

Benefit and Cost Summary

Managed DentalGuard (DHMO – Prepaid) Plan

Mansfield ISD

Monthly Cost

Employee Only	\$11.56
Employee & Spouse	\$18.28
Employee & Child(ren)	\$25.07
Employee & Family	\$29.77

This handout is for illustrative purposes only. The payroll deductions are an approximation. Please see your paycheck for actual payroll deductions. If there is a discrepancy between this handout and your paycheck, your paycheck stub prevails.



GUARDIAN®

Plan Schedule 35-M
Orthodontic Plan Schedule 1

MDG Codes++	Covered Services	Patient Charge
Appointments & Diagnostic Services		
0120	Periodic oral evaluation, participating general dentist	No Charge
0120	Periodic oral evaluation, participating specialty care dentist	\$10.00
0140	Limited oral evaluation - problem focused, participating general dentist	No Charge
0140	Limited oral evaluation - problem focused, participating specialty care dentist	\$25.00
0150	Comprehensive oral evaluation, participating general dentist	No Charge
0150	Comprehensive oral evaluation, participating specialty care dentist	\$25.00
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	No Charge
0999	Office visit - during regular hours - participating general dentist only	\$5.00
9310	Consultation (by dentist other than practitioner providing treatment), participating general dentist	\$30.00
9310	Consultation (by dentist other than practitioner providing treatment), participating specialty care dentist	\$45.00
9430	Office visit for observation - regular hours - no other service performed	No Charge
9440	Emergency office visit - after regularly scheduled office hours	\$50.00
Radiographs		
0210	Intraoral - complete series (including bitewings)	\$5.00
0220	Intraoral - periapical - single film	No Charge
0230	Intraoral - periapical - each additional film	No Charge
0240	Intraoral - occlusal - each film	No Charge
0270	Bitewing - single film	No Charge
0272	Bitewings - two films	No Charge
0274	Bitewings - four films	No Charge
0330	Panoramic film	\$5.00
Preventive & Space Maintenance		
1110	Prophylaxis - adult (first 2 services in any 12 month period) +	No Charge
1120	Prophylaxis - child (first 2 services in any 12 month period) +	No Charge
1999	Prophylaxis - adult or child (with or without fluoride)(each additional service in same 12 month period) +	\$60.00
1201	Topical application of fluoride (including prophylaxis) - child (first 2 services in any 12 month period) +	No Charge
1203	Topical application of fluoride (prophylaxis not included) - child (first 2 services in any 12 month period) +	No Charge
1204	Topical application of fluoride (prophylaxis not included) - child (each additional service in same 12 month period) +	\$20.00
1310	Nutritional counseling for control of dental disease	No Charge
1330	Oral hygiene instruction	No Charge
1351	Sealant - per tooth - molars only	\$10.00
9999	Sealant - per tooth - non-molars only	\$35.00
1510	Space maintainer - fixed - unilateral	\$65.00
1515	Space maintainer - fixed - bilateral	\$110.00
1550	Recementation of space maintainer	\$15.00
Restorative		
2110	Amalgam - one surface - primary	\$10.00
2120	Amalgam - two surfaces - primary	\$10.00
2130	Amalgam - three surfaces - primary	\$15.00
2131	Amalgam - four or more surfaces - primary	\$15.00
2140	Amalgam - one surface - permanent	\$8.00
2150	Amalgam - two surfaces - permanent	\$12.00
2160	Amalgam - three surfaces - permanent	\$14.00
2161	Amalgam - four or more surfaces - permanent	\$17.00
2210	Silicate cement - per restoration	\$15.00
2330	Resin/composite - one surface, anterior	\$20.00
2331	Resin/composite - two surfaces, anterior	\$25.00
2332	Resin/composite - three surfaces, anterior	\$30.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$45.00
2336	Composite resin crown, anterior - primary	\$45.00
2380	Resin/composite - one surface, posterior - primary	\$30.00
2381	Resin/composite - two surfaces, posterior - primary	\$35.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$40.00
2385	Resin/composite - one surface, posterior - permanent	\$35.00
2386	Resin/composite - two surfaces, posterior - permanent	\$50.00
2387	Resin/composite - three or more surfaces, posterior - permanent	\$70.00

MDG Codes++	Covered Services	Patient Charge
Crown, Bridge & Other Cast Restorations		
2510	Inlay - metallic - one surface ^ **	\$180.00
2520	Inlay - metallic - two surfaces ^ **	\$235.00
2530	Inlay - metallic - three or more surfaces ^ **	\$235.00
2543	Onlay - metallic - three surfaces ^ **	\$250.00
2544	Onlay - metallic - four or more surfaces ^ **	\$260.00
2740	Crown - porcelain/ceramic substrate ^	\$250.00
2750	Crown - porcelain fused to high noble metal ^ **	\$230.00
2751	Crown - porcelain fused to predominantly base metal ^	\$230.00
2752	Crown - porcelain fused to noble metal ^	\$250.00
2790	Crown - full cast high noble metal ^ **	\$230.00
2791	Crown - full cast predominantly base metal ^	\$230.00
2792	Crown - full cast noble metal ^	\$250.00
2810	Crown - 3/4 cast metallic ^ **	\$240.00
2999	Crown supporting existing partial denture, in addition to crown	\$125.00
6199	Dental lab service - per inlay, onlay, crown or bridge unit	\$75.00
6210	Pontic - cast high noble metal ^ **	\$230.00
6211	Pontic - cast metal predominantly base metal ^	\$230.00
6212	Pontic - cast noble metal ^	\$250.00
6240	Pontic - porcelain fused to high noble metal ^ **	\$230.00
6241	Pontic - porcelain fused to predominantly base metal ^	\$230.00
6242	Pontic - porcelain fused to noble metal ^	\$250.00
6520	Inlay - abutment - metallic - two surfaces ^ **	\$260.00
6530	Inlay - abutment - metallic - three or more surfaces ^ **	\$265.00
6543	Onlay - abutment - metallic - three surfaces ^ **	\$275.00
6544	Onlay - abutment - metallic - four or more surfaces ^ **	\$290.00
6750	Crown - abutment - porcelain fused to high noble metal ^ **	\$230.00
6751	Crown - abutment - porcelain fused to predominantly base metal ^	\$230.00
6752	Crown - abutment - porcelain fused to noble metal ^	\$250.00
6780	Crown - abutment - 3/4 cast metallic ^ **	\$230.00
6790	Crown - abutment - full cast high noble metal ^ **	\$230.00
6791	Crown - abutment - full cast predominantly base metal ^	\$230.00
6792	Crown - abutment - full cast noble metal ^	\$250.00
6999	Multiple crown and bridge unit treatment plan - per unit	\$125.00
Other Restorative Services		
2910	Recement inlay	\$20.00
2920	Recement crown	\$20.00
2930	Prefabricated stainless steel crown	\$60.00
2931	Prefabricated stainless steel crown - permanent tooth	\$60.00
2932	Prefabricated resin crown	\$90.00
2940	Sedative filling	\$15.00
2950	Core buildup, including any pins	\$50.00
2951	Pin retention - per tooth, in addition to restoration	\$15.00
2952	Cast post & core	\$95.00
2954	Prefabricated post & core	\$85.00
2960	Labial veneer (laminare) - chairside	\$235.00
6930	Recement bridge	\$15.00
6970	Cast post & core, in addition to abutment	\$95.00
6972	Prefabricated post & core, in addition to abutment	\$85.00
6973	Core buildup for abutment, including any pins	\$55.00
Endodontics		
3110/3120	Pulp cap	\$10.00
3220	Therapeutic pulpotomy	\$30.00
3310	Root canal - anterior	\$95.00
3320	Root canal - bicuspid	\$160.00
3330	Root canal - molar	\$170.00
3346	Root canal - retreatment - anterior	\$310.00
3347	Root canal - retreatment - bicuspid	\$370.00
3348	Root canal - retreatment - molar	\$445.00
3410	Apicoectomy/periradicular surgery - anterior	\$135.00
3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$145.00
3425	Apicoectomy/periradicular surgery - molar - first root	\$155.00
3426	Apicoectomy/periradicular surgery - each additional root	\$80.00
3430	Retrograde filling - per root	\$35.00

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Plan Schedule 35-M
Orthodontic Plan Schedule 1

MDG Codes++	Covered Services	Patient Charge
	Periodontics	
4210	Gingivectomy or gingivoplasty - per quadrant	\$80.00
4211	Gingivectomy or gingivoplasty - per tooth	\$25.00
4220	Gingival curettage, surgical - per quadrant - by report	\$45.00
4240	Gingival flap procedure-including root planing - per quadrant	\$190.00
4249	Clinical crown lengthening - hard tissue	\$170.00
4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$255.00
4270	Pedicle soft tissue graft procedure	\$185.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$205.00
4341	Periodontal scaling & root planing - per quadrant	\$30.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$35.00
4910	Periodontal maintenance procedures (following active therapy)	\$30.00
4920	Unscheduled dressing change (by other than treating dentist)	\$25.00
4999	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$155.00
9951	Occlusal adjustment - limited - per visit	\$20.00
	Prosthetics (Removable)	
5110/5120	Complete denture (including routine post delivery care) ^ ^	\$345.00
5130/5140	Immediate denture (including routine post delivery care) ^ ^	\$345.00
	Partial dentures (including routine post delivery care):	
5211/5212	Resin base - including clasps, rests, teeth ^ ^	\$310.00
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth ^ ^	\$355.00
	Repairs & adjustments:	
5410/11/21/22	Denture adjustments	\$20.00
5510/5610	Repair denture base ^ ^ ^	\$45.00
5520/5640	Replace missing or broken teeth - per tooth ^ ^ ^	\$35.00
5630	Repair or replace clasp ^ ^ ^	\$60.00
5650	Add tooth to existing partial ^ ^ ^	\$45.00
5660	Add clasp to existing partial ^ ^ ^	\$45.00
5710/11/20/21	Rebase denture ^ ^ ^	\$125.00
5730/31/40/41	Reline denture (chairside)	\$65.00
5750/51/60/61	Reline denture (laboratory) ^ ^ ^	\$120.00
5820/5821	Interim partial denture (stayplate)	\$95.00
5850/5851	Tissue conditioning	\$30.00
5899	Dental lab service - each new complete, immediate, or partial denture	\$165.00
5999	Dental lab service - denture repair, rebase or reline - per denture	\$35.00
	Oral Surgery	
7110	Extraction - single tooth	\$8.00
7120	Extraction - each additional tooth	\$9.00

MDG Codes++	Covered Services	Patient Charge
	Oral Surgery (cont.)	
7130	Root removal - exposed roots	\$25.00
7210	Surgical removal of erupted tooth	\$30.00
7220	Removal of impacted tooth - soft tissue	\$50.00
7230	Removal of impacted tooth - partially bony	\$70.00
7240	Removal of impacted tooth - completely bony	\$80.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$90.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$90.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$130.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$90.00
7285	Biopsy of oral tissue - hard	\$70.00
7286	Biopsy of oral tissue - soft	\$65.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$50.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$70.00
7450	Removal of odontogenic cyst/tumor - up to 1.25cm	\$85.00
7451	Removal of odontogenic cyst/tumor - over 1.25cm	\$160.00
7470	Removal of exostosis - maxilla or mandible	\$125.00
7510	Incision & drainage of intraoral abscess	\$40.00
7960	Frenulectomy (separate procedure)	\$95.00
	Orthodontic Treatment (covers 24 months active treatment)	
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$2,285.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2,285.00
8660	Orthodontic evaluation and consultation	\$100.00
8670	Periodic comprehensive orthodontic treatment visit	No Charge
8680	Orthodontic retention	\$415.00
8999	Orthodontic treatment plan and records, including x-rays, study model	\$150.00
	Miscellaneous Services	
9110	Palliative (emergency) treatment - per visit	\$15.00
9215	Local anesthesia	No Charge
9972	External bleaching - per arch - take home bleaching only	\$165.00

++ Covered Services are subject to exclusions, limitations and Plan provisions. Other codes may be used to describe Covered Services.

+ The patient charges for codes 1110, 1120, 1201 and 1203 are limited to the first two services in any 12 month period. For each additional service in the same 12 month period, see codes 1204 and 1999 for the applicable patient charge

^ There is an additional dental lab service patient charge for these procedures. See code 6199 for the applicable patient charge.

^^ There is an additional dental lab service patient charge for these procedures. See code 5899 for the applicable patient charge.

^^^ There is an additional dental lab service patient charge for these procedures. See code 5999 for the applicable patient charge.

** If high noble metal is used, there may be an additional patient charge for the actual cost of the high noble metal. The total patient charge for high noble metal plus the applicable dental lab service charge may not exceed the general dentist's actual lab

¹ Plan Schedule 35-M is only valid for Covered Services rendered by Participating Dentists in the State of Texas.

¹¹ Orthodontic Plan Schedule 1 is only valid for Authorized Services rendered by Participating Orthodontic Specialty Care Dentists in the State of Texas.

MANAGED DENTALGUARD

FINE PRINT

(For MDG Plans 15M, 25M, 33M, 34M, 35M, 38M, 58M, 78M, 15G, 25G, 33G, 34G, 35G, 38G, 58G and 78G)

Managed DentalGuard (MDG) combines broad dental coverage with a number of cost-saving features for you and your family. Many procedures are covered at no cost to you. There are no claim forms to complete, no deductibles and no yearly maximums.

Emergency Dental Services

MDG covers emergency dental services at home or away. Emergency dental services are limited to procedures administered in a dentist's office, dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

The MDG network also provides for emergency dental services 24 hours a day, 7 days a week, to all members. You should contact your selected primary care dentist, who will arrange for such care.

You may require emergency dental services when you are unable to obtain services from your primary care dentist. When emergency dental services are provided by a dentist other than your primary care dentist, and without referral by your primary care dentist or authorization by MDG, coverage is limited to palliative treatment (code 9110) only. You must submit to MDG: (a) the bill incurred as a result of the emergency; (b) evidence of payment; and (c) a brief explanation of the emergency. This should be done within 60 days or as soon as reasonably possible. MDG will reimburse you for the cost of the emergency dental service, less the applicable patient charge.

Alternative Treatment

If you select an alternative covered procedure over the procedure recommended by your primary care dentist, you must pay the difference between your primary care dentist's usual and customary charges for the recommended procedure and the alternative procedure, plus the patient charge for the recommended procedure.

Crowns, Bridges and Dentures

The replacement of a crown or bridge is not covered within 5 years of the original placement under the plan, except when clinically necessary as determined by your primary care dentist.

The benefit for complete dentures includes all usual post-delivery care including adjustments for six months after insertion. The benefit for immediate dentures includes limited follow-up care only for six months, and does not include required future rebasing or relining procedures or a complete new denture.

Multiple Crown/Bridge Unit Treatment Fee

If your primary care dentist recommends a treatment plan including six or more units of crown and/or bridge, you must pay both the listed patient charge for each unit of crown or bridge, plus an additional charge per unit.

Crown Supporting Existing Partial Denture

An additional patient charge applies to a crown placed under an existing partial denture when the crown must be customized to physically support the metal framework of the partial denture. You must pay both the patient charge for a crown supporting an existing partial denture and the patient charge for the crown itself. The patient charge for a crown supporting an existing partial denture does not apply to a unit of crown or bridge for which the member must pay the patient charge for a multiple crown/bridge unit treatment plan.

Dental Lab Service Charge

For certain covered services in which your primary care dentist may incur a bill from a dental lab, a patient charge for dental lab services will be charged in addition to the patient charge for the service itself. The participating general dentist will collect the listed patient charge for the dental lab service when a member receives an inlay, onlay, crown, bridge, denture, denture repair, denture rebase or denture reline. For crowns and/or bridges, a separate dental lab service patient charge will apply to each unit of crown and/or bridge. For dentures, denture relines, and denture rebases, a separate dental lab service patient charge will apply to each arch (e.g., one dental lab service patient charge for an upper denture and another dental lab service patient charge for a lower denture). For denture repair, a separate dental lab service patient charge will apply for each denture repair service.

Pediatric Specialty Services

A referral to a pediatric specialty care dentist is available for members under age six if they are unmanageable at a visit to their primary care dentist. Referrals are for the current treatment plan only and members must return to the primary care dentist for further services and referrals if necessary.

If your child receives services from a participating pediatric specialty care dentist after his or her 6th birthday, you will be responsible for the participating pediatric specialty care dentist's usual fees in full for covered services.

If your child sees a non-participating pediatric specialty care dentist, you will be responsible for that dentist's usual fees in full.

Managed DentalGuard, Inc., a wholly owned subsidiary of The Guardian Life Insurance Company of America

Second Opinion Consultation

MDG provides a benefit for a second opinion consultation regarding services recommended by your primary care dentist or by a participating specialty care dentist. You must call or write Member Services for authorization before arranging for the second opinion. We only cover a second opinion consultation when the recommended services are otherwise covered under the plan.

Member Services will help you identify a participating dentist to perform the second opinion consultation, or you may request a second opinion with a non-participating dentist. The plan's benefit for a second opinion consultation is limited to \$50.00. If a participating dentist is the consultant, there is no cost to you. If a non-participating dentist is the consultant, you must pay any portion of his or her fee over \$50.00.

Noble and High Noble Metal

The plan provides for the use of noble metal for inlays, onlays, crowns and fixed bridges. When high noble metal is used, you may pay an additional amount for the actual cost of the high noble metal, in addition to the usual patient charge for the inlay, onlay, crown or fixed bridge, plus the applicable dental lab service charge. The total patient charges for high noble metal plus the applicable dental lab service charge will not exceed the actual lab bill for the service.

Orthodontic Treatment

The plan covers orthodontic services as shown in the List of Covered Services and Patient Charges for services that are started and completed under this plan, limited to one course of treatment per member. Treatment must be preauthorized by MDG, and must be performed by a participating orthodontic specialty care dentist.

The plan covers up to 24 months of comprehensive orthodontic treatment. If treatment beyond 24 months is necessary, you must pay an additional charge for each additional month of treatment, based on the participating orthodontist's contracted fee.

Retention services are covered at the patient charge shown in the List of Covered Services and Patient Charges only following a course of comprehensive orthodontic treatment started and completed under this plan.

The plan does not cover any incremental charges for orthodontic appliances made with clear, ceramic, white or other optional material, or lingual brackets. Any additional costs for the use of these materials will be your responsibility.

Only One Of The Following Two Paragraphs Applies To Your Plan:

If in your plan's List of Covered Services and Patient Charges, the patient charge for "Comprehensive orthodontic treatment for a dependent child to age 18" (as determined by the Member's age on the date of banding) is the same as that for "Comprehensive orthodontic treatment for an employee, spouse or dependent child over age 18" (as determined by the Member's age on the date of banding), then your plan does not have an optional orthodontics-in-progress benefit and the following sentence applies to your plan. **For orthodontic treatment procedures which were started but not completed prior to the member's eligibility to receive benefits under this plan, refer to the "Treatment Started but Not Completed Prior to Eligibility Under this Plan" section.**

OR

If in your plan's List of Covered Services and Patient Charges, the patient charge for "Comprehensive orthodontic treatment for a dependent child to age 18" (as determined by the Member's age on the date of banding) is less than the patient charge for "Comprehensive orthodontic treatment for an employee, spouse or dependent child over age 18" (as determined by the Member's age on the date of banding), then your plan has an optional orthodontics-in-progress benefit and the following two sentences apply to your plan. **For orthodontic treatment procedures for an employee or spouse which were started but not completed prior to the member's eligibility to receive benefits under this plan, refer to the "Treatment Started but Not Completed Prior to Eligibility Under this Plan" section. However, for dependent children, prorated orthodontic benefits may be provided if comprehensive orthodontic treatment was started prior to the member's 19th birthday, has not exceeded 24 months, and is in progress as of the member's effective date under the MDG plan.**

Treatment Started but Not Completed Prior to Eligibility Under this Plan

The patient charges shown in the List of Covered Services and Patient Charges are only valid for covered services that are: (1) started and completed under this plan, and (2) rendered by participating dentists in the state of Texas.

A member may choose to have a participating dentist complete an inlay, onlay, crown, fixed bridge, root canal, denture or orthodontic treatment procedure which: (1) is shown in the List of Covered Services and Patient Charges; and (2) was started but not completed prior to the member's eligibility to receive benefits under this plan. The member is responsible to identify, and transfer to, a participating dentist willing to complete the procedure at the patient charge described in this section.

Inlays, onlays, crowns, fixed bridges, or dentures which: (1) are shown in the List of Covered Services and Patient Charges; and (2) were started but not completed prior to the member's eligibility to receive benefits under this plan have a patient charge equal to 85% of the participating general dentist's usual fee (there is no additional patient charge for high noble metal or dental lab service). Inlays, onlays, crowns or fixed bridges are: (a) started when the tooth or teeth are prepared; and (b) completed when the final restoration is permanently cemented. Dentures are (a) started when the impressions are taken; and (2) completed when the denture is delivered to the patient.

Root canal treatment procedures which: (1) are shown in the List of Covered Services and Patient Charges; and (2) were started but not completed prior to the member's eligibility to receive benefits under this plan have a patient charge equal to 85% of the participating general dentist's or participating endodontic specialty care dentist's usual fee. Root canal treatment is: (a) started when the pulp chamber is opened; and (b) completed when the permanent root canal filling material is placed.

Orthodontic treatment procedures which: (1) are shown in the List of Covered Services and Patient Charges; and (2) were started but not completed prior to the member's eligibility to receive benefits under this plan have a patient charge equal to 85% of the participating orthodontic specialty care dentist's usual fee. [If the member's plan has an optional orthodontics-in-progress benefit as described in the "Orthodontic Treatment" section, then for dependent children, prorated orthodontic benefits may be provided if comprehensive orthodontic treatment was started prior to the member's 19th birthday, has not exceeded 24 months, and is in progress as of the member's effective date under the MDG plan. For all members,] retention services are covered at the patient charge shown in the List of Covered Services and Patient Charges only following a course of comprehensive orthodontic treatment started and completed under this plan. When comprehensive orthodontic treatment is started prior to the member's eligibility to receive

benefits under this plan, the patient charge for orthodontic retention is equal to 85% of the participating orthodontic specialty care dentist's usual fee. Comprehensive orthodontic treatment is started when the teeth are banded.

Limitations

We don't cover services in excess of any of the following limitations:

- Periodontal maintenance procedure - 2 services in any 12 month period. One periodontal maintenance procedure may be performed by a participating periodontal specialty care dentist if done within 3 to 6 months following completion of approved, active periodontal therapy by the participating periodontal specialty care dentist. Such therapy includes periodontal scaling and root planing or periodontal surgery.
 - Fluoride treatment – up to the 18th birthday only.
 - Sealants – up to the 16th birthday only.
 - Gingival flap procedure (4240) or osseous surgery (4260, 4999) – one service per quadrant or area in any 3 year period.
 - Periodontal soft tissue graft procedure (4270, 4271) - one service per area in any 3 year period.
 - Periodontal scaling and root planing – one service per quadrant in any 12 month period.
 - Reline of a complete or partial denture – one per denture in any 12 month period.
 - Rebase of a complete or partial denture – one per denture in any 12 month period.
 - Second opinion consultation – when approved by MDG, up to \$50.00.
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Exclusions

We don't cover:

- Any condition for which benefits of any nature are paid, whether by adjudication or settlement, under any Workers' Compensation or Occupational Disease Law. This will apply even if the Member fails to claim his or her rights to such benefit.
 - Dental services performed in a hospital or related hospital fees, unless a member is unable to undergo dental treatment in an office setting due to a documented physical, mental or medical reason as determined by the member's physician or by the dentist providing care.
 - Any histopathological examinations, or removal of tumors, cysts, neoplasms or foreign bodies that are not tooth related.
 - Any oral surgery requiring the setting of a fracture or dislocation.
 - Dispensing of drugs not normally supplied in a dental office for treatment of dental diseases.
 - Any treatment or appliance: (a) which, in the opinion of the participating dentist, is not necessary for maintaining or improving the member's dental health; or (b) which is solely for cosmetic purposes. This exclusion will not apply to take-home external bleaching services (9972).
 - Precision attachments, stress breakers, magnetic retention or overdenture attachments.
 - The use of: (a) general anesthesia; (b) intramuscular sedation; (c) intravenous sedation; or (d) inhalation sedation, including but not limited to nitrous oxide.
 - Any procedure or treatment method: (a) which does not meet professionally recognized standards of dental practice; or (b) which is considered to be experimental in nature.
 - Replacement of a lost, missing, or stolen appliance or prosthesis; or the fabrication of a spare appliance or prosthesis.
 - Any member request for: (a) specialty care services or treatment which can be routinely provided by the primary care dentist; or (b) treatment by a specialty care dentist without referral from a primary care dentist and MDG approval.
 - Treatment provided by any public program, except Medicaid, or paid for or sponsored by any government body, unless we are legally required to provide benefits.
 - Any restoration, service, appliance or prosthetic device used solely to: (a) alter vertical dimension; (b) replace tooth structure lost due to attrition or abrasion; or (c) splint or stabilize teeth for periodontal reasons.
 - Any service, appliance, device or modality intended to treat disturbances of the temporomandibular joint (TMJ).
 - Dental services received from any dentist other than the selected and assigned primary care dentist, unless expressly authorized in writing by the plan. This will not apply to covered emergency dental services.
 - Cephalometric x-rays, except when performed as part of the orthodontic treatment plan and records for a covered course of comprehensive orthodontic treatment.
 - Treatment which requires the services of a prosthodontist.
 - Treatment which requires the services of a pediatric specialty care dentist, after the member's 6th birthday.
 - Consultations for non-covered services.
 - Any procedure not listed as a covered service.
 - Any service or procedure: (a) associated with the placement, prosthodontic restoration or maintenance of a dental implant; and (b) any incremental charges to other covered services as a result of the presence of a dental implant.
 - Inlays, onlays, crowns or fixed bridges started (inlays, onlays, crowns or fixed bridges are started when the tooth or teeth are prepared) by a non-participating dentist while covered under this plan. This will not apply to covered emergency dental services.
 - Root canal treatment started (root canal treatment is started when the pulp chamber is opened) by a non-participating dentist while covered under this plan. This will not apply to covered emergency dental services.
 - Extractions performed solely to facilitate orthodontic treatment.
 - Extractions of impacted teeth with no radiographic evidence of pathology. The removal of impacted teeth is not covered if performed for prophylactic reasons.
 - Orthognathic surgery and associated incremental charges. Orthognathic surgery is a procedure which involves the surgical moving of teeth.
 - Procedures performed to facilitate non-covered services, including but not limited to: (a) root canal therapy to facilitate either hemisection or root amputation; and (b) osseous surgery to facilitate either guided tissue regeneration or an osseous graft.
 - Procedures, appliances or devices: (a) to guide minor tooth movement; or (b) to correct or control harmful habits.
 - Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
 - Retreatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
 - Replacement or repair of orthodontic appliances damaged due to the neglect of the member.
-

Specialty Care Referral Process

Your primary care dentist is responsible for performing or coordinating all of your dental services. If you need services that your primary care dentist is unable to perform, he or she will, with approval from MDG, refer you to a participating specialty care dentist for the service(s) you need.

The MDG network includes dentists specializing in oral surgery, periodontics, endodontics, orthodontics, and pediatric dentistry, located in your service area. If there is no participating specialty care dentist in your service area, the Member Services Department will refer you to a non-participating specialty care dentist of MDG's choice. MDG will not cover dental care provided to you by a specialty care dentist not pre-authorized by MDG to provide that care.

Any authorized specialty care services are subject to all of the same terms, conditions, limitations and exclusions that apply to services performed by your primary care dentist, and you must pay the applicable patient charge. Remember: you must get specialty care services referred by your primary care dentist and authorized by MDG. If you do not have an authorized referral, you will be responsible for all of the costs associated with your care.

The only exception to this rule is for emergency dental services, which are covered as described above.

Continuity of Care

If your primary care dentist terminates his or her participation in the network, MDG will notify you of the termination in writing, as soon as possible. You will have the opportunity to choose another participating dentist. If you have a dental service in progress at the time of your original dentist's termination we will either arrange for completion of the service by your original dentist or make arrangements for another participating dentist to complete the service. If you have "special circumstances" as defined in the Texas Insurance Code, you may be eligible for up to 90 days of continuing treatment from your participating dentist after his or her termination.

Complaint Process

Members are entitled: (a) to have any complaint reviewed by MDG; and (b) to be provided with a resolution in a timely manner. MDG reviews each complaint in an objective, nonbiased manner and considers reaching a timely resolution a top priority.

Members make their concerns known by: (a) calling the MDG Member Services Department, using the toll-free telephone number; or (b) directly contacting MDG in writing.

A Member Service Representative logs each telephone call in the member's file. If a member's complaint regards: (a) plan administration; (b) procedures related to review or appeal of an adverse determination; (c) the denial, reduction or termination of a service; (d) the way a service is provided; or (e) disenrollment decisions, the member will be sent a letter and a complaint form to complete if he or she desires additional review. If the member does not return the completed complaint form within 15 days, he or she will receive a second letter. If MDG does not receive a response to the second letter, the member's file will be closed unless the member later asks in writing for further review.

On receipt of a written complaint or the complaint form, MDG will acknowledge the complaint within 5 business days. MDG will review and resolve the written complaint within 30 calendar days from the date of receipt, based upon objective evaluation of information gathered by MDG. Any quality of care issue will be reviewed with: (a) the Dental Director; and, if needed, (b) the Vice President of Network Management; and (c) legal counsel.

The member will receive a resolution letter, explaining: (a) the review process; and (b) the outcome of the review. The letter may include: (a) treatment plans and procedures; (b) clinical findings; (c) plan guidelines; (d) benefit information; and (c) contractual reasons for the resolution, as appropriate. A copy of the plan's appeal process will be enclosed with each resolution letter in case the member elects to have his or her complaint re-evaluated. In addition, information on how to contact the Department of Insurance for additional assistance will be noted in the resolution letter.

The Complaint Committee and the Peer Review Committee: Complaints may be referred to the Complaint Committee or the Peer Review Committee for review and resolution. The role of the Committees is to review complaints, on a case-by-case basis, when the nature of the complaint requires Committee participation and decision to reach resolution. Once the matter has been resolved, the member will receive a written response explaining the resolution.

The Complaint Committee and the Peer Review Committee will meet quarterly and as needed.

Re-Evaluation: If the member is not satisfied with the resolution, he or she may make a telephone or written request that an additional review be conducted by a Complaint Appeal Committee. A telephone request for appeal will be logged in the member's file and he or she will be asked to send a request in writing. An acknowledgment letter will be sent to the member within 5 business days from receipt of the written request for appeal.

This Committee will meet within 30 days of the date the written request for appeal is received. The Committee is composed of an equal number of:

- a) Representative(s) from MDG;
- b) Representative(s) selected from Participating General Dentists;
- c) Representative(s) selected from Participating Specialty Care Dentists (if the complaint concerns specialty care); and
- d) Representative(s) selected from Plan Members.

Members of the Complaint Appeal Committee will not have been previously involved in the complaint resolution.

A representative from the Complaint Appeal Committee panel will be selected by the panel to preside over the Committee.

Within 5 business days from the date of receipt of the written request for an appeal, the member will be sent written notice: (a) acknowledging the date the appeal was received; and (b) giving the date and location of the Committee meeting. The member will also be advised that: (a) he or she may appear in person before the Committee, or through a representative, if the member is a minor or disabled; or (b) address a written appeal to the Committee; and (c) may also bring any person to the Committee meeting. But, the participation of such person is subject to the Complaint Appeal Committee's guidelines. The member has the right to present: (a) written or oral information; and (b) alternative expert testimony. He or she also has the right to question the persons responsible for making the prior determination that resulted in the appeal.

The Committee will meet within the member's county of residence or the county where he or she normally receives dental care, unless another site is agreeable to the member. MDG will make a good faith effort to meet the Member's needs in selecting the site.

MDG will complete the appeals process under this section within 30 calendar days after the date of the receipt of the request for appeal.

Not less than 5 business days prior to the Committee meeting, MDG will submit to the member any and all documentation to be presented to the Committee, including names of dentists and names of plan member representatives on the Committee.

The member will receive a written notice of resolution within 5 business days after the date of the Committee resolution. The resolution notice will include a written statement of: (a) the specific medical determination; (b) clinical basis; and (c) the contractual criteria used to reach the final decision. The notice will also prominently and clearly state the procedure for making a complaint to the Department of Insurance in a manner prescribed by the Commissioner.

The member will pay for his or her own expenses relating to the Committee process. MDG will pay for its expenses relating to the Committee process. MDG will pay for the expenses of the representative(s) from MDG and representative(s) selected from participating general dentists and/or participating specialty care dentists.

Following the decision of the Committee, the member and MDG each have the right to use the legal system or arbitration for any claim involving the professional treatment performed by a participating dentist.

The member may also contact the Texas Department of Insurance to file a complaint. The Department's address and toll-free telephone number are:

P. O. Box 149104
Austin, TX 78714-9104
Telephone: (800) 252-3439
Fax # (512) 475-1771

Emergency Complaints: Complaints involving an emergency will be concluded in accordance with the dental immediacy of the case not more than 24 hours from the receipt of the complaint.

If a re-evaluation of an emergency complaint is requested, the complaint will be reviewed by a participating general dentist or a specialty care dentist, if appropriate. Such dentist will be one who: (a) has not previously reviewed the case; and (b) is of the same or similar training as typically manages the dental condition, procedure of treatment under review. The review will occur within one day of receipt of the complaint. The member may receive an oral response, followed by a written response within 3 days.

Appeal of Adverse Determination: Adverse Determination means: a determination by us or a utilization review agent that the health care services furnished or proposed to be furnished to a patient are not medically necessary or are not appropriate.

We shall permit any party whose appeal of an adverse determination is denied by us to seek review of that determination by an independent review organization assigned to the appeal as follows;

- (1) We shall provide to you, your designated representative or your dentist information on how to appeal the denial of an adverse determination to an independent review organization;
- (2) Such information must be provided by us to you, your designated representative or your dentist at the time of the denial of the appeal;
- (3) We shall provide to you, your designated representative or your dentist the prescribed form;
- (4) The form must be completed by you, your designated representative or your dentist and returned to us to begin the independent review process;
- (5) In life threatening situations, you, your designated representative or your dentist may contact us by telephone to request the review and provide the required information.

The appeal process does not prohibit you from pursuing other appropriate remedies, including injunctive relief, a declaratory judgment, or relief available under law, if the requirement of exhausting the process for appeal and review places your health in serious jeopardy.

Non-Retaliation

MDG will not engage in retaliatory action against a member because that member has filed a complaint against MDG, or has appealed a decision of MDG. MDG will not engage in retaliatory action against a participating dentist because that dentist has, on behalf of a member, filed a complaint or appealed a decision of MDG.

Dentist Network and Service Area

You will find a copy of the MDG Directory of participating dental offices in your enrollment package. This directory shows the network coverage and lists the participating general dentists (primary care dentists) in your area. You can select a primary care dentist convenient to your home or workplace. If you have any questions, call the MDG Member Services Department for information or assistance.

Information For Members With Special Needs

If you have a disability affecting your ability to communicate or read, and you would like to request copies of these enrollment materials or the information describing the complaint and appeal process, please contact the Managed DentalGuard ("MDG") Member Services Department. You may request versions of these enrollment materials in Braille, audiotape, large print (17-point), TDD access or through an interpreter.

If you have special needs, such as a disability or chronic condition, and you would like assistance in determining appropriate courses of care to assure that health care services are available and accessible to you, please contact the MDG Member Services Department or complete the form below and send it to:

MDG Member Services Department
6200 Canoga Avenue, Suite 100
Woodland Hills, CA 91367
Telephone (888) 618-2016
Fax: (818) 347-7302

Managed DentalGuard, Inc.
13455 Noel Road, Suite 1440
Dallas, TX 75240

Managed DentalGuard, Inc.
Request for Materials and/or Special Needs Assistance

Name: _____

SSN#: _____

Address: _____

Daytime Telephone: _____

Evening Telephone: _____

Employer Name: _____

Plan #: _____

Materials Requested:

Braille _____ Interpreter _____ Audiotape _____

TDD Access _____ Large Print (17-point) _____

Special Needs Assistance requested for:

Disability _____ Chronic Condition _____

Other _____

Please explain _____
