Weill Medical College
DentalGuard *Maximum Rollover Enhanced Network Access Plan (NAP)* **Program**
Benefit Illustration

	Percentage Paid	
	In-network	**Out-of-network**
Deductible (*Waived for In-Network & Out-of-Network Preventive Services 3 individual deductibles per family)	**$50.00***	**$100.00***
Services		
Preventive Services	**100%**	**100%**
o Emergency Palliative Treatment o Fluoride Treatments; every six months (No Age Limit). 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 Fillings: Amalgam & Anterior Composites o General Anesthesia- surgical procedures only o Injectable Antibiotics- for treatment of a dental condition only o Laboratory Test o Repairs of dentures, bridgework, crowns, etc.		
Major Services	**50%**	**50%**
o Oral Surgery- Uncomplicated extractions o Periodontal Services o Endodontic Services/Root Canal Therapy o Bridges Installation-fixed and removable o Crowns: Resin, Metal o Dental Implants o Dentures- Full and Partial o Inlays, Onlays, & Posts		

Plan Features

- There is a $1,000 annual maximum for Preventive, Basic and Major services combined, subject to Maximum Rollover.
- 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.

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

- Employee joining the plan as a new entrant with 3 months or less remaining in the benefit year: the MRA accumulation will begin as of the first full benefit year. (Example: An Employee joining in November of 2007, claim activity in 2008 will be used and applied to MRAs for use in 2009).
- *Deductible is waived for Preventive services. 3 individual deductibles per family.
- Children are covered up to age: 20 or 26 if a full time student.
- Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant[1] penalties.
- *In*-network benefits are based on a negotiated contracted fee schedule, *Out-of-network* benefits are based on usual, reasonable, and customary rates for a given area. While employees retain complete freedom of choice, the employee benefits by using an *In-network* dentist because of significant contracted discounts result in less out-of-pocket expenses; enabling the employee to receive more services during the year than if he or she visited an *Out-of-network* dentist.
- 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
- Guardian is committed to keeping your clients and their employees healthy and smiling – and helping you stand out from the competition by now offering:

  ViziLite Plus: ViziLite Plus is a simple technology that assists dental professionals in the early detection of oral abnormalities that include pre-malignant lesions and oral cancer. The test is quick and painless. When a pre-malignant lesion or oral cancer is discovered early, treatment is simpler, less invasive and more than 90% successful. Guardian's plan covers Vizilite Plus exams for members age 40 or older, once every two years.

[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 plan.

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.