GUARDIAN®

Technology Integration Group
DentalGuard *Maximum Rollover Value* Program
Benefit Illustration

	Percentage Paid	
	In-network	**Out-of-network** ***(Based on In-Network Established Fee Schedule)***
Deductible (*Waived for Preventive Services)	**$50.00***	**$50.00***

Services

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

There is a $1,500 annual maximum for Preventive, Basic and Major services combined, subject to Maximum Rollover.

Plan Features

- Maximum Rollover: With Maximum Rollover, we'll roll over a portion of each member's unused annual maximum, called the Maximum Rollover Amount, into his or her Maximum Rollover Account (MRA). The MRA can be used in future years, if a member reaches the plan's Annual Maximum.

  Even better, if a member uses the services of Preferred Providers exclusively during the benefit year, we'll increase the amount credited to his or her MRA to the In-network Only Maximum Rollover Amount.

  To qualify, a member must submit a claim and not exceed the paid claims Threshold during the benefit year. The employee and each insured dependent maintain separate MRAs based on their own claim activity. Each member's MRA may not exceed the MRA limit.

  Maximum Rollover Plans based on a calendar year benefit period with a plan effective date in October, November or December; the plan features will be effective as of the first full benefit year. (Example: If a plan starts in November of 2006, claim activity in 2007 will be used and applied to MRAs for use in 2008).

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.

- *Deductible is waived for Preventive services. 3 individual deductibles per family.
- Eligible dependents include your unmarried children up to age 20 or 26, if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.
- Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant[1] penalties.
- No waiting periods apply for eligible employees/dependents.
- *In-network* and *Out-of-network* benefits receive the same co-insurance percentages, but all benefits are paid based on the contracted fee schedule. When seeking *In-network* care you receive regular contracted savings, and no balance billing. If choosing *Out-of-network* care, 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.
- Dental Claims - P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-541-7846, fax: 509-468-4590.
- Guardian has contracted with dental providers to provide discounts off services and procedures to Guardian dental plan members. To locate a provider, please reference our On-Line Provider Directory at www.GuardianLife.com.
- 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.
- **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

[1] A late entrant is a person who becomes insured more than 31 days after he is eligible; or becomes insured again, after his coverage lapsed because he did not make required payments. We won't cover charges incurred by a late entrant for (1) Group II (basic) services until 6 months from the date he is insured by this plan; and (2) Group III (major) services until 12 months from the date he is insured by this .

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.

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