## Benefit Summary

for Dental has been prepared for the employees of:

## Cuyahoga County of Ohio

In-Network Deductible- \$0 individual (\*Waived for Preventive Services)
Out-Of-Network Deductible- \$50 individual (\*Waived for Preventive Services)

**Percentage Paid** 

## **Services**

Preventive Services\*

Oral Examination – two per calendar year

X-Rays - bitewings are payable up to 4 films limited to once per calendar year. Full-Mouth x-rays (which include bitewing x-rays) are payable once in any three-year period.

Teeth Cleaning – twice per calendar year

Fluoride Treatments for Children

Space Maintainers for Children - under age 12

Basic Services 80%

Diagnostic Consultation-

Fillings: Amalgam and Composite restorations

Endodontic Services/Root Canal Therapy

Periodontal Services

**Oral Surgery** 

General Anesthesia- surgical procedures only

Temporamandibular Joint Dysfunction (TMJ)

Major Services 50%

**Emergency Palliative Treatment** 

Bridges Installation-fixed and removable

Repairs of dentures, bridgework, crowns, etc.

Dentures- Full and Partial

Crowns

Inlays

Onlays

**Posts** 

Orthodontic Services 50%

\$1,000 Lifetime Maximum for child(ren) under age 19

The deductible does not apply to Orthodontic services.



## **Benefit and Cost Summary**

- There is a no maximum for Preventive, Basic and Major services combined.
- There is a \$1,000 lifetime maximum per person for TMJ treatment.
- \*Deductible is waived for Preventive services. 3 individual deductibles per family.
- Dependent children are covered to the end of the month following their 23<sup>rd</sup> birthday if defined as an eligible dependent.
- 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.
- 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. (This includes orthodontic treatment if your plan includes it)
- **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

**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.

