

“The American Scheduled Plan”™

A Unique Solution to
Your Dental Health Care Needs



A Scheduled
Group Dental Plan



American Public Life
Insurance Company
A member of the American Fidelity Group®

*“The American Scheduled Plan”™

- A unique “Scheduled” plan design
- Choose from “Basic” or “Plus” schedules
- Perfect for multi-state groups & associations
 - Ideal when cost is a primary concern
- Available for groups as small as ten insureds

AMERICAN PUBLIC LIFE INSURANCE COMPANY American Scheduled Plan™ Standard Plan Designs

Plan Maximum	\$500, \$750 or \$1,000
Deductible	\$25, \$50 or \$75
Deductibles per Family	3 per family or unlimited
UCR Reimbursement	See Schedule

Service	Percentage of Covered Dental Expense	Waiting Period	Covered Procedures
Preventive	Not to exceed 100% of Scheduled Benefit	None	By Procedure Code
Radiographs - FMX	Not to exceed 100% of Scheduled Benefit	None	By Procedure Code
Basic	Not to exceed 100% of Scheduled Benefit	None	By Procedure Code
Basic Restorative	Not to exceed 100% of Scheduled Benefit	None	By Procedure Code
Major	Not to exceed 100% of Scheduled Benefit	12 Months	By Procedure Code
Endodontic	Not to exceed 100% of Scheduled Benefit	12 Months	By Procedure Code
Periodontic	Not to exceed 100% of Scheduled Benefit	12 Months	By Procedure Code
Prosthodontic Repairs	Not to exceed 100% of Scheduled Benefit	12 Months	By Procedure Code
Oral Surgery	Not to exceed 100% of Scheduled Benefit	12 Months	By Procedure Code
Orthodontia (Optionally available if 10+ enrolled in family or child coverage)	50%	12 or 24 Months	Lifetime Maximum: \$1,000
TMJ	50%	12 or 24 Months	Lifetime Maximum: \$300 or \$500

FOR AGENT USE ONLY: Not all plans or options are available in all states. Minimum group size and participation may vary by plan design and group size. Please consult underwriting guidelines or call us for more detail.

This brochure provides only a brief description of our dental plans. Limitations and Exclusions apply. Please see the Master Group Policy or call us for plan details.

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(GM D-4)

from American Public Life

Scheduled Benefits

ADA CODE	SERVICE	AMERICAN SCHEDULED BASIC			AMERICAN SCHEDULED PLUS		
		Area 1	Area 2	Area 3	Area 1	Area 2	Area 3
PREVENTIVE EXPENSE							
00120	Periodic oral evaluation	\$ 10	\$ 12	\$ 15	\$ 17	\$ 22	\$ 26
00274	Bitewings - four films	\$ 13	\$ 16	\$ 20	\$ 23	\$ 29	\$ 34
01110	Prophylaxis - adult	\$ 19	\$ 24	\$ 28	\$ 33	\$ 41	\$ 50
01351	Sealant - per tooth	\$ 11	\$ 14	\$ 17	\$ 20	\$ 25	\$ 29
RADIOGRAPHS - FMX EXPENSE							
00210	Intraoral - complete series (including bitewings)	\$ 25	\$ 31	\$ 37	\$ 43	\$ 54	\$ 65
00330	Panoramic film	\$ 19	\$ 24	\$ 29	\$ 34	\$ 43	\$ 51
BASIC EXPENSE							
00160	Detailed and extensive oral evaluation - problem focused, by report	\$ 38	\$ 47	\$ 57	\$ 66	\$ 83	\$ 99
00220	Intraoral - periapical first film	\$ 5	\$ 6	\$ 7	\$ 8	\$ 10	\$ 12
07140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 23	\$ 29	\$ 35	\$ 41	\$ 51	\$ 61
09110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 18	\$ 23	\$ 28	\$ 32	\$ 40	\$ 48
BASIC RESTORATIVE EXPENSE							
02160	Amalgam - three surfaces, primary or permanent	\$ 33	\$ 41	\$ 49	\$ 57	\$ 72	\$ 86
02331	Resin-based composite - two surfaces, anterior	\$ 33	\$ 41	\$ 49	\$ 57	\$ 71	\$ 85
02391	Resin-based composite - one surface, posterior	\$ 30	\$ 37	\$ 45	\$ 52	\$ 66	\$ 79
02394	Resin-based composite - four or more surfaces, posterior	\$ 60	\$ 75	\$ 89	\$104	\$130	\$157
MAJOR EXPENSE							
02792	Crown - full cast noble metal	\$129	\$161	\$193	\$225	\$282	\$338
02930	Prefabricated stainless steel crown - primary tooth	\$ 30	\$ 37	\$ 45	\$ 52	\$ 65	\$ 79
05120	Complete denture - mandibular	\$126	\$157	\$188	\$220	\$275	\$330
05213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$139	\$174	\$208	\$243	\$304	\$365
ENDODONTICS EXPENSE							
03220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$ 19	\$ 24	\$ 29	\$ 34	\$ 42	\$ 51
03310	Anterior (excluding final restoration)	\$ 81	\$102	\$122	\$143	\$178	\$214
03330	Molar (excluding final restoration)	\$128	\$161	\$193	\$225	\$281	\$337
03425	Apicoectomy/periradicular surgery - molar (first root)	\$115	\$144	\$173	\$202	\$252	\$302
PERIODONTICS EXPENSE							
04241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	\$ 43	\$ 54	\$ 65	\$ 75	\$ 94	\$113
04260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$135	\$168	\$202	\$235	\$294	\$353
04263	Bone replacement graft - first site in quadrant	\$ 41	\$ 51	\$ 61	\$ 71	\$ 89	\$107
04341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 26	\$ 32	\$ 39	\$ 45	\$ 56	\$ 68
PROSTHODONTICS REPAIRS EXPENSE							
05620	Repair cast framework	\$ 16	\$ 20	\$ 24	\$ 28	\$ 35	\$ 42
05670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 50	\$ 63	\$ 76	\$ 88	\$110	\$132
05711	Rebase complete mandibular denture	\$ 49	\$ 61	\$ 73	\$ 85	\$107	\$128
05750	Reline complete maxillary denture (laboratory)	\$ 38	\$ 48	\$ 58	\$ 67	\$ 84	\$101
ORAL SURGERY EXPENSE							
07220	Removal of impacted tooth - soft tissue	\$ 32	\$ 40	\$ 48	\$ 56	\$ 70	\$ 84
07240	Removal of impacted tooth - completely bony	\$ 50	\$ 62	\$ 75	\$ 87	\$109	\$131
07310	Alveoplasty in conjunction with extractions - per quadrant	\$ 30	\$ 37	\$ 44	\$ 52	\$ 65	\$ 78
07960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$ 62	\$ 78	\$ 93	\$109	\$136	\$163

This is only a partial listing of the covered procedures and benefits contained in the policy.

Benefit amounts for each procedure are listed by ADA code in the policy.

*The “American Scheduled Plan” is a trademarked name for American Public Life Insurance Company Form GM D-4



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