

## Reimbursement Schedule for Low-Option Dental Plan

Here is a partial schedule that displays thirty of the most popular dental procedures. The maximum benefit amount is determined by multiplying the dental value by the dental conversion factor <20>. For a complete schedule of covered dental services, refer to your certificate.

Schedule of Covered Dental Services			
Procedure	Description	Dental Value	Maximum Benefit Paid
<b>Preventative</b>	Periodic oral evaluation	\$ 0.85	\$ <17.00>
	Comprehensive oral evaluation — new or established patient	\$ 1.35	\$ <27.00>
	Intraoral — periapical — first film	\$ 0.48	\$ <9.60>
	Intraoral — periapical — additional film	\$ 0.38	\$ <7.60>
	Bitewings — two films	\$ 0.75	\$ <15.00>
	Bitewings — four films	\$ 1.13	\$ <22.60>
	Prophylaxis — adult	\$ 1.65	\$ <33.00>
	Prophylaxis — child	\$ 1.20	\$ <24.00>
	Topical application of fluoride, including prophylaxis — child	\$ 0.86	\$ <17.20>
	Sealant — per tooth	\$ 0.49	\$ <9.80>
<b>Basic</b>	Limited oral evaluation — problem-focused (emergency exam)	\$ 1.04	\$ <20.80>
	Amalgam — primary or permanent, one surface	\$ 1.88	\$ <37.60>
	Amalgam — primary or permanent, two surfaces	\$ 2.30	\$ <46.00>
	Resin-based composite — anterior, one surface	\$ 2.16	\$ <43.20>
	Resin-based composite — posterior, one surface	\$ 1.88	\$ <37.60>
	Resin-based composite — posterior, two surfaces	\$ 2.30	\$ <46.00>
	Resin-based composite — posterior, three surfaces	\$ 2.76	\$ <55.20>
	Root canal therapy (excluding final restoration) — bicuspid	\$12.84	\$ <256.80>
	Root canal therapy (excluding final restoration) — molar	\$16.34	\$ <326.80>
	Periodontal scaling and root planning, four or more contiguous teeth or bounded teeth per quadrant	\$ 3.58	\$ <71.60>
<b>Major</b>	Crown — porcelain fused to high noble metal	\$10.30	\$ <206.00>
	Crown — porcelain fused to predominantly base metal	\$ 9.19	\$ <183.80>
	Crown — full cast high noble metal	\$10.03	\$ <200.60>
	Crown — full cast predominantly base metal	\$ 9.44	\$ <188.80>
	Crown — full cast noble metal	\$10.16	\$ <203.20>
	Core buildup, including any pins	\$ 2.30	\$ <46.00>
	Cast post and core in addition to crown	\$ 3.63	\$ <72.60>
	Prefabricated post and core in addition to crown	\$ 2.96	\$ <59.20>
	Pontic — porcelain fused to high noble metal	\$10.15	\$ <203.00>
	Crown — porcelain fused to high noble metal	\$10.26	\$ <205.20>

## Limitation of Benefits (state variations may apply)

- If two or more procedures are adequate and appropriate treatment for a certain condition, the least costly will be used to determine benefits.
- If a tooth is lost or extracted prior to coverage under this policy, a prosthetic device to replace such tooth will not be covered, unless the device also replaces at least one other tooth lost or extracted while the insured is covered under this policy.
- Charges must be incurred while insured to be eligible. The incurred date of the charges is the date on which the service is performed, except for:
  - Crowns, bridges and cast restorations, which is the date the tooth is prepared.
  - Other prosthetic devices, which is the date the master impression is taken.
  - Root canal therapy, which is the date the pulp chamber is opened.

## Charges Not Covered (state variations may apply)

- Services not specifically listed in the Schedule of Covered Dental Services.
- Oral hygiene, plaque control, diet instruction.
- Precision attachments.
- Treatment that does not meet accepted standards of dental practice.
- Treatment that is experimental in nature.
- Treatment that is due to an on-the-job related injury; or a condition for which benefits are payable under Workers' Compensation or similar laws.
- Orthodontic treatment, unless the Schedule of Covered Dental Services lists orthodontia benefits.
- Orthodontic class 1 malocclusions.
- Appliance or prosthetic device used to change vertical dimension.

- Appliance or prosthetic device used to restore or maintain occlusion, except to the extent that orthodontic benefits are covered.
- Appliance or prosthetic device used to splint or stabilize teeth for periodontic reasons.
- Appliance or prosthetic device used to replace tooth structure lost as a result of abrasion or attrition.
- Appliance or prosthetic device used to treat disturbances of the temporomandibular joint (TMJ).
- Cosmetic services, including but not limited to:
  - Bleaching.
  - Making facings on prosthetic devices for any tooth posterior to the second bicuspid.
  - Characterizing and personalizing prosthetic devices.
- Replacement of an appliance or prosthetic device unless:
  - The appliance or device is at least 10 years old and cannot be made usable.
  - The appliance or device is damaged while in the insured person's mouth in an injury that occurs while insured, and it cannot be repaired.
- Replacement crowns within 5 years of initial placement.
- Replacement of a lost, stolen or missing appliance or prosthetic device.
- Making a spare appliance or device.
- Services or devices for which no charge is made, including but not limited to services provided by:
  - The covered person's employer, labor union or similar group, in its dental or medical department or clinic.
  - A facility owned or run by any government body.
  - Any public program except Medicaid, paid for or sponsored by any government body.
- For surgery, periodontic and endodontic treatment, separate payment will not be made for X-rays, local anesthetics, treatment plan or follow-up care. These are all included in payment for the procedure.
- Charges for analgesics, excepting general anesthesia and IV sedation.
- Diagnostic casts, models and study models.
- Implants and all related services.
- Radical resection of mandible with bone graft.
- Interim crowns and dentures.
- Treatment given after insurance ends, regardless of when the injury or sickness occurred.
- Procedures and services that are not essential for the necessary care and treatment of the dental condition.
- Treatment that would be given free of charge if the person were not insured.
- Any expense that results from a war or act of war.
- Any expense incurred while the insured person is on active duty or training in the armed forces, National Guards or reserves of any state or country, and for which any governmental body or its agencies are liable.
- Any expense resulting from an intentionally self-inflicted injury.
- Treatment given by a person's immediate family member.
- Treatment given by a person's employer or an employee of such employer.
- Any expense for services or supplies which are provided or paid for by the federal government or its agencies for:
  - The Veterans Administration, when services are provided to a veteran for a disability which is not service-connected.
  - A military hospital or facility, when services are provided to a retiree (or dependent of a retiree) from the armed services.
  - A group plan established by government for its own civilian employees and their dependents, or Medicaid, if required by Medicaid assignment of benefits.

Policies issued by:

### **American General Life Insurance Company of Delaware**

Wilmington, Delaware

Policy Form Number G-DEN-42000

### **American International Life Assurance Company of New York**

New York, New York

Policy Form Number G-DEN-32000

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