Benefit Summary

for Dental *has been prepared for the employees of:*

Plan 1500

Deductible- $50 individual (*Waived for Preventive Services)

	Percentage Paid
Services	
Preventive Services*	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 - every six months (No Age Limit)	
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	80%
Laboratory Test	
Diagnostic Consultation- one per year	
Fillings: Amalgam & Anterior Composites	
Crowns: Stainless Steel	
Repairs of dentures, bridgework, crowns, etc.	
Endodontic Services/Root Canal Therapy	
Periodontal Services	
Oral Surgery- Uncomplicated extractions	
General Anesthesia- surgical procedures only	
Injectable Antibiotics- for treatment of a dental condition only	
Major Services	50%
Bridges Installation-fixed and removable	
Dentures- Full and Partial	
Crowns: Resin, Metal	
Inlays	
Onlays	
Posts	

- There is a $1,500 annual maximum for Preventive, Basic and Major services combined.
- *Deductible is waived for Preventive services. 3 individual deductibles per family.
- Unmarried Children are covered up to age 23 regardless of student status but they must be at least 50% dependent upon the member for support and living at home.

GUARDIAN®

Benefit Summary-Continued

- Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant[1] penalties.
- No waiting periods apply for eligible employees/dependents
- All out of network services are based on usual, reasonable, and customary rates for given area.
- 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. The two networks PHT has access to are Dentalguard Preferred & Dental Options.
- 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

[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-DG2000 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.