



PRODUCT  
SPECIFICATIONS



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

Available in both employer-funded and employee-paid plans, 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 credentialed dentists through the SmileMax<sup>SM</sup> network.<sup>2</sup> 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.

## Plan Highlights

- Dental network with more than 114,000 provider locations nationwide.
- Deductible waived for charges due to non-job-related accidents.
- \$300 supplemental accident benefit option.
- Takeover benefits available.
- Plan maximum carry-forward benefit option (American General MaxBuilder).
- Supplemental bundled benefit option (SmileMaker).
- Orthodontia benefit available.
- Flexible plan designs — more choices to build a plan that meets both employer and employee needs.

## 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 any children under the age of 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). Coverage for insured dependent children begins at age three.<sup>3</sup>

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

<sup>1</sup> The PPO dental plan is not available in Alaska, Idaho, Maine and Washington.

<sup>2</sup> The dental network is powered by Careington International and DenteMax.

<sup>3</sup> If the application is made within 31 days after the child's third birthday, no late entrant requirements will apply.

## Group PPO Dental Plan Provisions<sup>4</sup>

|  |   |  |   |  |  |  |
|--|---|--|---|--|--|--|
| <b>Participation Requirements</b>  | <ul style="list-style-type: none"> <li>For noncontributory plans, all eligible employees must be enrolled</li> <li>For contributory plans, at least 75 percent of eligible employees and dependents not covered by another group dental plan must be enrolled</li> <li>For 10-plus enrolled employees, reduced participation is available with at least 40-percent participation</li> </ul> |  |   |  |  |  |
| <b>Deductible Options</b>  | <ul style="list-style-type: none"> <li>\$0, \$25, \$50 (standard), \$75 or \$100 per plan or calendar year</li> <li>Only plan-year deductibles available for graded coinsurance plans</li> <li>\$100 lifetime deductible<sup>5</sup></li> <li>Three times family deductible (standard)</li> <li>Two times family deductible<sup>5</sup></li> </ul>  |  |   |  |  |  |
| <b>Carryover Deductible<sup>5</sup></b>                                    | <ul style="list-style-type: none"> <li>Carries over deductible from last three months of prior year</li> <li>Not available with \$0 calendar-year and \$100 lifetime deductible or plan-year options</li> </ul>   |  |   |  |  |  |
| <b>Deductible Waivers</b>  | <ul style="list-style-type: none"> <li>In-network Preventive services (standard for all groups)</li> <li>Out-of-network Preventive services<sup>5</sup></li> <li>Charges resulting from a non-job-related accident (standard)</li> </ul>  |  |   |  |  |  |
| <b>Coinsurance Options</b>   | <b>In-Network</b> <ul style="list-style-type: none"> <li>100/80/50 MAC</li> <li>100/90/60 MAC<sup>5</sup></li> <li>100/100/60 MAC</li> <li>100/80/50 MAC</li> <li>100/90/60 MAC<sup>5</sup></li> <li>100/100/60 MAC<sup>5</sup></li> <li>100/90/60 MAC</li> <li>100/100/60 MAC</li> <li>100/80/50 MAC</li> <li>Custom options available<sup>5</sup></li> </ul>                              |  |   | <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>100/80/50 MAC</li> <li>100/80/50 MAC<sup>5</sup></li> <li>100/80/50 MAC</li> <li>90/70/50 R&amp;C</li> <li>90/70/50 R&amp;C<sup>5</sup></li> <li>90/70/50 R&amp;C<sup>5</sup></li> <li>100/80/50 R&amp;C</li> <li>100/80/50 R&amp;C</li> <li>100/80/50 R&amp;C</li> <li>Custom options available<sup>5</sup></li> </ul> |  |  |
| <b>Graded Coinsurance Options</b>  | <b>In-Network</b><br>Year 1   | Year 2   | Year 3  | <b>Out-of-Network</b><br>Year 1  | Year 2   | Year 3   |
|  | <ul style="list-style-type: none"> <li>80/50/10 MAC</li> <li>80/50/25 MAC<sup>5</sup></li> <li>80/50/10 MAC</li> <li>80/50/25 MAC<sup>5</sup></li> <li>80/50/25 MAC</li> <li>80/50/35 MAC<sup>5</sup></li> <li>80/50/25 MAC</li> <li>80/50/35 MAC<sup>5</sup></li> </ul>  | <ul style="list-style-type: none"> <li>90/60/25 MAC</li> <li>90/60/35 MAC<sup>5</sup></li> <li>90/60/25 MAC</li> <li>90/60/35 MAC<sup>5</sup></li> <li>90/80/50 MAC</li> <li>90/80/50 MAC<sup>5</sup></li> <li>90/80/50 MAC</li> <li>90/80/50 MAC<sup>5</sup></li> </ul> | <ul style="list-style-type: none"> <li>100/80/50 MAC</li> <li>100/80/50 MAC<sup>5</sup></li> <li>100/80/50 MAC</li> <li>100/80/50 MAC<sup>5</sup></li> </ul>  | <ul style="list-style-type: none"> <li>80/50/10 MAC</li> <li>80/50/25 MAC<sup>5</sup></li> <li>80/50/10 R&amp;C</li> <li>80/50/25 R&amp;C<sup>5</sup></li> <li>80/50/25 MAC</li> <li>80/50/35 MAC<sup>5</sup></li> <li>80/50/25 R&amp;C</li> <li>80/50/35 R&amp;C<sup>5</sup></li> </ul>   | <ul style="list-style-type: none"> <li>90/60/25 MAC</li> <li>90/60/35 MAC<sup>5</sup></li> <li>90/60/25 R&amp;C</li> <li>90/60/35 R&amp;C<sup>5</sup></li> <li>90/80/50 MAC</li> <li>90/80/50 MAC<sup>5</sup></li> <li>90/80/50 R&amp;C</li> <li>90/80/50 R&amp;C<sup>5</sup></li> </ul> | <ul style="list-style-type: none"> <li>100/80/50 MAC</li> <li>100/80/50 MAC<sup>5</sup></li> <li>100/80/50 R&amp;C</li> <li>100/80/50 R&amp;C<sup>5</sup></li> </ul> |
| <b>Annual Maximum Options</b>  | <b>Coinsurance Plan</b> <ul style="list-style-type: none"> <li>\$750</li> <li>\$1,000 (standard)</li> <li>\$1,500</li> <li>\$2,000<sup>5</sup></li> <li>\$2,500<sup>6</sup></li> <li>\$1,000 IN, \$750 OON<sup>5</sup></li> </ul>   |  | <ul style="list-style-type: none"> <li>\$1,500 IN, \$750 OON<sup>5</sup></li> <li>\$1,500 IN, \$1,000 OON<sup>5</sup></li> <li>\$1,500 IN, \$1,250 OON<sup>5</sup></li> <li>\$2,000 IN, \$750 OON<sup>5</sup></li> <li>\$2,000 IN, \$1,000 OON<sup>5</sup></li> <li>\$2,000 IN, \$1,250 OON<sup>5</sup></li> <li>\$2,000 IN, \$1,500 OON<sup>5</sup></li> </ul> |  | <b>Graded Coinsurance Plan</b> <ul style="list-style-type: none"> <li>\$750</li> <li>\$1,000 (standard)</li> <li>\$1,500</li> <li>\$2,000<sup>5</sup></li> <li>\$2,500<sup>6</sup></li> </ul>  |  |
| <b>Limit for Reasonable and Customary (R&amp;C) Out-of-Network Charges</b> | <ul style="list-style-type: none"> <li>50th percentile</li> <li>60th percentile</li> <li>70th percentile</li> <li>80th percentile (standard for all groups)</li> <li>90th percentile<sup>5</sup></li> </ul>   |  |   |  |  |  |

<sup>4</sup> Plan provisions may vary by group size and are subject to state insurance law, and may vary due to such law.

<sup>5</sup> Option for 10-plus enrolled employees.

<sup>6</sup> Option for 51-plus enrolled employees.

## Group PPO Dental Plan Provisions<sup>4</sup> (continued)

|   |   |  |
|---|---|--|
| <b>Waiting Periods (2–9 enrolled employees)</b>         | <p>Original/Timely Adds</p> <ul style="list-style-type: none"> <li>▪ Preventive: None</li> <li>▪ Basic: None</li> <li>▪ Major: 12 months<sup>7</sup></li> </ul>   | <p>Late Entrants</p> <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> </ul>  |
| <b>Waiting Periods (10-plus enrolled employees)</b>     | <p>Original/Timely Adds</p> <ul style="list-style-type: none"> <li>▪ Preventive: None</li> <li>▪ Root Canal: 6 months if endo/perio in Basic<sup>7</sup></li> <li>▪ Other Basic: None<sup>7</sup></li> <li>▪ Major: 12 months<sup>7</sup></li> <li>▪ Orthodontia (if selected): 12 months</li> <li>▪ SmileMaker (if selected): 24 months</li> </ul>   | <p>Late Entrants</p> <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>▪ Orthodontia (if selected): 24 months</li> <li>▪ SmileMaker (if selected): 24 months</li> </ul> |
| <b>Waiting Period Waiver</b>                            | <ul style="list-style-type: none"> <li>▪ For five-plus enrolled employees only and 75-percent participation</li> <li>▪ Present and future employees on transferred cases</li> <li>▪ Present employees with the graded coinsurance option on transferred case</li> <li>▪ Present employees only on transferred cases</li> <li>▪ Credit given toward time served under prior plan</li> </ul>                |  |
| <b>Orthodontic Benefit Option<sup>5</sup></b>           | <ul style="list-style-type: none"> <li>▪ Option of adult/child or child-only</li> <li>▪ No deductible</li> <li>▪ 50-percent coinsurance</li> <li>▪ \$500, \$750, \$1,000, \$1,500<sup>6</sup> or \$2,000<sup>6</sup> lifetime maximum benefit</li> <li>▪ Not available if SmileMaker is selected</li> </ul>   |  |
| <b>American General MaxBuilder Option<sup>5</sup></b>   | <ul style="list-style-type: none"> <li>▪ Also known as Plan Maximum Carry-Forward Benefit</li> <li>▪ Allows employees to rollover unused plan maximum amount into an account for use in future years</li> <li>▪ Not available with the graded coinsurance or plan-year options</li> </ul>   |  |
| <b>SmileMaker Option</b>                                | <ul style="list-style-type: none"> <li>▪ Also known as Supplemental Bundled Benefit</li> <li>▪ For 25-plus enrolled employees with 50-percent participation</li> <li>▪ Covers select procedures for orthodontia, implants, cosmetic and TMJ</li> <li>▪ No deductible</li> <li>▪ 50-percent coinsurance</li> <li>▪ \$1,000, \$1,500<sup>6</sup> or \$2,000<sup>6</sup> lifetime maximum benefit</li> </ul> |  |
| <b>Supplemental Accident Benefit Option<sup>5</sup></b> | <ul style="list-style-type: none"> <li>▪ \$300 per person per year</li> <li>▪ No waiting period</li> <li>▪ Does not reduce annual maximum</li> <li>▪ 100-percent benefit after medical benefits</li> </ul>  |  |
| <b>Reduced-Premium Option</b>                           | <p>Lessens benefits and reduces rates; includes:</p> <ul style="list-style-type: none"> <li>▪ No sealants</li> <li>▪ One exam and one cleaning per 12 months</li> <li>▪ Four bitewing X-rays per 12 months</li> <li>▪ Endodontics/periodontics in Major</li> <li>▪ More services moved to Major, including adjustments and repairs, tissue conditioning and biopsy</li> </ul>                             |  |
| <b>Endo/Perio in Basic<sup>5</sup></b>                  | <p>Option to move to Major to reduce costs (not available with the reduced-premium option)</p>  |  |
| <b>Sealants in Basic Option</b>                         | <p>Lessens benefit and reduces rates (not available with the reduced-premium option)</p>  |  |
| <b>Pre-Treatment Review</b>                             | <p>\$300 (suggested, but not mandatory)</p>   |  |
| <b>Takeover Benefits</b>                                | <p>Provided for employees covered under a replaced plan</p>   |  |

<sup>7</sup> Not applicable to graded coinsurance plans.

### 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.
- Sealants, if reduced premium option is selected.
- 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), 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.

Policies issued by:

**AIG Life Insurance Company**

Wilmington, Delaware

Policy Form Number G-DEN-42000

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

New York, New York

Policy Form Number G-DEN-32000

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

American General Life Companies, [www.americangeneral.com](http://www.americangeneral.com), is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc., including AIG Life Insurance Company and American International Life Assurance Company of New York.

American General Life Companies insurers offer a broad spectrum of fixed and variable life insurance, annuities and accident and health products to serve the financial and estate planning needs of customers throughout the United States.

The underwriting risks, financial and contractual obligations and support functions associated with products issued by AIG Life Insurance Company and American International Life Assurance Company of New York are each insurer's own responsibility. American International Life Assurance Company of New York is authorized to do an insurance business in New York. Policies are not available in all states.

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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