

Benefit Summary

for Dental has been prepared for the employees of:

Columbia Chamber of Commerce

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

Out-of-Network Deductible- \$50 (Not Waived for Preventive Services)

Services	Percentage Paid	
	In-Network	Out-of-Network
Preventive Services*	100%	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	90%	80%
Laboratory Test		
Fillings: Amalgam, Silicate & Acrylic		
Oral Surgery- extractions		
Major Services	60%	50%
Endodontic Services/Root Canal Therapy		
Periodontal Services		
Repairs of dentures & bridgework		
Bridges Installation-fixed and removable		
Dentures- Full and Partial		
Fillings & Crowns: Gold & Porcelain		

- There is an \$1,000 annual maximum for Preventive, Basic and Major services combined.
 - *Deductible is waived for In-Network Preventive services. 3 individual deductibles per family.
 - Children are covered up to age 20 or 26 if a full time student.
 - Benefits for Major services are deferred for six months for new enrollees.
 - There are waiting periods for services for Employee/Dependents who are a Late Entrant¹.
 - All out of network services are based on usual, reasonable, and customary rates for given area.
 - 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.
 - **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



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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-DNTL-90-1 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.

