



RETIREE ASSOCIATION
DentalGuard Maximum Rollover Program
Benefit Illustration

	Percentage Paid	
	In-network <i>(Negotiated Fee Schedule)</i>	Out-of-network <i>(90th Percentile of U.C.R.)</i>
Deductible (*Waived for Preventive Services)	\$50.00*	\$50.00*
Maximum	\$1,000	\$1,000
Preventive Services – No Deductible Required	100%	100%
<ul style="list-style-type: none"> ○ Emergency Palliative Treatment ○ Oral Examination - every six months ○ Teeth Cleaning - every six months ○ X-Rays - four bitewings every twelve months 		
Basic Services – Deductible Required	50%	50%
<ul style="list-style-type: none"> ○ Repairs of dentures, bridgework, crowns, etc. ○ Crowns: Stainless Steel ○ X-Rays -full mouth series every five years ○ Diagnostic Consultation- one per year ○ Fillings: Amalgam & Anterior and Posterior** Composites ○ General Anesthesia- surgical procedures only ○ Injectable Antibiotics- for treatment of a dental condition only ○ Laboratory Test 		
Major Services – Deductible Required	50%	50%
<ul style="list-style-type: none"> ○ Bridges Installation-fixed and removable ○ Crowns: Resin, Metal and Porcelain ○ Periodontal Services ○ Endodontic Services/Root Canal Therapy ○ Oral Surgery - Complicated & Uncomplicated Extractions ○ Dentures- Full and Partial ○ Inlays, Onlays, Posts 		

Plan Features

- **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.

Even better, if a member uses the services of Preferred Providers exclusively during the benefit year, we'll increase the amount credited to his or her MRA to the In-network Only Maximum Rollover Amount.

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	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$350	\$1000

- *Deductible is waived for Preventive services.
- Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant¹ penalties.
- **In-network** benefits are based on a negotiated contracted fee schedule; **Out-of-network** benefits are based on usual, reasonable, and customary rates for a given area. While employees retain complete freedom of choice, the employee benefits by using an *In-network* dentist because of significant contracted discounts result in less out-of-pocket expenses; enabling the employee to receive more services during the year than if he or she visited an *Out-of-network* dentist.
- Guardian has contracted with dental providers to provide discounts off services and procedures to Guardian dental plan members. To locate a provider, please reference our On-Line Provider Directory at www.GuardianLife.com.
- 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 Group II (basic) services until 6 months from the date he is insured by this plan; and Group III (major) services until 24 months from the date he is insured by this plan

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.