



**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 (#A92335005) 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
<b>Co-insurance</b>	<b>90%</b>	<b>70%</b>	<b>50%</b>
<b>Waiting Period</b>	6 Months	6 Months	6 Months
<b>Maximum Limit (calendar year)</b>	<b>\$750.00</b>		
<b>Deductible (per member)</b>	<b>\$50.00</b>		
<b>SCHEDULE OF BENEFITS</b>			
<b>Annual Premium Amounts:</b>  <b>Adults: \$425.00</b>  <b>Children: \$285.00</b>	<ul style="list-style-type: none"> <li>• Routine oral exams</li> <li>• X-rays</li> <li>• Full-mouth or Bitewing</li> <li>• Prophylaxis</li> <li>• Topical Fluoride treatments</li> </ul>	<ul style="list-style-type: none"> <li>• Routine fillings, plastic and stainless steel crowns</li> <li>• Simple tooth extractions, including diagnosis and evaluation</li> <li>• Antibiotic Injections</li> <li>• Diagnosis, evaluation, and treatment of gum disease, including scaling and root planning</li> <li>• Root Canal and related therapy, including diagnosis and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Complicated extractions</li> <li>• Surgical extractions</li> <li>• Gold or Porcelain Crowns, inlays, on lays and bridge abutments</li> </ul>

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

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

All other terms, clauses and conditions remain unchanged.