

## FAMILY CHOICE<sup>SM</sup>

Voluntary Indemnity

Group Dental

Insurance Plan offers

extensive dental

coverage for you and

your family. The group

plan covers a wide

range of services and

is available to you at

competitive group rates.



# A budget-friendly group dental plan

## ◆ Competitive Group Rates

**FAMILY CHOICE<sup>SM</sup>** is an attractive voluntary indemnity group dental insurance plan that provides extensive dental coverage at budget-friendly, competitive group rates.

## ◆ All Full-Time Members in Good Standing Are Eligible

You're eligible for this group plan if you can perform the normal activities of a person of like age and sex, with like occupation or retired status. If not, insurance will take effect on the day you resume such activities. You may choose to insure your eligible dependents, including your lawful spouse and any children under age 19 (under age 25 if a dependent and a full-time student). (Subject to state variations.) Dependents must not be hospitalized on the date insurance is to take effect. If hospitalized, insurance will take effect on the day after discharge.

## ◆ No Provider Restrictions

You enjoy the freedom to choose any dentist you want – you won't be forced to switch from a familiar family dentist to a new provider.

## ◆ Extensive, Economical Coverage

You and your eligible dependents may be covered (up to a maximum of \$1,000 for each person for each plan year) for a full range of dental health services, including preventive care (exams and cleanings every six months as well as fluoride treatments for your children), basic care (fillings, sealants, simple extractions and minor restorations) and major services (complex oral surgery and major restoration). Major services will be available after you and your eligible dependents have been insured under this group plan for one year.

## ◆ Graduated Benefits

Individual member benefits increase during years two and three that the member is in the group plan.

|                                   | Year 1             | Year 2 | Year 3 |
|-----------------------------------|--------------------|--------|--------|
| <b>I. Preventive</b>              | Coinsurance Levels |        |        |
| Exams, cleanings                  | 100%               | 100%   | 100%   |
| X-rays (bitewing)                 |                    |        |        |
| fluoride treatments               |                    |        |        |
| <b>II. Basic I</b>                |                    |        |        |
| X-rays (intraoral)                |                    |        |        |
| fillings, sealant                 | 50%                | 80%    | 80%    |
| <b>III. Basic II</b>              |                    |        |        |
| Endodontics                       |                    |        |        |
| Minor periodontics                |                    |        |        |
| Simple extractions                |                    |        |        |
| Minor restorations                | 25%                | 50%    | 80%    |
| <b>IV. Major</b>                  |                    |        |        |
| Periodontic surgery               |                    |        |        |
| Complex oral surgery              |                    |        |        |
| Major restoration                 |                    |        |        |
| Prostodontics (fixed & removable) | 0%                 | 25%    | 50%    |

**Waiting Periods** Major services become available in Plan Year 2

Complete details of covered services will be listed in the Certificate of Insurance you receive upon enrollment. This is a summary of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. V-227, 754, Form No. G19000.

## ◆ Enrollment

Annual enrollment remains open for 60 days (see [addisonavenue.com](http://addisonavenue.com) for annual enrollment period). If members do not enroll for coverage at that time, they must wait for the next enrollment period. New members have within 60 days of their Membership Effective Date to apply. Terminated employees (who are existing credit union members) have 60 days after their termination date to enroll. A member or dependent that is enrolled in the plan and voluntarily terminates coverage is permanently ineligible to re-enroll.

## ◆ Experienced Provider

This plan is underwritten by The United States Life Insurance Company in the City of New York, a subsidiary of American International Group, Inc. (AIG) The most prominent independent ratings agencies continue to recognize United States Life Insurance Company in terms of insurer financial strength. For current insurer financial strength ratings, please consult the Web site at: [www.aigbenefitsolutions.com/ratings](http://www.aigbenefitsolutions.com/ratings).

## ◆ \$50 Deductible

Once the \$50 per person plan-year deductible is satisfied, you will be reimbursed by the insurance company for the covered amount after submitting your dentist's itemized bill. Annual maximum benefits are \$1,000 per insured person per plan year. Courteous, knowledgeable professionals will be available to answer your questions and assist you with claims.

## ◆ Termination of Coverage

Unlike some employer-provided plans, this plan stays with you if you change jobs—it's yours as long as you remain an active member of the financial institution, the group policy remains in force, and you pay your premiums 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. Such persons are no longer eligible for dental benefits under this plan.

**Exclusions:** No dental benefits will be paid for charges incurred for treatment that is given after a person's insurance ends, regardless of when the injury or sickness occurred; is not essential for the necessary care or treatment of the injury or sickness involved (see Certificate of Insurance for definition of necessary care); would be given free of charge if the person was not insured; results from war or act of war; results from intentional self-inflicted injury; is given by a person's spouse or his or his spouse's father, mother, son, daughter, brother or sister; is given by a person's employer or an employee of such employer. 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. (5) Appliances or prosthetic devices used to change vertical dimension; restore or maintain occlusion, except to the extent that this benefit section covers orthodontic benefits; 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.

## Group Dental Insurance Offered To:



**ADDISON AVENUE  
FEDERAL CREDIT UNION**

members through Addison Avenue Financial Partners, the credit union's wholly-owned subsidiary.

[addisonavenue.com](http://addisonavenue.com)



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  
[www.aigbenefitsolution.com](http://www.aigbenefitsolution.com)

## How The Group Plan Works

**FAMILY CHOICE<sup>SM</sup>** provides extensive coverage to help ensure you receive the best care. Covered charges for reasonable and customary services are paid at the percent shown at right, up to the maximum benefit, after you pay the \$50 per person deductible during each plan year. The deductible is waived for preventive services.

### MAXIMUM BENEFIT

Annual Maximum  
Per Person: \$1,000

0708 DEN AA - PP  
AG 6407

## DENTAL AREA RATE CODE TABLE

| STATE/ZIP CODE  | AREA RATE CODE                  | STATE/ZIP CODE  | AREA RATE CODE                            |
|---|---------------------------------|---|---|
| <b>Alabama</b><br>360-361<br>350-359;<br>362-369  | F<br>E                          | <b>Minnesota</b><br>550-554<br>555-567  | I<br>E                                    |
| <b>Alaska</b><br>995-999  | Y                               | <b>Mississippi</b><br>386-397   | F   |
| <b>Arizona</b><br>850-853; 856-857<br>854-855; 858-865  | I<br>F                          | <b>Missouri</b><br>630-633<br>640-645<br>634-639; 646-658   | F<br>E<br>B                               |
| <b>Arkansas</b><br>716-729  | E                               | <b>Montana</b><br>590-599   | F   |
| <b>California</b><br>900-912; 917; 929;<br>936-951; 954<br>913-916; 918<br>919-921; 955;<br>959-961<br>923-928; 956-958<br>922; 931-935<br>930; 952-953 | 7<br>2<br>W<br>4<br>X<br>Z      | <b>Nebraska</b><br>680-693<br><b>Nevada</b><br>889-898<br><b>New Hampshire</b><br>030-038<br><b>New Jersey</b><br>070-073; 076; 079   | C<br>L<br>J<br>Z                          |
| <b>Colorado</b><br>800-803<br>804-807; 810-815<br>816<br>808-809  | M<br>I<br>G<br>L                | 074-075; 078;<br>088-089<br>077; 087<br>080; 082-084<br>081<br>085-086  | W<br>Q<br>J<br>L<br>P                     |
| <b>Connecticut</b><br>060-061; 066;<br>068-069<br>062-063; 067<br>064-065   | P<br>M<br>Q                     | <b>New Mexico</b><br>870-884<br><b>N. Carolina</b><br>270-276; 280-282<br>277-279; 283-289  | F<br>F<br>D                               |
| <b>Delaware</b><br>197-199  | L                               | <b>N. Dakota</b><br>580-588   | E   |
| <b>Wash., D.C.</b><br>200-205   | L                               | <b>Ohio</b><br>440-447<br>459   | F<br>E<br>B                               |
| <b>Florida</b><br>320-329; 335-349<br>33439-33450<br>33471-33473<br>333-33399<br>all other 334s<br>330<br>331-332                                       | I<br>J<br>J<br>J<br>J<br>L<br>Q | all other areas<br><b>Oklahoma</b><br>73000-73007;<br>73035-73044<br>732-739; 742-749<br>all other areas<br><b>Pennsylvania</b><br>150-152<br>180-181<br>189-190<br>192-194<br>191<br>all other areas<br><b>Rhode Island</b><br>028-029 | B<br>B<br>E<br>J<br>I<br>M<br>L<br>N<br>F |
| <b>Georgia</b><br>300; 303<br>301; 305-306;<br>313-314<br>302<br>304; 307-312;<br>315-319   | K<br>E<br>H<br>B                | <b>S. Carolina</b><br>290-299<br><b>S. Dakota</b><br>570-577  | G<br>E                                    |
| <b>Hawaii</b><br>967-968  | L                               | <b>Tennessee</b><br>372-374; 377-379<br>38002; 38014<br>38017-38029;<br>38053; 381<br>all other areas<br><b>Texas</b><br>750-753; 776-777;<br>782; 786-787<br>770-775   | G<br>F<br>I<br>I<br>E<br>E<br>I<br>D      |
| <b>Idaho</b><br>832-835; 838<br>836; 837  | G<br>F                          | <b>Utah</b><br>840-847<br><b>Vermont</b><br>050-059<br><b>Virginia</b><br>220-223<br>230-237<br>all other areas<br><b>Washington</b><br>980-981<br>982-994  | H<br>E<br>E<br>M<br>I<br>D<br>4<br>X      |
| <b>Illinois</b><br>600-606<br>607-608; 610-611<br>609; 612-613;<br>620-629<br>614-619   | L<br>D<br>B<br>C                | <b>W. Virginia</b><br>247-268<br><b>Wisconsin</b><br>530<br>531-534<br>535-549<br><b>Wyoming</b><br>820-831   | F<br>I<br>I<br>D<br>B<br>H<br>F<br>F      |
| <b>Indiana</b><br>460-462; 465-468;<br>476-477<br>463; 469-475;<br>478-479<br>464   | B<br>C<br>F                     |   |   |
| <b>Iowa</b><br>500-528  | E                               |   |   |
| <b>Kansas</b><br>660-679  | E                               |   |   |
| <b>Kentucky</b><br>all areas  | B                               |   |   |
| <b>Louisiana</b><br>700-701<br>702-709; 712-714<br>710-711  | I<br>F<br>E                     |   |   |
| <b>Maine</b><br>039-049   | F                               |   |   |
| <b>Maryland</b><br>20600-20900<br>all other areas   | M<br>H                          |   |   |
| <b>Massachusetts</b><br>010-018<br>019-027  | L<br>N                          |   |   |
| <b>Michigan</b><br>480-483<br>484-499   | M<br>F                          |   |   |

## PREMIUM COST GUIDE

| Member Only    |              | Member + Spouse |              | Member + 1 Child |              | Entire Family  |              |
|----------------|--------------|-----------------|--------------|------------------|--------------|----------------|--------------|
| AREA RATE CODE | MONTHLY COST | AREA RATE CODE  | MONTHLY COST | AREA RATE CODE   | MONTHLY COST | AREA RATE CODE | MONTHLY COST |
| 2              | \$56.19      | 2               | \$109.58     | 2                | \$106.75     | 2              | \$160.14     |
| 4              | 48.65        | 4               | 94.89        | 4                | 92.44        | 4              | 138.68       |
| 7              | 50.39        | 7               | 98.28        | 7                | 95.75        | 7              | 143.63       |
| B              | 24.91        | B               | 48.58        | B                | 47.33        | B              | 70.99        |
| C              | 23.16        | C               | 45.19        | C                | 44.03        | C              | 66.04        |
| D              | 26.06        | D               | 50.84        | D                | 49.53        | D              | 74.29        |
| E              | 27.23        | E               | 53.09        | E                | 51.73        | E              | 77.59        |
| F              | 28.96        | F               | 56.48        | F                | 55.03        | F              | 82.55        |
| G              | 29.54        | G               | 57.61        | G                | 56.13        | G              | 84.20        |
| H              | 30.13        | H               | 58.74        | H                | 57.23        | H              | 85.85        |
| I              | 31.28        | I               | 61.00        | I                | 59.43        | I              | 89.15        |
| J              | 31.86        | J               | 62.13        | J                | 60.53        | J              | 90.80        |
| K              | 32.44        | K               | 63.26        | K                | 61.63        | K              | 92.45        |
| L              | 33.60        | L               | 65.51        | L                | 63.83        | L              | 95.75        |
| M              | 35.91        | M               | 70.04        | M                | 68.24        | M              | 102.36       |
| N              | 37.08        | N               | 72.30        | N                | 70.44        | N              | 105.66       |
| O              | 37.65        | O               | 73.43        | O                | 71.54        | O              | 107.31       |
| P              | 38.23        | P               | 74.55        | P                | 72.64        | P              | 108.96       |
| Q              | 38.81        | Q               | 75.69        | Q                | 73.74        | Q              | 110.61       |
| R              | 39.39        | R               | 76.81        | R                | 74.84        | R              | 112.26       |
| S              | 40.55        | S               | 79.08        | S                | 77.04        | S              | 115.56       |
| T              | 41.13        | T               | 80.20        | T                | 78.14        | T              | 117.21       |
| U              | 41.70        | U               | 81.34        | U                | 79.24        | U              | 118.86       |
| V              | 42.29        | V               | 82.46        | V                | 80.34        | V              | 120.51       |
| W              | 42.86        | W               | 83.59        | W                | 81.44        | W              | 122.16       |
| X              | 43.44        | X               | 84.73        | X                | 82.54        | X              | 123.83       |
| Y              | 45.18        | Y               | 88.11        | Y                | 85.84        | Y              | 128.78       |
| Z              | 45.76        | Z               | 89.24        | Z                | 86.94        | Z              | 130.43       |

**Deductible:** \$50 for each person, each plan year (waived for preventive care)

**Annual Maximum Benefit:** \$1,000 for each person, each plan year

### How to calculate your premium

1. Refer to the "Dental Area Rate Code Table" at left to find the first three digits of your ZIP code (ZIP codes are listed by state).
2. Find the number or letter under the "Area Rate Code" column that applies to your ZIP code. That letter or number is your **Area Rate Code**.
3. Determine those you want to cover: yourself, both you and your spouse, you and one child or your entire family.
4. Look at the appropriate coverage box under the "Premium Cost Guide" above. Find your Area Rate Code to see your monthly premium cost.

**Please include a 3-month premium payment with your Enrollment Form.** Make your check payable to Selman & Company. Subsequent premium deductions will be taken as elected on the Enrollment Form.

### 30 Day Free Look

Once you receive your certificate of insurance, if you're not 100% satisfied within the first 30 days, simply return it and we'll send you a full refund of any premiums paid during that period and your certificate will be considered never issued. You will be under no further obligation.

**Underwritten By:** The United States Life Insurance Company in the City of New York A subsidiary of American International Group, Inc. (AIG) ([www.aigbenefitsolutions.com](http://www.aigbenefitsolutions.com)) New York, New York

The most prominent independent ratings agencies continue to recognize United States Life Insurance Company in terms of insurer financial strength. For current insurer financial strength ratings, please consult the Web site at: [www.aigbenefitsolutions.com/ratings](http://www.aigbenefitsolutions.com/ratings).

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. The enclosed materials are a brief description of coverage provided under Group Policy number V-227,754, Form number G-19000 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see your Certificate of Insurance for details. Coverage may or may not be available in all states.

**Group Insurance Administrator:** Selman & Company  
6110 Parkland Boulevard, Cleveland, OH 44124-4187  
877-665-7563

Group Dental Insurance offered to Addison Avenue Federal Credit Union members through Addison Avenue Financial Partners, the credit union's wholly-owned subsidiary.