



The Guardian Life Insurance Company of America, New York, NY  
**Group Plan No. 233673**  
**1-800-890-4774**

## Town of Concord DENTAL INSURANCE SUMMARY

### PLAN BENEFITS COVERAGE

Coverage is based on the type of service received (Group I, II or III described below) and whether you obtain services from a provider In-Network versus Out-of-Network. The maximum amount paid by this insurance for all services combined is \$1,500 annually per person (in and out-of-network combined), plus any funds available through a personal Maximum Rollover Account.

Dental insurance is provided as a Preferred Provider Organization (PPO) Plan. You are granted a degree of choice in providers, but if you need or want services from *outside* the network, you will pay a higher share of the cost than if the provider were from within the PPO network.

#### Group I – Preventive Services\*

- Oral examinations
- Teeth cleaning (every 6 months)
- X-rays
- Fluoride treatment for children
- Space maintainers for children

\*\$50 Annual Deductible Waived for Group I services

In-Network	Out-of-Network
100%	100%

#### Group II – Basic Services

- Fillings (amalgam and acrylic)
- Root canals
- Extractions and other oral surgery
- Periodontal services

In-Network	Out-of-Network
100%	80%

#### Group III – Major Services

- Gold and porcelain fillings & crowns
- Initial installation of bridgework, crowns, dentures
- Implants

In-Network	Out-of-Network
60%	50%

### TO FIND A PARTICIPATING PROVIDER

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) or call: 1-800-541-7846

The information needed for your search is:

Select Your Plan . . . . . PPO

Select Your Dental Network . . . . . DentalGuard Preferred

*If your dentist is not a participating provider, you may contact Guardian to ask that he/she be invited to join the network.*

#### IMPORTANT NOTICE TO EMPLOYEES:

*You have 31 days from your initial date of eligibility to enroll. There is no annual open enrollment for this Dental Insurance. If an employee does not elect coverage when offered, there is no guarantee of enrollment eligibility in the future. Late enrollees are subject to coverage penalties and must wait 6 months for Group II services and 12 months for Group III services except for covered charges due solely to an injury suffered while insured. This summary of benefits has been prepared as a guide for employees of the Town of Concord and Concord Public Schools for illustrative purposes only. Complete details regarding coverage are available in the plan documents. Guardian plan documents are the final arbiter of coverage. The premium costs listed for this insurance are valid as of December 1, 2018 (November 2018 payroll deductions).*

### COST OF INSURANCE

	<u>Family*</u>	<u>Individual</u>
Monthly Premium	\$150.73	\$53.13
Town Share	\$75.37	\$26.57
Employee Share	\$75.36	\$26.56
<b>Bi-weekly Payroll Deduction</b>	<b>\$37.68</b>	<b>\$13.28</b>

\* Eligible dependents include legal spouse, unmarried dependent children to age 23 or age 25 if a full-time student.

### OTHER PROVISIONS

#### Deductible

One \$50 deductible per person (maximum 3 per family) per calendar year for either In or Out-of-Network Dentists.

#### Reasonable and Customary Charges

The maximum expense for each procedure is limited to usual, customary and reasonable charges in the geographic area where the service is rendered. In all cases where different methods of treatment are available, payment will be based on the procedure that provides the professionally adequate treatment at the most reasonable and customary amount.

#### Pre-Treatment Review

For services costing \$300 or more, the dentist is not required but is encouraged to submit a treatment plan before work begins. The plan will be reviewed and an estimate of the plan payments will be sent to both the employee and dentist. Pre-Treatment Review enables the dentist to see how Guardian will cover the work while giving the employee an idea of what his/her out-of-pocket expense will be.

#### Maximum Rollover Account

If you had at least 1 preventative treatment during a calendar year and less than \$700 of claims were made that year, up to \$350 of your unused annual maximum may roll over into a personal Maximum Rollover Account for use in future years. If only in-network providers were used during the benefit year, up to \$500 may roll over. Maximum Rollover Account is limited to \$1,250.

#### Vision Discounts

Dental plan subscribers are eligible for discounts on vision services (e.g., exams, frames, lenses, laser surgery) when they use Vision Service Plan's (VSP's) network doctors to obtain such services.