

AAQHC

Standard PPO Plans



# 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:

- Choice of two dental plans
- Single and family coverage available
- Visit any dentist
- Orthodontia coverage for children and adults
- Reliable dental claims payment; 4 day average turnaround

*Find out if your dentist is in Guardian's network at [www.guardianlife.com](http://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](http://www.GuardianLife.com)

# Dental Plans

## COMPARE YOUR PLANS

**Option 1 or 2:** With your **1500 Standard Value or 2000 Standard 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.

### COMPARE THE PLANS

	Option 1: 1500 Standard		Option 2: 2000 Standard	
<b>Calendar year deductible</b>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g. cleanings)	100%	100%	100%	100%
Basic Care (e.g. fillings)	80%	80%	80%	80%
Major Care (e.g. crowns, dentures)	50%	50%	60%	60%
Orthodontia	50%	50%	50%	50%
<b>Annual Maximum Benefit</b>	\$1500	\$1500	\$2000	\$2000
<b>Maximum Rollover</b>	Yes		Yes	
Rollover Threshold	\$700		\$800	
Rollover Amount	\$350		\$400	
Rollover In-network Amount	\$500		\$600	
Rollover Account Limit	\$1250		\$1500	
<b>Lifetime Orthodontia Maximum</b>	\$1100		\$1500	
<b>Network</b>	DentalGuard Preferred		DentalGuard Preferred	

## YOUR GUARDIAN PLAN OFFERS:

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

**Orthodontia coverage** for adults and children

**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.

**Find out** if your dentist is in Guardian's network at [www.guardianlife.com](http://www.guardianlife.com)

CATEGORY	PLAN DETAILS	Option 1: 1500 Standard <i>Plan pays (on average)</i>		Option 2: 2000 Standard <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis) Frequency: Once Every 6 Months	100%	100%	100%	100%
	Fluoride Treatments Limits: Under Age 14	100%	100%	100%	100%
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
	Basic Care	Fillings (one surface) Simple Extractions	80%	80%	80%
Major Care	Anesthesia	50%	50%	60%	60%
	Bridges and Dentures	50%	50%	60%	60%
	Inlays, Onlays, Veneers**	50%	50%	60%	60%
	Perio Surgery	50%	50%	60%	60%
	Periodontal Maintenance Frequency: Once Every 6 Months (Standard)	50%	50%	60%	60%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	60%	60%
	Root Canal	50%	50%	60%	60%
	Scaling & Root Planing (per quadrant)	50%	50%	60%	60%
	Single Crowns	50%	50%	60%	60%
	Surgical Extractions	50%	50%	60%	60%
Orthodontia	Orthodontia Limits: Adults & Child(ren)	50%	50%	50%	50%

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.

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

- 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](http://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](http://www.GuardianAnytime.com).

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1500	\$700	\$350	\$500	\$1250

\*\* 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.



# 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](http://www.GuardianAnytime.com).

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$2000	\$800	\$400	\$600	\$1500

\*\* 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 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](http://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







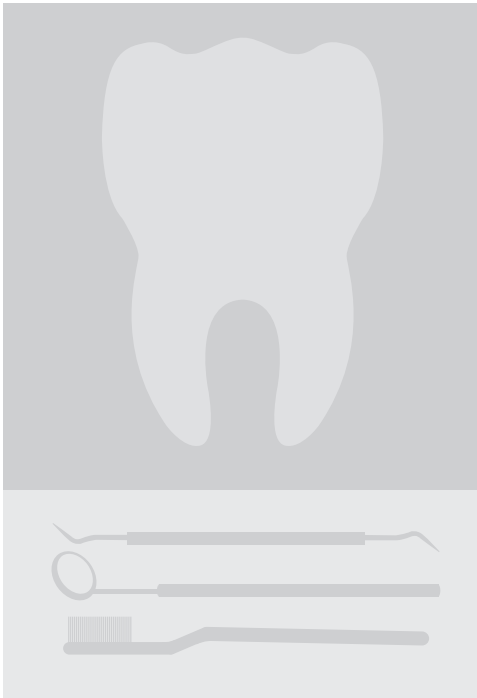
GUARDIAN®

# 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](http://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:**

- Option 1: 1500 Standard Value
- Option 2: 2000 Standard Value

## Date form submitted

---



**Make the most of your Guardian benefits at  
[www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at [www.GuardianAnytime.com](http://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](http://www.GuardianAnytime.com)**

## **AAQHC Dental Benefits Plan**