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**4. RATE and BILLING OPTIONS** — Please check one:

Please select the type of coverage you would like. Enclose a check for the rate selected and mail it with this Enrollment Form to Mercer Consumer. Even if you select Automatic Check Withdrawal, you are required to send a check for your first month's premium along with a blank voided check.

- Member Only Coverage                       Member and Spouse/Domestic Partner  
 Member + 1 Dependent Coverage         Family Coverage — including Member, Spouse/Domestic Partner and Child(ren)  
 Gold Option     Silver Option                       With Orthodontics     Without Orthodontics
- 

**5. PLEASE READ SIGN AND DATE.**

I hereby enroll with The United States Life Insurance Company in the City of New York for coverage under ASME Group Dental Indemnity Plan. I have read and understand the conditions and exclusions of the program. I understand that the insurance applied for shall become effective on the first day of the month after receipt and acceptance of my Enrollment Form and first premium payment. I represent that to the best of my knowledge and belief all statements and answers recorded above are true and complete.

**IMPORTANT NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime. (Fraud provisions vary by state.)

**Member's Signature X** \_\_\_\_\_ **Date X** \_\_\_\_\_



**AUTOMATIC CHECK WITHDRAWAL REQUEST:** By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

**Checking Account**

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

**Signature of Premium Payer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# ASME Group Dental Indemnity Insurance Plan



## Currently authorized on a guaranteed acceptance basis for ASME Members & families

- Covers more than 150 different types of dental services
- See the dentist you prefer
- No referrals needed
- Discounted group rates help keep costs down

## Welcome to the exclusive ASME member benefit that helps insulate your wallet against pricey dental bills.

**YOU CHOOSE:** Benefits paid directly to you or your dentist.

Preventive Services, Like Exams, Cleanings and X-rays	COVERED
Fillings, Removal of Chipped or Damaged Teeth, Crowns and Bridges	COVERED
Oral Surgery and Root Canals	COVERED
Dentures, Braces for Children and Much More!	COVERED

**IMPORTANT:** Benefits paid for more than 150 different types of dental services.

As an ASME Member, you are currently guaranteed acceptance in this all-new program that helps pay some of your most expensive dental bills . . . for annual exams, fillings, oral surgery and much more.

## ASME MEMBER: You're Now Invited To Activate This All-New Benefit Based On Your Member Status

**Q. Dental problems run in my family. Can I be turned down for this plan?**

A. Absolutely not. As an ASME Member, you are guaranteed acceptance. You cannot be turned down for this ASME benefit. You will not need to provide an extensive history of past dental treatments. You will not answer lengthy questions to "prove" you qualify. This exclusive entitlement is yours for the asking.

**Q. Who can enroll in this ASME benefit?**

A. Your status as an ASME Member under age 65 means you are guaranteed the right to enroll in full benefits under the ASME Dental Indemnity Plan.

Plus, your lawful spouse under age 65 and unmarried dependent children under age 19 (age 25 if a full-time student) are also guaranteed acceptance when they enroll in this plan (subject to state variations).

**Q. I've heard of other plans that mainly offer discounts to participating dentists. Is this one of those plans?**

A. Not at all. The Dental Indemnity Plan for ASME Members helps protect your budget against expensive dental bills with important benefits paid whenever you or a covered family member see the dentist. More than 150 different types of dental services are covered ranging from preventive services, like exams, cleanings and X-rays, all the way up to major treatments, like root canals, dentures and oral surgeries.

**Q. My family has used the same dentist for several years. How can I make sure he accepts Dental Indemnity Plan?**

A. You don't need to worry about it. You are completely free to see any dentist you prefer-whether it's a family dentist you've known for years or a highly respected specialist to handle a major dental issue.

Plus, as a way to help keep costs down, you can participate in the voluntary SmileMax network. With over 140,000 dentists in the program, you can cut your dental bills just by using a SmileMax dentist near you. So you have the best of both worlds: Freedom to see any dentist you choose or an option to take your dental bills even lower.

**Q. Will I need to meet a deductible before benefits start?**

A. Preventive services like cleanings, oral exams and X-rays are covered right away under Dental Indemnity. As part of ASME's continuing goal to hold costs to a minimum, a \$50 calendar-year deductible per person applies to dental exams, emergency dental treatments, fluoride treatments and bitewing x-rays. A \$100 deductible per person applies to other types of dental treatments for each calendar year.

(The family deductible is capped at \$150 per calendar year for Type I and \$300 per calendar year for Type II and III combined.)

Based on your ASME membership, you cannot be turned down.

**Q. So can I really sign up and then take my family for an annual dental exam right away?**

A. Yes. There is no waiting period for: cleanings, fluoride treatments, X-rays, exams and emergency treatments to alleviate pain. There is a six month waiting period for: sealants, basic diagnostic and restorative care along with oral surgery. For services such as major restorative, endodontic, periodontic and prosthodontic services the waiting period varies between 12 and 18 months.

**Q. How are benefit payments determined?**

A. Once you meet any applicable deductibles, Dental Indemnity helps pay your dental bills with benefits based on the reasonable and customary charges for your dental care.

Plus, you can customize your level of coverage to your family budget because Dental Indemnity includes two benefit options: Gold and Silver. Each plan covers exactly the same types of dental care. The difference is the amount of coverage for certain types of dental care.

Calendar Year Maximum Benefits is \$1,500 per person for all covered services and \$500 per person for all eligible Orthodontic services, if elected. There is a Lifetime Maximum of \$1,000 for Orthodontic services, if elected.

	Gold Option	Silver Option
<b>Type I</b> —Preventative (dental exams, emergency treatments, fluoride treatments, bitewing x-rays)	100%	100%
<b>Type II</b> —Basic (fillings, amalgams to repair broken teeth, oral surgery, anesthesia, extractions)	80%	50%
<b>Type III</b> —Major dental services (root canals, Bridges, crowns, inlays, dentures)	50%	50%
<b>Type IV</b> —Orthodontia	50%	50%

More than 150 different types of dental treatments are covered with benefits paid according to the Schedule of Dental Services, which is detailed in the Certificate of Insurance you will receive.

**Q. With today’s economy, I want to keep costs down. How much does Dental Indemnity cost?**

A. Dental Indemnity starts out with money-saving group rates negotiated through the group buying power of ASME’s members. Then, you can take your costs even lower by choosing coverage through the economical Dental Indemnity Silver plan option. Of course, because this is a group plan, rates cannot be changed unless they are changed for the entire group.

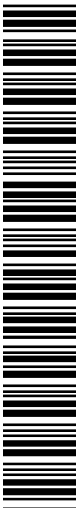
Discounted group rates stay the same—no matter what your age.

**Q. How soon can my Dental Indemnity benefits start?**

A. Everything you need to confirm your ASME dental entitlement is included in this packet. Please fill out your Enrollment Form and mail it along with a check for your first quarterly premium in the enclosed postage-paid envelope. Benefits will start on the first of the month after acceptance of your Enrollment Form and first premium payment. Your benefits can stay in force as long as you pay your premiums on time, insurance does not end for your class and the Master Policy remains in effect with United States Life and ASME. Coverage for your spouse and dependent children, if enrolled, will end when your insurance ends, if dependent’s insurance ends under the group policy, on the date the person stops being your dependent or when the last premium has been paid for that person.

Rates are based upon the state you live in. Monthly Premium High Option Plan Without Orthodontics				
	Member Only	Member and Spouse	Member and Child	Full Family
ND, SC, SD	\$29.21	\$55.79	\$46.71	\$83.03
AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY	\$32.80	\$62.68	\$52.46	\$93.28
HI, IN, KS, ME, MN, MO, MT, NM, OH, OK, TN, VT	\$36.03	\$68.88	\$57.66	\$102.51
AZ, CO, DE, IL, NV, PA, RI	\$39.30	\$75.08	\$62.86	\$111.71
DC, FL, MA, MI, NJ, TX, VA	\$42.88	\$81.97	\$68.60	\$121.98
AK, CA, CT, WA	\$46.13	\$88.16	\$73.80	\$131.21
NY	\$50.44	\$96.42	\$80.71	\$143.52

Rates are based upon the state you live in. Monthly Premium Low Option Plan Without Orthodontics				
	Member Only	Member and Spouse	Member and Child	Full Family
ND, SC, SD	\$22.30	\$44.72	\$36.14	\$63.55
AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY	\$25.09	\$50.27	\$40.63	\$71.39
HI, IN, KS, ME, MN, MO, MT, NM, OH, OK, TN, VT	\$27.54	\$55.23	\$44.57	\$78.41
AZ, CO, DE, IL, NV, PA, RI	\$30.01	\$60.19	\$48.62	\$85.50
DC, FL, MA, MI, NJ, TX, VA	\$32.76	\$65.69	\$53.06	\$93.34
AK, CA, CT, WA	\$35.25	\$70.66	\$57.07	\$100.38
NY	\$38.55	\$77.29	\$62.44	\$109.81



<b>Rates are based upon the state you live in. Monthly Premium High Option Plan With Orthodontics</b>				
	<b>Member Only</b>	<b>Member and Spouse</b>	<b>Member and Child</b>	<b>Full Family</b>
ND, SC, SD	\$29.21	\$55.79	\$48.46	\$91.33
AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY	\$32.80	\$62.68	\$54.43	\$102.60
HI, IN, KS, ME, MN, MO, MT, NM, OH, OK, TN, VT	\$36.03	\$68.88	\$59.82	\$112.76
AZ, CO, DE, IL, NV, PA, RI	\$39.30	\$75.08	\$65.22	\$122.88
DC, FL, MA, MI, NJ, TX, VA	\$42.88	\$81.97	\$71.17	\$134.17
AK, CA, CT, WA	\$46.13	\$88.16	\$76.57	\$144.33
NY	\$50.44	\$96.42	\$83.74	\$157.87

<b>Rates are based upon the state you live in. Monthly Premium Low Option Plan With Orthodontics</b>				
	<b>Member Only</b>	<b>Member and Spouse</b>	<b>Member and Child</b>	<b>Full Family</b>
ND, SC, SD	\$22.30	\$44.72	\$37.52	\$69.90
AR, GA, IA, ID, KY, MS, NC, NE, WI, WV, WY	\$25.09	\$50.27	\$42.18	\$78.52
HI, IN, KS, ME, MN, MO, MT, NM, OH, OK, TN, VT	\$27.54	\$55.23	\$46.27	\$86.25
AZ, CO, DE, IL, NV, PA, RI	\$30.01	\$60.19	\$50.48	\$94.05
DC, FL, MA, MI, NJ, TX, VA	\$32.76	\$65.69	\$55.09	\$102.67
AK, CA, CT, WA	\$35.25	\$70.66	\$59.25	\$110.41
NY	\$38.55	\$77.29	\$64.83	\$120.79

**Q. What if I'm not completely sure Dental Indemnity is right for me?**

A. There's no risk when you mail back your signed Enrollment Form. You'll receive a Certificate of Insurance detailing your benefits under this exclusive program for ASME members. Look it over for a full 30 days. If the Dental Indemnity isn't what you had in mind, just mail back your Certificate within those 30 days marked "cancel". You'll receive a complete refund of 100% of your premium—no hassles and no questions asked.

**Q. Sometimes it takes months for my health insurance company to pay my regular doctor.**

**Will I have to wait that long with the ASME Dental Indemnity Plan?**

A. You can count on us to make sure your claim is handled as a top priority whenever you or a covered family member see a dentist. In fact, the money is typically on its way to you within 10 days. And this plan works in coordination with any other dental plan that you may have to make sure you get the maximum benefits you are entitled to receive. Plus, you have the freedom to choose whether benefit checks go directly to you— or your dentist—to help you stay even more in control of your dental bills.

Why risk paying pricey dental bills out of your own pocket?

The ASME Dental Indemnity Group Insurance Plan now delivers important benefits to help pay your dental bills for routine care and more expensive treatments.

**Why risk big dental bills for a chipped tooth ... lost filling ... or a serious dental problem, like a root canal?**

As an ASME Member under age 65, you are currently guaranteed the right to enroll in the ASME Dental Indemnity Insurance Plan. Just mail back your signed Enrollment Form along with a check for your quarterly premium.

**The Group Dental Indemnity Insurance Plan is Underwritten By:**

The United States Life Insurance Company in the City of New York, NAIC No. 7016, domiciled in the state of New York with 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 DC, except PR.

Policies issued by The United States Life Insurance Company in the City of New York (US Life). Issuing company US Life is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). Products may not be available in all states and product features may vary by state. Policy #V-610,409 Form #G-19000.

This summary is a brief description of benefits only and is subject to the terms, conditions, exclusions and limitations of the group policy.

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](http://www.americangeneral.com/ratings).

**Proudly Endorsed By:**



**The Group Dental Indemnity Insurance Plan is Administered By:**



Mercer Consumer, a service of Mercer Health & Benefits Administration LLC  
P.O. Box 10374  
Des Moines, IA 50306-8812

**QUESTIONS?**

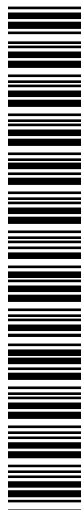
1-800-289-ASME(2763)  
<http://www.asmeinsurance.com>

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CA Insurance License #0G39709  
In CA d/b/a Mercer Health & Benefits Insurance Services LLC  
TX Insurance License #1850385  
MN Insurance License #40291395  
OK Insurance License #100100336

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Group Policy# V-610,409

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AG-11515  
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## **TO KEEP COSTS AS ECONOMICAL AS POSSIBLE:**

No benefits will be paid for expenses incurred for:

1. Oral hygiene, plaque control, diet instructions
2. Precision attachments
3. Treatment which:
  - Does not meet accepted standards of dental practice; or
  - Is experimental in nature
4. Orthodontic charges for:
  - Lost or broken appliance
  - Class 1 malocclusions
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 any 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.

### **No Medical care benefits will be paid by this 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, medical care 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 physician as necessary and reasonable, and
- Commonly viewed by the American Medical 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
  - Experiment in nature
3. Would be given free of charge if the person was not insured.

However, medical care 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. Result from a war or an act of war
5. Results from intentionally self-inflicted injury
6. Any care or supply not listed as a covered expense shown in the Coverage Schedule
7. Dental care or supplies furnished in a facility operated under the direction or at the expense of the U.S. Government (or its Agency) or by a Physician or Dentist employed by such a facility.
8. Dental care or supplies resulting from taking part in the commission of an assault or felony.
9. Dental care or supplies due to an injury during the course of employment for pay, profit or gain.
10. Insurrection;
11. Atomic explosion or other release of nuclear energy
12. Personal supplies for care and instructions in dental hygiene, unless used in a Physician's office.
13. Services or materials of a cosmetic nature or repair of congenital malformation solely for cosmetic purpose, unless:
  - a. as a result of, and within 24 months of an accident while insured, or
  - b. treatment of congenital defects of a newborn baby
14. Dental procedures performed by a licensed dental hygienist, unless under the supervision and direction of a licensed dentist.
15. Prescription drugs, unless a covered expenses shown in the Coverage Schedule.
16. Orthodontic care, treatment or supplies, unless covered by rider.

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