

EXCLUSIONS AND LIMITATIONS

Notwithstanding any provision in the Policy to the contrary, the Plan does not provide benefits for the following charges, services or supplies: • which, in the absence of insurance, the insured would not be required to pay; • related to self-inflicted injuries (while sane in Missouri); • related to war or an act of war whether or not declared; • related to the insured's commission of a felony or an assault on another person; • related to a riot, nuclear accident, or a major disaster; • caused by, related to, or as a condition of employment, including self-employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges; • which are more than Reasonable and Customary Charges; • which are incurred, or for which treatment began, before the insured's effective date of coverage or after the insured's termination of coverage; • related to congenital or development malformations existing when the insured's coverage became effective under the Plan; • which are not Medically Necessary, appropriate or are primarily for the cosmetic reasons; • which are Experimental/ Investigational; • related to surgical implants or transplants of any type (including prosthetic devices attached to them); • related to temporomandibular joint syndrome; • related to periodontal splinting; • related to facings on crowns or pontics posterior to the 2nd bicuspid; • for replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period; • related to relining of dentures more often than once in any 2 year period; • related to lost, stolen, or missing dentures or bridges or for duplicates; • related to fixed or removable bridge work involving replacement of a natural tooth (or teeth) which was lost prior to the insured's effective date of coverage under the Plan. Benefits may be payable for bridge work required for loss of teeth while insured under the Plan, if such bridge work is not an abutment for non-covered bridge work; • related to prescription drugs and analgesia pre-medication; • related to charges for telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending physician statements, and any other services or supplies which are not part of the direct treatment of the insured; • which are not made by a Dentist; • related to dental education or training programs (this includes oral hygiene or plaque control programs); • related to counseling on diet and nutrition; • received from a provider who (i) is the insured's spouse, child brother, sister, parent or in-law, (ii) resides with the insured, or (iii) is acting outside the scope of his/her license; • caused by or related to an insured's military service, including service in a military reserve unit; • for services and supplies not included in a Covered Procedure; • related to orthodontia; • which are payable under any medical insurance; • related to the use of materials, other than fluorides or sealants, to prevent tooth decay; • for bite registrations; • bacteriologic cultures in connection with a covered dental service; or therapeutic injections administered by a Dentist; (continued)

EXCLUSIONS AND LIMITATIONS: (continued) • made by any government entity unless the insured is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made; • related to prosthodontics.***Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

ELIGIBILITY: Individuals who are between 18 and 60 years of age, their eligible spouse between 18 and 60 years of age and unmarried children from birth to age 19; to age 23 if the child is a full-time student.

DEDUCTIBLE AMOUNT: The Deductible is shown in the Dental Care Descriptions. The Deductible is an amount of covered dental charges incurred by each insured person for which no benefit will be paid.

CALENDAR YEAR MAXIMUM: The maximum amount payable for all Eligible Dental Expenses in any calendar year is shown in the Dental Care Descriptions. The Calendar Year Maximum will apply to each insured person.

COORDINATION OF BENEFITS: This Plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. This helps keep the cost of the Plan reasonable.

TERMINATION OF COVERAGE: Coverage terminates on the earliest of the following dates: • the last day of the month in which you cease to be eligible for coverage; • the last day of the month in which your dependent is no longer an eligible dependent; • the first of the month following your 60th birthday; the first of the month following your spouse's 60th birthday; • subject to the Grace Period, the last day of the month for which premium has been paid by You or on Your behalf; • the date the Policy ends.

ELIGIBLE EXPENSES & EXPENSES INCURRED:

Expenses must be incurred while the Plan is in force and the person is covered by the Plan. To be an Eligible Expense, the dental services must be covered under the policy and be performed by: • a licensed Dentist or a licensed Physician performing dental services within the scope of his license; or • a licensed Dental Hygienist acting under the supervision and direction of a Dentist.

PREDETERMINATION: If the Course of Treatment will exceed \$300, We will require prior review. If you do not request a pre-determination review, We will pay the least expensive method of treatment regardless of method actually used except in an emergency.

COPAY: The Copay is the fixed dollar amount specified in the Schedule of Dental Care Descriptions that is payable by an Insured to a Provider at the time of service in connection with specific Covered Charges.

POLICY NO: DT-111, DT-128, M-9040

The

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Dental
Plan

For you & your
family

Underwritten by
Fidelity Security Life
Insurance Company

The **ONE** dental plan for you and your family

Dental Care Descriptions

Preventive Services - Class A

100% - UCR

no waiting periods

- Two routine Exams no less than 6 months apart
- Two routine Cleanings no less than 6 months apart
- Fluoride (Child to age 16) once per year

Basic Services - Class B

80% - UCR

6 month waiting period

- Bitewing X-rays (set of 4) no less than 6 months apart.
- Fillings
- Simple Extractions
- Full mouth x-rays once in a 36 consecutive month period.

Major Services - Class C

50% - UCR

12 month waiting period

- Endodontics
- Oral Surgery (Surgical Extractions & Impactions)
- Periodontics

Major Services - Class D

50% - UCR

24 month waiting period

- Crowns, Inlays, Onlays (single restoration)
- Bridges (treatment must begin after the effective date of coverage)
- Dentures (treatment must begin after the effective date of coverage)

Deductibles/Co-Pays

- \$35 lifetime, Per Person - Class A
- \$50 calendar year, Per Person - Class B, C, & D combined
- \$10 per office visit co-pay, Per Person

CHOOSE ANY DENTIST!



The **ONE** Dental Plan

New rates effective August 1, 2007

Area	Per	
	Adult	Child
Area 1	\$27.23	\$13.62
Area 2	\$30.59	\$15.30
Area 3	\$33.62	\$16.81
Area 4	\$36.64	\$18.32
Area 5	\$40.00	\$20.00
Area 6	\$43.03	\$21.51
Area 7	\$47.06	\$23.53
Area 8	\$53.79	\$26.89

Miscellaneous

- > Calendar Yr Max. \$1000
- > 12 month rate guarantee

EFFECTIVE DATE: The Plan Effective Date is always the first of the month following approval by Fidelity Security Life Insurance Company.

AK	all zips	6	IA	other	1	NM	all zips	2
AR	other	1	KS	500-503	2	NC	other	1
	720-722	2	KS	all zips	2	ND	271-282	2
AZ	other	2	KY	all zips	2	ND	all zips	1
	850-853	3	MD	other	3	OH	other	2
CA	other	4		207-209	4		440-444	3
	900-904	7		210-212	4	OK	all zips	2
	905-912	5	MI	other	2	PA	other	2
	913-916	6		480-483	3		189-194	4
	917-925	5	MS	other	1	RI	all zips	4
	926-928	6		390-392	2	SC	all zips	1
	929-951	6	MO	other	1	TN	other	1
	952-958	5		630-633	2		370-374	2
CO	other	3	MT	all zips	2		380-383	2
	800-809	4	NE	other	1	TX	other	2
CT	063,067	4		680-681	2		750-753	3
	060-062	5	NV	other	3		760-767	3
	064-066	5		890-891	4		770-777	4
	068-069	6		893-894	4	UT	other	1
DE	all zips	4		895,896,897	4		840-841	3
DC	all zips	5	NJ	other	4	VA	other	2
GA	other	1		070-076	5		220-223	4
	300-303	3		078-079	5		233-237	3
HI	all zips	3				WV	all zips	2
IL	other	3				WI	all zips	2
	600-606	4				WY	all zips	2
IN	other	1						
	460-466	2						

Rates based on the 1st 3 numbers of zip

Not Available in all States

FRAUD WARNING NOTICE

For residents of all states (except the following)	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

FRAUD WARNING NOTICE (Continued from other side)

Nebraska	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Pennsylvania	Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Tennessee	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Fidelity Security Life Insurance Company			Dental Enrollment Form			Policy No DT-111, DT-128		
Last Name, First Name, Initial			Social Security Number		Birth Date		Sex	
Home Address			Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>					
City		State	Zip Code		Applying for coverage Applicant only <input type="checkbox"/> Applicant+One <input type="checkbox"/> Applicant+Family <input type="checkbox"/>			
Billing Address (if different)			Telephone Number			Email Address		
City		State	Zip Code		Requested Effective Date			
Dependents to be covered Last Name, First Name, MI		Sex	Birth Date		Dependents to be covered Last Name, First Name, MI		Sex	Birth Date
1. Spouse					3. Child			
2. Child					4. Child			
Are any applicants (including dependents) covered under another dental plan?					<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "YES", Carrier Name: _____								
Will that other dental plan be terminated upon issuance of this dental plan?					<input type="checkbox"/> Yes <input type="checkbox"/> No			
All dependent children listed, over age {18}, {22 in North Dakota} are full-time students:					<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "NO" who isn't? _____								
California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. Notice: If you or your family members are covered by more than one dental plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors or hospitals, and it may be impossible to comply with both plans at the same time. Read all rules very carefully, including the Coordination of Benefits section, and compare them with the rules of any other plan that covers you or your family.								
Underwritten by: Fidelity Security Life Insurance Company A-00997(5/05)		The certificate provides dental benefits only. Review your certificate carefully. I hereby represent that the above information is complete and accurate to the best of my knowledge and belief. {I understand and acknowledge that by applying for this group insurance I am also becoming a member of the United Associations of American Group Insurance Trust or a member of The National Voluntary Benefit Trust.} {I here by represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application fro my state of residence.} Applicant's Signature _____ Date _____ M-9040						

Premium Calculation	Agent Information
Adult Premium \$ _____ X Number of Adults _____ = \$ _____	Name:
Child Premium \$ _____ X Number of Children _____ = \$ _____	Company:
Total Premium: \$ _____	SSN/Tax ID
Plus Monthly Admin. Fee \$ 6.00	Address
Plus One Time Enrollment Fee \$ 5.00	City, State, Zip
TOTAL DUE WITH APPLICATION \$ _____	Phone
	Fax
	E-Mail
	Pay Commissions to
	Signature

Underwritten & Administered by:
Fidelity Security Life Insurance Company, Kansas City MO
Distributed by:
IMGA Financial Group
P O Box 640, Russellville AR 72811
Phone: 800-951-1708 Email: info@imga.com

**Make checks payable to Fidelity Security Life Insurance Company
and RETURN all forms and checks to:
General Agent:**