

AIG Group Indemnity
Dental Insurance—
Employer-Funded Plans



Today's employees demand choice in their benefit plans—and *AIG Group Indemnity Dental* insurance delivers. Our plan offers employees flexible dental care at reasonable premiums.

AIG Group Indemnity Dental insurance also offers a "passive PPO" feature through AIG National Dental Network®, a group of dentists at more than 79,000 locations nationwide who have contracted to provide dental services at negotiated fees.¹ While employees always have their choice of provider, selecting an in-network dentist helps them save out-of-pocket costs.

And of course, *AIG Group Indemnity Dental* insurance also comes from one of the most seasoned industry leaders around, your single source for exceptional products designed specifically for today's workforce: *AIG Employee Benefit Solutions*™.

Plan Highlights

- Employees have their choice of dentist—no restrictions
- Flexible plan designs—more choices to build a plan that meets both employer and employee needs
- Deductible is waived for charges due to accidents
- \$300 supplemental accident benefit option
- Takeover benefits available
- Passive PPO feature through AIG National Dental Network
- Plan maximum carry-forward benefit option (AIG MaxBuilderSM)
- Supplemental bundled benefit option (AIG SmileMakerSM)
- Orthodontia benefit available

For more information on *AIG Group Indemnity Dental* insurance, contact your Agent, Broker or AIG Employee Benefit Solutions Representative, or visit www.aigeb.com.

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Group Employer-Funded Plans

AIG Group Indemnity Dental Plan Provisions*

Participation Requirements	<ul style="list-style-type: none"> For noncontributory plans, all eligible employees must be enrolled For contributory plans, at least 75% of eligible employees and dependents not covered by another group dental plan must be enrolled For 10+ groups, reduced participation is available with at least 40% participation 		
Annual Maximum Options	<ul style="list-style-type: none"> \$750 \$1,000 (standard) \$1,500 \$2,000 (option for 10+ employees only) \$2,500 (option for 51+ employees only) 		
Deductible Options	<ul style="list-style-type: none"> \$0, \$25, \$50, \$75 or \$100 per plan or calendar year Only plan year deductibles available for graded coinsurance plans \$100 lifetime deductible (option for 10+ employees only) 3 times family deductible (standard) 2 times family deductible (option for 10+ employees only) 		
Carryover Deductible Option (10+ employees only)	<ul style="list-style-type: none"> Carries over deductible from last 3 months of prior year Not available with \$0 and \$100 lifetime deductible or graded coinsurance plans 		
Deductible Waivers	<ul style="list-style-type: none"> Preventive services (option for 10+ employees only; not available with \$0 per calendar year deductible) Charges resulting from an accident 		
Coinsurance Options	<ul style="list-style-type: none"> 100/80/50 100/80/0 80/80/50 (10+employees only) Custom options available 		
Graded Coinsurance Options	Year 1 <ul style="list-style-type: none"> 80/50/10 80/50/25† 80/50/25 80/50/35† † (option for 10+ employees only)	Year 2 <ul style="list-style-type: none"> 90/60/25 90/60/35† 90/80/50 90/80/50† 	Year 3 <ul style="list-style-type: none"> 100/80/50 100/80/50†
Limit for Reasonable and Customary (R&C) Charges	<ul style="list-style-type: none"> 50th percentile 60th percentile 70th percentile 80th percentile (standard for all groups) 90th percentile (option for 10+ employees only) 		
Waiting Periods (2–9 employees)	Original/Timely Adds <ul style="list-style-type: none"> Preventive: None Basic: None Major: 12 months 	Late Entrants <ul style="list-style-type: none"> Preventive: None Fillings: 6 months Other Basic: 12 months Major: 24 months 	

* Plan provisions may vary by group size and are subject to state insurance law, and may vary due to such law.



Group Employer-Funded Plans

AIG Group Indemnity Dental Plan Provisions* (continued)

Waiting Periods (10+ employees) Note: No waiting period for graded coinsurance plans	Original/Timely Adds <ul style="list-style-type: none"> Preventive: None Root Canal: 6 months if endo/perio in Basic Other Basic: None Major: 12 months Ortho & AIG SmileMaker (if selected): 24 months 	Late Entrants <ul style="list-style-type: none"> Preventive: None Fillings: 6 months Other Basic: 12 months Major: 24 months Ortho & AIG SmileMaker (if selected): 24 months
Waiting Period Waiver (5+ insureds only)	<ul style="list-style-type: none"> Present and future employees on transferred case Present employees only on transferred cases Present and future employees on nonreplacement cases Present employees only on nonreplacement cases Present employees with the graded coinsurance option Credit given toward time served under prior plan 	
Orthodontic Benefit Option (25+ enrolled employees or 10 enrolled dependent units consisting of employee/child and/or family units)	<ul style="list-style-type: none"> Option of adult/child or child-only No deductible 50% coinsurance \$750 lifetime maximum benefit \$1,000 lifetime maximum benefit (standard) \$1,500 lifetime maximum benefit (option for 51+ employees only) Not available if the supplemental bundled benefit option is selected 	
Plan Maximum Carry-Forward Benefit Option (10+ employees only)	<ul style="list-style-type: none"> Also known as AIG MaxBuilder Allows employees to rollover unused plan maximum amount into an account for use in future years Not available with the graded coinsurance or plan year options 	
Supplemental Bundled Benefit Option (25+ enrolled employees with 50% participation)	<ul style="list-style-type: none"> Also known as SmileMaker Covers select procedures for orthodontia, implants, cosmetic and TMJ No deductible 50% coinsurance \$1,000 lifetime maximum benefit \$1,500 lifetime maximum benefit (option for 51+ employees only) 	
Supplemental Accident Benefit Option (10+ employees)	<ul style="list-style-type: none"> \$300 per person per year No waiting period 	<ul style="list-style-type: none"> Does not reduce annual maximum 100% benefit after medical benefits
Reduced Premium Option	Lessens benefits and reduces rates; includes: <ul style="list-style-type: none"> No sealants 1 exam and 1 cleaning per 12 months More services moved to Major, including adjustments and repairs, tissue conditioning, and biopsy 	<ul style="list-style-type: none"> Endodontics/periodontics in Major 4 bitewing X-rays per 12 months
Endodontics and Periodontics in Basic Option	<ul style="list-style-type: none"> Standard (10+ employees only), with option to move to Major to reduce costs Not available with the reduced premium option 	
Sealants in Basic Option	<ul style="list-style-type: none"> Lessens benefit and reduces rates 	<ul style="list-style-type: none"> Not available with the reduced premium option
Pre-Treatment Review	\$300	
Takeover Benefits	Provided for employees covered under a replaced plan	

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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 (TMJ) joint, except to the extent that supplemental bundled benefits, including TMJ services are covered
- Cosmetic services, including but not limited to:
 - Bleaching (except to the extent that supplemental bundled benefits, including bleaching, are covered)
 - 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 IV sedation and other analgesics, excepting general anesthesia
- Diagnostic casts, models and study models
- Implants and all related services, except to the extent that supplemental bundled benefits including implants are covered; then, only limited implant procedures as set forth in the Schedule of Covered Dental Services are covered
- 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

¹ The dental network is administered by Dental Benefit Providers, Inc. (DBP).



AIG Employee Benefit Solutions insurance products underwritten by:

AIG Life Insurance Company Wilmington, Delaware

American International Life Assurance Company of New York New York, New York

Member companies of American International Group, Inc.

www.aigebs.com

This is a summary only of products and services offered. Actual offerings may vary by group size and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the policy. Please see policy and certificate for details.

Policy form series numbers: G-DEN-32000 and G-DEN-42000.

An employer-funded program may be funded 100 percent by the employer or a combination of both employer and employee funding.

The underwriting risks, financial obligations and support functions associated with the products issued by the above-listed companies are the responsibility of each individual issuing company. Each of the above-listed companies is responsible for its own financial condition and contractual obligations.

AIG Life Insurance Company does not solicit business in the state of New York.