

CAPITAL BENEFITS GROUP

*Dental Benefits Programs for Today's Business Community*

EFFECTIVE UNTIL JULY 31, 2006

**CONFIDENT**<sup>SM</sup>

cbg

# brochure rates: 2-19 employees

Custom quotes for groups over 19 employees can be obtained from our website at [www.capital-benefits.com](http://www.capital-benefits.com) or contact your General Agent or CAPITAL BENEFITS GROUP at 888.327.8880

SERVICE and DESCRIPTION	COVERAGE LEVEL
<b>Preventive and Diagnostic Services</b>	
Clinical oral exams (two per calendar year)	100%
Cleaning (two per calendar year)	
Emergency treatment	
X-rays: bitewings, four films per each calendar year; full mouth, once per 36 consecutive month period	
Fluoride Treatment (children to age 19, one per calendar year)	
<b>Basic Services</b>	
Sealants (children under age 14)	80%
Restorations and fillings	
Simple extractions	
<b>Major Services: 12-Month Waiting Period</b>	
Endodontics	50%
Periodontics	
Oral surgery	
Inlays and crowns	
Bridges	
<b>Optional Orthodontia: 12-Month Waiting Period</b> <i>Five employee minimum. \$1,000 separate lifetime maximum.</i>	
Available for dependent children only under age 19	50%
Comprehensive full-banded treatment	
Fixed or cemented appliances	
<b>DEDUCTIBLE</b>	
Per person/per family (calendar year)	\$50/\$150
No deductible for Preventive and Diagnostic services	
<b>CALENDAR YEAR PLAN MAXIMUM (for non orthodontic services)</b>	
Per person	\$1,000

## Plan Provisions for ALL Groups

- Initial rates guaranteed for 12 months.
- Credit for time served to satisfy waiting periods on takeovers only.
- \$15.00 monthly billing fee.
- Ineligible Groups - dental offices, sports teams, entertainers, religious organizations and 100% family-related groups; if there is at least one non-related employee, who is taking coverage, the group is eligible.
- Brochure rates are based on 75% employee participation after waivers for coverage on other group dental insurance plan. Contact Capital Benefits Group for 100% group participation or below 75% participation.
- Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.
- Orthodontia can be added to any of the above plans. Not available to groups with less than five insured employees.

## Plan Provisions for Groups with 2-4 Employee Lives

- To calculate rates, load brochure rates by 1.12.
- Credit for time served to satisfy waiting periods on takeovers only.
- 100% employee participation after waivers for coverage on other group dental insurance plan is required.
- Orthodontia is not available.

# monthly premiums

## effective February 1, 2006 through July 31, 2006

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
Employee	\$22.50	\$24.25	\$25.95	\$27.64	\$29.34	\$31.04	\$33.30	\$34.99	\$36.68	\$38.94	\$42.34	\$44.03
Employee + Spouse	\$46.16	\$49.71	\$53.28	\$56.83	\$60.40	\$63.94	\$68.70	\$72.25	\$75.81	\$80.56	\$87.67	\$91.23
Employee + Child(ren)	\$45.73	\$49.27	\$52.80	\$56.32	\$59.84	\$63.35	\$68.07	\$71.59	\$75.11	\$79.82	\$86.87	\$90.39
Family	\$69.32	\$74.73	\$80.13	\$85.51	\$90.90	\$96.26	\$103.47	\$108.84	\$114.83	\$121.44	\$132.20	\$137.59

### BUY-UP & BUY-DOWN OPTIONS: Multiply rates by the appropriate amount.

Groups with 2-4 employee lives rate load (100% participation after waivers)	1.12
Upgrade endo and perio to basic (available for groups over 10 enrolled lives)	1.10
R&C is based on 80%, upgrade to 90%	1.03
Replace \$1,000 annual maximum with a \$1,500 annual maximum	1.12
Replace \$1,000 annual maximum with a \$2,000 annual maximum (available for groups over 10 enrolled lives)	1.18
Replace \$50 deductible with \$100 lifetime deductible	.93
Replace \$50 deductible with a \$25 deductible	1.05

### ORTHODONTIA RATES

Orthodontia can be added to groups with five or more enrolled employees. Orthodontia can be added to any of the above plans by adding the below rates to the selected rate above. Available for dependent children under age 19. Orthodontia is covered at 50%, with a 12-month waiting period, and a \$1,000 lifetime maximum.

Employee + Child(ren)	\$9.00
Family	\$9.00

### ZIP CODE FACTORS

Rates are for state unless otherwise specified by zip code.

Arizona	3	Illinois		Missouri		Pennsylvania	
Arkansas	4	600-606	8	630-633	4	170-188	4
California		All Other	2	All Other	3	189-196	6
900-912	10	Indiana	1	New Mexico	4	150-169	2
913-918	12	Iowa	4	New Jersey		South Carolina	2
919-925, 932-937	7	Kansas	1	070-073, 076	10	South Dakota	4
945-948	7	Kentucky		078-079	10	Tennessee	4
926-931, 938-944	9	400-403	3	074-075	9	Texas	3
949-951	9	405, 410	3	077, 085-089	7	Utah	7
952-958	8	All Other	2	All Other	5	Virginia	
959-961	6	Maryland		North Carolina		224-229	2
Colorado		206-214	6	280-282	3	238-246	3
800-809	7	All Other	4	All Other	2	220-223	6
All Other	5	Michigan		Ohio		230-237	5
Connecticut	10	480-485	6	439-458	3	Washington	
Florida		All Other	5	All Other	1	980-981	6
320-329, 338-345	4	Nebraska	1	Oregon		982-994	5
330-332	5	Nevada	4	970-972	8	Wisconsin	6
333-337, 346-347	3			All Other	6	Wyoming	5
Georgia	1						
Idaho	5						

Coverage is not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary, depending on your state of residence.

## JUMP START YOUR BENEFITS

Through Capital Benefits Group and AIG American General you also have access to Life, Short-Term Disability and Long-Term Disability.

Our competitive rates, our dedication to service and product options make us the best solution in the marketplace.

For questions or enrollment materials contact your GENERAL AGENT or CAPITAL BENEFITS GROUP at 888.327.8880

# exclusions & limitations

Notwithstanding any provision in the Policy to the contrary, the Policy does not provide any benefits for the following charges, services or supplies: which are more than Reasonable and Customary Charges; which are incurred, or for which treatment began, before the Insured's effective date of coverage or after the Insured's termination of coverage; related to congenital or development malformations existing when the Insured's coverage became effective under the Policy; which are not Medically Necessary, appropriate or are primarily for cosmetic reasons; which are Experimental/Investigational; related to surgical implants or transplants of any type (including prosthetic devices attached to them); related to temporomandibular joint syndrome; related to periodontal splinting; related to facings on crowns, or pontics posterior to the 2nd bicuspid; for replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period; related to relining of dentures more often than once in any 2 year period; related to lost, stolen, or missing dentures or bridges or for duplicates; related to fixed or removable bridgework involving replacement of a natural tooth or teeth which was lost prior to the Insured's effective date of coverage under the Policy. Benefits may be payable for bridgework required for loss of teeth while insured under the Policy, if such bridgework is not an abutment for non-covered bridgework; related to prescription drugs and analgesia pre-medication; in the absence of insurance, the Insured would not be required to pay; self-inflicted injuries; related to war or an act of war; commission of a felony or assault; related to riot, nuclear accident, or major disaster; related or caused by a condition of employment; or Workers' Compensation or similar law, even if not covered; which are not made by a Dentist; dental education or training programs; counseling on diet or nutrition; received from a provider who is a member of the immediate family, resides with the Insured, or acting outside the scope of his license; caused by or related to an Insured's military service, including service in a military reserve unit; not included in a Covered Procedure; which are payable under any medical insurance; made by any government entity unless the Insured is required to pay; or by any public entity from which coverage could have been obtained; use of materials, other than fluorides or sealants, to prevent tooth decay; bite registrations; bacteriologic cultures in connection with a covered dental service; or therapeutic injections administered by a Dentist.

## distributed by

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