Dentist Direct offers clients robust national access & financial stability without sacrificing personalized service.

Over 270,000 Providers nationwide:

Dentist Direct’s unique combination of both the DenteMax provider network and directly contracted Dentist Direct providers gives Dentist Direct members an expansive national network with over 270,000 contracted providers nationwide – that’s a lot of dentists to choose from. Simply visit www.usdentistdirect.com to search for providers by zip code, city, distance, etc. You can even print customized directories right from our website.

Dentist Direct members don’t have to worry about which network their provider has contracted with. Simply show the participating dentist your Dentist Direct insurance card and they will take care of the rest. All the required logos and information are located right on your card. It really is that simple.

Financial Strength and Stability:

Dentist Direct dental plans are underwritten by American National Life Insurance Company of Texas*. This allows us to offer a wide variety of plans. Every employer can find the plan (or plans) that fit their needs and budget. A.M. Best Company, independent analysts of the insurance industry since 1899, has assigned American National Life Insurance Company of Texas a rating of A- (Excellent), third highest of 13 active company ratings. For more information please visit http://www.anico.com/InvestorRelations/Ratings/index.htm **

Personalized Service

Even though Dentist Direct offers many of the benefits of a large national corporation, we maintain the personalized service and entrepreneurial mindset of a local company. When you or your clients need help, you won’t be transferred to an impersonal ‘call center’ in some other country. You will speak with a well-trained service representative that can see all of the information necessary to ensure you are taken care of—on the first phone call.

With Dentist Direct, members enjoy the benefits of a large national company – without the drawbacks.
### Plan Highlights
- **Visit ANY dentist**
- 100% Coverage for Preventive Care
- Includes Discount on Veneers and Teeth Whitening
- **ALL PARTICIPATING DENTISTS ARE ACCEPTING NEW PATIENTS**

**Monthly Billing fee waived - $180 annual savings**

**preferred pricing through the association - up to 20% off regular pricing**

---

### Plan Name
**Summit Plan B**

<table>
<thead>
<tr>
<th>Preventive:</th>
<th>Basic:</th>
<th>Major:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanings &amp; Exams (1 per 6 months), Bitewing X-rays, Fluoride, etc.</td>
<td>Fillings, Simple Extractions, Emergency Pain, etc.</td>
<td>Crowns, Bridges, Dentures, Endodontics, Periodontal Services, etc.</td>
</tr>
</tbody>
</table>

### Annual Maximum Benefit

**Orthodontia:**
- **Adults:**
  - Discount Only Average of 20-25% off regular pricing
  - None
- **Dependents to age 19:**
  - Discount Only Average of 20-25% off regular pricing
  - None

**Lifetime Ortho Max:**

### Deductible
- **No Deductible - $15 co-pay at each visit**
- **$50 per person up to $150 per family Waived for Preventive**
- **$50 per person up to $150 per family Waived for Preventive**

### Waiting Periods

- **Preventive:**
  - None
- **Basic:**
  - None
- **Major:**
  - None

**Orthodontia:**
- **EE Only:**
  - None
- **EE + 1 Dependent Family:**
  - None

### Reimbursement Basis

- **In-Network Out of Network**
- **Fee Schedule Fee Schedule**
- **Fee Schedule Fee Schedule**
- **Fee Schedule DMR (R&C)**

### Rates:

#### Contributory Voluntary

<table>
<thead>
<tr>
<th>EE Only</th>
<th>Voluntary</th>
<th>Contributory</th>
<th>Voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$26.08</td>
<td>$28.69</td>
<td>$36.99</td>
<td>$40.69</td>
</tr>
<tr>
<td>$48.51</td>
<td>$53.36</td>
<td>$73.32</td>
<td>$80.66</td>
</tr>
</tbody>
</table>

#### Contributory Voluntary

<table>
<thead>
<tr>
<th>EE + 1 Dependent Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$23.04</td>
</tr>
<tr>
<td>$44.10</td>
</tr>
<tr>
<td>$84.73</td>
</tr>
</tbody>
</table>

### Underwriting Requirements

- **Contributory Voluntary**
  - 75% of eligible (100% for groups of 2-4)
  - Greater of 5 enrolled or 20% (100% for groups of 2-4)

### Custom Options
- **Price Increase (decrease)**
  - **All Plans**
    - Increase Max from 1000 to 2000: 11%
    - Increase Max from 1000 to 1500: 7%
  - **Offer Summit & PPO as dual choice (apply to both co-pay and PPO plans):**
    - Add Annual Max Carryover: 2%
    - Change In-Network Coins to 100/90/60: 5%
  - **Pinnacle PPO (Both Plans):**
    - Add 1000 Dependent Ortho (5+ enrolled): 5%
    - Add 1500 Dependent Ortho (5+ enrolled): 7%
  - **Add 2000 Dependent Ortho (5+ enrolled):**
    - 9%
  - **Pinnacle PPO Indemnity:**
    - Add Implant Coverage (Major): 2%
    - Move Endo from Major to Basic: 3%
    - Move Perio from Major to Basic: 4%
    - Composites on all teeth - no molar downgrade: 4%
  - **Discount Only:**
    - None
  - **No Deductible - $15 co-pay at each visit:**
    - Waived for Preventive
  - **Average of 20-25% off regular pricing:**
    - None
  - **Average of 20-25% off regular pricing:**
    - None
  - **Discount Only Average of 20-25% off regular pricing:**
    - None
  - **Discount Only Average of 20-25% off regular pricing:**
    - None
  - **Discount Only Average of 20-25% off regular pricing:**
    - None
  - **Discount Only Average of 20-25% off regular pricing:**
    - None
  - **Discount Only Average of 20-25% off regular pricing:**
    - None

### HOW TO CALCULATE CUSTOM OPTIONS

To calculate the price of adding custom options, simply add all of the selected options together and multiply each tier of the chosen plan by:

1 + (total % price increase)

**For example:**

To increase the annual maximum to 1500 (7%) and add implant coverage (2%) on the Contributory Pinnacle Essentials PPO (7% + 2% = 9% total increase), multiply rates by 1.09:

- **EE Only:** $19.20 x 1.09 = $20.93
- **EE + 1:** $36.84 x 1.09 = $40.15
- **Family:** $73.14 x 1.09 = $79.72

---

**To accept this quote, please sign:**

(Circle Plan/Rates to be offered) ____________

Date: ____________

---

Underwritten by: American National Life Insurance Company of Texas. One Moody Plaza, Galveston, Texas 77550

Administered by Dentist Direct, LLC
### Summit Value Plan B

**FOR ALL COUNTIES IN UTAH**

Specialist co-pays may vary from those described below.

Please contact a Customer Service Representative at 1-866-696-6527 to request plan payment information for Specialists.

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>In Network Co-pay</th>
<th>Out of Network Plan Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>Oral Evaluation - Routine</td>
<td>$0.00</td>
<td>$23.00</td>
</tr>
<tr>
<td>D0140</td>
<td>Oral Evaluation - Problem Focused</td>
<td>$0.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>D0150</td>
<td>Oral Evaluation - Comprehensive</td>
<td>$0.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>D0270</td>
<td>X-Rays - Bitewing - 1st film</td>
<td>$0.00</td>
<td>$11.00</td>
</tr>
<tr>
<td>D0272</td>
<td>X-Rays - Bitewing - 2 films</td>
<td>$0.00</td>
<td>$21.00</td>
</tr>
<tr>
<td>D0274</td>
<td>X-Rays - Bitewing - 4 films</td>
<td>$0.00</td>
<td>$27.00</td>
</tr>
<tr>
<td>D1110</td>
<td>Prophylaxis - Adult</td>
<td>$0.00</td>
<td>$43.00</td>
</tr>
<tr>
<td>D1120</td>
<td>Prophylaxis - Child</td>
<td>$0.00</td>
<td>$29.00</td>
</tr>
<tr>
<td>D1206</td>
<td>Fluoride Varnish - High Caries Risk</td>
<td>$5.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>D1208</td>
<td>Topical Fluoride</td>
<td>$0.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant - per tooth</td>
<td>$4.00</td>
<td>$16.00</td>
</tr>
<tr>
<td>D2140</td>
<td>Filling - Amalgam (silver) - 1 surface</td>
<td>$11.00</td>
<td>$43.00</td>
</tr>
<tr>
<td>D2150</td>
<td>Filling - Amalgam (silver) - 2 surface</td>
<td>$14.00</td>
<td>$52.00</td>
</tr>
<tr>
<td>D2160</td>
<td>Filling - Amalgam (silver) - 3 surface</td>
<td>$30.00</td>
<td>$53.00</td>
</tr>
<tr>
<td>D2330</td>
<td>Filling - Resin Composite (white) - 1 surface anterior</td>
<td>$24.00</td>
<td>$43.00</td>
</tr>
<tr>
<td>D2331</td>
<td>Filling - Resin Composite (white) - 2 surface anterior</td>
<td>$30.00</td>
<td>$54.00</td>
</tr>
<tr>
<td>D2332</td>
<td>Filling - Resin Composite (white) - 3 surface anterior</td>
<td>$40.00</td>
<td>$57.00</td>
</tr>
<tr>
<td>D2740</td>
<td>Crown - Porcelain/Ceramic Substrate</td>
<td>$383.00</td>
<td>$222.00</td>
</tr>
<tr>
<td>D2750</td>
<td>Crown - Porcelain - High Noble Metal</td>
<td>$390.00</td>
<td>$230.00</td>
</tr>
<tr>
<td>D2751</td>
<td>Crown - Porcelain - Pred. Base Metal</td>
<td>$325.00</td>
<td>$185.00</td>
</tr>
<tr>
<td>D2752</td>
<td>Crown - Porcelain - Noble Metal</td>
<td>$356.00</td>
<td>$184.00</td>
</tr>
<tr>
<td>D2930</td>
<td>Crown - Stainless - Primary Tooth</td>
<td>$56.00</td>
<td>$36.00</td>
</tr>
<tr>
<td>D2931</td>
<td>Crown - Stainless - Perm Tooth</td>
<td>$71.00</td>
<td>$46.00</td>
</tr>
<tr>
<td>D3310</td>
<td>Root Canal - Anterior</td>
<td>$205.00</td>
<td>$145.00</td>
</tr>
<tr>
<td>D3320</td>
<td>Root Canal - Bicuspid</td>
<td>$237.00</td>
<td>$163.00</td>
</tr>
<tr>
<td>D3330</td>
<td>Root Canal - Molar</td>
<td>$300.00</td>
<td>$205.00</td>
</tr>
<tr>
<td>D4341</td>
<td>Periodontal Scaling &amp; Root Planning</td>
<td>$78.00</td>
<td>$34.00</td>
</tr>
<tr>
<td>D4910</td>
<td>Periodontal Maintenance</td>
<td>$36.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>D5110</td>
<td>Complete Denture - Upper</td>
<td>$520.00</td>
<td>$210.00</td>
</tr>
<tr>
<td>D5120</td>
<td>Complete Denture - Lower</td>
<td>$520.00</td>
<td>$210.00</td>
</tr>
<tr>
<td>D7111</td>
<td>Extract Coronal Remants of Deciduous Tooth</td>
<td>$27.00</td>
<td>$26.00</td>
</tr>
<tr>
<td>D7140</td>
<td>Extract Erupted Tooth - Exposed root</td>
<td>$37.00</td>
<td>$24.00</td>
</tr>
<tr>
<td>D7210</td>
<td>Surgical Extraction</td>
<td>$67.00</td>
<td>$42.00</td>
</tr>
<tr>
<td>D7220</td>
<td>Surgical Extraction - Impacted</td>
<td>$87.00</td>
<td>$37.00</td>
</tr>
<tr>
<td>D9110</td>
<td>Emergency Pain - Palliative Treatment</td>
<td>$12.00</td>
<td>$28.00</td>
</tr>
</tbody>
</table>
LIMITATIONS AND EXCLUSIONS

Amounts and benefits are subject to the expenses stated in the Certificate of Coverage.

Benefits will not be paid for dental expenses arising from or in connection with:
- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Dentist;
  - Are determined to be Experimental/Investigational in nature by Us;
  - Are received without charge or legal obligation to pay;
  - Would not routinely be paid in the absence of insurance;
  - Are received from any Family Member.
- Intentionally self-inflicted injuries.
- Participation in a War or an act of war, whether or not declared.
- A Covered Person's active voluntary participation in the commission of a felony or an assault on another person.
- Voluntary participation in a riot.
- Employment, whether caused by, related to, or as a condition of, including self-employment. This exclusion applies even if Workers’ Compensation or any Occupational Disease or similar law does not cover the charges.
- Treatment which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
- Congenital or development malformations existing when the Covered Person’s coverage began effective under this Certificate.
- Cosmetic procedures.
- Surgical implants or transplants of any type including prosthetic devices attached to them.
- Temporomandibular joint syndrome.
- Periodontal splinting.
- Facings on crowns, or pontics posterior to the 2nd bicuspid.
- Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 10 year period.
- Relining of dentures more often than once in any 2 year period.
- Lost, stolen, or missing dentures or bridges or for duplicates.
- Fixed or removable bridgework involving replacement of a natural tooth or teeth which was lost prior to the Covered Person's Effective Date of coverage under this Certificate. Benefits may be payable for bridgework required for loss of teeth while covered under this Certificate, if such bridgework is not an abutment for non-covered bridgework.
- Prescription Drugs and analgesia pre-medication.
- Charges for telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending Dentist statements, and any other services or supplies which are not part of the direct treatment of the Covered Person.
- Dental education or training programs including oral hygiene or plaque control programs.
- Counseling on diet and nutrition.
- Expense related to a Covered Person’s military service, including service in a military reserve unit.
- Orthodontia, unless this coverage is elected by the Policyholder and the required premium is paid.
- Prosthodontics, unless this coverage is elected by the Policyholder and the required premium is paid.
- Charges payable under any medical insurance.
- Charges made by any government entity unless the Covered Person 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.
- Use of materials, other than fluorides or sealants, to prevent tooth decay.
- Bite registrations.
- Bacteriologic cultures in connection with a covered dental service.
- Therapeutic injections administered by a Dentist.

Alternate Benefit Provision

Many dental problems can be resolved in more than one way. If: 1) We determine that a less expensive alternative benefit could be provided for the resolution of a dental problem; and 2) that benefit would produce the same resolution of the diagnosed problem within professionally acceptable limits, We may use the less expensive alternative benefit to determine the amount payable under the Certificate.

Pre-Estimates: recommended for treatments exceeding $300.
## Plan Highlights

One of the Nation's Largest Vision Networks

Online purchases at Glasses.com and ContactsDirect.com are In-Network

Includes LASIK Discount

Conveniently bundled with your dental plan - single enrollment, etc.

Combined Dental and Vision card

Includes Discounts on hearing aid exams & Materials through Amplifon

---

### Plan Name

**Provider Network:**

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with Dilation as Necessary</td>
<td>$10 Co-pay, 10% off retail, then $55 allowance</td>
</tr>
<tr>
<td>Retinal Imaging Benefit</td>
<td>$10 Co-pay, 10% off retail, then $55 allowance</td>
</tr>
<tr>
<td>Standard Contact Lens Fit and Follow Up</td>
<td>N/A</td>
</tr>
<tr>
<td>Premium Contact Lens Fit and Follow Up</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Frames

- Any available frame at provider location
- $140 Allowance
- 20% off balance over $140
- $70 Allowance

### Lenses

- **Single Vision**
  - Included in $140 Frame Allowance
  - $10 Co-pay
  - $25 Allowance
- **Bifocal**
  - Included in $140 Frame Allowance
  - $10 Co-pay
  - $40 Allowance
- **Trifocal**
  - Included in $140 Frame Allowance
  - $10 Co-pay
  - $55 Allowance
- **Lenticular**
  - Included in $140 Frame Allowance
  - $10 Co-pay
  - $55 Allowance
- **Standard Progressive Lens**
  - $75 Co-pay
  - $40 Allowance
- **Premium Progressive Lens**
  - See Detailed Summary
  - $40 Allowance

### Lens Options

- **UV Treatment**
  - $15
- **Tint (Solid & Gradient)**
  - $15
- **Standard Plastic Scratch Coating**
  - $40
- **Standard Polycarbonate - Adults**
  - $40
- **Standard Polycarbonate - Kids under 19**
  - $40
- **Standard Anti-Reflective Coating**
  - $45
- **Photocromatic / Transitions Plastic**
  - $75
- **Premium Anti-Reflective**
  - See Detailed Summary
  - $80

### Contact Lenses (allowance includes materials only)

- **Conventional**
  - $140 Allowance
  - 15% off balance over $140
  - $112 Allowance
- **Disposable**
  - $140 Allowance
  - 15% off balance over $140
  - $112 Allowance
- **Medically Necessary**
  - $140 Allowance
  - 15% off balance over $140
  - $112 Allowance

### Frequency Limits

- **Exams**
  - Once Every 12 Months
- **Lenses or Contact Lenses**
  - Once Every 12 Months
- **Frames**
  - Once Every 12 Months

**Lasik or PRK from US Laser Network**

- 15% off Retail Price or 5% off Promotional Price
- 40% off hearing exams and low price guarantee on discounted hearing aids

**Amplifon Hearing Health Care**

- 15% off Retail Price or 5% off Promotional Price
- 40% off hearing exams and low price guarantee on discounted hearing aids

### Additional Pairs Benefit

- **Glasses**
  - 40% discount
  - 15% discount (after funded benefit)
- **Contacts**
  - 40% discount
  - 15% discount (after funded benefit)

### Rates:

<table>
<thead>
<tr>
<th></th>
<th>Contributory</th>
<th>Voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$5.00</td>
<td>$7.50</td>
</tr>
<tr>
<td>EE + 1 Dependent</td>
<td>$9.74</td>
<td>$14.62</td>
</tr>
<tr>
<td>Family</td>
<td>$15.50</td>
<td>$23.25</td>
</tr>
<tr>
<td></td>
<td>$5.86</td>
<td>$8.78</td>
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<td></td>
<td>$11.41</td>
<td>$17.11</td>
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<td></td>
<td>$18.14</td>
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<td>$9.94</td>
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<td></td>
<td>$12.90</td>
<td>$19.35</td>
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<tr>
<td></td>
<td>$20.52</td>
<td>$30.78</td>
</tr>
</tbody>
</table>

---

To Find Participating Providers visit:

[www.eyemedvisioncare.com/dd](http://www.eyemedvisioncare.com/dd)
In-network options at your fingertips

In addition to America’s largest network of independent providers and top optical retailers, with Dentist Direct you can use your vision benefits to purchase contacts and glasses online. The best part is that your benefits are applied at check-out.

At ContactsDirect.com, you can...

- Choose from a variety of different brands to meet your unique needs
- Order contact lenses and have them shipped straight to your door
- Use your vision benefits online to make shopping more convenient
- Enjoy free shipping, once your prescription is verified

At Glasses.com, you can...

- Access award-winning\(^1\) 3D virtual try-on technology
- Choose from a large selection of frames and lenses, including some of the world’s leading brands
- Apply your in-network benefit to your transaction

You must have a valid prescription within the last 12 months in order to purchase prescription contact and frame lenses online. Don’t have an up-to-date prescription? Simply schedule an eye exam online through the provider locator at https://www.eyemedvisioncare.com/dD.

See for yourself!

Visit Glasses.com or ContactsDirect.com today.

\(^1\)2014 Cannes Lions Festival, Bronze Award for “Creative Use of Technology”

PDF-1609-R-540

Form ANL-004
For more information about Dentist Direct, contact your agent or call 1-866-696-6527.


**Financial Strength Ratings:
American National Life Insurance Company of Texas (“ANTEX”) has been evaluated and assigned the following ratings by nationally recognized, independent rating agencies. The ratings are current as of 09/04/15.

A.M. Best1 A-
Standard & Poor’s2 A

Ratings reflect current independent opinions of the financial capacity of an insurance organization to meet the obligations of its insurance policies and contracts in accordance with their terms. They are based on comprehensive quantitative and qualitative evaluations of the company and its management strategy. The rating agencies do not provide ratings as a recommendation to purchase insurance or annuities. The ratings are not a warranty of an insurer’s current or future ability to meet its contractual obligations.

Ratings may be changed, suspended, or withdrawn at any time. For the most current ratings visit A.M. Best at www.ambest.com and Standard & Poor’s at www2.standardandpoors.com.

1 A.M. Best’s active company rating scale is: A++ (Superior), A+ (Superior), A (Excellent), A- (Excellent), B++ (Good), B+ (Good), B (Fair), B- (Fair), C++ (Marginal), C+ (Marginal), C (Weak), C- (Weak) and D (Poor).

2 Ratings from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories. For a full list of Standard & Poor’s active company rating scale visit www.standardandpoors.com.