



Benefit Summary for the Employees of

Town of Concord
Group Plan # – 233673

Concord–Carlisle Regional School
District
Group Plan # – 233672

Dental Claims 1-800-541-7846

The Guardian: <http://www.glic.com>

This information is only a brief overview of the plan. Your Summary Plan Description will provide a complete description of eligible services, coverage, and limitations under the group plan.

The Guardian Life Insurance Company of America, New York, N.Y.



Dependent Ages

Eligible dependents include legal spouse, unmarried dependent children to age 23 or to age 25 if full-time student.

Reasonable and Customary Charges

The maximum expense for each procedure is limited to the usual, customary and reasonable charges in the geographical area where the service is rendered. In all cases where different methods of treatment are available, payment will be based on the procedure that provides the professionally adequate treatment at the most reasonable and customary amount.

Pre-Treatment Review

For services costing \$300 or more, the dentist is not required but is encouraged to submit a treatment plan before work begins. The plan will be reviewed and an estimate of the plan payments will be sent to both the employee and dentist. Pre-Treatment Review enable the dentist to see how Guardian will cover the work while giving the employee an idea of what his or her out-of-pocket expense will be.

Late Entrant

A late entrant is a person who (1) becomes insured more than 31 days after s/he is eligible; or (2) becomes insured again, after his or her coverage lapsed because s/he did not make required payments.

Penalty for Late Entrants

We do not cover charges incurred by a late entrant for (1) Group II services until 6 months from the date s/he is insured by this plan; (2) Group III services until 12 months from the date s/he is insured by this plan. However, this situation will not apply to covered charges due solely to an injury suffered while insured.

To access provider information via the Internet, visit our web site at:

<http://www.glic.com>

- go to the "Healthcare Providers" page and click on Dental Providers - PPO Networks.
- Search under DentalGuard Preferred Providers



Dental PPO Plan

Deductible

One \$50 deductible per person (3 per family) per calendar year for either In or Out-of-Network Dentists.

Maximum

\$1,500 per person per calendar year (In and Out-of-Network combined).

<u>Group I – Preventive Services</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible WAIVED	100%	100%
Oral examinations		
Teeth cleaning (1 every six months)		
X-rays		
Fluoride Treatment for children		
Space Maintainers for children		
 <u>Group II – Basic Services</u>		
Deductible applied	100%	80%
Fillings: Amalgam, Acrylic		
Root canal		
Extractions and other oral surgery		
Periodontal services		
 <u>Group III – Major Services</u>		
Deductible applied	60%	50%
Gold and porcelain fillings and crowns		
Initial installation of bridgework, crowns, and dentures		