### **Guardian Dental Insurance**

# Smile. There's an affordable way to care for your teeth.

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals.

Plus, you save money and have the assurance that you are getting the right care when you use one of our in-network dentists.

#### Why choose Guardian for your Dental Coverage

We have been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll for Guardian Dental plans, you have access to one of the nation's largest dental networks, with over 114,000 dental providers at more than 319,000 dental service nationwide, so you know there's always high quality dental care close by.

From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

#### Why Going to an In-Network PPO Provider is Important

Your benefit plan pays for Preventive Category services at 100%, but what if you have a more serious condition and need more costly services? Seeking care for those services from an in-network dentist can help! Below is an Preferred/High Plan example:

Average cost of a root canal, associated dental work, and a crown*				
Cost with no dental insurance	Your in-network cost with Guardian Dental Insurance	Your estimated savings with Guardian Dental Insurance		
\$2,400	\$1,600	\$800		

#### It's Easy to Use Guardian Dental Benefits

- No ID cards needed
- Quick and easy claims payment
- Convenient payroll deductions
- Your plan options cover preventive category services at 100%

\*Illustrative example only. See your plan for specific details regarding covered services. 1. "1 in 5 Americans Has Untreated Cavities: CDC" HealthDay, May 31, 2012, http://consumer.

healthday.com/Article.asp?AID=665246. 2. When Connecting With A Dentist Doesn't Mean An Office Visit - Kaiser Health News, July 25, 2014 3. Center for Disease Control. Guardian's Dental Insurance is underwritten



and issued by The Guardian Life Insurance Company of America, New York, NY or its subsidiaries. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form#GP-1-DG2000, et al.

## Archdiocese of New Orleans

Plan Number: 538205



## Did you know...?

- 1 in 5 Americans has untreated cavities<sup>1</sup>
- For every \$1 spent on preventive services an estimated \$50 is saved on more complicated procedures<sup>2</sup>
- Tooth decay is the most common childhood disease — impacting sleeping or eating habits, and can contribute to school absences<sup>3</sup>

Monthly Rates				
	Basic Low Plan	Preferred High Plan		
Employee	\$13.69	\$27.27		
Employee + 1 Dependent	\$26.98	\$52.83		
Employee + 2 or More Dependents	\$50.42	\$92.43		

## **Enrollment**

When:

May 1 to May 19, 2017

Where:

**Enroll Online at** 

www.GuardianAnytime.com

## **Guardian Dental Insurance – Basic Low Plan**



Coverage Details	Employe	Employee Benefits*	
	In Network	Out-of-Network	
DEDUCTIBLE	Cale	ndar Year	
Individual		\$50	
Family Limit		\$150	
Waived For	Pre	Preventive	
ANNUAL PLAN MAXIMUM			
	\$	\$1,250	
PREVENTIVE CARE			
Cleaning (prophylaxis) – once every 6 months (combined with Perio Cleanings, not to exceed 4 in 12 months)	100%	100%	
Fluoride Treatments – <i>under age 19</i>	100%	100%	
Oral Exams	100%	100%	
Sealants	100%	100%	
Bitewing X-Rays – once every 12 months	100%	100%	
Sealants – <i>under age 16</i>	100%	100%	
Vizilite	100%	100%	
BASIC CARE			
X-Rays Other Than Bitewings – once every 60 months	80%	80%	
Fillings	80%	80%	
Periodontal Surgery	80%	80%	
Enhanced Periodontal Maintenance – once every 3 months (combined with Prophylaxis, not to exceed 4 in 12 months)	80%	80%	
Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	
Minor Oral Surgery & Extractions	80%	80%	
Palliative (Emergency) Treatment	80%	80%	
MAJOR CARE			
Bridges & Dentures	Not Covered	Not Covered	
Inlays/Onlays/Crowns & Veneers (Including Recementation and Repairs)	Not Covered	Not Covered	
Complex Oral Surgery & Extractions	Not Covered	Not Covered	
Endodontic Services (Root Canals)	Not Covered	Not Covered	
Anesthesia	Not Covered	Not Covered	
Single Crowns	Not Covered	Not Covered	
Denture Repairs (Rebase/Relining) & Adjustments	Not Covered	Not Covered	
ORTHODONTIA			
Orthodontia	Not	Covered	
DEPENDENT AGE LIMITS			
Dependent Age Limits	То	To Age 26	
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<sup>\*</sup>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. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy Between this amount and the premium deducted from your paycheck, the latter prevails.

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO Plans: 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. Waiting periods may also apply for some services. 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 treatment 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 GUARDIAN 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. Policy Form #GP-1-DG2000, et al.

## **Guardian Dental Insurance – Preferred High Plan**



Coverage Details	Employ	ee Benefits*	
	In Network	Out-of-Network	
DEDUCTIBLE	Cale	ndar Year	
Individual		\$50	
Family Limit		\$150	
Waived For	Pre	Preventive	
ANNUAL PLAN MAXIMUM			
	Ç	\$1,250	
PREVENTIVE CARE			
Cleaning (prophylaxis) – once every 6 months (combined with Perio Cleanings, not to exceed 4 in 12 months)	100%	100%	
Fluoride Treatments – under age 19	100%	100%	
Oral Exams	100%	100%	
Sealants	100%	100%	
Bitewing X-Rays – once every 12 months	100%	100%	
Sealants – <i>under age 16</i>	100%	100%	
Vizilite	100%	100%	
BASIC CARE			
X-Rays Other Than Bitewings – once every 60 months	80%	80%	
Fillings	80%	80%	
Periodontal Surgery	80%	80%	
Enhanced Periodontal Maintenance – once every 3 months (combined with Prophylaxis, not to exceed 4 in 12 months)	80%	80%	
Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	
Minor Oral Surgery & Extractions	80%	80%	
Palliative (Emergency) Treatment	80%	80%	
MAJOR CARE – 6-MONTH WAITING PERIOD FOR NEW PLAN ENTRANTS			
Bridges & Dentures	50%	50%	
Inlays/Onlays/Crowns & Veneers (Including Recementation and Repairs)	50%	50%	
Complex Oral Surgery & Extractions	50%	50%	
Endodontic Services (Root Canals)	50%	50%	
Anesthesia	50%	50%	
Single Crowns	50%	50%	
Denture Repairs (Rebase/Relining) & Adjustments	50%	50%	
ORTHODONTIA – 12-MONTH WAITING PERIOD FOR NEW PLAN ENTRAN	TS		
Orthodontia, Initial Appliance placed prior to Age 19	50%, up to \$1,00	50%, up to \$1,000 Lifetime Maximum	
DEPENDENT AGE LIMITS			
Dependent Age Limits	To Age 26		

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Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO Plans: 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. Waiting periods may also apply for some services. 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 treatment 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 GUARDIAN 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. Policy Form #GP-1-DG2000, et al.

### **Guardian Dental Insurance – Maximum Rollover**



#### **Rollover Dollars...for Your Dental Plan!**

**Earning Rollover Dollars for Use in Future Years is Simple!** 

- 1) Sign up for one of the plans listed at the right
- 2) Go see the dentist at least once during the plan year
- 3) Incur less than the plan Threshold (varies by plan design) in paid dental claims. That's it!

Both Dental Plans
Offered Through
Archdiocese of New
Orleans Include Maximum
Rollover

<u>Promotes Preventive Care:</u> Participants receive rollover dollars in their Maximum Rollover Account if they visit the dentist at least once during the year and do not exceed the Threshold

<u>Easy to Track</u>: Members can look up their Maximum Rollover Account Balance online; They will see their current balance available for use during the current plan year.

<u>Annual Maximum + Rollover Account Balance = Maximum Dental Coverage</u>: Members Accumulate Rollover Dollars: every year until they reach their Maximum Rollover Account Balance Limit

#### Jane's Dental PPO Plan Example: \$1,250 Annual Maximum

#### YEAR ONE Jane's Maximum Dental Coverage: \$1,250

Jane has \$150 in dental claims (less than this plan's threshold of \$600). Jane receives \$300 'Rollover Dollars' for use in Year Two.

## YEAR TWO Jane's Maximum Dental Coverage: \$1,550

Jane has \$250 in dental claims (less than the plan threshold of \$600). Jane receives an additional \$300 'Rollover Dollars'.

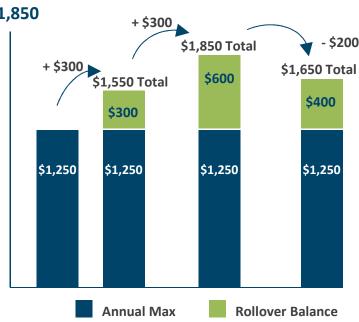
#### YEAR THREE Jane's Maximum Dental Coverage: \$1,850

Jane has \$1,450 in dental claims (greater than threshold of \$600).

Since Jane had claims higher than \$600 this year, she does not receive any additional 'Rollover Dollars'.

Jane's claims are higher than the plan's Annual Maximum of \$1,250, so she uses \$200 of out of her Maximum Rollover Account to cover her claims.

Jane still has \$400 Rollover Dollars left in her Maximum Rollover Account, so she will have \$1,650 of Maximum Dental Coverage in Year Four.



Check your Max Rollover Account Balance Today by Visiting www.GuardianAnytime.com