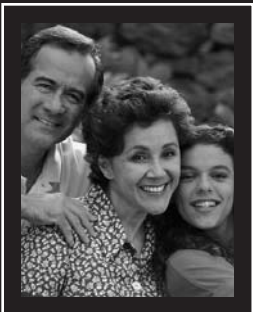
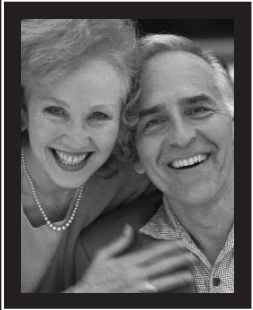


*Flexible dental and vision plans
as individualized as your employees.*

Plan Highlights

Group Dental & Vision

RELIANCE STANDARD



Group Dental

We offer a variety of dental programs tailored to fit the needs of groups with 10 or more lives. Not only are the plans flexible, but they can be written either as stand-alone coverage or as part of a package with other employee benefits. Managed Care* and Flex Plans are also available. Managed Care plans help cut costs for insureds by encouraging them to visit a Participating Provider Organization (PPO) network dentist. Voluntary Dental Plans, called Flex Plans, are designed for use with Section 125 of the Internal Revenue Service code and allow employees to pay for benefits with pre-tax dollars.

*Managed Care is not available in all states. The PPO is contracted and maintained through an agreement between RSL and Ameritas Life Insurance Corp.

- Premium Dental Solutions, traditional tailored indemnity plans
- Maximum RewardsSM Option, increases annual dental maximum amount
- Managed Care Plans include PPO Two-Tier and MAC (Maximum Allowable Charge), PPO dental network available in most states
- Dental Basics, contains costs through procedure limitation
- Dental Value PlusSM, a combination of traditional benefits and cost controls
- High/Low Dental Solutions, employees select high or low plan based on dental procedure reimbursement level desired
- Complete Dental SolutionSM for Groups of 10-150, choose from six plan designs
- SmartChoiceTM Benefits Package for Groups of 2-19, includes Life, AD&D, LTD, STD, Dental (groups of 3-19)
- Non-contributory Plans, all eligible employees and dependents are insured, employer pays all
- Contributory Plans, 75% participation is required, eligible employees and dependents who enroll contribute to cost, employer contribution of 25% or more required
- Flex/Voluntary Plans, Section 125 pre-tax environment, various levels of participation are required, eligible employees and dependents

who enroll pay premiums with pre-tax dollars, no employer money required

- Exam-Plus Plan, VSP eye exam plus VSP discounts available with most dental plans

Dental Plan Procedures and Categories

Preventive Procedures

- Cleanings
- X-Rays
- Exams
- Fluoride

NOTE: X-Rays can be in Preventive, Basic or Split

Basic Procedures

- Fillings
- Extractions
- Oral Surgery
- Periodontics (gum disease)
- Endodontics (root canal)

NOTE: Periodontics and Endodontics can be in Basic, Major or Split

Major Procedures

- Full and partial dentures
- Crowns
- Inlays

Group dental plans may be written to provide for Preventive and Basic procedures only, or for Preventive, Basic and Major procedures.

Maximum Options

Options for the maximum dental benefit payable per person, per benefit period, for Preventive and Basic procedures only or for Preventive, Basic and Major procedures combined range from \$500 to \$2,500 annually. Maximum lifetime benefit options for Orthodontia also range from \$500 to \$2,500.

Claim Allowance Options

- Usual and Customary (U&C) at the 90th, 85th, 80th or 75th percentile

Plan Highlights

Group Dental & Vision



- The SMART Series® (an area's median cost for a procedure)
- Scheduled Basis (defined benefit)
- Maximum Allowable Charge (MAC), the discounted fee per procedure available through the PPO network

Deductible Options

Deductible options are available up to \$250 and can be met on a common calendar year, plan year or lifetime basis. This option may be waived for Preventive care. The employer may elect to have a common calendar year deductible for Preventive, Basic and Major procedures. With a regular or accumulative family maximum deductible option, when three family members have satisfied their individual deductible amounts, the entire deductible or any remaining portion of the deductible amount for any other family member will be waived for the rest of the calendar year. There is usually no deductible for Orthodontia.

Coinsurance Options

- A common plan choice for coinsurance levels are 100-80-50% (Preventive, Basic and Major) with Orthodontic covered at 50%.
- The standard option for Preventive and Basic procedures allows a choice of any coinsurance percentage up to 100%.
- The incentive coinsurance option requires a set of three- or four-step percentages such as 70-80-90-100% where insureds begin at the lowest level and work their way up in subsequent years.

Termination of Group Dental

The group insurance is renewable annually. The insured's coverage will terminate if any of the following occur:

- The policy terminates
- The date the insured no longer meets the eligibility requirements
- If the required premium is not paid within the grace period

Note: Obtain a complete list of covered benefits and exclusions/limitations for your specific plan by contacting your sales representative.

Group Vision

We offer a variety of vision plans tailored to fit the needs of groups with 10 or more lives. These plans can be written either as stand-alone coverage or as part of a package with other employee benefits. A comprehensive eye exam can detect numerous medical conditions

including diabetes, glaucoma and high blood pressure.

Group Vision Plan Highlights

- Basic Vision, a scheduled/defined benefit reimbursement plan
- Sharper Vision, features the nationwide VSP network
- TrueViewSM, offers access to the EyeMed network
- Exam-Plus Plan, VSP eye exam plus VSP discounts available with most dental plans
- Basic Vision Materials-only Plan
- Sharper Vision Exam Core/Materials-optional Plan (50 or more lives)
- TrueView Materials-only Plan
- Flex/Voluntary Decreasing Deductible Plan through Sharper Vision or TrueView
- Flex/Voluntary Increasing Frame Allowance Plan through Sharper Vision or TrueView
- Exam frequency is 12 months, lenses/contacts and frame frequencies may be 12 or 24 months
- Non-contributory Plans (all eligible employees and dependents are insured, employer pays all)
- Contributory Plans (eligible employees and dependents who enroll contribute to cost, employer contribution of 25% or more required)
- Flex/Voluntary Plans, Section 125 pre-tax environment (eligible employees and dependents who enroll pay premiums with pre-tax dollars, no employer money required)

Basic Vision

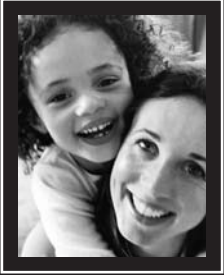
Basic Vision is a vision care product offered to businesses, large and small. It is a scheduled plan with no network doctors. With Basic Vision, each insured individual can select a physician to provide vision services based on his/her own preferences. Benefits are reimbursed solely on the plan design chosen by the employer, so there are no insurance coverage surprises for employees.

Basic Vision Plan Participation, Contribution

- Non-contributory: Participation is 10 or more enrolled insureds when non-contributory or if tied to dental or medical. When participation is tied to dental or medical, all employees and dependents in those plans must participate in the vision plan. Employers may choose no deductible or a lifetime deductible (equal to the chosen frame allowance) that is waived for exams.

Plan Highlights

Group Dental & Vision



- **Contributory:** Participation is 10 enrolled insureds with an employer contribution of 25% or more, unless in a voluntary pre-tax environment. The employer may choose no deductible or a lifetime deductible (equal to the chosen frame allowance) that is waived for exams.

Basic Vision Plan Coverage

So that the employer can design a plan that fits the employees' needs, several allowance options for the exam and frame are available. Select Schedule 1 or Schedule 2. When services are performed, the insured individual pays the doctor or provider for the total cost of the services and then submits a claim form. Benefits are reimbursed directly to the insured according to the selected plan allowances:

	We Pay Schedule 1	We Pay Schedule 2	Insured Pays
EXAM			
Annual Eye Exam	Select \$25, \$35, \$45	Select \$25, \$35, \$45, \$55	Remainder
FRAME			
	Select \$30, \$40	Select \$30, \$40, \$55, \$65	Remainder
LENSES			
Single Vision Lenses	\$35	\$40	Remainder
Bifocal Lenses	\$50	\$60	Remainder
Trifocal Lenses	\$65	\$75	Remainder
Progressive/No-line Bifocals	\$70	\$80	Remainder
Lenticular Lenses	\$70	\$80	Remainder
CONTACT LENSES			
(includes disposables)	Selected frame allowance +Single Vision Lenses allowance	Selected frame allowance +Single Vision Lenses allowance	Remainder

Availability of various dollar allowances depends on plan participation level achieved.

Frame/lenses (glasses) and contacts are not both covered in the same 12-month period.

Frequency options for Exam-Lenses/Contacts-Frame may be 12-12-12 or 12-12-24 months.

Sharper Vision

Sharper Vision features VSP, one of the largest eye doctor networks in the U.S. offering nearly 30,000 provider access points. With a VSP doctor, covered-in-full expenses include annual vision exams and eyeglass lenses. Employers may select from various frame and contact lenses allowances.

Sharper Vision Plan Participation, Contribution

- **Non-contributory:** Participation is 10 or more enrolled insureds when non-contrib or if tied to dental or medical. When participation is tied to dental or medical, employees and dependents in those plans must participate in the vision plan.
- **Contributory:** Participation is 10 enrolled insureds with an employer contribution of 25% or more, unless in a voluntary pre-tax environment.

Sharper Vision Plan Coverage

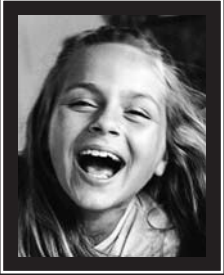
With Sharper Vision, employees have the option of obtaining services from any VSP member doctor nationwide, or they can visit any other (out-of-network) doctor and be reimbursed according to the plan schedule:

	VSP Doctor	Out-of- Network
EXAM		
Annual Eye Exam	Covered in full	Up to \$52
LENSES		
Single Vision Lenses	Covered in full	Up to \$55
Bifocal Lenses	Covered in full	Up to \$75
Trifocal Lenses	Covered in full	Up to \$95
Lenticular Lenses	Covered in full	Up to \$125
CONTACT LENSES		
FRAME	FRAME	CONTACT LENSES
VSP Allowance	Out-of-Network	VSP Allowance
\$120	\$45	\$120
\$120	\$45	\$105
\$80	\$40	\$80
\$50	\$35	\$50

- VSP frame allowance of \$120, \$80 or \$50 is chosen by the employer, and each choice comes with a corresponding out-of-network frame allowance and contact lenses allowance.
- VSP members receive 15% off the cost of a contact lenses exam (fitting and evaluation), 20% off additional prescription glasses and sunglasses, up to 20% savings on eyeglass lens extras such as scratch resistant and anti-reflective coatings, AND discounts off laser vision correction.
- Exam/Eye wear deductible options: \$10/0, \$10/25, \$15/15, \$20/0, \$20/25, \$20/20 or \$25/25.
- Lenses/Frame (glasses) and Contacts are not both available during the same 12- or 24-month period. Frequency options for Exam-Lenses/Contacts-Frame are 12-12-24, 12-12-12 or 12-24-24 months.

Plan Highlights

Group Dental & Vision



TrueViewSM

Offers access to EyeMed's diverse network of more than 23,000 providers including LensCrafters®. Employees will save money by visiting an EyeMed provider and receive value-added EyeMed discounts.

TrueViewSM Plan Participation, Contribution

- Non-contributory: Participation is 10 or more enrolled insureds when non-contrib or if tied to dental or medical. When participation is tied to dental or medical, employees and dependents in those plans must participate in the vision plan.
- Contributory: Participation is 10 enrolled insureds with an employer contribution of 25% or more, unless in a voluntary pre-tax environment.

TrueViewSM Plan Coverage

When visiting a provider in the EyeMed network, insured employees will enjoy 100%-covered annual eye exams and choice of eyeglass lenses. The employer may choose from various frame and contact lenses allowances. Following is an outline of TrueView benefit options.

	EyeMed Doctor	Out-of-Network
EXAM		
Annual Eye Exam	100% Covered after copay	Up to \$35
LENSES		
Single Vision Lenses	100% Covered after copay	Up to \$25
Bifocal Lenses	100% Covered after copay	Up to \$40
Trifocal Lenses	100% Covered after copay	Up to \$55
Lenticular Lenses	100% Covered after copay	Up to \$55
CONTACT LENSES	Up to \$70 allowance	Up to \$60
	Up to \$90 allowance	Up to \$80
	Up to \$115 allowance	Up to \$100
FRAME	Up to \$60 retail allowance	Up to \$25
	Up to \$80 retail allowance	Up to \$35
	Up to \$100 retail allowance	Up to \$45

- Contact lenses allowance applies to doctor's professional fees such as fitting, exam and lenses. Also, members receive 15% discount off amount exceeding conventional contact lenses allowance. When disposable contacts are selected, the dollar amount must be used all at once (3- or 6-month supply).
- EyeMed/In-network frame allowance dictates other options. Also, members receive 20% discount off amount exceeding frame allowance.
- Exam/Lenses copay options: \$0/0, \$0/10, \$0/20, \$10/0, \$10/10, \$10/20, \$10/25, \$15/15, \$20/20 or \$25/25.
- Lenses/Frame (glasses) and Contacts are not both available during the same 12- or 24-month period. Frequency options for Exam-Lenses/Contacts-Frame are 12-12-24, 12-12-12 or 12-24-24* months. *Not available for Flex/Voluntary Plans.
- Secondary Purchase Plan — offered at no additional charge — may be used by any insured after his/her initial benefits are used. Saves approximately 40% to 50% on subsequent eyewear purchases.

NOTE: Managed Care dental plans are not available in all states. The dental PPO is contracted and maintained through an agreement between Reliance Standard Life Insurance Company and Ameritas Life Insurance Corp. Certain plan designs may not be available in all states. The Group Dental and Vision portion of this brochure is intended for use by agents and brokers only, and is not intended for distribution to the general public. Coverage is provided by policy form series: REL-9000 Ed. 1-92; In 2005, it becomes REL-9000 Ed. 1-05.