-Resin W/High Noble Metal	50%
02140	Amalgam-One Surface	80%	02721	Crown-Resin W/Predominately Base Metal	50%
02150	Amalgam-Two Surfaces	80%	02722	Crown-Resin W/Noble Metal	50%
02160	Amalgam-Three Surfaces	80%	02740	Crown-Porcelain/Ceramic Substrate	50%
02161	Amalgam-Four Or More Surfaces	80%	02750	Crown-Porcelain Fused To High Noble Metal	50%
02330	Resin-One Surface, Anterior	80%	02751	Crown-Porc Fused To Predominantly Base Metal	50%
02331	Resin-Two Surfaces, Anterior	80%	02752	Crown-Porcelain Fused To Noble Metal	50%
02332	Resin-Three Surfaces, Anterior	80%	02780	Crown-3/4 Cast W/High Noble Metal	50%
02335	Resin-Four+ Surf Or Invl Incisal Angle(Anterior)	80%	02781	Crown-3/4 Cast W/Predominately Base Metal	50%
02390	Resin Comp Crwn, Ant	80%	02782	Crown-3/4 Cast W/Noble Metal	50%
02391	Resin Comp - 1 Surf Posterior	80%	02783	Crown-3/4 Cast Porcelain/Ceramic	50%
02392	Resin Comp - 2 Surf Posterior	80%	02790	Crown-Full Cast High Noble Metal	50%
02393	Resin Comp - 3 Surf Posterior	80%	02791	Crown-Full Cast Predominantly Base Metal	50%
02394	Resin Comp - 4+ Surf Posterior	80%	02792	Crown-Full Cast Noble Metal	50%
02910	Recement Inlay	80%	02794	Crown-Titanium	50%
02915	Recement cast or prefab post and core	80%	02950	Core Build-Up, Including Any Pins	50%
02920	Recement Crown	80%	02951	Pin Retention/Tooth, In Addition To Restoration	50%
02930	Prefab Stainless Steel Crown-Primary	80%	02952	Cast Post And Core In Addition To Crown	50%
02931	Prefab Stainless Steel Crown-Permanent	80%	02953	Each Addl Cast Post-Same Tooth	50%
02932	Prefab Resin Crown	80%	02954	Prefab. Post And Core In Addition To Crown	50%
02933	Prefab Stainless Steel Crown W/Resin Window	80%	02957	Each Addl Prefabricated Post-Same Tooth	50%
02934	Prefab esthetic coated stainless steel crown-primary	80%	02980	Crown Repair	50%

IV. Endodontics

03110	Pulp Cap-Direct (Excluding Final Restoration)	80%
03120	Pulp Cap-Indirect (Excluding Final Restoration)	80%
03220	Therapeutic Pulpotomy (Excluding Final Rest)	80%
03221	Pulpal Debridement	80%
03230	Pulpal Ther (Resorbable Fill)-Ant Prim Tooth	80%
03240	Pulpal Ther (Resorbable Fill)-Post Prim Tooth	80%
03310	Root Canal-Anterior(Excluding Final Restoration)	80%
03320	Root Canal-Bicuspid(Excluding Final Restoration)	80%
03330	Root Canal-Molar (Excluding Final Restoration)	80%
03346	Retreatment Prev. Root Canal Therapy-Anterior	80%
03347	Retreatment Prev. Root Canal Therapy-Bicuspid	80%
03348	Retreatment Previous Root Canal Therapy-Molar	80%
03351	Apex./Recal.-Initial Visit(Ap.Clos./Cal.Rep.Etc)	80%
03352	Apex./Recal.-Interim Medication Replacement	80%
03353	Apexification/Recalcification-Final Visit	80%
03410	Apicoectomy/Periradicular Surgery- Anterior	80%
03421	Apicoectomy/Periradicular Surg-Bicuspid (First Rt)	80%
03425	Apicoectomy/Periradicular Surg-Molar(First Root)	80%
03426	Apicoectomy/Periradicular Surg (Ea. Addt'l Root)	80%
03430	Retrograde Filling-Per Root	80%
03450	Root Amputation-Per Root	80%
03920	Hemisection (Inc Root Removal) Not Inc Endo	80%

V. Periodontics

04210	Gingivectomy/Gingivoplasty - 4+Cont Tth /Quad	80%
04211	Gingivectomy/Gingivoplasty - 1 to 3 Tth Per Quad	80%
04240	Gingival Flap, w/ Rt Pln - 4+ Cont Tth Per Quad	80%
04241	Gingival Flap, W/ Rt Pln - 1 to 3 Tth Per Quad	80%
04249	Clinical Crown Lengthening-Hard Tissue	80%
04260	Oss Surg, w/Flap Entry & Closure - 4+Cont Tth/Quad	80%
04261	Oss Surg, w/Flap Entry & Closure - 1 To 3 Tth/Quad	80%
04263	Bone Replac Gft-First Site In Quadrant	80%
04264	Bone Replac Gft-Ea Add Site In Quadrant	80%
04270	Pedicle Soft Tissue Graft Procedure	80%
04271	Free Soft Tiss Graft Proc(Incl Donor Site Surg)	80%
04273	Subepithelial Connective Tiss Gft (Incl Donor)	80%
04274	Dist/Prox Wedge Proc (Not W/Proc In Same Area)	80%
04275	Soft Tissue allograft	80%
04276	Combo Connect Tissue & Dbl Ped Graft	80%
04341	Perio Scal & Rt Pln - 4+ Cont Tth Per Quad	80%
04342	Perio Scal & Rt Pln - 1 To 3 Tth Per Quad	80%
04355	Full Mouth Debride-Enable Periodontal Eval & Dx	80%
04910	Periodontal Maintenance	80%

VI. Prosthetics

05110	Complete Denture-Maxillary	50%
05120	Complete Denture-Mandibular	50%
05130	Immediate Denture-Maxillary	50%
05140	Immediate Denture-Mandibular	50%
05211	Maxillary Part Denture-Resin Base(Clasp/Rests)	50%
05212	Mandibular Part Denture-Resin Base(Clasp/Rests)	50%
05213	Maxillary Part Denture-Metal Frame W/Resin Base	50%

VI. Prosthetics (continued)

05214	Mandibular Part Denture-Metal Frame W/Resin Base	50%
05225	Maxil Partial Denture-flex base (incl clasps, rests tth)	50%
05226	Mand Partial Denture-flex base (incl clasps, rest, tth)	50%
05281	Remov Unilat Part Denture-1 Piece Metal(W/Tth)	50%
05410	Adjust Complete Denture-Maxillary	50%
05411	Adjust Complete Denture-Mandibular	50%
05421	Adjust Partial Denture-Maxillary	50%
05422	Adjust Partial Denture-Mandibular	50%
05510	Repair Broken Complete Denture Base	50%
05520	Replace Miss/Brkn Teeth-Complete Denture/Tth	50%
05610	Repair Resin Denture Base	50%
05620	Repair Cast Framework, Partial Denture	50%
05630	Repair Or Replace Broken Clasp, Partial Denture	50%
05640	Replace Broken Teeth-Per Tooth, Partial Denture	50%
05650	Add Tooth To Existing Partial Denture	50%
05660	Add Clasp To Existing Partial Denture	50%
05670	All Teeth/Acrylic On Cast Frame-Maxil	50%
05671	All Teeth/Acrylic On Cast Frame-Mand	50%
05710	Rebase Complete Maxillary Denture	50%
05711	Rebase Complete Mandibular Denture	50%
05720	Rebase Maxillary Partial Denture	50%
05721	Rebase Mandibular Partial Denture	50%
05730	Reline Complete Maxillary Denture (Chairside)	50%
05731	Reline Complete Mandibular Denture (Chairside)	50%
05740	Reline Maxillary Partial Denture (Chairside)	50%
05741	Reline Mandibular Partial Denture (Chairside)	50%
05750	Reline Complete Maxillary Denture (Laboratory)	50%
05751	Reline Complete Mandibular Denture (Lab.)	50%
05760	Reline Maxillary Partial Denture (Laboratory)	50%
05761	Reline Mandibular Partial Denture (Laboratory)	50%
05860	Overdenture-Complete, By Report	50%
05861	Overdenture-Partial, By Report	50%
06205	Pontic-indirect resin based composite	50%
06210	Pontic-Cast High Noble Metal	50%
06211	Pontic-Cast Predominantly Base Metal	50%
06212	Pontic-Cast Noble Metal	50%
06214	Pontic-Titanium	50%
06240	Pontic-Porcelain Fused To High Noble Metal	50%
06241	Pontic-Porcelain Fused To Predom. Base Metal	50%
06242	Pontic-Porcelain Fused To Noble Metal	50%
06245	Pontic-Prcelain/Ceramic	50%
06250	Pontic-Resin W/High Noble Metal	50%
06251	Pontic-Resin W/Predominately Base Metal	50%
06252	Pontic-Resin W/Noble Metal	50%
06545	Retainer-Cast Metal-Resin Bonded Fixed Prosth.	50%
06548	Retainer-Porc/Ceram For Resin Bonded Fx Prosth	50%
06600	Inlay-Porc/Ceramic, 2 Surf	50%
06601	Inlay-Porc/Ceramic, 3+ Surf	50%
06602	Inlay-Cast Hi Noble, 2 Surf	50%
06603	Inlay-Cast Hi Noble, 3+ Surf	50%
06604	Inlay-Cast Predom Base Metal, 2 Surf	50%
06605	Inlay-Cast Predom Base Metal, 3+ Surf	50%

VI. Prosthetics (continued)

06606	Inlay-Cast Noble, 2 Surf	50%
06607	Inlay-Cast Noble, 3+ Surf	50%
06608	Onlay-Porc/Ceramic, 2 Surf	50%
06609	Onlay-Porc/Ceramic, 3+ Surf	50%
06610	Onlay-Cast Hi Noble, 2 Surf	50%
06611	Onlay-Cast Hi Noble, 3+ Surf	50%
06612	Onlay-Cast Predom Base Metal, 2 Surf	50%
06613	Onlay-Cast Predom Base Metal, 3+ Surf	50%
06614	Onlay-Cast Noble, 2 Surf	50%
06615	Onlay-Cast Noble, 3+ Surf	50%
06624	Inlay-Titanium	50%
06634	Onlay-Titanium	50%
06710	Crown-indirect resin based composite	50%
06720	Crown-Resin W/High Noble Metal	50%
06721	Crown-Resin W/Predominately Base Metal	50%
06722	Crown-Resin W/Noble Metal	50%
06740	Crown-Porcelain/Ceramic	50%
06750	Crown-Retainer-Porcln Fused High Noble Mtl	50%
06751	Crown-Retainer-Porcln Fused Pred. Base Mtl	50%
06752	Crown-Retainer-Porcelain Fused To Noble Mtl	50%
06780	Crown-3/4 Cast High Noble Metal	50%
06781	Crown-3/4 Cast Predominately Base Metal	50%
06782	Crown-3/4 Cast Noble Metal	50%
06783	Crown-3/4 Cast Porcelain/Ceramic	50%
06790	Crown-Retainer-Full Cast High Noble Metal	50%
06791	Crown-Retainer-Full Cast Predom. Base Mtl	50%
06792	Crown-Retainer-Full Cast Noble Metal	50%
06794	Crown-Titanium	50%
06970	Cast Post And Core/Add. To Bridge Retainer	50%
06971	Cast Post As Part Of Bridge Retainer	50%
06972	Prefab Post And Core In Add. To Bridge Ret	50%
06973	Core Build-Up For Retainer Incl Any Pins	50%
06976	Each Addl Cast Post-Same Tooth	50%
06977	Each Addl Prefabricated Post-Same Tooth	50%
06980	Fixed Partial Denture Repair	50%
06985	Pediatric Partial Denture - Fixed	50%

Probationary Period for*

Eligible Expenses in Class I, II, IV, VII, and VIII	None
Eligible Expenses in Class III, V, VI and IX	12 mo

Limitations

Exams (00120, 00150, 00160, 00180) - 2 per calendar year
 Intraoral Radiographs/Complete Series (00210)-1 every 36 mo.
 Panoramic Film (00330) - 1 every 36 months
 Bitewings (00270, 00272, 00274, 00277)-2 per calendar year
 Cleanings (01110, 01120, 01201) - 2 per calendar year
 Fluoride (01203) - 1 per calendar year; up to age 19
 Sealants (01351) - 1st & 2nd molars; up to age 19
 Periodontal maintenance (04910) - 2 per calendar year

VII. Oral Surgery

07111	Coronal Remnants - Deciduous Tooth	80%
07140	Extrct, Erupt Tth Or Exposed Root	80%
07210	Surg Rem Erup Tooth Req Flap/Bone Rem/SecTth	80%
07220	Removal Of Impacted Tooth-Soft Tissue	80%
07230	Removal Of Impacted Tooth-Partial Bony	80%
07240	Removal Of Impacted Tooth-Complete Bony	80%
07241	Rem Impac. Tth-Comp Bony/Unusual Complications	80%
07250	Surg Rem Of Residual Tooth Roots (Cutting Proc)	80%
07310	Alveoplasty In Conjunction With Exts-Per Quad	80%
07311	Alveoplasty with extr-1-3 teeth or spaces per quad	80%
07320	Alveoplasty Not In Conjunction With Exts-Per Quad	80%
07321	Alveoplasty-w/no extr-1-3 teeth or spaces per quad	80%
07450	Remv Benign Odonto Cyst/Tumor Up To 1.25 cm	80%
07451	Remv Benign Odonto Cyst/Tumor Over 1.25 cm	80%
07510	I & D Abscess Intraoral-Soft Tissue	80%
07511	Incision and drainage of abscess-intraoral soft tissue	80%
07960	Frenulectomy (Frenectomy/Frenotomy) Sep. Proc.	80%
07963	Frenuloplasty	80%
07970	Excision Of Hyperplastic Tissue/ Per Arch	80%
07971	Exc Pericoronal Gingiva	80%
07972	Surg Reduction Of Fibrous Tuberosity	80%

VIII. Adjunctive Services

09110	Palliative (Er) Tx-Dental Pain-Minor Procedure	80%
09220	Deep Sedation/Gen Anesth - First 30 Min	80%
09221	Deep Sedation/Gen Anesth - Each Addl 15 Min	80%
09241	Intraven Conscious Sedat/Analg - First 30 Min	80%
09242	Intraven Conscious Sedat/Analg-Each Addl 15 Min	80%
09248	Non-Intravenous Conscious Sedation	80%

IX. Orthodontic

Orthodontia diagnostic procedures and treatment for eligible dependent children only under the age of 19. Benefits will be paid at 50% of provider's charges, not to exceed the lifetime maximum of \$1,000. Payments will be divided into equal quarterly payments for the total months of active treatment, not to exceed 24 months.

Deductible Amount for Eligible Expenses*

Each Covered Individual Per Calendar Year	\$50
Each Covered Family Unit Per Calendar Year	\$150
(Deductible not applicable to Classes I and IX)	

*Exception: 04910 is not subject to the Deductible or the Probationary Period.

*Exception: 09110 is not subject to the Deductible.

Maximum Benefit Amount

Each Calendar Year, other than for Orthodontic Procedures	\$1500
Each Lifetime for Orthodontic Procedures	\$1000

Policy provisions vary by state. Dental Insurance is not available in all states. The policy has exclusions, limitations and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. Please contact your Marketing Representative for availability in your state.