

STRENGTH. STABILITY. SECURITY.

### Why Purchase a Discount Dental Plan Through the ASCE?

With the ASCE Discount Dental Plan, you'll have access to the following benefits:

- Cost is only \$60 per year for single plan; \$156 per year for the entire family
- Instant discounts and preventive care at little or no cost
- No deductible or coinsurance
- No claim forms to file or waiting for reimbursement
- No waiting period for treatment
- No annual maximum
- Toll-free customer service line
- Portable protection that can follow you throughout your career
- Up-to-date coverage for today's dental care

### What Do These Features Provide?

#### Quality Dental Care at Discounted Prices

As an ASCE member, you are able to get dental treatment at discounted costs for yourself and your family through the ASCE Discount Dental Plan. Whether you need treatment for current problems or to prevent serious diseases of the teeth or gums, this plan provides quality, professional dental care at an economical price.

With the ASCE Discount Dental Plan, there is usually no charge for annual oral examinations and bitewing x-rays. For other charges, you can receive up to 60% reductions on dental fees, based on the national average. That's an instant discount each time you're treated by a panel dentist!

#### Automatic Issue for Members and Their Families

Enrolling in the Plan is easy and automatic. There are no health questions, and ASCE members and their families cannot be turned down for this plan.

#### Little or No Charge for Preventive Services

Regular check-ups and other preventive care are extremely important to maintaining good health and preventing serious problems. You and your family members receive a free consultation, exam, and any necessary x-rays once a year at no cost. That's a 100% instant discount for an annual oral exam with bitewing x-rays. (A fee may be charged in certain states.) The cost of basic teeth cleaning is substantially reduced as well. Refer to the fee schedule for a list of preventive services and reduced fees.

### How Does the Plan Work?

The ASCE Discount Dental Plan gives you and your family immediate savings. A family of four can save several hundred dollars per year on regular checkups alone—for only \$156 annually! This plan pays for itself in regular checkups alone.

Take a look at these sample procedures and their economical cost under the Plan:

SAMPLE PROCEDURE COSTS			
Procedure	TYPICAL COST*	WITH DDP	SAVINGS
Complete Series X-ray Films	\$125	\$0**	\$125
Oral Exam	\$76	\$0**	\$76
Filling, 1 Surface Permanent	\$125	\$45	\$80
Root Canal, Anterior Tooth	\$655	\$255	\$400
Full Denture, Upper or Lower	\$1,500	\$560	\$940
Orthodontics	\$5,500	\$3,149	\$2,351

**Note:** Typical Cost may vary from one doctor to another.

\*Provided by ADA Dental Survey 2005.

\*\*In conjunction with paid annual check-up prophylaxis (cleaning). Prices as of 1/08 and are subject to change without notice.

### Nationwide Network of Participating Dentists

The ASCE Discount Dental Plan is a reduced fee-for-service plan. Dental services are provided by a nationwide network of independent, participating dentists. That means you pay a specified fee for dental services performed by a dentist in the network. This fee is lower than the standard fees. The fee schedule that follows lists the covered dental procedures and services, and their reduced fees. You will never pay more than the amount listed on your fee schedule for covered services. Any procedure not listed on the fee schedule will be reduced by 25% from the network dentist's usual and customary charge. You can choose any dentist you want in the network. And you can change your dentist at any time, for any reason. All of the dentists in the network are independent, participating dentists

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who have passed an extensive pre-screening evaluation. All dentists comply with the current standards of dental practice to help provide you and your family quality dental care.

**No Referral Needed to See a Specialist**

The network includes many specialists, such as oral surgeons, endodontists, periodontists, and orthodontists. Simply choose any participating specialist in the network and you'll automatically receive a 25% reduction on the work the specialist performs.

Over 6,000 dentists and specialists across the United States participate in the dental network, and our toll-free number makes it easy to find one near you or where you are traveling. Just call 1.800.238.3884.

**What Is My Cost?**

The ASCE Discount Dental Plan provides you and your family with hundreds of dollars' worth of services and discounts for an inexpensive and clear-cut price.

<b>Member Only</b>	\$60
<b>Member and Spouse</b>	\$108
<b>Member and Child(ren)</b>	\$108
<b>Member, Spouse, and Child(ren)</b>	\$156

**What Else Should I Know?**

Toll-Free Customer Service Line

For more information about a plan dentist or specialist near you, call 1.800.238.3884.

**Exclusions and Limitations**

1. The dental services appearing in this schedule are available from general practitioners and specialists listed in the DDS Dental Directory. Any services that are not listed are available at a 25% discount from usual and customary fees charged by participating general practitioners and specialists, including pedodontics, prosthodontics, and implantology.
2. Aside from the annual check-up, additional exams, x-rays, and consultations are available at a 25% discount at general practitioners. All exams, x-rays, and consultations at all specialists are 25% of the dentist's usual and customary fee.

Invisalign braces are 25% of the dentist's usual and customary fees.

3. All participating providers may charge an OSHA sterilization fee per visit and a lab fee for crown, bridges, and denture work.
4. The administration of nitrous oxide, intravenous sedation, or general anesthesia is available at a 25% discount from usual and customary fees charged by the participating general practitioners and specialists.
5. BriteSmile is not a covered procedure.
6. It is the Member's responsibility to verify that the dentist is a participating provider for DDS before seeking any treatment. Any dental procedures performed by a non-participating dentist are not covered.
7. The dollar amount specified for each procedure may not be the only cost incurred for a given treatment. Many treatments may require more than one dental procedure. Please consult with your DDS provider for a detailed treatment plan before beginning any dental work.
8. DDS can not guarantee the continued participation of any dentist. If the dentist you use leaves the plan, you will need to select another participating provider. Not all dental specialists are available in all areas.
9. While participating DDS providers are professionally licensed in the state in which they practice, DDS does not guarantee the quality of service of the providers. Any quality-of-care concerns involving any participating provider should be directed to the DDS Provider Relations Department.
10. Provider listings and/or fee schedules can be updated or changed without notice.

**Your Effective Date:** ASCE members and their families will become enrolled on the date their request is received and processed, provided they have made the first payment.

**Renewal Payments:** Once you are covered under the Plan, you will have a 31-day grace period for your payment of renewal contributions.

**"30-Day Free Look":** When you become enrolled, you will be sent an identification card, fee schedule, and a list of participating dentists nearest your area. If you are not completely satisfied with the terms of your ASCE Discount Dental Plan materials, you may cancel your plan, without claim, within 30 days and your amount paid will be promptly refunded. Your plan will then be invalidated.

### How Do I Enroll?

Before you request this plan, you must be a member in good standing with ASCE. To apply for ASCE Discount Dental Plan, download the enrollment form, then mail your completed and signed enrollment form, along with a check for the total amount due (payable to Pearl Insurance), to:

**ASCE Member Insurance Program  
Plan Administrator  
1200 East Glen Avenue  
Peoria Heights, IL 61616-5348**

A personalized ASCE Discount Dental Plan identification card will be sent to your home, along with a fee schedule and list of dentists nearest to your zip code. Once you receive your I.D. card, you and your family are entitled to all of the discounted dental services in the program. To receive those discounts, just follow these three steps:

1. Contact the participating network dentist of your choice to make an appointment. Appointments can usually be scheduled within a short period of time.
2. When visiting your network dentist's office, present your ASCE Discount Dental Plan I.D. card to the receptionist.
3. After the session, pay your dentist directly according to the special economical fee on the enclosed fee schedule.

**The ASCE Discount Dental Plan Is Provided By:  
The United States Life Insurance Company in  
the City of New York, a subsidiary of American  
International Group, Inc. (AIG) New York, New York**

Administrative Office:  
3600 Route 66  
P.O. Box 1580  
Neptune, NJ 07754-1580

The underwriting risks, financial and contractual obligations, and support functions associated with products issued by The United States Life Insurance Company in the City of New York (United States Life) are its responsibility. AIG does not underwrite any insurance policy referenced herein.

United States Life has been awarded an A++ (Superior) rating from A.M. Best. This rating reflects United States Life's superior overall financial strength and operating performance when compared to A.M. Best's standards. The rating is current as of April 2008. For the latest A.M. Best's Ratings and A.M. Best's Company Reports, please visit [www.ambest.com](http://www.ambest.com).

*This discount program is not a health insurance policy and is not intended as a substitute for insurance. The program provides for discounts on Services from participating providers, and the range of the discounts will vary depending on the type of provider and services received. The program does not make payments to providers of healthcare services. Members are required to pay for all healthcare services, but will receive a discount from contracted providers.*

**Group Policy G-175,906  
AG6202 1111/08**

*ASCE incurs certain administrative expenses in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for such expenses.*

*For complete plan details, please contact the Plan Administrator, Pearl Insurance, at 1.800.650.ASCE (2723).*

**Brokered and Administered by:**

**PEARL®**

**INSURANCE**

**1200 E. Glen Avenue  
Peoria Heights, IL 61616-5348**

<b>General Dental Fees</b> As Performed by General Practitioners		
Code		DDS A
<b>DIAGNOSTIC PROCEDURES</b>		
D0120	Periodic oral examination	\$0
D0140	Limited oral evaluation	0
D0150	Comprehensive oral examination	0
D0210	Intraoral complete series x-ray films (including bitewings)	0
D0220	Intraoral x-ray film, single, first	0
D0230	Intraoral x-ray film, each additional	0
D0270	Bitewing x-ray film, single, first	0
D0272	Bitewing x-ray films, two	0
D0274	Bitewing x-ray film, four	0
D0330	Panoramic film	0
<i>In conjunction with paid annual check-up prophylaxis (cleaning), \$55.00 for adults and \$38.00 for children.</i>		
<i>Children are up to and including 16 years of age.</i>		

<b>PREVENTIVE PROCEDURES</b>		
D1110	Prophylaxis - adult (additional in same membership year)	\$37
D1120	Prophylaxis - child (additional in same membership year)	26
DD1130	Annual check-up prophylaxis - adult	55
DD1140	Annual check-up prophylaxis - child	38
D1203	Topical application of fluoride (excl. prophylaxis - child)	13
D1204	Topical application of fluoride (excl. prophylaxis - adult)	11
D1351	Sealant - per tooth	17
D1510	Space maintainer - fixed unilateral type	111
D1515	Space maintainer - fixed bilateral type	162

<b>RESTORATIVE PROCEDURES</b>		
D2140	Amalgam - 1 surface, permanent or primary	\$47
D2150	Amalgam - 2 surfaces, permanent or primary	60
D2160	Amalgam - 3 surfaces, permanent or primary	72
D2161	Amalgam - 4 surfaces, permanent or primary	86
D2330	Resin - 1 surface, anterior	58
D2331	Resin - 2 surfaces, anterior	72
D2332	Resin - 3 surfaces, anterior	90
D2335	Resin - 4+ surfaces or involving incisal angle	112
D2391	Resin - 1 surface, posterior	70
D2392	Resin - 2 surfaces, posterior	95
D2393	Resin - 3 surfaces, posterior	119

Code		DDS A
<b>RESTORATIVE PROCEDURES (cont.)</b>		
D2750	Crown - porcelain fused to high noble metal	\$504
D2751	Crown - porcelain fused to base metal	446
D2752	Crown - porcelain fused to noble metal	473
D2791	Crown - full cast (base metal)	404
D2920	Recement crown	37
D2930	Prefab'd stainless steel crown - primary tooth	105
D2931	Prefab'd stainless steel crown - permanent tooth	124
D2932	Prefab'd resin crown	116
D2940	Sedative filling	42
D2950	Crown buildup, including any pins	105
D2951	Pin retention - per tooth in addition to restoration	25
D2952	Cast post and core in addition to crown	158
D2953	Cast post as part of crown	126
D2954	Prefab'd post and core in addition to crown	131
D2960	Labial veneer (porcelain laminate), chairside	305
D2970	Temporary crown (fractured tooth)	105
D2971	Additional procedures to construct new crown under existing partial denture framework	105

<b>ENDODONTIC PROCEDURES (Root Canal Therapy)</b>		
D3110	Pulp cap - direct (excl. final restoration)	\$26
D3120	Pulp cap - indirect (excl. final restoration)	26
D3220	Therapeutic pulpotomy (excl. final restoration)	63
D3310	Root canal therapy - anterior (excl. final restoration)	268
D3320	Root canal therapy - bicuspid (excl. final restoration)	323
D3330	Root canal therapy - molar (excl. final restoration)	404
D3920	Hemisection (incl. root removal; excl. root canal therapy.)	137

<b>PERIODONTIC PROCEDURES</b>		
D4210	Gingivectomy or gingivoplasty - 4+ contiguous teeth, per quadrant	\$221
D4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth, per quadrant	85
D4240	Gingival flap procedure - incl. root planing, per quadrant	294
D4260	Osseous surgery - incl. flap entry and closure, per quadrant	404

<b>PERIODONTIC PROCEDURES (cont.)</b>		
D4270	Pedicle soft tissue graft procedure	\$305
D4341	Periodontal scaling and root planing, per quadrant	95
D4345	Periodontal scaling in the presence of gingival inflammation	106
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	79
D4910	Periodontal maintenance procedures (following active therapy)	58

<b>PROSTHODONTICS, REMOVABLE</b>		
D5110	Complete upper denture, incl. 6 months post-insertion care	\$588
D5120	Complete lower denture, incl. 6 months post-insertion care	588
D5130	Immediate upper denture, incl. 6 months post-insertion care; doesn't include required future rebasing/relining procedure(s) or a complete new denture	656
D5140	Immediate lower denture, incl. 6 months post-insertion care; doesn't include required future rebasing/relining procedure(s) or a complete new denture	656
D5211	Upper partial denture - resin base, incl. any conventional clasps and rests	478
D5212	Lower partial denture - resin base, incl. any conventional clasps and rests	478
D5213	Upper partial denture - predominantly base cast base with resin base incl. any conventional clasps and rests	620
D5214	Lower partial denture - predominantly base cast base with resin base incl. any conventional clasps and rests	620
D5410	Adjust complete denture - upper (after 6 months)	37
D5411	Adjust complete denture - lower (after 6 months)	37
D5421	Adjust partial denture - upper (after 6 months)	37
D5422	Adjust partial denture - lower (after 6 months)	37
D5510	Repair broken complete denture base	66
D5520	Replace missing/broken teeth, complete denture - each tooth	55
D5610	Repair partial denture resin saddle or base	74
D5630	Repair or replace partial denture broken clasp	79
D5640	Replace broken teeth - partial denture - per tooth	63
D5650	Add tooth to existing partial denture	78
D5660	Add clasp to existing partial denture	67
D5710	Rebase complete upper denture (LAB)	211
D5711	Rebase complete lower denture (LAB)	215
D5720	Rebase partial upper denture (LAB)	215
D5721	Rebase partial lower denture (LAB)	215

<b>PROSTHODONTICS, REMOVABLE (cont.)</b>		
D5730	Reline complete upper denture (chairside)	\$137
D5731	Reline complete lower denture (chairside)	137
D5740	Reline upper partial denture (chairside)	137
D5741	Reline lower partial denture (chairside)	137
D5810	Temporary complete denture (upper)	320
D5811	Temporary complete denture (lower)	320
D5820	Temporary partial - stayplate denture (upper)	284
D5821	Temporary partial - stayplate denture (lower)	284

<b>PROSTHODONTICS, FIXED BRIDGES</b>		
D6210	Pontic - cast high noble metal	\$473
D6240	Pontic - porcelain fused to high noble metal	470
D6241	Pontic - porcelain fused to high base metal	436
D6545	Cast metal retainer for resin bonded fixed prosthesis	215
D6751	Crown (abutment) - porcelain fused to base metal	443
D6790	Crown - full cast high noble metal	475
D6791	Crown (abutment) - full case base metal	396
D6930	Recement bridge	58
D6940	Stressbreaker	163
D6950	Precision attachment (each)	289
D6970	Cast post and core in addition to bridge retainer	160
D6971	Cast post as part of bridge retainer	126
D6972	Prefab'd post and core in addition to bridge retainer	131

<b>ORAL SURGERY</b>		
D7111	Extraction, coronal remnants - deciduous tooth	\$93
D7140	Extraction erupted tooth or exposed root	97
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and/or section of tooth - each tooth	126
D7220	Removal of impacted tooth - soft tissue	163
D7230	Removal of impacted tooth - partially bony	200
D7240	Removal of impacted tooth - completely bony	242
D7241	Removal of impacted tooth - completely bony with unusual surgical complication	296

<b>ORAL SURGERY (cont.)</b>		
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$153
D7280	Surgical access of an unerupted tooth	210
D7310	Alveolectomy or plasty in conjunction with extractions - per quadrant	126
D7320	Alveolectomy or plasty not in conjunction with extractions - per quadrant	170
D7960	Frenulectomy (frenectomy or frenotomy), separate procedures	200
D7970	Excision of hyperplastic tissue - per arch	239
D7971	Excision of pericoronal gingiva	134
<i>Surgical procedures listed above include the administration of local anesthesia only. The administration of nitrous oxide, intravenous sedation, or general anesthesia is available at additional cost to the subscriber.</i>		

<b>ADJUNCTIVE GENERAL SERVICES - UNCLASSIFIED TREATMENT</b>		
D9110	Pilliative (emergency) treatment of dental pain, minor procedure, during regular office hours	\$23
D9440	Office visit after regular scheduled hours	58
D9940	Occlusal guard	252

<b>Special Services As Performed by Board-Eligible or Board-Certified Dental Specialists</b>		
<b>ORAL SURGERY</b>		
D7111	Extraction, coronal remnants - deciduous tooth	\$93
D7140	Extraction erupted tooth or exposed root	97
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and/or section of tooth - each tooth	126
D7220	Removal of impacted tooth - soft tissue	163
D7230	Removal of impacted tooth - partially bony	200
D7240	Removal of impacted tooth - completely bony	242
D7241	Removal of impacted tooth - completely bony with unusual surgical complication	296
D7250	Surgical removal of residual tooth roots (cutting procedure)	153
D7280	Surgical access of an unerupted tooth	210
D7310	Alveolectomy or plasty in conjunction with extractions - per quadrant	126
D7320	Alveolectomy or plasty not in conjunction with extractions - per quadrant	170
D7960	Frenulectomy (frenectomy or frenotomy), separate procedures	200
D7970	Excision of hyperplastic tissue - per arch	239
D7971	Excision of pericoronal gingiva	134
<i>Surgical procedures listed above include the administration of local anesthesia only. The administration of nitrous oxide, intravenous sedation, or general anesthesia is available at additional cost to the subscriber.</i>		

<b>PERIODONTICS</b>		
D4210	Gingivectomy or gingivoplasty - 4+ contiguous teeth/quad	\$336
D4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth/quad	142
D4240	Gingival flap procedure, incl. root planing - per quadrant	410
D4260	Osseous surgery, incl. flap entry and closure - per quadrant	578
D4270	Pedicle soft tissue graft procedure	340
D4341	Periodontal scaling and root planing - per quadrant	143
D4355	Full mouth debridment to enable comprehensive evaluation and diagnosis	106
D4910	Periodontal maintenance procedure following active therapy	74

<b>ENDODONTICS (Root Canal Therapy)</b>		
D3310	Root canal therapy - anterior tooth (excl. final restoration)	\$376
D3320	Root canal therapy - bicuspid (excl. final restoration)	446
D3330	Root canal therapy - molar (excl. final restoration)	583
D3410	Apicoectomy (per tooth) - anterior	336
D3426	Apicoectomy (per tooth) - each additional root	137
D3430	Retrograde filling - per root	131
D3450	Root amputation - per root	168
D3920	Hemisection (incl. root removal; excl. root canal therapy)	189

<b>ORTHODONTICS - COMPREHENSIVE CASE</b>		
Class I, II, III (up to and including age 16) D8070, D8080		
Orthodontic records, treatment plan, and consultation		\$106
Initial orth. appliance, construction, and installation		404
Active treatment phase - up to 24 months		2,441
Retention phase per retainer		198
Total for those up to and including age 16		3,149
<i>Continuation of orthodontic treatment beyond 24 months and other orthodontic services available at a 25% discount from usual and customary fees charged by orthodontists listed in the DDS Dental Directory. Orthodontic treatment includes the treatment of primary, transitional, and/or adolescent dentitions under the D8000-D8999 series procedure codes. Orthodontic treatment for patients over the age of 16 is a 25% reduction from the dentist's usual and customary fee. Invisalign braces are 25% off the usual and customary fee of the participating provider.</i>		