

Benefit Summary

for Dental has been prepared for the employees of

Buy-Up Plan

Southeastern University

DentalGuard Network Access Plan is simple and straightforward. Here are some of the highlights:

100% coverage for preventive care (routine visits, cleanings, x-rays, etc.) with no deductible.

Freedom of choice of dentists: no network of dentists required. However if you go to a DentalGuard Preferred Network Provider, the benefits will be paid based on a reduced fee schedule (this means less out-of-pocket). The network provider cannot balance bill for covered charges in excess of the fee schedule and you get more service with your yearly maximum. If you go to a non-contracted dentist, the benefits will be based on usual, customary and reasonable rates for the geographical area.

DentalGuard Network Access Plan is written through The Guardian Life Insurance Company of America, a leading insurer of group dental plans.

Summary of Benefits: Here is an outline of the percentage of covered charges the plan will pay; you pay the remainder (along with any applicable deductible).

Calendar Year Deductible Per Person		\$50
Deductible waived for Preventive Services		Yes
Preventive Services	<ul style="list-style-type: none"> • Emergency Treatment • Oral Examinations* • X-Rays • Teeth Cleaning* • Fluoride Treatments** • Space Maintainers*** • Topical Sealants*** 	Plan pays 100%
<small>* every six months ** for dependent children up to age 14 *** for dependent children up to age 16</small>		
Basic Services	<ul style="list-style-type: none"> • Diagnostic Consultations • Laboratory Tests • Fillings: Amalgam*, Silicate, and Acrylic • Simple Extractions • Anesthesia 	Plan pays 80%
Major Services	<ul style="list-style-type: none"> • Gold and Porcelain Fillings and Crowns • Acrylic Crowns • Installations, Repair and Maintenance of Bridgework and Dentures • Endodontic Services • Periodontic Services/ Surgery • Complex Oral Surgery 	Plan pays 50%
Annual Maximum Per Person		\$1,000

Deductible: The deductible works on a calendar year basis. The deductible applies to each member. Payment rates for benefits are based on the usual, reasonable, and customary charges for that given area.

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- **Pre-Treatment Review:** For all courses of treatment expected to exceed \$300, we ask the dentist to submit a report to The Guardian describing the proposed treatment and itemizing expected charges. We will review and evaluate the report and send the dentist an estimate of benefits to be paid. Emergency treatment, oral examinations, cleaning and x-rays may be performed before the review is prepared.
- **Dependent Coverage:** Eligible dependents include your spouse and unmarried children up to age 20, or to age 26 if a full-time student.
- **Enrollment:** If you enroll during your eligible period there will be **no waiting periods for any services**; all covered charges are covered as of your effective date. However, if you and/or your eligible dependents do not enroll during your eligibility period and apply at a later time, you and/or your eligible dependents are considered “late entrants”.
- **If you are a late entrant,** The Guardian will not pay for any charges in the first six months you are insured for Basic Services and the first 24 months you are insured for Major Services. Preventive Services are covered immediately.
- **Convenient Payroll Deduction:** Your employer sponsors the plan and provides administrative services. Your premiums are automatically deducted from your paycheck.
- **Missing Tooth Exclusion:** If a person has 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.

Benefit Election	Bi-Weekly Premium
Employee	\$14.42
Employee & Spouse	\$31.87
Employee & Child(ren)	\$33.18
Employee & Family	\$50.62

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 service (except as covered under Preventive Services), orthodontic (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 preventive, restorative, endodontic, periodontic and prosthodontics 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. Full details will be contained in the employee benefit booklet which you will be receiving soon.
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