

AAQHC

Individual LA, SD, SF PPO



Dental Coverage

Here is your new dental coverage, which includes your enrollment form. **Make sure you return the completed form, if applicable, to your plan administrator.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year.



HIGHLIGHTS:

- Single and family coverage available
- Visit any dentist
- Reliable dental claims payment; 4 day average turnaround

Find out if your dentist is in Guardian's network at www.guardianlife.com.



COVER YOURSELF WITH GUARDIAN

Guardian is a leading provider of employee benefits and individual insurance coverage.

Founded in 1860, The Guardian Life Insurance Company of America is one of the largest mutual life insurance companies in the United States. As a mutual company, Guardian is focused 100% on the needs of our customers – employers who choose Guardian and their employees covered by our plans. Today, more than six million employees and their families rely on Guardian as their employee benefits provider.

We have built our success on the time-tested values of quality, innovation and high-quality service. In July 2008 Standard & Poor's upgraded Guardian's credit rating to AA+ (Very Strong). We've been around for 150 years insuring the people and businesses we protect and we'll continue to provide benefits and services our customers have come to expect from us.

For more information on how we can protect you and your family, please visit www.GuardianLife.com

Dental Plans

UNDERSTAND YOUR PLAN

With your **Ind 1000 Value** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

UNDERSTAND YOUR PLAN	Ind 1000 Value	
	<i>In-network</i>	<i>Out-of-network</i>
Calendar year deductible		
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	60%	60%
Major Care (e.g. crowns, dentures)	50%	50%
Orthodontia	Not Covered	
Annual Maximum Benefit	\$1000	\$1000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Network	DentalGuard Preferred	

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 26 (26 if full-time student)

No charge for preventive care (subject to plan limits)

Coverage of ViziLite Plus early cancer detection screening exams

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

National PPO network of more than 70,000 dentist locations

Find out if your dentist is in Guardian's network at www.guardianlife.com

CATEGORY	PLAN DETAILS	Ind 1000 Value	
		Plan pays (on average)	
		In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings (one surface)	60%	60%
	Simple Extractions	60%	60%
Major Care	Anesthesia	50%	50%
	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; full-time student age does not apply to the initial placement of the appliance. Orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: 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

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

- 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-DG2000 et al.
- **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



Good News! Your Dental Plan Is Even Better Than You Think

Savings on in-network providers average 30% of what dentists usually charge!

- **In-network:** You receive regular contracted savings, and no balance billing.
- **Out-of-network:** Charges will be paid for only up to the maximum fee level established with our contracted network dentists; any amount that is charged over the fee schedule is the responsibility of the patient.

Value Plan Example:

Network vs. Non-Network Savings*			
Difference in your out-of-pocket expense: \$303			
Benefits for a Root Canal (on a molar)			
Network Care		Non-Network Care	
Typical network dentist fee:	\$665	Average non-network dentist fee:	\$968
Plan Pays:	\$532**	Plan Pays:	\$532**
You Pay:	\$133	You Pay:	\$436
*Savings may be greater or less depending on your dentist's location			
**Assumes service is covered at an 80% co-insurance level			

More Reasons to Use Network Care

- One of the industry's largest Preferred Provider networks – highly skilled dental professionals at over 128,000 locations.
- Network dentists are easy to locate. Simply use the On-Line DentalGuard Provider Directory at www.GuardianLife.com or call the number on the back of your ID card. If your provider does not participate, Guardian's convenient dentist referral program can help add them to the network!
- No claim forms to complete. Just present your new DentalGuard Preferred Network ID card to the provider.

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-DG2000 et al.

Maximum Rollover

Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

Even better, if you use the services of Preferred Providers exclusively during the benefit year, Guardian will increase the amount credited to your MRA.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$350	\$1000

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

NOTES:

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2008, the claim activity in 2009 will be used and applied to MRAs for use in 2010.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year.

Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.



DentalGuard Preferred PPO Ortho Advantage! Savings On Orthodontic Services Without Ortho Coverage

Did you know that you can still take advantage of DentalGuard Preferred's negotiated discounts even though your dental plan does not cover charges for orthodontia!

Simply use a DentalGuard Preferred orthodontist, and you won't have to pay more than the "Maximum Allowable Fee" shown on the next page.

We have over 6,100 orthodontists locations nationwide. Simply access our provider listing on-line at www.guardianlife.com or call our toll-free number (800-890-4774).

A listing of our discounted fees, and details about what procedures are and are not discounted, are listed below.

Orthodontic Fee Schedule and Guidelines

CDT CODE	Ortho Service	Maximum Allowable Fee
8660	Pre-orthodontic treatment visit	\$250
8010/20/30/40	Limited orthodontic treatment	\$706
8050/8060	Interceptive orthodontic treatment, including fabrication and insertion of fixed appliances and periodic visits	\$1,133
8070/80/90	Comprehensive orthodontic treatment, including fabrication and insertion of fixed appliances and periodic visits	\$3,521
8670	Periodic comprehensive orthodontic treatment visit (as part of a contract)	\$130
8680	Orthodontic retention, including fixed and removable initial appliances and related visits	\$425

PLEASE NOTE: These fees may change at any time. And these fees may be higher or lower in other regions of this country.

Discounted fees are not available for:

- Incremental charges for orthodontic appliances made with clear, ceramic, white, lingual brackets or other optional materials.
- Procedures, appliances or devices to guide minor tooth movement or to correct harmful habits.
- Retreatment of orthodontic cases, or changes in orthodontic treatment needed due to an accident.
- Extractions performed solely to facilitate orthodontic treatment.
- Orthognathic surgery and associated incremental charges.
- Replacement of lost or broken retainers.

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at www.GuardianLife.com.

DATE: _____

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

DENTIST INFO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

Please submit completed form to:

Guardian
DentalGuard Preferred
P.O. Box 2465
Spokane, WA 99210-9817
or FAX to: 509-468-6550





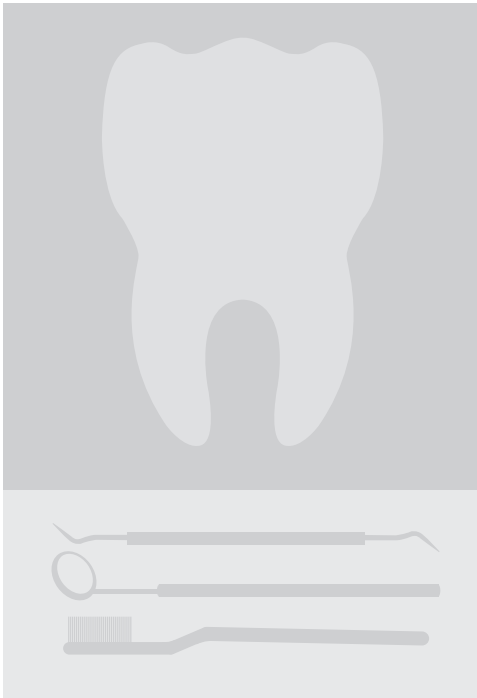
GUARDIAN®

Finding a dentist is easy

Go online – it takes just minutes!

It's easy to find dentists you can trust. Whether you're looking for a list of dentists that serve your plan (in-network) or trying to locate a specific dentist, it takes just minutes through Guardian's Provider Online Search.

Guardian's Provider Online Search is available to you 24 hours a day, 7 days a week.



Here are just a few things you can do online:

- Customize your search by specialty, languages spoken, gender and more
- Get side-by-side comparisons of dentists' information (ie. office status, distance)
- Create a short-list of "favorite" dentists – for quick reference online
- Get maps and directions to a dentist's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit Provider Online Search
- Create a customized directory of dentists
- Nominate a dentist to be included in a network
- And much more!

Just go to www.GuardianLife.com.

Under "Resources", click on "Provider Online Search".

Thank You

If applicable, return the completed form to your plan administrator.

Please remember to:

- Check the coverage you want
- Include your social security number
(and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form.
- Sign and date form

You chose...

Dental:

- Ind 1000 Value

Date form submitted



**Make the most of your Guardian benefits at
www.GuardianAnytime.com**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at www.GuardianAnytime.com

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Receive e-mail alerts when a response to your dental* or medical claim is available online
- Print forms and plan materials...and much more

To register, go to www.GuardianAnytime.com

AAQHC Dental Benefits Plan