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# ALDEN MANAGEMENT SERVICES, INC. Benefits Plan

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

- Dental

#### **Find a Provider Online. It's easy.**

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Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com). Click on "Find a Provider"

# Dental Plans

**Option 1: Managed Dental Care** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

**Option 2 or 3: PPO 1 High Plan or PPO 2 Low Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: Managed Dental Plan Care	Option 2: PPO 2	Option 3: PPO 1		
<b>Network</b>	First Commonwealth	DentalGuard Preferred			
<b>Plan year deductible</b>	No deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual		\$50	\$75	\$50	\$50
Family limit		3 per family		3 per family	
Waived for		Preventive	Preventive	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each covered procedure. See "Plan Details", for more information.	100%	100%	100%	100%
Basic Care		80%	80%	80%	80%
Major Care		50%	50%	50%	50%
Orthodontia		Not Covered (applies to all levels)		50%	50%
<b>Annual Maximum Benefit</b>		\$1000	\$1000	\$1000	\$1000
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	Not Applicable		\$1500	
<b>Office visit copay</b>	\$0	None		None	
<b>Dependent Age Limits(Non-Student/Student)</b>	26 ‡	26 ‡		26 ‡	

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.

## YOUR GUARDIAN PLAN OFFERS:

**Great selection of dentists** convenient to you - yours is likely in our network!

**Reliable claims payment** four days on average

**Find out** if your dentist is in Guardian's network at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: Managed Dental Care		Option 2: PPO 2		Option 3: PPO 1	
		<i>Plan Pays (on average)</i>		<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>Network only</i>		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%	100%	100%
	Frequency:	Once every 6 months	Once Every 6 Months		Once Every 6 Months		
	Fluoride Treatments	100%	100%	100%	100%	100%	100%
	Limits:	No Age Limits	Under Age 19		Under Age 19		
	Oral Exams	100%	100%	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%	100%	100%
Basic Care	Fillings†	80%	80%	80%	80%	80%	80%
	X-rays	100%	80%	80%	80%	80%	80%
Major Care	Anesthesia*	50%	50%	50%	80%	80%	80%
	Bridges and Dentures	50%	50%	50%	50%	50%	50%
	Inlays, Onlays, Veneers**	50%	50%	50%	50%	50%	50%
	Perio Surgery	80%	50%	50%	80%	80%	80%
	Periodontal Maintenance	80%	50%	50%	80%	80%	80%
	Frequency:	Once every 6 months (applies to all tiers) (Standard)	Once Every 6 Months		Once Every 6 Months		
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	50%	80%	80%	80%
	Root Canal	80%	50%	50%	80%	80%	80%
	Scaling & Root Planing (per quadrant)	80%	50%	50%	80%	80%	80%
	Simple Extractions	80%	50%	50%	80%	80%	80%
	Single Crowns	50%	50%	50%	50%	50%	50%
	Surgical Extractions	80%	50%	50%	80%	80%	80%
Orthodontia	Orthodontia	\$1,000 Savings	Not Covered		50%	50%	50%
	Limits:	Adults & Child(ren)			Child(ren)		

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia - restrictions apply. ‡For PPO and or Indemnity members, Fillings- restrictions may apply to composite fillings.

*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. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.*

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Please Note: For your Managed Dental Care plan, coinsurances relate to a fixed copayment amount, please refer to your plan schedule.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network 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. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), 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 policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy's schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage. See your Certificate for complete specifics of all Exclusions and Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America ("Guardian") or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to "DHMO" or "Prepaid" is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.
- **For PPO and or Indemnity 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