

SERFF Tracking Number: AMFA-126383201 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: Small Business United of Texas SERFF Tr Num: AMFA-126383201 State: Arkansas

TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- State Tr Num: 44669
Closed

Sub-TOI: H10G.000 Health - Dental Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Janis Landon

Reviewer(s): Rosalind Minor

Date Submitted: 01/25/2010

Disposition Date: 01/28/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Small Business United of Texas

Status of Filing in Domicile: Not Filed

Project Number: Small Business United of Texas

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 01/28/2010

Explanation for Other Group Market Type:

State Status Changed: 01/28/2010

Deemer Date:

Created By: Janis Landon

Submitted By: Janis Landon

Corresponding Filing Tracking Number:

Filing Description:

RE: AMERITAS LIFE INSURANCE CORP.

NAIC No.: 943-61301

FEIN No.: 47-0098400

Small Business United

Enclosed for your review and approval is the above captioned out-of-state group. Ameritas Life Insurance Corp.

("Ameritas") is an Arkansas licensed insurer and has recently issued a group policy providing dental benefits to the members of Small Business United.

SERFF Tracking Number: AMFA-126383201 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

Therefore, we are requesting the Department's approval of this association group as an out-of-state group.

Small Business United (SBU) is an Association chartered in 1992 as a State of Texas nonprofit corporation. SBU's mission is the furtherance of small to mid-sized employer needs. The association was formed to:

- Offer exceptional group purchasing discounts and employee benefits programs to small business employers with fewer than 250 employees located in the United States. Paid annual membership by the employer allows employees access to participation in the discounted product and services' platform available through SBU, including the employee insurance benefit programs. Additionally, the company can directly benefit from corporate discounts on products and services that are used on a regular basis.
- Offer group purchasing discounts and insurance benefit solutions through their various platforms using their memberships' combined purchasing power.

Ameritas has already filed the group policy with Texas and a copy is attached for your reference. Following approval by your Department, Ameritas will issue a certificate form to any Arkansas members of this group under certificate form 9021 Rev. 03-08. The content of this certificate form was previously approved by the Department for true employer groups.

The current address for this out-of-state group is:

Small Business United
6300 Bridgepoint Parkway
Building One, Suite 480
Austin, TX 78730

SBU's dues will vary based on the group size that is joining the association.

The association does not receive compensation of any kind from the insurer issuing contracts to its members.

This is an incorporated association. The Arkansas part of organization does not have any Officers, Committees or Chapters.

Members are recruited via mailing lists as well as from other organizations that we partner with such as Texas Chiropractors

In the event the association backs out of the plan agreement, we would make every effort to transfer the insureds under another group policy.

This is the first year the association has offered dental insurance so there is no financial statement to date.

SERFF Tracking Number: AMFA-126383201 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Small Business United of Texas
 Project Name/Number: Small Business United of Texas/Small Business United of Texas

This form is in final print. When scored with the policy, this form achieves a 50 on the Flesch Readability Scale.

Thank you for your review of this filing. If you need anything additional, please feel free to contact me at 800-745-1112, ext. 82444, FAX 402-309-2573 or email jlandon@ameritas.com.

Sincerely,

Janis Landon
 Senior Contract Analyst

Company and Contact

Filing Contact Information

Janis Landon, Contract Analyst jlandon@ameritas.com
 5900 O Street 800-745-1112 [Phone] 87997 [Ext]
 P O Box 81889 402-467-7956 [FAX]
 Lincoln, NE 68501-1889

Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
 5900 O Street Group Code: 943 Company Type:
 P O Box 81889 Group Name: State ID Number:
 Lincoln, NE 68501-1889 FEIN Number: 47-0098400
 (800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$0.00	01/25/2010	
Ameritas Life Insurance Corp.	\$50.00	01/28/2010	33853184

SERFF Tracking Number: AMFA-126383201 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Small Business United of Texas
 Project Name/Number: Small Business United of Texas/Small Business United of Texas

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2010	01/28/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/27/2010	01/27/2010	Janis Landon	01/28/2010	01/28/2010
Pending Industry Response	Rosalind Minor	01/27/2010	01/27/2010	Janis Landon	01/28/2010	01/28/2010
	Rosalind Minor	01/27/2010	01/27/2010	Janis Landon	01/28/2010	01/28/2010

SERFF Tracking Number: AMFA-126383201 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 44669
Company Tracking Number:
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

Disposition

Disposition Date: 01/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-126383201 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Small Business United of Texas
 Project Name/Number: Small Business United of Texas/Small Business United of Texas

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Bylaws	Approved-Closed	Yes
Supporting Document	Bylaws	Replaced	Yes
Supporting Document (revised)	Marketing Materials	Approved-Closed	Yes
Supporting Document	Marketing Materials	Replaced	Yes
Supporting Document	Master Policy	Approved-Closed	Yes
Supporting Document	Members	Approved-Closed	Yes

SERFF Tracking Number: AMFA-126383201 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/27/2010
Submitted Date 01/27/2010
Respond By Date 02/27/2010

Dear Janis Landon,

This will acknowledge receipt of the captioned filing.

Objection 1

- Marketing Materials (Supporting Document)

Comment:

I forgot to attach the questionnaire that request that you submit a brochure on the association. If the association has a website, please provide us with that address.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

We have received your filing regarding the above named association/ discretionary group. To determine if this organization is a qualified group under our statutes, please provide the answers to the following questions:

1. Name and address of the group.
2. Is this group incorporated? If so, give state of incorporation.
3. Is there a current office in Arkansas?
4. Does the Arkansas part of the organization have any officers, committees, or chapters? If so, give details.
5. Are annual dues charged? If so, specify amount.
6. What are the specific activities of the organization?
7. What benefits are provided to the members in addition to insurance?
PLEASE ATTACH BROCHURES ON THE BENEFITS.
8. What qualifies an individual for membership?
9. How are members recruited? If by mailing list, advise the source of this list.
10. Attach a copy of the organization by-laws.
11. Also, enclose a list of dues paying members residing in Arkansas with full addresses. If the organization considers this privileged information, we will treat it as such and once it has served our purpose, it will be destroyed.
12. Please attach a copy of the organization's most recent financial statement.
13. Does the organization receive any compensation of any kind from the insurer issuing contracts to its members?

Approval of the organization as a qualified group for insurance purposes will be determined upon receipt of your reply.

SERFF Tracking Number: AMFA-126383201 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/28/2010
Submitted Date 01/28/2010

Dear Rosalind Minor,

Comments:

Thank you for allowing us to respond to you on this issue.

Response 1

Comments: To obtain additional information on Small Business United and its benefits please access the following website at <http://www.sbu.org>.

Related Objection 1

Applies To:

- Marketing Materials (Supporting Document)

Comment:

I forgot to attach the questionnaire that request that you submit a brochure on the association. If the association has a website, please provide us with that address.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Marketing Materials

Comment: Information on SBU may be accessed at <http://www.sbu.org>.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,

SERFF Tracking Number: AMFA-126383201 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 44669
Company Tracking Number:
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas
Janis Landon

SERFF Tracking Number: AMFA-126383201 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/27/2010

Submitted Date 01/27/2010

Respond By Date

Dear Janis Landon,

This will acknowledge receipt of the captioned filing.

Objection 1

- Master Policy (Supporting Document)

Comment:

The Certificate of Insurance must be filed with and approved by our Department.

The filing fee for the filing is \$50.00. Please refer to the General Instruction and our Revised Rule 57.

Objection 2

- Bylaws (Supporting Document)

Comment:

Please certify that the association was organized and maintained in good faith and in active existence for at least two years for purposes other than that of obtaining insurance.

Objection 3

- Marketing Materials (Supporting Document)

Comment:

As outlined under the attached information which we need to review the association, it is requested that you provide us with a brochure for the association or a website that we may review.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/28/2010

SERFF Tracking Number: AMFA-126383201 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas
Submitted Date 01/28/2010

Dear Rosalind Minor,

Comments:

Thank you for allowing us to respond to you on these issues.

Response 1

Comments: The filing fee of \$50.00 has been submitted.

Related Objection 1

Applies To:

- Master Policy (Supporting Document)

Comment:

The Certificate of Insurance must be filed with and approved by our Department.

The filing fee for the filing is \$50.00. Please refer to the General Instruction and our Revised Rule 57.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Bylaws

Comment: Certification that the association was organized and maintained in good faith and in active existence for at least two years for purposes other than that of obtaining insurance has been provided.

Satisfied -Name: Marketing Materials

Comment: Information on SBU may be accessed at <http://www.sbu.org>.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Small Business United (SBU) is an Association chartered in 1992 as a State of Texas nonprofit corporation. SBU provides an opportunity for trade associations, interest groups, professional employer organizations and other such

SERFF Tracking Number: AMFA-126383201 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

organizations comprised of serving the interests and well-being of small business and free enterprise, to receive information concerning federal and state issues that will affect the small business enterprise. SBU also offers group purchasing insurance, group purchasing benefits and associated discount services and legal programs as well as all other member benefits. This has been certified with the attached document.

Related Objection 1

Applies To:

- Bylaws (Supporting Document)

Comment:

Please certify that the association was organized and maintained in good faith and in active existence for at least two years for purposes other than that of obtaining insurance.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Bylaws

Comment: Certification that the association was organized and maintained in good faith and in active existence for at least two years for purposes other than that of obtaining insurance has been provided.

Satisfied -Name: Marketing Materials

Comment: Information on SBU may be accessed at <http://www.sbu.org>.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments: To obtain additional information on Small Business United and its benefits please access the following website at <http://www.sbu.org>.

Related Objection 1

Applies To:

- Marketing Materials (Supporting Document)

Comment:

As outlined under the attached information which we need to review the association, it is requested that you

SERFF Tracking Number: AMFA-126383201 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 44669
Company Tracking Number:
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

provide us with a brochure for the association or a website that we may review.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Marketing Materials

Comment: Information on SBU may be accessed at <http://www.sbu.org>.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,
Janis Landon

SERFF Tracking Number: AMFA-126383201 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

Objection Letter

Objection Letter Status

Objection Letter Date 01/27/2010

Submitted Date 01/27/2010

Respond By Date

Dear Janis Landon,

This will acknowledge receipt of the captioned filing.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/28/2010

Submitted Date 01/28/2010

Dear Rosalind Minor,

Comments:

Thank you for allowing us to respond to you on these issues.

Response 1

Comments: No objection to respond to on this letter.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Bylaws

Comment: Certification that the association was organized and maintained in good faith and in active existence for at least two years for purposes other than that of obtaining insurance has been provided.

Satisfied -Name: Marketing Materials

Comment: Information on SBU may be accessed at <http://www.sbu.org>.

SERFF Tracking Number: AMFA-126383201 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 44669
Company Tracking Number:
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,
Janis Landon

SERFF Tracking Number: AMFA-126383201 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 44669
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Small Business United of Texas
 Project Name/Number: Small Business United of Texas/Small Business United of Texas

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	01/28/2010
Bypass Reason:	This is an association filing. No forms are being filed for approval, as the certificate that will be issued has been previously approved.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	01/28/2010
Comments:			
Attachment:	SBU Application.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Bylaws	Approved-Closed	01/28/2010
Comments:	Certification that the association was organized and maintained in good faith and in active existence for at least two years for purposes other than that of obtaining insurance has been provided.		
Attachments:	By-Laws.pdf Association Certified.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Marketing Materials	Approved-Closed	01/28/2010
Comments:	Information on SBU may be accessed at http://www.sbu.org .		
Attachment:	Final Marketing Brochure.pdf		

SERFF Tracking Number: AMFA-126383201 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 44669
Company Tracking Number:
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

		Item Status:	Status
			Date:
Satisfied - Item:	Master Policy	Approved-Closed	01/28/2010
Comments:			
Attachment:			
010-350636EP.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Members	Approved-Closed	01/28/2010
Comments:			
Attachment:			
SBU Member Roster.pdf			

application

See reverse side for additional information.



Lincoln, NE

for association group dental and/or vision insurance

1. Applicant's Legal Name Small Business United

2. 6300 Bridgepoint Pkwy. #
P.O. Box / ZIP Code
BUILDING ONE, STE. 400
Street Address
AUSTIN, TX. 78730
City / State / ZIP
512-279-4700 512-241-7023
Phone No. Fax No.
TNEWBY@SBUA.ORG 94-3441560
E-mail Address Tax I.D. No.

3. What is the type and occupational nature of the association?
(Please provide copy of association bylaws.)
| Trade _____
| Professional _____
| Other _____

4. Eligibility
Total number of eligible employees 100K+
Employees in waiting period

5. Are any Association chapters, classes of members or locations excluded? | Yes | No
Are domestic partners included? | Yes | No
Are retirees included? | Yes | No
(If yes, please use reverse side for explanation.)

6. Are employees of Association members or Non-Association members eligible to participate? | Yes | No
(If yes, please use reverse side to list name and location.)

7. Who is responsible for eligibility verification?
 Association Office Broker/TPA
| Other _____

8. The following coverages are applied for:
Employee & Dependents Benefits
 Dental Orthodontia Eye Care
| Other _____
Employee Only Benefits
| Dental | Orthodontia | Eye Care
| Other _____

9. Member Participation/Contribution
 Members pay 100% of premiums
| Premiums paid by Association dues
| Other: _____

10. Dependent Participation/Contribution
 Members pay 100% of premiums
| Premiums paid by Association dues
| Other: _____

11. Waiting Period
_____ for those employed on or before the policy effective date.
1st mo. following 60 days for those employed after the new policy effective date.

12. Effective Date and Termination Date
| Immediate
 First of Month Effective date / End of Month Termination date
| Other _____

13. Premium Payment Mode (In advance)
 Monthly | Quarterly | Semi-Annual | Annual

14. If a policy effective date is other than first of the month, is a first-of-the-month premium due date desired? | Yes | No N/A

15. Billing Options
 Home Office
 Third-Party Administration (TPA must be approved by us.)
TOM NEWBY
Contact Name
PRESIDENT
Title
6300 Bridgepoint Parkway, Bldg A, Ste. 400
Street Address
AUSTIN, TX. 78730
City / State / ZIP
512-279-4700 512-241-7023
Phone No. Fax No.
TNEWBY@SBUA.ORG
E-mail Address

16. Policy and Certificate Delivery (select one)
 A. eCert*/ePolicy (*generic cert, non-personalized)
| via PDF format sent via e-mail to: _____
| via eService and member portal
B. Paper policy/personalized certificates
| Initial employees only
| Subsequently added employees
Note: eCert will be available on member portal for all members.

Retain T. Newby
Small Business United
Sent 9/16

17. Insurance requested on this application will replace the coverage(s) checked. **No**

Coverages: Dental Orthodontia Eye Care
 Other _____
Name of Current Carrier _____
Policy No. _____

Coverage applied for is replacing comparable coverage now or previously in force with another carrier.
 It is intended that the insurance coverage applied for be in addition to, supplemented by, or supplemental to any similar coverage now in force, or to be in force, with this or any other carrier.

Termination Date _____ Original Effective date _____

Item 5: Exclusions

a. Classes, include reason for exclusion.

b. Locations, if location is different from applicant's, list city and state.

Plan Design and Proposed Rates: _____

Additional Remarks: _____

Agreements

This application will be subject to review and approval by the Home Office of Ameritas Life Insurance Corp. If this application is accepted, the final rates and benefits will be based on verification of this information and final enrollment numbers. This applicant represents that he/she has read the statements and answers to the above questions and that they are complete and true to the best of his/her knowledge and belief. Any policy including riders issued as a result of this application will, with this application, be the entire insurance contract. If this application is accepted at the Home Office of Ameritas Life Insurance Corp., group insurance at the Company's rates and under the terms applied for shall take effect as of the date set forth in the policy. If this application is not accepted, any premium advanced shall be refunded.

Statements

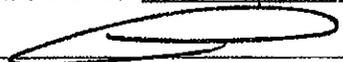
In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (See state-specific statements.) • **Note for California Residents:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. For group policies issued, amended, delivered or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents. • **Note for Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts for information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. • **Note for Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. • **Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law. • **Note for Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. • **Note for New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. • **Note for New Mexico Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. • **Note for Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

If you do not want your company name used by Ameritas Life Insurance Corp. in our effort to recruit PPO providers, check this box.

Signed at: City AUSTIN State TX Date 9/9/09

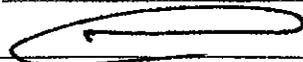
Signed by: (Policyholder Representative)

Printed name and title Tom NEWBY - PRESIDENT

Signature 

Soliciting Agent: I understand and agree that if I'm not already appointed with Ameritas Life Insurance Corp., I must apply to and be appointed with Ameritas before I present this product to any client.

Printed Name _____ For FL agents only, provide FL license # _____

Signature 

The policy provides dental and/or vision benefits only. Review your policy carefully.

Was a binder check received? Yes No If yes, then amount \$ _____

Check received by (agent) _____ Authorized by (policyholder) _____

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO AMERITAS LIFE INSURANCE CORP.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Form 414
(Revised 01/06)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709

Filing Fee: See instructions



**Restated Certificate of
Formation
With New Amendments**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAR 05 2009

Corporations Section

Entity Information

The name of the filing entity is:

Small Business United of Texas

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- | | |
|---|---|
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 125188101

The date of formation of the filing entity is: December 15, 1992

Amendments to Certificate of Formation

This restated certificate of formation makes new amendments to the certificate of formation. Provided below is an identification by reference or description of each added, altered, or deleted provision.

Identification of New Amendments

(Indicate the changes that have been made by checking the appropriate box or boxes.)

- The entity name has been amended.
- The registered agent name or registered office address has changed.
- The purpose of the entity has been amended.
- The period of duration of the entity has been amended.
- A general partner has withdrawn or been admitted to the limited partnership.

Identification of New Amendments (continued)

(Indicate the changes that have been made by checking and completing the appropriate box or boxes.)

Other changes. The certificate of formation has been amended as follows:

Add Each of the following provisions is added to the certificate of formation. The identification or reference of each added provision is set forth below. The full text of each added provision is contained in the amended and restated certificate of formation attached hereto.
New Article XIII is added to provide for action by written consent.

Alter The following identified provisions of the certificate of formation are amended. The full text of each amended provision is contained in the amended and restated certificate of formation attached hereto.

Article IV is amended to replace references to "Texas" with "United States" and replace references to "SBU of Texas" with "SBU".

Article IX is amended to list current board members.

Article XI is amended to replace references to the "Act" with "Texas Business Organizations Code"

Article VIII is amended to reflect the current registered office address of the entity.

Delete Each of the provisions identified below are deleted from the certificate of formation.

Existing Article XIII (identifying the incorporator) is deleted and new Article XIII (contemplating action by written consent) is added as described above in the "Add" provisions.

Statement of Approval

Each new amendment has been made in accordance with the provisions of the Texas Business Organizations Code. The amendments to the certificate of formation and the restated certificate of formation have been approved in the manner required by the Code and by the governing documents of the entity.

Required Statements

The restated certificate of formation, which is attached to this form, accurately states the text of the certificate of formation being restated and each amendment to the certificate of formation being restated that is in effect, and as further amended by the restated certificate of formation. The attached restated certificate of formation does not contain any other change in the certificate of formation being restated except for the information permitted to be omitted by the provisions of the Texas Business Organizations Code applicable to the filing entity.

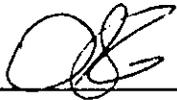
Effectiveness of Filing (Select either A, B, or C.)

- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
- The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: March 2, 2009



Oliver Soudler, Vice President

Signature and title of authorized person(s) (see instructions)

Attach the text of the amended and restated certificate of formation to the completed statement form. Identify the attachment as "Restated Certificate of Formation of [Name of Entity]."

RESTATED CERTIFICATE OF FORMATION
OF
SMALL BUSINESS UNITED OF TEXAS

ARTICLE I

The name of the Corporation is Small Business United.

ARTICLE II

The Corporation is a non-profit corporation.

ARTICLE III

The period of its duration is perpetual.

ARTICLE IV

The purpose or purposes for which the Corporation is organized are for any lawful purpose or purposes, but more particularly the conduct of professional, commercial, industrial, or trade associations. Specifically, the Corporation is organized to:

- (1) Provide a forum to discuss legislation affecting United States small business,
- (2) Provide a unified voice for national, regional, state and local small businesses before the executive, legislative and judicial branches of government on issues affecting small business,
- (3) Identify and support legislation to enhance United States small business in the economy and oppose legislation which is unfairly detrimental to the interests of the United States small business sector,
- (4) Actively participate in the identification of priority issues to be raised at the national, state, and local levels,
- (5) Actively participate in public forums which promote small business,
- (6) Educate the general public regarding the interests, problems and needs of small and independent business, as a means of promoting understanding of and support for SBU positions and activities,
- (7) Conduct appropriate research and investigation relative to the present and the perceived future needs and interests of the United States small business community,
- (8) Provide avenues of effective communications between SBU and its constituents, specifically, but not limited to, informing the membership and member organizations concerning current or projected government activities, eliciting membership participation through testimony or other communications as appropriate, and securing recommendations regarding policy positions on relevant issues,
- (9) Provide education for member companies and their owners and employees in the fields of management, sales, financial planning and other areas so that their businesses may prosper,
- (10) Provide other assistance as is appropriate to help small businesses succeed.

ARTICLE V

Except as otherwise provided in these Articles, the Corporation shall have all of the powers provided in the Act. Moreover, the Corporation shall have all implied powers necessary and proper to carry out its express powers. The Corporation may pay reasonable compensation to members, directors, or officers for services rendered to or for the Corporation in furtherance of one or more of its purposes set forth above.

ARTICLE VI

The Corporation shall not pay dividends or other corporate income to its members, directors or officers or otherwise accrue distributable profits or permit the realization of private gain. The Corporation shall have no power to take any action prohibited by the Act.

ARTICLE VII

The Corporation shall have one or more classes of members as provided in the bylaws of the Corporation.

ARTICLE VIII

The street address of the initial registered office of the Corporation is 7000 N. MoPac Expressway, Suite 200. The name of the initial registered agent at this office is John T Newby II.

ARTICLE IX

The qualifications, manner of selection, duties, terms, and other matters relating to the Board of Directors (referred to as the "Board of Directors") shall be provided in the bylaws. The current Board of Directors consists of four persons. The number of directors may be increased or decreased by adoption or amendment of bylaws. In electing directors, members shall not be permitted to cumulate their votes by giving one candidate as many votes as the number of directors to be elected or by distributing the same number of votes among any number of candidates. The current Board of Directors consists of the following persons at the following addresses:

Mark Adams	7000 N. MoPac Expwy, Ste. 200 Austin, Texas 78731
John Constantine	7000 N. MoPac Expwy, Ste. 200 Austin, Texas 78731
John T Newby II	7000 N. MoPac Expwy, Ste. 200 Austin, Texas 78731
Thomas Smith	7000 N. MoPac Expwy, Ste. 200 Austin, Texas 78731

ARTICLE X

A director is not liable to the Corporation or members for monetary damages for an act or omission in the director's capacity as director except to the extent otherwise provided by a statute of the State of Texas.

ARTICLE XI

The Corporation may indemnify a person who was, is, or is threatened to be made a named defendant or respondent in litigation or other proceedings because the person is or was a director or other person related to the Corporation as provided by the provisions in the Texas Business Organizations Code governing indemnification. As provided in the bylaws, the Board of Directors shall have the power to define the requirements and limitations for the Corporation to indemnify directors, officers, members, or others related to the Corporation.

ARTICLE XII

All references in these Articles of Incorporation to statutes, regulations, or other sources of legal authority shall refer to the authorities cited, or their successors, as they may be amended from time to time.

ARTICLE XIII

Action may be taken by use of signed written consents by the number of members, directors, or committee members whose vote would be necessary to take action at a meeting at which all such persons entitled to vote were present and voted. Each written consent must bear the date of signature of each person signing it. A consent signed by fewer than all of the directors, or committee members is not effective to take the intended action unless consents, signed by the required number of persons, are delivered to the Corporation within 60 days after the date of the earliest dated consent delivered to the Corporation. Delivery must be made by hand, or by certified or registered mail, return receipt requested. The delivery may be made to the corporation's registered office, registered agent, principal place of business, transfer agent, registrar, exchange agent, or an officer or agent having custody of books in which the relevant proceedings are recorded. If the delivery is made to the Corporation's principal place of business, the consent must be addressed to the president or principal executive officer.

Dated: March 2, 2009.



Oliver Sandlin, Vice President

Amended and Restated
Bylaws of
SMALL BUSINESS UNITED
(adopted May 15, 2009)

ARTICLE I
NAME AND LOCATION

Section 1. The name of the organization shall be SMALL BUSINESS UNITED (the "Association"). The Association was formerly known as Small Business United of Texas, Inc., is a Texas nonprofit corporation, and was formed on December 15, 1992.

Section 2. The Association will maintain its principal business office in Austin, Texas.

ARTICLE II
OBJECTIVES

The objectives of the Association shall be to:

1. Provide a forum to discuss legislation affecting United States-based small businesses.
2. Provide a unified voice for national, regional, state and local small businesses before the executive, legislative and judicial branches of federal and state government on issues affecting small business.
3. Identify and support legislation to enhance United States-based small business in the economy and oppose legislation which is unfairly detrimental to the interests of the United States small business sector.
4. Actively participate in the identification of priority issues to be raised at the national, state, and local levels.
5. Actively participate in public forums which promote small business.
6. Educate the general public regarding the interests, problems and needs of small and independent business, as a means of promoting understanding of and support for the Association's positions and activities.
7. Conduct appropriate research and investigation relative to the present and the perceived future needs and interests of the United States small business community.
8. Provide avenues of effective communications between the Association and its constituents, specifically, but not limited to: 1) informing the membership and member organizations concerning current or projected government activities; 2) eliciting membership participation through testimony or other communications as appropriate; 3) securing recommendations regarding policy positions on relevant issues.
9. Provide education for member companies and their owners and employees in the fields of management, sales, financial planning and other areas so that their businesses may prosper.
10. Provide other assistance to help its Members and small businesses succeed as is appropriate.

**ARTICLE III
MEMBERSHIP**

Section 1. Qualification. Membership in this Association shall be composed primarily of individuals, sole proprietorships, partnerships, limited partnerships, registered limited liability partnerships, corporations, business trusts, and limited liability companies that are desirous of fostering the growth and health of small business and the entrepreneurial spirit.

Section 2. Membership categories.

a Regular Membership shall be limited to businesses. Regular members will designate one representative who shall vote, and act for the member in the affairs of the Association.

b. Affiliate Membership shall be open to persons whose work and responsibilities are closely related to the purposes of the Association. The term of Affiliate membership shall be for the period during which such work and responsibilities continue, as determined by the Board of Directors from time to time. Affiliate Members shall not have the right to hold elected office, to vote on any matter, to propose a candidate for membership, or to be noticed of or attend the Annual Meeting of the Association. The Board of Directors may establish additional distinctions between Regular Membership and Affiliate Membership in its discretion.

c. Honorary Membership shall be restricted to individuals who in the discretion of the Board of Directors have done notable work in support of or are preeminent in their dedication to the purposes of the Association. Honorary Members shall not have the right to hold elected office, to vote on any matter, to propose a candidate for membership, or to be noticed of or attend the Annual Meeting of the Association. The Board of Directors may establish additional distinctions between Regular Membership and Honorary Membership in its discretion.

Section 3. Resignation and Removal. Members of any category may be removed by the Board of Directors for cause by a two-thirds vote. Any for cause removal shall occur only after the Member has been notified of the intent to remove the Member and the Member has had the opportunity to address the board at a regularly scheduled meeting. A Member may resign by filing a written resignation with the Secretary of the Association. Removal or resignation shall not relieve the affected Member of the obligation to pay any accrued dues or other charges that are unpaid.

Section 4. Admission of Members. Admission of all applicants for membership shall be made in accordance with procedures established by the Board of Directors and must be elected by a majority vote of the Board of Directors.

**ARTICLE IV
MEMBER DUES**

Section 1. Establishment of dues. Periodic dues, initial membership fees, and special assessments, if any, shall be established by the Board of Directors at any time and from time to time. The amount may vary among different classes of membership, and may vary based upon distinguishing features of Regular Members. Honorary members may be exempt from periodic dues, initial membership fees, and special assessments..

Section 2. Delinquency and cancellations. Any Member of the organization who is delinquent in dues for a period of sixty (60) days from the time dues become due, shall be notified of such delinquency. If payment of dues is not made within the next succeeding thirty (30) days, the delinquent Member is subject to removal by the Board of Directors. Any Member whose dues are one (1) year in arrears and who or that a has not previously been removed from membership shall automatically be removed from membership in the Association, but shall be eligible to reapply for membership.

Section 3. Temporary reduction of dues. The Board of Directors may, pursuant application of generally applicable procedures, temporarily reduce the dues of any Member.

Section 4. Subscription prices for Association publications. Periodic dues shall include the subscription price of any official publications of the Association. Members paying no dues or reduced dues may be charged for the official publications and other services at the discretion of the Board of Directors.

Section 5. Membership not Transferable. Membership in the Association is not transferable or assignable.

ARTICLE V MEETINGS OF MEMBERS AND VOTING

Section 1. Annual Meeting. The Membership shall meet annually for the election of Directors, the consideration of reports or such other business as may be brought before the meeting. The Annual Meeting shall be held at a time and place established by the Board of Directors.

Section 2. Special Meetings. Special meetings of the Membership may be called by the Chairman or Vice Chairman at any time or shall be called by the Chairman or Vice Chairman upon receipt of a written request by one-third of the Members.

Section 3 Notice. Notice of any Members' meeting may be given by any officer of the Association and shall be given no less than ten (10) days before the day upon which the meeting is to be held by (1) personally serving the notice; (2) depositing into the United States Mail a written notice to the address shown upon the records of the Association; (3) sending a written notice to an electronic mail address shown upon the records of the Association, or (4) any other means permitted by the Texas Nonprofit Corporation Law. Notice is deemed given at the time an officer of the Association sends the notice. Any and all notices of meetings of members may be waived by any Member by written waiver or by personal attendance at the meeting. Notwithstanding the foregoing, pursuant to the Texas Nonprofit Corporation Law, at any time that the Association has more than one thousand (1,000) Members, the Association may in the discretion of the Board of Directors provide notice of a meeting by publication of such notice in a newspaper of general circulation in the community in which the principal office of the Association is then located.

Section 4. Chairman of the Meeting. Unless otherwise directed by the Board of Directors, the Chairman of any Meeting of the Membership shall be the Chairman of the Association.

Section 5. Voting Rights.

a) At all meetings of the Association, each Regular Member shall have one (1) vote.

b) Quorum; Approval Required. In order for the Members to vote, there must be a quorum of the Members at a meeting. A quorum of the Members for the transaction of business is the lesser of (i) one-tenth or more of the Members entitled to vote, or (ii) one hundred (100) Regular Members. Except as provided below, all matters requiring the approval of the Members shall be deemed approved if a majority of Members entitled to vote at a meeting at which a quorum is present vote in favor of a motion.

i. Election of Directors. At each election for directors every Member entitled to vote shall have the right to vote, in person or by proxy, for as many persons as there are directors to be elected and for whose election such Member has a right to vote.

ii. Amending the Certificate of Formation. In order to amend the Certificate of Formation of the Association, the Board of Directors shall adopt a resolution setting forth the proposed amendment and directing that it be submitted to a vote at a meeting of Members having voting rights. Written or printed notice setting forth the proposed amendment or a summary of the changes to be effected thereby shall be given to each Member entitled to vote at such meeting within the time and in the manner provided for the giving of

notice of meetings of Members. The proposed amendment shall be adopted upon receiving at least two-thirds of the votes which members present at such meeting in person or by proxy are entitled to cast. Notwithstanding the above, the Board of Directors may adopt one or more of the following amendments to the Certificate of Formation without Member approval:

1. extend the duration of the corporation if it was incorporated when limited duration was required by law;
2. delete the names and addresses of the initial directors;
3. delete the name and address of the initial registered agent or registered office, if a statement of change is on file with the Secretary of State; or
4. change the corporate name by substituting the word "corporation, "incorporated," "company," "limited," or the abbreviation "corp.," "inc.," "co.," "ltd.," for a similar word or abbreviation in the name, or by adding, deleting, or changing a geographical attribution to the name.

iii. Mergers and Consolidations. In order to merge the Association into another organization, the Board of Directors shall adopt a resolution approving a proposed plan of merger and shall direct that the proposed plan be submitted to a vote at a meeting of Members having voting rights. Written or printed notice setting forth the proposed plan or a summary thereof shall be given to each Member entitled to vote at such meeting within the time and in the manner provided for the giving of notice of meetings of Members. The proposed plan shall be adopted upon receiving at least two-thirds of the votes which Members present at such meeting in person or by proxy are entitled to cast.

iv. Sale, Lease or Exchange of Assets. In order for the Association to sell, lease or exchange all, or substantially all, the property and assets of the association, the Board of Directors shall adopt a resolution approving a proposed plan regarding the sale, lease or exchange of assets and property and shall direct that the proposed plan be submitted to a vote at a meeting of Members having voting rights. Written or printed notice setting forth the proposed plan or a summary thereof shall be given to each Member entitled to vote at such meeting within the time and in the manner provided for the giving of notice of meetings of Members. The proposed plan shall be adopted upon receiving at least two-thirds of the votes which Members present at such meeting in person or by proxy are entitled to cast. After such authorization by vote of Members, the Board of Directors, nevertheless, in its discretion, may abandon such sale, lease, or exchange of assets, subject to the rights of third parties under any contracts relating thereto, without further action or approval by Members. Notwithstanding the above, if the Association is insolvent, a sale, lease or exchange of all, or substantially all, the property and assets of the Association shall be authorized upon receiving the vote of a majority of the Board of Directors.

v. Dissolution. In order for the Association to dissolve, the Board of Directors shall adopt a resolution approving a proposed plan of liquidation, winding up and dissolution and shall direct that the proposed plan be submitted to a vote at a meeting of Members having voting rights. Written or printed notice setting forth the proposed plan or a summary thereof shall be given to each Member entitled to vote at such meeting within the time and in the manner provided for the giving of notice of meetings of Members. The proposed plan shall be adopted upon receiving at least two-thirds of the votes which Members present at such meeting in person or by proxy are entitled to cast. Upon the adoption of such resolution by the Members, the Association shall cease to conduct its affairs except in so far as may be necessary for the winding up thereof, shall immediately cause a notice of the proposed dissolution to be mailed to each known creditor of and claimant against the Association, and shall proceed to collect its assets and apply and distribute them as provided in the Texas Non-Profit Corporations Act.

c) The Board of Directors shall fix, in advance, a record date to determine which Members are entitled to notice and to vote at any meeting of the Membership.

Section 6. Governance of and Determination of Agenda for Meetings. Any meeting of the Membership shall be

governed by customary parliamentary procedure and rules of order. Any Member wishing to bring new or old business matters before a meeting of the Members shall submit this business in writing to the Secretary of the Association at least two (2) weeks prior to such meeting. Such business items must be reviewed by the Board of Directors or appropriate committee thereof before any action is taken by the Membership at a meeting of the Association. The Board of Directors shall have the final decision as to which items appear on the agenda of a meeting. Any Member wishing to bring new or old business before a meeting of the Association has not been placed on the agenda by the Board of Directors may do so under suspension of the generally applicable rules of procedure for such meeting. Rules of procedure may be suspended in any meeting by a vote of two thirds of the Membership present. However, rules may not be suspended for consideration of new or old business unless the Chairman is notified forty-eight (48) hours prior to beginning of the meeting that such a request is to be made, and the Membership is notified early in the subject meeting of the nature of the new or old business to be discussed under suspension of the rules if so voted. All or part of any meeting of the Members may be closed (and held in executive session) for the purpose of conducting confidential business and shall be closed if the business involves expulsion of a Member, and if the subject Member so requests.

Section 7. Adjournment of Meetings. Any annual or special meeting of Members may be adjourned to a subsequent date by vote of the majority of the Regular Members present, in person or by proxy regardless of whether a quorum is present there at. Notice of an adjourned meeting, other than the announcement at the meeting of the adjourned date, shall not be required.

Section 8. Action Authorized Without a Meeting. Any action required by the Texas Non-profit Corporation Law to be taken at a meeting of Members or any action which may be taken at any meeting of Members, may be taken without a meeting, without prior notice and without a vote, if the consent in writing setting forth the actions taken shall be signed by Members having not less than the minimum number of votes that would be necessary to authorize or take such action a meeting at which Members having a right to vote thereon were present and voted, and such consent is recorded in the minutes of the Association. Prompt notice of the taking of corporate action without a meeting by less than unanimous written consent shall be given to those Members who have not consented in writing.

ARTICLE VI BOARD OF DIRECTORS

Section 1. Authority and Responsibility. The Board of Directors of the Association shall supervise, control and direct the affairs of the Association, its committees and publications; prosecute its objectives and supervise the disbursement of its funds. The Board may adopt such rules and regulations for the conduct of its business as shall be deemed advisable, and may, in the execution of the powers granted, delegate certain of its authority and responsibility to the Executive Committee. The Chairman is the Chairman of the Board of Directors. In addition to the general powers conferred herein and all other powers conferred by the Bylaws, the Board of Directors shall also have the following powers:

- A. To purchase or otherwise acquire for the Association and in the name of the Association any property, personal or real, rights, or privileges which the Association is authorized to acquire, upon such terms and for such consideration as the Directors may deem proper.
- B. Within their discretion, to pay for any property or any rights acquired by the Association, either wholly or partially, in money or other securities of the Association.
- C. The Board of Directors may appoint a President of the Association to serve at the pleasure of the Board,
- D. To require bond in any such instances and to such amounts as the Directors may deem Proper.
- E. To confer, by resolution, upon any officer of the Association, the right to employ or remove any subordinate officer, agent or servant.

- F. To appoint any person or persons to hold in trust for the Association any property belonging to the Association, or in which it owns an interest, or for any other purpose, and to do all such duties as may be requisite with regard to and in relation to any such trust.
- G. To transfer by Deed or Bill of Sale any real or personal property of the Association and to execute Oil, Gas, and Mineral Leases covering the property of said Association.
- H. To create, make, and issue mortgages, bonds, deeds of trust, and trust instruments and to do every act necessary to effectuate same.
- I. To determine, by resolution, who shall be authorized to execute, on behalf of the Association, bills, notes, receipts, endorsements, checks, releases, contracts, and documents
- J. To provide for the management of the affairs of the Association in such manner as they think proper, and particularly, from time to time, to delegate any of the powers of the Directors to any officer or agent, and to appoint any person to be the agent of the Association with such powers and upon such terms as the Directors may deem proper.

Section 2. Composition. The Board of Directors shall consist of no more than eleven (11) persons: up to six (6) of whom shall be elected by the Regular Members (the "Councillors", as further described in Section 3 below), and up to five (5) of whom shall serve *ex officio* with vote. The *ex officio* members shall be the Chairman, the Chair Elect, the Vice Chairman, the Secretary of the Association and the Treasurer of the Association. The elected directors shall be referred to as "Councillors".

Section 3. Qualification of Councillors. The six (6) Councillors shall each serve for a term of three (3) years or until their respective successors are elected and qualified or until their earlier death, resignation, disqualification or removal. The terms of the Councillors shall be staggered so that two (2) Councillors positions become open for election at each annual meeting of the Association. Accordingly, the initial Councillors shall be designated in classes (Class I, Class II, and Class III), each class to consist of two (2) Councillors, and each initial class of Councillors shall serve for terms of varying lengths (three years, two years, and one year, respectively) in order to give effect to the staggered terms for such positions contemplated in this Section 3. The six (6) elected Councillors shall be nominated by the Nominating Committee described in Article VII of these bylaws and elected by the Regular Members in accord with Article VI. There is no limit to the number of consecutive terms a Councillor may serve. At each annual meeting of the Association, the Regular Members shall elect two (2) Councillors. Councillors need not be Members of the Association.

Section 4. Vacancies of Councillor Positions. If a Councillor is elected an Officer of the Association, or a position of Councillor becomes vacant, the Board of Directors may designate a person to fill a vacancy in any position as Councillor. The person so designated shall serve until the next annual meeting when a successor shall be elected to serve the balance of the unexpired term.

Section 5. Certain Specified Duties. The Board of Directors shall review and establish long-term objectives of the Association, assess the environment in which its Members operate, including threats, weaknesses, future trends and opportunities and based thereon establish the priority of all programs and activities. The Board of Directors shall also manage the affairs of the Association and review, establish, and modify administrative policies within the limits of the bylaws to further the purposes of the Association. The Board of Directors shall approve an annual budget; establish financial goals for the Association; oversee the financial operations of the Association; and have discretion in the control, management, investments, and disbursements of its funds. The Board of Directors and the Officers shall tender reports at such times in such manner as are required by law. All actions by the Association regarding its membership interests in other entities, if any, including voting, require approval by the Board of Directors. The Board of Directors shall have authority for all actions of the Association regarding the voting of its membership interests in other entities, if any.

Section 6. Quorum of the Board. At any meeting of the Board of Directors a simple majority of members of the Board shall constitute a quorum for the transaction of the business of the Association and any such business thus transacted shall be valid providing it is affirmatively passed upon by a majority of those present.

Section 7. Regular Meetings. The Board of Directors shall hold meetings not less frequently than semi-annually. Notice of the time and place of such regular meetings of the Board, with an agenda, shall be given at least three (3) days before each meeting in writing via any method permissible for notice of meetings of Members of the Association. Notice of any meeting may be dispensed with if all Directors, by writing filed with the records of such meeting, waive such notice.

Section 8. Special Meetings. Special meetings of the Directors may be called by the Chairman or by a majority of the Directors, provided all Directors have at least seven (7) days notice of such special meeting. Special meetings of the Directors may be held at any time, if a majority of the Directors execute a waiver of notice of the time, place and purpose of the meeting. Special meetings may be conducted by teleconference calls.

Section 9. Voting. Voting rights of Directors cannot be delegated to another member in the event of his or her absence. Voting rights of a Director may not be exercised by proxy. A majority vote of the Board present is required to pass a motion.

Section 10. Telephonic Meetings. Any meeting may be held by conference telephone or similar communication equipment, as long as all Directors shall be deemed present in person at such meeting.

Section 11. Action without Meeting. Unless otherwise provided in the Association's Certificate of Formation, any action required or permitted to be taken at any annual or special meeting of the Board of Directors, may be taken without a meeting, if a consent in writing setting forth the action so taken, shall be signed by a majority of Directors and filed with the minutes of the proceedings of the Board of Directors.

Section 12. Vacancies on Board of Directors Generally. Any vacancy occurring on the Board of Directors between annual meetings of the Membership shall be filled by the Board of Directors. A director so elected to fill a vacancy shall serve the unexpired term of his or her predecessor.

Section 13. Removal. The Board of Directors may in its discretion, by affirmative vote of two-thirds of its members, remove any Director for cause. Removal shall occur only after the Director has been notified in writing of the intent to remove the Director, and the Director has had the opportunity to address the Board of Directors at a regularly scheduled meeting.

Section 14. Compensation. Directors shall not receive any compensation for their services as Directors, provided they may receive reimbursement for travel and their expenses incidental to attendance at meetings.

Section 15. Executive Committee. The Board of Directors shall have an Executive Committee, consisting of the Officers who are Board Members, that is empowered to exercise all powers of the Board, consistent with state law, between meetings of the Board of Directors and specifically to:

- a) Establish and disband committees and task forces, and designate representatives to other organizations;
- b) Receive reports regarding proposals for membership and to consider and pass upon all candidates for membership; and
- c) Approve or disapprove all recommendations of the components of the Association and any committee or group created by or reporting to the Board of Directors; to approve all nominations to all committees, councils, and commissions, except as membership is specified.

All actions of the Executive Committee shall be submitted to the Board of Directors as a whole for ratification. By a vote of seven members of the Board of Directors, the powers of the Executive Committee may be limited or by vote of seven (7) members of the Board of Directors, the Board of Directors could delegate final decision making to the Executive Committee. The Executive Committee may conduct its business using such means of communication as it deems appropriate. A majority of the Executive Committee members shall constitute a quorum for purposes of conducting business. A written record of the actions of the Executive Committee will be kept. The Executive

Committee shall review and evaluate performance of existing members of all committees and task forces and develop systems, policies and procedures to assure that all membership thereon is appropriate to the relevant mission and that prospective appointments meet the needs of the organization.

Section 16. Financial Management. The Board of Directors shall receive, consider and approve before the beginning of the fiscal year a budget. The Board shall, by formal resolution, establish the procedure for incurring obligations and making expenditures, including, but not limited to, how many and whose signature(s) shall be required on checks of various amounts and what delegations of financial management, if any, may be made.

Section 17. Conflict of Interest Provision. Each officer and director is obligated to disclose, promptly, to the Board of Directors any relationship or activity which may constitute (or appear to constitute) a conflict of interest of a business, professional or policy kind. The Board (or Executive Committee, after notice to the Board) shall determine the significance of the consequences of the conflict.

Section 18. Indemnification. Every director, officer, and employee of the Association shall be indemnified by the Association against all expenses and liabilities, including counsel fees, reasonably incurred or imposed upon them in connection with any proceeding to which they may have been made a party, or in which they any become involved, by reason of being or having been a director, officer or employee of the Association, or as a representative of the Association on the boards of other associations, or any settlement thereof whether the person is a director, officer or employee at the time such expenses are incurred, except in such cases wherein the director, officer or employee is adjudged guilty of willful misfeasance or malfeasance in the performance of duties as determined by the Board of Directors. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such director, officer or employee may be entitled.

ARTICLE VII OFFICERS AND DUTIES OF OFFICERS

Section 1. Elected Officers. The Board of Directors shall elect officers of the Association. Elected officers of the Association shall be the Chairman, Chair-Elect, Vice Chairman, President, Treasurer, and Secretary. No person may hold more than one office at any given time. Officers need not be Members of the Association.

Section 2. Chairman. The Chairman shall be the chief executive of the Association and shall have general supervision of the business of the Association under the direction of the Board. The Chair shall preside at all meetings of the Association and shall serve as Chair of the Board of Directors and Executive Committee. With the approval of the Board of Directors, the Chair shall appoint chairs and members of the committees set forth in these Bylaws and any ad hoc committee or group that the Board of Directors establishes. The Chair shall be an ex officio, non-voting member of all councils and committees of the Association and all ad hoc committees and task forces established by the Board of Directors. The Chair shall report to the Board of Directors on official activities and shall advise the Board of Directors on such matters as may further the purposes of the Association. The Chair shall also carry out such other duties as may be assigned to him by the Board of Directors.

Section 3. Chair-Elect. The Chair-Elect, in the absence or inability of the Chair to act, shall preside at meetings of the Association, serve as Chair of the Board of Directors, and shall also perform such other duties as may be assigned from time to time by the Board of Directors or the Chair.

Section 3. Vice Chairman. The Vice Chair, in the absence or inability of both the Chair and the Chair-Elect to act, shall preside at meetings of the Association and serve as Chair of the Board of Directors. The Vice Chair shall perform such other duties as may be assigned by the Chair or the Board of Directors.

Section 4. Treasurer. The Treasurer shall be responsible for general supervision of accounting for the financial operations of the Association and in general perform all the duties incident to the office of Treasurer and such other duties as, from time to time, may be assigned to him/her by the Chairman or the Directors

Section 5. Secretary. The Secretary shall oversee the keeping of the records of the meetings of the members and of

the Directors, the memberships lists and all of the records of the Association not kept by the Treasurer.

Section 6. President.

- a) The Board of Directors may appoint or hire a President of the Association.
- b) **Authority and Responsibility.** The President shall be the Chief Operating Officer of the Association, shall report to the Chairman, and shall be responsible for the management and direction of all activities of the Association as prescribed by the by-laws, the Executive Committee, and the Board of Directors. The President shall be responsible for the selection of any staff personnel. The President shall serve as member ex-officio but without right to vote, on all committees.
- c) **Removal.** Any removal of the President shall occur only after the President had been notified of the intent to remove him or her, and he or she has had the opportunity to address the Board of Directors at a regularly scheduled meeting. The President will be subject to removal by a majority of those present at a regular meeting of the Board of Directors or at a special meeting called for that purpose.

Section 7. Terms of Office. The Vice Chair shall serve for a term of one year and shall succeed automatically to the office of Chair-Elect and then to the office of Chair, serving one year in each office. The President, if any, and the Secretary and Treasurer shall each serve in such office until his or her replacement is duly appointed by the Executive Committee or the Board of Directors. Neither the Chair, the Chair-Elect, nor the Vice Chair may serve more than one full term except as provided with respect to an unexpired term in Article VI, Section 4.

Section 8. Compensation. Officers of the Association shall be compensated in such amount as is fixed by the Board of Directors at any time and from time to time.

Section 9. Vacancies. Any vacancy occurring for any reason in any of the offices named above shall be filled by the Board, subject to the following provisions.

- a) **Chair.** If the Chair dies or resigns, is unable to perform the duties of the office, or if the office otherwise becomes vacant, the Chair-Elect shall immediately become Chair and shall serve for the balance of the last Chair's term and the term to which the Chair-Elect would have succeeded in due course. If there is a vacancy in the office of Chair-Elect when the vacancy in the office of Chair occurs, then the Vice Chair shall immediately become Chair and shall serve for the balance of the last Chair's term and thereafter until the close of the second Annual Meeting following his or her election as Vice Chair.
- b) **Chair-Elect.** If the Chair-Elect dies or resigns, is unable to perform the duties of the office, or if the office otherwise becomes vacant, then the Vice Chair shall perform the duties of the Chair-Elect until the next Annual Meeting, at which time the Vice Chair shall succeed to Chair and both a Chair-Elect and a Vice Chair shall be elected.
- c) **Vice Chair.** If the Vice Chair dies or resigns, is unable to perform the duties of the office, or if the office otherwise becomes vacant, then the Board of Directors may fill the vacancy for the balance of the unexpired term, but the person so selected shall not automatically succeed to Chair-Elect. A Vice Chair and a Chair-Elect shall be elected in the usual manner at the next Annual Meeting of the Association.

**ARTICLE VIII
NOMINATING COMMITTEE**

Section 1. Composition and Selection. The Nominating Committee shall consist of six (6) members, at least one of whom must be a current Director of the Association, to serve a one year term. The Past-Chair of the Association shall also serve as a member and as Chair of the Committee for a one year term. The remaining four members of the Nominating Committee shall be derived from the Nominating Committee Slate as described in Section 2 below.

The members of the Nominating Committee shall be appointed by the Board of Directors within sixty (60) days of the conclusion of the Annual Meeting.

Section 2. Functions. The Nominating Committee shall prepare three (3) slates: one for the Officers of the Association (the "Officers Slate"); one for the Councillors of the Association (the "Councillors Slate") and one for the members of the following year's Nominating Committee (the "Nominating Committee Slate"), each of which are described below.

The Officers Slate shall consist of a slate of nominations for election to (a) the office of Vice Chair, and and (b) the offices of Chair and Chair-Elect when necessary. With respect to the Officers Slate, which slate shall be presented to the Board of Directors for election in the manner set forth below, the slate shall consist of such individuals as are in the judgment of the Nominating Committee of suitable temperament and ability to serve the Association in the relevant position

With respect to the Councillors Slate, such slate shall be prepared consistent with Article VI, Section 3 of these Bylaws and presented to the Voting Members in the manner set forth below.

The Nominating Committee Slate shall consist of four (4) Regular Members, two (2) of whom shall be elected by ballot by the Voting Members to serve as members of the Nominating Committee the following year, and two (2) of which shall be selected by the Nominating Committee in their discretion. It is the responsibility of the Nominating Committee to propose candidates for Councillor and the Nominating Committee, to maintain a Board of Directors and Nominating Committee, respectively, that reflect, in so far as possible, the scope and diversity of the Association membership and, in the case of the Board of Directors, that provides expertise necessary to create, evaluate and assess the strategic objectives and directions of the Association.

The Nominating Committee shall submit the Officers Slate, the Councillors Slate, and the Nominating Committee Slate to the Board of Directors at least one hundred twenty (120) days before the Annual Meeting. The Board of Directors may receive the report or may reject it.

Additional nominations for Officers and Councillors, but not from the Nominating Committee, may be made with a petition signed by at least one hundred (100) Regular Members and submitted to the Secretary at least one hundred (100) days before the Annual Meeting.

If after the Nominating Committee has reported and prior to the Annual Meeting, any candidate dies, becomes incapacitated, withdraws or becomes disqualified to serve, then the Nominating Committee shall promptly select a substitute candidate and immediately file the name of such candidate with the Chair. If such substituted candidate is named after ballots have been mailed pursuant this Article, the Chair promptly shall notify all Voting Members thereof by mail.

Section 3. Process. The Secretary shall oversee the election process.

- a) The Nominating Committee shall meet with the Chair (and with the other officers, if feasible) to review the programs and strategic directions approved or under consideration by the Board of Directors and to identify qualities and expertise needed on the Board of Directors to further said strategic directions. In no case shall such discussions involve suitability of any specific member for any specific position.
- b) The Nominating Committee shall meet at least one additional time to nominate candidates for election to the Nominating Committee, to the Board of Directors and as officers.
- c) The membership will be publicly solicited to propose themselves or other eligible members for the Nominating Committee to consider for all positions to be elected by the Voting Members.
- d) The Nominating Committee shall propose rules, policies and processes not inconsistent with these Bylaws for treatment, consideration, evaluation and selection of nominees, all of which must be approved by the Board of Directors before they become effective.
- e) At least sixty (60) days before the Annual Meeting, the Secretary shall mail copies of the Councillors

Slate and the Nominating Committee Slate to the Voting Members for their vote as well as a copy of the Officers Slate for their general information. Such slates will also include any additional nominations for Officers and elected Councillors and the ballot containing the names of the eight candidates for membership on the Nominating Committee to the Voting Members.

Section 4. Election.

- a) The ballot of candidates mailed by the Secretary sixty (60) days before the Annual Meeting must be returned to the Secretary at least thirty (30) days before the meeting. The Secretary shall count the ballots and report the results of the election at the Annual Meeting.
- b) Process: The election process shall be by mail, facsimile or electronic ballot under the supervision of and pursuant to written rules issued in advance by the Secretary.
- c) Nominations from the floor of the meeting will not be accepted.

Section 5. Election Standard. A plurality of the votes cast shall be necessary to elect.

Section 6. Installation. The Councillors and Officers shall take office at the close of the Annual Meeting at which they are elected.

**ARTICLE IX
OTHER COMMITTEES**

Section 1. Other Committees. In addition to the Nominating Committee (described in Article VI of these Bylaws) and the Executive Committee (described in Article IV, Section 9 of these Bylaws), the Association may have such other committees as determined by the Board of Directors. No such committee, other than the Executive Committee, shall have or exercise any authority regarding the management of the Association or have or exercise any of the powers reserved by law or these Bylaws to the Board of Directors.

Section 2. Function of Committees. Committees and all other entities created under or pursuant to this Article IX (hereinafter, "committees") shall have the responsibility and obligation to develop programs to implement organizational strategies and directions as approved by the Board of Directors. Each such committee, within its scope of operation and mission, shall develop recommendations on how best to implement said strategies and directives for consideration by the Board of Directors. Last, committees shall oversee implementation of those policies and programs approved by the Board of Directors. Committees shall have only those powers granted herein and shall not have authority or power to contract with any outside party. The Board of Directors may establish administrative rules for committees at its discretion.

**ARTICLE IX
INDEMNITY**

Notwithstanding any other provision of these Bylaws, the Association shall have the power to indemnify any person to the fullest extent permitted under Chapter 8 of the Texas Business Organizations Code, or any successor provision or statute, as may from time to time be amended or enacted, including the advancement of any expenses (including attorneys' fees) incurred or to be incurred by any officer or director in defending any civil, criminal, administrative or investigative action, suit or proceeding prior to the final disposition of such action, suit or proceeding. Additionally, the Association may by act of the Board of Directors purchase or procure or establish or maintain insurance or other arrangements to indemnify or hold harmless an existing or former governing person, delegate, officer, employee or agent against any liability asserted against and incurred by the person in that capacity or arising out of the person's status in that capacity.

**ARTICLE IX
AMENDMENTS**

These bylaws may be amended or repealed by a vote of the Board of Directors by a vote of a majority of the directors present at any meeting of the Board at which a quorum is present, and not otherwise, provided that notice of the proposed amendment, alteration, or repeal shall have been delivered to each director of the Association with the notice of the meeting at which the proposed amendment, alteration, or repeal will be presented to the Board for action.

I, Janis Landon, do hereby declare that I am the Senior Contract Analyst duly appointed by Ameritas Life Insurance Corp.

I hereby certify that the for Small Business United was organized and maintained in good faith and in active existence for at least two years for purposes other than that of obtaining insurance, according to the best of my knowledge and understanding.

Janis Landon
Senior Contract Analyst
475 Fallbrook Blvd.
Lincoln, NE 68521-9033
402-309-2444



Provided through:



**SMALL
BUSINESS
UNITED™**

6300 Bridge Point Parkway
Building One/Suite 480
Austin, TX 78731

Dental Health Benefits

Offered by:



Affiliated with
UNIFI Companies.

Ameritas Group, a division of Ameritas Life Insurance Corp. (Ameritas Life), a UNIFI Company, offers group dental and eye care products nationwide. Certain plan designs may not be available in all areas. Some states require that producers be appointed with Ameritas Group before soliciting its products. To become appointed with Ameritas Group, call 800.659.2223. Ameritas Group's dental and eye care products (9000 Ed. 01-05) are issued by Ameritas Life. ©2008 Ameritas Life Insurance Corp. Ameritas, the bison symbol, Focus and "We're Ameritas. We're for people." are registered service marks of Ameritas Life, UNIFI Mutual Holding Company or Ameritas Holding Company.



Ameritas Group Dental

Coinsurance	Basic Plan	Select Plan
Type 1	100%	100%
Type 2	80%	80%
Type 3	50%	50%
Deductible		
	\$75/Calendar Year Waived Type 1 No Family Maximum	\$75/Calendar Year Waived Type 1 No Family Maximum
Maximum per person		
	\$1,000/Calendar Year	\$2,000/Calendar Year
Allowance		
Type 1, Type 2, Type 3	80 th % of Usual and Customary	
Dental Rewards®		
	Included	Included
<p>With Ameritas Group’s Dental Rewards program, you can “earn” additional money toward next years’ annual maximum. If you use less than \$500 benefits for the year, then \$250 will be awarded to next years annual benefit maximum. To qualify, you must submit a claim in the calendar year and use less than \$ 500 of benefits paid out. When these criteria are met, a \$ 250 “reward” is added to the following year’s maximum. The maximum possible accumulation for Dental Rewards is \$1,000.</p>		
Elimination Period		
	3 months – Type 2 procedures & 6 months – Type 3 procedures All Plan Members	3 months – Type 2 procedures & 6 months – Type 3 procedures All Plan Members
Orthodontia Summary		
Allowance All Plan Designs: In Network, discounted fee. Out of network, U & C.		
Coinsurance	50%	50%
Coverage for Adults	No	No
Lifetime Maximum (per person)	\$1,000	\$1,000
Waiting Period	12 months All Plan Members	12 months All Plan Members

This proposal is not a contract or certificate of insurance. Refer to your certificate of insurance for a complete list of benefits, limitations and exclusions.



Ameritas Group Dental

	Basic Plan	Select Plan
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 per benefit period) 	<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 per benefit period)
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites • Denture Repair • Simple Extractions 	<ul style="list-style-type: none"> • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites • Denture Repair • Simple Extractions
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia



*Area One:
Monthly Rates with Orthodontia*

*Area One includes: AL, IA, IN, KY, LA, MO, MS, MT, ND, NE, NM, OH, OK, SC, TN, UT, WV
Areas Pending Approval: AR, FL, ID, LA, ME, NC, OR, WA
Contact your benefits administrator for details regarding these states.

Monthly Rate	Basic Plan	Select Plan
Employee Only	\$31.72	\$36.16
Employee + 1 Dependent	\$60.32	\$67.88
Employee + 2 or more Dependents	\$95.72	\$105.56

Rates are guaranteed for 12 months following the effective date October 1, 2009 and include Orthodontia if part of plan design.

Rates include ID cards mailed to members home address.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program.



*Area Two:
Monthly Rates with Orthodontia*

*Area Two includes: AZ, CO, DC, DE, GA, IL, KS, MD, MI, MN, NV, PA, RI, TX, VA, WI, WY
Areas Pending Approval: AR, FL, ID, LA, ME, NC, OR, WA
Contact your benefits administrator for details regarding these states.

Monthly Rate	Basic Plan	Select Plan
Employee Only	\$38.80	\$45.76
Employee + 1 Dependent	\$76.08	\$88.72
Employee + 2 or more Dependents	\$125.24	\$143.80

Rates are guaranteed for 12 months following the effective date October 1, 2009 and include Orthodontia if part of plan design.

Rates include ID cards mailed to members home address.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program.



***Area Three:
Monthly Rates with Orthodontia***

*Area Three includes: AK, CA, CT, HI, MA, NJ, WA, UT, VT
Areas Pending Approval: AR, FL, ID, LA, ME, NC, OR, WA
Contact your benefits administrator for details regarding these states.

Monthly Rate	Basic Plan	Select Plan
Employee Only	\$47.52	\$58.12
Employee + 1 Dependent	\$92.52	\$111.56
Employee + 2 or more Dependents	\$150.28	\$177.56

Rates are guaranteed for 12 months following the effective date October 1, 2009 and include Orthodontia if part of plan design.

Rates include ID cards mailed to members home address.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program.

JMS
 MARCO

PROOF # _____ JOB # _____

Form number: _____

Designer: _____ Date given to Manager: _____

Graphic Design approval/date _____

(Design review only) OK to print – no corrections

PDF needed by: _____ Send to: _____

(See MARCO instructions) Corrections required – please provide another proof

Notes: _____

Signature: _____

Date returned to Graphics: _____ UN 1131 10/07



A STOCK COMPANY
LINCOLN, NEBRASKA

GROUP DENTAL AND EYE CARE INSURANCE POLICY

The Policyholder	SMALL BUSINESS UNITED	Policy Number	10-350636
State of Delivery	Texas	Plan Effective Date	October 1, 2009
Premium Due Date 1st of each month.		Renewal Date	October 1, 2010

Ameritas Life Insurance Corp. agrees to pay, with respect to each Insured Person, the group insurance benefits provided in this policy.

This policy is issued to the Policyholder in consideration of the Policyholder's application and the payment of premiums, as provided herein.

This policy is delivered in and governed by the laws of the state of delivery.

AMERITAS LIFE INSURANCE CORP.

Secretary

President

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Ameritas Life Insurance Corp.'s toll-free telephone number for information or to make a complaint at:

1-877-897-4328 (Toll-Free)

You may also write to Ameritas Life Insurance Corp.:

Ameritas Life Insurance Corp.
P.O. Box 82657
Lincoln, Nebraska 68501-2657

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance

P.O. Box 149104
Austin, TX 78714-9104
FAX# (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Ameritas Life Insurance Corp. para informacion o para someter una queja al:

1-877-897-4328 (Toll-Free)

Usted tambien puede escribir a Ameritas Life Insurance Corp.:

Ameritas Life Insurance Corp.
P.O. Box 82657
Lincoln, Nebraska 68501-2657

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
Austin, TX 78714-9104
FAX# (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE TEXAS
LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE GUARANTY ASSOCIATION
(For insurers declared insolvent or impaired on or after Septemeber 1, 2005)**

Texas law establishes a system, administered by the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association (the "Association"), to protect Texas policyholders if their life or health insurance company fails. Only the policyholders of insurance companies which are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

It is possible that the Association may not cover your policy in full or in part due to statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas at that time (**irrespective of the policyholder's residency at policy issue**)
- Residents of other states, **ONLY** if the following conditions are met:
 1. The policyholder has a policy with a company domiciled in Texas;
 2. The policyholder's state of residence has a similar guaranty association; and
 3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on any one life; or
- Death benefits up to a total of \$300,000 under one or more policies on any one life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$100,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$100,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage.

Texas Life, Accident, Health and Hospital
Service Insurance Guaranty Association
6504 Bridge Point Parkway, Suite 450
Austin, Texas 78730
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P. O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.state.tx.us

TABLE OF CONTENTS

Name of Provision	Page Number
Schedule of Benefits	Begins on 9040
Benefit Information, including Deductibles, Coinsurance, & Maximums	
Increased Maximum Benefit	9042
Premiums	9050
Definitions	
Dependent	9060
Conditions for Insurance	9070
Eligibility	
Eligibility Period	
Elimination Period	
Contribution Requirement	
Effective Date	
Termination Date	
Dental Expense Benefits	9219
Alternate Benefit provision	
Limitations, including Elimination Periods, Missing Tooth Clause, Cosmetic Clause	
Table of Dental Procedures	9232
Covered Procedures, Frequencies, Criteria	
Orthodontic Expense Benefits	9260
Eye Care Expense Benefits	9270
Coordination of Benefits	9300
General Provisions	9310
Claim Forms	
Proof of Loss	
Payment of Benefits	
General Provisions Continued	9323
Participation Requirements	
Termination of Policy	
Grace Period	

**SCHEDULE OF BENEFITS
OUTLINE OF COVERAGE**

The Insurance for each Insured and each Insured Dependent will be based on the Insured's class shown in this Schedule of Benefits.

<u>Benefit Class</u>	<u>Class Description</u>
Class 1	Base Dental Plan
Class 2	Select Dental Plan
Class 3	Vision 12/12/12
Class 4	12/12/24

Class Number 1

DENTAL EXPENSE BENEFITS

When you select a Contracting Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.

Deductible Amount:

Type 1 Procedures	\$0
Combined Type 2 and Type 3 Procedures - Each Benefit Period	\$75

Coinsurance Percentage:

Type 1 Procedures	100%
Type 2 Procedures	80%
Type 3 Procedures	50%

Maximum Amount - Each Benefit Period \$1,000

You and/or your dependents must be insured under the dental plan for 3 months to be eligible for Type 2 Procedures. Please refer to the DENTAL EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.

You and/or your dependents must be insured under the dental plan for 6 months to be eligible for Type 3 Procedures. Please refer to the DENTAL EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.

ORTHODONTIC EXPENSE BENEFITS

Deductible Amount - Once per lifetime	\$0
Coinsurance Percentage	50%
Maximum Benefit During Lifetime	\$1,000

You and/or your dependents must be insured under the dental plan for 12 months to be eligible for Orthodontic Procedures. Please refer to the ORTHODONTIC EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.

Class Number 2

DENTAL EXPENSE BENEFITS

When you select a Contracting Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.

Deductible Amount:

Type 1 Procedures	\$0
Combined Type 2 and Type 3 Procedures - Each Benefit Period	\$75

Coinsurance Percentage:

Type 1 Procedures	100%
Type 2 Procedures	80%
Type 3 Procedures	50%

Maximum Amount - Each Benefit Period \$2,000

You and/or your dependents must be insured under the dental plan for 3 months to be eligible for Type 2 Procedures. Please refer to the DENTAL EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.

You and/or your dependents must be insured under the dental plan for 6 months to be eligible for Type 3 Procedures. Please refer to the DENTAL EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.

ORTHODONTIC EXPENSE BENEFITS

Deductible Amount - Once per lifetime	\$0
Coinsurance Percentage	50%
Maximum Benefit During Lifetime	\$1,000

You and/or your dependents must be insured under the dental plan for 12 months to be eligible for Orthodontic Procedures. Please refer to the ORTHODONTIC EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.

Class Number 3

EYE CARE EXPENSE BENEFITS

When you select a Contracting Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.

When a Contracting Provider is used:

Deductible Amount:

Exams - Each Benefit Period	\$10
Frames	\$ 0
Lenses - Each Benefit Period	\$25

When a Non-Contracting Provider is used:

Deductible Amount	\$0
-------------------	-----

Please refer to the EYE CARE EXPENSE BENEFITS page for details regarding frequency, limitations, and exclusions.

Class Number 4

EYE CARE EXPENSE BENEFITS

When you select a Contracting Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.

When a Contracting Provider is used:

Deductible Amount:

Exams - Each Benefit Period	\$10
Frames	\$ 0
Lenses - Each Benefit Period	\$25

When a Non-Contracting Provider is used:

Deductible Amount	\$0
-------------------	-----

*Please refer to the **EYE CARE EXPENSE BENEFITS** page for details regarding frequency, limitations, and exclusions.*

INCREASED DENTAL MAXIMUM BENEFIT

Carry Over Amount Per Insured Person – Each Benefit Period	\$250
Benefit Threshold Per Insured Person – Each Benefit Period	\$500
Maximum Carry Over Amount	\$1,000

After the first Benefit Period following the coverage effective date, the Maximum Amount for Dental Expenses Per Insured Person as shown in the Schedule of Benefits may be increased by the Carry Over Amount if:

- a) The Insured Person has submitted a claim for dental expenses incurred during the preceding Benefit Period; and
- b) The benefits paid for dental expenses incurred in the preceding Benefit Period did not exceed the Benefit Threshold.

In each succeeding Benefit Period in which the total dental expense benefits paid do not exceed the Benefit Threshold, the Insured Person will be eligible for the Carry Over Amount.

The Carry Over Amount can be accumulated from one Benefit Period to the next up to the Maximum Carry Over amount unless:

- a) During any Benefit Period, dental expense benefits are paid in excess of the Benefit Threshold. In this instance, there will be no additional Carry Over Amount for that Benefit Period; or
- b) During any Benefit Period, no claims for covered dental expenses incurred during the preceding Benefit Period are submitted. In this instance, there will be no Carry Over Amount for that Benefit Period, and any accumulated Carry Over Amounts from previous Benefit Periods will be forfeited.

Eligibility for the Carry Over Amount will be established or reestablished at the time the first claim in a Benefit Period is received for dental expenses incurred during that Benefit Period.

In order to properly calculate the Carry Over Amount, claims should be submitted timely in accordance with the Proof of Loss provision found within the General Provisions. You have the right to request review of prior Carry Over Amount calculations. The request for review must be within 24 months from the date the Carry Over Amount was established.

INCREASED DENTAL MAXIMUM BENEFIT

Carry Over Amount Per Insured Person – Each Benefit Period	\$250
Benefit Threshold Per Insured Person – Each Benefit Period	\$500
Maximum Carry Over Amount	\$1,000

After the first Benefit Period following the coverage effective date, the Maximum Amount for Dental Expenses Per Insured Person as shown in the Schedule of Benefits may be increased by the Carry Over Amount if:

- a) The Insured Person has submitted a claim for dental expenses incurred during the preceding Benefit Period; and
- b) The benefits paid for dental expenses incurred in the preceding Benefit Period did not exceed the Benefit Threshold.

In each succeeding Benefit Period in which the total dental expense benefits paid do not exceed the Benefit Threshold, the Insured Person will be eligible for the Carry Over Amount.

The Carry Over Amount can be accumulated from one Benefit Period to the next up to the Maximum Carry Over amount unless:

- a) During any Benefit Period, dental expense benefits are paid in excess of the Benefit Threshold. In this instance, there will be no additional Carry Over Amount for that Benefit Period; or
- b) During any Benefit Period, no claims for covered dental expenses incurred during the preceding Benefit Period are submitted. In this instance, there will be no Carry Over Amount for that Benefit Period, and any accumulated Carry Over Amounts from previous Benefit Periods will be forfeited.

Eligibility for the Carry Over Amount will be established or reestablished at the time the first claim in a Benefit Period is received for dental expenses incurred during that Benefit Period.

In order to properly calculate the Carry Over Amount, claims should be submitted timely in accordance with the Proof of Loss provision found within the General Provisions. You have the right to request review of prior Carry Over Amount calculations. The request for review must be within 24 months from the date the Carry Over Amount was established.

PREMIUMS

TABLE OF MONTHLY PREMIUM RATES

Classes 01,02

Dental Care Insurance	\$36.16 per Insured Person
	\$30.56 One Dependent Only
	\$95.04 Two or More Dependents

Classes 01,02

Orthodontic Insurance	\$0.00 per Insured Person
	\$1.16 One Dependent Only
	\$6.08 Two or More Dependents

Classes 03,04

Eye Care Insurance	\$8.72 per Insured Person
	\$8.08 One Dependent Only
	\$21.60 Two or More Dependents

PAYMENT OF PREMIUMS. The first premium will be due on the Policy Effective Date to cover the period from that date to the first Premium Due Date. Other premiums will be due on or before each Premium Due Date. Premiums are payable at our Home Office or at some other location to which we and the Policyholder agree.

PREMIUM DUE DATE. The Premium Due Date will be the first day of the month that falls on or after the Policy Effective Date. If we agree with the Policyholder to the payment of premiums on a basis other than monthly, the Premium Due Date will be fixed to match the correct basis. If there is a change in the method of payment or Premium Due Date, a pro-rata charge in the premium due will be made.

PREMIUM STATEMENTS. The premium due as of any Premium Due Date is the number of units in force on such date for each type of insurance multiplied by the rate shown in the Table of Premium Rates. A premium statement will be made as of the Premium Due Date showing the premium payable. If premiums are payable on other than a monthly basis, each statement will show any pro-rata premium charges and credits in the last premium period due to changes in the number of Insureds and in the amount of insurance for which people are insured. This is subject to the rules below.

SIMPLIFIED ACCOUNTING. The premium will start on the Premium Due Date falling on or after the date the insurance or the increase in the insurance is effective for: a) a person becoming insured; or b) an increase in the amount of insurance on any person. The premium will stop on the Premium Due Date falling on or after the date of termination of insurance or through the date of service of the last paid claim. There will be no pro-rata charges or credits for a partial month. If premiums are payable other than monthly, charges and credits will be figured as though the Premium Due Date is monthly.

We will be liable for the return of unearned premiums to the Policyholder only for the 3 months before the date we receive evidence that a return is due.

ADJUSTMENTS IN PREMIUM RATES. We may change the rates shown in the Table of Premium Rates by giving the Policyholder at least 60 days advance written notice. We may change the rates at any time the Schedule of Benefits, or any other terms and conditions of the policy, are changed. We will not change the rates until the Renewal Date shown on the policy cover or more than once in any 12 month period thereafter, unless there is a change in the Schedule of Benefits or a change in any other terms and conditions in the policy.

Notwithstanding the above, the Company reserves the right to change any one or more of the rates prior to the Renewal Date or more than once in any 12 month period thereafter upon the occurrence of one or both of the following:

1. We determine that the average number of dependent children for each Insured with Dependent coverage exceeds 4.0; and/or
2. We determine that the number of Insureds is less than 80% of the number of Insureds covered under the Policy as of either (i) the Plan Effective Date, if during the period of time between the Plan Effective Date and the Renewal Date, or (ii) the most recent 12 month anniversary of the Renewal Date.

Should either or both of the above occur and should we elect to change rates as a result, we agree to notify the Policyholder of the corresponding rate changes at least 60 days in advance of the Premium Due Date for which the rate change shall be effective. The right to change rates as well as the timing of such changes in the above two limited situations shall at all times be subject to applicable state laws and regulations.

RENEWAL DATE refers to the date each calendar year that the coverage issued under the group policy is considered for renewal. The Renewal Date(s) are shown on the policy cover.

DEFINITIONS

COMPANY refers to Ameritas Life Insurance Corp. The words "we", "us" and "our" refer to Company. Our Home Office address is 5900 "O" Street, Lincoln, Nebraska 68510.

POLICYHOLDER refers to the Policyholder stated on the face page of the policy.

INSURED refers to a person:

- a. who is a Member of the eligible class; and
- b. who has qualified for insurance by completing the eligibility period, if any; and
- c. for whom the insurance has become effective.

CHILD. Child refers to the child of the Insured or a child of the Insured's spouse, if they otherwise meet the definition of Dependent.

Class Number 1

DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than 25 years of age, to include:
 - i. natural born children;
 - ii. adopted children, eligible from the date the Insured becomes a party in a suit for adoption;
 - iii. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
 - iv. grandchildren, if such children are dependents of the Insured for federal income tax purposes at the time application for coverage of the child is made; and
 - v. stepchildren of the Insured.
- c. each unmarried child age 25 or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. above.

Coverage of such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two-year period following the child's attaining the limiting age. Any costs for providing continuing proof will be at our expense.

Class Number 2

DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than 25 years of age, to include:
 - i. natural born children;
 - ii. adopted children, eligible from the date the Insured becomes a party in a suit for adoption;
 - iii. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
 - iv. grandchildren, if such children are dependents of the Insured for federal income tax purposes at the time application for coverage of the child is made; and
 - v. stepchildren of the Insured.
- c. each unmarried child age 25 or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. above.

Coverage of such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two-year period following the child's attaining the limiting age. Any costs for providing continuing proof will be at our expense.

Class Number 3

DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than 25 years of age, to include:
 - i. natural born children;
 - ii. adopted children, eligible from the date the Insured becomes a party in a suit for adoption;
 - iii. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
 - iv. grandchildren, if such children are dependents of the Insured for federal income tax purposes at the time application for coverage of the child is made; and
 - v. stepchildren of the Insured.
- c. each unmarried child age 25 or older who:
 - i. is Totally Disabled as defined below; and

- ii. becomes Totally Disabled while insured as a dependent under b. above.

Coverage of such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two-year period following the child's attaining the limiting age. Any costs for providing continuing proof will be at our expense.

Class Number 4

DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than 25 years of age, to include:
 - i. natural born children;
 - ii. adopted children, eligible from the date the Insured becomes a party in a suit for adoption;
 - iii. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
 - iv. grandchildren, if such children are dependents of the Insured for federal income tax purposes at the time application for coverage of the child is made; and
 - v. stepchildren of the Insured.
- c. each unmarried child age 25 or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. above.

Coverage of such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two-year period following the child's attaining the limiting age. Any costs for providing continuing proof will be at our expense.

All Classes

TOTAL DISABILITY describes the Insured's Dependent as:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon the Insured for support and maintenance.

DEPENDENT UNIT refers to all of the people who are insured as the dependents of any one Insured.

PROVIDER refers to any person who is licensed by the law of the state in which treatment is provided within the scope of the license.

PLAN EFFECTIVE DATE refers to the date coverage under the policy becomes effective. The Plan Effective Date for the Policyholder is shown on the policy cover. The effective date of coverage for an Insured is shown in the Policyholder's records.

All insurance will begin at 12:01 A.M. on the Effective Date. It will end after 11:59 P.M. on the Termination Date. All times are stated as Standard Time of the residence of the Insured.

PLAN CHANGE EFFECTIVE DATE refers to the date that the policy provisions originally issued to the Policyholder change as requested by the Policyholder. The Plan Change Effective date for the Policyholder will be shown on the policy cover, if the Policyholder has requested a change. The plan change effective date for an Insured is shown in the Policyholder's records or on the cover of the certificate.

CONDITIONS FOR INSURANCE COVERAGE

ELIGIBILITY

ELIGIBLE CLASS FOR MEMBERS. The members of the eligible class(es) are shown on the Schedule of Benefits. Each member of the eligible class (referred to as "Member") will qualify for such insurance on the day he or she completes the required eligibility period, if any. Members choosing to elect coverage will hereinafter be referred to as "Insured."

Class Number 1

If employment is the basis for membership, a member of the Eligible Class for Insurance is any base dental plan working a minimum number of hours per week as required by the Policyholder. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

If a husband and wife are both Members and if either of them insures their dependent children, then the husband or wife, whoever elects, will be considered the dependent of the other. As a dependent, the person will not be considered a Member of the Eligible Class, but will be eligible for insurance as a dependent.

ELIGIBLE CLASS FOR DEPENDENT INSURANCE. Each Member of the eligible class(es) for dependent coverage is eligible for the Dependent Insurance under the policy and will qualify for this Dependent Insurance on the first of the month falling on or first following the latest of:

1. the day he or she qualifies for coverage as a Member;
2. the day he or she first becomes a Member; or
3. the day he or she first has a dependent.

COVERAGE FOR NEWBORN AND ADOPTED CHILDREN. A newborn child will be covered from the date of birth.

An adopted child, foster child and other child in court-ordered custody will be covered from the date of placement in the Insured's residence. A newborn adopted child will be covered from the date of birth if the Insured has agreed in writing to adopt the child prior to its birth and the child is ultimately placed in the Insured's residence.

Coverage for a newborn child shall consist of coverage for covered dental expenses, subject to applicable deductibles, coinsurance percentages, maximums and limitations, resulting from care or treatment of congenital defects, birth abnormalities, including cleft lip and cleft palate and premature birth.

Initial coverage for a newborn child will be covered for a period of 31 days. For coverage to continue beyond this initial 31-day period, the Insured must give us written notice and we will charge the applicable additional premium from the date of birth or placement for an adopted child.

A Member must be an Insured to also insure his or her dependents.

If employment is the basis for membership, a member of the Eligible Class for Dependent Insurance is any base dental plan working a minimum number of hours per week as required by the Policyholder and has eligible dependents. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

Any husband or wife who elects to be a dependent rather than a member of the Eligible Class for Personal Insurance, as explained above, is not a member of the Eligible Class for Dependent Insurance.

When a member of the Eligible Class for Dependent Insurance dies and, if at the date of death, has dependents insured, the Policyholder has the option of offering the dependents of the deceased employee continued coverage. If elected by the Policyholder and the affected dependents, the name of such deceased member will continue to be listed as a member of the Eligible Class for Dependent Insurance.

CONTRIBUTION REQUIREMENTS. Member Insurance: An Insured is required to contribute to the payment of his or her insurance premiums.

Dependent Insurance: An Insured is required to contribute to the payment of insurance premiums for his or her dependents.

SECTION 125. This policy is provided as part of the Policyholder's Section 125 Plan. Each Member has the option under the Section 125 Plan of participating or not participating in this policy.

If a Member does not elect to participate when initially eligible, the Member may elect to participate at the Policyholder's next Election Period. This Election Period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

Members may change their election option only during an Election Period, except for a change in family status. Such events would be marriage, divorce, birth of a child, death of a spouse or child, or termination of employment of a spouse.

ELIGIBILITY PERIOD. For Members on the Plan Effective Date of the policy, coverage is effective immediately.

For persons who become Members after the Plan Effective Date of the policy, qualification will occur on the first of the month falling on or first following the eligibility period of 60 calendar day(s) of continuous active employment.

OPEN ENROLLMENT. If a Member does not elect to participate when initially eligible, the Member may elect to participate at the Policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

If employment is the basis for membership in the Eligible Class for Members, an Insured whose eligibility terminates and is established again, may or may not have to complete a new eligibility period before he or she can again qualify for insurance.

ELIMINATION PERIOD. Certain covered expenses may be subject to an elimination period, please refer to the TABLE OF DENTAL PROCEDURES, DENTAL EXPENSE BENEFITS, and if applicable, the ORTHODONTIC EXPENSE BENEFITS pages for details.

EFFECTIVE DATE. Each Member has the option of being insured and insuring his or her Dependents. To elect coverage, he or she must agree in writing to contribute to the payment of the insurance premiums. The Effective Date for each Member and his or her Dependents, will be the first of the month falling on or first following:

1. the date on which the Member qualifies for insurance, if the Member agrees to contribute on or before that date.
2. the date on which the Member agrees to contribute, if that date is within 31 days after the date he or she qualifies for insurance.

If employment is the basis for membership, a member of the Eligible Class for Insurance is any select dental plan working a minimum number of hours per week as required by the Policyholder. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

If a husband and wife are both Members and if either of them insures their dependent children, then the husband or wife, whoever elects, will be considered the dependent of the other. As a dependent, the person will not be considered a Member of the Eligible Class, but will be eligible for insurance as a dependent.

ELIGIBLE CLASS FOR DEPENDENT INSURANCE. Each Member of the eligible class(es) for dependent coverage is eligible for the Dependent Insurance under the policy and will qualify for this Dependent Insurance on the first of the month falling on or first following the latest of:

1. the day he or she qualifies for coverage as a Member;
2. the day he or she first becomes a Member; or
3. the day he or she first has a dependent.

COVERAGE FOR NEWBORN AND ADOPTED CHILDREN. A newborn child will be covered from the date of birth.

An adopted child, foster child and other child in court-ordered custody will be covered from the date of placement in the Insured's residence. A newborn adopted child will be covered from the date of birth if the Insured has agreed in writing to adopt the child prior to its birth and the child is ultimately placed in the Insured's residence.

Coverage for a newborn child shall consist of coverage for covered dental expenses, subject to applicable deductibles, coinsurance percentages, maximums and limitations, resulting from care or treatment of congenital defects, birth abnormalities, including cleft lip and cleft palate and premature birth.

Initial coverage for a newborn child will be covered for a period of 31 days. For coverage to continue beyond this initial 31-day period, the Insured must give us written notice and we will charge the applicable additional premium from the date of birth or placement for an adopted child.

A Member must be an Insured to also insure his or her dependents.

If employment is the basis for membership, a member of the Eligible Class for Dependent Insurance is any select dental plan working a minimum number of hours per week as required by the Policyholder and has eligible dependents. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

Any husband or wife who elects to be a dependent rather than a member of the Eligible Class for Personal Insurance, as explained above, is not a member of the Eligible Class for Dependent Insurance.

When a member of the Eligible Class for Dependent Insurance dies and, if at the date of death, has dependents insured, the Policyholder has the option of offering the dependents of the deceased employee continued coverage. If elected by the Policyholder and the affected dependents, the name of such deceased member will continue to be listed as a member of the Eligible Class for Dependent Insurance.

CONTRIBUTION REQUIREMENTS. Member Insurance: An Insured is required to contribute to the payment of his or her insurance premiums.

Dependent Insurance: An Insured is required to contribute to the payment of insurance premiums for his or her dependents.

SECTION 125. This policy is provided as part of the Policyholder's Section 125 Plan. Each Member has the option under the Section 125 Plan of participating or not participating in this policy.

If a Member does not elect to participate when initially eligible, the Member may elect to participate at the Policyholder's next Election Period. This Election Period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

Members may change their election option only during an Election Period, except for a change in family status. Such events would be marriage, divorce, birth of a child, death of a spouse or child, or termination of employment of a spouse.

ELIGIBILITY PERIOD. For Members on the Plan Effective Date of the policy, coverage is effective immediately.

For persons who become Members after the Plan Effective Date of the policy, qualification will occur on the first of the month falling on or first following the eligibility period of 90 calendar day(s) of continuous active employment.

OPEN ENROLLMENT. If a Member does not elect to participate when initially eligible, the Member may elect to participate at the Policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

If employment is the basis for membership in the Eligible Class for Members, an Insured whose eligibility terminates and is established again, may or may not have to complete a new eligibility period before he or she can again qualify for insurance.

ELIMINATION PERIOD. Certain covered expenses may be subject to an elimination period, please refer to the TABLE OF DENTAL PROCEDURES, DENTAL EXPENSE BENEFITS, and if applicable, the ORTHODONTIC EXPENSE BENEFITS pages for details.

EFFECTIVE DATE. Each Member has the option of being insured and insuring his or her Dependents. To elect coverage, he or she must agree in writing to contribute to the payment of the insurance premiums. The Effective Date for each Member and his or her Dependents, will be the first of the month falling on or first following:

1. the date on which the Member qualifies for insurance, if the Member agrees to contribute on or before that date.
2. the date on which the Member agrees to contribute, if that date is within 31 days after the date he or she qualifies for insurance.

Class Number 3

If employment is the basis for membership, a member of the Eligible Class for Insurance is any vision 12/12/12 working a minimum number of hours per week as required by the Policyholder. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

If a husband and wife are both Members and if either of them insures their dependent children, then the husband or wife, whoever elects, will be considered the dependent of the other. As a dependent, the person will not be considered a Member of the Eligible Class, but will be eligible for insurance as a dependent.

ELIGIBLE CLASS FOR DEPENDENT INSURANCE. Each Member of the eligible class(es) for dependent coverage is eligible for the Dependent Insurance under the policy and will qualify for this Dependent Insurance on the first of the month falling on or first following the latest of:

1. the day he or she qualifies for coverage as a Member;
2. the day he or she first becomes a Member; or
3. the day he or she first has a dependent.

COVERAGE FOR NEWBORN AND ADOPTED CHILDREN. A newborn child will be covered from the date of birth.

An adopted child, foster child and other child in court-ordered custody will be covered from the date of placement in the Insured's residence. A newborn adopted child will be covered from the date of birth if the Insured has agreed in writing to adopt the child prior to its birth and the child is ultimately placed in the Insured's residence.

Coverage for a newborn child shall consist of coverage for covered dental expenses, subject to applicable deductibles, coinsurance percentages, maximums and limitations, resulting from care or treatment of congenital defects, birth abnormalities, including cleft lip and cleft palate and premature birth.

Initial coverage for a newborn child will be covered for a period of 31 days. For coverage to continue beyond this initial 31-day period, the Insured must give us written notice and we will charge the applicable additional premium from the date of birth or placement for an adopted child.

A Member must be an Insured to also insure his or her dependents.

If employment is the basis for membership, a member of the Eligible Class for Dependent Insurance is any vision 12/12/12 working a minimum number of hours per week as required by the Policyholder and has eligible dependents. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

Any husband or wife who elects to be a dependent rather than a member of the Eligible Class for Personal Insurance, as explained above, is not a member of the Eligible Class for Dependent Insurance.

When a member of the Eligible Class for Dependent Insurance dies and, if at the date of death, has dependents insured, the Policyholder has the option of offering the dependents of the deceased employee continued coverage. If elected by the Policyholder and the affected dependents, the name of such deceased member will continue to be listed as a member of the Eligible Class for Dependent Insurance.

CONTRIBUTION REQUIREMENTS. Member Insurance: An Insured is required to contribute to the payment of his or her insurance premiums.

Dependent Insurance: An Insured is required to contribute to the payment of insurance premiums for his or her dependents.

SECTION 125. This policy is provided as part of the Policyholder's Section 125 Plan. Each Member has the option under the Section 125 Plan of participating or not participating in this policy.

If a Member does not elect to participate when initially eligible, the Member may elect to participate at the Policyholder's next Election Period. This Election Period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

Members may change their election option only during an Election Period, except for a change in family status. Such events would be marriage, divorce, birth of a child, death of a spouse or child, or termination of employment of a spouse.

ELIGIBILITY PERIOD. For Members on the Plan Effective Date of the policy, coverage is effective immediately.

For persons who become Members after the Plan Effective Date of the policy, qualification will occur on the first of the month falling on or first following the eligibility period of 60 calendar day(s) of continuous active employment.

If employment is the basis for membership in the Eligible Class for Members, an Insured whose eligibility terminates and is established again, may or may not have to complete a new eligibility period before he or she can again qualify for insurance.

EFFECTIVE DATE. Each Member has the option of being insured and insuring his or her Dependents. To elect coverage, he or she must agree in writing to contribute to the payment of the insurance premiums. The Effective Date for each Member and his or her Dependents, will be the first of the month falling on or first following:

1. the date on which the Member qualifies for insurance, if the Member agrees to contribute on or before that date.
2. the date on which the Member agrees to contribute, if that date is within 31 days after the date he or she qualifies for insurance.

Class Number 4

If employment is the basis for membership, a member of the Eligible Class for Insurance is any 12/12/24 working a minimum number of hours per week as required by the Policyholder. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

If a husband and wife are both Members and if either of them insures their dependent children, then the husband or wife, whoever elects, will be considered the dependent of the other. As a dependent, the person will not be considered a Member of the Eligible Class, but will be eligible for insurance as a dependent.

ELIGIBLE CLASS FOR DEPENDENT INSURANCE. Each Member of the eligible class(es) for dependent coverage is eligible for the Dependent Insurance under the policy and will qualify for this Dependent Insurance on the first of the month falling on or first following the latest of:

1. the day he or she qualifies for coverage as a Member;
2. the day he or she first becomes a Member; or
3. the day he or she first has a dependent.

COVERAGE FOR NEWBORN AND ADOPTED CHILDREN. A newborn child will be covered from the date of birth.

An adopted child, foster child and other child in court-ordered custody will be covered from the date of placement in the Insured's residence. A newborn adopted child will be covered from the date of birth if the Insured has agreed in writing to adopt the child prior to its birth and the child is ultimately placed in the Insured's residence.

Coverage for a newborn child shall consist of coverage for covered dental expenses, subject to applicable deductibles, coinsurance percentages, maximums and limitations, resulting from care or treatment of congenital defects, birth abnormalities, including cleft lip and cleft palate and premature birth.

Initial coverage for a newborn child will be covered for a period of 31 days. For coverage to continue beyond this initial 31-day period, the Insured must give us written notice and we will charge the applicable additional premium from the date of birth or placement for an adopted child.

A Member must be an Insured to also insure his or her dependents.

If employment is the basis for membership, a member of the Eligible Class for Dependent Insurance is any 12/12/24 working a minimum number of hours per week as required by the Policyholder and has eligible dependents. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

Any husband or wife who elects to be a dependent rather than a member of the Eligible Class for Personal Insurance, as explained above, is not a member of the Eligible Class for Dependent Insurance.

When a member of the Eligible Class for Dependent Insurance dies and, if at the date of death, has dependents insured, the Policyholder has the option of offering the dependents of the deceased employee continued coverage. If elected by the Policyholder and the affected dependents, the name of such deceased member will continue to be listed as a member of the Eligible Class for Dependent Insurance.

CONTRIBUTION REQUIREMENTS. Member Insurance: An Insured is required to contribute to the payment of his or her insurance premiums.

Dependent Insurance: An Insured is required to contribute to the payment of insurance premiums for his or her dependents.

SECTION 125. This policy is provided as part of the Policyholder's Section 125 Plan. Each Member has the option under the Section 125 Plan of participating or not participating in this policy.

If a Member does not elect to participate when initially eligible, the Member may elect to participate at the Policyholder's next Election Period. This Election Period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

Members may change their election option only during an Election Period, except for a change in family status. Such events would be marriage, divorce, birth of a child, death of a spouse or child, or termination of employment of a spouse.

ELIGIBILITY PERIOD. For Members on the Plan Effective Date of the policy, coverage is effective immediately.

For persons who become Members after the Plan Effective Date of the policy, qualification will occur on the first of the month falling on or first following the eligibility period of 60 calendar day(s) of continuous active employment.

If employment is the basis for membership in the Eligible Class for Members, an Insured whose eligibility terminates and is established again, may or may not have to complete a new eligibility period before he or she can again qualify for insurance.

EFFECTIVE DATE. Each Member has the option of being insured and insuring his or her Dependents. To elect coverage, he or she must agree in writing to contribute to the payment of the insurance premiums. The Effective Date for each Member and his or her Dependents, will be the first of the month falling on or first following:

1. the date on which the Member qualifies for insurance, if the Member agrees to contribute on or before that date.

2. the date on which the Member agrees to contribute, if that date is within 31 days after the date he or she qualifies for insurance.

All Classes

EXCEPTIONS. If employment is the basis for membership, a Member must be in active service on the date the insurance, or any increase in insurance, is to take effect. If not, the insurance will not take effect until the day he or she returns to active service. Active service refers to the performance in the customary manner by an employee of all the regular duties of his or her employment with his or her employer on a full time basis at one of the employer's business establishments or at some location to which the employer's business requires the employee to travel.

A Member will be in active service on any regular non-working day if he or she is not totally disabled on that day and if he or she was in active service on the regular working day before that day.

If membership is by reason other than employment, a Member must not be totally disabled on the date the insurance, or any increase in insurance, is to take effect. The insurance will not take effect until the day after he or she ceases to be totally disabled.

But any person who is not in active service or is totally disabled will be insured on the Effective Date if:

- a. the person was insured under a policy of group insurance providing like benefits which ended on the day immediately before the Effective Date of the policy providing this coverage; and
- b. the person is considered a Member or an eligible Dependent under the policy providing this coverage; and had the prior policy contained the same definition of eligibility, would have been a Member or Dependent under the prior policy.

TERMINATION DATES

Class Number 1

INSUREDS. The insurance for any Insured, will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date the Insured ceases to be a Member;
2. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
3. the date the policy is terminated.

DEPENDENTS. The insurance for all of an Insured's dependents will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date on which the Insured's coverage terminates;
2. the date on which the Insured ceases to be a Member;
3. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
4. the date all Dependent Insurance under the policy is terminated.

The insurance for any Dependent will automatically terminate on the end of the month falling on or next following the day before the date on which the dependent no longer meets the definition of a dependent. See "Definitions."

Class Number 2

INSUREDS. The insurance for any Insured, will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date the Insured ceases to be a Member;
2. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
3. the date the policy is terminated.

DEPENDENTS. The insurance for all of an Insured's dependents will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date on which the Insured's coverage terminates;
2. the date on which the Insured ceases to be a Member;
3. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
4. the date all Dependent Insurance under the policy is terminated.

The insurance for any Dependent will automatically terminate on the end of the month falling on or next following the day before the date on which the dependent no longer meets the definition of a dependent. See "Definitions."

Class Number 3

INSUREDS. The insurance for any Insured, will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date the Insured ceases to be a Member;
2. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
3. the date the policy is terminated.

DEPENDENTS. The insurance for all of an Insured's dependents will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date on which the Insured's coverage terminates;
2. the date on which the Insured ceases to be a Member;
3. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
4. the date all Dependent Insurance under the policy is terminated.

The insurance for any Dependent will automatically terminate on the end of the month falling on or next following the day before the date on which the dependent no longer meets the definition of a dependent. See "Definitions."

Class Number 4

INSUREDS. The insurance for any Insured, will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date the Insured ceases to be a Member;
2. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
3. the date the policy is terminated.

DEPENDENTS. The insurance for all of an Insured's dependents will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date on which the Insured's coverage terminates;
2. the date on which the Insured ceases to be a Member;
3. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
4. the date all Dependent Insurance under the policy is terminated.

The insurance for any Dependent will automatically terminate on the end of the month falling on or next following the day before the date on which the dependent no longer meets the definition of a dependent. See "Definitions."

All Classes

CONTINUATION OF COVERAGE. If coverage ceases according to TERMINATION DATE, some or all of the insurance coverages may be continued. Contact your plan administrator for details.

Strike or Lockout For Employees Only

This continuation only applies when the Employer is required by a collective bargaining agreement to pay all or part of the Insured's premium.

1. The Insured may continue coverage if it would stop because the Insured's work is stopped due to:
 - a. a strike; or
 - b. a lockout;

provided premiums are paid by the Insured.

The Insured may also continue to insure his or her dependents.

2. **Benefits**
This continuation applies to all benefits payable under the policy.
3. **Termination**
Such insurance will stop on the earlier of:
 - a. the last day of the period for which the premium is paid;
 - b. the date coverage would normally stop under the terms of the policy;
 - c. the date the Insured becomes eligible under another group health plan;
 - d. the date coverage has been continued for six months;
 - e. the date seventy-five percent (75%) of the covered employees continue coverage;
 - f. the date the policy terminates.
4. **Premiums**
We may charge the full premium, i.e. the employee and employer's portion, during the continuation period.

We may change the premium rate at any time the Insured's group plan premium rate is changed.

DENTAL EXPENSE BENEFITS

Class Number 1

We will determine dental expense benefits according to the terms of the group policy for dental expenses incurred by an Insured. An Insured person has the freedom of choice to receive treatment from any Provider.

CONTRACTING AND NON-CONTRACTING PROVIDERS. The Insured person may select a Contracting Provider or a Non-Contracting Provider. A Contracting Provider agrees to provide services at a discounted fee to our Insureds. A Non-Contracting Provider is any other Provider.

DETERMINING BENEFITS. The benefits payable will be determined by totaling all of the Covered Expenses submitted into each benefit type as shown in the Table of Dental Procedures. This amount is reduced by the Deductible, if any. The result is then multiplied by the Coinsurance Percentage(s) shown in the Schedule of Benefits. Benefits are subject to the Maximum Amount, if any, shown in the Schedule of Benefits.

BENEFIT PERIOD. Benefit Period refers to the period shown in the Table of Dental Procedures.

DEDUCTIBLE. The Deductible is shown on the Schedule of Benefits and is a specified amount of Covered Expenses that must be incurred and paid by each Insured person prior to any benefits being paid.

MAXIMUM AMOUNT. The Maximum Amount shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by an Insured.

COVERED EXPENSES. Covered Expenses include:

1. only those expenses for dental procedures performed by a Provider; and
2. only those expenses for dental procedures listed and outlined on the Table of Dental Procedures.

Covered Expenses are subject to "Limitations." See Limitations and Table of Dental Procedures.

Benefits payable for Covered Expenses also will be limited to the lesser of:

1. the actual charge of the Provider.
2. the usual and customary ("U&C") as determined by us, if services are provided by a Non Contracting Provider.
3. the Maximum Allowable Charge ("MAC") as determined by us.

Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. The U&C is based upon a combination of dental charge information taken from our own database as well as from data received from nationally recognized industry databases. From the array of charges ranked by amount, your Policyholder (in most cases your employer) has selected a percentile that will be used to determine the maximum U&C for your plan. The U&C is reviewed and updated periodically. The U&C can differ from the actual fee charged by your provider and is not indicative of the appropriateness of the provider's fee. Instead, the U&C is simply a plan provision used to determine the extent of benefit coverage purchased by your Policyholder.

MAC - The Maximum Allowable Charge is derived from the array of provider charges within a particular ZIP code area. These allowances are the charges accepted by general dentists who are Contracting Providers. The MAC is reviewed and updated periodically to reflect increasing provider fees within the ZIP code area.

ALTERNATIVE PROCEDURES. If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended

to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. Accordingly, you may choose to apply the alternate benefit amount determined under this provision toward payment of the submitted treatment.

We may request pre-operative dental x-ray films, periodontal charting and/or additional diagnostic data to determine the plan allowance for the procedures submitted. We strongly encourage pre-treatment estimates so you understand your benefits before any treatment begins. Ask your provider to submit a claim form for this purpose.

EXPENSES INCURRED. An expense is incurred at the time the impression is made for an appliance or change to an appliance. An expense is incurred at the time the tooth or teeth are prepared for a prosthetic crown, appliance, or fixed partial denture. For root canal therapy, an expense is incurred at the time the pulp chamber is opened. All other expenses are incurred at the time the service is rendered or a supply furnished.

LIMITATIONS. Covered Expenses will not include and benefits will not be payable for expenses incurred:

1. for Type 2 Procedures in the first 3 months the person is covered under this contract.
2. for Type 3 Procedures in the first 6 months the person is covered under this contract.
3. for initial placement of any prosthetic crown, appliance, or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
4. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion; or
 - c. splint or replace tooth structure lost as a result of abrasion or attrition.
5. for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
6. to replace lost or stolen appliances.
7. for any treatment which is for cosmetic purposes.
8. for any procedure not shown in the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures for details.)
9. for orthodontic treatment under this benefit provision. (If orthodontic expense benefits have been included in this policy, please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision found on 9260).
10. for which the Insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
11. for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.

12. for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
13. because of war or any act of war, declared or not.

Class Number 2

We will determine dental expense benefits according to the terms of the group policy for dental expenses incurred by an Insured. An Insured person has the freedom of choice to receive treatment from any Provider.

CONTRACTING AND NON-CONTRACTING PROVIDERS. The Insured person may select a Contracting Provider or a Non-Contracting Provider. A Contracting Provider agrees to provide services at a discounted fee to our Insureds. A Non-Contracting Provider is any other Provider.

DETERMINING BENEFITS. The benefits payable will be determined by totaling all of the Covered Expenses submitted into each benefit type as shown in the Table of Dental Procedures. This amount is reduced by the Deductible, if any. The result is then multiplied by the Coinsurance Percentage(s) shown in the Schedule of Benefits. Benefits are subject to the Maximum Amount, if any, shown in the Schedule of Benefits.

BENEFIT PERIOD. Benefit Period refers to the period shown in the Table of Dental Procedures.

DEDUCTIBLE. The Deductible is shown on the Schedule of Benefits and is a specified amount of Covered Expenses that must be incurred and paid by each Insured person prior to any benefits being paid.

MAXIMUM AMOUNT. The Maximum Amount shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by an Insured.

COVERED EXPENSES. Covered Expenses include:

1. only those expenses for dental procedures performed by a Provider; and
2. only those expenses for dental procedures listed and outlined on the Table of Dental Procedures.

Covered Expenses are subject to "Limitations." See Limitations and Table of Dental Procedures.

Benefits payable for Covered Expenses also will be limited to the lesser of:

1. the actual charge of the Provider.
2. the usual and customary ("U&C") as determined by us, if services are provided by a Non Contracting Provider.
3. the Maximum Allowable Charge ("MAC") as determined by us.

Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. The U&C is based upon a combination of dental charge information taken from our own database as well as from data received from nationally recognized industry databases. From the array of charges ranked by amount, your Policyholder (in most cases your employer) has selected a percentile that will be used to determine the maximum U&C for your plan. The U&C is reviewed and updated periodically. The U&C can differ from the actual fee charged by your provider and is not indicative of the appropriateness of the provider's fee. Instead, the U&C is simply a plan provision used to determine the extent of benefit coverage purchased by your Policyholder.

MAC - The Maximum Allowable Charge is derived from the array of provider charges within a particular ZIP code area. These allowances are the charges accepted by general dentists who are Contracting Providers. The MAC is reviewed and updated periodically to reflect increasing provider fees within the ZIP code area.

ALTERNATIVE PROCEDURES. If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. Accordingly, you may choose to apply the alternate benefit amount determined under this provision toward payment of the submitted treatment.

We may request pre-operative dental x-ray films, periodontal charting and/or additional diagnostic data to determine the plan allowance for the procedures submitted. We strongly encourage pre-treatment estimates so you understand your benefits before any treatment begins. Ask your provider to submit a claim form for this purpose.

EXPENSES INCURRED. An expense is incurred at the time the impression is made for an appliance or change to an appliance. An expense is incurred at the time the tooth or teeth are prepared for a prosthetic crown, appliance, or fixed partial denture. For root canal therapy, an expense is incurred at the time the pulp chamber is opened. All other expenses are incurred at the time the service is rendered or a supply furnished.

LIMITATIONS. Covered Expenses will not include and benefits will not be payable for expenses incurred:

1. for Type 2 Procedures in the first 3 months the person is covered under this contract.
2. for Type 3 Procedures in the first 6 months the person is covered under this contract.
3. for initial placement of any prosthetic crown, appliance, or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
4. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion; or
 - c. splint or replace tooth structure lost as a result of abrasion or attrition.
5. for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
6. to replace lost or stolen appliances.
7. for any treatment which is for cosmetic purposes.
8. for any procedure not shown in the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures for details.)
9. for orthodontic treatment under this benefit provision. (If orthodontic expense benefits have been included in this policy, please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision found on 9260).
10. for which the Insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to

by an injury or sickness arising out of or in the course of any employment for wage or profit.

11. for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
12. for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
13. because of war or any act of war, declared or not.

TABLE OF DENTAL PROCEDURES

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

The attached is a list of dental procedures 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.**

Class Number 1

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 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 December 31 of that year.

Class Number 2

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 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 December 31 of that year.

All Classes

- Covered Procedures 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 procedures are performed.

Class Number 1

TYPE 1 PROCEDURES

PAYMENT BASIS - NON CONTRACTING PROVIDERS - Usual and Customary
PAYMENT BASIS - CONTRACTING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar 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 per 1 provider.
- In addition, D0150, D0180 coverage is limited to 1 of any of these procedures per 6 month(s).
- 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 1 of any of these procedures per 6 month(s).
- 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 5 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.

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 1 of any of these procedures per 12 month(s).
- 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

- Vertical bitewings are considered at an alternate benefit of a D0274 and count towards this frequency. The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

PROPHYLAXIS (CLEANING) AND FLUORIDE

D1110 Prophylaxis - adult.

D1120 Prophylaxis - child.

D1203 Topical application of fluoride - child.

D1204 Topical application of fluoride - adult.

TYPE 1 PROCEDURES

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 12 month(s).
- Benefits are considered for persons age 13 and under.
- An adult fluoride is considered for individuals age 14 and over. A child fluoride is considered for individuals age 13 and under.

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D4910, also contribute(s) to this limitation.
- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

TYPE 2 PROCEDURES

PAYMENT BASIS - NON CONTRACTING PROVIDERS - Usual and Customary
PAYMENT BASIS - CONTRACTING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar 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, 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.

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.

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 13 and under.
- Benefits are considered on permanent molars only.
- Coverage is allowed on the occlusal surface only.

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, D9911, 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

TYPE 2 PROCEDURES

- 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).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

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.

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 5 year(s).

PERIODONTAL MAINTENANCE

- D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4910

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- 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).

TYPE 2 PROCEDURES

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

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

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 Alveoplasty 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 Alveoplasty 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.
- 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.

TYPE 2 PROCEDURES

- 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.

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.

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

- D0486 Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.
- 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES

PAYMENT BASIS - NON CONTRACTING PROVIDERS - Usual and Customary
PAYMENT BASIS - CONTRACTING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar Year

For Additional Limitations - See Limitations

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

- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

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 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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.

CROWNS SINGLE RESTORATIONS

- D2710 Crown - resin-based composite (indirect).
- D2712 Crown - 3/4 resin-based composite (indirect).
- D2720 Crown - resin with high noble metal.

TYPE 3 PROCEDURES

- 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, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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.

POST AND CORE

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

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.
- D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.
- 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 perforations, root resorption, etc.).

TYPE 3 PROCEDURES

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.

ENDODONTIC THERAPY (ROOT CANALS)

D3310 Endodontic therapy, anterior tooth.

D3320 Endodontic therapy, bicuspid tooth.

D3330 Endodontic therapy, molar.

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).

SURGICAL PERIODONTICS

D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.

D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.

D4260 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4261 Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded 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 3 year(s).

TYPE 3 PROCEDURES

- Coverage is limited to treatment of periodontal disease.
- GINGIVECTOMY: D4210, D4211
- Each quadrant is limited to 1 of each of these procedures per 3 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 3 year(s).
 - Coverage is limited to treatment of periodontal disease.
- TISSUE GRAFTS: D4270, D4271, D4273, D4275, D4276
- Each quadrant is limited to 2 of any of these procedures per 3 year(s).
 - Coverage is limited to treatment of periodontal disease.

CROWN LENGTHENING

D4249 Clinical crown lengthening - hard tissue.

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 2 of any of these procedures per 2 year(s).
- PERIODONTAL SCALING & ROOT PLANING: D4341, D4342
- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)

- 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 10 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.

TYPE 3 PROCEDURES

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 10 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.

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 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).

TYPE 3 PROCEDURES

- 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.
 - 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

TYPE 3 PROCEDURES

- Replacement is limited to 1 of any of these procedures per 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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.

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.

TYPE 3 PROCEDURES

- 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).

APPLIANCE THERAPY

- D8210 Removable appliance therapy.
- D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

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

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 be considered.

Class Number 2

TYPE 1 PROCEDURES

PAYMENT BASIS - NON CONTRACTING PROVIDERS - Usual and Customary
PAYMENT BASIS - CONTRACTING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar 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 per 1 provider.
- In addition, D0150, D0180 coverage is limited to 1 of any of these procedures per 6 month(s).
- 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 1 of any of these procedures per 6 month(s).
- 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 5 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.

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 1 of any of these procedures per 12 month(s).
- 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

- Vertical bitewings are considered at an alternate benefit of a D0274 and count towards this frequency. The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

PROPHYLAXIS (CLEANING) AND FLUORIDE

D1110 Prophylaxis - adult.

D1120 Prophylaxis - child.

D1203 Topical application of fluoride - child.

D1204 Topical application of fluoride - adult.

TYPE 1 PROCEDURES

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 12 month(s).
- Benefits are considered for persons age 13 and under.
- An adult fluoride is considered for individuals age 14 and over. A child fluoride is considered for individuals age 13 and under.

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D4910, also contribute(s) to this limitation.
- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

TYPE 2 PROCEDURES

PAYMENT BASIS - NON CONTRACTING PROVIDERS - Usual and Customary
PAYMENT BASIS - CONTRACTING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar 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, 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.

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.

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 13 and under.
- Benefits are considered on permanent molars only.
- Coverage is allowed on the occlusal surface only.

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, D9911, 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

TYPE 2 PROCEDURES

- 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).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

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.

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 5 year(s).

PERIODONTAL MAINTENANCE

- D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4910

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- 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).

TYPE 2 PROCEDURES

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

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

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 Alveoplasty 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 Alveoplasty 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.
- 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.

TYPE 2 PROCEDURES

- 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.

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.

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

- D0486 Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.
- 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES

PAYMENT BASIS - NON CONTRACTING PROVIDERS - Usual and Customary
PAYMENT BASIS - CONTRACTING PROVIDERS - Maximum Allowable Charge
BENEFIT PERIOD - Calendar Year

For Additional Limitations - See Limitations

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

- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

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 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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.

CROWNS SINGLE RESTORATIONS

- D2710 Crown - resin-based composite (indirect).
- D2712 Crown - 3/4 resin-based composite (indirect).
- D2720 Crown - resin with high noble metal.

TYPE 3 PROCEDURES

- 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, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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.

POST AND CORE

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

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.
- D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.
- 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 perforations, root resorption, etc.).

TYPE 3 PROCEDURES

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.

ENDODONTIC THERAPY (ROOT CANALS)

D3310 Endodontic therapy, anterior tooth.

D3320 Endodontic therapy, bicuspid tooth.

D3330 Endodontic therapy, molar.

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).

SURGICAL PERIODONTICS

D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.

D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.

D4260 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4261 Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded 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 3 year(s).

TYPE 3 PROCEDURES

- Coverage is limited to treatment of periodontal disease.
- GINGIVECTOMY: D4210, D4211
- Each quadrant is limited to 1 of each of these procedures per 3 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 3 year(s).
 - Coverage is limited to treatment of periodontal disease.
- TISSUE GRAFTS: D4270, D4271, D4273, D4275, D4276
- Each quadrant is limited to 2 of any of these procedures per 3 year(s).
 - Coverage is limited to treatment of periodontal disease.

CROWN LENGTHENING

D4249 Clinical crown lengthening - hard tissue.

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 2 of any of these procedures per 2 year(s).
- PERIODONTAL SCALING & ROOT PLANING: D4341, D4342
- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)

- 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 10 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.

TYPE 3 PROCEDURES

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 10 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.

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 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).

TYPE 3 PROCEDURES

- 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.
 - 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

TYPE 3 PROCEDURES

- Replacement is limited to 1 of any of these procedures per 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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 10 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.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- 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.

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.

TYPE 3 PROCEDURES

- 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).

APPLIANCE THERAPY

- D8210 Removable appliance therapy.
- D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

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

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 be considered.

ORTHODONTIC EXPENSE BENEFITS

Class Number 1

We will determine orthodontic expense benefits according to the terms of the group policy for orthodontic expenses incurred by an Insured.

DETERMINING BENEFITS. The benefits payable will be determined by totaling all of the Covered Expenses submitted. This amount is reduced by the Deductible, if any. The result is then multiplied by the Coinsurance Percentage shown in the Schedule of Benefits. Benefits are subject to the Maximum Amount shown in the Schedule of Benefits.

DEDUCTIBLE. The Deductible is shown on the Schedule of Benefits and is a specified amount of Covered Expenses that must be incurred and paid by each Insured person prior to any benefits being paid.

MAXIMUM AMOUNT. The Maximum Benefit During Lifetime shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by an Insured during his or her lifetime.

COVERED EXPENSES. Covered Expenses refer to the usual and customary charges made by a provider for necessary orthodontic treatment rendered while the person is insured under this section. Expenses are limited to the Maximum Amount shown in the Schedule of Benefits and Limitations.

Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. The U&C is based upon a combination of dental charge information taken from our own database as well as from data received from nationally recognized industry databases. From the array of charges ranked by amount, your Policyholder (in most cases your employer) has selected a percentile that will be used to determine the maximum U&C for your plan. The U&C is reviewed and updated periodically. The U&C can differ from the actual fee charged by your provider and is not indicative of the appropriateness of the provider's fee. Instead, the U&C is simply a plan provision used to determine the extent of benefit coverage purchased by your Policyholder.

ORTHODONTIC TREATMENT. Orthodontic Treatment refers to the movement of teeth by means of active appliances to correct the position of maloccluded or malpositioned teeth.

TREATMENT PROGRAM. Treatment Program ("Program") means an interdependent series of orthodontic services prescribed by a provider to correct a specific dental condition. A Program will start when the active appliances are inserted. A Program will end when the services are done, or after eight calendar quarters starting with the day the appliances were inserted, whichever is earlier.

EXPENSES INCURRED. Benefits will be payable when a Covered Expense is incurred:

- a. at the end of every quarter (three-month period) of a Program for an Insured who pursues a Program, but not beyond the date the Program ends; or
- b. at the time the service is rendered for an Insured who incurs Covered Expenses but does not pursue a Program.

The Covered Expenses for a Program are based on the estimated cost of the Insured's Program. They are prorated by quarter (three-month periods) over the estimated length of the Program, up to a maximum of eight quarters. The last quarterly payment for a Program may be changed if the estimated and actual cost of the Program differ.

LIMITATIONS. Covered Expenses will not include and benefits will not be payable for expenses incurred:

1. for a Program begun on or after the Insured's 17 birthday.
2. for a Program begun before the Insured became covered under this section.
3. before the Insured has been insured under this section for at least 12 consecutive months.
4. in any quarter of a Program if the Insured was not covered under this section for the entire quarter.
5. if the Insured's insurance under this section terminates.
6. for which the Insured is entitled to benefits under any workmen's compensation or similar law, or for charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
7. for charges the Insured is not legally required to pay or would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
8. for services not required for necessary care and treatment or not within the generally accepted parameters of care.
9. because of war or any act of war, declared or not.
10. To replace lost or stolen appliances.

Class Number 2

We will determine orthodontic expense benefits according to the terms of the group policy for orthodontic expenses incurred by an Insured.

DETERMINING BENEFITS. The benefits payable will be determined by totaling all of the Covered Expenses submitted. This amount is reduced by the Deductible, if any. The result is then multiplied by the Coinsurance Percentage shown in the Schedule of Benefits. Benefits are subject to the Maximum Amount shown in the Schedule of Benefits.

DEDUCTIBLE. The Deductible is shown on the Schedule of Benefits and is a specified amount of Covered Expenses that must be incurred and paid by each Insured person prior to any benefits being paid.

MAXIMUM AMOUNT. The Maximum Benefit During Lifetime shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by an Insured during his or her lifetime.

COVERED EXPENSES. Covered Expenses refer to the usual and customary charges made by a provider for necessary orthodontic treatment rendered while the person is insured under this section. Expenses are limited to the Maximum Amount shown in the Schedule of Benefits and Limitations.

Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. The U&C is based upon a combination of dental charge information taken from our own database as well as from data received from nationally recognized industry databases. From the array of charges ranked by amount, your Policyholder (in most cases your employer) has selected a percentile that will be used to determine the maximum U&C for your plan. The U&C is reviewed and updated periodically. The U&C can differ from the actual fee charged by your provider and is not indicative of the appropriateness of the provider's fee. Instead, the U&C is simply a plan provision used to determine the extent of benefit coverage purchased by your Policyholder.

ORTHODONTIC TREATMENT. Orthodontic Treatment refers to the movement of teeth by means of active appliances to correct the position of maloccluded or malpositioned teeth.

TREATMENT PROGRAM. Treatment Program ("Program") means an interdependent series of orthodontic services prescribed by a provider to correct a specific dental condition. A Program will start when the active appliances are inserted. A Program will end when the services are done, or after eight calendar quarters starting with the day the appliances were inserted, whichever is earlier.

EXPENSES INCURRED. Benefits will be payable when a Covered Expense is incurred:

- a. at the end of every quarter (three-month period) of a Program for an Insured who pursues a Program, but not beyond the date the Program ends; or
- b. at the time the service is rendered for an Insured who incurs Covered Expenses but does not pursue a Program.

The Covered Expenses for a Program are based on the estimated cost of the Insured's Program. They are pro-rated by quarter (three-month periods) over the estimated length of the Program, up to a maximum of eight quarters. The last quarterly payment for a Program may be changed if the estimated and actual cost of the Program differ.

LIMITATIONS. Covered Expenses will not include and benefits will not be payable for expenses incurred:

1. for a Program begun on or after the Insured's 17 birthday.
2. for a Program begun before the Insured became covered under this section.
3. before the Insured has been insured under this section for at least 12 consecutive months.
4. in any quarter of a Program if the Insured was not covered under this section for the entire quarter.
5. if the Insured's insurance under this section terminates.
6. for which the Insured is entitled to benefits under any workmen's compensation or similar law, or for charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
7. for charges the Insured is not legally required to pay or would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
8. for services not required for necessary care and treatment or not within the generally accepted parameters of care.
9. because of war or any act of war, declared or not.
10. To replace lost or stolen appliances.

EYE CARE EXPENSE BENEFITS

Class Number 3

If an Insured has Covered Expenses under this section, we pay benefits as described. The Insured may use a Contracting Provider or a Non-Contracting Provider. The Insured has the freedom to choose any provider.

AMOUNT PAYABLE

The Amount Payable for Covered Expenses is the lesser of:

- A. the provider's charge, or
- B. the Maximum Covered Expense for such services or supplies. This is shown in the Schedule of Eye Care Services for Contracting and Non-Contracting Providers.

DEDUCTIBLE AMOUNT

The Deductible Amount is on the Schedule of Benefits. It is an amount of Covered Expenses for which no benefits are payable. It applies separately to each Insured. Benefits are paid only for those Covered Expenses that are over the Deductible Amount.

CONTRACTING AND NON-CONTRACTING PROVIDERS

A Contracting Provider agrees to provide services and supplies to the Insured at a discounted fee. A Non-Contracting Provider is any other provider.

COVERED EXPENSES

Covered expenses are the eye care expenses incurred by an Insured for services or supplies. We pay up to the Maximum Covered Expense shown in the Schedule of Eye Care Services.

EYE CARE SUPPLIES

Eye care supplies are all services listed on the Schedule of Eye Care Services. They exclude services related to Eye Care Exams.

REQUEST FOR SERVICES

When requesting services, the Insured must advise the Contracting Provider's office that he or she has coverage under this network plan.

ASSIGNMENT OF BENEFITS

We pay benefits to the Contracting Provider for services and supplies performed or furnished by them. When a Non-Contracting Provider performs services, we pay benefits to the Insured.

EXTENSION OF BENEFITS

We will extend benefits for eye care supplies if this policy terminates. To be eligible for an extension, the supply must be prescribed prior to the termination of the policy and must be received within six months after the policy terminates.

EXPENSES INCURRED

An expense is incurred at the time a service is rendered or a supply item furnished.

LIMITATIONS

This plan has the following limitations.

- 1) This plan does not cover more than one Eye Exam in any 12-month period.
- 2) This plan does not cover more than one pair of ophthalmic Lenses in any 12-month period.
- 3) This plan does not cover more than one set of Frames in any 12-month period.
- 4) This plan does not cover Elective Contact Lenses more than once in any 12-month period. Contact Lenses and associated expenses are in lieu of any other Lenses or Frame benefit.
- 5) This plan does not cover Medically Necessary Contact Lenses more than once in any 12-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit as listed below. This benefit is in lieu of Elective Contact Lenses.
 - a. For Keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - b. Patients whose vision can be corrected two lines of improvement on the visual activity chart when compared to best standard spectacle lens correction.
 - c. Anisometropia of 3D or more.
 - d. High Ametropia exceeding -10D or +10D in spherical equivalent.
- 6) This plan does not cover Orthoptics or vision training and any associated testing.
- 7) This plan does not cover Plano Lenses.
- 8) This plan does not cover non-prescribed Lenses or sunglasses.
- 9) This plan does not cover two pairs of glasses in lieu of Bifocals.
- 10) This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- 11) This plan does not cover medical or surgical treatment of the eyes or supporting structures.
- 12) This plan does not cover services for claims filed more than one year after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- 13) This plan does not cover any procedure not listed on the Schedule of Eye Care Services

SCHEDULE OF EYE CARE SERVICES

This page lists the benefits payable for eye care services. No benefits are payable for a service not listed.

<i>SERVICE</i>	<i>PLAN MAXIMUM COVERED EXPENSE</i>	
	<i>Contracting Provider</i>	<i>Non-Contracting Provider</i>
Eye Exam	Covered in Full	Up to \$ 35.00
<i>(All lenses are per pair)</i>		
Single Vision Lenses	Covered in Full	Up to \$ 25.00
Lined Bifocal Lenses	Covered in Full	Up to \$ 40.00
Lined Trifocal Lenses	Covered in Full	Up to \$ 55.00
Frame	Up to \$130.00	Up to \$ 65.00
Contact Lenses*		
Elective	Up to \$130.00	Up to \$104.00
Medically Necessary	Covered in Full	Up to \$200.00

*The contact lenses allowance applies to the contact lens exam and lenses.

Class Number 4

If an Insured has Covered Expenses under this section, we pay benefits as described. The Insured may use a Contracting Provider or a Non-Contracting Provider. The Insured has the freedom to choose any provider.

AMOUNT PAYABLE

The Amount Payable for Covered Expenses is the lesser of:

- A. the provider's charge, or
- B. the Maximum Covered Expense for such services or supplies. This is shown in the Schedule of Eye Care Services for Contracting and Non-Contracting Providers.

DEDUCTIBLE AMOUNT

The Deductible Amount is on the Schedule of Benefits. It is an amount of Covered Expenses for which no benefits are payable. It applies separately to each Insured. Benefits are paid only for those Covered Expenses that are over the Deductible Amount.

CONTRACTING AND NON-CONTRACTING PROVIDERS

A Contracting Provider agrees to provide services and supplies to the Insured at a discounted fee. A Non-Contracting Provider is any other provider.

COVERED EXPENSES

Covered expenses are the eye care expenses incurred by an Insured for services or supplies. We pay up to the Maximum Covered Expense shown in the Schedule of Eye Care Services.

EYE CARE SUPPLIES

Eye care supplies are all services listed on the Schedule of Eye Care Services. They exclude services related to Eye Care Exams.

REQUEST FOR SERVICES

When requesting services, the Insured must advise the Contracting Provider's office that he or she has coverage under this network plan.

ASSIGNMENT OF BENEFITS

We pay benefits to the Contracting Provider for services and supplies performed or furnished by them. When a Non-Contracting Provider performs services, we pay benefits to the Insured.

EXTENSION OF BENEFITS

We will extend benefits for eye care supplies if this policy terminates. To be eligible for an extension, the supply must be prescribed prior to the termination of the policy and must be received within six months after the policy terminates.

EXPENSES INCURRED

An expense is incurred at the time a service is rendered or a supply item furnished.

LIMITATIONS

This plan has the following limitations.

- 1) This plan does not cover more than one Eye Exam in any 12-month period.
- 2) This plan does not cover more than one pair of ophthalmic Lenses in any 12-month period.
- 3) This plan does not cover more than one set of Frames in any 24-month period.
- 4) This plan does not cover Elective Contact Lenses more than once in any 12-month period. Contact Lenses and associated expenses are in lieu of any other Lenses or Frame benefit.
- 5) This plan does not cover Medically Necessary Contact Lenses more than once in any 12-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit as listed below. This benefit is in lieu of Elective Contact Lenses.
 - a. For Keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - b. Patients whose vision can be corrected two lines of improvement on the visual activity chart when compared to best standard spectacle lens correction.
 - c. Anisometropia of 3D or more.
 - d. High Ametropia exceeding -10D or +10D in spherical equivalent.
- 6) This plan does not cover Orthoptics or vision training and any associated testing.
- 7) This plan does not cover Plano Lenses.
- 8) This plan does not cover non-prescribed Lenses or sunglasses.
- 9) This plan does not cover two pairs of glasses in lieu of Bifocals.
- 10) This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- 11) This plan does not cover medical or surgical treatment of the eyes or supporting structures.
- 12) This plan does not cover services for claims filed more than one year after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- 13) This plan does not cover any procedure not listed on the Schedule of Eye Care Services

SCHEDULE OF EYE CARE SERVICES

This page lists the benefits payable for eye care services. No benefits are payable for a service not listed.

<i>SERVICE</i>	<i>PLAN MAXIMUM COVERED EXPENSE</i>	
	<i>Contracting Provider</i>	<i>Non-Contracting Provider</i>
Eye Exam	Covered in Full	Up to \$ 35.00
<i>(All lenses are per pair)</i>		
Single Vision Lenses	Covered in Full	Up to \$ 25.00
Lined Bifocal Lenses	Covered in Full	Up to \$ 40.00
Lined Trifocal Lenses	Covered in Full	Up to \$ 55.00
Frame	Up to \$130.00	Up to \$ 65.00
Contact Lenses*		
Elective	Up to \$130.00	Up to \$104.00
Medically Necessary	Covered in Full	Up to \$200.00

*The contact lenses allowance applies to the contact lens exam and lenses.

COORDINATION OF BENEFITS

This section applies if an Insured person has dental coverage under more than one Plan definition below. All benefits provided under this policy are subject to this section.

EFFECT ON BENEFITS. The Order of Benefit Determination rules below determine which Plan will pay as the primary Plan. If all or any part of an Allowable Expense under this Plan is an Allowable Expense under any other Plan, then benefits will be reduced so that, when they are added to benefits payable under any other Plan for the same service or supply, the total does not exceed 100% of the total Allowable Expense.

If another Plan is primary and this Plan is considered secondary, the amount by which benefits have been reduced during the Claim Determination Period will be used by us to pay the Allowable Expenses not otherwise paid which were incurred by you in the same Claim Determination Period. We will determine our obligation to pay for Allowable Expenses as each claim is submitted, based on all claims submitted in the current Claim Determination Period.

DEFINITIONS. The following apply only to this provision of the policy.

1. "Plan" refers to the group policy and any of the following plans, whether insured or uninsured, providing benefits for dental services or supplies:
 - a. Any group or blanket insurance policy.
 - b. Any group Blue Cross, group Blue Shield, or group prepayment arrangement.
 - c. Any labor/management, trustee plan, labor organization, employer organization, or employee organization plan, whether on an insured or uninsured basis.
 - d. Any coverage under a governmental plan that allows coordination of benefits, or any coverage required or provided by law. This does **not** include a state plan under Medicaid (Title XVIII and XIX of the Social Security Act as enacted or amended). It also does not include any plan whose benefits by law are excess to those of any private insurance program or other non-governmental program.
2. "Plan" does **not** include the following:
 - a. Individual or family benefits provided through insurance contracts, subscriber contracts, coverage through individual HMOs or other prepayment arrangements.
 - b. Coverages for school type accidents only, including athletic injuries.
3. "Allowable Expense" refers to any necessary, reasonable and customary item of expense at least a portion of which is covered under at least one of the Plans covering the Insured person for whom that claim is made. When a Plan provides services rather than cash payments, the reasonable cash value of each service will be both an Allowable Expense and a benefit paid. Benefits payable under another Plan include benefits that would have been payable had a claim been made for them.
4. "Claim Determination Period" refers to a Benefit Period, but does not include any time during which a person has no coverage under this Plan.
5. "Custodial Parent" refers to a parent awarded custody of a minor child by a court decree. In the absence of a court decree, it is the parent with whom the child resides more than half of the calendar year without regard to any temporary visitation.

ORDER OF BENEFIT DETERMINATION. When two or more Plans pay benefits, the rules for determining the order of payment are as follows:

1. A Plan that does not have a coordination of benefits provision is always considered primary and will pay benefits first.
2. If a Plan also has a coordination of benefits provision, the first of the following rules that describe which Plan pays its benefits before another Plan is the rule to use:
 - a. The benefits of a Plan that covers a person as an employee, member or subscriber are determined before those of a Plan that covers the person as a dependent.
 - b. If a Dependent child is covered by more than one Plan, then the primary Plan is the Plan of the parent whose birthday is earlier in the year if:
 - i. the parents are married;
 - ii. the parents are not separated (whether or not they ever have been married); or
 - iii. a court decree awards joint custody without specifying that one party has the responsibility to provide Dental and Eye Care coverage.

If both parents have the same birthday, the Plan that covered either of the parents longer is primary.

- c. If the Dependent child is covered by divorced or separated parents under two or more Plans, benefits for that Dependent child will be determined in the following order:
 - i. the Plan of the Custodial Parent;
 - ii. the Plan of the spouse of the Custodial Parent;
 - iii. the Plan of the non-Custodial Parent; and then
 - iv. the Plan of the spouse of the non-Custodial Parent.

However, if the specific terms of a court decree establish a parent's responsibility for the child's Dental and Eye Care expenses and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to Claim Determination Periods or Benefit Periods commencing after the Plan is given notice of the court decree.

- d. The benefits of a Plan that cover a person as an employee who is neither laid-off nor retired (or as that employee's dependent) are determined before those of a Plan that covers that person as a laid-off or retired employee (or as that employee's dependent). 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 rule will be ignored.
- e. If a person whose coverage is provided under a right of continuation provided by a federal or state law also is covered under another Plan, the Plan covering the person as an employee, member, subscriber or retiree (or as that person's dependent) is primary, and the continuation coverage is secondary. 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 rule will be ignored.
- f. The benefits of a Plan that has covered a person for a longer period will be determined first.

If the preceding rules do not determine the primary Plan, the allowable expenses shall be shared equally between the Plans meeting the definition of Plan under this provision. In addition, this Plan will not pay more than what it would have paid had it been primary.

RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION. We may without your consent and notice to you:

1. Release any information with respect to your coverage and benefits under the policy; and
2. Obtain from any other insurance company, organization or person any information with respect to your coverage and benefits under another Plan.

You must provide us with any information necessary to coordinate benefits.

FACILITY OF PAYMENT. When other Plans make payments that should have been made under this Plan according to the above terms, we will, at our discretion, pay to any organizations making these payments any amounts that we decide will satisfy the intent of the above terms. Amounts paid in this way will be benefits paid under this Plan. We will not be liable to the extent of these payments.

RIGHT OF RECOVERY. When we make payments for Allowable Expenses in excess of the amount that will satisfy the intent of the above terms, we will recover these payments, to the extent of the excess, from any persons or organizations to or for whom these payments were made. The amount of the payments made includes the reasonable cash value of any benefits provided in the form of services.

GENERAL PROVISIONS

NOTICE OF CLAIM. Written notice of a claim must be given to us within 30 days after the incurred date of the services provided for which benefits are payable.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Insured's name, and policy number. If it was not reasonably possible to give written notice within the 30 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

CLAIM FORMS. When we receive the notice of a claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement of the nature and extent of loss within the time limit for filing proofs of loss.

PROOF OF LOSS. Written proof of loss must be given to us within 90 days after the incurred date of the services provided for which benefits are payable. If it is impossible to give written proof within the 90-day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as is reasonably possible.

TIME OF PAYMENT. We will pay all benefits immediately when we receive due proof. Any balance remaining unpaid at the end of any period for which we are liable will be paid at that time.

PAYMENT OF BENEFITS. All benefits will be paid to the Insured unless you authorize us in writing to make payment to a third party or the Provider providing the services or supplies; however, no assignments to Foreign Dental Providers will be accepted.

Direct Payment of the Texas Department of Human Services

Other provisions of the policy notwithstanding, whenever we are notified that the Texas Department of Human Services has incurred expenses in connection with dental treatment for a person who is insured under this policy, benefits which would otherwise be payable to the Insured, if any, will be paid to the Texas Department of Human Services, but only to the extent of the actual costs incurred by such Department.

Benefit Payment to Parent of a Dependent Child

Regardless of any policy provision to the contrary, if:

1. a minor child is a dependent under this policy; and
2. such dependent child incurs expenses;

we will pay benefits to the parent of the dependent child who is not a Member of the group. Such parent must be legally designated the managing conservator of the child. We must receive evidence of this before we will pay benefits.

We will not pay benefits to the managing conservator in the following situations:

1. If the parent who is a Member of the group has legally assigned benefits to a provider, we will pay benefits to the provider.
2. If the parent who is a Member of the group has paid any portion of the expenses and those expenses are covered under the terms of the policy, we will pay benefits to the Member.

FACILITY OF PAYMENT. If an Insured or beneficiary is not capable of giving us a valid receipt for any payment or if benefits are payable to the estate of the Insured, then we may, at our option, pay the benefit up to an amount not to exceed \$5,000, to any relative by blood or connection by marriage of the Insured who is considered by us to be equitably entitled to the benefit.

Any equitable payment made in good faith will release us from liability to the extent of payment.

PROVIDER-PATIENT RELATIONSHIP. The Insured may choose any Provider who is licensed by the law of the state in which treatment is provided within the scope of their license. We will in no way disturb the provider-patient relationship.

LEGAL PROCEEDINGS. No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than five years after proof of loss is required.

INCONTESTABILITY. Any statement made by the Policyholder to obtain the Policy is a representation and not a warranty. No misrepresentation by the Policyholder will be used to deny a claim or to deny the validity of the Policy unless:

1. The Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder a copy of a written instrument signed by the Policyholder that contains the misrepresentation.

The validity of the Policy will not be contested after it has been in force for one year, except for nonpayment of premiums or fraudulent misrepresentations.

WORKER'S COMPENSATION. The coverage provided under the Policy is not a substitute for coverage under a workmen's compensation or state disability income benefit law and does not relieve the Policyholder of any obligation to provide such coverage.

GENERAL PROVISIONS (CONTINUED)

CONFORMITY WITH LAW. Any policy provision that conflicts with the laws of the state in which the policy is issued, when the policy is issued, is automatically changed to meet the minimum requirements of those laws.

ENTIRE CONTRACT. The policy and the application of the Policyholder constitute the entire contract between the parties. A copy of the Policyholder's application is attached to the policy when issued. All statements made by the Policyholder or an Insured will, in the absence of fraud, be considered representations and not warranties. No statement made to obtain insurance will be used to avoid the insurance or reduce the benefits of this policy unless it is in a written application signed by the Policyholder or Insured. A copy of this must have been given to the Policyholder or Insured.

No change in this policy will be valid unless approved in writing by one of our officers and given to the Policyholder for attachment to the policy. No agent has the authority to change this policy or waive any of its provisions. Any change in this policy will be valid even though an Insured may not have agreed to it.

INSURANCE DATA. The Policyholder will furnish, at our request, data necessary to administer this policy. The data will include, but not be limited to data:

- i. necessary to calculate premiums;
- ii. necessary to determine a person's effective date or termination date of insurance;
- iii. necessary to determine the proper coverage level of insurance.

We shall have the right to inspect any of the Policyholder's records we find necessary to properly administer this policy. Any inspections will be at a time and place convenient to the Policyholder.

We will not refuse to insure a person who is eligible to be insured just because the Policyholder fails or errs in giving us the data necessary to include that person for coverage. An Insured's insurance will not stay in force nor an amount of insurance be continued after the termination date, according to the Conditions for Insurance, because the Policyholder fails or errors in giving us the necessary data concerning an Insured's termination.

CERTIFICATES. We will issue certificates to the Policyholder showing the coverage under the policy. The Policyholder will distribute a certificate to each insured Member. If the terms of the certificate differ from the policy, the terms stated in the policy will govern.

PARTICIPATION REQUIREMENTS. There are two requirements that must be met in order for the policy to be placed in force, and to remain in force:

- a. a certain percentage of all Members qualified for insurance must be insured at all times; and
- b. a certain number of Insureds must be insured at all times.

The Participation Requirements are as follows:

Percentage of Members-	60%
Number of Members-	3,400

TERMINATION OF THE POLICY. The Policyholder may terminate this policy as of any Premium Due Date by giving us written notice before that date.

We may terminate this policy on the earlier of:

1. any Premium Due Date if the participation of Insureds and/or Dependents does not meet the requirements in "Conditions For Insurance." Written notice of termination of insurance must be given to the Policyholder at least 45 days before the date of termination.
2. any Premium Due Date on or after the first policy year, for reasons other than lack of participation. Written notice of termination of insurance must be given to the Policyholder at least 60 days before the date of termination.

If any premium is not paid when due, this policy will automatically be terminated as of the Premium Due Date, except as stated below.

GRACE PERIOD. This policy has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the policy will stay in force. If the Policyholder has not sent us a written request to terminate the policy and a premium is not paid by the end of the grace period, the policy will terminate at the end of the grace period. If the Policyholder gives us written notice of termination before the Premium Due Date, the policy will be terminated as of the date requested. The Policyholder will be liable for any unpaid premium for the time this policy was in force, including the grace period.

CONSIDERATION. This policy is issued to the Policyholder in consideration of the application and the payment of premiums specified in this policy.

TERMS AND CONDITIONS. Payment of any benefit under this policy is subject to the definitions and all other terms of this policy pertinent to the benefit.

**CLAIMS REVIEW PROCEDURES
AS REQUIRED UNDER
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)**

The following provides information regarding the claims review process and your rights to request a review of any part of a claim that is denied. Please note that certain state laws may also require specified claims payment procedures as well as internal appeal procedures and/or independent external review processes. Therefore, in addition to the review procedures defined below, you may also have additional rights provided to you under state law. If your state has specific grievance procedures, an additional notice specific to your state will also be included within the group policy and your certificate.

CLAIMS FOR BENEFITS

Claims may be submitted by mailing the completed claim form along with any requested information to:

Dental Claims:
Ameritas Life Insurance Corp.
PO Box 82520
Lincoln, NE 68501

Eye Care Claims:
EyeMed Vision Care
4000 Luxottica Place
Mason, Ohio 45040-8114

NOTICE OF DECISION OF CLAIM

We will evaluate your claim promptly after we receive it.

Utilization Review Program. Generally, utilization review means a set of criteria designed to monitor the use of, or evaluate the medical necessity, appropriateness, or efficiency of health care services. We have established a utilization review program to ensure that any guidelines and criteria used to evaluate the medical necessity of a health care service are clearly documented and include procedures for applying such criteria based on the needs of the individual patients. The program was developed in conjunction with licensed dentists and is reviewed at least annually to ensure that criteria are applied consistently and are current with dental technology, evidence-based research and any dental trends.

We will provide you written notice regarding the payment under the claim within 30 calendar days following receipt of the claim. This period may be extended for an additional 15 days, provided that we have determined that an extension is necessary due to matters beyond our control, and notify you, prior to the expiration of the initial 30-day period, of the circumstances requiring the extension of time and the date by which we expect to render a decision. If the extension is due to your failure to provide information necessary to decide the claim, the notice of extension shall specifically describe the required information we need to decide the claim.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Reference to any internal rule or guideline relied upon in making our decision, along with your right to receive a copy of these guidelines, free of charge, upon request.

- d. A statement that you may request an explanation of the scientific or clinical judgment we relied upon to exclude expenses that are experimental or investigational, or are not necessary or accepted according to generally accepted standards of Dental and Eye Care practice.
- e. A description of any additional information needed to support your claim and why such information is necessary.
- f. Information concerning your right to a review of our decision.
- g. Information concerning your right to bring a civil action for benefits under section 502(a) of ERISA following an adverse benefit determination on review.

APPEAL PROCEDURE

If all or part of a claim is denied, you may request a review in writing within 180 days after receiving notice of the benefit denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your appeal. There will be no charge for such copies. You may request the names of the experts we consulted who provided advice to us about your claim.

The appeal review will be conducted by the Plan's named fiduciary and will be someone other than the person who denied the initial claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based in whole or in part on a medical judgment, including determinations with regard to whether a service was considered experimental, investigational, and/or not medically necessary, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request.

If your appeal is about urgent care, you may call Toll Free at 877-897-4328, and an Expedited Review will be conducted. Verbal notification of our decision will be made within 72 hours, followed by written notice within 3 calendar days after that.

If your appeal is about benefit decisions related to clinical or medical necessity, a Standard Consultant Review will be conducted. A written decision will be provided within 30 calendar days of the receipt of the request for appeal.

If your appeal is about benefit decisions related to coverage, a Standard Administrative Review will be conducted. A written decision will be provided within 60 calendar days of the receipt of the request for appeal.

If we deny any part of your claim on review, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Reference to any internal rule or guideline relied upon in making our decision along with your right to receive a copy of these guidelines, free of charge, upon request.
- d. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.
- e. A statement that you may request an explanation of the scientific or clinical judgment we relied upon to exclude expenses that are experimental or investigational, or are not necessary or accepted according to generally accepted standards of Dental and Eye Care practice.
- f. Information concerning your right to bring a civil action for benefits under section 502(a) of ERISA.

Certain state laws also require specified internal appeal procedures and/or external review processes. In addition to the review procedures defined above, you may also have additional rights provided to you under state law. Please review your certificate for such information, call us, or contact your state insurance regulatory agency for assistance. In any event, you need not exhaust such state law procedures prior to bringing civil action under Section 502(a) of ERISA.

Any request for appeal should be directed to:

Quality Control, P.O. Box 82657, Lincoln, NE 68501-2657.

Application is Hereby Made to

AMERITAS LIFE INSURANCE CORP.

by: SMALL BUSINESS UNITED

whose main office address is: 6300 BRIDGE POINT PKWY STE 1-480
AUSTIN, TX 78730-5016

for Group Policy No. 10-350636

This group policy is hereby approved. Its terms are hereby accepted.

This Acceptance Application is made in duplicate. One is attached to the policy. The other part has been returned to the Company.

It is agreed that this application supersedes any previous application for the group policy.

SMALL BUSINESS UNITED

(Full or Corporate Name of Applicant)

Dated at _____ By _____
(Signature and Title)

On _____, 20__ Witness _____
(To be signed by Resident Agent where required by law)

This copy is to Remain Attached to the Policy

Dr. Lonnie Bean, M.E	3375 Fox Brier	Beaumont TX	77708	Reg. Member type 5
Bill Butera	292 Willow Grove Road	Stony Poin NY	10980	Reg. Member
Carl A. Chatmon	7111 Sandra	Houston TX	77028	Reg. Member type 5
Dr. Francisco O. Cuy	2601 Hospital Blvd	Corpus Ch TX	78405	Reg. Member type 5
Jacobo Latrache M.D	7017 Adcote	Corpus Ch TX	78413	Reg. Member type 5
Munir F. Bishara M.D	2700 W. Pleasant Run	Landcaster TX	75146-1012	Reg. NSBU Member type 5
Randall Dean	633 Fairway View Terrace	Southlake TX	76092	Reg. NSBU Member Type 5
Jeffery C. Fletcher	3019 Fall Way	San Antoni TX	78247	Reg. NSBU Member Type 5
David R. George	12900 Preston Rd. Suite 430	Dallas TX	75230	Reg. NSBU Member Type 1
Larry Jackson	2709 Brookside Drive	Rowlett TX	75088	Reg. NSBU Member Type 5
Jan Jones	4679 N. Versailles	Dallas TX	75209-6015	Reg. NSBU Member Type 5
Perry Lorenz	1311-A East 6th St.	Austin TX	78702	Reg. Member
Robert Mahlin	PO Box 222315	Dallas TX	75222-2315	Reg. Member
Richard Payne	PO Box 7955	Victoria TX	77903	Reg. NSBU Member Type 5
Tom Peterson	615 W. 7th Street	Corsicana TX	75110	Reg. NSBU Member type 1
Ronald Reed	153 Latch	San Antoni TX	78213	Reg. NSBU Member Type 5
Tom Reed		Eagle Lake TX	77434-0127	Reg. Member
J. Avery Rush	7308 Fleming	Amarillo TX	79106	Reg. NSBU Member Type 5
Prabhakara Sankar	3412 Grenoble Court	Plano TX	75023	Reg. Member type 5
Mohammad Tariq	120 S. Central Expressway, #108	McKinney TX	75070	Reg. NSBU Member Type 5
Craig Turner	20811 Nettlebrook Lane	Katy TX	77450	Reg. NSBU Member Type 1
Herb Weiner	251 West Renner Road, #131	Richardsor Tx	75080	Reg. Member
Joseph M. Wilbur	PO Box 448	Panola TX	75685-0448	Reg. NSBU Member Type 5
Sam Cagle	1727 E. State Highway 356	Irving TX	75060	Reg. NSBU Member Type 5
Bobby L. Kelley	1727 E. State Highway 356	Irving TX	75060	Reg. NSBU Member Type 5
Ray Love	6401 McGrew St	Houston TX	77087-3427	Reg. NSBU Member Type 1
Joy Gay	2613 Padina Drive	Austin TX	78733	Reg. Member
Rita Dennard	819 North Marshall	Henderson TX	75652	Reg. NSBU Member type 5
Abel Paredes	2505 West Michigan	Midland TX	79701	Reg. NSBU Member Type 5
Vicki Akers	4620 Button Bend Rd.	Austin TX	78708	Reg. Member
Linda Granberry	7433 Milky Way	Corpus Ch TX	78412	Reg. NSBU Member Type 5
Ann Cloyd	PO Box 9037	Austin TX	78766	Reg. Member
Jim Ronay	P.O. Box 201958	Austin TX	78720-1958	Reg. Member
Paul Iglesias	1021 Main Street	Corpus Ch TX	78409	Reg. NSBU Member Type 5
Jaw. Franks	PO Box 408	Lefors TX	79054	Reg. NSBU Member Type 5
Steve Goree	6001 W. Industrial	Midland TX	79703	Reg. Member
Rodney Jones	6000 Berry Brook Dr	Houston TX	77017-6758	Reg. Member
Albert Brown	4111 Texoma Parkway	Sherman TX	75090	Reg. Member type 1
Joe Aleman	PO Box 5612	McAllen TX	78502	Reg. NSBU Member Type 5
Alex R. Richter	1303 Castleford Rd.	Midland TX	79705	Reg. NSBU Member Type 5
Cliff Eisenberg	1201 E. Yandell Dr.	El Paso TX	79902	Reg. Member
Lee Moczygemba	11405 Santa Cruz	Austin TX	78759	Reg. Member
Jeanette L. Perkins	303 Cordoba Drive	Universal (Texas	78148	Reg. Member
Charles Whiteside	2600 Dudley Rd.	Kilgore TX	75662	Reg. Member
Charles Gossett	318 Southern	Corpus Ch TX	78404	Reg. NSBU Member Type 5
Kay Kamm	316 W. Main Street	Arlington TX	76004-1486	Reg. Assoc. Member
Christina Nue	905-C Medical Center Drive	Arlington TX	76012-4733	Reg. NSBU Member Type 5
Dennis Chumley	1419 N. State Line Rd	Texarkana TX	75503	Reg. NSBU Member Type 5
Scott Edge	PO Box 13508	Odessa TX	79768	Reg. NSBU Member type 1
Jeannie Baldwin	300 East Carpenter Freeway, Suite	Irving TX	75062-2726	Reg. Member Corp.
William Murphy	12201 Technology Blvd. Suite 160	Austin TX	78727	Reg. Member
Cindy Carraccio	PO Box 91808	Austin TX	78709	Reg. Member tele
Jeff Saboid	2514 Tarpley Suite 110	Carrollton TX	75006	Reg. NSBU Member type 5
Charles R. Perry	POB 60380	Midland TX	79711	Reg. Member
John Ballard	122 E Cameron Ave.	Rockdale TX	76567	Reg. Member Type 5
John de la Garza	PO Box 831000	Dallas TX	75283-1000	Reg. Member Corp.
Gilbert Hicks	PO Box 13 PT 2040	Houston TX	77251-1370	Reg. Member Corp.
Tommy J Bargsley	11940 Jollyville Road #210S	Austin TX	78759	Reg. Member
Ray Barnes	1401 Lamar St.	Wichita Fal TX	76301	Reg. NSBU Member Type 1
P. Barry Jackson	PO Box 2249	Boerne TX	78006	Reg. Member
Jim Gilliam	PO Box 1328	Orange TX	77631	Reg. Member
George K. Bauslaug	107 TerraVita Parkway, #126	San Antoni TX	78232	Reg. NSBU Member type 1
William C. Hobson Jr	3017 Gord PO Box 1555	Fort Worth TX	76110-1555	Reg. NSBU Member Type 1

Susan H. Morrissey	2828 Reward	Dallas TX	75220	Reg. Member
Deborah Ridgeway	124 Main Street	Cumby TX	75433	Reg. NSBU Member Type 5
Neil Small	214 S.Main, #101D	Duncanville TX	75116-4764	Reg. Member
Weldon Smith	7500 San Felipe Suite 666	Houston TX	77063-1791	Reg. NSBU Member Type 01
Fox, Nancy	14785 Omicron Drive	San Antonio TX	78245	Reg. Member type 1
Bill Barber	1598 S. Valley Pkwy, #105	Lewisville TX	75067-5415	Reg. NSBU Member Type 5
Jon Comola	Po Box 1682	Austin TX	78701	Reg. Member Corp.
Bill Stabler	6303 Brookstone	Arlington TX	76001	Reg. Member type 5
Bob Giddens	PO Box 987	Odessa TX	79760	Reg. NSBU Member Type 5
Borden Duffel	PO Box 5047	Abilene TX	79608	Reg. NSBU Member Type 1
Kenneth Bowdon	3406 Highland Meadows	Farmers Bl TX	75234	Reg. NSBU Member Type 5
Jim Pillans	4001 E 29th St. #175	Bryan TX	77802	Reg. Assoc. Member
Rita Brooks	10210 N. Central Expwy., Suite 222	Dallas TX	75231-3425	Reg. NSBU Member Type 1
Glenn Buffalo	3831 Pinemont	Houston TX	77018	Reg. Member
Richard Jessup	14027 Memorial Drive, Suite 338	Houston TX	77079	Reg. Member
John F. McNamara	7000 N. MOPAC Expy, 2d Floor	Austin TX	78731	Reg. Member
Gary Cook	P.O. Box 78358	Fulton TX	78358	Reg. NSBU Member Type 5
M.W. Carr	8333 Douglas Ave. #950	Dallas TX	75225-5811	Reg. NSBU Member Type 5
Christophe Rachal	6215 Bayou Knoll Drive	Houston TX	77072	Reg. Member type 5
Ken Turner	Box 2823	Corpus Ch TX	78403-2823	Reg. NSBU Member Type 1
Mario A. Cadena	118 E. Twelfth Street	Dallas TX	75203-2602	Reg. NSBU Member Type 1
Calvin Stephens	600 N. Pearl #2195	Dallas TX	75201	Reg. Member
Frank Hinijosa	10655 Emmond Loop	Corpus Ch TX	78410	Reg. NSBU Member Type 5
Steve Grivich	6435 Crestway	San Antonio TX	78239	Reg. NSBU Member Type 5
Austin Casey	1407 S. Main	Borger TX	79008	Reg. NSBU Member Type 5
Vic Russell	PO Box 57	China Spri TX	76633	Reg. Member tele
Loretta Humble	104 S. Terry	Malakoff TX	75148-9206	Reg. NSBU Member Type 5
Larry S. Conley	PO Box 660197	Dallas TX	75266	Reg. Member Corp
Richard V. Chicoine	6805 Main Street Suite 410	The Colony TX	75056	Reg. Member type 5
Charles Holt	1252 East Common Street	New Braun TX	78130	Reg. NSBU Member Type 5
Dianne H. Patterson	PO Box 802317	Dallas TX	75380-2317	Reg. Member
Hal G. Kuntz	1001 Fannin, Suite 1400	Houston TX	77002-6708	Reg. NSBU Member type 1
Shirley Cobb	1733 Wirt Road	Houston TX	77255-5777	Reg. Member type 5
Howard Bazarsky	11345 Park Central Place	Dallas TX	75230	Reg. Member Gold
C.D. Heinen	PO Box 650282 M.C 6526	Dallas TX	75265-0282	Reg. Member Corp.
David Lacy	PO Box 2303	Waco TX	76703	Reg. Member
Michon Fulgham	PO Box 650561	Dallas TX	75265-0651	Reg. Member Corp.
Dianne Lopez	204 West 19th Street	Houston TX	77008	Reg. Member Corp.
Alen Lish	PO Box 3693	Austin TX	78764	Reg. Member tele
Michelle H. Reimer	PO Box 497077	Garland TX	75049-7077	Reg. Member
Susie Marshall	8300 Douglas, Ste 625	Dallas TX	75225	Reg. Member
John Morehead	700 Main, suite 107	Victoria TX	77901	Reg. NSBU Member Type 5
Wanda Brice	5489 Blair Road, Suite 400, LB 11	Dallas TX	75231-4101	Reg. Member
Jane Scott	PO Box 1564	Roundrock TX	78680	Reg. Member tele
Sara Lee Goff	5323 Greenville Ave #4	Dallas TX	75206	Reg. Member
Sindy Farris	816 Congress Ave, #1100	Austin TX	78701	Reg. Member
John Costa	8023 Swiss Lane	Houston TX	77075	Reg. NSBU Member Type 5
Tammy Cotton	4939 Thunder Rd.	Dallas TX	75244	Reg. Member
Paula Carter	1501 N Norwood, Suite 125	Hurst TX	76054	Reg. Member
George Vidacovich	3350 McCue	Houston TX	77056	Reg. NSBU Member Type 5
Tim Crumpton	700 Tennessee	Dalhart TX	79022REG.	Reg. NSBU Member Type 5
Orquidea C. Verdin	4407 South Alameda	Corpus Ch TX	78412	Reg. NSBU Member Type 5
Marty Moore	129 West Park	Pharr TX	78577	Reg. Member type 5
Dirk Hansen	3939 Beltline Road, Ste 235	Dallas TX	75244	Reg. NSBU Member Type 5
Reginald Gates	2838 Martin Luther King Blvd.	Dallas TX	75215	Reg. Assoc. Member
Tony Williams	1501 Fair Oaks Drive	Richardsor TX	75081	Reg. NSBU Member Type 5
Debra Daniel	1300 S. Frazier, # 216	Conroe TX	77301	Reg. Member
F.J. O' Leary	7365 Remcon Ave	El Paso TX	79912	Reg. NSBU Member Type 5
Gaston Gaal	11818 Burlingame	Houston TX	77099	reg. Member type 1
Roland Cordobes	5641 Yale	Dallas TX	75206-5026	Reg. Member Gold
Judy Cannon	3609 Cedar Springs	Dallas TX	75219	Reg. NSBU Member type 1
Joseph Wolk	1911 Galahad Ln.	Arlington TX	76014	Reg. NSBU Member Type 5
Joe Pieprzyca	PO Box 106	Victoria TX	77902	Reg. NSBU Member Type 5

Randall McDaniel	1402 Mockingbird Ln	Sulphur Sp TX	75482	Reg. NSBU Member Type 5
John F. Diaz	11815 Rue La Fontaine	Tomball TX	77377	Reg. Member
Lucious L. Williams	1420 W. Mockingbird, Suite 600	Dallas TX	75247	Reg. Member
Allan Black	PO Box 3000-346	Austin TX	78764	Reg. Member
David Franks	2315 Rock Creek	Crowley TX	76036	Reg. NSBU Member Type 5
Joe Canon	PO Box 176	Abilene TX	79604-0176	Reg. Member Telemkt
Don Sanders	3109 Drexel Drive	Dallas TX	75205	Reg. NSBU Member Type 5
Donald R. McClung	4110 East 37th	Odessa TX	79762	Reg. NSBU Member Type 5
Shea Burgamy	PO Box 16700	Austin TX	78723	Reg. Member
Cheryl Chance	6902 Tulane	Austin TX	78723	Reg. Member
Douglas H. Williams	4403 Caston Lane	Wichita Fal TX	7.63E+08	Reg. Member type 5
Lloyd Pate	11820 24th Street	Santa Fe TX	77510	Reg. NSBU Member Type 5
Mark C. Davies	2700 Richmond Ave Ste 14C	Texarkana TX	75503	Reg. NSBU Member TYPE 1
Duane Johnson	4515 Manachaca Road	Austin TX	78745	Reg. Member type 5
Marianne Dunn	5400 Preston Oaks, #3057	Dallas TX	75240	Reg. Member
Rob Ritchie	4615 Post Oak Place, Suite 111	Houston TX	77027	Reg. Member
Dennis Edwards	213-13 Street	Hereford TX	79045	Reg. NSBU Member Type 5
Richard Shelton	11769 West Avenue	San Antoni TX	78216	Reg. NSBU Member Type 5
Sandra Harrison	626 Trailwood Court	Garland TX	75048	Reg. NSBU Member Type 5
P.J. Ellison	2107 E. Stone Street	Brenham TX	77833-5131	Reg. NSBU Member Type 5
Mickey Michaels	6608 East Hill Drive	Austin TX	78731	Reg. Member
Robert W. Bryant	3300 Coulter Suite 3-43	Amarillo TX	79106	Reg. NSBU Member Type 5
Jean Springer	6210 Adel Cove	Austin TX	78749-1656	Reg. Member
James Gould	PO Box 39309	San Antoni TX	78218-1309	Reg. NSBU Member Type 5
Wayne Holmes	PO Box 216	Addison TX	75001-0216	Reg. NSBU Member type 1
Sam Calvin	1514 Dorado Street	Garland TX	75004	Reg. NSBU Member Type 5
Robert Orr	PO Box 1960	Seguin TX	78155-8960	Reg. Member
Griffiths Carnes	2211 South IH 35	Austin TX	78741	Reg. NSBU Member Type 1
Gary Flory	8850 Ferguson Rd., Apt 3067	Dallas TX	75228-8326	Reg. Member
Mary Gorrell	12900 Preston Road, Ste. 1117	Dallas TX	75230-	Reg. Member
Clint Forrest	PO Box 37	Cleburne TX	76033	Reg. NSBU Member Type 1
Jim Madison	3607 E. Rosedale	Fort Worth TX	76105	Reg. Assoc. Member
Amanda Mitchell	7303 Burtleson #301	Austin TX	78744	Reg. Member
Daryl Fowler	PO Box 795	Yoakum TX	77995	Reg. NSBU Member Type 5
Frank Aguirre	16159 Old Stable Rd.	San Antoni TX	78247	Reg. Member
Dick French	5725 Polk	Houston TX	77023	Reg. NSBU Member Type 1
Tamara K. Mabry	608 N. East Street	Edna TX	77957	Reg. NSBU Member Type 1
Corrie Fuquay	POB 9327	Austin TX	78766	Reg. Member
Dana Gunnoe	914 S. Garland Rd.	Garland TX	75040	Reg. Assoc. Member
Paul Mayer	914 S. Garland Rd.	Garland TX	75040	Reg. Assoc. Member
James Saint	914 S. Garland Rd.	Garland TX	75040	Reg. Assoc. Member
Greg Sims	914 S. Garland Rd.	Garland TX	75040	Reg. Assoc. Member
Thomas Daniel	615 Main Street	Garland TX	75040-6322	Reg. NSBU Member type 1
Garth Wright	102 S. Eisenhower	Midland TX	79703	Reg. NSBU Member Type 1
Stuart Butler	4201 W-Green Oaks	Arlington TX	76016	Reg. NSBU Member Type 5
John E. Abney	3909 Crestridge Drive	Midland TX	79707	Reg. NSBU Member type 5
Tim Moreland	1615 S. Bowie	Amarillo TX	79102	Reg. NSBU Member Type 5
Gwenn G. McFarland	10113 Willfield Dr.	Austin TX	78753	Reg. Member
Craig Longhurst	PO Box 162567	Fort Worth TX	76161	Reg. Member
Jim Parks	Post Office Box 445	Sumerset TX	78069	Reg. Member
Doris Thomas	1999 Bryan St., #1520	Dallas TX	75201	Reg. Member
Holly Hammond	6012 Campus Circle Drive, E#210	Irving TX	75063-2705	Reg. Member
Martin E. Gonzales	620 North Grant, Suite 915	Odessa TX	79761	Reg. NSBU Member type 5
Terri Ricketts	900 Conover Dr.	Grand Prai TX	75051	Reg. Assoc. Member
Anna Grassini	515 Congress, Suite 2300	Austin TX	78701	Reg. Member
Kent D. Gray	229 N. Deahl	Borger TX	79007	Reg. NSBU Member Type 5
James Gregg	7322 SW Freeway, Suite 1211	Houston TX	77074	Reg. NSBU Member Type 5
Dan Bowden	4700 Bryant Irvin Court, Suite 203	Fort Worth TX	76107	Reg. Member
Kelly Smith Hall	4825 McCullough	San Antoni TX	78212	Reg. Member
Harry C. Cole	6819 Quanah Rd.	Weatherfo TX	76087	Reg. NSBU Member Type 1
Harvey Evans	5003 Burnet Blvd.	Austin TX	78756	Reg. Member type 5
Charles Hensley	1607 Pueblo	Midland TX	79705	Reg. NSBU Member Type 5
John Nichols	3030 North Josey Lane #118	Carrollton TX	75007	Reg. Member type 5

Joe Trudgeon	25611 Timber Lane Drive	Spring TX	77386	Reg. NSBU Member Type 1
Lupe Garcia	300 West Davis	Dallas TX	75208	Reg. Member
Allen Herrington, Jr.	2009 West Harris Ave.	San Angelo TX	76901-3805	Reg. NSBU Member Type 5
Robert Kuehl	706 Coach	San Antonio TX	78216	Reg. NSBU Member Type 5
Larry King	PO Box 180218	Dallas TX	75218-0218	Reg. NSBU Member Type 1
Thomas M. Lammers	5933 Bellaire #103	Houston TX	77081	Reg. Member
Ken J. Legler	527 Michigan	South Houston TX	77587	Reg. Member type 1
Ed Rankin	1333 Corporate Drive, Suite 117	Irving TX	75038	Reg. Member
George Smith	8303 MOPAC, Suite C-450	Austin TX	78759	Reg. Member Corp.
Donald J. Hupp	716 Scott Ave. Suite 200	Wichita Falls TX	76301	Reg. Member type 1
Lupe Damian III	715 N. Velasco	Angleton TX	77515	Reg. Member
Valerie Freeman	5550 LBJ Fwy, Suite 150	Dallas TX	75240	Reg. Member
Karen Neeley	1700 Rio Grande Street, Suite 100	Austin TX	78701	Reg. Assoc. Member
Steve Scurlock	1700 Rio Grande Street, Suite 100	Austin TX	78701	Reg. Assoc. Member
Karl F. Edmonds, Jr.	PO Box 1842	Kilgore TX	75663-1842	Reg. NSBU Member Type 5
Larry Ormsby	3801 Billy Drive	Victoria TX	77901	Reg. Member type 5
Frederick Macaskill	2982 Buttonwood Drive	Carrollton TX	75006	Reg. Member type 5
Bill Prewitt	PO Box 1027	Addicks TX	75001-1027	reg. Member type 1
Corine Prieto	710 North Post Oak Rd.	Houston TX	77024	Reg. Member type 5
Ray Roark	12871 Research Blvd,	Austin TX	78750	Reg. Member
Helga Mattei	POB 30072	Houston TX	77249-0072	Reg. Member
George Masso	P.O. Box 2796	McAllen Texas	78502	Reg. NSBU Member Type 1
Willard E. (Bill) Imhof	7303 Bursleson Road, Bldg 700	Austin TX	78744	Reg. Member
Victoria Downing	PO Box 9109	Dallas TX	75209	Reg. Member
Carl Ivey	10230 Plano Rd.	Dallas TX	75238	Reg. Member
Joel B. Hunt	PO Box 36	LaWard TX	77970	Reg. NSBU Member Type 5
Jan Koehn	8926 Kirby Lane	Houston TX	77054	Reg. NSBU Member Type 1
Eddie Robinson	PO Box 1546	Jasper TX	75951	Reg. NSBU Member Type 5
Jeffrey Scott	14711 Bear Creek Pass	Austin TX	78737	Reg. NSBU Member Type 5
Charles Jiura	2624 Sunlight Drive	Arlington TX	76006	Reg. NSBU Member Type 5
Sharron Stephens	PO Box 580092	Dallas TX	75258-0092	Reg. NSBU Member Type 5
John Derryberry	5737 W. Lovers Lane	Dallas TX	75209	Reg. Member MOO
John Finney	207 Chuckar Dr.	Gilmer TX	75644	Reg. NSBU Member Type 5
Ervin Jupe	POB 474	West TX	76691	Reg. Member
Gary Haecker	403 John Vernon	Euleless TX	76040	Reg. NSBU Member Type 5
Gloria Gordon	3637 West Alabama Street	Houston TX	77020	Reg. Member type 5
Albert Muniz	1814 E Main	Alice TX	78332	Reg. NSBU Member Type 5
Wanda Cannon	1143 C. R. 163	Kaufman TX	75142	Reg. Member type 5
Kevin D. Fuchigami	2900 Richmond Ave	Houston TX	77098	Reg. NSBU Member Type 5
Larry Herndon	20555 Kingsland Blvd.	Katy TX	77450	Reg. Member type 5
Wayne Kirkland	16434 1/2 Second St.	Channelview TX	77530	Reg. NSBU Member Type 5
Bruce Craft	1201 Legacy Dr. #1713	Plano TX	75023	Reg. NSBU Member Type 5
Fred Ahle	108 E. South St.	Longview TX	75691	Reg. Member
Larry Fite	11920 Elam Road	Balch Springs TX	75180-2821	Reg. NSBU Member Type 1
Jerry Smith	11220 Goodnight Lane #1500	Dallas TX	76229	Reg. NSBU Member Type 5
Rene Ramirez	524 South Cage Blvd.	Pharr TX	78577	Reg. Member type 5
Kenneth Wincorn	8500 N. Stemmons Ste 5050	Dallas TX	75247	Reg. NSBU Member Type 5
Patrick F. Timmons J	10200 Old Katy Rd., #100	Houston TX	77043	Reg. Member
Gus Warren	3417 Halifax Street	Dallas TX	75247-5902	Reg. Member
Catherine Marrs	17000 Dallas Parkway #103	Dallas TX	75248	Reg. Member
Javier Morales	3207 S. Highway 281	Edinburg TX	78539	Reg. NSBU Member Type 5
Ike Guest	1503 L.B.J. Freeway, Suite 202	Dallas TX	75234	Reg. NSBU Member Type 1
Christopher Fnelon	3400 Chase Tower	Houston TX	77002	Reg. NSBU Member Type 5
David Taylor	3400 Chase Tower	Houston TX	77002	Reg. NSBU Member Type 5
James E Baker	7414 Eastex Freeway	Beaumont TX	77708	Reg. NSBU Member Type 5
David Honeycutt	906 Tulane Dr.	Arlington TX	76012	Reg. NSBU Member type 5
Marc Migliazzo	402 W. Main	Grand Prairie TX	75050	Reg. Member
Don Rushing	2737 82nd Street	Lubbock TX	79243	Reg. NSBU Member Type 1
Dennis Haley	PO Box 1828	Lubbock TX	79408	Reg. NSBU Member Type 1
Lynn Alexander	3301 66th Street, Suite A	Lubbock TX	79413	Reg. Member tele
Dimas Mora	PO Box 686623	San Antonio TX	78268	Reg. NSBU Member Type 5
Margie Waltman	8566 Katy Freeway, #124	Houston TX	77024	Reg. Member
Maria Bosnjak	9600 Great Hills Trail, 150-West	Austin TX	78759	Reg. Member tele

Robert Mabe	PO Box 4283	Victoria TX	77903	Reg. NSBU Member Type 5
Suzan F. Martin	413 E. Roosevelt Avenue	Boerne Texas	78006	Reg. Member type 3
Mark Marek	Rt 2 Box 57	El Campo TX	77437	Reg. NSBU Member Type 5
Mark Pollock	619 Harvest Glen	Richardsor TX	75081	Reg. NSBU Member type 5
Maria Martinez	937 Katz Lane	Brownsville TX	78520	Reg. Member type 5
Kathy Hancock	9900 Weir Loop	Austin TX	78736	Reg. NSBU Member Type 1
Warren Mayea	4720 Beaumont Ave	Groves TX	77619	Reg. NSBU Member Type 5
Meikel Boydston	4032 Brookway Dr.	Fort Worth TX	76123	Reg. NSBU Member Type 5
Tim McIntyre	1403 W. 47th	Austin TX	78756	Reg. Member
Betty McKean	6612 Winged Foot Way	Plano TX	75093	Reg. Member tele
Julie Nieaoff	2911 Stonepointe	McKinney TX	75070	Reg. NSBU Member Type 5
Michele Truhlik	11809 Buggy Whip Trail	Austin Texas	78750	Reg. Member
Ulco Visser	9104 Spring Lake Dr.	Austin TX	78750	Reg. Member MOO
Bill Breed	8711 Burnett rd Ste E-50	Austin TX	78757-7064	Reg. Member
Melanie Rutledge	3401 Glenview Ave.	Austin TX	78703	Reg. Member
Tal Korin	7308 Tomlinson Street	Dallas TX	75248	Reg. NSBU Member Type 5
Michael Bice	3708 Sierra	Bryan TX	77802	Reg. Member type 5
Robert W. Mighell	6060 N. Central Expwy., #230	Dallas TX	75206	Reg. Member
Robert Hirsh	911 Elm St	Dallas TX	75202-3199	Reg. Member
David Mims	1030 Andrews Highway	Midland TX	79701	reg. Member type 1
Victor Chavez	5015 University Avenue	Lubbock TX	79413	Reg. NSBU Member type 5
Mark Mossavat	11917 Rose Thorn Drive	Austin TX	78758	Reg. NSBU Member Type 5
John Moncey	4215 Blocker	Marshall TX	75672	Reg. NSBU Member Type 5
Michael Propes	2001 Paramont	Amarillo TX	79109	Reg. NSBU Member Type 5
Joe B. Hassell	170 East Valley Ridge Blvd.	Lewisville TX	75057	Reg. NSBU Member Type 5
Richard Adams	1250 East Copeland Road #750	Arlinton TX	76011	Reg. Member type 5
James M. Chaney	5350 South Staples #220	Corpus Ch TX	78411	Reg. NSBU Member Type 5
Harold Ford	2515 S. Washington	Marshall TX	75670	Reg. NSBU Member type 5
David Knapp	5350 S. Staples St. Ste 220	Corpus Ch TX	78411	Reg. NSBU Member Type 5
Mark Knapp	4 Green Hollow Circle	Wichita Fai TX	76301-6800	Reg. NSBU Member type 5
Ronald Peynado	2901 N. 10th Street, Suite N	McAllen TX	78501	Reg. NSBU Member Type 5
Stewart Roberson	500 N. Central Expwy, Suite 152	Plano TX	75074	Reg. NSBU Member Type 5
Joseph Cambiaso	10302 Kings Point	Houston TX	77075	Reg. NSBU Member Type 5
Alex Wolff Jr.	PO Box 2761	Houston TX	77252-2761	Reg. NSBU Member Type 1
Karyl Innis	The Innis C 13355 Noel Rd. Ste 17E	Dallas TX	75240-	Reg. Assoc. Member
Gail McDonald	The McDor 6330 LBJ Freeway, Suite	Dallas TX	75240-6412	Reg. Assoc. Member
Karen Norris	1402 Corinth Street, #219	Dallas TX	75215	Reg. Assoc. Member
Grace Young	820 S. Mac Box 320	Coppell TX	75019	Reg. Assoc. Member
Judith Belanger	Cornerston 1177 West Loop South,	Houston TX	77027	Reg. Assoc. Member
Jamie Black	Fitts, Robe 1 Westheimer Plaza,	Houston TX	77057	Reg. Assoc. Member
Julie Caggiano	Hughes, W 1415 Louiiana, 37th Flo	Houston TX	77002-7354	Reg. Assoc. Member
Judy Golden	NS Control 1760 Stebbins Drive	Houston TX	77043	Reg. Assoc. Member
Genevieve Marshall	Marshall's 4615 Southwest Freew	Houston TX	77027-7103	Reg. Assoc. Member
Frankie Snead	4144 West Bellfort	Houston TX	77025	Reg. Assoc. Member
Diane Bagley	Fortune-Ne 9833 Fortune Ridge Dr.	Converse TX	78201-2791	Reg. Assoc. Member
Mary Jo Haselhorst	Expert Hez 12826 Castle Bend	San Antoni TX	78230	Reg. Assoc. Member
Sherron Huffman	Sherron Pr PO Box 18857	San Antoni TX	78218	Reg. Assoc. Member
Patricia Stout	Alamo Tra 9000 Wurzbach	San Antoni TX	78240	Reg. NSBU Member Type 4
Tommy Wald	8701 Shoal Creek, Suite 201	Austin TX	78757-6809	Reg. Member
Charles Neuenschwa	16201 Shadybank Drive	Dallas TX	75248-2958	Reg. NSBU Member Type 5
Calvin Court	3200 Court PO Box 5040	Texarkana TX	75501-6619	Reg. NSBU Member Type 1
Nicki Nicol Hubert	POB 222288	Dallas TX	75222	Reg. Member
Nolen Scott	2020 Hillside Court	Forney TX	75126	Reg. NSBU Member tYPE 5
Jon Pinkus	7700 Northaven Rd	Dallas TX	75230	Reg. Member
Lillian Pinkus	7700 Northaven Rd.	Dallas TX	75230	Reg. Member
Debbie Hurst	1402 Corinth, Suite 1550	Dallas TX	75215	Reg. Member
Tom Sansing	3910 Far West Blvd.	AUSTIN TX	78731-2901	Reg. Member
Gary Valdez	111 Congress Avenue	Austin TX	78701	Reg. Member
Anita L. Porco	4230 LBJ Freeway Suite 110	Dallas TX	75244	Reg. Member
Lewis Orms	411 S. Orchid	White Oak TX	75693	Reg. Member
John Oliver	PO Box 4647	Austin TX	78765	Reg. Member
Jen	PO Box 5919	Austin TX	78763	Reg. Member
Scott Golden	3400 Bissonet Drive, #260	Houston TX	77005	Reg. NSBU Member Type 5

Joe Guinn	8200 I.H. 1 Suite 1000	San Antoni	Texas	78230-3878	Reg. Member Corp.
Daryl Wright	3500 River Road	Amarillo	TX	79107	Reg. NSBU Member Type 5
Kelly Parks	1710 Alamo	Victoria	TX	77901	Reg. Member type 5
Donald Wood	2701 Klumberly Dr.	Grapevine	TX	76051-2613	Reg. NSBU Member Type 5
Barry Young	5830 McArdle #204	Corpus Ch	TX	78412	Reg. NSBU Member Type 5
Tom Moore	2013 St. Andrews Dr.	Roundrock	TX	78664	Reg. Member
Bill Perryman	12221 Merit Drive, #850	Dallas	TX	75251	Reg. Member
Don Petersen	10604 Yucca Drive	Austin	TX	78759	Reg. Member
Larry V. Foster	PO Box 60365	Midland	TX	79711-0365	Reg. Member
Phillip V. Vinson	4747 N. Josey Lane Apt 612	Carrollton	TX	75010	Reg. NSBU Member Type 5
Richard G. Bowling	3133 Saba Lane	Port Neche	TX	77651	Reg. Member type 5
W.C. Pickens	800 Bank One Bldg., 8111 Presto	Dallas	TX	75225	Reg. Member type 5
Norma A. Phillips	260 Rudolph Ln.	Luling	TX	78648	Reg. Member
Raymond Shields	9629 Galway Drive	Dallas	TX	75218	Reg. NSBU Member Type 5
Christine MocarSKI M	4 Harbortown Ct	Frisco	TX	75034	Reg. Member
Wanda Rohm	2714 West Ave.	San Antoni	TX	78201	Reg. Member
Sergio Shearer	PO Box 735	Roanoke	TX	76262	Reg. NSBU Member Type 5
James S. Specht	2540 Old Denton Rd #175	Carrollton	TX	75006	Reg. Member type 5
Craig Casselberry	5100 West Suite 200	Houston	Texas	77056	Reg. Member
Dean Atkinson	PO Box 641	Portland	TX	78374	Reg. Member MOO
James Self	Route 4 Box 467	Alvin	TX	77511	Reg. NSBU Member Type 5
R. Miller Hicks	1011 W. 11th St.	Austin	TX	78703	Reg. Member Gold
Karen Van Hyning	12200 N.W. Freeway Ste 308	Houston	TX	77092	Reg. NSBU Member Type 5
R.R. Williams	12200 N.W. Freeway Ste 308	Houston	TX	77092	Reg. NSBU Type 5
Katheryn Paulsen	5519 Hialeah	Houston	TX	77092	Reg. NSBU Member Type 5
Chris Kimball	PO Box 26522	Austin	TX	78755-0522	Reg. Member
Linda Valdez	6700 N. New Braunfels	San Antoni	Texas	78209	Reg. Member
Abraham Soriano	2615 Calder Ave.	Beaumont	TX	77702	Reg. NSBU Member Type 5
Ken Wendler	22 Margranaita Cres	Austin	TX	78703-1717	Reg. Member
Ric Papa	6600 Preston Road, #1313	Dallas	TX	75024	Reg. NSBU Member Type 5
Loy Goodheart	1030 Andrews Highway #200	Midland	TX	79701	reg. Member type 1
Francis Sweeney	320 Lindberg Center	McAllen	TX	78501	Reg. NSBU Member Type 5
Maxine Keeseey	2111 Riverforest Dr.	Arlington	TX	76017	Reg. NSBU Member Type 5
Robert Farias	PO Box 1150	Dripping Sp	TX	78620	Reg. Member
Robert Jones	2914 1/2 West 2nd Ave	Corsicana	TX	75110	Reg. Member
Wayne 'Cotton' Carls	PO Box 1828	Austin	TX	78767	Reg. Member tele
Charlene Rockholt	PO Box 731	Belton	TX	76513	Reg. Member type 1
Robert Elizando	501 West Brown Street	Wylie	TX	75098	Reg. NSBU Member Type 5
Brandy Bates	11923 Radium Drive	San Antoni	TX	78216	Reg. Member
Rita Elizondo	603 Navarro, Suite 100	San Antoni	TX	78205	Reg. Assoc. Member
Henry R. Munoz III	Kell, Muno: 700 GPM N. Tower	San Antoni	TX	78216	Reg. Assoc. Member
Rey Salinas	Horizon Te 10142 Huebner	San Antoni	TX	78240	Reg. Assoc. Member
Michael Sander	906 East 6th Street	Weslaco	TX	78596	Reg. NSBU Member Type 5
Max Schumann	PO Box 504	Midland	TX	79702	Reg. Member
Don J. Schwirtlich	2758 Windrock Drive	Corpus Ch	TX	78410	Reg. Member type 5
Tom Stewart-Gordon	PO Box 781992	Dallas	TX	75378-1992	Reg. Member
Scott Benson	4935 Sandestin Drive	Dallas	TX	75287	Reg. Member type 5
Clark Scroggin	3800 North 23rd Street	McAllen	TX	78501	Reg. NSBU Member Type 5
Mike Mauldin	PO Box 858	Idalou	TX	79329	Reg. NSBU Member Type 1
Dianne Self	1114 South Airport Circle, #130	Eules	TX	76040	Reg. NSBU Member Type 5
Helen I. Hodges	17041 El Camino Real #200	Houston	TX	77058-2629	Reg. Member
Dan Serna	6031 W. Interstate 20, Suite 251, L	Arlington	TX	76017	Reg. Member
Jack Tucker	2206 Poulin	Grand Prai	TX	75050-6160	Reg. NSBU Member Type 1
Alan M. Stafford	PO Box 1542	Rockport	TX	78381	Reg. Member type 5
Dave Barrie	6222 Royal Lane	Dallas	TX	75230	Reg. Member
David Smith	346 Lea Lane	Wimberly	TX	78676	Reg. NSBU Member Type 5
Frankie J. Snead	4144 West Bellfort	Houston	TX	77025	Reg. Member
J.N. Grimes	PO Box 1990	Jacksonvill	TX	75766-1990	Reg. NSBU Member, Type 1
Jack Barron	140 Resler	El Paso	TX	79912	Reg. Assoc. Member
Mike Nesbit	17835 Kuykendahl	Houston	TX	77379	Reg. Assoc. Member
Terry Spear	5637 Military Parkway	Dallas	TX	75277	Reg. Assoc. Member
Andy Stanley	1800 NE Loop 410, #308	San Antoni	TX	78217	Reg. Assoc. Member
J.R. Viola	2222 Airline	Corpus Ch	TX	78414	Reg. Assoc. Member

Merrie Spaeth	3405 Oak Grove	Dallas TX	75204	Reg. Member
Lynn Sparkman	309 Brakenridge Street	Edna TX	77957-3815	Reg. NSBU Member Type 5
T. David Porter	9603 Petite Cove I	Austin TX	78750	Reg. Member
Brian Cole	502 Business Parkway	Richardsor TX	75081	Reg. NSBU Member Type 5
Steve Greenhill	1543 Sedalia	Flower Mo TX	75028	Reg. NSBU Member Type 5
Bill Lunsford	POB 15625	Austin TX	78761	Reg. NSBU Member Type 1
Malcolm Outlaw	PO Box 80593	Midland TX	79709	Reg. Member Gold
Gerald W. Nix	1102 West Magnolia	San Antoni TX	78201	Reg. Member type 5
Barbara Ponter	PO Box 60094	Houston TX	77205	Reg. Member
David Starling	3838 Weber, Suite B	Corpus Ch TX	78427-1380	Reg. NSBU Member Type 5
James T. Johnson	723 Baltimore	Hereford TX	79045	Reg. NSBU Member Type 5
David R. Pinkus	PO Box 820	Wills Point TX	75169	United States
Ralph Pinkus	11706 Pine Forest	Dallas TX	75230	Reg. Member
Maria Crowley	801 E. Campbell Rd. #155	Richardsor TX	75081	Reg. NSBU Member
Fred Moses	1304 Capital Ave.	Plano TX	75074-	Reg. Member
Price Arredondo	PO Box 9700-372	Austin TX	78766	Reg. Member
Kurtis Temple	24589 Cunningham	Porter TX	77365	Reg. NSBU Member Type 5
Terry D. Tubb	1304 West Texas	Midland TX	79701	Reg. NSBU Member Type 5
Raymond Terry	HC 01 Box 208	Inez TX	77968	Reg. NSBU Member Type 5
Allan Gehrki	500 North Akard, #1900	Dallas TX	75202	Reg. Assoc. Member
Shirley Hutzler	3445 Exec Medina Building, #125	Austin TX	78731	Reg. Assoc. Member
Jackie Spragins	PO Box 2073	Wichita Fal TX	76307	Reg. Assoc. Member
Janet Stokes	1000 Connecticut Ave. N.W.	Washingto D.C.	20036	Reg. Assoc. Member
Trei Wild	Safeguard 14800 Landmark, #700	Dallas TX	75240	Reg. Assoc. Member
Paul A. Barela	12800 Briar Forest Drive	Houston TX	77077-2245	Reg. Member
Robert Baumgartner	2301 West Anderson, Suite 204	Austin TX	78757	Reg. Member
Michelle Pettes	PO Box 2044	Austin TX	78766	Reg. Member NP
Eddy D. Edmondson	7730 S. IH 35	Austin TX	78745	Reg. Assoc. Member
Marylin Good	7730 S. IH 35	Austin TX	78745	Reg. Assoc. Member
Nancy	7730 S. IH 35	Austin TX	78745	Reg. Assoc. Member
Bill Hickman	2545 Laural Ave.	Beaumont TX	77702	Reg. Member type 5
Joey Adams	A Team Re 1718 East 10th Street	Amarillo TX	79120	Reg. Assoc. Member
Reed Franklin	A-1 Rent A 117 Shelley	Tyler TX	75701	Reg. Assoc. Member
Damon Holditch	Austin Ren 5605 Burnet Road	Austin TX	78704	Reg. Assoc. Member
Leon Kothmann	1946 S IH 35	Austin TX	78704	Reg. Assoc. Member
Bill Watson	A-1 Rental 565 S. 11th	Beaumont TX	77701-3828	Reg. Assoc. Member
Andrew J. Kubena	510 S. Main St.	Hallettsville TX	77964	Reg. Member type 5
Brent Doty	8620 N. New Braunfels, Suite 505	San Antoni TX	78217	Reg. Member
Luz E. Stevens	Hwy 188 East & Walker St	Rockport TX	78382	Reg. NSBU Member Type 5
Betty Jo Taylor	7603 Bryn Mawr	Dallas TX	75225-7919	Reg. Member
George Dawson	515 Sonnet Drive	San Antoni TX	78216-3415	Reg. Member
Kathleen Dawson	5201 N O'Connor Ste.,370	Irving TX	75039-	Reg. NSBU Member Type 1
Steve Sellers	2116 N. Haskell	Dallas TX	75204	Reg. NSBU Member type 1
Starr and Mike Freen	P.O. Box 2367	Round Roc Texas	78680	Reg. Member
Suzi Hill Rutledge	P.O. Box 2912	Fort Worth Texas	76113	Reg. NSBU Member Type 1
Roy Ibanez	1021 Dove	McAllen TX	78504	Reg. Member type 5
Dorothy Miller	2711 Valley View Lane, Suite 101	Dallas TX	75243	Reg. Member
Larry Audette	PO Box 399	Hutto TX	78634-2400	Reg. Member
Carol Thompson	PO Box 26 ins	Austin TX	78755-0716	Reg. Member
Warren Purdy	2537 S. Gessner, Ste 209	Houston TX	77063	Reg. Member
Gary W. Haxton	734 Berkshire	Corpus Ch TX	78412	Reg. Member type 5
Cheryl Armstrong	1025 Fawn	Schertz TX	78154	Reg. Member type 5
Lloyd H. Thelemann	2829 Saturn Rd. Ste. 102A	Garland TX	75041	Reg. Member
Patricia Andrews	6114 Donnington	Corpus Ch TX	78414	Reg. NSBU Member Type 5
Thomas Guzman	300 East Exp 83 Suite D	Pharr TX	78577	Reg. Member type 5
Sal Valiani	1014 N. Lamar	Austin TX	78703	Reg. Member tele
Tom Carter	9 Tanglewood Dr.	Lake Dalla TX	75065-3111	Reg. NSBU Member Type 5
Damon Diamantaras	4370 Highway 6 North, Suite 205	Houston TX	77084-3447	Reg. NSBU Member Type 5
Kenneth Wiley	4370 Highway 6 North, Suite 205	Houston TX	77084-3447	Reg. NSBU Member Type 5
Tom Schilling	7703 San Felipe	Houston TX	77063	Reg. Member
Todd Hester	208 Park Avenue	Corpus Ch TX	78401	Reg. Member type 5
Chuck Toudouze	POB 7449	San Antoni TX	78207	Reg. Member
Juan Portillo	4505 Spicewood Springs Rd.	Austin TX	78759	Reg. Member

Fred Evers	3042 White Bird	Corpus Ch TX	78415	Reg. NSBU Member type 5
Philip Holt	1601 Bryan Street	Dallas TX	75201-3411	Reg. Member Corp
Walter Boyer	4555 W. Walnut	Garland TX	75042	Reg. Member
Richard N. Garcia	1715 E. Pike Blvd.	Weslaco TX	78596	Reg. Member type 5
Val Walleck	PO Box 2229	Alvin TX	77512-2229	Reg. Member GOLD
Don Teague	POB 202768	Austin TX	78720	Reg. Member
W. H. 'Buddy' McCret	7030 Hunters Ridge	Dallas TX	75248	Reg. Member
Doug Schueneman	Po Box 8 C	San Antoni TX	78217	Reg. Member type 1
Doug Hall	PO Box 161656	Austin TX	78716	Reg. NSBU Member Type 1
Johnny Wall	PO Box 1815	Hereford TX	79045	Reg. NSBU Type 5
Wendell Hallman	PO Box 5336	Lubbock TX	79408-5336	Reg. NSBU Member Type 1
Brad Smith	3 Glenway Drive	Austin TX	78738	Reg. Member
Gary Pitcock	800 West / Suite 200	Irving Texas	75062	Reg. Member Corp.
Scott McAngus	PO Box 6000	San Antoni TX	78286	Reg. Member Corp.
Michael Shearn	P.O. Box 10120	El Paso TX	79992	Reg. Member type 1
David Parkman	PO Box 50030	Austin TX	78763	Reg. NSBU Member Type 5
Glenn Elliott	1030 Andrews Highway, #100	Midland TX	79701	Reg. Member
Chris Meadows	117 E. Concho Ave.	San Angel TX	76903	Reg. Member Telemkt
Dan Villegas	100 E 15th Street, Suite 560	Fort Worth TX	76102	Reg. Member
Bill Roth	13140 Coit Road, Suite 518	Dallas TX	75240	Reg. Member
Alicia Jimerson	Jimerson L PO Box 2074	Houston TX	77487	Reg. Assoc. Member
Cheryl Knox	PO Box 2074	Sugar Lan TX	77487	Reg. Assoc. Member
Hollis Tautenhahn	Listo Comf 9810 S. Sam Houston F	Houston TX	77071	Reg. Assoc. Member
Rose Batson	PO Box 26051	Austin TX	78755-0051	Reg. Assoc. Member
Lori Fairchild	11333 N. Central, #210	Dallas TX	75243	Reg. Member

SERFF Tracking Number: AMFA-126383201 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 44669
Company Tracking Number:
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Small Business United of Texas
Project Name/Number: Small Business United of Texas/Small Business United of Texas

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/13/2009	Supporting	Bylaws Document	01/28/2010	By-Laws.pdf
11/13/2009	Supporting	Marketing Materials Document	01/28/2010	Final Marketing Brochure.pdf