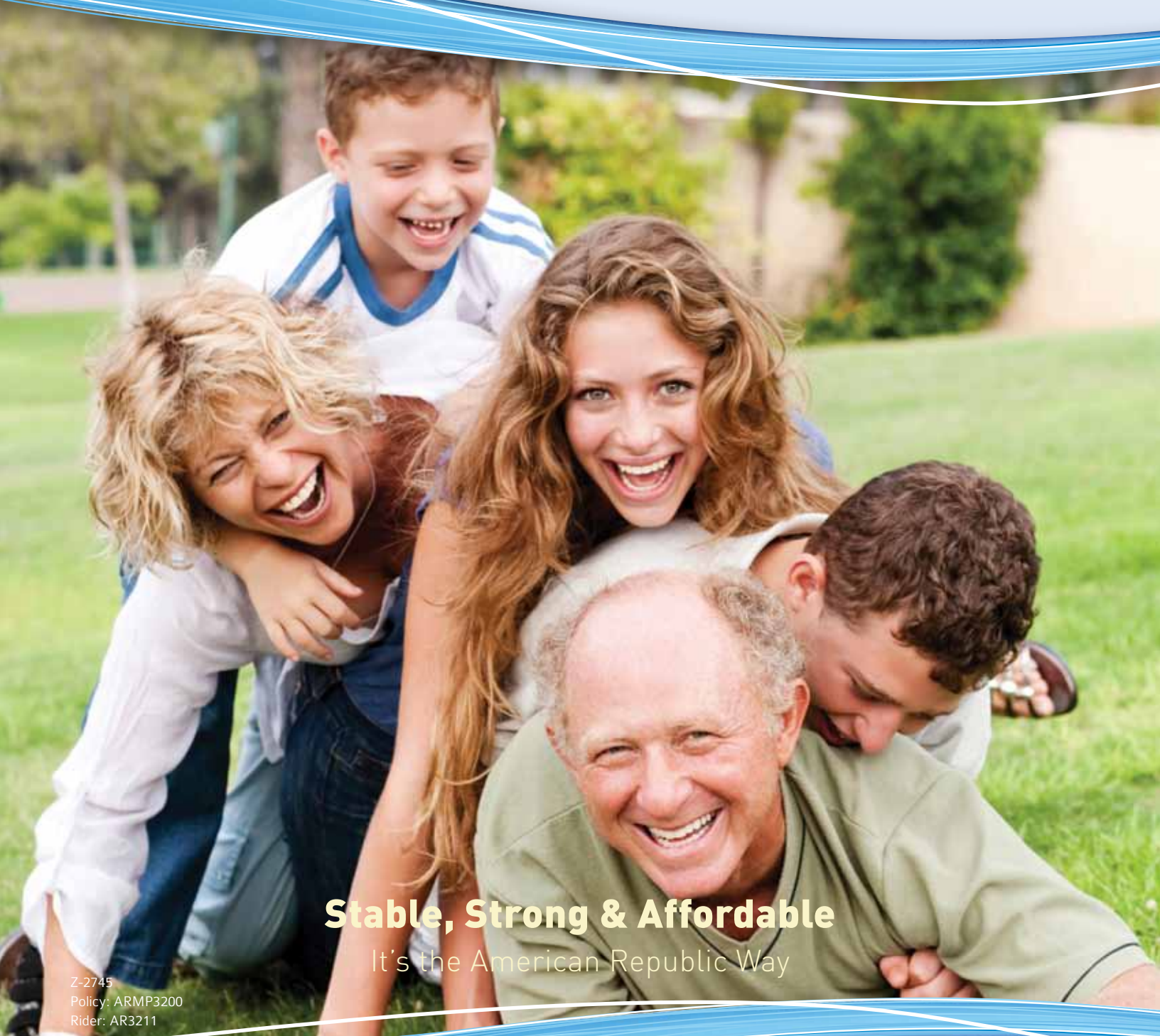


Dental Insurance

Part of American Republic's Freedom Solutions[®]



Stable, Strong & Affordable
It's the American Republic Way

When you choose American Republic Dental Insurance, you get comprehensive dental protection including preventive care, basic and major services like fillings, bridges, crowns and oral surgery.

You'll also get the right balance of cost, coverage and convenience.

■ **AFFORDABLE RATES** - *keep your expenses down*

- 3 plan options - one for every budget
- Initial rate guaranteed for 12 months
- Optional features to customize your plan

■ **FREEDOM TO CHOOSE**

- Choose any dentist
- No network, no DHMO, no special restrictions

■ **CONVENIENT** - *no long forms*

- Automatic acceptance, no exams required
- Pay automatically by checking or savings account withdrawal, credit card, or have a bill sent to your home

American Republic Dental Insurance provides you with immediate access to preventive care benefits as soon as your coverage is effective.

ABOUT

American Republic Insurance Company

American Republic Insurance Company has served the insurance needs of Americans for more than 80 years. American Republic Insurance Company has established a proven track record in providing quality insurance solutions. Plus, our highly-respected A- (Excellent) rating by A.M. Best Company stands as further testimony to our financial strength and stability. *

Today, American Republic creates insurance solutions to help protect the financial well-being of our senior market. We offer senior-focused insurance products in more than 30 states.



* Our A- (Excellent) rating (December 2011) is the fourth highest of 15 possible ratings given by A.M. Best Company. As an independent non-government company, A.M. Best does not recommend products or services but does provide independent opinions of a company's overall financial strength.

Who Is Eligible?

- You (*applicant, minimum age 18*)
- Your spouse
- Your dependent children (*up to age 26*)

When is Coverage Effective?

Your coverage is effective the first of the month following the date we receive your application and initial premium.

What's Covered

	PLAN 1	PLAN 2	PLAN 3
Calendar Year Maximum	\$500	\$750	\$1,500
Calendar Year Deductible	\$50	\$50	\$50

Class A – Preventive Services

- Initial & Periodic Exams (*2 per year*)
- Fluoride Treatments (*up to age 16*)
- Cleanings (*65 and over: 3 cleanings per year; under 65: 2 cleanings per year*)
- Space Maintainers

Waiting Period	None	None	None
Plan Pays	80%	80%	100%

Class B – Basic Services

- X-rays
- Fillings
- Simple Extractions

Waiting Period	6 months	6 months	6 months
Plan Pays	50%	80%	80%

Class C – Major Services

- Oral Surgery
- Crowns, Bridges, Dentures
- Endodontics
- Periodontics

Waiting Period	18 months	18 months	18 months
Plan Pays	50%	50%	50%

Dental Insurance Policy form: ARMP3200

A maximum of three individual deductibles per family per year shall apply. Deductibles and coverage maximums are per covered person, per calendar year.

For under age 65, only 2 cleanings per year.

Note: The primary applicant age determines the number of cleanings for all persons on the policy.

Optional Benefits Available

Optional benefits are available at an additional charge

1 Reduce Waiting Period From 18 to 12 Months

If you choose, you may reduce your major service waiting period from 18 to 12 months.

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2 Increase Calendar Year Maximum

If you choose, you may increase your calendar year maximum benefit.

Plan 1: Increase your calendar year maximum from \$500 to \$750

Plan 2: Increase your calendar year maximum from \$750 to \$1,000

Plan 3: Increase your calendar year maximum from \$1,500 to \$2,000

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3 Vision Rider

If you choose, you may add vision coverage.

Calendar year deductible	\$50.00
Eye Examination One per calendar year No waiting period	Plan pays 100%
Lenses & Frames Or Contact Lenses* (in lieu of lenses and frames) One pair every 2 years Waiting period = 15 months	Plan pays 50%
Calendar year maximum benefit for all services	\$200.00

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Vision Rider form: AR3211

* Disposable contact lenses are covered the same as contact lenses. To maximize the available coverage for contacts under the plan it is best to purchase a supply of disposable contacts (at one time) until the next time you are eligible to receive coverage under the plan.



Expenses NOT COVERED: No benefits will be paid for expenses incurred:

1. for overdentures and associated procedures.
2. for charges in excess of those considered reasonable and customary.
3. for cosmetic procedures.
4. for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
5. for implants; and for:
 - a. replacement of lost or stolen appliances;
 - b. replacement of retainers;
 - c. athletic mouthguards;
 - d. precision or semi-precision attachments;
 - e. denture duplication; or
 - f. sealants.
6. for oral hygiene instructions; and for:
 - a. plaque control;
 - b. completion of a claim form;
 - c. acid etch;
 - d. broken appointments;
 - e. prescription or take-home fluoride; or
 - f. diagnostic photographs.
7. for services not completed by the end of the month in which coverage ends, unless continuation of coverage has been requested and accepted by Us.
8. for procedures that are begun, but not completed.
9. for services and treatment provided without charge or for which there would be no charge in the absence of insurance.
10. for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
11. for a condition covered under any Worker's Compensation Act or similar law.
12. that are applied toward satisfaction of a Deductible, if any.
13. that are generally considered by the dental profession as experimental or investigational.
14. for the treatment of cleft palate and anodontia.
15. for services or supplies payable under any medical expense plan.
16. for orthodontia, unless included by rider.
17. prior to the date the Insured is covered under the Policy.
18. for the diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD).
19. for hospital services.
20. during any waiting period We require, when You voluntarily end Your insurance and re-enroll at a later date. Your waiting period is 2 years and begins on the date Your coverage first ended.
21. charges for infection control, sterilization, and waste disposal.

Vision Rider Exceptions and Limitations: The cost of lens in excess of a standard lens will not be covered. A standard lens is any lens fitting a frame with an eye size less than 61mm. Charges for replacement lenses will not be covered unless there is a change in prescription.

The cost of a frame in excess of a standard frame will not be covered. A standard frame is any frame with a retail value of \$75.00 or less. The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

In addition to the above, the following expenses are not covered:

1. any procedure, service or supply included as a covered medical expense under any group insurance plan, whether benefits are payable as to all or only part of such charges;
2. special procedures, such as orthoptics, vision training and subnormal vision aids;
3. plano or prescription sunglasses or other special purpose vision aids;
4. medical or surgical treatment of the eyes, including hospital expenses;
5. replacement of lost or broken lenses and/or frames;
6. duplicate glasses or lenses or frames; and
7. services or material not listed as an Eligible Expense.

Benefits are payable only for expenses incurred while your insurance is in force.

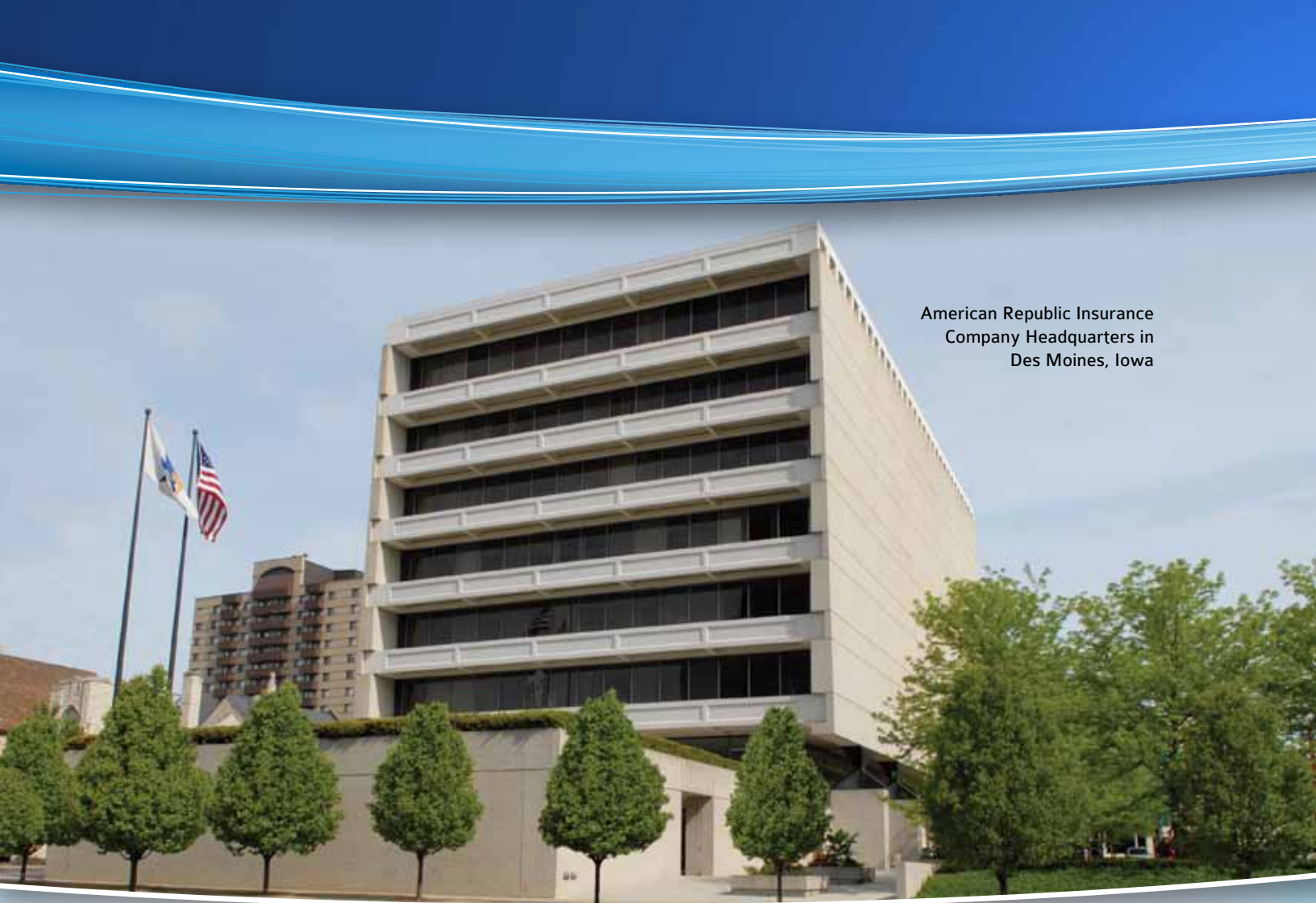
Your insurance begins on the first day of the month following the date we receive your application and initial premium. Your insurance ends on the earliest of:

- (1) the date you cease to be eligible;**
- (2) (for any covered dependents) the day your dependent ceases to be a dependent, as defined in your policy/certificate;**
- (3) the last day of the month for which a premium has been paid, subject to the grace period; or**
- (4) the date the policy ends. You may terminate this policy/certificate on any premium due date by giving written notice to us prior to any premium due date. We may terminate this certificate on any premium due date by giving you written notice at least 31 days prior to such premium due date.**

“Reasonable and Customary” This plan reimburses at the percentages shown for covered dental expenses based on Reasonable and Customary (*R&C*) fees for those covered expenses. Reasonable and Customary means the usual, customary and regular charges for the area where such expenses are incurred.

This brochure provides a brief description of American Republic’s dental insurance and is subject to individual state regulations. For complete details, please refer to the policy/certificate of Insurance. All benefits are based on reasonable and customary charges. Prior review is requested for a course of treatment exceeding \$300. This plan is not available in some states. Initial rates are guaranteed for 12 months; thereafter premiums may increase on a semi-annual basis.





American Republic Insurance
Company Headquarters in
Des Moines, Iowa



American Republic
Insurance Company

This is a solicitation of insurance and an agent may contact you. For full description of the plan benefits and limitations refer to you policy.

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