

Pearl Dental Insurance Plans

Administered by Pearl Insurance

PLAN HIGHLIGHTS

- Choose your own dentist
- A \$50 deductible, up to a maximum of three individual deductibles per family, per calendar year. (Deductible is waived for preventive services)
- Choice of three Premium Plans (Platinum, Gold, and Silver)

SERVICES PROVIDED

Preventive Dental Services include 2 exams per calendar year, cleanings, and fluoride treatment for children 16 and under. There is no waiting period for these services.

Basic Dental Services include x-rays, fillings, sealants (to age 16), and simple extractions. There is a six month waiting period for these services.

Major Dental Services includes restoration of crowns, bridges and dentures, endodontics, periodontics, and oral surgery (extractions and impactions). Also, a new chemotherapeutic agent (or drug) prescribed in the treatment of periodontal services is included. There is an 18 month waiting period for these services.

Orthodontic Services includes the straightening of teeth for children under age 19. There is a 24-month waiting period for these services.

OPTIONAL DENTAL NETWORK

This new feature provides Insureds with the option to visit a Dentist or other qualified provider in the Dental Benefit Providers Network to receive discounts on covered services in addition to the insurance benefit provided by the group policy. However, Insureds are not required to visit in-network providers and may visit other providers and still receive the insurance benefits provided by the group policy.

ELIGIBILITY

To be eligible for The Pearl Dental Plans, those applying for coverage must be under the age of 65. Eligible dependents, which include your spouse and unmarried children to age 19 (23 if full-time student), may also be insured. This is subject to state requirements.

1 Platinum Dental Insurance Plan

- A combined Maximum Benefit for Preventive, Basic and Major Services of **\$1,500** per insured person per calendar year.
- Major Services have a Maximum Benefit of **\$750** per insured person per calendar year.
- **100%** of Preventive Dental Services covered.
- **80%** of Basic Dental Services covered.*
- **50%** of Major Dental Services covered.*
- **50%** of Orthodontic Services covered.†

* After \$50 deductible and waiting period is met.

† After waiting period is met. Maximum benefit \$500 per calendar year and \$1,000 lifetime per insured child.

2 Gold Dental Insurance Plan

- A combined Maximum Benefit for Preventive, Basic and Major Services of **\$1,250** per insured person per calendar year.
- Major Services have a Maximum Benefit of **\$750** per insured person per calendar year.
- **100%** of Preventive Dental Services covered.
- **50%** of Basic Dental Services covered.*
- **50%** of Major Dental Services covered.*
- **0%** of Orthodontic Services covered.

* After \$50 deductible and waiting period is met.

3 Silver Dental Insurance Plan

- A combined Maximum Benefit for Preventive, Basic and Major Services of **\$1,000** per insured person per calendar year.
- Major Services have a Maximum Benefit of **\$500** per insured person per calendar year.
- **100%** of Preventive Dental Services covered.
- **50%** of Basic Dental Services covered.*
- **50%** of Major Dental Services covered.*
- **0%** of Orthodontic Services covered.

* After \$50 deductible and waiting period is met.

PROGRAM INFORMATION

Eligible Expenses: Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To be an Eligible Expense, the dental services must be performed by: a licensed dentist acting within the scope of his/her license; a licensed physician performing dental services within the scope of his/her license; or a licensed dental hygienist acting under the direct supervision of a dentist.

Expenses Incurred: An Eligible Expense is considered incurred on the following dates: for a crown, bridge, or cast restoration, the charge is incurred on the date the tooth is prepared; for any other prosthetic device, the charge is incurred on the date the master impression is made; for root canal, the charge is incurred on the date the pulp chamber is opened; for periodontal surgery—the date the pulp chamber is opened; for periodontal surgery—the date surgery is performed; or for all other services, the charge is incurred on the date the services are given.

Charges Not Covered: No benefits will be paid for expenses incurred: for any portion of a charge for any service in excess of the Scheduled Benefit; for any procedure not listed as a Scheduled Benefit; (1) oral hygiene, plaque control, diet instruction; (2) precision attachments; (3) treatment which: (a) does not meet accepted standards of dental practice; or (b) is experimental in nature; (4) orthodontic charges for lost or broken appliance; (5) appliances or prosthetic devices used to: (a) restore or maintain occlusion, except to the extent that this benefit section covers orthodontic benefits; or (b) treat disturbances of the temporomandibular joint; (6) cosmetic services including but not limited to: (a) characterizing and personalizing prosthetic devices; (b) making facings on prosthetic devices for any tooth in back of the second bicuspid; (7) replacement of an appliance or prosthetic device unless: (a) the appliance or device is at least five years old and cannot be made usable; or (b) the appliance or device is damaged, while in the covered person's mouth in an injury which occurs while insured, and it cannot be repaired; (8) replacement of a lost, stolen, or missing appliance or prosthetic device; (9) making a spare appliance or device; (10) services or devices for which no charge is made.

General Exclusions: No dental benefit will be paid by this policy for charges incurred for treatment which: (1) is given after a person's insurance ends, regardless of when the injury or sickness occurred; however, dental benefits may be provided in the Benefits After Insurance Ends provision of a given benefit section; (2) is not essential for the necessary care or treatment of the injury or sickness involved. **NECESSARY CARE OR TREATMENT** means care, treatment services, or supplies which are: (a) recommended, approved, or certified by a dentist as necessary and reasonable, and (b) commonly viewed by the American Dental Association as being proper treatment. "Necessary care or treatment" does not mean care, treatment, services, or supplies which are: (a) to train a person for a job or to educate him, or (b) experimental in nature; (3) would be given free of charge if the person was not insured. However, dental benefits will be paid for covered charges incurred by a state for medical assistance to a covered person under Title XIX of the Social Security Act of 1965; (4) results from a war or an act of war; (5) results from intentionally self-inflicted injury; (6) is given by a person's spouse or his or her spouse's father, mother, son, daughter, brother or sister; (7) is given by a person's employer or an employee of such employer; (8) for any unmarried child

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age 19 years of age and over unless he is dependent upon you for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit in an accredited junior college, college, or university. Any exception for a full-time student will end at age 23.

If a person's insurance ends, benefits for the dental services listed below will be paid if such services are completed within 31 days of the date insurance ends. Dental benefits may be paid for: (a) an appliance, or modification of it, for which the tooth was prepared while the person was insured under this benefit section; (b) a crown, bridge, or gold restoration, for which the tooth was prepared while the person was insured under this benefit section, and; (c) root canal treatment, if the pulp chamber is opened while the person was insured under this benefit section.

Alternate Benefit: If (1) United States Life will determine if a less expensive alternate procedure, service, or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and (2) the alternative treatment will produce a professionally satisfactory result; then the maximum we will allow will be the charge for the less expensive treatment.

GENERAL INFORMATION

Deductible Amount: The Deductible is shown in the Coverage Schedule. The Deductible is an amount of covered dental charges incurred by an insured person for each calendar year for which no benefits will be paid.

Calendar Year Maximum: The maximum amount payable for all Eligible Dental Expenses in any calendar year is shown in the Coverage Schedule. The Calendar Year Maximum will apply to each insured person.

Coordination of Benefits: This benefit provision will coordinate a person's benefits with any other group, blanket or franchise plan under which an individual will receive benefits. This helps keep the cost of the program reasonable.

Termination of Coverage: Coverage terminates on the earliest of the following dates: the last day of the month in which you cease to be eligible for coverage; for dependents, the last day of the month for which they are no longer an eligible dependent as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by you or on your behalf; or the date the Master Policy ends.

Pretreatment Review: If the course of treatment for a dental service on fixed bridgework exceeds \$300, United States Life must be notified. We must be given the Dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays must be provided. United States Life will determine Eligible Expenses and state how much will be paid for the treatment. This determination may suggest an alternate, less expensive Course of Treatment, if it will produce professionally satisfactory results. If you do not request a pretreatment review, the least expensive method of treatment, regardless of the method actually used, will be paid.

Effective Date: Effective dates are always the first of the month following the date United States Life approved the request. Incomplete enrollment forms or failure to submit the required initial premium amount may cause an initial delay in issuance of insurance. Do not cancel any other insurance or assume you are insured under the program until you receive written confirmation from Pearl Insurance.



This plan is underwritten by the United States Life Insurance Company in the City of New York, a member company of American International Group, Inc. NAIC#70106, domiciled in New York state with their principal place of business located at 70 Pine Street, New York, NY 10270, licensed in all states, plus DC, except PR. The Underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.

Notice: The Plan Effective Date is always the FIRST of the month following receipt of application. Premium rates guaranteed for the first 12 months.

Reimbursement is based on the Reasonable and Customary rates. Reasonable and Customary charges are fees that do not exceed the general level of charges being made by other providers of dental services in the area where the charge is incurred.

This brochure provides a very brief description of some important features of this Plan. It is not the Insurance Contract nor does it represent the Insurance Contract. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance, under Group Policies V-610,233; V-610,234; V-610,235, Form No. G-19000; issued to The American Protective Insurance Trust. No Agent has the authority to change any benefits, to bind coverage with American General, or to promise a certain effective date. Coverage may not be available in all states.

MARKETED AND ADMINISTERED BY:

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INSURANCE

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