

# REAGIT Group Dental Insurance

*Right coverage, right now!*

Underwritten by The United States Life Company in the City of New York

## Why Purchase Dental Insurance Through Real Estate Appraisers Group Insurance Trust (REAGIT)?

With REAGIT Group Dental Insurance for Appraisal Institute Members, you receive the following benefits to help you maintain your dental health:

- Choose from two affordable plans
- Your choice of dentist
- Preventive care begins right away
- No deductible for preventive care
- Broad range of benefits
- Economical group rates for Appraisal Institute Members
- Easy enrollment

## How Does the Plan Work?

**Plan 1** has a lower deductible, shorter waiting periods, and higher-level coinsurance benefits for certain dental services. Monthly premiums are higher, but you get more protection against out-of-pocket expenses for dental services.

**Plan 2** has a higher annual deductible, longer waiting periods, and lower coinsurance benefits for certain dental services. Monthly premiums are lower because you are paying more out-of-pocket expenses for your dental services.

## What are the Plans' Features?

### Preventive Coverage Begins at Day One

REAGIT Group Dental Insurance offers first-day coverage for routine exams, X-rays, fluoride treatments, and space maintainers.

### Freedom to Choose Your Own Dentist

REAGIT Group Dental Insurance offers a vast Preferred Provider Network for optimal benefits, but you can choose any dentist you'd like! Benefits are paid based on the fee schedule that has been agreed upon by all network providers; charges in excess of the fee schedule maximums will not be covered. (Fee schedule means an allowable charge that has been contracted between the PPO and the Participating Provider.)

## Low Annual Deductibles

**Plan 1:** Deductible is \$50 per insured person, with a maximum deductible of \$150 paid per family per calendar year.

**Plan 2:** Deductible is \$75 per insured person, with maximum of \$225 paid per family per calendar year.

## What Are the Benefits Included in Each Plan?

### Preventive Care:

**Plan 1\*** — pays 100% from the first day of coverage; no waiting period

**Plan 2\*** — pays 100% from the first day of coverage; no waiting period

- Exams
- Cleanings
- X-rays
- Fluoride
- Space Maintainers

### Basic Care:

**Plan 1\*** — pays 60% in the first 12 months (after waiting period), 70% in the second 12 months, and 80% thereafter; 6-month waiting period

**Plan 2\*** — pays 50%; 6-month waiting period

- Fillings
- Oral Surgery
- Extractions
- Periodontics
- Endodontics

### Major Care:

**Plan 1\*** — pays 50%; 12-month waiting period

**Plan 2\*** — pays 50%; 18-month waiting period

- Crowns
- Bridges
- Dentures

\$1,000 per person annual maximum

## REAGIT Group Dental Insurance Monthly Premium Rates

	Plan 1 (High Option)	Plan 2 (Low Option)
Member	\$31.76	\$24.35
Member & Family	\$90.11	\$69.10

Payments are made monthly, in advance. You may also choose to pay your premiums every 3, 6, or 12 months.

Above is the base rate for the REAGIT Group Dental Insurance Plan. For area-specific rates, please multiple these rates by the following Area Factors:

Area	Area Factor
AR, IA, KY, NE, ND, OK, SD, UT, WV, WY:	1.00
AL, FL (except 330–334), ID, IL (except 600–606), KS, LA, MI, MS, MO, MT, NM, NY (120–149), NC, OH, PA (except 189–194), SC, TN, TX, VA, WI:	1.07
AZ, CO, GA, IL (600–606), IN, ME, MD, MA (010–016); MN, NH, NJ (077, 080-087); OR, PA (189-194), RI, VT:	1.13
AK, CA (919–935, 952–961), CT, DE, DC, FL (330–334), HI, MA (except 010–016), NV, NJ (except 077, 080–087), NY (100–119), WA:	1.26
CA (all other)	1.40

## What More Should I Know?

### Eligibility

You are eligible to enroll if you are a member and are actively at work for at least 30 hours a week.

You may also enroll your lawful spouse and/or unmarried children, stepchildren and adopted children who you support and who are under age 19 (age 25 if a full-time student).

### Calendar Year Maximum

The maximum amount this insurance will pay for all Eligible Dental Expenses in any calendar year is \$1,000 per person for all covered services.

### Covered Charges

All covered dental services must be provided by or under the direct supervision of a dentist. Charges must be incurred while you are insured under this dental plan in order to be covered. A covered charge is considered incurred on the following dates:

#### FULL AND PARTIAL DENTURES

- on the date the master impression is made.

#### FIXED BRIDGES, CROWNS, CAST RESTORATIONS

- on the date the teeth are first prepared.

#### ROOT CANALS

- on the date the pulp chamber is opened.

#### ALL OTHER SERVICES

- on the date the service is performed.

A complete description of covered dental services is provided in the Certificate of Insurance.

### Eligible Expenses

Expenses must be incurred while the group policy is in force and the person is covered by the policy. To be an eligible expense, the dental service must be performed by a dentist who is properly licensed or certified under the laws of the state in which he practices to:

- render dental services;
- perform dental surgery; or
- administer anesthetics (or fluids and blood incident to anesthesia) for dental surgery.

Such person must act within the scope of his license or certificate.

### Coverage Period

Your dental coverage will become effective on the first day of the calendar quarter after your enrollment form has been received (January 1, April 1, July 1, or October 1 only).

This coverage will end on the earliest of the following dates:

- when the premium is not paid when due;
- when you no longer meet the eligibility requirements;
- when your spouse is no longer your legal spouse;
- when you are no longer actively at work;
- the date your child is no longer your dependent; or
- when the group policy ends.

### Other Coverage

The benefits of this plan will be reduced by the benefits payable for the same charge under Medicare or a Medical Plan issued by United States Life. If a person is insured under any other medical or dental plan, the Coordination of Benefits provision of the group policy may apply.

### Premium for Changes in Insurance

Premium rates are subject to change. If rate change is to occur, United States Life will notify the policyholder in writing at least 60 days prior to such change.

The new premium will apply only to premiums due on or after the date the rate change takes effect.

## Exclusions and Limitations

No dental care benefits will be paid by the group policy for charges incurred for treatment which:

1. is given after a person's insurance ends, regardless of when the injury or sickness occurred.

However, dental benefits may be provided in the Benefits After Insurance Ends provision of a given benefit section.

2. is not essential for the necessary care or treatment of the injury or sickness involved.

NECESSARY CARE OR TREATMENT means care, treatment, services, or supplies which are:

- recommended, approved, or certified by a dentist as necessary and reasonable, and
- commonly viewed by the American Dental Association as being proper treatment.

*Necessary care or treatment* **does not mean** care, treatment, services, or supplies which are:

- to train a person for a job or to educate him or her, or
- experimental in nature.

3. would be given free of charge if the person was not insured. However, dental benefits will be paid for covered charges incurred by a state for medical assistance to an insured person under Title XIX of the Social Security Act of 1965.
4. results from a war or an act of war.
5. results from intentionally self-inflicted injury.
6. is given by a person's spouse or spouse's father, mother, son, daughter, brother, or sister.
7. is given by a person's employer or an employee of such employer.
8. a person is entitled to benefits from a workers' compensation or similar law.
9. is a prosthetic device to replace teeth lost before the person is insured under the group policy.

Charges for the following services or devices will not be covered:

1. Oral hygiene, unless used in a dentist's office, plaque control, or diet instruction.
2. Topical sealants.
3. Precision attachments.
4. Treatment which:
  - does not meet accepted standards of dental practice; or
  - is experimental in nature.
5. Orthodontic services.

6. Appliances or prosthetic devices used to:
  - change vertical dimension;
  - restore or maintain occlusion;
  - 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.
7. Cosmetic services including but not limited to:
  - characterizing and personalizing prosthetic devices, or
  - making facings on prosthetic devices for any tooth in back of the second bicuspid.
8. Replacement of an appliance or prosthetic device unless:
  - the appliance or device is at least 5 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.
9. Replacement of a lost, stolen or missing appliance or prosthetic device.
10. Making a spare appliance or device.
11. Services or devices for which no charge is made.

The certificate of insurance includes a complete list of limitations and exclusions.

*The REAGIT Group Dental Insurance Plans Are Underwritten By:*  
**The United States Life Insurance Company in the City of New York**

For complete plan details, please contact the Plan Administrator, Pearl Insurance, at 1.800.222.9958.

## How Do I Apply?

Before you request coverage, you must be a member in good standing with Appraisal Institute. To apply, please download the application, choose the plan you would like, then fax your completed application toll-free to 1.866.817.9009 or send via mail to:

### REAGIT Group Insurance Program Administrator

1200 East Glen Avenue  
Peoria Heights, IL 61616-5348

Marketed and Administered By:

**P E A R L**  
**INSURANCE**

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*This is a summary of benefits only and is subject to the terms, conditions, and limitations of Group Policy V-233,612, form No. G-19000/19001. Coverage may vary and may not be available in all states.*