

*GROUP HIGH-LOW CHOICE DENTAL INSURANCE  
BY AMERICAN GENERAL®*

Plan B



PRODUCT  
SPECIFICATIONS

Employees, both present and future, not only appreciate choice within their benefits plan — they expect it. With the Group High-Low Choice Dental plan, employees have a choice of two dental plans, both of which offer quality dental treatment. And employees may visit any dentist of their choice without restriction.

Group High-Low Choice Dental insurance (Plan B) offers employees a choice between two dental plans:

- With the low-option version, Group Scheduled Reimbursement Dental insurance, employees can purchase basic coverage for themselves and their families at an economical cost.
- Employees interested in quality coverage for a broad range of dental needs can purchase the high option, Group PPO Dental, for a higher premium.

### Plan Highlights

- Employees can choose between the low option, Group Scheduled Reimbursement, and high option, Group PPO Dental.
- Employees have their choice of dental professionals — no restrictions.
- Plan covers a wide range of the most commonly needed dental services.
- Deductible is waived for charges due to non-job-related accidents.

### Eligibility

- Employees must be actively at work 30 or more hours per week (amount of hours may vary by state).
- Eligible dependents include spouse and children. Coverage options for insured dependent children<sup>1</sup> include:
  - Birth to age 19. Children older than 19 years of age are eligible if they are dependent, full-time students under the age of 25 (dependent age may vary by state).
  - Birth to age 26.

**For more information on Group High-Low Choice Dental insurance, contact your Agent, Broker or Benefit Solutions Representative. Or visit [www.americangeneral.com/employeebenefits](http://www.americangeneral.com/employeebenefits).**

<sup>1</sup> If the application is made within 31 days after the child's third birthday, no late entrant requirements will apply.

## Group High-Low Choice Dental Plan Provisions<sup>2</sup>

	<b>Low Option: Group Scheduled Reimbursement Dental</b>	<b>High Option: Group PPO Dental</b>
<b>Deductible Coinsurance or Conversion Factor Maximum</b>	<ul style="list-style-type: none"> <li>▪ 12 conversion factor, \$100 calendar-year deductible, \$1,000 maximum</li> <li>▪ 14 conversion factor, \$100 calendar-year deductible, \$1,000 maximum, Preventive covered at 80 percent of reasonable and customary charges</li> <li>▪ 16 conversion factor, \$50 calendar-year deductible, \$1,000 maximum</li> <li>▪ 20 conversion factor, \$50 calendar-year deductible, \$1,000 maximum, Preventive covered at 80 percent of reasonable and customary charges</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$50 calendar-year deductible, 100/80/50 MAC in-network coinsurance, 90/70/50 R&amp;C out-of-network coinsurance, \$1,000 maximum</li> <li>▪ \$50 calendar-year deductible, 100/80/50 MAC in-network coinsurance, 100/80/50 R&amp;C out-of-network coinsurance, \$1,000 maximum</li> <li>▪ \$50 calendar-year deductible, 100/90/60 MAC in-network coinsurance, 100/80/50 R&amp;C out-of-network coinsurance, \$1,000 maximum</li> <li>▪ \$50 calendar-year deductible, 100/90/60 MAC in-network coinsurance, 100/80/50 R&amp;C out-of-network coinsurance, \$1,500 maximum, child-only orthodontia, \$1,000 ortho lifetime maximum</li> <li>▪ \$50 calendar-year deductible, 100/80/50 MAC in-network coinsurance, 100/80/50 R&amp;C out-of-network coinsurance, \$1,500 maximum, child-only orthodontia, \$1,000 ortho lifetime maximum</li> <li>▪ \$25 calendar-year deductible, 100/100/60 MAC in-network coinsurance, 100/80/50 R&amp;C out-of-network coinsurance, \$1,500 maximum, child-only orthodontia, \$1,000 ortho lifetime maximum</li> </ul>
<b>Family Deductible</b>	Three times annual deductible	Three times annual deductible
<b>Deductible Waived for Preventive Care</b>	Yes, if Preventive is covered at R&C	Yes
<b>Sealants</b>	Covered under Preventive, if Preventive is covered at R&C, otherwise paid at fee schedule	Covered under Preventive
<b>Endodontics and Periodontics</b>	See Schedule of Covered Dental Services insert	Covered under Basic
<b>R&amp;C Percentile</b>	80th percentile for Preventive	80th percentile
<b>Orthodontia</b>	Not available	Option to select child-only orthodontia with \$1,000 lifetime maximum in some places
<b>Dental Services</b>	See Schedule of Covered Dental Services insert	<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>▪ Routine periodic oral exams</li> <li>▪ Cleanings and fluoride treatments</li> <li>▪ X-rays — bitewings, full-mouth series/panoramic</li> <li>▪ Space maintainers</li> <li>▪ Sealants</li> </ul> <p><b>Basic Services</b></p> <ul style="list-style-type: none"> <li>▪ X-rays (periapical/extraoral)</li> <li>▪ Non-routine office visits</li> <li>▪ Fillings</li> <li>▪ Endodontics, including root canal</li> <li>▪ Periodontics, including surgery</li> <li>▪ Oral surgery (including extractions)</li> <li>▪ General anesthesia in conjunction with surgical procedures</li> <li>▪ Denture repairs, relines and adjustments</li> <li>▪ Repairs to crowns and bridges</li> </ul> <p><b>Major Services</b></p> <ul style="list-style-type: none"> <li>▪ Inlays, onlays, crowns and posts</li> <li>▪ Fixed bridges</li> <li>▪ Full and partial dentures</li> </ul>
<b>Benefit Waiting Periods</b>	No waiting periods	<ul style="list-style-type: none"> <li>▪ Preventive: None</li> <li>▪ Basic: None except for a 6-month wait for root canal</li> <li>▪ Major: 12 months</li> <li>▪ Orthodontic (if applicable): 12 months</li> </ul>
<b>Waiting Periods for Late Entrants</b>	Late entrants receive a maximum benefit of \$100 during the first 12 months that coverage is in force	<ul style="list-style-type: none"> <li>▪ Preventive: None</li> <li>▪ Fillings: 6 months</li> <li>▪ Other Basic: 12 months</li> <li>▪ Major: 24 months</li> <li>▪ Orthodontic (if applicable): 24 months</li> </ul>
<b>Waiting Period Waiver</b>	Not available	<ul style="list-style-type: none"> <li>▪ For five-plus enrolled employees only and 75-percent participation</li> <li>▪ Present and future employees</li> <li>▪ Present employees only</li> </ul>

<sup>2</sup> Plan provisions may vary by group size and are subject to state insurance law, and may vary due to such law.

## 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

### **The United States Life Insurance Company in the City of New York**

New York, New York

Policy Form Number G-DEN-32000

[www.americangeneral.com/employeebenefits](http://www.americangeneral.com/employeebenefits)

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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.

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