

AIG Group PPO
Dental Insurance



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 can receive treatment from any dentist they choose, and may receive additional savings when they select a dental professional in 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.

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 SolutionsSM*.

Plan Highlights

- Employees have their choice of any dental professional—no restrictions
- Employees may receive additional savings when they choose a dentist from the AIG National Dental Network
- Deductible is waived for charges due to accidents
- \$100 lifetime deductible option
- \$300 Supplemental Accident Benefit option
- Takeover benefits available

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

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Employer-Funded Plan

Employer-Funded 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 		
Annual Maximum Options	<ul style="list-style-type: none"> \$1,000 	<ul style="list-style-type: none"> \$1,500 	<ul style="list-style-type: none"> \$2,000 (option for 10+ employees only)
Deductible Options	<ul style="list-style-type: none"> \$25 per calendar year (option for 10+ employees only) \$50 or \$100 per calendar year \$100 lifetime deductible (option for 10+ employees only) 3 times family deductible (standard) 2 times family deductible (option for 10+ employees only) 		
Deductible Waivers	<ul style="list-style-type: none"> In-network Preventive services (standard for all groups) Out-of-network Preventive services (option for 10+ employees only) Charges resulting from an accident 		
In-Network Coinsurance Options	<ul style="list-style-type: none"> 100/100/60 MAC 	<ul style="list-style-type: none"> 100/90/60 MAC 	<ul style="list-style-type: none"> 100/80/50 MAC
Out-of-Network Coinsurance Options	<ul style="list-style-type: none"> 100/80/50 MAC 	<ul style="list-style-type: none"> 100/80/50 R&C 	<ul style="list-style-type: none"> 90/70/50 R&C
Limit for Reasonable and Customary (R&C) Charges	<ul style="list-style-type: none"> 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 Other Basic: 12 months Fillings: 6 months Major: 24 months 	
Waiting Periods (10+ employees)	Original/timely adds <ul style="list-style-type: none"> Preventive: None Other Basic: 6 months Orthodontia: 24 months Root Canal: 6 months Major: 12 months 	Late entrants <ul style="list-style-type: none"> Preventive: None Other Basic: 12 months Orthodontia: 24 months Fillings: 6 months Major: 24 months 	
Waiting Period Waiver (5+ insureds only)	<ul style="list-style-type: none"> Present and future employees on transferred cases Present employees only on transferred cases Present and future employees on non-replacement cases Present employees only on non-replacement cases 		
Orthodontic Benefit Option (25+ employees or 10 employees who have insured dependent children)	<ul style="list-style-type: none"> Option of adult/child or child-only No deductible 50% coinsurance \$1,000 lifetime maximum benefit \$1,500 lifetime maximum benefit (option for 51+ employees only) 		
Pre-Treatment Review	\$300		
Takeover Benefits	Provided for employees covered under a replaced plan		
Enhanced Benefits Package Option (10+ employees)	<ul style="list-style-type: none"> Includes sealants under Preventive services Carryover deductible from last 3 months of prior year 90th percentile R&C 		
Supplemental Accident Benefit Option (10+ employees)	<ul style="list-style-type: none"> \$300 per person per year Does not reduce annual maximum No waiting period 100% benefit after medical benefits 		
Endodontics and Periodontics in Basic	Standard (10+ employees only), with option to move to Major to reduce costs		

Employee-Paid Plan



Employee-Paid Plan Provisions

Participation Requirements	Groups of 25+ eligible employees with a minimum of 10 enrolled employees	
Annual Maximum Options	• \$1,000	• \$1,500
Deductible Options	• \$50 per year (plan or calendar)	• \$100 lifetime
Deductible Waivers	<ul style="list-style-type: none"> • In-network Preventive services • Out-of-network Preventive services (optional) 	<ul style="list-style-type: none"> • Charges resulting from an accident • Transfer credit available for \$50 per calendar year only
In-Network Coinsurance Options	<ul style="list-style-type: none"> • 100/80/50 MAC • 100/50/50 MAC 	
Out-of-Network Coinsurance Options	<ul style="list-style-type: none"> • 100/80/50 MAC or R&C • 100/50/50 MAC or R&C 	
Limit for Reasonable and Customary (R&C) Charges	80th percentile	
Waiting Periods	Original/timely adds <ul style="list-style-type: none"> • Preventive: None • Basic: None • Basic with Endo/Perio Buy-up: 6 months for endo/perio services only • Major: 12 months • Orthodontia: 24 months 	Late entrants <ul style="list-style-type: none"> • Preventive: None • Basic: 6 months • Major: 12 months • Orthodontia: 24 months (Late entrants can only join the plan at annual enrollment; then the above waiting periods apply.)
Service Classes	<ul style="list-style-type: none"> • Preventive: Routine periodic oral exams, bitewing X-rays, full-mouth/panoramic X-rays, cleanings, fluoride treatments, prophylaxis, space maintainers and harmful-habit appliances • Basic: Sealants, nonroutine office visits, other X-rays, emergency palliative care, fillings, periodontic prophylaxis, simple extractions, adjustments/repairs to dentures and crowns • Major: All other periodontics, endodontics, prosthodontics, oral surgery (other than simple extractions) and required general anesthesia • Orthodontia 	
Orthodontic Benefit Option (25+ employees or 10 employees who have insured dependent children)	<ul style="list-style-type: none"> • Option of adult/child or child-only • No deductible • 50% coinsurance • \$1,000 lifetime maximum benefit 	
Pre-Treatment Review	\$300	
Takeover Benefits	Available option	
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 • 4 bitewing X-rays per 12 months 	<ul style="list-style-type: none"> • Endodontics/periodontics in Major • More services moved to Major, including adjustments and repairs, tissue conditioning and biopsy
Supplemental Accident Benefit Option	<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
Endodontics and Periodontics in Basic	Available option	

¹ The PPO dental plan is not available in all states.

² The dental network is administered by Dental Benefit Providers, Inc. (DBP).



Products underwritten by:

AIG Life Insurance Company Wilmington, Delaware

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

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www.aigebs.com

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This brochure is a summary only of products and services offered. All products are subject to the terms, conditions, limitations and exclusions of the policy. Actual offerings may vary by group size and by state. Please see policy and certificate for details.

Policy Form Series Numbers: G-DEN-32000 and G-DEN-42000.

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