

Dental and Vision Rider

Attaching to and becoming part of GMIS2, GMIS3, GMIG2, GMIG3, GMGP2, GMGP3

In consideration of additional Premium, and subject to all other Terms of the Certificate of Insurance and the Master Policy, the above-referenced Certificate is hereby amended as follows:

The Section of the Certificate entitled SCHEDULE OF BENEFITS/LIMITS will be amended to add the following:

<u>Vision Care Expenses</u>	Exam	Up to \$100 every twenty-four (24) months for a Routine Eye examination. Not subject to deductible and coinsurance.
	Corrective	Up to \$150 every twenty-four (24) months for corrective lenses, contacts to correct vision and frames. Not subject to deductible and coinsurance.

<u>Dental Care Expenses</u>	(after 6 months of continuous coverage)	
	Calendar Year Maximum Deductible	US\$750 per Insured Person US\$50 per Insured Person per Calendar Year with a maximum of two (2) Deductibles per Family per Calendar Year.
	Coinsurance	Plan Pays
	<i>Class I Services</i>	
	Preventative and Diagnostic	90%; Deductible Waived
	Emergency Palliative Treatment	90%; Deductible Waived
	<i>Class II Services</i>	
	Radiographs	70% after Deductible
	Oral Surgery	70% after Deductible
	Endodontics	70% after Deductible
	Periodontics	70% after Deductible
	Minor Restorative Services	70% after Deductible
	<i>Class III Services</i>	
	Prosthodontics	50% after Deductible
	Major Restorative Services	50% after Deductible

With regard to the foregoing Schedule of Benefits/Limits, the references to “continuous coverage” mean continuous unbroken coverage under the Global Medical Insurance plan. The applicable benefits described will become first available to the Insured Person only at the end of the continuous coverage period so specified.

In addition, the following will be deleted in its entirety and replaced with the following:

ELIGIBLE DENTAL EXPENSES - Subject to the Terms of this insurance, including without limitation the Deductible, Coinsurance, and the various limits and sub-limits set forth in the Schedule of Benefits/Limits contained in Section C, above, and the Exclusions set forth in Section L above and subject to the Conditions and Restrictions below, the Company will reimburse the Insured Person for the following costs, charges and expenses (“Charges”) incurred by the Insured Person during the Period of Coverage or any applicable Benefit Period while this Certificate is in effect, so long as the Charges are Usual, Reasonable and Customary and are incurred for Treatment or supplies that are Medically Necessary (“Eligible Dental Expenses”):

Class I Benefits: (Preventive and Diagnostic services not subject to the Deductible and payable at 90%)

1. Prophylaxis, diagnostic exam and bitewing x-rays (limited to 4 bwx per year) covered twice in any calendar year with at least a six month period between visits; and
2. Palliative treatment; and

3. Fluoride treatment once per calendar year for children under age 19.

Class II Benefits: (Subject to Deductible and payable at 70% of Usual, Reasonable and Customary fees)

1. Radiographs Full mouth x-rays, including panoramic x-rays covered once in a three year period; and
2. Amalgams, plastic and synthetic restorations; and
3. Relines and repairs to prosthetic appliances; and
4. Oral surgery, extractions; and
5. Endodontics, including root canals; and
6. Periodontic services, treatment for gum disease; and
7. Re-cementing crowns, inlays, and bridges; and
8. Local and/or General anesthesia determined upon the level or degree of dental procedures being performed

Class III Benefits: (Subject to Deductible and payable at 50% of Usual, Reasonable and Customary fees)

1. Prosthodontic services, including appliances, bridges, full and partial dentures that replace missing natural teeth that were extracted while the person is covered with this Plan. No more than one full upper and lower denture shall be covered in any five year period; and
2. Partial dentures, fixed bridge or removable bridge will not be covered for any one patient more than once in a five year period except where loss of additional teeth requires construction of a new appliance; and
3. Replacement of denture base material or reline is covered once in any 36 month period; and
4. Major restorations such as crowns, jackets, gold-related services required when teeth cannot be restored using other filling material. Crowns, jackets or inlays on the same tooth covered once in any 5-year period. Porcelain crowns, porcelain fused to metal or resin processed to metal type crowns is not covered for patients under 12 years of age.

Conditions and Restrictions- For the purpose of this Certificate, the below time limitations are to be measured from the date on which those services were last supplied under this GMI® Dental plan.

- (1) Benefits for prophylaxes and oral exams are payable twice in any period of 12 consecutive months; and
- (2) Benefits for bitewing X-rays are payable once in any period of 12 consecutive months. Benefits for full mouth X-ray(which include bitewing x-rays) are payable once in any three-year period. A panoramic X-ray (include bitewings) is considered a complete mouth X-ray and is paid as such.
- (3) Benefits for full porcelain, porcelain/resin processed to metal, full cast or three-quarter cast crowns are not payable for eligible dependents under 12 years of age; and
- (4) Benefits for root planting are payable once in any two-year period. Benefits for periodontal surgery, including subgingival curettage, are payable once in any three-year period; and
- (5) Optional treatment: In all cases in which the Insured Person selects a more expensive service than is customarily provided, or for which a valid dental need is shown, the Company will pay only the applicable percentage of the fee for the service, if any, that is customarily provided; and
- (6) Prosthodontic benefits:
 - a) Benefits for one complete upper and once complete lower denture are payable once in any five-year period for any individual; and
 - b) Benefits for a partial denture, fixed bridge or removable bridge for any individual are payable only once in any five-year period unless the loss of additional teeth requires the construction of a new appliance; and
 - c) Benefits for fixed bridges and removable cast partials are not payable for people under 16 years of age; and
- (7) Benefits for a reline or the complete replacement of denture base materials are payable once in any three-year period for any individual.

Definitions

Dental Services/Dental Treatment: The procedures and care rendered by licensed Dentists/Dental Providers for diagnosis or treatment of dental disease, injury or abnormal condition. These dental services are based on a valid dental need according to accepted standards of dental practice.

Dentist/Dental Provider: A person duly licensed to practice dentistry in the state or country in which the dental service is rendered.