

## Exclusions

Benefits will not be paid for dental expenses arising from or in connection with:

- Treatment, services or supplies which:
- Are not Medically Necessary;
- Are not prescribed by a Dentist;
- Are determined to be Experimental/Investigational in nature by Us;
- Are received without charge or legal obligation to pay;
- Would not routinely be paid in the absence of insurance;
- Are received from any Family Member.
- Intentionally self-inflicted injuries.
- War or an act of war, whether or not declared.
- A Covered Person's commission of a felony.
- Participation in a riot.
- Employment, whether caused by, related to, or as a condition of, including self-employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges.
- Treatment which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
- Congenital or development malformations existing when the Covered Person's coverage began effective under this Certificate.
- Cosmetic procedures.
- Surgical implants or transplants of any type including prosthetic devices attached to them.
- Temporomandibular joint syndrome.
- Periodontal splinting.
- Facings on crowns, or pontics posterior to the 2nd bicuspid.
- Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period.
- Relining of dentures more often than once in any 2 year period.
- Lost, stolen, or missing dentures or bridges or for duplicates.
- Fixed or removable bridgework involving replacement of a natural tooth or teeth which was lost prior to the Covered Person's Effective Date

of coverage under this Certificate. Benefits may be payable for bridgework required for loss of teeth while covered under this Certificate, if such bridgework is not an abutment for non-covered bridgework.

- Prescription Drugs and analgesia pre-medication.
- Charges for telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending Dentist statements, and any other services or supplies which are not part of the direct treatment of the Covered Person.
- Dental education or training programs including oral hygiene or plaque control programs.
- Counseling on diet and nutrition.
- Expense related to a Covered Person's military service, including service in a military reserve unit.
- Orthodontia, unless this coverage is elected by the Policyholder and the required premium is paid.
- Prosthodontics, unless this coverage is elected by the Policyholder and the required premium is paid.
- Charges payable under any medical insurance.
- Charges made by any government entity unless the Covered Person is required to pay.
- Use of materials, other than fluorides or sealants, to prevent tooth decay.
- Bite registrations.
- Bacteriologic cultures in connection with a covered dental service.
- Therapeutic injections administered by a Dentist.

Insured by:



American National Life Insurance Company of Texas  
Galveston, Texas

A full explanation of benefits, exceptions and limitations contained in the Policy (form series GDEN-POL) is found in the policy issued to your Employer.

## Diamond Voluntary Dental Insurance Policy



### No Waiting Periods

100/80/10 1st 12 months –  
100/80/50 13th month after



### No Participation Requirements

Minimum of only 2 lives



### Choose ANY Dentist

Total Freedom of Choice



### \$100 Lifetime Deductible for ALL Classes



### Calendar Maximums

\$1,000 1st Year  
\$1,250 2nd Year  
\$1,500 3rd Year & After



### Orthodontics Available

Distributed by  
Marketing Benefits, Inc.  
P.O. Box 1459  
Orange Beach, AL 36561

Marketed by  
**Allied Brokerage Services**  
4551 W 107th St Ste 100  
Overland Park, KS 66207  
P: 888-402-7204  
F: 913-945-4393  
E: [sales@allied-brokerage.com](mailto:sales@allied-brokerage.com)  
W: [www.allied-brokerage.com](http://www.allied-brokerage.com)

Benefit amounts and availability may vary by state.

Form No. DWGDEN09

## Diamond Voluntary Dental Insurance Policy



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100/80/10 1st 12 months –  
100/80/50 13th month after



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### Calendar Maximums

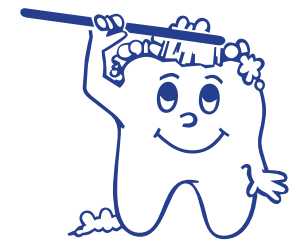
\$1,000 1st Year  
\$1,250 2nd Year  
\$1,500 3rd Year & After



### Orthodontics Available

A (Excellent) rated insurance carrier by  
A.M. Best Co.

AA- (Very Strong) rated  
insurance carrier by Standard  
& Poor.



Benefit amounts and availability may vary by state.

Form No. DWGDEN09

## Covered Services

This plan reimburses you for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C) fees for those covered expenses to a calendar year maximum of \$1000 for the first year, \$1250 for the second year and \$1500 for the third and following years. These percentages are: 100% for Class I, 80% for Class II and 10% for Class III in the first year. In the second year of coverage, Class III reimbursement increases to 50% of the R&C rate.

The Diamond Dental Plan allows you to select your own dentist and it provides affordable rates guaranteed for 12 months.

**\$100 Lifetime Deductible** - Applies to preventive, basic and major services per person.

### Class I - Preventive Services

- Two exams per year
- Two cleanings per year
- One topical fluoride per year to age 16
- One series of bitewing x-rays per year

### Class II - Basic Services

- Basic fillings
- Space maintainers
- Sealants (children to age 16)
- Simple extractions

### Class III - Major Services

- Oral surgery
- Endodontic treatment
- Periodontic services
- Crowns, inlays and onlays
- Prosthetic services; bridges and dentures
- One diagnostic x-ray, full or panoramic in any 3 year period

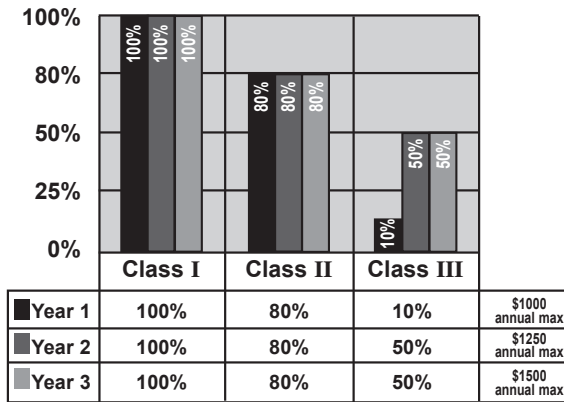
**Credit for Prior Time (CPT)** - If you currently have existing group coverage, then takeover credit is available for the amount of time covered under the prior plan. Any waiting satisfied under the prior plan is credited to the new plan.

*Benefit amounts and availability may vary by state.*

**Participation Requirements** - Not less than 2 employees must enroll. 100% family-related employees may apply for a 10% rate increase.

**Optional Orthodontic Services** are available for additional premium for employers with 2 enrolled or more. Orthodontic care for the proper alignment of teeth is provided to children and adults. Coverage is reimbursed 10% first year, 25% reimbursed for the second year and 50% reimbursed for the third year and after with a lifetime maximum benefit of \$1200 per person.

**Optional Endo/Perio to Class II** - You may choose to have Endodontics and Periodontics covered under Class II services for a 10% rate increase for employers with 5 enrolled or more.



Year	Class I	Class II	Class III	Annual Max
Year 1	100%	80%	10%	\$1000 annual max
Year 2	100%	80%	50%	\$1250 annual max
Year 3	100%	80%	50%	\$1500 annual max

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Galveston, Texas

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## VOLUNTARY GROUP DENTAL PLAN

Rates Effective January 1, 2010

### 2 - 4 LIVES

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Employee	\$33.40	\$37.22	\$41.02	\$44.84	\$48.66	\$52.47	\$57.53	\$65.63
Employee & Spouse	\$66.80	\$74.44	\$82.04	\$89.67	\$97.31	\$104.95	\$114.85	\$131.26
EE + Child(ren)	\$68.87	\$76.74	\$84.58	\$92.45	\$100.32	\$108.19	\$118.41	\$135.32
Family	\$112.86	\$125.76	\$138.60	\$151.50	\$164.40	\$177.31	\$194.04	\$221.76

### 5 - 125 LIVES

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Employee	\$29.04	\$32.36	\$35.67	\$38.99	\$42.31	\$45.63	\$49.94	\$57.07
Employee & Spouse	\$58.09	\$64.73	\$71.34	\$77.98	\$84.62	\$91.26	\$99.87	\$114.14
EE + Child(ren)	\$59.88	\$66.73	\$73.54	\$80.39	\$87.23	\$94.08	\$102.96	\$117.67
Family	\$98.14	\$109.35	\$120.52	\$131.74	\$142.96	\$154.18	\$168.73	\$192.84

### ORTHODONTIA RATES (\$1200 lifetime maximum for adults and children)

	Employee	Employee + Spouse	EE + Child(ren)	Family
2-125 lives	\$3.68	\$7.36	\$17.62	\$21.30

Orthodontia can be added to any of the above plans by adding these premiums to the selected rate above. Orthodontia is covered at 10% first year, 25% second year and 50% third year and after with a \$600 annual maximum benefit per person.

ENDO/PERIOTOBASIC (CLASS II) Minimum of 5 enrolled employees. Multiply rates by 1.10.

**Note: A \$10 monthly administration fee will be added to each employer group. Premiums are subject to change.**

## THE DIAMOND DENTAL PLAN AREA FACTORS

<b>Alaska</b>	8	<b>Nebraska</b>	1
<b>Arizona</b>		<b>Nevada</b>	
All others	2	All others	4
850-853	3	893-898	5
<b>Arkansas</b>	1	<b>New Mexico</b>	2
<b>California</b>		<b>North Carolina</b>	
All others	4	All others	2
900-904	6	275-277	3
905-916, 926-931	5	282	4
940-944	6	<b>North Dakota</b>	1
945-951	5	<b>Ohio</b>	
<b>Colorado</b>		All others	1
All others	3	430-432, 434-436	2
800-804, 808-809	4	439-445	2
<b>Connecticut</b>	5	450-452, 456	2
<b>Delaware</b>	5	<b>Oklahoma</b>	
<b>District of Columbia</b>	5	All others	1
<b>Georgia</b>		730-731, 740-741	2
All others	2	<b>Oregon</b>	
301-302	3	All others	3
300, 303, 311	4	970-975	4
<b>Hawaii</b>	4	<b>Pennsylvania</b>	
<b>Idaho</b>		All others	2
All others	1	190-191	3
837	3	189, 192-194	4
<b>Illinois</b>		<b>South Carolina</b>	2
All others	1	<b>South Dakota</b>	2
600, 600-608	4	<b>Tennessee</b>	
610-619	2	All others	1
<b>Indiana</b>		370-372, 380-384	2
All others	1	<b>Texas</b>	
460-466, 469, 473	2	All others	1
<b>Iowa</b>	2	762-764, 768-769	2
<b>Kansas</b>		788, 790-799	2
All others	1	750, 751, 760	3
660-661	2	761, 770	3
664-666, 672	2	772-777, 786	3
<b>Kentucky</b>	1	787, 789, 752-753	3
<b>Louisiana</b>		<b>Utah</b>	3
All others	1	<b>Virginia</b>	
700-701, 707-712	3	All others	2
<b>Maryland</b>		201	5
All others	2	220-223	4
206-209	4	233-237	3
210-214	3	<b>West Virginia</b>	1
<b>Michigan</b>		<b>Wisconsin</b>	
All others	2	All others	2
480-485	3	532-534, 537	3
<b>Minnesota</b>			
All others	2		
554	4		
550-553, 555	3		
<b>Mississippi</b>	1		
<b>Missouri</b>			
All others	1		
630-634, 640-641	2		