

# Benefit Summary

for Dental Maximum Rollover Plan has been prepared for the employees of:

## NEW CANEY INDEPENDENT SCHOOL DISTRICT

Deductible- \$50 individual (\*Waived for Preventive Services)

	Percentage Paid
<b>Services</b>	
<b>Preventive Services*</b>	100%
Emergency Palliative Treatment	
Oral Examination - every six months	
X-Rays - four bitewings every twelve months full mouth series every five years	
Teeth Cleaning - every six months	
Fluoride Treatments for Children - every six months under age 14	
Space Maintainers for Children - under age 16	
Topical Sealants for unrestored molar teeth	
-one treatment for child(ren) under 16 in a three (3) year period	
<b>Basic Services</b>	80%
Laboratory Test	
Diagnostic Consultation- one per year	
Fillings: Amalgam, Silicate & Acrylic	
Crowns: Stainless Steel	
Repairs of dentures, bridgework, crowns, etc.	
Endodontic Services/Root Canal Therapy	
Periodontal Services	
Oral Surgery- Uncomplicated extractions	
General Anesthesia- surgical procedures only	
Injectable Antibiotics- for treatment of a dental condition only	
<b>Major Services</b>	50%
Bridges Installation-fixed and removable	
Dentures- Full and Partial	
Crowns: Resin, Metal	
Inlays	
Onlays	
Posts	
<b>Orthodontic Services</b>	50%
\$1,000 Lifetime Maximum for child(ren) under age 19	
The deductible does not apply to Orthodontic services.	
Orthodontic Services are not subject to Maximum Rollover	

### Monthly Cost

Employee	\$25.86
Employee & Spouse	\$48.97
Employee & Child(ren)	\$64.07
Employee & Family	\$87.22



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# Benefit and Cost Summary

- There is an \$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.

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	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$1000

- \*Deductible is waived for Preventive services. 3 individual deductibles per family.
  - Children are covered up to age 25 or 26 if a full time student.
  - Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant<sup>1</sup> penalties.
  - All services are based on usual, reasonable, and customary rates for given area.
  - To locate a provider, please reference our On-Line Provider Directory at [www.GuardianLife.com](http://www.GuardianLife.com).
  - Dental Claims - P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-541-7846, fax: 509-468-4590.
  - 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. (This includes orthodontic treatment if your plan includes it) .
  - **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

<sup>1</sup>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 and Group IV (orthodontics) services until 24 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. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.



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