

Benefit and Cost Summary

for Managed DentalGuard (DHMO), Pre-Paid Dental, has been prepared for the employees of:

NEW CANEY ISD

Monthly Managed DentalGuard Cost – 35M

Employee	11.36
Employee & Spouse	17.97
Employee & Children	24.64
Family	29.26

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.



Plan Schedule 35-M
Orthodontic Plan Schedule 1

MDG Codes++	Covered Services	Patient Charge
Appointments & Diagnostic Services		
0120	Periodic oral evaluation, participating general dentist	No Charge
0120	Periodic oral evaluation, participating specialty care dentist	\$10.00
0140	Limited oral evaluation - problem focused, participating general dentist	No Charge
0140	Limited oral evaluation - problem focused, participating specialty care dentist	\$25.00
0150	Comprehensive oral evaluation, participating general dentist	No Charge
0150	Comprehensive oral evaluation, participating specialty care dentist	\$25.00
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	No Charge
0999	Office visit - during regular hours - participating general dentist only	\$5.00
9310	Consultation (by dentist other than practitioner providing treatment), participating general dentist	\$30.00
9310	Consultation (by dentist other than practitioner providing treatment), participating specialty care dentist	\$45.00
9430	Office visit for observation - regular hours - no other service performed	No Charge
9440	Emergency office visit - after regularly scheduled office hours	\$50.00
Radiographs		
0210	Intraoral - complete series (including bitewings)	\$5.00
0220	Intraoral - periapical - single film	No Charge
0230	Intraoral - periapical - each additional film	No Charge
0240	Intraoral - occlusal - each film	No Charge
0270	Bitewing - single film	No Charge
0272	Bitewings - two films	No Charge
0274	Bitewings - four films	No Charge
0330	Panoramic film	\$5.00
Preventive & Space Maintenance		
1110	Prophylaxis - adult (first 2 services in any 12 month period) +	No Charge
1120	Prophylaxis - child (first 2 services in any 12 month period) +	No Charge
1999	Prophylaxis - adult or child (with or without fluoride)(each additional service in same 12 month period) +	\$60.00
1201	Topical application of fluoride (including prophylaxis) - child (first 2 services in any 12 month period) +	No Charge
1203	Topical application of fluoride (prophylaxis not included) - child (first 2 services in any 12 month period) +	No Charge
1204	Topical application of fluoride (prophylaxis not included) - child (each additional service in same 12 month period) +	\$20.00
1310	Nutritional counseling for control of dental disease	No Charge
1330	Oral hygiene instruction	No Charge
1351	Sealant - per tooth - molars only	\$10.00
9999	Sealant - per tooth - non-molars only	\$35.00
1510	Space maintainer - fixed - unilateral	\$65.00
1515	Space maintainer - fixed - bilateral	\$110.00
1550	Recementation of space maintainer	\$15.00
Restorative		
2110	Amalgam - one surface - primary	\$10.00
2120	Amalgam - two surfaces - primary	\$10.00
2130	Amalgam - three surfaces - primary	\$15.00
2131	Amalgam - four or more surfaces - primary	\$15.00
2140	Amalgam - one surface - permanent	\$8.00
2150	Amalgam - two surfaces - permanent	\$12.00
2160	Amalgam - three surfaces - permanent	\$14.00
2161	Amalgam - four or more surfaces - permanent	\$17.00
2210	Silicate cement - per restoration	\$15.00
2330	Resin/composite - one surface, anterior	\$20.00
2331	Resin/composite - two surfaces, anterior	\$25.00
2332	Resin/composite - three surfaces, anterior	\$30.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$45.00
2336	Composite resin crown, anterior - primary	\$45.00
2380	Resin/composite - one surface, posterior - primary	\$30.00
2381	Resin/composite - two surfaces, posterior - primary	\$35.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$40.00
2385	Resin/composite - one surface, posterior - permanent	\$35.00
2386	Resin/composite - two surfaces, posterior - permanent	\$50.00
2387	Resin/composite - three or more surfaces, posterior - permanent	\$70.00

MDG Codes++	Covered Services	Patient Charge
Crown, Bridge & Other Cast Restorations		
2510	Inlay - metallic - one surface ^ **	\$180.00
2520	Inlay - metallic - two surfaces ^ **	\$235.00
2530	Inlay - metallic - three or more surfaces ^ **	\$235.00
2543	Onlay - metallic - three surfaces ^ **	\$250.00
2544	Onlay - metallic - four or more surfaces ^ **	\$260.00
2740	Crown - porcelain/ceramic substrate ^	\$250.00
2750	Crown - porcelain fused to high noble metal ^ **	\$230.00
2751	Crown - porcelain fused to predominantly base metal ^	\$230.00
2752	Crown - porcelain fused to noble metal ^	\$250.00
2790	Crown - full cast high noble metal ^ **	\$230.00
2791	Crown - full cast predominantly base metal ^	\$230.00
2792	Crown - full cast noble metal ^	\$250.00
2810	Crown - 3/4 cast metallic ^ **	\$240.00
2999	Crown supporting existing partial denture, in addition to crown	\$125.00
6199	Dental lab service - per inlay, onlay, crown or bridge unit	\$75.00
6210	Pontic - cast high noble metal ^ **	\$230.00
6211	Pontic - cast metal predominantly base metal ^	\$230.00
6212	Pontic - cast noble metal ^	\$250.00
6240	Pontic - porcelain fused to high noble metal ^ **	\$230.00
6241	Pontic - porcelain fused to predominantly base metal ^	\$230.00
6242	Pontic - porcelain fused to noble metal ^	\$250.00
6520	Inlay - abutment - metallic - two surfaces ^ **	\$260.00
6530	Inlay - abutment - metallic - three or more surfaces ^ **	\$265.00
6543	Onlay - abutment - metallic - three surfaces ^ **	\$275.00
6544	Onlay - abutment - metallic - four or more surfaces ^ **	\$290.00
6750	Crown - abutment - porcelain fused to high noble metal ^ **	\$230.00
6751	Crown - abutment - porcelain fused to predominantly base metal ^	\$230.00
6752	Crown - abutment - porcelain fused to noble metal ^	\$250.00
6780	Crown - abutment - 3/4 cast metallic ^ **	\$230.00
6790	Crown - abutment - full cast high noble metal ^ **	\$230.00
6791	Crown - abutment - full cast predominantly base metal ^	\$230.00
6792	Crown - abutment - full cast noble metal ^	\$250.00
6999	Multiple crown and bridge unit treatment plan - per unit	\$125.00
Other Restorative Services		
2910	Recement inlay	\$20.00
2920	Recement crown	\$20.00
2930	Prefabricated stainless steel crown	\$60.00
2931	Prefabricated stainless steel crown - permanent tooth	\$60.00
2932	Prefabricated resin crown	\$90.00
2940	Sedative filling	\$15.00
2950	Core buildup, including any pins	\$50.00
2951	Pin retention - per tooth, in addition to restoration	\$15.00
2952	Cast post & core	\$95.00
2954	Prefabricated post & core	\$85.00
2960	Labial veneer (laminare) - chairside	\$235.00
6930	Recement bridge	\$15.00
6970	Cast post & core, in addition to abutment	\$95.00
6972	Prefabricated post & core, in addition to abutment	\$85.00
6973	Core buildup for abutment, including any pins	\$55.00
Endodontics		
3110/3120	Pulp cap	\$10.00
3220	Therapeutic pulpotomy	\$30.00
3310	Root canal - anterior	\$95.00
3320	Root canal - bicuspid	\$160.00
3330	Root canal - molar	\$170.00
3346	Root canal - retreatment - anterior	\$310.00
3347	Root canal - retreatment - bicuspid	\$370.00
3348	Root canal - retreatment - molar	\$445.00
3410	Apicoectomy/periradicular surgery - anterior	\$135.00
3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$145.00
3425	Apicoectomy/periradicular surgery - molar - first root	\$155.00
3426	Apicoectomy/periradicular surgery - each additional root	\$80.00
3430	Retrograde filling - per root	\$35.00

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Plan Schedule 35-M
Orthodontic Plan Schedule 1

MDG Codes++	Covered Services	Patient Charge
	Periodontics	
4210	Gingivectomy or gingivoplasty - per quadrant	\$80.00
4211	Gingivectomy or gingivoplasty - per tooth	\$25.00
4220	Gingival curettage, surgical - per quadrant - by report	\$45.00
4240	Gingival flap procedure-including root planing - per quadrant	\$190.00
4249	Clinical crown lengthening - hard tissue	\$170.00
4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$255.00
4270	Pedicle soft tissue graft procedure	\$185.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$205.00
4341	Periodontal scaling & root planing - per quadrant	\$30.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$35.00
4910	Periodontal maintenance procedures (following active therapy)	\$30.00
4920	Unscheduled dressing change (by other than treating dentist)	\$25.00
4999	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$155.00
9951	Occlusal adjustment - limited - per visit	\$20.00
	Prosthetics (Removable)	
5110/5120	Complete denture (including routine post delivery care) ^ ^	\$345.00
5130/5140	Immediate denture (including routine post delivery care) ^ ^	\$345.00
	Partial dentures (including routine post delivery care):	
5211/5212	Resin base - including clasps, rests, teeth ^ ^	\$310.00
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth ^ ^	\$355.00
	Repairs & adjustments:	
5410/11/21/22	Denture adjustments	\$20.00
5510/5610	Repair denture base ^ ^ ^	\$45.00
5520/5640	Replace missing or broken teeth - per tooth ^ ^ ^	\$35.00
5630	Repair or replace clasp ^ ^ ^	\$60.00
5650	Add tooth to existing partial ^ ^ ^	\$45.00
5660	Add clasp to existing partial ^ ^ ^	\$45.00
5710/11/20/21	Rebase denture ^ ^ ^	\$125.00
5730/31/40/41	Reline denture (chairside)	\$65.00
5750/51/60/61	Reline denture (laboratory) ^ ^ ^	\$120.00
5820/5821	Interim partial denture (stayplate)	\$95.00
5850/5851	Tissue conditioning	\$30.00
5899	Dental lab service - each new complete, immediate, or partial denture	\$165.00
5999	Dental lab service - denture repair, rebase or reline - per denture	\$35.00
	Oral Surgery	
7110	Extraction - single tooth	\$8.00
7120	Extraction - each additional tooth	\$9.00

MDG Codes++	Covered Services	Patient Charge
	Oral Surgery (cont.)	
7130	Root removal - exposed roots	\$25.00
7210	Surgical removal of erupted tooth	\$30.00
7220	Removal of impacted tooth - soft tissue	\$50.00
7230	Removal of impacted tooth - partially bony	\$70.00
7240	Removal of impacted tooth - completely bony	\$80.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$90.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$90.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$130.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$90.00
7285	Biopsy of oral tissue - hard	\$70.00
7286	Biopsy of oral tissue - soft	\$65.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$50.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$70.00
7450	Removal of odontogenic cyst/tumor - up to 1.25cm	\$85.00
7451	Removal of odontogenic cyst/tumor - over 1.25cm	\$160.00
7470	Removal of exostosis - maxilla or mandible	\$125.00
7510	Incision & drainage of intraoral abscess	\$40.00
7960	Frenulectomy (separate procedure)	\$95.00
	Orthodontic Treatment (covers 24 months active treatment)	
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$2,285.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2,285.00
8660	Orthodontic evaluation and consultation	\$100.00
8670	Periodic comprehensive orthodontic treatment visit	No Charge
8680	Orthodontic retention	\$415.00
8999	Orthodontic treatment plan and records, including x-rays, study model	\$150.00
	Miscellaneous Services	
9110	Palliative (emergency) treatment - per visit	\$15.00
9215	Local anesthesia	No Charge
9972	External bleaching - per arch - take home bleaching only	\$165.00

++ Covered Services are subject to exclusions, limitations and Plan provisions. Other codes may be used to describe Covered Services.

+ The patient charges for codes 1110, 1120, 1201 and 1203 are limited to the first two services in any 12 month period. For each additional service in the same 12 month period, see codes 1204 and 1999 for the applicable patient charge

^ There is an additional dental lab service patient charge for these procedures. See code 6199 for the applicable patient charge.

^^ There is an additional dental lab service patient charge for these procedures. See code 5899 for the applicable patient charge.

^^^ There is an additional dental lab service patient charge for these procedures. See code 5999 for the applicable patient charge.

** If high noble metal is used, there may be an additional patient charge for the actual cost of the high noble metal. The total patient charge for high noble metal plus the applicable dental lab service charge may not exceed the general dentist's actual lab

¹ Plan Schedule 35-M is only valid for Covered Services rendered by Participating Dentists in the State of Texas.

¹¹ Orthodontic Plan Schedule 1 is only valid for Authorized Services rendered by Participating Orthodontic Specialty Care Dentists in the State of Texas.

Questions and Answers

Guardian's Managed DentalGuard Pre-Paid Dental Plan

Can I visit any general dentist I want under the Managed DentalGuard plan?

To have your dental services covered, you must go to the dental office that you choose when you enroll. You can find a conveniently located dentist in the Managed DentalGuard Directory of Participating General dentists. All of your dental care will be provided by, or arranged by, your selected dental office.

What if I want to change my dental office after I've picked one? Is there a limit to how many times I can change?

You can change dental offices just by calling Guardian at (888) 618-2016. The change will be effective on the first day of the next month, as long as you call before the 20th day of the month.

There's no limit on the number of times you can change dental offices, but selections are always effective from the first day of a month to the last day of a month. Any services started at one dental office must be completed by that office, and your account with the first office must be paid in full before a transfer can be processed.

Does the whole family have to use the same dental office, or can my dependents choose a different one?

Each family member can enroll with a different dental office.

What if I need to see a specialist?

The Managed DentalGuard network includes oral surgeons, periodontists, endodontists, orthodontists and pediatric dental specialists. If you need dental services that only a specialist can provide, your dental office will request authorization from Guardian for you to see a participating specialist. (Usually your dental office will have the referral authorized within ten days; if it's an emergency, it is faster.) You will be responsible for the patient charge shown in your booklet for any covered services performed by a specialist dentist.

I've taken my five-year-old to a pediatric dentist. Can I do that with Managed DentalGuard?

Your child must first be seen by a general dentist at your selected dental office. If a child under age six is unmanageable, a referral to a pediatric dental specialist may be made. After the child's sixth birthday, pediatric specialty services will not be covered.

What is meant by the term "patient charge"?

With the Managed DentalGuard PPD plan, most diagnostic and preventive services are covered at no cost to you. However, for basic, major and some preventive services, you will pay a certain amount -- which is referred to as a patient charge -- for each covered service you receive. The patient charges for your PPD plan are listed in your certificate of coverage booklet, so you'll always know what you'll have to pay for services you need. Better yet, with the Managed DentalGuard plan there are no deductibles, annual maximums or co-insurance -- plus no pre-treatment reviews are required for services provided by your participating general dentist.

When I visit a dentist, are there any claim forms to fill out?

No. Under the Pre-paid plan, any necessary paperwork for services from participating dentists is handled by your selected dental office. You just show your Managed DentalGuard ID card.



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The Guardian Life Insurance Company of America, New York, NY

Questions and Answers

What if I have a problem with my dentist, or with my coverage?

Call Managed DentalGuard Member Services and discuss your problem with the representative. He or she will work with you to help you resolve your problem. If you are still unsatisfied, you can submit a grievance form explaining the matter. Member Services, your dental office or your employer can provide a form for you to use.

Guardian keeps track of all grievances, and regularly reviews grievance reports to identify potential problem areas.

When will my coverage go into effect?

Your benefits coordinator will notify you when your coverage takes effect.

What happens if a member wants a more expensive service than the one the plan covers, or that the dentist recommends?

Most indemnity and PPO plans cover the least expensive treatment appropriate for your condition. Even if your dentist feels a more expensive treatment would be better for you, these plans pay for the less expensive treatment, and you have to pay the difference between what the plan pays for the less expensive treatment and what the dentist charges for the more expensive treatment.

Under the Managed DentalGuard plan, the covered service that the participating dentists recommends is provided at the defined patient charge, regardless of the relative cost. So you are never caught between what your dentist recommends and what the plan covers.

If you want a more expensive, but still covered, treatment than the one that your participating dentist recommends, then you are responsible for the patient charge for the recommended service, plus the difference between the dentist's fees for the two procedures.

How are patient charges for specialty care determined?

Covered specialist services are listed in your certificate of Coverage, along with the specific patient charge for each service. You generally pay a higher patient charge when a service is performed by a specialist than if the same service were performed by a general dentist. However, unlike most plans, the Managed DentalGuard plan always tells you exactly what the patient charge for covered specialty care will be. There are some services that are not covered if performed by a specialist.

Managed DentalGuard plans have defined, a specific patient charges for covered specialty care services. Most other optional plans offer specialty care at a percentage discount off of the specialist's usually fee, which is not defined.

Important Information About Managed DentalGuard: This plan provides pre-paid dental benefits through a network of participating general dentists and specialists. All covered services must be provided by the member's Primary Care Dentist. Specialists' services are covered only when referred by the member's Primary Care Dentist and approved in advance by Guardian. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage. GP-1-MDG1, et al.



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