Premier Access California Family Dental PPO Plan

- See any dentist you want but you can save more when you visit a dentist that participates in Premier's Preferred network. As one of the largest networks nationwide, chances are your dentist is already participating. Charges for services provided by participating dentists are reimbursed directly from Premier.
- Get most preventive services, such as oral exams, cleanings and x-rays covered at 100% once the annual deductible has been reached.
- You can choose to see a dentist outside of the network and you'll be reimbursed based on what providers in your geographic area usually charge for the same or similar service.

Summary Of Benefits
For Adults 19 and Over

	In-Network	Out-of-Network
Deductibles *What you pay out-of-pocket before the plan pays benefits*	**You Pay**	
Individual	$50	$50
Family *(3 or more insured adults)*	$150	$150
Out of Pocket Maximum *Applies to members under 19 only. Once this amount is reached, Premier will pay 100% of your child's dental charges for the rest of the year.*		
Individual *(One Child)*	$350	n/a
Family *(2 or more Children)*	$700	n/a
Plan Maximum *Applies to members 19 and over. The maximum amount that you can be reimbursed for services received*		
Annual Maximum	$1500	$1500
Co-insurance *The amount Premier pays toward the cost of a covered charge*	**Premier Pays**	
Preventive Services *Most routine dental services, including: oral exams, cleanings, x-rays*	100%	90%
Basic Services *Simple restorative services (fillings), diagnostic services, periodontal services*	80%	70%
Major Services *More complex dental services, including crowns, endodontic services and oral surgery*	50% *After a 6 month waiting period**	50% *After a 6 month waiting period**
**The waiting period is the initial time period following the effective date of coverage for which no benefits would be paid. Applies to members age 19 and older.*		

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- See any dentist you want but you can save more when you visit a dentist that participates in Premier's Preferred network. As one of the largest networks nationwide, chances are your dentist is already participating. Charges for services provided by participating dentists are reimbursed directly from Premier.
- Get most preventive services, such as oral exams, cleanings and x-rays covered at 100% once the annual deductible has been reached.
- **This plan also includes the pediatric dental Essential Health Benefit (EHB) as mandated by the Affordable Care Act (ACA), which is a comprehensive set of dental services for children under age 19.**
- You can choose to see a dentist outside of the network and you'll be reimbursed based on what providers in your geographic area usually charge for the same or similar service.

Summary Of Benefits
For Children under 19

	In-Network	Out-of-Network
Deductibles *What you pay out-of-pocket before the plan pays benefits*	**You Pay**	
Per child	$75	$75
Out of Pocket Maximum *Applies to members under 19 only. Once this amount is reached, Premier will pay 100% of your child's dental charges for the rest of the year.*		
Individual *(One Child)*	$350	n/a
Family *(2 or more Children)*	$700	n/a
Co-insurance *The amount Premier pays toward the cost of a covered charge*	**Premier Pays**	
Preventive Services *Most routine dental services, including: oral exams, cleanings, x-rays and diagnostic services*	100%	90%
Basic Services *Simple restorative services (fillings) and periodontal services*	80%	70%
Major Services *More complex dental services including: crowns, complex extractions, oral surgery, and endodontic services*	50%	50%
Medically Necessary Orthodontia *Applies to members under age 19 only*	50%	50%

Limitations and Exclusions for Premier Access PPO Plans

The Limits and Exclusions listed here apply to Covered Persons age 19 and older.

Limitations

Treatment Outside of the Covered Service Are: Treatment outside of your covered state and/or United States is not covered, unless the treatment is for Emergency Treatment.

Missing Teeth Limitation : A Covered Person may have one or more congenitally missing teeth or may have had one or more teeth lost or extracted before he or she became covered by this Policy. For the first 24 months of coverage, a full denture, partial denture or fixed bridge will not be covered when replacing a tooth or teeth lost or extracted before being covered under this Policy.

Denture or Bridge Replacement/Addition:

- Replacement of a full denture, partial denture, or fixed bridge is covered when:
    - 5 years have elapsed since last replacement of the denture or bridge; OR
    - The denture or bridge was damaged while in the Covered Person's mouth when an injury was suffered involving external, violent and accidental means. The injury must have occurred while insured under this Policy, and the appliance cannot be made serviceable.

  However, the following exceptions will apply:
    - Benefits for the replacement of an existing partial denture that is less than 5 years old will be covered if there is a Dentally Necessary extraction of an additional Functioning Natural Tooth that cannot be added to the existing partial denture.
    - Benefits for the replacement of an existing fixed bridge that is less than 5 years old will be payable if there is a Dentally Necessary extraction of an additional Functioning Natural Tooth, and the extracted tooth was not an abutment to an existing bridge.
- Replacement of a lost bridge is not a Covered Benefit.
- A bridge to replace extracted roots when the majority of the natural crown is missing is not a Covered Benefit.
- Replacement of an extracted tooth will not be considered a Covered Benefit if the tooth was an abutment of an existing Prosthesis that is less than 5 years old.
- Replacement of an existing partial denture, full denture, crown or bridge with more costly units/different type of units is limited to the corresponding benefit for the existing unit being replaced.

Implants: Implants, and procedures and appliances associated with them, are not covered.

Exclusions

Covered Services and Supplies do not include:

- Treatment which is: a) not included in the list of Covered Services and Supplies; b) not Dentally Necessary; or c) Experimental in nature.
- Any Charges which are: d) Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, the Policy will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and Supplies. e) Not imposed against the person or for which the person is not liable. f) Reimbursable by Medicare Part A and Part B. If a person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her benefits under this Policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law.
- Services or supplies resulting from or in the course of Your regular occupation for pay or profit for which You or Your Dependent are paid under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and provide notification of all such benefits. Benefits paid under this Policy that are also paid under any Workers' Compensation Law, Employer's Liability Law or similar law may be recovered.
- Services or supplies provided by a Dentist, Dental Hygienist, denturist or doctor who is a Close Relative or a person who ordinarily resides with You or a Dependent.
- Services and supplies which may not reasonably be expected to successfully correct the Covered Person's dental condition for a period of at least 3 years.
- All services for which a claim is received more than one year after the date of service.
- Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The Covered Charge for the Services is based on the single dental procedure code that accurately represents the treatment performed.
- Services and supplies provided primarily for cosmetic purposes, including bleaching/whitening.
- Services and supplies obtained while outside of the United States, except for Emergency Treatment.
- Correction of congenital conditions or replacement of congenitally missing permanent teeth.
- Diagnostic casts.
- Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.

Limitations and Exclusions for Premier Access PPO Plans

The Limits and Exclusions listed here apply to Covered Persons age 19 and older.

Exclusions, continued:

- Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
- Restorative procedures, root canals and appliances, which are provided because of attrition, abrasion, erosion, abfraction, wear, or for cosmetic purposes in the absence of decay.
- Veneers.
- Appliances, inlays, cast restorations, crowns and bridges, or other laboratory prepared restorations used primarily for the purpose of splinting (temporary tooth stabilization).
- Replacement of a lost or stolen Appliance or Prosthesis.
- Replacement of stayplates.
- Extraction of pathology-free teeth, including supernumerary teeth.
- Socket preservation bone graphs.
- Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
- Treatment for a jaw fracture.
- Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the Policy.
- Non- Medically Necessary Orthodontic services, supplies, appliances and Orthodontic-related services.
- Oral sedation and nitrous oxide analgesia are not covered.
- Therapeutic drug injection.
- Charges for the completion of claim forms.
- Missed dental appointments

Limitations and Exclusions for Premier Access PPO Plans

The Exclusions listed here apply to Covered Persons under the age of 19.

Exclusions

Covered Services and Supplies do not include:

- Treatment which is: a) not included in the list of Covered Services and Supplies except Medically Necessary Orthodontia; b) not Dentally Necessary; or c) Experimental in nature.
- Any Charges which are: a) Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, the Policy will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and Supplies. b) Not imposed against the person or for which the person is not liable. c) Reimbursable by Medicare Part A and Part B. If a person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her benefits under this will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law.
- Services or supplies resulting from or in the course of Your regular occupation for pay or profit for which You or Your Dependent are paid benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and provide notification of all such benefits. Benefits paid under this Policy that are also paid under any Workers' Compensation Law, Employer's Liability Law or similar law may be recovered.
- Services or supplies provided by a Dentist, Dental Hygienist, denturist or doctor who is a Close Relative or a person who ordinarily resides with You or a Dependent.
- Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The Covered Charge for the Services is based on the single dental procedure code that accurately represents the treatment performed.
- Services and supplies provided primarily for cosmetic purposes including bleaching/whitening.
- Services and supplies obtained while outside of the United States, except for Emergency Treatment.
- Diagnostic casts.
- Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
- Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
- Restorative procedures, root canals and appliances, which are provided because of attrition, abrasion, erosion, abfraction, wear, or for cosmetic purposes in the absence of decay.
- Veneers
- Appliances, inlays, cast restorations, crowns and bridges, or other laboratory prepared restorations used primarily for the purpose of splinting (temporary tooth stabilization).
- Replacement of a lost or stolen Appliance or Prosthesis.
- Replacement of stayplates.
- Extraction of pathology-free teeth, including supernumerary teeth (unless for medically necessary orthodontia)
- Socket preservation bone graphs
- Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
- Treatment for a jaw fracture.
- Orthodontic services, supplies, appliances and Orthodontic-related services, unless an Orthodontic rider was included in the Policy.
- Oral sedation and nitrous oxide analgesia are covered only as described in the covered services section.
- Therapeutic drug injection.
- Charges for completion of claim forms.
- Missed dental appointments.

The Guardian Life Insurance Company of America
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