

MERIDIAN CLEAR SERIES DENTAL RIDER

SCHEME ADMINISTRATOR: Azimuth Risk Solutions

MASTER POLICYHOLDER: The Beacon/Axis Series Group Insurance Trust (Anguilla)

Attaching to and forming part of the Master Policy (#A92335005) in consideration of additional Premium specified in the Meridian Series Application Form attached hereto, the purchase of the Dental Rider deletes the exclusion set forth in Subsection 30.15 of the Participating Members Evidence of Insurance in its entirety and has been replaced with the Eligible Medical Expenses and Exclusions listed below.

Dental Rider Schedule of Benefits		
Maximum Limit	\$750.00 Per Coverage Period	
Waiting Period	Dental Benefits begin after 90-days of Continuous Dental Rider Coverage	
Deductible	\$50.00 Per Participating Member, per Coverage Period	
Coinsurance	After the Deductible, the plan pays 90%, 70% or 50% of Eligible Expenses to the Maximum Limit, as defined in the below schedule	
Class A - Preventive Care Payout: 90%	Class B - Basic Care Payout: 70%	Class C - Major Care Payout: 50%
<ul style="list-style-type: none"> • Routine oral exams • X-rays • Full-mouth or Bitewing • Prophylaxis • Topical Fluoride treatments 	<ul style="list-style-type: none"> • Routine fillings, plastic and stainless steel crowns • Simple tooth extractions, including diagnosis and evaluation • Antibiotic Injections • Diagnosis, evaluation, and treatment of gum disease, including scaling and root planning • Root Canal and related therapy, including diagnosis and evaluation 	<ul style="list-style-type: none"> • Complicated extractions • Surgical extractions • Gold or Porcelain Crowns, inlays, on lays and bridge abutments

EXCLUSIONS — All charges, costs, Expenses Incurred and/or claims (collectively “Charges”) incurred by the Participating Member(s) and directly or indirectly relating to, arising, resulting from, or in connection with any acts, omissions, events, conditions, consequences or Treatment (including diagnoses, consultations, tests, examinations and evaluations) related to services and/or supplies which are expressly excluded from coverage under the Participating Members Evidence of Insurance, the Scheme Administrator shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor, provided hereunder:

- ◆ Cosmetic Services; and
- ◆ Dental Implants, including bone augmentation, and
- ◆ fixed and/or removable prosthetic devices attached to or covering the implants and all related services; and
- ◆ Genetic Testing.; and
- ◆ General Anesthesia; and
- ◆ Experimental or investigative treatments, procedures or services; and
- ◆ Full mouth reconstruction; and
- ◆ occlusal rehabilitation; and
- ◆ Intravenous Sedation; and
- ◆ Orthodontic Services; and
- ◆ Prescription Drugs; and
- ◆ Surgery to correct malocclusion or temporomandibular joint disorders (TMJ) ; and
- ◆ Occlusion Guard

All other terms, clauses and conditions remain unchanged.

Please contact Azimuth Risk Solutions with any questions or concerns regarding the Dental Rider.

Phone: (317) 644-6291/ (888) 201-8850 (Outside of the US) or **Email:** service@azimuthrisk.com