



## **DentalGuard *Maximum Rollover Network Access Plan (NAP) Program* Questions and Answers**

### ***What is Guardian's Voluntary DentalGuard Insurance?***

An opportunity to help protect and care for your smile — and your family's — at affordable group rates. You pay plan premiums through convenient payroll deduction.

### ***Can I visit any dentist or specialist or only certain ones?***

You and your family members can visit any dentist you wish, any time you need care.

### ***What is a plan deductible and/or annual maximum?***

A *deductible* is the dollar amount of covered dental expenses you must pay during the year before benefits are paid by The Guardian. An *annual maximum* is the maximum amount your dental plan will pay in benefits during the year. Both are generally based on the calendar year. Deductibles and annual maximums apply to each covered person.

### ***What is a maximum rollover account?***

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

To qualify, you must submit a claim and not exceed the paid claims Threshold during the benefit year. You and your dependents maintain separate MRA's based on your own claim activity. Your MRA may not exceed the MRA Limit.

Maximum Rollover Plans based on a calendar year benefit period with a plan effective date in October, November or December; the plan features will be effective as of the first full benefit year. (Example: If a plan starts in November of 2007, claim activity in 2008 will be used and applied to MRAs for use in 2009).

### ***What is co-insurance?***

For some services, you may share in the cost of your dental expenses. This is represented as a percentage of your dentist's charges up to the usual, customary, and reasonable level. The percentage of co-insurance typically depends on the type of service received (Preventive, Basic, Major, or Orthodontia).

### ***What is pre-treatment review?***

For all courses of treatment expected to exceed \$300, your dentist should submit a report to The Guardian describing the proposed treatment and itemizing expected charges. We will review the report and send the dentist an estimate of benefits we will pay. This will help ensure that you receive the best and most appropriate treatment necessary. Emergency treatment, oral examinations, cleaning, and x-rays may be performed before the review is prepared.

### ***When I visit a dentist, are there any claim forms to fill out?***

Some dentists may submit claims directly to The Guardian. More often, however, dentists will require that you pay for services at the time they are rendered. Afterwards, complete a simple claim form and forward it to us along with a copy of your payment receipt.

***How can I find a network dentist or specialist near me?***

You may either refer to your provider directory or locate a dentist on the Internet using our on-line listing at [www.GuardianLife.com](http://www.GuardianLife.com).

***What does usual, customary, and reasonable mean?***

Usual, customary, and reasonable (UCR) charges for covered services are determined by using the usual level of charges made by the majority of dentists in the same geographic area for the same service. If your dentist's fee is lower than the UCR charge, the plan will pay benefits based on the actual fee. If the fee is higher, the plan will pay benefits based only on the UCR charge, and you are responsible for any amount above the UCR limit.

***When will my coverage go into effect?***

Your benefits coordinator will notify you when your coverage takes effect.

**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 when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.**