

Premier Dental Insurance Plan

A Plan for You and Your Family.

As a Member in good standing, you, your lawful spouse, and your unmarried dependent children under age 19 (or 25, if a full-time student) are eligible. That includes stepchildren and adopted children. (Subject to state variations).

High Annual Maximums for Each Person Covered.

After the deductible is satisfied, each covered individual can receive up to \$1,200 each in payments during each calendar year. Additionally, this Plan includes a separate \$1,000 annual Accident Benefit per insured. Such a high individual cap ensures that every covered individual will get the care — and the benefits — they deserve!

Economical Deductibles Mean More Coverage for You and Your Family.

You pay no deductible when receiving preventive or diagnostic treatment. All other services are subject to a \$50 deductible per insured person (\$150 family unit maximum), per calendar year. That deductible is applied against insurance-covered expenses, not billed charges.

If during a calendar year, insured members of a family incur covered charges that are applied toward the deductible, and add up to equal the \$150 family deductible, no further deductible will be required for any other member of that family during that calendar year. The charges that each family member may apply to reduce the family deductible may not exceed the \$50 per person deductible.

Easy to Use.

Soon after enrolling in the new enhanced — Premier Dental Plan, you will receive your Certificate of Insurance. Your Certificate lists all the dental treatments and procedures covered by this Plan. The enclosed Schedule of Dental Services lists the maximum amount payable for each treatment, not to exceed the actual charge. Once your dentist submits a standard claim form, your Plan will pay the benefits outlined directly to you — or to your dentist — whichever you prefer.

30-Day Free Look!

Your satisfaction is assured. If you are not completely satisfied for any reason, return your Certificate of Insurance marked "Cancel" within 30 days. Any money you have paid will be fully and promptly refunded.

When Coverage Ends.

Your coverage remains in force until you cease to be a member, fail to pay your premium payment when due, or when the group policy ends. Coverage for your dependents will end if your insurance ends, dependents' insurance ends under the group policy, the person ceases to be a dependent or the premium payment is not paid for the dependent when due.

It's easy to enroll!

1. Fill in all the information requested on the enclosed Enrollment Form.
2. Indicate which family members you want covered, giving name, sex, and birth date.
3. Sign your name and date; then, return your completed Enrollment Form with your check for your first quarterly premium payment, payable to NEBCO. A postage-paid reply envelope is provided for your convenience or mail to:

MCL Premier Dental Insurance Plan
P.O. Box 153046
Irving, TX 75015-3046

Administered and Marketed by NEBCO
Irving, TX

Underwritten by:
The United States Life Insurance Company in the City of New York

The underwriting risks, financial and contractual obligations and support functions associated with products issued by The United States Life Insurance Company in the City of New York (United States Life) are its responsibility.

This brochure is a brief description of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. V-610,110, Form No. G-19000. Coverage may vary or may not be available in all states.

Once you receive your Certificate of Insurance, if you're not 100% satisfied within the first 30 days, simply return the Certificate marked "Cancel" and we'll send you a full refund of any premiums paid during that period. Your certificate will be considered never issued and you will be under no further obligation.

For answers to any questions or
additional information, call Toll-Free

1-800-808-4514



MCL Premier Dental Insurance Plan

YOU
DESERVE
MORE!

ACCEPTANCE GUARANTEED
COMPREHENSIVE COVERAGE
ECONOMICAL INSURANCE PROTECTION
CHOICE OF YOUR OWN DENTIST

Marine Corps League

Premier Dental Insurance Plan

Your Solution to the High Cost of Dental Procedures.

The cost of dental treatments and procedures today are overwhelming — no matter if it's a simple exam or extensive oral surgery. But your dental health — and the dental health of your family — are important. When a dental problem arises, and you or someone in your family needs treatment, you need insurance protection against the high cost of dental bills.

Offering You the Comprehensive Benefits You Need.

With a long list of covered treatments and procedures, the new enhanced Premier Dental Insurance Plan is one of the most comprehensive plans available to you today. It pays benefits for preventive and diagnostic care — like dental exams and x-rays... and nearly every form of specialty treatment. It even pays benefits for crowns and dentures. And, you can get these important treatments with any dentist you choose — even the one you trust right now.

Comprehensive Insurance Protection at Economical Group Rates.

The new Premier Dental Insurance Plan offers economical group rates!

QUARTERLY GROUP RATES

Single Member	\$99.00*
Member and one Dependent	\$177.00*
Member and two or more Dependents	\$239.00*

You may also pay semi-annually by multiplying the quarterly rate by 2; you may pay annually by multiplying the quarterly rate by 4.

*A \$3 administrative fee is added for each billing period.



Getting on Your Way to Complete Dental Health.

Seeing your dentist regularly is an important part of your dental health management. That's why the new enhanced Premier Dental Insurance Plan has a minimal waiting period. You can use your preventive, diagnostic and restorative services immediately. Endodontics and oral surgery have a 6-month waiting period. Once you have been enrolled under the Plan for 12 consecutive months, you are eligible for benefits under restorative — major, periodontics, prosthetics-removable, fixed bridge, and adjunctive.

You're Accepted!

Your acceptance is guaranteed. Just fill out the enclosed Enrollment Form and return it, along with your first premium payment, in the postage-paid reply envelope provided. That's all there is to it!

You will be insured on the first day of the month after your request for insurance is received, provided the first initial premium is paid. You must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the date your insurance is to take effect. If you are not, such insurance will take effect on the day you resume such activities.

Charges Not Covered

No benefits will be paid for expenses incurred for:

1. Any portion of a charge for any service in excess of the scheduled benefit shown in the Schedule of Dental Services.
2. Any procedure not listed as a scheduled benefit in the Schedule of Dental Services.
3. Services that are not recommended, approved and certified as necessary and reasonable by a dentist.
4. For services that are not approved by the Council of Dental Therapeutics of the American Dental Association.
5. Overdentures and associated procedures.
6. Cosmetic procedures, including charges for porcelain or other veneer crowns, pontics, and porcelain or other veneer facings on crowns or pontics to replace molars.
7. The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
8. Implants; and for: (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouth guards; (d) precision or semi-precision attachments; (e) denture duplication; or (f) sealants, except as specifically provided in the Schedule of Dental Services.
9. Oral hygiene instructions; and for: (a) plaque control; (b) the completion of a claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride, or (f) diagnostic photographs.
10. Services and procedures that are begun, but not completed by the end of the month in which coverage terminates.
11. For charges in connection with an orthodontic service or procedure.
12. Care or treatment of a condition for which a person is entitled to or eligible for benefits under any Worker's Compensation Act or similar law.
13. Charges that are applied toward satisfaction of a deductible, if any.
14. Charges incurred after a person's insurance ends. However, dental benefits may be provided as described in the Benefits After Insurance Ends provision.

Exclusions

No dental benefits will be paid by the group policy for charges incurred for treatment which:

1. is not essential for the necessary care or treatment of the injury or sickness involved.
2. would be given free of charge if the person was not insured.
3. results from a war or an act of war.
4. results from intentionally self-inflicted injury
5. is given by a person's spouse or his or her spouse's father, mother, son, daughter, brother or sister.
6. is given by a person's employer or an employee of such employer.

All persons who were previously insured for dental insurance under this plan and later voluntarily end insurance will not be eligible to re-enroll on any date after insurance was voluntarily ended.