

AIG Group High-Low
Choice DentalSM Insurance
Plan D



Employees, both present and future, not only appreciate choice within their benefits plan—they expect it. With the *AIG Group High-Low Choice DentalSM* 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.

AIG Group High-Low Choice DentalSM insurance (Plan D) offers employees a choice between two dental plans:

- With the low option, *AIG Group PPO 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, *AIG Group Indemnity Dental*, for a somewhat higher premium

Best of all, *AIG Group High-Low Choice Dental* insurance is brought to you by your single source for exceptional products designed specifically for today's workforce:

AIG Employee Benefit SolutionsSM.

Plan Features

- Employees can choose between the low option, *AIG Group PPO Dental*, and the high option, *AIG Group Indemnity 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 accidents

For more information on *AIG Group High-Low Choice Dental* insurance, contact your Agent, Broker or AIG Employee Benefit Solutions Representative, or visit www.aigebs.com.

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Group Employer-Funded Plan D

AIG Group High-Low Choice DentalSM Plan Provisions: * Plan D

	Low Option: AIG Group PPO Dental	High Option: AIG Group Indemnity Dental
Deductible Coinsurance Maximum	<ul style="list-style-type: none"> • \$100 deductible, 100/80/50 MAC in-network coinsurance, 80/50/0 MAC out-of-network coinsurance, \$1,000 maximum • \$100 deductible, 100/80/50 MAC in-network coinsurance, 80/50/50 MAC out-of-network coinsurance, \$1,000 maximum • \$100 deductible, 100/80/50 MAC in-network coinsurance, 100/80/50 MAC out-of-network coinsurance, \$1,000 maximum • \$50 deductible, 100/80/50 MAC in-network coinsurance, 100/80/50 MAC out-of-network coinsurance, \$1,000 maximum 	<ul style="list-style-type: none"> • \$50 deductible, 100/80/50 coinsurance, \$1,000 maximum • \$50 deductible, 100/80/50 coinsurance, \$1,000 maximum, child-only orthodontia (\$1,000 maximum, 24-month waiting period) • \$50 deductible, 100/80/50 coinsurance, \$1,500 maximum • \$25 deductible, 100/80/50 coinsurance, \$1,500 maximum, child-only orthodontia (\$1,000 maximum, 24-month waiting period)
Family Deductible	3 times annual deductible	3 times annual deductible
Deductible Waived for Preventive Care	Yes, for in-network only	Yes
Sealants	Covered under Preventive	Covered under Preventive
Endodontics and Periodontics	Covered under Major	Covered under Basic
R&C Percentile	N/A	80%
Orthodontia	N/A	Option to select child-only orthodontia with \$1,000 lifetime maximum and 24-month waiting period
Dental Services Waiting Periods for Late Entrants (state variations may apply)	<p>Preventive Care</p> <ul style="list-style-type: none"> • Routine periodic oral exams • X-rays—bitewings • Cleanings and fluoride treatments • Space maintainers • Sealants <p>Basic Services</p> <ul style="list-style-type: none"> • X-rays (other intraoral/extraoral) • Non-routine office visits • Amalgam and synthetic restoration • Oral surgery (including extractions) • General anesthesia in conjunction with surgical procedures • Denture repairs, relines, adjustments • Repairs to crowns and bridges <p>Major Services</p> <ul style="list-style-type: none"> • Endodontics, including root canal • Periodontics, including surgery • Inlays, onlays, crowns and posts • Fixed bridges • Full and partial dentures 	<p>Preventive Care</p> <ul style="list-style-type: none"> • Routine periodic oral exams • X-rays—bitewings • Cleanings and fluoride treatments • Space maintainers • Sealants <p>Basic Services</p> <ul style="list-style-type: none"> • X-rays (other intraoral/extraoral) • Non-routine office visits • Amalgam and synthetic restoration • Oral surgery (including extractions) • General anesthesia in conjunction with surgical procedures • Endodontics, including root canal • Periodontics, including surgery • Denture repairs, relines, adjustments • Repairs to crowns and bridges <p>Major Services</p> <ul style="list-style-type: none"> • Inlays, onlays, crowns and posts • Fixed bridges • Full and partial dentures

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



Group Employer-Funded Plan D

AIG Group High-Low Choice DentalSM Plan Provisions: * Plan D (continued)

	Low Option: AIG Group PPO Dental	High Option: AIG Group Indemnity Dental
Benefit Waiting Periods	<ul style="list-style-type: none"> • Preventive: None • Basic: None • Major: 12 months 	<ul style="list-style-type: none"> • Preventive: None • Basic: None except for a 6-month wait for root canal • Major: 12 months • Orthodontic (if applicable): 24 months
Waiting Periods for Late Entrants (state variations may apply)	<ul style="list-style-type: none"> • Preventive: None • Fillings: 6 months • Other Basic: 12 months • Major: 24 months 	<ul style="list-style-type: none"> • Preventive: None • Fillings: 6 months • Other Basic services: 12 months • Major: 24 months • Orthodontic (if applicable): 24 months

* 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 the government for its own civilian employees and their dependents, or Medicaid, if required by Medicaid assignment of benefits



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.aigeb.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 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.