GUARDIAN

Benefit Summary - City Of Newton
Basic Plan
Group #438073

Type I Preventive	Type II Basic Restorative
Covered at 100% (PPO In-Network) **Covered at 100% (Out-of-Network)**	**Covered at 100%* (PPO In-Network)** **Covered at 80%* (Out-of-Network)**
Deductible: None	*** After Calendar Year Deductible:** $25 Individual, $75 Family
Diagnostic: • Comprehensive Evaluation – *Once every 36 months per dentist* • Periodic Oral Exams – *Once every 6 months* • Full Mouth X-Rays – *Once every 36 months* • Bitewing X-Rays – *Once every 6 months* • Single Tooth X-Rays – *As needed* **Preventive:** • Teeth cleaning - *Once every 6 months* • Periodontal Cleaning – *Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings* • Fluoride Treatments – *Once every 6 months for members* • Space Maintainers (required due to the premature loss of teeth) – *For members under age 14* • Sealants – *Unrestored permanent molars, once per tooth for members through age 19*	**Restorative:** • Silver Fillings – *Once every 24 months per surface per tooth* • White Fillings – *Once every 24 months per surface per tooth on front teeth; single surface only on back teeth* • Temporary Fillings - *Once per tooth* • Stainless Steel Crowns – *Once every 24 months per tooth* **Oral Surgery:** *Oral surgical benefits not provided when rendered in a surgical day care or hospital setting* • Simple Extractions • Surgical Extractions **Periodontics:** • Periodontal Surgery – *Periodontal benefits not provided when rendered in a surgical day care or hospital setting* • Periodontal Scaling and Root Planing – *Once in 24 months, per quadrant* **Endodontics:** • Root Canal Treatment - *Once per tooth* • Vital Pulpotomy – *Limited to deciduous teeth* **Prosthetic Maintenance:** • Bridge or Denture Repair – *Once within12 months, same repair* • Rebase or Reline of Dentures – *Once within 36 months* • Re-cement of Crowns on Onlays – *Once per tooth* **Emergency Dental Care:** • Minor Treatment for Pain Relief – *Three occurrences in 12 months* • General Anesthesia – *Allowed with covered surgical services only*
Calendar Year Maximum: $750 per Person	
Dependent child(ren) covered to age 20. Full-time students covered to age 26.	

- All out-of-network services are based on usual, reasonable and customary rates for given area.
- Dental Claims: PO Box 2459, Spokane, WA 99210-2459, phone 1-800-541-7846, fax 509-468-4590.
- 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.

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 hygience services (except as covered under preventive services), 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-DG200et al.

This handout is for illustrative purposes. A benefit booklet will be available in First Class email.
If there is a discrepancy between this handout and the benefit booklet, the benefit booklet prevails.