Standard Life and Accident Insurance Company

Dental Care Plan

Benefits Association Incorporated

Group Number: MWGP1110VW

Dental for Everyone

Effective Date: February 1, 2010
Standard Life and Accident Insurance Company

One Moody Plaza
Galveston, Texas 77550-7999
(800) 800-1397

Certificate of Insurance
Of Your Group Dental Program

This booklet is a summary of your group dental program. Please read it carefully. It only summarizes the detailed provisions of the group dental contract issued by Standard Life and Accident Insurance Company ("Standard Life") and cannot modify the Contract in any way.

G. Richard Ferdinandtsen
President
Standard Life and Accident Insurance Company
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Standard Life and Accident Insurance Company

Group Highlights

Applicant Name: Benefits Association Incorporated

Address: P. O. Box 14067
          Jackson, Mississippi 39236

Group Number: MWGP1110VW

Effective Date: February 1, 2010

Contract Term: Does Not Apply

Minimum Number of Hours: Does Not Apply

Eligibility Period: Does Not Apply

Effective Day of Month: First day of the month following completion of enrollment.

Open Enrollment Period: Does Not Apply

Premiums

Monthly Amount:
For each Primary Enrollee.

For each Primary Enrollee with
  One Dependent Enrollee.

For each Primary Enrollee with more than
  One Dependent Enrollee.

Payment Breakdown:
Primary Enrollee shall pay 100% of Premiums for personal coverage. Primary Enrollee shall pay 100% of Premiums for Dependent coverage.

Applicant may charge person electing continued coverage pursuant to Title X of P. L. 99 as permitted by law.

Premium Basis
Premiums are based on the number of covered Primary Enrollees at the beginning of each contract term.

A 15% reduction in the number of Primary Enrollees over 3 consecutive months in a contract term, may affect the premium.
Benefits:

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Policy Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Type I Procedures (Diagnostic &amp; Preventive Benefits)</td>
<td>80%</td>
</tr>
<tr>
<td>Type II Procedures (Basic Benefits)</td>
<td>60%</td>
</tr>
<tr>
<td>Type III Procedures</td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>0%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>0%</td>
</tr>
<tr>
<td>Prosthodontics (Removable &amp; Fixed)</td>
<td>0%</td>
</tr>
<tr>
<td>Type IV Procedures</td>
<td></td>
</tr>
<tr>
<td>Orthodontics</td>
<td>0%</td>
</tr>
</tbody>
</table>

These percentages for the DPO Plan Benefits in or out of network are based on the negotiated provider fee schedule.

$20.00 Co-pay per person per office visit, excluding Orthodontics.

Note – Neither Type III & IV procedures are covered in the first policy year and any charges Incurred in the First Policy year of coverage from these procedures do not apply towards deductible.

Waiting Periods:

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I Procedures</td>
<td>0 months</td>
</tr>
<tr>
<td>Type II Procedures</td>
<td>6 months</td>
</tr>
<tr>
<td>Type III &amp; IV Procedures</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Orthodontic Benefits are limited to Dependent Enrollee children six (6) years to age 19.

Deductible Amount - Does Not Apply

Maximum Amount:

- $ 600.00 per Enrollee per Calendar Year for Prosthodontic Benefits for Members 65 years of age or older.
- $ 400.00 per Enrollee per Calendar Year for Orthodontic Benefits.
- $1,500.00 per Enrollee per Lifetime for Orthodontic Benefits.
- $2,000.00 per Enrollee per Calendar Year for All Benefits (Type I, II, III & IV Combined)

Standard Life will receive credit for any amount paid for Orthodontic Benefits only under the Applicant’s previous dental care plan for the same or similar benefits. These amounts will be credited towards the maximum amounts payable for Orthodontic Benefits.

Termination:

Less than Two (2) Primary Enrollee(s).

State of Issue: Mississippi
Definitions

Terms when capitalized in this document have defined meanings, given either in the section below or within the contract sections.

1.01 “Applicant” – the employer, association or other organization or group contracting to obtain Benefits.

1.02 “Approved Amount” – the total fee chargeable for a Single Procedure.

1.03 “Attending Dentist’s Statement” – the standard form used to file a claim or request Predetermination of Benefits provided under the Contract.

1.04 “Benefits” – the amounts that Standard Life will pay for dental services under Article 4.

1.05 “Calendar Year” – the 12 months of the year from January 1 through December 31.

1.06 “Contract” – this agreement between Standard Life and Applicant, including the Application and the attachments listed in Article 9.

1.07 “Contract Allowance” – the maximum amount allowed for a Single Procedure. It is the lesser of the Dentist’s submitted fee, and the Scheduled Maximum, if any, and the Dentist’s fee filed with Standard Life in the Participating Dentist Agreement, if any, or the UCR.

1.08 “Contract Term” – the period during which the Contract is in effect, as shown in the Group Highlights page.

1.09 “Contract Year” – the 12 months starting on the Effective Date and each subsequent 12 month period thereafter. Deductibles and maximums will be determined using this 12 month period rather than on a calendar year basis.

1.10 “Dentist” – a person licensed to practice dentistry when and where services are performed.

1.11 “Dependent Enrollee” – an Eligible Dependent enrolled in the plan to receive Benefits.

1.12 “Effective Date” – the date the program starts, as shown in the Group Highlights page.

1.13 “Eligible Dependent” – a dependent of an Eligible Person eligible for Benefits under Article 2.

1.14 “Eligible Person” – a person as listed in The Group Highlights page, designated by the Applicant as eligible for Benefits under Article 2.

1.15 “Enrollee” – an Eligible Person (“Primary Enrollee”) or an Eligible Dependent (“Dependent Enrollee”) enrolled to receive Benefits.

1.16 “Non-Preferred, Non-Network, Non-Contracting, Non-Participating Dentist” – a Dentist who has not agreed to provide services in accordance with the terms and conditions established by Standard Life and any member of the Standard Life Dental Plans Association with which Standard Life contracts to assist it in administering the Benefits described in this Contract. A Non-Participating Dentist may charge more than the Contract Allowance. The fee allowed for Non-Participating Dentists is the fee agreed to by Participating Dentists. See Participating Dentist.
1.17 “Open Enrollment Period” – the month(s) of the year, as shown in the Group Highlights page, during which Eligible Persons may change coverage for the next Calendar year.

1.18 “Predetermination” – Standard Life shall estimate the amount of Benefits under the Contract for the services proposed, assuming the patient is eligible.

1.19 “Preferred, Network, Contracting, Participating Dentist” – a Dentist who in executing a Participating Dentist Agreement has agreed to provide services in accordance with the terms and conditions established by Standard Life and any member of the Standard Life Dental Plans Association with which Standard Life contracts to assist it in administering the Benefits described in this Contract. Participating Dentists have agreed to charge no more than the Contract Allowance. See Non-Participating Dentist.

1.20 “Premiums” – the amounts payable monthly by the Applicant as required in the Contract.

1.21 “Primary Enrollee” – an Eligible Person enrolled in the plan to receive Benefits.

1.22 “Procedure Number” – the number given to a Single Procedure in the Standard Life Dental Uniform Procedure Code and Nomenclature attached as Appendix A.

1.23 “Qualifying Family Status Change” – a change which occurs as a result of i) marriage, divorce or legal separation; ii) a child’s birth or adoption; iii) a change in spouse’s employment; iv) a death in the family; v) a court order requiring dependent coverage; or vi) termination of employment.

1.24 “Scheduled Maximum” – the maximum Contract Allowance for each dental procedure, as shown in Appendix A, if any.

1.25 “Single Procedure” – a dental procedure that is assigned a separate Procedure Number. For example: a single x-ray file (Procedure 0220), or a complete upper denture (Procedure Number 5110).

1.26 “UCR” – “usual, customary and reasonable” which have the following meanings:

Usual – A “usual” fee is that fee regularly charged and received for a given service by an individual Dentist, i.e., his own usual fee. If more than one fee is charged for a given service, the fee determined to be the usual fee shall not exceed the lowest fee which is regularly charged or which is offered to patients.

Customary – a fee is “customary” when it is within the range of usual fees charged and received by Dentists of similar training for the same service within the geographic areas determined by Standard Life to be relevant. Customary fees may be determined on the basis of fees filed with Standard Life by Participating Dentist. A Customary fee for a Participating Dentist is that fee which is approved by Standard Life in the terms of the Participating Dentist Agreement.

Reasonable – A fee is “reasonable” if it is “usual” and “customary” or if it falls above “usual” and “customary” or both, but is determined to be justifiable considering the special circumstances or extraordinary difficulty of the case in question.

1.27 “Uniform Procedure Code” – the Standard Life Uniform Procedure Code and Nomenclature, which is attached to and made a part of the Contract.

1.28 “We, Our, or Us” – Standard Life, and will be used without respect to capitalization.
1.29  **“You, Your, Yours”** – the Primary Enrollee and will be used without respect to capitalization.

**Choice of Dentist**

Standard Life offers you a choice of selecting a Dentist from our panel of Participating Dentists, if applicable, or you may choose a Non-participating Dentist.

A directory of Participating Dentists is available from your employer. You are responsible for verifying whether the Dentist you select is a Participating Dentist. Dentists are regularly added to the panel so a Participating Dentist may not yet be listed. Additionally, you should always confirm that a listed Dentist is still a Participating Dentist.

You may choose to go to any Dentist. Even if you choose a Participating Dentist from our panel, Standard Life cannot guarantee that a particular Dentist will be available.

There may be a difference in the out-of-pocket cost you pay if your Dentist is not a Participating Dentist. A Participating Dentist has contractually agreed not to charge you any amount for services above the Contract Allowance. We pay your Benefits based on the Contract Allowance less any deductibles or maximums that may apply.

If a Dentist is not a Participating Dentist, the amount charged to you may be above that charged by our Participating Dentists. When we pay Benefits for services provided by Non-participating Dentists, we will allow the Contract Allowance, or the fee paid to Participating Dentists. You will then be responsible for any extra amount charged by this Dentist over what Benefits we will pay in addition to any deductibles and maximums specified by the plan. This is called balance billing, that is, the Dentist may bill you for the balance after Standard Life’s payment is made.

**Who Is Eligible?**

**Eligibility for Enrollment**

All present, permanent members of the association are eligible on the Effective Date.

All future, permanent members of the association shall become eligible on the calendar day of the month shown on the Group Highlights page after they have obtained membership.

If your dependents are covered, they will be eligible when you are or as soon as they become dependents.

Dependents are your:

a)  Lawful spouse;

b)  Unmarried dependent children from birth to their 19th birthday, or 25th birthday, if a full-time student in an accredited school.

“Children” includes natural children, stepchildren, adopted children and foster children. The child must be dependent on the Eligible Person for support. Newborn infants are eligible from the moment of birth. Adopted children are eligible from the moment of placement in the physical custody of the Eligible Person, as certified by the agency making the placement. A child shall automatically be covered for 31 days after birth or adoption placement. To continue coverage after 31 days, notice of the birth or placement and additional Premium, if any, must be received within the 31 day period.

An unmarried child 19 years or older may continue to be eligible as a dependent if the child is:
a) Not self-supporting because of mental incapacity or physical handicap that began before age 19, and

b) The child must be mostly dependent on the Eligible Person for support and maintenance.

Proof of these facts must be given to Standard Life or your association within 31 days if it is requested. Proof will not be required more than once a year after the child is 21.

Dependents in military service are not eligible.

Enrollment Requirements

If you are paying all or a portion of premiums for yourself or your dependents then:

a) You must enroll within 30 days after the date you become eligible or during an Open Enrollment Period.

b) All dependents must be enrolled within 30 days after they become eligible or during an Open Enrollment Period.

c) If you elect dependent coverage, you must enroll all of your Eligible Dependents for coverage.

d) You pay Premiums for Dependent Enrollees in the manner elected by your association and approved by Standard Life until your dependents are no longer eligible or until you choose to drop dependent coverage. Coverage may not be dropped or changed at any time other than during an Open Enrollment Period or if there is a Qualifying Family Status Change.

e) If both you and your spouse are Eligible Persons, one of you may enroll as a Dependent Enrollee of the other. Dependent children may enroll as Dependent Enrollees of only one Primary Enrollee.

Loss of Eligibility

Your coverage ends on the last day of the month your membership in the association terminates, or immediately when this program ends. Your dependents’ coverage ends when your coverage ends, or as soon as they are no longer dependents as defined in this certificate.

Continuation of Benefits

Standard Life does not pay Benefits for services received after your coverage ends. But Standard Life will pay for Single Procedures started before that date.

Deductible - Does Not Apply

Your dental plan features a deductible. This is an amount you must pay out-of-pocket before Benefits are paid. The deductible amounts are listed on the Group Highlights page.

Only the Dentist’s fees you pay for covered Benefits will count toward the deductible.
**Maximum Amount**

The Maximum Amount payable is shown on the Group Highlights page. There may be maximums on a yearly basis, a per services basis, or a lifetime basis.

Standard Life will receive credit for any amounts paid for Orthodontic Benefits. Those amounts shall be deducted from the maximum paid by Standard Life.

However, Orthodontic Benefits, if provided, will end with the next payment due although the maximum has not been reached if the patient loses coverage, if treatment is stopped, or if the Contract with your association is cancelled.

**Premiums**

You will be responsible for 100% of the cost of premiums for yourself. You will be responsible for 100% of the cost of premiums for your Dependent Enrollees.

Standard Life may cancel this Program 30 days after written notice to you if monthly Premiums are not paid when due.

**Benefits, Limitations & Exclusions**

Subject to the limitations and exclusions in this Contract, Standard Life shall pay the Benefits for each type of dental service described below when provided by a Dentist and when necessary and customary under generally accepted dental practice standards. Standard Life may use dental consultants to determine generally accepted dental practice standards. Eligibility periods, if any, for specific services are shown in Group Highlights.

**Patient Copayment** - Standard Life’s provision of Benefits is limited to the applicable percentage of Dentist’s fees specified in Group Highlights. The Enrollee is responsible for paying the remaining applicable percentage of any such fees, known as the “Patient Copayment”. Applicant has chosen to require Patient Copayments under this program as a method of sharing the costs of providing dental Benefits between Applicant and Enrollees. If the Dentist discounts, waives or rebates any portion of the Patient Copayment to the Enrollee, Standard Life shall be obligated to provide as Benefits only the applicable percentages of the Dentist’s fees as reduced by the amount of such fees or allowances that is discounted, waived or rebated.

**Limitations on All Benefits – Optional Services.** Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called “Optional Services”. Optional Services also include the use of specialized techniques instead of standard procedures. For example: a crown where a filling could restore the tooth or an inlay instead of a restoration. If an Enrollee receives Optional Services, Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

No change in Benefits will become effective during a Contract Term unless Applicant and Standard Life agree in writing.

**Exclusions** - Standard Life does not pay Benefits for:

a) Treatment of injuries or illness covered by workers’ compensation or employers’ liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
b) Cosmetic surgery or procedures for purely cosmetic reasons, or services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth).

c) Treatment to restore tooth structure lost from wear, erosion, or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize teeth. For example; equilibration, periodontal splinting, occlusal adjustment.

d) Any Single Procedure started before the patient is covered under this program.

e) Prescribed drugs, medication or painkillers.

f) Experimental procedures.

g) Charges by any hospital or surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.

h) Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.

i) Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).

j) Services for any disturbance of the temporomandibular joints (jaw joints).

k) Treatment by someone other than a Dentist or a person who by law may work under a Dentist’s direct supervision.

l) For services provided outside the United States, its territories, or possessions, other than emergency dental treatment, unless the Primary Enrollee resides outside the United States, its territories, or possessions.

m) The initial installation of a fixed bridge or partial denture is not a benefit unless the bridge or denture is made necessary by natural teeth extraction occurring during a time the patient was eligible under this dental plan.

**Diagnostic and Preventive Benefits (Type I Procedures)** - Standard Life shall pay or otherwise discharge the percentage shown in the Group Highlights page of the Contract Allowance for the following services:

- **Diagnostic:** procedures to aid the Dentist in choosing required dental treatment.

- **Preventive:** prophylaxis; topical application of fluoride solutions; sealants (topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in teeth for the purpose of preventing decay).

**Limitations on Diagnostic and Preventive Benefits (Type I Procedures)**

- a) Standard Life will not pay for more than one (1) cleaning, including periodontal cleanings, done in any six (6) month period that the Enrollee is covered by any Standard Life program.
b) Standard Life will not pay for more than one (1) oral exam done in any six (6) month period that the Enrollee is covered by any Standard Life program.

c) Full-mouth x-rays or panographic x-rays will be provided when required by the Dentist, but no more than one set each 36 month period will be paid by Standard Life.

d) Bitewing x-rays are limited to one (1) set each six (6) month period.

e) Topical applications of fluoride are limited to one (1) each (6) six month period when provided to Enrollees under age 19; furthermore, Standard Life will not pay for topical application of fluoride for an Enrollee 19 years or older.

f) Sealant applications to any one posterior permanent tooth are limited to one (1) each 36 month period.

4.08 Basic Benefits (Type II Procedures) Standard Life shall pay or otherwise discharge the percentage shown in Appendix A of the Contract Allowance for the following services:

Preventive: space maintainers.

Restorative: Amalgam (including polishing), silicate restorations, filled or unfilled resin restorations and other restorative services.

Palliative: treatment to relieve pain.

Limitations on Basic Benefits (Type II Procedures) - Standard Life will not pay for space maintainers for baby teeth for an Enrollee 16 years or older. (These procedures are not covered the First six months of the First policy year and any charges incurred in the First six months of the First policy year of coverage from these procedures do not apply toward the deductible.)

4.10 Major Benefits (Type III Procedures) Standard Life shall pay or otherwise discharge the percentage shown in Appendix A of the Contract Allowance for the following services: These procedures are not covered the First policy year and any charges incurred in the First policy year of coverage from these procedures do not apply toward the deductible.

Oral Surgery: extractions, surgical extractions, alveoloplasty, vestibuloplasty, surgical incision, and other surgical procedures.

Endodontics: pulp capping, pulpotomy, root canal therapy, and periapical services.

Periodontics: surgical services (including unusual postoperative services) and adjunctive periodontal services.

Prosthodontics: Complete & partial dentures (including routine post delivery care), adjustments to dentures, repairs to dentures, denture reline procedures, other removable prosthetic devices, bridge pontics, bridge retainers – crowns, and other fixed prosthetic services.

Orthodontics: The procedures performed by a Dentist using appliances to treat poor alignment of teeth and/or jaws which significantly interferes with their function.
Limitations on Prosthodontic Benefits

a) The maximum amount paid by Standard Life for each Enrollee during the Calendar year is shown in Group Highlights.

b) Standard Life will not pay to replace any crown, jacket or cast restoration, which the patient received in the previous 5 years.

c) Standard Life will not pay to replace any bridge or denture that the patient received in the previous 5 years. An exception is made if the bridge or denture cannot be made satisfactory due to a change in supporting tissues or because too many teeth have been lost.

d) Standard Life limits Benefits for dentures to a standard partial or complete denture. A “standard” denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.

e) Standard Life will not pay for implants (artificial teeth implanted into or on bone or gums) or their removal; but Standard Life will credit the cost of a standard complete or partial denture that would have been allowed under this plan toward the cost of an implant and related services (copayments apply.)

Limitations on Orthodontic Benefits IV

a) The maximum amount paid by Standard Life for each Enrollee during the Calendar year and Enrollee’s lifetime is shown in Group Highlights.

b) Payment of Orthodontics is provided monthly.

c) Orthodontic Benefits begin with the first payment due after the person becomes covered, if treatment has begun.

d) Benefits end with the next payment due after the loss of coverage. Benefits end immediately if treatment stops or if this Contract is terminated.

e) Benefits are not paid to repair or replace any orthodontic appliance received under this Contract.

f) X-rays or extractions are not subject to the Orthodontic maximum.

g) Surgical procedures are not subject to the Orthodontic maximum.

h) Orthodontic Benefits are limited to Dependent Enrollees within the ages shown in Group Highlights.

i) Orthodontic Benefits are limited to Dependent Children who have been enrolled in this plan for 12 consecutive months. This provision will be waived for Eligible Persons and their Eligible Dependents who were enrolled in the Applicant’s previous plan.
Coordination of Benefits

Standard Life matches the Benefits under this program with your benefits under any other group pre-paid program or benefit plan. (This does not apply to a blanket school accident policy). Benefits under one of the programs may be reduced so that combined coverage does not exceed the Dentist’s fees for covered services. If this is the “primary” program, Standard Life shall not reduce Benefits. But if the other program is the primary one, Standard Life shall reduce Benefits otherwise payable under this program. The reduction shall be the amount paid for or provided under the terms of the primary program for covered services under this program (see BENEFITS, LIMITATIONS & EXCLUSIONS).

How does Standard Life determine which is the “primary” program?:

a) If the other program is not primarily a dental program, this program is primary.
b) If the other program is a dental program, the following rules are applied:
   (1) The program covering the patient as an employee or group member is primary over a program covering the patient as a dependent.
   (2) The plan covering the patient as a dependent child of a person whose date of birth occurs earlier in the calendar year shall be primary over the plan covering the patient as a dependent of a person whose date of birth occurs later in the calendar year provided. However, in the case of a dependent child of legally separated or divorced parents, the plan covering the patient as a dependent of the parent with legal custody, or as a dependent of the custodial parent’s spouse (i.e. step-parent) shall be primary over the plan covering the patient as a dependent of the parent without legal custody. If there is a court decree which would otherwise establish financial responsibility for the health care expenses with respect to the child, the benefits of a plan which covers the child as a dependent of the parent with such financial responsibility shall be determined before the benefits of any other policy which covers the child as a dependent child.

c) If neither (a) nor (b) applies, the program that has covered the patient longer is primary, except that a plan covering the patient as a laid-off or retired employee or the dependent of a laid-off or retired employee shall be determined after those of a plan covering the patient as an employee or the dependent of an employee. However, if the other plan does not have a provision similar to this provision, then this exception shall not apply.

Claims

Claims for Benefits must be filed on a standard Attending Dentist Statement that you or your Dentist may obtain from:
Standard Life and Accident Insurance Company
P.O. Box 30567
Salt Lake City, UT 84130-0567
(866) 605-2644

Claims not paid within 45 days of due written proof of loss are subject to a charge of 1 and ½ percent interest per month.

Predeterminations

A Dentist may file an Attending Dentist’s Statement before treatment, showing the services to be provided to an Enrollee. Standard Life will predetermine the amount of Benefits payable under this Contract for the listed services. Predeterminations are valid for 60 days from the date of the Predetermination but not longer than the Contract’s term or beyond the date of the patient’s coverage ends.

Claims Appeal

Standard Life will notify the Enrollee if any services submitted on a claim are denied coverage as Benefits, in whole or in part, stating the reason or reasons for the denial. Within 60 days after the receipt of a notice of denial the Enrollee may
make a written request for a review of the denial by addressing a letter to Standard Life stating the reason(s) for review or reconsideration and providing any pertinent documents which the Enrollee wishes Standard Life to review.

Standard Life will make a full and fair review. Standard Life may ask for more documents if needed. Some appeals may be referred to a dental consultant or to a peer review committee of your local dental society. A decision will be sent to the Primary Enrollee within 30 days after your request for an appeal is received, unless it is referred to a peer review committee or other unusual circumstances arise. In no event will the decision take longer than 120 days.

**Cancellation of Program**

Standard Life may cancel the program only:

a) On an anniversary of the Effective Date; or

b) If your association does not pay the monthly premiums; or

c) If your association does not provide a list of who is eligible; or

d) If less than the minimum number of Primary Enrollees required under the Contract reported eligible for three months or more.

**Proof of Loss**

Before approving a claim, Standard Life will be entitled to receive, to such extent as may be lawful, from any attending or examining Dentist, or from hospitals in which a Dentist's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, an Enrollee as may be required to administer the claim, or that an Enrollee be examined by a dental consultant retained by Standard Life, in or near his community or residence. Standard Life shall in every case hold such information and records confidential.

Standard Life will give any Dentist or Enrollee, on request, a standard Attending Dentist’s Statement to make a claim for Benefits. To make a claim, the form must be completed and signed by the Dentist who performed the services and by the Enrollee (or the parent or guardian if the patient is a minor) and submitted to Standard Life. If the form is not furnished by Standard Life within 15 days after requested by a Dentist or Enrollee, the requirements for proof of loss set forth in the next paragraph will be deemed to have been complied with upon the submission to Standard Life, within the time established in said paragraph for filing proofs of loss, of written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Affirmative proof of loss must be furnished to Standard Life at its office within 90 days after termination of care for which Benefits are payable hereunder. Failure to furnish proof of loss within that time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof of loss and that such proof of loss was furnished as soon as was reasonably possible.

**Time of Payment**

Claims must be paid within 25 days after the Company receives due proof of loss where claims are submitted electronically, and within 35 days of the Company’s receipt of due proof of loss submitted in paper format. If not paid within the applicable time period, interest is due at the rate of 1 ½ % per month accruing from the day after payment was
due until the claim is paid or adjudicated. In the event the Company fails to pay benefits when due, the insured shall have the right to bring action to recover such benefits.

**To Whom Benefits Are Paid**

Payment for services provided by a Participating Dentist shall be made directly to the Dentist. Any other payments provided by this Contract shall be made to the Primary Enrollee, unless the Primary Enrollee requests when filing proof of loss that the payment be made directly to the Dentist providing the services. All Benefits not paid to the Dentist shall be payable to the Primary Enrollee, or to his estate, except that if the person is a minor or otherwise not competent to give a valid release, Benefits may be payable to his parent, guardian or to their person actually supporting him.

**Legal Actions**

No action at law or in equity shall be brought to recover on the Contract prior to expiration of 60 days after proof of loss has been filed in accordance with requirements of the Contract, nor shall an action be brought at all unless brought within 3 years from expiration of the time within proof of loss is required by the Contract.

This Certificate of Insurance constitutes only a summary of the dental service insurance Contract. The complete Contract must be consulted to determine the exact terms and conditions of coverage.
APPENDIX A
STANDARD LIFE UNIFORM PROCEDURE CODE AND NOMENCLATURE

The following is a Complete list of the dental procedures for which benefits are payable under this policy and each procedure’s Schedule Maximum, if any. No benefits are payable for a procedure if it is not listed.

DIAGNOSTIC AND PREVENTIVE (TYPE I PROCEDURES)

Diagnostic

Clinical Oral Examinations
0120  Periodic oral examination.
0140  Limited oral evaluation.

Radiographs
0210  Intraoral - complete series (including bitewings).
0220  Intraoral periapical - first film.
0230  Intraoral periapical - each additional film up to 12.
0240  Intraoral - occlusal film.
0250  Extraoral - first film.
0260  Extraoral - each additional film.
0270  Bitewing - single films.
0272  Bitewings - two films.
0274  Bitewings - four films.
0330  Panographic film.

Tests and Laboratory Examinations
0470  Diagnostic cast.

Preventive

Dental Prophylaxis
1110  Prophylaxis - adult.
1120  Prophylaxis - child.

Topical Fluoride Treatment (Office Procedure)
1201  Topical application of fluoride (including prophylaxis) - child.
1203  Topical application of fluoride (excluding prophylaxis) - child.

Other Preventive Services
1351  Sealant - per tooth.
BASIC BENEFITS (TYPE II PROCEDURES)

Preventive

Space Maintenance (Passive Appliances)
1510  Space Maintainer - fixed unilateral.
1515  Space Maintainer - fixed-bilateral.
1520  Space Maintainer - removable-unilateral.
1525  Space Maintainer - removable-bilateral.
1550  Re-cementation of space maintainer.

Restorative

Amalgam Restorations (including Polishing)
2110  Amalgam - one surface, primary.
2120  Amalgam - two surfaces, primary.
2130  Amalgam - three surfaces, primary.
2140  Amalgam - one surface, permanent.
2150  Amalgam - two surfaces, permanent.
2160  Amalgam - three surfaces, permanent.

Silicate Restorations
2210  Silicate cement - per restoration.

Filled or Unfilled Resin Restorations
2310  Acrylic or plastic.
2330  Resin - one surface.
2331  Resin - two surface.
2332  Resin - three surfaces.

Other Restorative Services.
2920  Re-cementation of crowns.
2940  Sedative filling.

Adjunctive General Services

Unclassified Treatment
9110  Palliative (emergency) treatment of dental pain - minor procedures.
MAJOR BENEFITS (TYPE III PROCEDURES)

Restorative

**Inlay Restorations**
2510 Inlay, metallic - one surface (excluding gold).
2520 Inlay, metallic - two surfaces (excluding gold).
2530 Inlay, metallic - three surfaces (excluding gold).

**Crowns - Single Restorations Only**
2710 Crown - Plastic (acrylic).
2721 Crown - resin with predominantly base metal.
2740 Crown - porcelain/ceramic substrate.
2752 Crown - porcelain fused with noble metal.
2830 Crown - Stainless steel.
2950 Crown buildup – pin retained.
2951 Pin retention – per tooth, in addition to restoration.
2953 Cast post as part of crown.
2954 Prefabricated post and core in addition to crown.

Oral Surgery

**Extractions - Includes Local Anesthesia and Routine Postoperative Care**
7110 Single tooth.
7120 Each additional tooth.

**Surgical Extractions - Includes Local Anesthesia and Routine Postoperative Care**
7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal lap and removal of bone and/or section of tooth.
7220 Removal of impacted tooth - soft tissue.
7230 Removal of impacted tooth - partially bony.
7240 Removal of impacted tooth - completely bony.

**Other Surgical Procedures**
7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments).

**Alveoloplasty - Surgical Preparation of Ridge for Dentures**
7310 Alveoloplasty in conjunction with extractions - per quadrant.
7320 Alveoloplasty not in conjunction with extractions - per quadrant.

**Vestibuloplasty**
7340 Vestibuloplasty - ridge extension (secondary epithelialization).

**Surgical Incision**
7510 Incision and drainage of abscess - intraoral soft tissue.

Endodontics

**Pulp Capping**
3110 Pulp cap - direct (excluding final restoration).
3120 Pulp cap - indirect (excluding final restoration).
**Pulpotomy**

3220  Therapeutic pulpotomy (excluding final restoration).

**Root Canal Therapy (Including Treatment Plan, Clinical Procedures, and Follow-up Care)**

3310  One canal (excluding final restoration).
3320  Two canals (excluding final restoration).
3330  Three canals (excluding final restoration).
3340  Four or more canals (excluding final restoration).
3350  Apexification (treatment may extend over period of 6 to 18 months).

**Periapical Services**

3410  Apicoectomy (per tooth) - first root.

**Periodontics**

**Surgical Services (Including Unusual Postoperative Services)**

4210  Gingivectomy or gingivoplasty - per quadrant.
4211  Gingivectomy or gingivoplasty - per tooth.
4220  Gingival curettage, by report.
4240  Gingival flap curettage (including root planning).
4260  Osseus surgery (including flap entry and closure) - per quadrant.

**Adjunctive Periodontal Services**

4340  Root Planning - entire mouth.
4341  Root Planning - per quadrant.
4910  Periodontal Prophylaxis.

**Prosthodontics (Removable)**

**Complete Dentures (Including Routine Post Delivery Care)**

5110  Complete upper.
5120  Complete lower.
5130  Immediate upper.
5140  Immediate lower.

**Partial Dentures (Including Routine Post Delivery Care)**

5211  Upper partial - acrylic base (including any conventional clasps and rests).
5212  Lower partial - acrylic base (including any conventional clasps and rests).
5213  Upper partial - cast chrome base with acrylic saddles (including any Conventional clasps and rests).
5214  Lower partial - cast chrome base with acrylic saddles (including any conventional clasps and rests).
5216  Lower partial - cast gold base with acrylic saddles (including any conventional clasps and rests).
5281  Removable unilateral partial denture - one-piece chrome casting, clasp attachments - per unit (including pontics).

**Adjustments to Dentures**

5410  Adjust complete denture - upper (more than six months after installation).
5411  Adjust complete denture - lower (more than six months after installation).
5421  Adjust partial denture - upper (more than six months after installation).
5422  Adjust partial denture - lower (more than six months after installation).

**Repairs to Dentures**

5520  Replace missing or broken teeth - complete denture (each tooth)
5640  Replace broken teeth or denture, no other repairs.
5650  Add tooth to existing partial denture.
5660  Add clasp to existing partial denture.

**Denture Reline Procedures**

5730  Reline complete upper denture (chair side).
5731  Reline complete lower denture (chair side).
5740  Reline upper partial denture (chair side).
5741  Reline lower partial denture (chair side).
5750  Reline complete upper denture (laboratory).
5751  Reline complete lower denture (laboratory).
5760  Reline upper partial denture (laboratory).
5761  Reline lower partial denture (laboratory).

**Other Removable Prosthetic Services**

5820  Temporary partial - stayplate denture (upper).
5821  Temporary partial - stayplate denture (lower).

**Prosthodontics, Fixed (Each Abutment and Each Pontic Constitutes a Unit in a Bridge)**

**Bridge Pontics**

6211  Pontic - cast predominantly base metal.
6241  Pontic - porcelain fused to predominantly base metal.
6251  Pontic - resin with predominantly base metal.

**Bridge Retainers - Crowns**

6710  Crown - resin.
6721  Crown - resin with predominantly base metal.
6751  Crown - porcelain fused to predominantly base metal.
6791  Crown - full cast predominantly base metal.

**Other Fixed Prosthetic Services**

6930  Re-cement bridge.

**Orthodontics IV**

**Minor treatment for tooth guidance**

8110  Upper retainer.
8112  Lower retainer.
8120  Fixed appliance therapy.

**Minor treatment to control harmful habits**

8210  Removable appliance therapy.
8220  Fixed appliance therapy.

**Interceptive orthodontic treatment**

8360  Removable appliance therapy.
8370 Fixed appliance therapy.

**Comprehensive orthodontic treatment-transitional dentition**
8460 Class I malocclusion.
8470 Class II malocclusion.
8480 Class III malocclusion.

**Comprehensive orthodontic treatment-permanent dentition**
8560 Class I malocclusion.
8570 Class II malocclusion.
8580 Class III malocclusion.

**Other orthodontic procedures**
8650 Treatment of the atypical or extended skeletal case.
8750 Post-treatment stabilization.

**Adjunctive General Services**

**Anesthesia**
9220 General anesthesia.
AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Group Policy and Certificate to which it is attached. It is subject to all the provisions, conditions, limitations, and exclusions of the Group Policy not inconsistent with this Amendatory Endorsement.

- The Group Policy and Certificate are amended as follows:

  The definition of “Non-Preferred, Non-Network, Non-Contracting, Non-Participating Dentist” is hereby revised by deleting the following sentence: “The fee allowed for Non-Participating Dentists is the fee agreed to by Participating Dentists.”

- The Group Certificate is amended as follows:

  The last paragraph under the “Choice of Dentist” provision is hereby revised by deleting the following phrase: “or the fee paid to Participating Dentists.”

This Amendatory Endorsement takes effect on the Effective Date of the Group Policy/Certificate to which it is attached unless otherwise noted below. This endorsement terminates concurrently with the Group Policy/Certificate to which it is attached.

Standard Life and Accident Insurance Company

[Signature]

President
NOTICE OF PRIVACY POLICY

Standard Life and Accident Insurance Company

One Moody Plaza
Galveston, Texas 77550

Standard Life and Accident Insurance Company is committed to providing insurance and annuity products and services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information about you that we may receive. We have prepared this notice to advise you what information we collect, how we use it and how we protect it.

What Information We Collect

As an essential part of our business, we obtain certain personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications or other forms, and may include information you provide during visits to our Web site. We may also receive information from physicians, testing laboratories and other health providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information, current and past medical history and financial information, including information about transactions with other financial institutions.

What Information We Disclose

We do not disclose nonpublic personal information about our current or former customers to any non-affiliated entity, except as permitted by law. Examples of the disclosures which we are permitted by law to make include: disclosures necessary to service or administer an insurance or annuity product that you requested or authorized; disclosures made with your consent or at your direction; disclosures made to your legal representative; disclosures made in response to a subpoena or an inquiry from an insurance or other regulatory authority; disclosures made to comply with federal, state or local laws and to protect against fraud.

Our Privacy Protection Procedures

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide products and services to you. Examples of activities requiring access to personal information include: underwriting; claims processing; reinsurance and policyholder service. Finally, we employ secure technologies in order to safeguard transmission of information about you through our web sites, and we have established and maintain procedures to comply with all state and federal laws and regulations regarding the security of personal information.

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