



**THE MERIDIAN SERIES MEDICAL PLAN
DENTAL RIDER**

Scheme Administrator: **Azimuth Risk Solutions, LLC.**

Master Policyholder: **The Beacon/Axis Series Group Insurance Trust (Anguilla)**

Attaching to and forming part of the Master Policy (#A923355005) in consideration of additional Premium specified in Exhibit (ARS-04-CGMPA-09) attached hereto, SECTION 43 – EXCLUSION, #43.19 is deleted in its entirety and replaced with the following:

Dental Rider	CLASS A	CLASS B	CLASS C
	PREVENTATIVE CARE	BASIC CARE	MAJOR CARE
Co-insurance	90%	70%	50%
Waiting Period	6 Months	6 Months	6 Months
Maximum Limit (calendar year)	\$750.00		
Deductible (per member)	\$50.00		
SCHEDULE OF BENEFITS			
Annual Premium Amounts: Adults: \$425.00 Children: \$285.00	<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

For purposes of this Rider, please see the below Exclusion:

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| <ul style="list-style-type: none"> ◆ Cosmetic Services. ◆ General Anesthesia. ◆ Genetic Testing. ◆ Experimental or investigative treatments, procedures and services. ◆ Orthodontic Services ◆ Surgery to correct malocclusion or temporomandibular joint disorders. | <ul style="list-style-type: none"> ◆ Dental Implants, including bone augmentation and fixed or removable prosthetic devices attached to or covering the implants and all related services. ◆ Full mouth reconstruction and occlusal rehabilitation. ◆ Intravenous Sedation. ◆ Prescription Drugs. |
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All other terms, clauses and conditions remain unchanged.