

# DENTAL BENEFIT SUMMARY – Network Access Plan

## For the Employees of

### ABC Corporation (Standard Dental Plan)

**Deductible (Waived for Preventive Services):**

One \$50.00 deductible per person (3 per family) per calendar year

**GROUP I – Preventive Services:**

**Paid by Guardian\***

**Deductible WAIVED**

Oral Examinations  
Teeth Cleaning (once every consecutive 6 months)  
X-Rays  
For Children:  
    Fluoride Treatment  
    Space Maintainers  
    Topical Sealants on Unrestored Permanent Molars

**100%**

**GROUP II – Basic Services:**

**Deductible Applies**

Fillings: Amalgam, Acrylic  
Stainless Steel Crowns  
Endodontics - Root Canals  
Extractions & Other Oral Surgery  
Periodontal Services  
Repair of Bridgework, Crowns & Dentures

**80%**

**GROUP III – Major Services:**

**Deductible Applies**

Gold & Porcelain Fillings & Crowns  
Initial Installation of Bridgework, Crowns & Dentures

**50%**

**ANNUAL PLAN MAXIMUM:**

Per Person Calendar Year Annual Maximum Benefit

**\$1,000**

**ORTHODONTIA:** Not included.

**DEPENDENTS:** include legal spouse, same sex domestic partners and children from birth through age 24.

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### \*\*\* IMPORTANT DENTAL NOTES TO REMEMBER \*\*\*

The calendar year deductible is \$50.00, waived for Preventive Services only. There are three deductibles per family. For only two covered in a family, only two deductibles apply. Once the deductible has been met, we pay for covered charges incurred by that covered family member at the payment rate shown in the schedule for the rest of the benefit year up to the annual maximum of \$1,000 per person per calendar year (combined for Preventive, Basic and Major Services).

- Orthodontia is not included on the plan.
- When the expected cost of a course of treatment will exceed \$300, please contact our Claims Department for a pre-treatment review, to help determine the percentage of payment and the remainder of your yearly maximum.
- Dependent Children: Covered from birth through age 24.
- The Dental Claims Department in Spokane has an average 7-day turnaround for payment of claims. One claim form is required per year to be completed for coordination of benefit information. Dentists may submit their own claim form for their patients as most dentists have a universal form, which is acceptable to The Guardian.

**DentalGuard 2000 Dental Insurance Plan General Limitations & Exclusions:** Dental 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, orthodontic, cosmetic or experimental treatments, any treatment 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. GP-1-DG2000 et al