



Taking care
of your smile

Group PPO Dental Insurance
◀ For employees of ABC Company ▶

BENEFIT SUMMARY

**American
General**
Life Companies

Group PPO Dental Benefit Summary

Making a commitment to ongoing dental maintenance is very important — regular dental checkups not only detect teeth and gum problems, but can help prevent other issues before they become serious, costly health problems.

Dental insurance can help you manage the costs of quality dental care for you and your family. The following are standard benefits under the Group PPO Dental plan. See the certificate for details regarding benefit descriptions, limitations and exclusions.

Group PPO Dental Benefits at a Glance

Coinsurance	In-Network (MAC)	Out-of-Network <(MAC)>
Preventive	<100%>	<100%>
Basic	<100%>	<80%>
Major	<60%>	<50%>
Plan Provisions		
Deductible	<\$0 per calendar year>	
Family Deductible	<3 times the deductible>	
Deductible Waived for Preventive	Waived in-network only	
Annual Maximum Benefit	<\$1,000>	
Waiting Periods	<Preventive: No waiting period Basic: No waiting period Major: 12 months>	
R&C Percentile	<Not applicable>	
Covered Procedures by Service Class		
Preventive	<ul style="list-style-type: none"> ▪ Routine exams ▪ Bitewing X-rays ▪ Full mouth/panoramic X-rays ▪ Fluoride treatment 	<ul style="list-style-type: none"> ▪ Space maintainers ▪ Prophylaxis ▪ Harmful habit appliances <▪ Sealants>
Basic	<ul style="list-style-type: none"> ▪ Non-routine office visits, such as emergency exam, detailed and extensive oral exam ▪ Other X-rays, such as periapicals and extraoral films ▪ Pulp vitality tests ▪ Biopsy and examination of oral tissue ▪ Pin retention ▪ Tissue conditioning 	<ul style="list-style-type: none"> ▪ Fillings ▪ Simple extractions ▪ Surgical extractions and other oral surgery ▪ Prefabricated stainless steel crowns ▪ General anesthesia in conjunction with surgery ▪ Injectable antibiotics used solely for treatment of a dental condition <▪ Sealants>
Major	<ul style="list-style-type: none"> ▪ Inlays and onlays ▪ Crowns ▪ Dentures ▪ Bridges ▪ Veneers 	<ul style="list-style-type: none"> ▪ Post and core ▪ Core buildup ▪ Endodontics and periodontics ▪ Adjustments/repairs to dentures and crowns

About American General¹

Just as your family turns to you for security and peace of mind, millions of Americans turn to American General for help protecting their families against financial hardship.

- American General's companies are collectively the top issuers of insurance by face amount in the U.S. and an industry leader in its core businesses.
- American General's companies are closely regulated by state insurance departments, with ample reserves and capital to meet the long-term obligations to policy holders.
- American General's companies have more than 11.6 million policies in force, as of 12/31/07.²
- American General stands ready to pay claims, making on average \$24 million in claim payments every single business day.³
- Over the past five years, American General's companies have paid out \$17.5 billion in benefits to 1.6 million families and businesses.⁴
- The general account of each insurer is primarily invested in high-quality, investment-grade bonds, in accordance with state insurance requirements and investment guidelines.
- The most prominent independent ratings agencies continue to recognize American General insurers in terms of insurer financial strength. For detailed information on specific insurer ratings, visit www.americangeneral.com/ratings.

Questions and Answers

Q: Do I save money using an in-network dentist?

A: You do save more when you select an in-network dentist. In-network dentists have agreed to accept negotiated fees, which can significantly lower your out-of-pocket costs.

Q: What are the other advantages of using an in-network dentist?

A: Some PPO plans provide enriched benefits for using an in-network dentist, such as paying a higher rate of reimbursement for services and waiving the annual deductible for preventive services. Network dentists will only charge the patient for his/her share of coinsurance and the deductible, but a non-network provider may require full payment for all services at time of treatment. In-network providers may not "balance bill" a patient, since the provider is limited by contract to charge no more than the negotiated fee schedule.

Q: How do I locate an in-network dentist online?

A: Simply visit www.americangeneral.com/employeebenefits. On the "Employees" page, click "Find a Dental Provider." The Provider Search page appears. Click "Dentists in the SmileMax Network." From this point, you can search for a dentist by name or location.

Q: I am unable to use the "Find a Dental Provider" search because I do not have access to a computer. How else can I locate a network dentist?

A: Call the number on the back of your dental ID card for personal service in finding a network dentist.

Q: How do I submit a claim?

A: Often the dental office will submit claims for you, particularly if you have visited a participating dentist. If the dental office submits the claim, we strongly recommend using an electronic claims submission (called EDI), which expedites claim adjudication. If you are submitting the claim, or if the dentist's office is mailing the claim to us, please submit to the address indicated on your ID card.

<For more information, contact:>

<Benefit Manager Name>

<1-888-888-8888>

<humanresources@company.com>

<Cost of benefit>

<Employee: \$00.00>

<Employee and Spouse: \$00.00>

<Employee and Child(ren): \$00.00>

<Family: \$00.00>

¹ Information regarding American General is for informational purposes only.

² Source: Statutory Annual Statements for the Domestic Life Companies, 2007.

³ Source: Statutory Annual Statements for the Domestic Life Companies, as of June 30, 2008.

⁴ Source: Statutory Annual Statements for the Domestic Life Companies, 2003 – 2007.

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:

American General Life Insurance Company of Delaware

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

American General Life Companies, www.americangeneral.com, is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc., including American General Life Insurance Company of Delaware and American International Life Assurance Company of New York.

American General Life Companies insurers offer a broad spectrum of life insurance, fixed annuities, accident and health products and worksite benefits 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 American General Life Insurance Company of Delaware 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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06675006-1767DOD R03/10

Coinsurance plan for groups of two to nine employees.