

**GROUP SCHEDULED REIMBURSEMENT DENTAL INSURANCE
BY AMERICAN GENERAL®**

For member firms of
Land Improvement Contractors of America
and their employees



PRODUCT
SPECIFICATIONS

American General
Life Companies

For More Information Contact:
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Under the Group Scheduled Reimbursement Dental plan, we combine choice and affordability to create long-term satisfaction. Benefits and plan costs are more predictable from year to year compared with plans based on reasonable and customary (R&C) charges.

The scheduled reimbursement design of the program controls cost by assigning specific dental fees to specific procedures. For example, for each dental procedure performed, an insured is reimbursed the dollar amount listed on the schedule for that procedure. If the dentist's fee is greater than the schedule amount, the insured is responsible for the balance and the deductible.

Schedules can be adjusted or maintained as desired. This means lower group premiums and greater plan satisfaction for employees. When you compare costs, you will see significant savings with our scheduled reimbursement plans.

Plan Highlights

- Employees have their choice of dental professionals — no restrictions.
- Coverage for up to 100 of the top, most often used dental procedures.
- Preventive care covered at 100 percent of the R&C charges — and the deductible is waived for Preventive care.
- Deductible 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).
- Some groups may have a 20-30 hour work week requirement, subject to insurance company approval.
- Eligible dependents include spouse and children. Coverage for insured dependent children¹ is from birth to age 26.

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

Group Scheduled Reimbursement Dental Plan Provisions²

Group Eligibility	Two or more enrolled employees
Participation Requirements	Contributory plans (partially contributory): At least 75 percent
Employer Contribution	Contributory plans: At least 35 percent of premium paid
Benefit Waiting Periods	None
Conversion Factors	20
Preventive Covered at R&C³	R&C percentile for Preventive at 80 percent
Annual Maximum Benefit	\$1,000
Deductible	\$50 per calendar year
Rate Guarantee	24 months
Pretreatment Review Threshold	\$300 (suggested, but not mandatory)
Continuation of Coverage When Employment Terminates	<ul style="list-style-type: none"> ▪ Continuation privilege available ▪ Coverage continuation ceases upon nonpayment of premium or when group policy terminates
Dental Services	See Schedule of Covered Dental Services insert

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² 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

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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.

If applicable, any rates shown are based on the information provided at the time of quoting and are subject to adjustment in the event such information changes.

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