

ASRT Group Dental Insurance Plan

Frequently Asked Questions

1. Who is eligible to enroll for this plan?

ASRT members in good standing and their lawful spouse may enroll for coverage under this plan. You may also enroll your unmarried, dependent children, who are typically under age 19 or between the ages of 19 and 25 if a full-time student (subject to state variations).

2. How does this plan work?

The Plan provides benefits for diagnostic and preventive care as well as almost every form of specialty dental treatment. You may go to any dentist you wish.

This Plan pays benefits according to a Schedule of Dental Services. The Schedule of Dental Services identifies the maximum dollar amount allowable that you and your dependents receive when a procedure is performed, not to exceed the actual charges.

After the deductible is satisfied, covered reasonable and customary charges will be paid according to the Schedule of Dental Services. Benefits for such charges will be equal to the actual fees charged by the dentist, up to the amount shown as the scheduled benefit in the Schedule of Dental Services, and up to the maximum amount for all dental services during each calendar year. Under this Plan, you can have benefits paid either directly to the dentist or you can be reimbursed for the benefit. (For a complete listing of the Schedule of Dental Services, click on the Schedule of Dental Services link to view the Schedule of Dental Services.) The Plan provides benefits for diagnostic and preventive care as well as almost every form of specialty dental treatment.

3. Are there any restrictions regarding the dentists I would need to use?

No. You enjoy the freedom to choose any dentist you want. You won't be forced to switch from your current dentist to a new provider. There are no provider restrictions.

4. What are the annual maximums?

You and your covered family members are entitled to receive up to \$1,200 each in benefits per calendar year after the deductible is satisfied. A separate annual maximum of \$1,000 for services as a result of an accident is applicable.

5. What are the deductibles?

For some services, a deductible of \$50 per insured person is required per calendar year, up to \$150 maximum per family unit. The deductible does not apply to preventive and diagnostic services. The deductible is applied against insurance covered expenses, not billed charges.

6. Are there any waiting periods?

Once your coverage goes into effect, you can use your dental benefits for your next dental visit. Preventive, Diagnostic, and Restorative (except major) services are provided immediately. Endodontics and Oral Surgery services have a six-month waiting period. All other services have a 12-month waiting period. Once you have been enrolled under this dental plan for 12 months, you are eligible for Restorative-Major, Periodontics, Prosthetics-Removable, Fixed Bridge and Adjunctive services.

7. Are there any health questions we need to answer to get accepted?

No. This is an economical comprehensive dental insurance plan for ASRT members and their families. You are guaranteed acceptance into the plan.

8. When will this plan take effect?

Your coverage will become effective the first day of the month following receipt of your enrollment form and first premium payment. Some services are subject to a 6 or 12 month waiting period; see “Are there any waiting periods?” above. You must be actively at work on the date your insurance takes effect. If you are not, your insurance will take effect on the day you resume such work. Your spouse, if enrolling, 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 their insurance takes effect. If they are not, their insurance will take effect on the day they resume such activities.

9. When does this plan end?

Unlike most employer provided plans, this insurance coverage stays with you if you should change jobs or become self-employed. It is insurance protection that is yours to keep as long as the group policy remains in force, you pay your premiums when due, insurance does not end for the class of insured to which you belong and you remain actively at work. Coverage for your dependent children, if enrolling, will end if your insurance ends, dependents' insurance ends under the group policy, the person ceases to be a dependent or premium is not paid for the dependent when due. **All persons who were previously insured for dental insurance under this plan and later voluntarily end insurance will not be eligible to re-enroll on any date after insurance was voluntarily ended.**

10. Is this comprehensive coverage?

Yes. You and your family can be covered for a full range of dental health services including exams, cleanings every six months, fillings, sealants, simple extractions, complex oral surgery, minor and major restoration. Please see the [Schedule of Dental Services](#) chart for more coverage details and the waiting periods.

11. Are there any exclusions or limitations associated with this plan?

We want to make this coverage as complete as possible. However; there are some exclusions that we think you'll find reasonable. For instance, no benefits will be paid for expenses incurred for: any portion of a charge for any service in excess of the scheduled benefit shown in the Schedule of Dental Services; any procedure not listed as a scheduled benefit in the Schedule of Dental Services; services that are not recommended, approved and certified as necessary and reasonable by a dentist; services that are not approved by the Council of Dental Therapeutics of the American Dental Association; overdentures and associated procedures; cosmetic procedures, including charges for porcelain or other veneer crowns, pontics, and porcelain or other veneer facings on crowns or pontics to replace molars; the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function; implants; and for: (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouth guards; (d) precision or semi-precision attachments; (e) denture duplication; or (f) sealants, except as specifically provided in the Schedule of Dental Services; 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, or (f) diagnostic photographs; services and procedures that are begun, but not completed by the end of the month in which coverage terminates; charges in connection with an orthodontic procedure; care or treatment of a condition for which a person is entitled to or eligible for benefits under Worker's Compensation Act or similar law; charges that are applied toward satisfaction of a deductible, if any; and charges incurred after a person's insurance ends, regardless of when the injury or sickness occurred. In addition, no dental benefits will be paid by the group policy for charges incurred for treatment which: would be given free of charge if the person was not insured; results from a war or act of war; results from intentionally self-inflicted injury; is given by a person's spouse or his or his spouse's father, mother, son, daughter, brother or sister; or is given by a person's employer or employee of such employer; or is not essential for the necessary care or treatment of the injury or sickness involved.

12. How do I enroll?

Just complete the appropriate enrollment form and return it along with your initial premium payment.

1. Complete the Enrollment Form, and check the benefit plan of your choice.
2. Mail your completed enrollment form along with your initial premium payment to:
Affinity Insurance Services, Inc.
159 East County Line Road, Hatboro, PA 19040

When you become insured, you will be sent a Certificate of Insurance summarizing the provisions of this Plan. You will have 30 days from the date of receipt to review the Certificate of Insurance. If you are not satisfied with the terms of the certificate, simply return it to the Insurance Administrator and any premiums paid will be refunded in full.

Administered by:

Affinity Insurance Services, Inc.
159 East County Line Road, Hatboro, PA 19040

Underwritten by:

This plan is underwritten by The United States Life Insurance Company of New York, NAIC#70106, domiciled in the state of New York with a principal place of business of One World Financial Center, 200 Liberty Street, New York, NY 10281. It is currently authorized to transact business in all states, plus D.C., except PR. This summary is a brief description of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. V-610,210, Form No. G-19000. Coverage may vary or may not be available in all states.

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York (United States Life) are its responsibility.

The most prominent independent ratings agencies continue to recognize The United States Life Insurance Company in the City of New York in terms of insurer financial strength. For current insurer financial strength ratings, please consult the Web site at www.americangeneral.com/ratings.

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