

FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.
P.O. BOX 40028
JACKSONVILLE, FLORIDA 32203

**Plan Year Maximum Rollover Benefit
Certificate Rider**

The Group Dental Benefits Contract and Certificate to which this rider is attached is changed, for purposes of this rider, by adding the following new benefit:

Plan Year Maximum Rollover Benefit

A Rollover Benefit is a portion of a member's un-used Plan Year Maximum that may be carried over to the next Plan Year, thereby increasing the next Plan Year Maximum amount, provided the following conditions are met:

1. the member is an active member of the plan on the last day of the plan year;
2. the member submits at least one (1) claim for a covered service during a Plan Year;
3. the member's total claims paid during a Plan Year do not exceed the Yearly Threshold Amount, as stated in the table below; and
4. the Accumulated Rollover Maximum has not been reached.

Plan's Annual Maximum Benefit Amount	Yearly Threshold Amount	Available Rollover Amount to use next year/beyond.	Accumulated Rollover Maximum
\$500 - \$749	\$200	\$150	\$500
\$750 - \$999	\$300	\$200	\$500
\$1,000 - \$1,249	\$500	\$350	\$1,000
\$1,250 - \$1,499	\$600	\$450	\$1,250
\$1,500 - \$1,999	\$700	\$500	\$1,250
\$2,000 - \$2,499	\$800	\$600	\$1,500
\$2,500 - \$2,999	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

Beginning with the second (2nd) plan year of coverage under the Certificate, a member's Plan Year Maximum, as shown on the Schedule of Benefits, may be increased by the amount shown on the table above if all the above listed conditions are met. If coverage under this Rider is first provided during a partial Plan Year, the Rollover Benefit will be calculated as if coverage was provided for a full Plan Year.

Here's an example of how the Rollover Benefit works.

	Plan Year	One (1)	Two (2)	Three (3)	Four (4)
Plan Year Maximum shown on the schedule of benefits	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Accumulated Rollover Amount credit from prior year	\$0	\$350	\$700	\$700	\$700
Adjusted Plan Year Maximum	\$1,000	\$1,350	\$1,700	\$1,700	\$1,700
Covered Service received	Yes	Yes	No		
Total Claims Paid during Plan Year	\$275	\$480	\$350		
Rollover Amount	\$350	\$350	\$0		
Accumulated Rollover Amount	\$350	\$700	\$700		

The Rollover Amount can be accumulated from one Plan Year to the next, up to the Accumulated Rollover Maximum, unless:

1. the member's total claims paid during a Plan Year exceed the Yearly Threshold Amount (in this instance, there will be no additional Rollover Amount for that Plan Year), or
2. no claims for covered services are incurred during a Plan Year (in this instance, there will be no additional Rollover Amount for that Plan Year).

If total claims paid during any one Plan Year exceed the Plan Year Maximum shown on the schedule of benefits, the excess amount will be deducted from the Accumulated Rollover Amount available for that Plan Year. No additional Rollover Amount will be earned for that Plan Year and the Accumulated Rollover Amount available for the next Plan Year will be reduced by the amount deducted for the excess claim amount.

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To properly calculate the Rollover Amount, claims should be submitted in a timely manner, as described in the Certificate.

Rollover Amounts are not available for the following expenses related to a member's dental services:

1. deductibles;
2. coinsurance;
3. co-payments;
4. balance billed amounts; or
5. orthodontic benefits.

When Your Plan Year Maximum Rollover Benefit Ends

You will lose your right to any annual rollover benefit (or accumulated rollover maximum benefit) when you lose eligibility for coverage in your group's dental plan. The accumulated rollover benefit can be used only while you are enrolled in your group's dental plan and while your group continues to offer the Plan Year Maximum Rollover Benefit. This means that if you change from one group's dental plan to another group's dental plan, or if your group dental plan is terminated, you lose your right to any rollover benefit that has not been used.

Nothing herein contained shall be held to vary, alter, waive or extend any of the provisions, conditions, limitations, exceptions, or other terms of the Certificate to which this rider is attached other than as herein stated.

Signed for the Florida Combined Life Insurance Company, Inc., at Jacksonville, Florida, on the later of: (1) the effective date of the Policy and Certificate; or (2) the date of a Policy Amendment adding this Rider.



President