

DentalGuard 2000 Coverage – Benefit Summary

DEDUCTIBLE: \$50.00 Calendar Year

SERVICES

PERCENTAGE PAID

Preventive Services (No Deductible)

100%

Oral Examination - every 6 months
X-Rays - four bitewings every 12 months, full mouth series every 5 years
Teeth Cleaning - every 6 months
Space Maintainers - for Children under age 16
Fluoride Treatments for Children - every 6 months under age 14
Topical Sealants for unrestored permanent molar teeth - one treatment for child(ren) under 16 in a 3-yr period

Basic Services

80%

Fillings: Amalgam, Silicate, & Acrylic
Laboratory Tests
General Anesthesia – surgical procedures only
Stainless Steel Crowns (*these types of crowns are temporary & usually used only for children*)

Major Services

50%

Fillings: Gold and Porcelain
Installation of Bridgework & Dentures and Crowns (Acrylic with Metal, Porcelain & Porcelain with Metal)
Periodontal Surgery (other Periodontal Services)
Endodontic Surgery/Root Canal Therapy
Repair of Bridgework and Dentures
Simple Extractions/ Oral Surgery

Orthodontia Services (No Deductible)

50%

For dependent children under age 19, with a lifetime maximum of \$1,000.

- You and your covered dependents are free to choose your own dentist. If you go to a DentalGuard Preferred Network provider, the benefits described above will be paid based on a reduced fee schedule (*this will mean less out-of-pocket*). The network provider cannot balance bill for charges in excess of the fee schedule and you get more services with your yearly maximum. If you go to a non-contracted dentist, the benefits will be based on usual, customary and reasonable (UCR) rates for a given area.
- There is a **\$1,000** per person calendar year maximum for Preventive, Basic, and Major Services combined.
- 3 Deductibles per family for Basic and Major Services.
- Children are covered up to age 20 or 26, if a full time student.
- Pre-treatment review - When the expected cost of a proposed course of treatment is \$300 or more, the dentist must send The Guardian a treatment plan before he/she starts. We review the plan and send an estimate of plan payments to the dentist. Failure to follow this procedure may result in lower reimbursement.
- If you do not take dental benefits for you and your eligible dependents when first eligible, you and your dependents will be considered late entrants (except for a qualifying event) at the time you do apply.

Late Entrant Waiting Periods Will Apply As Follows:

Preventive services	-	<u>No waiting period</u>
Basic services	-	6 months from date insured for dental
Major services	-	12 months from date insured for dental
Orthodontia services	-	24 months from date insured for dental

- Replacing Lost Teeth** - A covered person may have lost one or more teeth before he/she became insured by this plan. Except as explained below, 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. This plan **may be replacing** another plan your employer had with some other insurer. We don't want anyone to lose benefits when this happens. So we pay for certain charges incurred before this plan starts, if: (1) the covered person was insured by the old plan; and (2) the old plan would have paid for such charges. But this plan must start right after the old plan ends. And the covered person must be insured by this plan from the start. We limit what we pay to the lesser of: (1) what the old plan would have paid; or (2) what we would otherwise pay. And we deduct any benefits actually paid by the old plan under any extension provision. In the first benefit year of this plan, we also reduce this plan's deductibles by the amount of covered charges applied against the old plan's deductible. And, in the first benefit year, we charge benefits which were paid by the old plan against this plan's payment limits.

The preceding has been a brief illustration of coverages only. The employee benefit booklet contains a complete plan description. If there is a discrepancy between the illustration and the benefit booklet, the benefit booklet prevails.