

Your Group Benefits Resource

Group Benefits | Voluntary Group Benefits | Value-Added Products & Services

PPO Group Dental Insurance



Administrative Offices:
Downers Grove, Illinois | Cleveland, Ohio | Dallas, Texas



FORT DEARBORN LIFE
Insurance Company
Chicago, Illinois

A Member of the Preferred Financial Group

Fort Dearborn Life Insurance Company was founded in Illinois in 1969, when it began providing group life and disability insurance to the people of Illinois. Since then, Fort Dearborn Life has expanded its product portfolio to offer products intended to enhance the quality of employee benefit programs while minimizing costs for the employer. Fort Dearborn Life recognized long ago that we are providing much more than an insurance policy, we are providing peace of mind.

A+ (Superior)
Rating from A.M. Best
Company effective
June 20, 2005¹

Innovative
Online
Administration Solutions

Product Portfolio:

Group Benefits Insurance

Term Life, Supplemental Life,
Accidental Death & Dismemberment (AD&D)
and Dependent Life

Short-Term Disability

Long-Term Disability

PPO Group Dental Insurance

Voluntary Group Benefits Insurance

Voluntary Group Term Life, AD&D and Dependent Life

Voluntary Short-Term Disability

Voluntary Long-Term Disability

Voluntary Group Dental

Voluntary PPO Group Dental

Voluntary Group Critical Illness

Value-Added Products & Services

Rx Advantage[®] Discount Prescription Drug Program

GuidanceResources[®] Online

Employee Assistance Program



*Fort Dearborn Life is licensed in 49 states (excluding New York),
the District of Columbia and the U.S. and British Virgin Islands.*

¹ A.M. Best Company rates the overall financial condition of a company using a scale of A++ (Superior) to F (In Liquidation).

This information is only a product highlight. 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. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

PPO Group Dental Insurance

In this competitive environment, employers have to offer flexible, affordable healthcare benefit plans. Dental coverage is an important part of any benefits package. That is why Fort Dearborn Life Insurance Company offers a wide variety of dental plans designed for the employees' and the employer's benefit budget.

Advantages

- **Standard and custom dental plans**
- **Extensive national network**
 - Large national network of approximately 55,000 providers
 - Substantial cost savings from network dentists
 - Flexibility to see dentist outside the network
- **100% employee pay all programs are available**
 - 12-month probationary period for Periodontics, Crown/Inlay/Onlay Services, Prosthodontics and Orthodontics (if included)
- **Dentist re-credentialing every 3 years**
- **Members may have less out of pocket expense when visiting a network dentist**
 - Emergency treatment available in any location
- **Claim management**
 - Ease and accuracy of claim submission – no claim forms to submit for network providers
- **Administration ease**
 - Superior customer service
 - Dedicated dental customer service unit

Exclusions

The benefits of the Plan are not available for any covered dental services incurred:

1. 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.
 - c. Services provided to a newborn child which are necessary for treatment or correction of congenital defects.
2. For which benefits are, or could upon proper claim be, provided under any present or future laws enacted by the Legislature of any state, or by the Congress of the United States, or the laws, regulations or established procedures of any county or municipality, except any program which is a state plan for dental assistance (Medicaid); provided, however, this exclusion shall not be applicable to 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.
3. As a result of disease contracted or injuries sustained as a result of war, declared or undeclared, or any act of war.
4. 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
5. For services or supplies which do not meet accepted standards of dental practices.
6. For services provided or received for:
 - a. behavior management; or
 - b. consultation purposes.
7. For Benefits for an alternate Course of Treatment which exceeds the most economical procedures.
8. For personalized complete or partial dentures, overdentures, and their related procedures, or other specialized techniques not normally taught in regular dental school classes; for services or supplies which do not meet accepted standards of dental practice, including charges for services or supplies which are Experimental/Investigational in nature or not fully approved by a Council of the America Dental Association; and for services or supplies not Dentally Necessary.
9. For treatment provided before the effective date of a Participant's coverage or after termination of coverage under this Plan.
10. 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.

This Dental Plan is not available in all states.

| Exclusions continued

11. To correct temporomandibular joint (TMJ) dysfunction or pain syndromes except as may be provided on the Schedule of Benefits.
12. For which benefits are otherwise provided under inpatient hospital expense or medical-surgical expense coverage under the medical benefits of the health benefit plan.
13. For treatment by other than a Dentist, except that x-rays, scaling, cleaning of teeth and topical application of fluoride may be performed by a licensed dental hygienist, if the treatment is provided under the supervision and guidance of the Dentist.
14. For replacement or repair of an orthodontic appliance.
15. For services or supplies when:
 - a. no charge is made;
 - b. the Participant is not legally obligated to pay;
 - c. no charge would be made in the absence of this or similar dental coverage;
 - d. "discounts" or waiver of a Deductible or Coinsurance Amounts are offered;
 - e. treatment is received by a Dentist who is related to the Participant by blood or marriage; or
 - f. treatment is provided through a medical department, clinic, or similar facility furnished or maintained by the Policyholder.
16. For a duplicate prosthetic device, other duplicate appliances or duplicate dental restoration.
17. For:
 - a. dietary and oral hygiene instruction, a plaque control program and tobacco use counseling; and
 - b. prescription antiseptic or fluoride mouthwashes, mouth rinses, or topical oral solutions or preparations.
18. For any charge:
 - a. Resulting from the failure of a Participant to keep a scheduled visit with a Dentist; or
 - b. For completion of any insurance forms; or
 - c. For telephone consultations; or
 - d. For records or x-rays necessary for FDL to make a benefit determination.
19. 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.
20. For splinting, grafting and preparation associated with Implants, if "Implants" is not indicated on Your Schedule of Benefits.
21. For splinting of teeth, including double abutments for prosthetic abutments.
22. For Accidental Injuries including tooth transplantation.
23. For pin retention not performed on the same date of service and in conjunction with a covered amalgam or composite restoration.
24. For administration of any local anesthesia, and necessary infection control as required by OSHA, state and federal mandates billed separately.
25. For palliative (emergency) treatment performed in conjunction with definitive dental treatment.
26. For indirect pulp capping.
27. For athletic mouth guards, isolation of tooth with rubber dam, metal copings, mobilization of erupted/malpositioned tooth, precision attachments for partials and/or dentures and stress breakers.
28. For bacteriological studies for determination of pathologic agents and soft tissue allograft.
29. For biologic materials, cytology sample collection and histopathological examinations.
30. For canal preparation and fitting of prefabricated dowel and post if billed separately.
31. For caries susceptibility tests.
32. For chemical treatments, localized delivery of chemotherapeutic agents without history of active periodontal therapy.
33. For crowns to restore occlusion or incisal edges due to bruxism or harmful habits.
34. For desensitizing medicaments and/or their application.

| Standard Plans for 10-25 Life Groups | PPO Bronze | PPO Silver | PPO Gold |
|---|--|--|--|
| Member Benefits | Choice of Network or Non-Network Dentist | Choice of Network or Non-Network Dentist | Choice of Network or Non-Network Dentist |
| Annual Deductible Per Subscriber <i>Does not apply to Diagnostic and Preventive Services</i> | \$50 (max of \$150 per family) | \$50 (max of \$150 per family) | \$50 (max of \$150 per family) |
| Annual Maximum Benefit | \$1,000 | \$1,000 | \$1,000 |
| Diagnostic and Preventive Services | | | |
| Oral Exams | 100% | 100% | 100% |
| X-Rays | 100% | 100% | 100% |
| Professional Cleaning | 100% | 100% | 100% |
| Fluoride Treatment | 100% | 100% | 100% |
| Miscellaneous Services | | | |
| Sealants – per tooth | 70% | 80% | 100% |
| Space Maintainers | 70% | 80% | 100% |
| Pulp Vitality Tests | 70% | 80% | 100% |
| Palliative Treatment to relieve dental pain | 70% | 80% | 100% |
| Restorative Services | | | |
| Amalgam Filling | 70% | 80% | 80% |
| Pin Retention – per tooth | 70% | 80% | 80% |
| Composite Restorations | 70% | 80% | 80% |
| Tooth Extraction | 70% | 80% | 80% |
| General Services | | | |
| Intravenous Sedation | 40% | 50% | 80% |
| General Anesthesia | 40% | 50% | 80% |
| Stainless Steel Crowns | 40% | 50% | 80% |
| House Call | 40% | 50% | 80% |
| Injection of Antibiotic Drugs | 40% | 50% | 80% |
| Endodontic Services | | | |
| Molar Root Canal Therapy | 40% | 50% | 80% |
| Bicuspid Root Canal Therapy | 40% | 50% | 80% |
| Periodontic Services | | | |
| Scaling & Root Planing – per quadrant | 40% | 50% | 80% |
| Osseous Surgery – per quadrant | 40% | 50% | 80% |
| Oral Surgery Services | | | |
| Surgical Tooth Extractions | 40% | 50% | 80% |
| Other dentally necessary surgical procedures | 40% | 50% | 80% |
| Crown/Inlay/Onlay Services | | | |
| Prefabricated Post and Cores | 40% | 50% | 50% |
| Crowns, Inlay/Onlay Repairs | 40% | 50% | 50% |
| Prosthetic Services | | | |
| Bridgework | 40% | 50% | 50% |
| Dentures | 40% | 50% | 50% |
| Orthodontic Services (available for groups of 26 or more) | Not Covered | Not Covered | Not Covered |
| Orthodontic Lifetime Maximums | N/A | N/A | N/A |

Illustrates only the services most frequently used and does not represent all services covered. Customized programs are available for groups above 25 lives.

*Providers who do not participate in the Dental Network of America do not accept the Allowable Amount as payment in full. For service received from a non-network dentist, the claimant will be responsible for any difference between the dentist's charge and the Reasonable and Customary Amount for the service.

Benefit Limitations

1. Standard Services:

- a. Routine oral evaluations (limited to two per Calendar Year).
- b. X-rays (dental radiographs):
 - i. full mouth or panorex x-ray limited to once every 36 months;
 - ii. bitewing limited to 4 horizontal films or 8 vertical films twice per Calendar Year; and
- c. Professional cleaning, scaling and polishing teeth (prophylaxis) limited to two per Calendar Year.
- d. Fluoride treatment (topical application), limited to two per Calendar Year for Participants up to age 19.
- e. Sealants, limited to one per unrestored permanent molar for Participants up to age 14.
- f. Space maintainers for Participants up to age 19.
- g. Amalgam restorations limited to once per surface per tooth in any Calendar Year.
- h. Composite restorations limited to once per surface per tooth per Calendar Year.
- i. Stainless steel crowns limited to one per tooth in a 60 month period and not to be used as a temporary crown.

2. Dental Services that treat diseases of the tissues that surround and support the teeth (e.g. gums and supporting bone) limited to two exams per Calendar Year. Periodontal maintenance includes the following:

- a. Periodontal scaling and root planing limited to one time per quadrant per Calendar Year;
- b. Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis limited to one time per Calendar Year;
- c. Gingivectomy or gingivoplasty limited to one time per quadrant per Calendar Year;
- d. Gingival flap procedure (includes root planing) limited to one time per quadrant per Calendar Year;

- e. Osseous surgery, including flap entry with closure limited to one time per quadrant per Calendar Year;
- f. Osseous grafts limited to one time per site per Calendar Year; and

3. Dental services resulting from extensive disease or fracture limited to one per tooth in a 60 month period.

4. Benefits will not be provided for replacement of dentures, crowns, inlays/onlays, removable or fixed prostheses, and dental restorations due to theft, misplacement, or loss; or for replacement of dentures, removable or fixed prostheses, and dental restorations for any other reason within 60 months after receiving such dentures, prostheses, or restorations.

- a. Initial installation of bridgework (including inlays and crowns as abutments) limited to once per tooth in any 60 month period, whether placement was under this Plan or under any prior dental coverage.
- b. Initial installation of removable complete, immediate or partial dentures (including any adjustments, relines or rebases during the 6 month period following installation) limited to once in any 60 month period, whether placement was under this Plan or under any prior dental coverage.

Benefits are available for the replacement of complete or partial dentures, but only if the appliance is 60 months old or older and cannot be made serviceable.

- c. Adjustments limited to 3 times per appliance in any Calendar Year.
- d. Addition of tooth or clasp (unless additions are completed on the same date as replacement partials/dentures) limited to a lifetime maximum of once per tooth.
- e. Denture rebase and reline procedures limited to one in any 36 month period.