



# AIG Employee Choice Dental

Choose your path to good dental health

At AIG American General, we believe in providing options. That's why our AIG Employee Choice Dental program offers you up to three dental insurance plans to choose from. You get to decide which plan has the features that are right for you and your family.

Our plans are designed to provide quality dental care — available at work through convenient payroll deduction. To help you make the right choice, we've provided highlights of each plan along with answers to frequently-asked questions (see reverse).

**For more information on AIG Employee Choice Dental, please contact:**

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## AIG Employee Choice Dental Plans at a Glance

| PPO MAC   | PPO R&C   | DHMO <sup>1</sup>  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Select a dentist of your choice</li> <li>• Flexible plan design options</li> <li>• Out-of-network coinsurances applied to the Maximum Allowable Charge (MAC)</li> <li>• 60,000-plus provider locations nationwide<sup>2</sup></li> <li>• Orthodontia (optional)</li> <li>• Two-year rate guarantee (optional)</li> <li>• Annual maximums apply</li> <li>• Deductible payable</li> <li>• No cosmetic dentistry</li> <li>• Waiting periods may apply</li> <li>• Out-of-pocket costs are not fixed</li> <li>• Low monthly cost</li> </ul> | <ul style="list-style-type: none"> <li>• Select a dentist of your choice</li> <li>• Flexible plan design options</li> <li>• Out-of-network coinsurances applied to Reasonable and Customary (R&amp;C) charges</li> <li>• Limit for R&amp;C charges at 80th or 90th percentile</li> <li>• 60,000-plus provider locations nationwide<sup>2</sup></li> <li>• Orthodontia (optional)</li> <li>• Two-year rate guarantee (optional)</li> <li>• Annual maximums apply</li> <li>• Deductible payable</li> <li>• No cosmetic dentistry</li> <li>• Waiting periods may apply</li> <li>• Out-of-pocket costs are not fixed</li> </ul> | <ul style="list-style-type: none"> <li>• Select a network dentist only</li> <li>• No deductible to satisfy</li> <li>• Choice of low copay schedules</li> <li>• No claim forms to complete</li> <li>• No annual maximums apply</li> <li>• Unlimited services</li> <li>• Orthodontia (child and adult)</li> <li>• No waiting periods</li> <li>• No pre-authorizations</li> <li>• Cosmetic dentistry (optional)</li> <li>• Immediate coverage for all services</li> <li>• Low monthly cost</li> </ul> |

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# Frequently-Asked Questions and Answers

## DHMO Dental Plans

### What is a DHMO?

DHMO is a network-based product that emphasizes prevention and cost containment, providing savings of up to 75 percent off regular dental procedures.

### How does the plan work?

Your primary dentist will provide all of your routine dental care. You may be required to pay a copayment for some services provided by your primary dentist. The copayments or discounted charges are billed at the time of service, so there are no claim forms to file. You pay your dentist directly, if applicable.

### How many times a year can I visit my dentist?

You are encouraged to visit your dentist regularly. You are not limited to a specific number of visits per year.

### How do I make appointments?

Once you have selected your dentist, call the dental office on or after the date you receive your certificate of coverage and make your appointment. Your enrollment information will already be at the participating dentist's office or on its way to confirm that you are eligible for treatment.

### What if I need a specialty dentist?

When you need treatment from a specialty dentist, you can visit a participating specialty dentist and the charges will be discounted.

### Are there any maximum coverage limitations?

No, there are no maximum coverage limitations.

### How do I pay for services?

You make your copayments directly to the dentist at time of service.

### What if I go to a non-participating dentist?

The plan does not cover services provided from an out-of-network dentist. You must seek treatment from a participating dentist.

### Can I change dentists?

Yes. Changes can be made monthly. If the change is received by the 15th of the month, the new dentist will be notified by the first of the following month.



PPO dental products underwritten by:

**AIG Life Insurance Company**  
Wilmington, Delaware

*Member company of American International Group, Inc.*  
[www.aigeb.com](http://www.aigeb.com)

The underwriting risks, financial obligations and support functions associated with the products issued by AIG Life Insurance Company is the responsibility of the individual issuing company. AIG Life Insurance Company is responsible for its own individual financial condition and contractual obligations.

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 are subject to state insurance law and the benefits/provisions as described may vary due to such law. Please see Certificate of Insurance for details.

An employer-funded program may be funded 100 percent by the employer or a combination of both employer and employee funding.

Policy form series number: G-DEN-42000.

AIG Life Insurance Company does not solicit business in the state of New York.

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## PPO Dental Plans

### Do I need to select a Primary Care Dentist to coordinate all dental care?

No. Network benefits are payable for charges incurred for treatment by any network dentist<sup>2</sup>. Our plans also reimburse for services provided by non-network providers, so a patient's choice is in no way limited in selecting a dentist.

### I lost my ID card. How do I get a new one?

Advise your employer that you need a replacement ID card. Your employer can contact AIG American General for a replacement, or in some cases, the employer can issue a new ID card at the workplace.

### Why does my ID card refer to Dental Benefit Providers (DBP) in addition to AIG American General?

The AIG National Dental Network<sup>®</sup> is administered by Dental Benefit Providers. Sometimes the dental office may recognize the DBP name in addition to the AIG American General name.

### What is the AIG National Dental Network<sup>®</sup>?

The AIG National Dental Network<sup>®</sup> is a group of credentialed dental professionals at more than 60,000 locations that have contracted to provide dental services at reduced rates<sup>2</sup>. These negotiated fees usually result in reduced out-of-pocket costs.

### Does the network include dental specialists?

Yes. There are dentists at 12,000 locations within the network providing specialty services, such as endodontics, periodontics and oral surgery practice<sup>2</sup>.

### What are the advantages of using a network dentist?

Network dentists will only charge the patient for his/her share of coinsurance and the deductible; while a non-network provider may require full payment for all services at time of treatment. Network providers may not "balance bill" a patient, since the provider is limited by contract not to charge more than the negotiated fee schedule<sup>2</sup>.

### How do I locate a network dentist?

Visit [www.aigeb.com](http://www.aigeb.com) and use the Provider Search tool to locate a dentist.

### I am unable to use the Provider Search because I don't have access to a computer. How else can I locate a network dentist?

Call our toll-free number, 866-233-2146, weekdays from 5 a.m. to 5 p.m. Pacific Time for personal service in finding a network dentist.

### How do I make an appointment with a network dentist?

Call the dental office to schedule the appointment. Verify that this dental office acknowledges continued participation in the AIG American General/DBP network<sup>2</sup>. And be sure to bring your dental ID card to your dental appointment.

<sup>1</sup>DHMO insurance and services are not provided by one of the AIG member companies.

<sup>2</sup>The AIG Dental Network<sup>®</sup> described in this brochure is administered by Dental Benefit Providers (DBP).