

# Introducing HealthPass

## *DentalGuard Preferred*



HealthPass™

We've Got You Covered<sup>SM</sup>

### Flexibility and Savings

Guardian DentalGuard Preferred combines the freedom of choice of a traditional dental plan with the economy of managed care. Whenever you or a family member needs dental services, you may visit a carefully selected network dentist or any dentist you wish. But if you visit a network provider, you'll typically receive a higher level of benefits and save on out-of-pocket costs.

### How It Works

No matter what dentist you choose, you'll have coverage you can count on. Whether it's a simple check up or oral surgery. After you satisfy a calendar year deductible, the plan pays covered dental plan expenses up to an annual maximum amount.

No referrals are needed for specialist care. If either a network or non-network general practicing dentist suggests you see a specialist, they may recommend one to you – but you are always free to see any specialist you'd like, or choose one from your Guardian provider directory.

There are no claim forms to fill out for network services. When you receive non-network dental care, most dentists may submit claims directly to Guardian. Others, however, may require that you submit the claim form. In this case, after services are rendered, complete a simple claim form and forward it to Guardian with a copy of your itemized payment receipt.

- A Dental PPO plan with Out of Network benefits.
- No matter what dentist you choose, you will have coverage.
- No referrals ever needed to see a specialist.
- Unlimited ability to change dentists.
- Includes Out of Area Emergency Coverage.
- Includes a \$50 deductible for In Network services/ \$75 deductible for Out of Network services
- Has an Annual Maximum of \$1,000.

### DentalGuard Preferred Rates

#### Two Tier

\$33.05 Employee

\$87.64 Family

#### Four Tier

\$33.05 Employee

\$70.52 Employee/Spouse

\$64.42 Employee/Child(ren)

\$102.82 Family

Dental coverage can only be elected by a group that is enrolling in HealthPass medical coverage. Groups enrolling in dental must begin their dental coverage on the 1<sup>st</sup> of the month. If a group enrolls their medical account on the 15<sup>th</sup> of the month, they may choose to begin their dental coverage as of the following first of the month.

# HealthPass

## DentalGuard Preferred

\$1,000 Maximum  
 \$50 In-Network deductible / \$75 Out-of-Network deductible  
 (waived for Preventive care)

X-rays and Sealants covered as basic

Out-of-Network covered at the 70<sup>th</sup> percentile

*Virgin Groups & Employees:* Crowns, Bridges, Prostho-and Periodontic coverage deferred for 12 months

*Transfer Groups:* Crowns, Bridges, Prostho-and Periodontic deferred 12 months for future hires only

### Sample Covered Charges

### Coinsurance

Code	Name	In Network	Out of Network
<b>Diagnostic and Preventive</b>			
120	Periodic Examination	100%	80%
1110	Prophylaxis-adult (teeth cleaning)	100%	80%
210	Full mouth x-rays (basic service, subject to deductible)	80%	80%
<b>Restorative</b>			
<b>Fillings (amalgam)</b>			
2140	one surface – permanent	80%	80%
2150	two surfaces – permanent	80%	80%
2160	three surfaces – permanent	80%	80%
<b>Endodontics</b>			
<b>Root Canal therapy</b>			
3310	anterior	50%	50%
3320	bicuspid	50%	50%
3330	molar	50%	50%
<b>Periodontics</b>			
4341	Perio scaling & root planning, per quad.	50%	50%
4210	Gingivectomy, per quadrant	50%	50%
4211	Gingivectomy, per tooth, up to 2 teeth	50%	50%
<b>Crown and Bridge</b>			
2740	Porcelain Crown	50%	50%
2750-52	Porcelain with metal crown*	50%	50%
2790-92	Cast metal crown*	50%	50%
<b>Prosthodontics</b>			
5110-20	Complete denture (upper or lower)	50%	50%
5213	Partial denture	50%	50%
5730	Denture reline (chairside)	50%	50%
5750	Denture reline (laboratory)	50%	50%
<b>Oral Surgery</b>			
7110	Extract single tooth	50%	50%
7510	Incision and drainage of abscess	50%	50%
<b>Impactions</b>			
7220	Extract impacted tooth, soft tissue	50%	50%
7230	Extract impacted tooth, partial bony	50%	50%
7240	Extract impacted tooth, full bony	50%	50%
<b>Orthodontia – Comprehensive Treatment</b>			
	Child to age 18	N/A	N/A
	Member over age 18	N/A	N/A

\* If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

**DentalGuard Dental Insurance Plan 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), orthodontic (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. GP-1-DG-2000 et al.