

Benefit Summary - Dental Guard Preferred (PPO)

for Dental has been prepared for the members of:

Working Today

**Deductible- \$50 Individual/3 Individual deductibles per family
Deductible is waived for Preventive services.**

	Percentage Paid
Services	
Preventive Services	100%
Emergency Palliative Treatment	
Oral Examination - every six months	
X-Rays - four bitewings every twelve months full mouth series every five years	
Teeth Cleaning - every six months	
Fluoride Treatments for Children - every six months under age 14	
Space Maintainers for Children - under age 16	
Topical Sealants for unrestored molar teeth -one treatment for child(ren) under 16 in a three (3) year period	
Basic Services	80%
Laboratory Test	
Diagnostic Consultation- one per year	
Fillings: Amalgam, Silicate & Acrylic	
Crowns: Stainless Steel	
Repairs of dentures, bridgework, crowns, etc.	
General Anesthesia- surgical procedures only	
Injectable Antibiotics- for treatment of a dental condition only	
Major Services (12 Month Waiting Period)	50%
Endodontic Services/Root Canal Therapy	
Periodontal Services	
Oral Surgery- Uncomplicated extractions	
Bridges Installation-fixed and removable	
Dentures- Full and Partial	
Crowns: Acrylic Metal, Porcelain	
Inlays	
Onlays	
Posts	

There is a \$1,000 annual maximum for Preventive, Basic and Major services combined.

- Children are covered up to age 20 or 26 if a full time student.
- All out of network services are based on usual, reasonable, and customary rates for given area.
- Access to a network access plan - a listing of dentists contracted with Guardian to provide additional discounts off services and procedures to Guardian dental plan members. Locate these dentists on the web at www.glic.com.
- Dental Claims - P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-541-7846, fax: 509-468-4590.
- Pre-determination Review - Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Have your dentist fax your treatment plan to Guardian, note that it is a pre-determination review and we will let your dentist know what benefits would be payable.



GUARDIAN®

The Guardian Life Insurance Company of America, New York, NY

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- **Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan.
R3 - DG2000

DentalGuard General Limitations and Exclusions: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage.
Contract # GP-1-DNTL-90-1 et al.

This handout is for illustrative purposes. You will receive benefit booklets. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.



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