

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
Services	
Preventive Services*	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	
Basic Services	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	
Major Services	50%
Bridges Installation-fixed and removable	
Dentures- Full and Partial	
Crowns: Resin, Metal	
Inlays	
Onlays	
Posts	
Orthodontic Services	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 Entrant¹ 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.
 - 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

¹A 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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Questions and Answers

The Guardian's Voluntary DentalGuard Maximum Rollover Program

What is Guardian's Voluntary DentalGuard Insurance?

An opportunity to help protect and care for your smile — and your family's— at affordable group rates. You pay plan premiums through convenient payroll deduction.

Can I visit any dentist or specialist or only certain ones?

You and your family members can visit any dentist you wish, any time you need care.

What is a plan deductible and/or annual maximum?

A *deductible* is the dollar amount of covered dental expenses you must pay during the year before benefits are paid by The Guardian. An *annual maximum* is the maximum amount your dental plan will pay in benefits during the year. Both are generally based on the calendar year. Deductibles and annual maximums apply to each covered person.

What is a maximum rollover account?

With Maximum Rollover, we'll roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in future years, if you reach the plan's annual maximum.

To qualify, you must submit a claim and not exceed the paid claims Threshold during the benefit year. You and your dependents maintain separate MRA's based on your own claim activity. Your MRA may not exceed the MRA Limit.

What is co-insurance?

For some services, you may share in the cost of your dental expenses. This is represented as a percentage of your dentist's charges up to the usual, customary, and reasonable level. The percentage of co-insurance typically depends on the type of service received (Preventive, Basic, Major, or Orthodontia).

What is pre-treatment review?

For all courses of treatment expected to exceed \$300, your dentist should submit a report to The Guardian describing the proposed treatment and itemizing expected charges. We will review the report and send the dentist an estimate of benefits we will pay. This will help ensure that you receive the best and most appropriate treatment necessary. Emergency treatment, oral examinations, cleaning, and x-rays may be performed before the review is prepared.

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

Some dentists may submit claims directly to The Guardian. More often, however, dentists will require that you pay for services at the time they are rendered. Afterwards, complete a simple claim form and forward it to us along with a copy of your payment receipt.



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Questions and Answers

How can I find a network dentist or specialist near me?

You may either refer to your provider directory or locate a dentist on the Internet using our on-line listing at www.GuardianLife.com.

What does usual, customary, and reasonable mean?

Usual, customary, and reasonable (UCR) charges for covered services are determined by using the usual level of charges made by the majority of dentists in the same geographic area for the same service. If your dentist's fee is lower than the UCR charge, the plan will pay benefits based on the actual fee. If the fee is higher, the plan will pay benefits based only on the UCR charge, and you are responsible for any amount above the UCR limit.

When will my coverage go into effect?

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

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