

# ABI CareSelect Dental Plan

Please contact your plan administrator  
with any questions.

Group insurance administrator:  
**American Bar Insurance Plans Consultants, Inc.**  
321 N. Clark Street, 14th Floor  
Chicago, IL 60654



Phone: 800/445-9862  
E-Mail: [info@abiins.com](mailto:info@abiins.com)  
Internet: [www.abiins.com](http://www.abiins.com)

American Bar Insurance Plans Consultants, Inc. (ABI) is a wholly-owned, taxable subsidiary of the American Bar Endowment. The American Bar Endowment supports the charitable activities of the American Bar Association. ABI sponsors insurance programs for the ABE/ABA Members that the Endowment is unable to offer, due to its dividend structure. ABI is paid an administrative fee by the underwriters of the programs it sponsors, and will transfer an appropriate portion of net profits to the Endowment for its charitable work.



Products underwritten by:

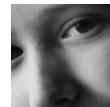
**The United States Life Insurance Company  
in the City of New York**

*A subsidiary of American International Group, Inc. (AIG)*  
New York, New York  
[www.aigbenefitsolutions.com](http://www.aigbenefitsolutions.com)

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. AIG does not underwrite any insurance policy referenced herein.

© 2008 American International Group, Inc. All rights reserved.

Premium Cost Guide



## ABI CareSelect Dental Plan

*Exclusively for members of the  
American Bar Association*



## How to calculate your premium



**1** Refer to the “Area Rate Code Table” at right to find your state.



**2** Find the number (1-4) under the “Area Rate Code” column that applies to your state. That number is your **Area Rate Code**.



**3** Determine those you want to cover: yourself, both you and your spouse, you and child(ren) or your entire family.



**4** Look at the appropriate coverage box under the “Premium Cost Guide” at right. Find your Area Rate Code to see your monthly premium cost. If you want children orthodontia coverage, please add \$11.13 to your monthly premium cost.



**5** Select the payment option most comfortable for you: monthly, quarterly, semi-annual or annual (multiply by 3 for quarterly costs, by 6 for semi-annual, and by 12 for annual).

PLEASE NOTE: monthly billing is only available through Electronic Funds Transfer (no billing fee). All other payment options will include a \$1.50 billing fee.

## Area Rate Code Table

AREA RATE CODE	STATES
1	AR, IA, KY, NE, ND, OK, SD, UT, WV, WY
2	AL, FL (except 330-334), ID, IL (except 600-606), KS, LA, MI, MO, MS, MT, NC, NM, NY (except 110-119), OH, PA (except 189-194), SC, TN, TX, VA, WI
3	AZ, CO, GA, IL (600-606), IN, ME, MD, MA (010-016), MN, NH, NJ (077, 080-087), PA (189-194), RI, VT
4	AK, CT, DE, DC, FL (330-334), HI, MA (except 010-016), NV, NJ (except 077, 080-087), NY (110-119), WA

Coverage not available in CA and OR.

## Premium Cost Guide

Member Only		Member + Spouse	
AREA RATE CODE	MONTHLY COST	AREA RATE CODE	MONTHLY COST
1	\$ 27.90	1	\$ 55.81
2	29.85	2	59.71
3	31.53	3	63.07
4	35.16	4	70.31

Member + Child(ren)		Entire Family	
AREA RATE CODE	MONTHLY COST	AREA RATE CODE	MONTHLY COST
1	\$ 53.52	1	\$ 80.28
2	57.26	2	85.91
3	60.46	3	90.73
4	67.42	4	101.16

Rates are effective as of 10/1/07.

### Ortho Add-Ons

#### CHILD ONLY OPTION

Member + Child(ren)	\$11.13 Monthly Cost
Entire Family	\$11.13 Monthly Cost

The orthodontia add-on benefit is only available with the “Member + Child(ren)” or the “Entire Family” plans. The monthly cost of \$11.13 includes all children.

Benefits begin in plan year three, though premium payment for this benefit begins in the first year.