

## Dental Benefit Summary

### About Your Benefits:

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Using your dental insurance for regular dental check-ups can improve your health. Your dental insurance can also help save you money if more serious dental treatments are needed.

With your **Ind 1000 Value** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

	<b>Ind 1000 Value</b>	
<b>Network</b>	DentalGuard Preferred	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	None
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	60%	60%
Major Care (e.g. crowns, dentures)	50%	50%
Orthodontia	Not Covered	
<b>Annual Maximum Benefit</b>	\$1000	\$1000
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	
<b>Dependent Age Limits</b>	26	

## A Sample of Services Covered by Your Plan:

	Ind 1000 Value	
	Plan pays (on average)	
	In-network	Out-of-network
Anesthesia*	50%	50%
Bridges and Dentures	50%	50%
Cleaning (prophylaxis)	100%	100%
Frequency	Once Every 6 Months	
Fillings‡	60%	60%
Fluoride Treatments	100%	100%
Limits	Under Age 14	
Inlays, Onlays, Veneers**	50%	50%
Oral Exams	100%	100%
Perio Surgery	50%	50%
Periodontal Maintenance	50%	50%
Frequency	Once Every 6 Months (Standard)	
Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
Root Canal	50%	50%
Scaling & Root Planing (per quadrant)	50%	50%
Sealants (per tooth)	100%	100%
Simple Extractions	60%	60%
Single Crowns	50%	50%
Surgical Extractions	50%	50%
X-rays	100%	100%
Deferred Services for Current and Future Employees	Major Services - 12 Months	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. \*General Anesthesia – restrictions apply. ‡Fillings – restrictions may apply to composite fillings.

### Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at [www.guardiananytime.com](http://www.guardiananytime.com)

### Find A Dentist:

Visit [www.GuardianLife.com](http://www.GuardianLife.com)  
Under "Contact Us", Click on "Find A Provider"

## EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: 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 (unless they are expressly provided for), 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-I-DG2000 et al.

**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

## **ADDITIONAL MATERIALS**



# Good News! Your Dental Plan Is Even Better Than You Think

**Savings on in-Network providers average 30% of what dentists usually charge!**

**In-network:** You receive regular contracted savings, and no balance billing.

**Out-of-network:** Charges will be paid for only up to the maximum fee level established with our contracted network dentists; any amount that is charged over the fee schedule is the responsibility of the patient.

## Value Plan Example:

Network vs. Non-Network Savings*			
Difference in your out-of-pocket expense: \$369			
Benefits for a Root Canal (on a molar)			
Network Care		Non-Network Care	
Typical network dentist fee:	\$665	Average non-network dentist fee:	\$968
Plan Pays:	\$532**	Plan Pays:	\$532**
You Pay:	\$133	You Pay:	\$436
*Savings may be greater or less depending on your dentist's location			
**Assumes service is covered at an 80% co-insurance level			

## More Reasons to Use Network Care

- One of the industry's largest Preferred Provider networks – highly skilled dental professionals at over 128,000 locations.
- Network dentists are easy to locate. Simply use the On-Line DentalGuard Provider Directory at [www.GuardianLife.com](http://www.GuardianLife.com) or call the number on the back of your ID card. If your provider does not participate, Guardian's convenient dentist referral program can help add them to the network!
- No claim forms to complete. Just present your new DentalGuard Preferred Network ID card to the provider.

**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.



# Maximum Rollover<sup>®</sup>

## Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

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

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$350	\$1000

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

### NOTES:

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2009, the claim activity in 2010 will be used and applied to MRAs for use in 2011.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year.

Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.





## **DentalGuard Preferred Dentist Nomination Form**

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at [www.GuardianLife.com](http://www.GuardianLife.com).

DATE: \_\_\_\_\_

Employer: \_\_\_\_\_

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **DENTIST INFO**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

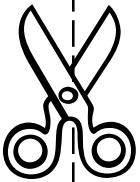
Specialty: \_\_\_\_\_

Please submit completed form to:

Guardian  
DentalGuard Preferred  
P.O. Box 2465  
Spokane, WA 99210-9817  
or FAX to: 509-468-6550



**GUARDIAN®**





# *Finding a dentist is easy*

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## **Go online – it just takes minutes!**

The best way to save money through your dental plan is by seeing a dentist in your plan's network. Guardian's Find a Provider site makes it easy for you to search for a dentist that meets your needs.

Guardian's Find a Provider site is available to you 24 hours a day, 7 days a week.

- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of dentists' information (ie. office status, distance)
- Create a quick-list of "favorite" dentists — for easy reference online
- Get maps and directions to a dentist's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit the site
- Create a customized directory of dentists
- Nominate a dentist to be included in a network
- And much more!

**Just go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) and click on "Find a Provider". You can also find a dentist on the go from your smart phone – simply download our app.**

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Employer:  
**AAQHC**  
**22235 Mulholland Drive**  
**Woodland Hills, CA 91364**

Guardian Group Plan Number: **460357**  
 Plan Administrator: **AAQHC, an**

The Guardian Life Insurance Company of America

<b>EMPLOYER USE ONLY</b>				New Application	Add Dependent(s)	Drop Dependent(s)	Change Address
				Change Name	Drop Coverage as of: / /		
Class <b>100/60/50 1000 Value LA, SD, SF</b>		Hours Worked		Division		Benefits Effective / /	
Keep a copy for your records and return form to: <b>Midwest Regional Office, P.O. Box 8012, Appleton, WI 54912-8012</b>							

<b>ABOUT YOURSELF</b>				<i>Print clearly in black or blue ink.</i>			
First, Middle Initial, Last Name Add Change Drop				Sex M F	Date of Birth (mm/dd/yyyy) / /		Social Security Number - -
Address				City		State	Zip
Preferred E-mail		Day Phone		Eve Phone		The best way to reach you: E-mail Day Phone Eve Phone	
Job Title		Work Status Full-Time Part-Time Retired COBRA/State Continuation / /		Date work status began			
Are you married? Yes No If you have a domestic partner (DP), is your partnership registered with the State of California? Yes No				Do you have children or other dependents? Yes No			

<b>ABOUT YOUR DEPENDENTS</b>				A sheet with information about additional dependents is attached.			
Spouse/DP First, Middle Initial, Last Name Add Change Drop		Sex M F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	Marriage Date (mm/dd/yyyy) / /		
Child 1 Add Change Drop	Sex M F	Date of Birth (mm/dd/yyyy) / /	Full-time student, at (school):	City/State:		Attending Since / /	
Child 2 Add Change Drop	Sex M F	Date of Birth (mm/dd/yyyy) / /	Full-time student, at (school):	City/State:		Attending Since / /	
Child 3 Add Change Drop	Sex M F	Date of Birth (mm/dd/yyyy) / /	Full-time student, at (school):	City/State:		Attending Since / /	
Child 4 Add Change Drop	Sex M F	Date of Birth (mm/dd/yyyy) / /	Full-time student, at (school):	City/State:		Attending Since / /	
To drop coverage for yourself or your dependents, check the box(es) to the right of the name(s) and select the coverage(s) to drop below. Attach a separate sheet if you wish to drop more than one dependent from different coverages. Dental							

CHOOSE YOUR DENTAL COVERAGE			Check one box only
Ind 1000 Value			
Employee alone			I waive this coverage
Employee and Spouse/DP			I waive this coverage
Employee and Child(ren)			I waive this coverage
Entire family			I waive this coverage
<b>If you or your family have lost dental coverage, please explain below. Late entry penalties may apply.</b>			
Reason for Loss of coverage: Termination of Employment   Divorce   Death of Spouse/DP   Termination or Expiration of coverage			Date of coverage loss /   /
If you are waiving coverage, are you covered under another dental plan? Yes   No		If you are waiving dependent coverage, are your dependents covered under another dental plan?   Yes   No	

IMPORTANT NOTES

Proof of insurability does not apply to dental, but if you waive dental coverage and later decide to enroll, you may be subject to a late entrant penalty and your dental benefits may be limited for a period of time. Guardian may waive late-entrant penalties if you lose dental coverage due to termination of the plan, loss of employment, death of spouse/DP, divorce or where a court has ordered coverage be provided for an eligible spouse/DP or eligible children, provided you apply within 30 days.

SIGNATURE

I hereby apply for the group benefit(s) that I have chosen above.  
I understand that I must meet eligibility requirements for all coverages that I have chosen above.

I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.  
I agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.

I attest that the information provided above is true and correct to the best of my knowledge.  
Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

SIGNATURE OF EMPLOYEE X

DATE