

The Dental Program

**FOR New York State Society of CPAs MEMBERS
AND THEIR FAMILIES**



ESSENTIAL PROTECTION FOR YOUR DENTAL MAINTENANCE NEEDS

THE DENTAL ALTERNATIVE

Your dental needs don't have to be threatening to your pocketbook.

Caring for your teeth should be a part of a sound health care program. Yet such basic care can cost hundreds and possibly thousands of dollars annually.

Chances are, your current medical insurance policy doesn't cover necessary dental treatment. Purchasing this coverage on your own can be expensive. Deciding

against treatment today can prove to be even more costly down the road – both to your teeth and your bank account.

Fortunately, you can now add important dental protection to your insurance program – at affordable group rates.

This Dental Program was designed specifically to meet your needs and those of your family by making important dental treatment more affordable.

(Rates for your Insurance will not be changed unless they are changed for all insureds in your classification.)

How Does The Plan Work?

BENEFIT TABLE

| | <u>Plan Year 1</u> | <u>Plan Year 2</u> | <u>Plan Year 3 or More</u> |
|---|--------------------|--------------------|----------------------------|
| Deductible Per Person Per Plan Year* Percentage of covered expenses the plan pays per plan year* | \$50 | \$50 | \$50 |
| Preventive Services (including routine examinations, cleanings, space maintainers.) | 80% | 100% | 100% |
| Basic Services I (including office visits, fillings, consultations, x-rays.) | 50% | 80% | 80% |
| Basic Services II (including extractions, endodontic, periodontic, prosthodontic.) | 25% | 50% | 80% |
| Major Dental Services (including crowns and posts, periodontal surgery, expanded oral surgery and prosthodontic benefits.) | 0% | 25% | 50% |
| Orthodontic Dental Services (available only to children under age 19) | 0% | 0% | 50% |
| Non-orthodontic Maximum Benefit per person per plan year | \$1,000 | \$1,250 | \$1,500 |
| Maximum Orthodontic Benefit per person while insured | Not Available | Not Available | \$1,000 |

*Plan year is a 12 consecutive month period beginning with the insured person's effective date of coverage under this plan. Each subsequent plan year will be the next 12 consecutive month period immediately following the preceding plan year.

There is a \$50 deductible for each person each plan year. Once the deductible is met, the plan will pay benefits for specific procedures according to the percentages listed on the brochure.

Under this Dental Program, you pay the dentist. The dentist files a standard claim form and payment is made directly to you. You may also assign your benefit to your dentist, if you wish.

WHO IS ELIGIBLE? Must be under 65

You* and your eligible dependents may enroll for coverage. Eligible dependents include a lawful spouse and unmarried dependent children under age 19, or under age 25 if enrolled as a full-time student in an accredited school, college or university.

* Must be under age 65. Coverage terminates at age 70.

HOW TO ENROLL

It's easy to enroll in this Dental Program! Simply fill out the enclosed enrollment form and return it with your check or authorization, payable to Pearl Insurance, to:

Pearl Insurance

1200 East Glen Avenue
Peoria Heights, IL 61616-5348

Your coverage will become effective on the date specified by United States Life following receipt of your completed enrollment form and initial premium. You must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the date insurance is to take effect. If you are not, the insurance will take effect on the day you resume such activities. Your dependents must not be hospitalized on the date their insurance is to take effect. If they are, their insurance will take effect on the day after they have been discharged. Your coverage remains in force until you cease to be a member, fail to pay premium payments when due, or when the group policy ends.

Some services are subject to a 12-month or 24-month waiting period.

This brochure is a summary of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. V-233, 609, Form No. G-19000.

Coverage is not available in all states.

Exclusions & Limitations

Charges not covered.

Charges for the following services or devices will not be covered:

1. Oral hygiene, plaque control, diet instruction.
2. Precision attachments.
3. Treatment which:
 - does not meet accepted standards of dental practice; or
 - is experimental in nature.

4. Orthodontic charges for:
 - lost or broken appliances
 - class 1 malocclusions.
5. Appliances or prosthetic devices used to:
 - change vertical dimension
 - restore or maintain occlusion, except to the extent that orthodontic benefits are provided;
 - splint or stabilize teeth for periodontic reasons;
 - replace tooth structure lost as a result of abrasion or attrition; or
 - treat disturbances of the temporomandibular joint.
6. Cosmetic services including but not limited to:
 - characterizing and personalizing prosthetic devices,
 - making facings on prosthetic devices for any tooth in back of the second bicuspid.
7. Replacement of an appliance or prosthetic device unless:
 - the appliance or device is at least 10 years old and cannot be made usable; or
 - the appliance or device is damaged, while in the insured 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 benefits 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.
2. is not essential for the necessary care or treatment of the injury or sickness involved.
3. would be given free of charge if the person was not insured.
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 his spouse's father, mother, son, daughter, brother or sister.
7. is given by a person's employer or an employee of such employer.

Limitations

Teeth lost before becoming insured under the plan will not be replaced unless the prosthetic device also replaces one or more natural teeth lost after becoming insured under this plan.

Benefits may be reduced if an insured is covered under another medical or dental plan.

DID YOU KNOW ...?

- Tooth decay affects nearly 20% of all children 2-4 years old. Almost 30% of adults over age 65 have lost their natural teeth due to decay and gum disease and close to 8,000 people die each year of oral and throat cancers.*
- Such levels of disease—and the high treatment costs they generate—are unnecessary. Proven preventive measures can markedly reduce dental disease, yet they often remain unavailable to those who need them most.*
- Approximately 500 million dental visits occur annually in the United States.*
- **This is dental insurance, not just a discount plan.** Insurance protects you when you need it most—it pays for your preventive care as well as for emergency care or specialty dental treatments.
- You select your own dentist with this Dental Program.

*According to the Center for Disease Control publication Oral Health: Preventing Cavities, Gum Disease and Oral Cancers – At A Glance, 2004.

**QUESTIONS? CALL
1.800.342.6501**

The Dental Plan is Underwritten by:

The United States Life Insurance Company in the City of New York, A member company of American International Group, Inc.

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 solely its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.

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The Dental Plan is Administered by:

P E A R L

INSURANCE

1200 East Glen Avenue
Peoria Heights, IL 61616-5348

Questions?

1.800.342.6501 • www.nysscpainurance.com

Coverage is not available in all states. Rates will not be changed unless they are changed for all insured within your classification.

DE385P-33496P

Group Policy No. V-233,609
AG3076

The Dental Program Rate and Area Table

Monthly Rates

Please Note: Not all state zip codes are listed in one area. For your rate please check all Areas.

Area 1

AR, IA, KY, NE, ND, OK, SD, UT, WV, WY

| <u>Member</u> | <u>Member & Spouse</u> | <u>Member & Child</u> | <u>Entire Family</u> |
|---------------|----------------------------|---------------------------|----------------------|
| \$27.83 | \$54.27 | \$63.17 | \$89.61 |

Area 2

AL, FL (except 330-334), ID, IL (except 600-606), KS, LA, MI, MO, MS, MT, NC, NY (except 110-119), OH, PA (except 189-194), SC, TN, TX, VA, WI

| <u>Member</u> | <u>Member & Spouse</u> | <u>Member & Child</u> | <u>Entire Family</u> |
|---------------|----------------------------|---------------------------|----------------------|
| \$29.97 | \$58.47 | \$67.27 | \$95.77 |

Area 3

AZ, CO, GA, IL (600-606), IN, ME, MD, MA (010-016), MN, NH, NJ (077, 080-087), OR, PA (189-194), RI, VT

| <u>Member</u> | <u>Member & Spouse</u> | <u>Member & Child</u> | <u>Entire Family</u> |
|---------------|----------------------------|---------------------------|----------------------|
| \$32.78 | \$63.93 | \$72.58 | \$103.73 |

Area 4

AK, CT, DE, DC, FL (330-334), HI, MA (except 010-016), NV, NJ (except 077, 080-087), NY (110-119), WA, CA (919-935, 952-961)

| <u>Member</u> | <u>Member & Spouse</u> | <u>Member & Child</u> | <u>Entire Family</u> |
|---------------|----------------------------|---------------------------|----------------------|
| \$40.01 | \$78.01 | \$86.32 | \$124.30 |

Area 5

CA (all other)

| <u>Member</u> | <u>Member & Spouse</u> | <u>Member & Child</u> | <u>Entire Family</u> |
|---------------|----------------------------|---------------------------|----------------------|
| \$50.49 | \$98.47 | \$106.23 | \$154.21 |

Orthodontia (child only*). Benefit not applicable until year three.

*Children who are less than 19 years of age when the active appliance is first placed.

DE385P-33496P

Group Policy No.V-233,609

AG 3076