

AIG Group PPO
Dental Insurance—
Employee-Paid Plans



With the costs of dental care on the rise, more and more employees are looking to their employers to provide group dental insurance. With *AIG Group PPO Dental* insurance, employers can add this valuable option to their benefits plan—without breaking their budgets.¹

Available on both employer-funded and employee-paid platforms, *AIG Group PPO Dental* insurance provides solid coverage for a broad range of dental services—and much more. Employees have access to a huge network of dentists through the AIG National Dental Network®.² The network consists of thousands of dental professionals who have contracted to provide dental services at negotiated fees to help lower employees' out-of-pocket expenses. Employees can also receive treatment from a dentist outside the network and receive out-of-network benefits.

Best of all, *AIG Group PPO Dental* insurance is brought to you by your single source for exceptional products designed specifically for today's workforce: *AIG Employee Benefit Solutions*™.

Plan Highlights

- Network dentists available at more than 79,000 locations nationwide
- Deductible is waived for charges due to accidents
- \$300 supplemental accident benefit option
- Takeover benefits available
- Plan maximum carry-forward benefit option (AIG MaxBuilderSM)
- Supplemental bundled benefit option (AIG SmileMakerSM)
- Orthodontia benefit available
- Flexible plan designs—more choices to build a plan that meets both employer and employee needs

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

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Group Employee-Paid Plans

AIG Group PPO Dental Plan Provisions*

Participation Requirements	20% participation with a minimum of 10 enrolled employees																																																											
Annual Maximum Options	<ul style="list-style-type: none"> • \$750 • \$1,000 (standard) • \$1,500 • \$2,000 • \$2,500 (option for 51+ employees only) 																																																											
Deductible Options	<ul style="list-style-type: none"> • \$0, \$25, \$50 (standard), \$75 or \$100 per plan or calendar year • Only plan year deductibles available for graded coinsurance plans • \$100 lifetime 																																																											
Carryover Deductible	<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 plan year options 																																																											
Deductible Waivers	<ul style="list-style-type: none"> • In-network Preventive services • Out-of-network Preventive services (optional) • Charges resulting from an accident • Transfer credit available 																																																											
Coinsurance Options	In-Network <ul style="list-style-type: none"> • 100/80/50 MAC • 100/50/50 MAC • 100/80/50 MAC • 100/50/50 MAC • Custom options available 			Out-of-Network <ul style="list-style-type: none"> • 100/80/50 MAC • 100/50/50 MAC • 100/80/50 R&C • 100/50/50 R&C • Custom options available 																																																								
Graded Coinsurance Options	In-Network <table border="1"> <thead> <tr> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>• 80/50/10 MAC</td> <td>90/60/25 MAC</td> <td>100/80/50 MAC</td> </tr> <tr> <td>• 80/50/25 MAC</td> <td>90/60/35 MAC</td> <td>100/80/50 MAC</td> </tr> <tr> <td>• 80/50/10 MAC</td> <td>90/60/25 MAC</td> <td>100/80/50 MAC</td> </tr> <tr> <td>• 80/50/25 MAC</td> <td>90/60/35 MAC</td> <td>100/80/50 MAC</td> </tr> <tr> <td>• 80/50/25 MAC</td> <td>90/80/50 MAC</td> <td></td> </tr> <tr> <td>• 80/50/35 MAC</td> <td>90/80/50 MAC</td> <td></td> </tr> <tr> <td>• 80/50/25 MAC</td> <td>90/80/50 MAC</td> <td></td> </tr> <tr> <td>• 80/50/35 MAC</td> <td>90/80/50 MAC</td> <td></td> </tr> </tbody> </table>			Year 1	Year 2	Year 3	• 80/50/10 MAC	90/60/25 MAC	100/80/50 MAC	• 80/50/25 MAC	90/60/35 MAC	100/80/50 MAC	• 80/50/10 MAC	90/60/25 MAC	100/80/50 MAC	• 80/50/25 MAC	90/60/35 MAC	100/80/50 MAC	• 80/50/25 MAC	90/80/50 MAC		• 80/50/35 MAC	90/80/50 MAC		• 80/50/25 MAC	90/80/50 MAC		• 80/50/35 MAC	90/80/50 MAC		Out-of-Network <table border="1"> <thead> <tr> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>• 80/50/10 MAC</td> <td>90/60/25 MAC</td> <td>100/80/50 MAC</td> </tr> <tr> <td>• 80/50/25 MAC</td> <td>90/60/35 MAC</td> <td>100/80/50 MAC</td> </tr> <tr> <td>• 80/50/10 R&C</td> <td>90/60/25 R&C</td> <td>100/80/50 R&C</td> </tr> <tr> <td>• 80/50/25 R&C</td> <td>90/60/35 R&C</td> <td>100/80/50 R&C</td> </tr> <tr> <td>• 80/50/25 MAC</td> <td>90/80/50 MAC</td> <td></td> </tr> <tr> <td>• 80/50/35 MAC</td> <td>90/80/50 MAC</td> <td></td> </tr> <tr> <td>• 80/50/25 R&C</td> <td>90/80/50 R&C</td> <td></td> </tr> <tr> <td>• 80/50/35 R&C</td> <td>90/80/50 R&C</td> <td></td> </tr> </tbody> </table>			Year 1	Year 2	Year 3	• 80/50/10 MAC	90/60/25 MAC	100/80/50 MAC	• 80/50/25 MAC	90/60/35 MAC	100/80/50 MAC	• 80/50/10 R&C	90/60/25 R&C	100/80/50 R&C	• 80/50/25 R&C	90/60/35 R&C	100/80/50 R&C	• 80/50/25 MAC	90/80/50 MAC		• 80/50/35 MAC	90/80/50 MAC		• 80/50/25 R&C	90/80/50 R&C		• 80/50/35 R&C	90/80/50 R&C	
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Limit for Reasonable and Customary (R&C) Out-of-Network Charges	<ul style="list-style-type: none"> • 50th percentile • 60th percentile • 70th percentile • 80th percentile (standard) 																																																											
Waiting Periods	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 • Orthodontia (if selected): 24 months • AIG SmileMaker (if selected): 24 months 			Late Entrants <ul style="list-style-type: none"> • Preventive: None • Fillings: 6 months • Other Basic: 12 months • Major: 12 months • Orthodontia: 24 months • AIG SmileMaker (if selected): 24 months <p>(Late entrants can only join the plan at the next annual enrollment following their request to join; then the above waiting periods apply)</p>																																																								

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



AIG Group PPO Dental Plan Provisions* (continued)

Waiting Period Waiver	Not available, however credit is 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 • \$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	<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	<ul style="list-style-type: none"> • \$300 per person per year • No waiting period • Does not reduce annual maximum • 100% benefit after medical benefits
Reduced Premium Option	<p>Lessens benefits and reduces rates; includes:</p> <ul style="list-style-type: none"> • No sealants • 1 exam and 1 cleaning per 12 months • 4 bitewing X-rays per 12 months • Endodontics/periodontics in Major • More services moved to Major, including adjustments and repair, tissue conditioning, and biopsy
Endodontics and Periodontics in Basic Option	<ul style="list-style-type: none"> • Available buy-up options • Not available with the reduced premium option
Sealants in Basic Option	<ul style="list-style-type: none"> • Lessens benefit and reduces rates • Not available with the reduced premium option
Pre-Treatment Review	\$300
Takeover Benefits	Available option

* 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 (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 PPO dental plan is not available in all states.

² 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.

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.