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**EMPLOYEE BENEFIT SUMMARY**  
**PREPARED FOR THE EMPLOYEES OF**



*And its subsidiary;*



*Employee Manual*

**EFFECTIVE:**  
**Medical: July 1, 2010**  
**Dental: July 1, 2010**

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**THIS MEMORANDUM HAS BEEN PREPARED TO HELP YOU REVIEW THE KEY FACTORS THAT ARE ASSOCIATED WITH YOUR BENEFIT PLAN. THIS MEMORANDUM DOES NOT PROVIDE ALL OF THE CONTRACTUAL PROVISIONS, LIMITATIONS OR EXCLUSIONS INCLUDED IN YOUR POLICY AND SHOULD BE CONSIDERED ONLY AS A SUMMARY OF YOUR CURRENT BENEFITS. IF ANY DIFFERENCES EXIST BETWEEN THIS SUMMARY AND THE OFFICIAL CONTRACTS, THE CONTRACTS SHALL PREVAIL.**

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**TO: ALL BENEFIT ELIGIBLE EMPLOYEES OF YOUR MAN FRIDAY**

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Welcome to the annual employee benefits anniversary of our group insurance program. Please use this manual for your reference for our Medical, Dental, Vision, Life & AD&D and LTD policies. We are happy to announce that Benefit Design Services will continue to be our insurance broker. If you have any questions regarding our insurance plans they would be happy to assist you.

**KEY CONTACTS:**

**BENEFIT DESIGN SERVICES**

Customer Service

(425) 712-8244 or (866) 707-8777

**Or if you wish to contact the Insurance Carrier direct please call:**

**MEDICAL:**

▪ **Regence BlueShield**

**Group# 60007098**

Web Address

www.regence.com

Customer Service

(800) 458-3523

**DENTAL:**

▪ **Regence BlueShield**

**Group# 60007098**

Web Address

www.regence.com

Customer Service

(800) 458-3523

**VISION:**

▪ **Regence BlueShield**

**Group# 60007098**

Web Address

www.regence.com

Customer Service

(800) 458-3523

**LIFE & AD&D and LTD:**

▪ **AIG**

**Group# 47990L**

Web Address

www.aigcorporate.com

Customer Service

(877) 638-4244

▪ **Standard**

**Group# ST917839**

Web Address

www.standard.com

Customer Service

(800) 368-2859

## Regence Innova Unlimited Plan

Deductible: \$500

Coinsurance Maximum: \$2,000

Coinsurance: 80/60/60

Upfront Office Visit Copay: \$20/\$35

Pharmacy: \$5/\$25/\$50

### *Innova Plan*

Innova's features:

- \* Provider choice: Members have direct access to their choice of providers. Coinsurance levels are lower for Category 1 services; coinsurance levels are higher for Category 2 and 3 services; members may be responsible for provider costs above the Category 3 allowed amount.
- \* Upfront benefits (medical and preventative): The first 4, 6 or unlimited office visits per calendar year are not subject to the deductible (Category 1 and 2 only). In addition, the first \$400 of outpatient radiology and laboratory services per calendar year are not subject to the deductible.
- \* Additional benefits: Subsequent office visits, outpatient radiology and laboratory beyond the first \$400 per calendar year, and all other professional services are subject to member deductible and coinsurance levels as specified below.
- \* Preventive Care: Preventive exams including outpatient radiology and laboratory are included in the plan with no separate dollar maximum.

Lifetime Maximum Benefit	\$2,000,000
Calendar Year Deductible <small>Applies to all covered expenses except where noted</small>	Individual deductible per calendar year: \$500 Family deductible is three times the individual amount
Calendar Year Coinsurance Maximum <small>Applies to all covered expenses except where noted When the coinsurance maximum is reached, this plan provides benefits at 100% of the allowed amount for the remainder of the calendar year</small>	Individual coinsurance maximum per calendar year: \$2,000 Family coinsurance maximum is three times the individual amount

Covered Services	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-Contracted)  <small>Member may be responsible for any provider costs above the Category 3 allowed amount</small>
<b>Benefits will be provided at the percentage of the allowed amount as specified below, applied after deductible is met and until coinsurance maximum is reached</b>			
<b>Upfront Office Visits</b> <small>Unlimited upfront office visits per calendar year Not subject to deductible <b>Copay:</b> \$20 Category 1 / \$35 Category 2</small>	Category 1 Copay	Category 2 Copay	Not covered for upfront benefit
<b>Upfront Outpatient Radiology and Laboratory</b> <small>First \$400 per calendar year Not subject to deductible</small>	100%	100%	100%
<b>Other Professional Services</b> <small>Deductible applies after upfront benefit limits are met Office and inpatient services are supplies</small>			
<b>Other Outpatient Radiology and Laboratory</b> <small>Deductible applies after upfront benefit limits are met</small>	80%	60%	60%
<b>Hospital Services / Ambulatory Surgical Center</b> <small>Inpatient and outpatient services and supplies</small>			
<b>Maternity</b> (Subscriber and Spouse)			
<b>Emergency Room Services</b> <small>\$100 copay per ER visit (waived if directly admitted)</small>	80%	80%	80%
<b>Ambulance Services</b> <small>Air and ground ambulance to nearest facility</small>			
<b>Immunizations - Adult</b>	80%	60%	60%

Covered Services	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-Contracted)  Member may be responsible for any provider costs above the Category 3 allowed amount
<b>Benefits will be provided at the percentage of the allowed amount as specified below, applied after deductible is met and until coinsurance maximum is reached</b>			
<b>Immunizations - Childhood</b> Covered to age 18 Not subject to deductible	100%	100%	100%
<b>Genetic Testing</b> \$5,000 per lifetime maximum benefit (this limit does not apply to prenatal testing) Deductible applies after upfront benefit limits are met	80%	60%	60%
<b>Nutritional Counseling</b> Three visits per lifetime (this limit does not apply to deductible counseling)			
<b>Durable Medical Equipment</b> \$7,500 per calendar year maximum benefit (this limit does not apply to insulin pumps / supplies and lifesaving equipment such as oxygen and ventilators)			
<b>Orthotics</b> \$500 per calendar year maximum benefit (this limit does not apply to diabetic orthotics)			
<b>Prostheses</b> \$20,000 per calendar year maximum benefit for external prostheses (this does not apply to external breast prostheses)	80%	60%	60%
<b>Rehabilitation Services</b> Inpatient : \$25,000 per calendar year maximum benefit Outpatient: \$1,500 per calendar year maximum benefit			
<b>Neurodevelopmental Therapy</b> For children age 6 and under Inpatient and outpatient combined: \$1,500 per calendar year maximum benefit			
<b>Acupuncture</b> 12 visits per calendar year			
<b>Spinal Manipulation</b> 10 spinal manipulations per calendar year			
<b>Chemical Dependency</b> \$15,000 combined inpatient / outpatient maximum benefit every 2 calendar years			
<b>Home Health</b> 130 visits per calendar year			
<b>Hospice</b> 14 days inpatient / outpatient respite care per lifetime			
<b>Mental Health</b> Inpatient: 8 days per calendar year Outpatient: 12 visits per calendar year			
<b>Skilled Nursing Facility</b> 60 inpatient days per calendar year			
<b>Temporomandibular Joint Disorder (TMJ) Treatment</b> \$1,000 per calendar year maximum benefit	80%	60%	60%
<b>Transplants</b> Service and supplies to \$350,000 lifetime maximum benefit \$50,000 donor expense maximum benefit per transplant 6-month waiting period	80%	60%	60%

Prescription Medication Options	
<b>Prescription Medication Coverage</b>  Tiered plan design with three copay/coinsurance maximum options and three deductible options Generics: not subject to deductible Retail: 30-day supply per copay Mail order: 90-day supply (one copay per 30 day supply) Copays and coinsurance apply to the out-of-pocket maximum	<b>Prescription medication deductible per calendar year: \$0</b> (not applied to prescription medication out-of-pocket maximum) <b>Copay:</b> \$5 generic/\$25 brand-name formulary/\$50 brand-name nonformulary \$3,000 out-of-pocket maximum Member may be balance billed when nonparticipating pharmacy is used  If an equivalent generic medication is available and a brand-name is chosen, the member is responsible for paying the applicable brand-name copay/coinsurance plus the difference in the price between the equivalent generic medication and the brand-name medication not to exceed total retail cost.

Covered Services	Optional Benefits Available with Plan 80/60/60 Plan		
<b>Spinal Manipulations</b> Option with no benefit maximum	80%	60%	60%
<b>Vision</b> One routine eye exam per calendar year Hardware limited to \$150 per calendar year maximum benefit Not subject to deductible	100%		
<b>Optional Program</b>	<b>Employee Assistance Program (EAP)</b> No cost to the member for: Up to four face-to-face sessions per incident to manage stress or work-life balance situations. Legal and financial assistance 24/7 crisis line		

Additional Information	
<b>Waiting Periods</b>	No benefits are provided for treatment relating to a transplant until the member has been covered under this or a prior Regence plan with the same group for six consecutive months. There is a waiting period that must be met prior to benefits being available for pre-existing conditions; groups with 2-50 eligible employees have a nine-month pre-existing condition waiting period and groups with 51 or more eligible employees have a three-month pre-existing condition waiting period. Members may receive credit from prior medical coverage.
<b>Outside the Service Area</b>	Members have the security of knowing they can access Blue Cross and/or Blue Shield (Blue Plan) providers across the country and worldwide through the Blue Card Program. Plan benefits apply as described above, members may receive discounts on their services.
<b>General Exclusions</b> Coverage is not provided for any of the following, including direct complications or consequences that arise from:	<ul style="list-style-type: none"> <li>* <b>Cosmetic/Reconstructive Services and Supplies</b> except for reconstructive for functional injury and disease, to treat a congenital anomaly, and for breast reconstructive following a medically necessary mastectomy to the extent required by law</li> <li>* <b>Counseling</b> in the absence of illness</li> <li>* <b>Custodial Care:</b> Non-skilled care and helping with activities of daily living</li> <li>* <b>Dental Examinations and treatments</b></li> <li>* <b>Fees, Taxes, Interest:</b> Charges for shipping and handling, postage, interest, or finance charges that a provider might bill</li> <li>* <b>Government Programs:</b> Benefits that are covered, or would covered in the absence of this plan, by any federal law, state or governmental program.</li> <li>* <b>Infertility</b> except to the extent covered services are required to diagnose such condition</li> <li>* <b>Investigational Services:</b> Treatment or procedures (health interventions) and services, supplies, and accommodations provided in connection with investigational treatments or procedures</li> <li>* <b>Medications without a Prescription Order</b></li> <li>* <b>Military Services Related Conditions:</b> The treatment of any condition caused by or arising out of a members active participation in a war or insurrection or conditions incurred in or aggravated during performance in the Uniformed Services</li> <li>* <b>Motor Vehicle Coverage and Other Insurance Liability</b></li> <li>* <b>Non-Direct Patient Care</b> including appointments scheduled and not kept, charges for preparing medical reports, itemized bills or claim forms, and visits or consultations that are not in person, including telephone consultations and email exchanges</li> <li>* <b>Non-Duplication of Medicare:</b> Services and supplies to the extent payable under Medicare when by law, the plan would not be primary to Medicare when first eligible regardless of whether or not the member actually enrolled</li> </ul>

**Additional Information**

	<ul style="list-style-type: none"> <li>* <b>Obesity or Weight Reduction/Control:</b> Medical treatment, medication, surgical treatment (including reversals), programs, or supplies that are intended to result in or relate to weight reduction, regardless of diagnosis</li> <li>* <b>Orthognathic Surgery</b> except for congenital conditions, temporomandibular joint disorder, injury, and sleep apnea</li> <li>* <b>Personal Comfort Items:</b> Items that are primarily for comfort, convenience, cosmetics, environmental control, or education</li> <li>* <b>Physical Exercise Programs and Equipment</b> including hot tubs or membership fees at spas, health clubs, or other facilities, even if the program, equipment, or membership is recommended by the member's provider</li> <li>* <b>Private Nursing Duty</b> including ongoing shift care in home</li> <li>* <b>Riots, Rebellion and Illegal Acts:</b> Services and supplies for treatment of an illness, injury, or condition caused by a member's voluntary participation in a riot, invasion, or aggression, insurrection, or rebellion, sustained by a member while committing an illegal act or felony</li> <li>* <b>Routine Foot Care</b> including treatments of corns and calluses and trimming of nails</li> <li>* <b>Routine Hearing Care:</b> Routine hearing examinations, programs, or treatment for hearing loss including hearing aids (externally worn or surgically implanted) and the surgery and services necessary to implant them, except for cochlear implants</li> <li>* <b>Self-Help, Self-Care, Training, or Instructional Programs</b> including childbirth classes, diet and weight monitoring services and instruction programs, including those to learn how to stop smoking and programs that teach a person how to use durable medical equipment or how to care for a family member</li> <li>* <b>Services and Supplies Provided by a Member of Your Family</b></li> <li>* <b>Services and Supplies that are not Medically Necessary</b></li> <li>* <b>Services to Alter Refractive Character of the Eye</b></li> <li>* <b>Sexual Reassignment Treatment and Surgery:</b> Treatment, surgery, and counseling services for sexual reassignment</li> <li>* <b>Sexual Dysfunction:</b> Regardless of cause, except for counseling provided by covered, licensed mental health practitioners</li> <li>* <b>Third-Party Liability:</b> Services and supplies for treatment of illness or injury for which a third party is or may be responsible</li> <li>* <b>Tobacco Addiction Treatment</b> including supportive items for addiction to tobacco, tobacco products, or nicotine substitutes, including prescription medications</li> <li>* <b>Travel and Transportation Expenses</b> other than covered ambulance services</li> <li>* <b>Work-related conditions</b> except for subscribers who are owners, partners, or corporate officers and are exempt from state or federal workers' compensation law</li> </ul>
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This is a brief summary of benefits; it is not a certificate of coverage. All benefits must be medically necessary. For full coverage provisions, refer to the contract.

**Regence Expressions Dental Plan**

Deductible: \$50

Coinsurance Maximum: \$1,500

Coinsurance: 100/80/50

**Expressions Plan**

*\* This plan includes preventive and diagnostic services, as well as restorative and major services. After satisfaction of the deductible, this plan will provide payment for the services at the percentages listed below up to the calendar year maximum. Payment of benefits is based on a percentage of the allowed amount. Participating providers have agreed to accept the allowed amounts as payment for services. Services of a nonparticipating provider are paid based on a percentage of the allowed amount. The member will be responsible for any additional charges over the allowed amount.*

Dental Plan	Expressions Dental Plan
<b>Annual Deductible/Maximum</b>	\$50/ \$1,500
Deductible applies to all covered services except where noted.	
<b>Covered Services</b>	
<u>Preventive and Diagnostic Services</u> ~ Bitewing x-rays: 2 per calendar year ~ Complete intra-oral mouth x-rays: Once in a 3-year period ~ Cleanings: 2 per calendar year (in lieu of periodontal) ~ Oral examinations: 2 per calendar year ~ Panoramic mouth x-rays: Once in a 3-year period ~ Sealants (bicuspid and molars only): Under 18 years of age ~ Space Maintainers: Under 12 years of age ~ Topical fluoride application: Under 18 years of age, 2 treatments per calendar year	Regence pays 100%, the deductible does not apply
<b>Covered Services</b>	
<u>Basic and Restorative Services</u> ~ Endodontic services including root canal treatment, pulptomy and apicoectomy ~ Emergency treatment for pain relief ~ Fillings consisting of composite and amalgam restorations ~ General dental anesthesia or intravenous sedation (subject to necessity) ~ Uncomplicated and complex oral surgery procedures ~ Periodontal maintenance: 2 per calendar year (in lieu of preventive cleanings) ~ Periodontal debridement: Once in a 3-year period ~ Periodontal scaling and root planing: Once per quadrant in a 2-year period	Regence pays 80% after the deductible
<b>Covered Services</b>	
<u>Major Services</u> ~ Bridges: Once within a 7-year period after placement ~ Crowns, inlays and onlays: Once within a 7-year period after placement ~ Dentures (full and partial): Once within a 7-year period after placement ~ Implants (endosteal): 4 per member lifetime Temporomandibular Joint Disorder (TMJ)	Regence pays 50% after the deductible  \$1,000 calendar year maximum Deductible does not apply
<b>Optional Services</b>	
Orthodontia (for groups 26 and larger) Limited to under age 24	\$1,000 or \$1,500 lifetime maximum Regence pays 50%, deductible does not apply 12 month waiting period applies
<b>Program Included With All Plans</b>	The Regence Engine: members lead a healthier lifestyle and receive Regence Rewards_points redeemable for gift certificates to a wide variety of restaurants and retailers - when they participate in the Regence Engine's fitness, weight-loss and smoking cessation programs. Access the Regence Engine at <a href="http://www.myRegence.com">www.myRegence.com</a>

<b>Additional Information</b>
No benefits are provided for treatment of Orthodontia for a period of 12 months of consecutive coverage.
<b>Aesthetic Dental Procedures:</b> Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.
<b>Antimicrobial Agents:</b> Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.
<b>Collection of Cultures and Specimens</b>
<b>Condition Caused By Active Participation in a War or Insurrection:</b> The treatment of any condition caused by or arising out of a member's active participation in a war or insurrection.
<b>Condition Incurred In or Aggravated During Performances In the Uniformed Services:</b> The treatment of any member's condition that the Secretary of Veterans Affairs determined to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States.
<b>Connector Bar or Stress Breaker</b>
<b>Cosmetic/Reconstructive Services and Supplies</b> except for dentally appropriate services and supplies to treat a congenital anomaly and to restore a physical bodily function lost as result of injury or illness.
<b>Desensitizing:</b> Application of desensitizing medicaments or desensitizing resin for cervical and/or root surface.
<b>Diagnostic Casts or Study Models</b>
<b>Duplicate X-Rays</b>
<b>Expenses Before Coverage Begins or After Coverage Ends:</b> Services and supplies incurred before your effective date under the contract or after your termination under the contract except as may be provided under the other continuation options of the
<b>Facility Charges:</b> Services and supplies provided in connection with facility services, including hospitalization for dentistry and extended-care facility visits.
<b>Fees, Taxes, Interest:</b> Charges for shipping and handling, postage, interest or finance charges that a dentist might bill.
<b>Fractures of the Mandible:</b> Services and supplies in connection with the treatment of simple or compound fractures of the
<b>Gold-Foil Restorations</b>
<b>Government Programs:</b> Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or government program.
<b>Home Visits</b>
<b>Implants:</b> Services and supplies provided in connection with implants, whether or not the implant itself is covered.
<b>Investigational Services:</b> Investigational treatment or procedures (health interventions) and services, supplies and accommodation provided in connection with investigational treatments or procedures (health interventions).
<b>Medication and Supplies</b> including take home drugs, pre-medications, therapeutic drug injections and supplies.
<b>Motor Vehicle Coverage and Other Insurance Liability</b>
<b>Nitrous Oxide</b>
<b>Non-Direct Patient Care</b> including appointments scheduled and not kept, charges for preparing medical reports and visits or consultants that are not in person, including telephone consultations and email exchanges.
<b>Non-Duplication of Medicare:</b> When by law, this coverage would not be primary to Medicare had you properly enrolled in Medicare when first eligible, benefits will be reduced to the extent that those benefits are or would have been provided by any part of Medicare, regardless of whether or not you choose to accept those benefits.
<b>Occlusal Treatment:</b> Services and supplies provided in connection with dental occlusion, including occlusal analysis, adjustments and occlusal guards.
<b>Oral Hygiene Instructions</b>
<b>Oral Surgery</b> treating any fractured jaw and orthognathic surgery. By orthognathic surgery, we mean surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities performed to restore the proper anatomical and functional relationship of the facial bones.
<b>Orthodontic Dental Services</b> including correction of malocclusion, craniomandibular orthopedic treatment, other orthodontic treatment, preventive orthodontic procedures and procedures for tooth movement, regardless of purpose. Unless optional orthodontia coverage is selected.
<b>Personal Comfort Items:</b> Items that are primarily used for personal comfort or convenience, contentment, personal hygiene, aesthetics or other non therapeutic purposes.
<b>Photographic Images</b>
<b>Pin Retention in Addition to Restoration</b>
<b>Precision Attachments</b>
<b>Prosthesis</b> including maxillofacial prosthetic procedures and modification of removable prosthesis following implant surgery.
<b>Provisional Splinting</b>
<b>Replacements:</b> Services and supplies provided in connection with the replacement of any dental appliance (including, but not limited to, dentures and retainers), whether lost, stolen, or broken.
<b>Riot, Rebellion and Illegal Acts:</b> Services and supplies for treatment of an illness, injury or condition caused by a member's voluntary participation in a riot, armed invasion, aggression, insurrection or rebellion or sustained by a member arising directly from an act deemed illegal by an officer or a court of law.
<b>Self-Help, Self-Care, Training or Instructional Programs</b>
<b>Separate Charges:</b> Services and supplies that may be billed as separate charges (these are considered inclusive of the billed procedure) including any supplies, local anesthesia and sterilization.
<b>Services and Supplies Provided by a Member of Your Family</b>
<b>Services Performed in a Laboratory</b>
sample collection or brush biopsy; incision and drainage of abscess extraoral soft tissue, complicated or non-complicated; racial resection of maxilla or mandible; removal of nonodontogenic cyst, tumor or lesion; surgical stent and surgical procedures for isolation of a tooth with rubber dam.
<b>Temporomandibular Joint (TMJ) Dysfunction Treatment:</b> Unless optional TMJ coverage is selected.
<b>Third-Party Liability:</b> Services and supplies for treatment of illness or injury for which a third party is or may be responsible.
<b>Tooth Transplantation:</b> Services and supplies provided in connection with tooth transplantation, including reimplantation from on site to another and splinting and/or stabilization.
<b>Travel and Transportation Expenses</b>
<b>Work-Related Conditions:</b> Expenses for services and supplies incurred as a result of any work related injury or illness, including any claims that are resolved related to a disputed claim settlement. The only exception is if an enrolled employee is exempt from state or federal worker's compensation law.

## Vision Benefits

This explanation includes information about Maximum Benefits, Covered Services and payment. Covered Services are those services required for the diagnosis or correction of visual acuity and must be rendered by a Physician or Optometrist practicing within the scope of his or her license.

### VISION EXAMINATION

Category: 1	Category: 2	Category: 3
<b>Provider: Preferred</b>	<b>Provider: Participating</b>	<b>Provider: Nonparticipating</b>
<b>Payment:</b> We pay 100% of the Allowed Amount	<b>Payment:</b> We pay 100% of the Allowed Amount	<b>Payment:</b> We pay 100% of the Allowed Amount and you pay balance of billed charges.
<b>Limit:</b> one routine eye examination per Member per Calendar Year		

We cover one routine vision examination; not subject to the Deductible.

### VISION HARDWARE

Category: 1	Category: 2	Category: 3
<b>Provider: Preferred</b>	<b>Provider: Participating</b>	<b>Provider: Nonparticipating</b>
<b>Payment:</b> We pay 100%	<b>Payment:</b> We pay 100%	<b>Payment:</b> We pay 100%
<b>Limit:</b> \$150 per Member per Calendar Year		

We cover hardware including frames, contacts and all lenses and tints; not subject to the Deductible. Separate charges for fittings will not be covered under the contract.



# AIG Group Products Guide

We proudly offer our robust selection of employee benefits products and services, each carefully designed to balance your needs with the needs of your employees and their families. These products, whether employer-funded or voluntary, will bring long-lasting value — and desirability — to your benefits program.

## AIG Employee Benefits

These products are available in numerous states.

<b>Life and Accidental Death and Dismemberment</b>	<ul style="list-style-type: none"><li>• Employee maximum benefit — \$100,000 or 5 times salary</li><li>• Dependent coverage for spouse and children — children covered from live birth</li><li>• Waiver of premium option — no payment due if employee is disabled</li><li>• Accelerated death benefits include terminal illness, cognitive impairment and the inability to perform one or more Activities of Daily Living (ADL)</li><li>• AD&amp;D benefits include seatbelt and airbag benefit — \$10,000 each</li></ul>	<ul style="list-style-type: none"><li>• Definition of loss increased to 365 days</li><li>• Domestic partner coverage available</li><li>• AD&amp;D features include repatriation of remains, tuition benefits, paralysis coverage and common carrier benefits</li><li>• Employer has option to offer employees our employee-paid Supplemental Life and AD&amp;D coverage</li><li>• Instant Access Accounts<sup>1</sup> give beneficiaries control during a difficult time</li><li>• My Life Values<sup>SM</sup> online life enhancement services<sup>1</sup></li><li>• AIG Travel Assist<sup>1</sup> — travel assistance services</li></ul>
<b>Short-term Disability</b>	<ul style="list-style-type: none"><li>• 60% of basic weekly pay with lower benefit options for budget savings</li><li>• Up to \$1,000 maximum weekly benefit</li><li>• Seven-day sickness and injury elimination period</li><li>• Rehabilitative employment program</li></ul>	<ul style="list-style-type: none"><li>• Maternity covered as any other sickness, with pre-existing conditions</li><li>• Plans available in CA, NJ, NY and RI to supplement state plans</li><li>• My Life Values<sup>SM</sup> online life enhancement services<sup>1</sup></li></ul>
<b>Long-term Disability</b>	<ul style="list-style-type: none"><li>• Maximum of 60% of basic monthly pay to \$6,000</li><li>• Choice of 90- or 180-day elimination period</li><li>• Rehabilitative employment program</li><li>• Catastrophic disability benefit and duration options</li><li>• Workplace modification up to \$10,000</li></ul>	<ul style="list-style-type: none"><li>• Choice of 90- or 180-day elimination period</li><li>• Maximum benefit period to age 65</li><li>• Partial disability benefit options</li><li>• My Life Values<sup>SM</sup> online life enhancement services<sup>1</sup></li><li>• 24-month mental, nervous, drug and alcohol limit</li></ul>
<b>Dental</b>	<p><b>AIG Group PPO Dental</b></p> <ul style="list-style-type: none"><li>• Employees have their choice of any dental professionals — no restrictions</li><li>• Plan features the AIG National Dental Network<sup>SM</sup>, with dentists at more than 59,000 locations nationwide<sup>2</sup></li></ul> <p><b>AIG Group Indemnity Dental</b></p> <ul style="list-style-type: none"><li>• Employees have their choice of any dental professional — no restrictions</li><li>• Deductible is waived for charges due to an accident</li><li>• Takeover benefits available</li></ul> <p><b>AIG Group Discount Dental<sup>SM</sup></b></p> <ul style="list-style-type: none"><li>• Voluntary — no minimum participation, no cost to employers</li><li>• Exceptionally easy administration</li><li>• More than 24,000 dentists nationwide available within the network</li></ul>	<ul style="list-style-type: none"><li>• Deductible is waived for charges due to an accident</li><li>• \$300 Supplemental Accident Benefit option</li><li>• Takeover benefits available</li><li>• Deductible waived for in-network Preventive care</li><li>• Deductible may be waived for Preventive care</li><li>• Plan features the AIG National Dental Network<sup>SM</sup> on a "Passive PPO" basis, with dentists at more than 59,000 locations nationwide<sup>2</sup></li><li>• No limit on program usage</li><li>• Preventive care at low cost</li><li>• Online provider search</li><li>• Acceptance is guaranteed</li></ul> <p><i>Note: This program provides discounts only and is NOT insurance.</i></p>
<b>Vision</b>	<ul style="list-style-type: none"><li>• AIG Group Vision program brings access to more than 25,000 independent and retail providers, including optometrists, ophthalmologists and opticians</li><li>• More than 12,600 locations across the country including LensCrafters<sup>®</sup></li><li>• 100% coverage on annual exams in-network</li></ul>	<ul style="list-style-type: none"><li>• Out-of-network provision allows plan members to use any provider they choose</li><li>• Replacement contact lens by mail program</li><li>• Discount on LASIK and PRK</li><li>• Choose from any frame, including popular designer frame brands</li></ul>
<b>Voluntary Plans</b>	<p>Our voluntary plans offer budget-friendly benefit solutions for employers and quality protection for employees. Voluntary plans are available for Life, AD&amp;D, Short-term and Long-term Disability, Dental and Vision.</p> <ul style="list-style-type: none"><li>• No minimum participation requirements for Life, AD&amp;D, Short-term and Long-term Disability plans</li><li>• Voluntary AD&amp;D plans available with or Life or as a standalone plan</li></ul>	<ul style="list-style-type: none"><li>• Voluntary Vision plans available for groups of 10 lives and up</li><li>• Voluntary Discount<sup>1</sup>, PPO and Indemnity Dental plans available for groups of 25 lives and up</li></ul>

<sup>1</sup>Not insurance products

<sup>2</sup>The dental network described above is administered by Dental Benefit Providers, Inc. (DBP)

# The United States Life Insurance Company in the City of New York

These products are available in states where the AIG product is not yet approved.

<b>Group Term Life and Accidental Death and Dismemberment</b>	<ul style="list-style-type: none"><li>• High issue amounts</li><li>• AD&amp;D coverage with seatbelt benefit</li><li>• Waiver of premium for disability</li><li>• Instant Access Accounts<sup>1</sup></li><li>• AIG Travel Assist<sup>1</sup> — travel assistance services</li></ul>	<ul style="list-style-type: none"><li>• My Life Values<sup>SM</sup> online life enhancement services<sup>1</sup></li><li>• Dependent life option — children covered from live birth</li><li>• Includes accelerated benefits — 75% to \$250,000</li></ul>
<b>Short-term Disability</b>	<ul style="list-style-type: none"><li>• 60% of basic weekly pay</li><li>• \$1,000 maximum weekly benefit</li><li>• My Life Values<sup>SM</sup> online life enhancement services<sup>1</sup></li><li>• 13-, 26- or 52-week benefit duration</li></ul>	<ul style="list-style-type: none"><li>• Five-day actively-at-work requirement</li><li>• Zero-day accident/seven-day sickness elimination period</li><li>• Can supplement state plans in CA, NJ, NY and RI</li></ul>
<b>Long-term Disability</b>	<ul style="list-style-type: none"><li>• Maximum of 60% of basic monthly pay to \$6,000</li><li>• Choice of 90- or 180-day elimination period</li><li>• My Life Values<sup>SM</sup> online life enhancement services<sup>1</sup></li><li>• Maximum benefit period to age 65</li><li>• 24-month own occupation period</li></ul>	<ul style="list-style-type: none"><li>• Rehabilitation services included</li><li>• 12-month mental, nervous, drug and alcohol limit</li><li>• Family integration</li><li>• Claims management services included</li><li>• Executive carve out available</li></ul>
<b>Dental</b>	<p><b>The TruDent Dental Plan<sup>®</sup> (2 to 9 lives) featuring AIG National Dental Network<sup>2</sup></b></p> <ul style="list-style-type: none"><li>• \$50 deductible is waived for in-network Preventive care</li><li>• \$1,000 or \$1,500 maximum</li><li>• MAC or R&amp;C out of network</li></ul> <p><b>Indemnity Dental Plan — an R&amp;C plan whereby employees can use any dentist</b></p> <ul style="list-style-type: none"><li>• Choice of three plans</li><li>• Oral surgery covered under Basic services</li><li>• Endo and perio covered under Major services</li></ul> <p><b>AIG Group Discount Dental<sup>SM</sup></b></p> <ul style="list-style-type: none"><li>• Voluntary — no minimum participation, no cost to employers</li><li>• Exceptionally easy administration</li><li>• More than 24,000 dentists nationwide available within the network</li></ul>	<ul style="list-style-type: none"><li>• Plan features the AIG National Dental Network<sup>SM</sup>, with dentists at more than 59,000 locations nationwide<sup>2</sup></li><li>• Takeover benefits available</li><li>• Takeover benefits available</li><li>• No rate loading by age or gender</li><li>• No limit on program usage</li><li>• Preventive care at low cost</li><li>• Online provider search</li><li>• Acceptance is guaranteed</li></ul> <p><i>Note: This program provides discounts only and is NOT insurance.</i></p>
<b>Vision</b>	<ul style="list-style-type: none"><li>• Our vision program brings access to more than 25,000 independent and retail providers, including optometrists, ophthalmologists and opticians</li><li>• More than 12,600 locations across the country including LensCrafters<sup>®</sup></li><li>• 100% coverage on annual exams in-network</li></ul>	<ul style="list-style-type: none"><li>• Out-of-network provision allows plan members to use any provider they choose</li><li>• Replacement contact lens by mail program</li><li>• Discount on LASIK and PRK</li><li>• Choose from any frame, including popular designer frame brands</li></ul>
<b>Voluntary Plans</b>	<p>Our voluntary plans offer budget-friendly benefit solutions for employers and quality protection for employees. Voluntary plans are available for Life, AD&amp;D, Short-term and Long-term Disability, Dental and Vision.</p> <ul style="list-style-type: none"><li>• No minimum participation requirements for Life, AD&amp;D, Short-term and Long-term Disability plans</li><li>• Voluntary AD&amp;D plans available with or Life or as a standalone plan</li></ul>	<ul style="list-style-type: none"><li>• Voluntary Vision plans available for groups of 10 lives and up</li><li>• Voluntary Discount<sup>1</sup>, PPO and Indemnity Dental plans available for groups of 25 lives and up</li></ul>
<b>ProtectNow<sup>SM</sup> Plans</b>	<ul style="list-style-type: none"><li>• Designed specifically for the under-served labor and service industries</li><li>• Provides combined Term Life, AD&amp;D and Disability coverage on a guarantee issue basis</li></ul>	<ul style="list-style-type: none"><li>• Employer-funded and voluntary plans available</li><li>• Streamlined implementation</li><li>• Smooth program administration</li></ul>

<sup>1</sup>Not insurance products

<sup>2</sup>The dental network described above is administered by Dental Benefit Providers, Inc. (DBP)

For more information on AIG Group Employee Benefits plans, please contact your AIG Sales Representative, Agent or Broker.



Employee Benefits products underwritten by:

**AIG Life Insurance Company\***  
Wilmington, DE

**American International Life Assurance Company of New York**  
New York, NY

**The United States Life Insurance Company in the City of New York**  
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This brochure is a summary only of products and services offered. Actual offerings may vary by group size and by state. All products are subject to the terms, conditions and limitations of the policy. Please see policy and certificate for details.

An employer-funded program may be funded 100 percent by the employer or a combination of both employer and employee funding.

Policy form series numbers: G-LAD-40000, G-DIS-41000, G-DEN-42000, G-VIS-43000 and G-19000.

\* AIG Life Insurance Company does not solicit business in the state of New York.

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