

STRENGTH. STABILITY. SECURITY.

Why Purchase a Schedule Dental Insurance Plan Through the ASCE?

With ASCE Scheduled Dental Insurance, you'll have access to the following benefits:

- Cost is only \$26.67 per month for single coverage; \$65.33 per month for the entire family
- Benefits provided for 155 different dental services
- You select your own dentist
- No waiting period for preventive, restorative, adjunctive, or diagnostic treatment
- You choose whether benefits are paid to you or directly to the dentist
- Acceptance is not subject to underwriting approval

How Does the Plan Work?

The ASCE Dental Plan is dental insurance, not a discount plan. Dental insurance protects you when you need it most.

The ASCE Scheduled Dental Plan provides benefits for diagnostic and preventive care as well as most forms of emergency and specialty dental treatment. You may go to any dentist you wish. The Schedule of Dental Services identifies the maximum allowable benefit you and your dependents receive when a procedure is performed. The dollar amount assigned to each procedure is the maximum you receive, not to exceed actual charges. Under the ASCE Scheduled Dental Plan, you can request that the benefits be paid either directly to the dentist or you can be reimbursed for the benefit.

Eligibility

As an ASCE member, you and your eligible dependents may enroll for coverage. Eligible dependents include a lawful spouse and dependent children under age 21 (age 25 if a full-time student). Subject to state variations.

All persons who were previously insured for dental insurance under this plan and later voluntarily end insurance will not be eligible to re-enroll for a period of two years following the date insurance was voluntarily ended.

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 coverage.

Annual Maximums

You and your covered dependents are entitled to receive up to \$1,000 each in dental benefits in any calendar year after the cash deductible is satisfied. A lifetime maximum benefit of \$850 applies to orthodontic benefits.

Deductibles

For all services, an annual deductible of \$50 per person is required, up to \$150 maximum per family. The deductible is applied against insurance-covered expenses, not billed charges.

Waiting Period

Preventive, diagnostic, restorative, and adjunctive services are provided immediately. Endodontics and Oral Surgery have a six-month waiting period. All other benefits have a 12-month waiting period. Once you have been enrolled under the plan for 12 consecutive months, you are eligible for benefits under Restorative-Major, Periodontics, Prosthetics-Removable, and Fixed Bridge. For Orthodontics coverage, there is a 12-month waiting period.

What is My Cost?

The ASCE Scheduled Dental Plan offers a plan with orthodontics benefits. Please refer to the rates below for the economical plan cost.

Member Only	\$26.67 Monthly or \$80.00 Quarterly
Member + 1*	\$47.33 Monthly or \$142.00 Quarterly
Family**	\$65.33 Monthly or \$196.00 Quarterly

Orthodontics: \$850 lifetime maximum at 50% of covered charges; for dependent children under the age of 19

*Member and spouse or member and one dependent child under the age of 21 (25 if full-time student).

**Member, spouse, and dependent children under the age of 21 (25 if full-time student).

Payment Options

You can choose between two premium payment options, whichever one best suits your needs.

1. **Option 1:** Pay through automatic monthly check withdrawal. This saves you the time spent writing checks and remembering due dates.
2. **Option 2:** Pay through direct billing on a quarterly basis.

What Else Should I Know?

When Coverage Terminates

Your dental coverage will be terminated only if you cease to be a member of ASCE, you fail to pay the appropriate premium when due, or the group policy is discontinued. Coverage for dependents will end when they are no longer eligible as your dependent.

Effective Date

Your coverage will be effective the first day of the month following receipt of your Enrollment Form and first premium. Some services are subject to a 6- to 12-month waiting period; see “**Waiting Period**” information under **How Does the Plan Work?**.

Exclusions

No benefits will be paid for expenses incurred:

1. For any portion of a charge for any service in excess of the Scheduled Benefit.
2. For any procedure not listed as a Scheduled Benefit.
3. For overdentures and associated procedures.
4. For cosmetic procedures.
5. For the replacement of full and partial dentures, bridges, inlays, on-lays, or crowns that can be repaired or restored to normal function.
6. For implants; and for
 - a) The replacement of lost or stolen appliances.
 - b) The replacement of orthodontic retainers.
 - c) Athletic mouthguards.
 - d) Precision or semiprecision attachments.
 - e) Denture duplication.
 - f) Sealants, except as specifically provided in the Schedule of Dental Services.
7. For oral hygiene instructions; and for
 - a) Plaque control.
 - b) The completion of a claim form.
 - c) Acid etch.
 - d) Broken appointments.
 - e) Prescription or take-home fluoride.
 - f) Diagnostic photographs.
8. For services and procedures that begun, but not completed by the end of the month in which coverage terminates.
9. For charges in connection with an orthodontic service, except as specifically provided by the group policy.
10. For those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge.
11. For services in connection with war or any act of war.
12. For care or treatment of a condition for which you are entitled to or eligible for benefits under any Workers' Compensation Act or similar law.
13. That are applied toward satisfaction of a Deductible.
14. For services that are not recommended, approved, and certified as necessary and reasonable by a dentist.
15. For services that are not approved by the Council of Dental Therapeutics of the American Dental Association.
16. For charges incurred for treatment which is given by a person's spouse or his or her spouse's father, mother, son, daughter, brother, or sister.
17. For charges incurred for treatment which is given by a person's employer or an employee of such employer.
18. Is given after a person's insurance ends, regardless of when the injury or sickness occurred.
19. Is not essential for the necessary care or treatment of the injury or sickness involved.

Certificate of Insurance: When you become insured, you will be sent a Certificate of Insurance summarizing the provisions of the plan under which you are insured.

Payments & Claims: Under the ASCE Scheduled Dental Plan, you can request the benefits be paid either directly to your dentist or directly to you. Once you are accepted into the plan, you will have a 31-day grace period for your payment of renewal premiums.

“30-Day Free Look”: When you become enrolled, you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your Certificate of Insurance, you may cancel your plan, without claim, within 30 days and your premium will be promptly refunded. Your coverage will then be invalidated.

How Do I Enroll?

Before you request coverage, you must be a member in good standing with ASCE. To apply for ASCE Scheduled Dental Insurance, download the enrollment form, then mail your completed and signed enrollment form, along with a check for your first quarterly premium (or if paying by automatic monthly check withdrawal, a check for your first month's premium and a voided check or a deposit slip) to:

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

Questions?

We want to provide you with the best possible service. For more information about the ASCE Scheduled Dental Insurance Plan or if you have any questions, please call the Plan Administrator, Pearl Insurance, toll-free at 1.800.650.ASCE (2723).

Please Note: This Is Only an Outline

This brochure is a brief summary of benefits only and is subject to the terms, conditions, exclusions, and limitations of Group Policy No. V610.192, Form No. G-19000. Coverage may vary or may not be available in all states. It is therefore important you READ CERTIFICATE CAREFULLY.

**The ASCE Schedule Dental Plan Is Underwritten 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.

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.

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Group Policy V610.192

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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:

P E A R L[®]

I N S U R A N C E

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

Schedule of Dental Services The ASCE Scheduled Dental Plan		
ADA Code		\$ Insurance Allowance
PREVENTIVE		
0120	Periodic oral evaluation - 6-month interval	\$15
0140	Limited oral evaluation - problem fixed	25
0150	Comprehensive oral examination	25
1110	Prophylaxis - adult, once in a 6-month interval	40
1120	Prophylaxis - child, once in a 6-month interval	25
1203	Topical application of fluoride (prophylaxis not included) - at 12-month intervals to age 19	15
1351	Sealants, per tooth - 1st and 2nd molars within two years of eruption	10
9110	Palliative (emergency) treatment of dental pain - minor procedure	15

DIAGNOSTIC		
ADA Code		\$ Insurance Allowance
0210	Intraoral - complete series (including bitewing - 36-month interval)	\$45
0220	Intraoral - periapical - first film	10
0230	Intraoral - periapical - each additional film	5
0240	Intraoral - occlusal film	10
0270	Bitewing - single film - 6-month interval	15
0272	Bitewings - two films - 6-month interval	15
0274	Bitewings - four films - 6-month interval	20
0330	Panoramic film	35
0340	Cephalometric	50

RESTORATIVE		
ADA Code		\$ Insurance Allowance
1520	Space maintainer - removable - unilateral	\$25
1525	Space maintainer - removable - bilateral	50
2110	Silicate cement - per restoration	25
2120	Amalgam - two surfaces, primary	30
2130	Amalgam - three surfaces, primary	35
2131	Amalgam - four or more surfaces, primary	35
2140	Amalgam - two surfaces, permanent	30
2150	Amalgam - three surfaces, permanent	35
2161	Amalgam - four or more surfaces, permanent	35
2330	Resin - one surface, anterior	30
2331	Resin - two surfaces, anterior	35
2332	Resin - three surfaces, permanent	45
2335	Resin - four or more surfaces or involving incisal angle (anterior)	50

RESTORATIVE - MAJOR		
ADA Code		\$ Insurance Allowance
2710	Crown - resin (laboratory)	\$100
2720	Crown - resin with high noble metal	200
2721	Crown - resin with predominantly base metal	180

ADA Code		\$ Insurance Allowance
RESTORATIVE - MAJOR (cont.)		
2722	Crown - resin with noble metal	\$210
2740	Crown - porcelain/ceramic substrate	215
2750	Crown - porcelain fused to high noble metal	230
2751	Crown - porcelain fused to predominantly base metal	220
2752	Crown - porcelain fused to noble metal	220
2790	Crown - full cast high noble metal	225
2791	Crown - full cast predominantly base metal	215
2792	Crown - full case noble metal	215
2810	Crown - 3/4 cast metal	220
2910	Recement inlay	15
2920	Recement crown	15
2930	Prefabricated stainless steel crown - primary tooth	50
2950	Core buildup (including any pins)	45
2951	Pin retention - per tooth, in addition to restoration	10
2952	Cast post and core in addition to crown	68

ENDODONTICS		
ADA Code		\$ Insurance Allowance
3220	Therapeutic pulpotomy (excluding final restoration)	\$20
3310	Root Canal - Anterior (excluding final restoration)	125
3320	Root Canal - Bicuspid (excluding final restoration)	135
3330	Root Canal - Molar (excluding final restoration)	140
3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforation, root resorption, etc.)	70
3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorptions, etc.)	40
3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorptions, etc.)	30
3410	Apicoectomy/Periradicular surgery-anterior	115
3450	Root Amputation - per root	35
3920	Hemisection (including any root removal), not including root canal therapy	80
3940	Recalcification	15
3950	Canal preparation and fitting of preformed dowel or post	25

PERIODONTICS		
ADA Code		\$ Insurance Allowance
4210	Gingivectomy or gingivoplasty - per quadrant	\$75
4211	Gingivectomy or gingivoplasty - per tooth	45
4220	Gingival curettage, surgical - per quadrant, by report	45
4240	Gingival flap procedure, including root planing - per quadrant	110
4249	Clinical crown lengthening - hard tissue	20

ADA Code		\$ Insurance Allowance
PERIODONTICS (cont.)		
4263	Bone replacement graft - first site in quadrant	\$20
4270	Pedicle soft tissue graft procedure	110
4271	Free soft tissue graft procedure (including donor site surgery)	110
4341	Periodontal scaling and root planing - per quadrant	30
4910	Periodontal maintenance procedures (following active therapy) - once in a 6-month interval	35

PROSTHETICS - REMOVABLE		
5110	Complete denture - maxillary	\$250
5120	Complete denture - mandibular	250
5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	110
5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	110
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	130
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	130
5410	Adjust complete denture - maxillary	15
5411	Adjust complete denture - mandibular	15
5421	Adjust partial denture - maxillary	15
5422	Adjust partial denture - mandibular	15
5510	Repair broken complete denture base	20
5520	Replace missing or broken teeth - complete denture (each tooth)	20
5610	Repair resin denture base	20
5620	Repair cast framework	30
5630	Repair or replace broken clasp	15
5640	Replace broken teeth - per tooth	20
5650	Add tooth to existing partial denture	40
5660	Add clasp to existing partial denture	40
5710	Rebase complete maxillary denture	45
5711	Rebase complete mandibular denture	45
5720	Rebase maxillary partial denture	45
5721	Rebase mandibular partial denture	45
5730	Reline complete maxillary denture (chairside)	55
5731	Reline complete mandibular denture (chairside)	55
5740	Reline maxillary partial denture (chairside)	55
5741	Reline mandibular partial denture (chairside)	55
5750	Reline complete maxillary denture (laboratory)	75
5751	Reline complete mandibular denture (laboratory)	75
5760	Reline maxillary partial denture (laboratory)	75
5761	Reline mandibular partial denture (laboratory)	75
5850	Tissue conditioning maxillary	25

ADA Code		\$ Insurance Allowance
FIXED BRIDGE		
1510	Space maintainer - fixed - unilateral	\$90
1515	Space maintainer - fixed - bilateral	115
6210	Pontic - cast high noble metal	165
6211	Pontic - cast predominantly base metal	185
6212	Pontic - cast noble metal	185
6240	Pontic - porcelain fused to high noble metal	200
6241	Pontic - porcelain fused to predominantly base metal	200
6242	Pontic - porcelain fused to noble metal	200
6250	Pontic - resin with high noble metal	200
6251	Pontic - resin with predominantly base metal	150
6252	Pontic - resin with noble metal	150
6519	Inlay/onlay - porcelain/ceramic	145
6520	Inlay - metallic - two surfaces	145
6530	Inlay - metallic - three or more surfaces	150
6543	Onlay - metallic - three surfaces	155
6544	Onlay - metallic - four or more surfaces	155
6545	Retainer - cast metal for resin bonded fixed prosthesis	150
6720	Crown - resin with high noble metal	170
6721	Crown - resin with predominantly base metal	165
6722	Crown - resin with noble metal	165
6750	Crown - porcelain fused to high noble metal	180
6751	Crown - porcelain fused to predominantly base metal	165
6752	Crown - porcelain fused to noble metal	165
6780	Crown - 3/4 cast high noble metal	170
6790	Crown - full cast high noble metal	175
6791	Crown - full cast predominantly base metal	175
6792	Crown - full cast noble metal	165
6930	Recement fixed partial denture	25

ORAL SURGERY		
7510	Incision and drainage of abscess - intraoral soft tissue	\$35
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	60
7970	Excision of pericoronal gingival	75

ADJUNCTIVE SERVICES		
9220	General anesthesia - first 30 minutes	\$50
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	20