



Premier Choice for Families and Individuals

- 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 Access.
- 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 the lower of your dentist’s fees, or the maximum allowable charge, which is the amount that would be paid to dentists who have agreed to be reimbursed according to a negotiated fee schedule. You would be responsible for any amounts over the maximum allowable charge as well as any co-insurance.

Summary Of Benefits

	In-Network	Out-of-Network
Deductibles <i>What you pay out-of-pocket before the plan pays benefits</i>	You Pay	
Individual	\$50	\$50
Family <i>(3 or more insured adults)</i>	\$150	\$150
Out of Pocket Maximum <i>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.</i>		
Individual <i>(One Child)</i>	\$350	n/a
Family <i>(2 or more Children)</i>	\$700	n/a
Plan Maximum <i>Applies to members 19 and over. The maximum amount that you can be reimbursed for services received</i>		
Annual Maximum	\$1,000	\$1,000
Co-insurance <i>The amount Premier pays toward the cost of a covered charge</i>	Premier Pays	
Preventive Services <i>Most routine dental services, including: oral exams, cleanings, x-rays</i>	100%	100%
Basic Services <i>Simple restorative services (fillings), diagnostic services, oral surgery, endodontic and periodontal services</i>	80% <i>After 6 month waiting period*</i>	80% <i>After 6 month waiting period*</i>
Major Services <i>More complex dental services including: crowns, bridges and dentures</i>	50% <i>After a 12 month waiting period*</i>	50% <i>After a 12 month waiting period*</i>
Medically Necessary Orthodontia <i>Applies to members under age 19 only</i>	50%	50%
<i>*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.</i>		

Limitations and Exclusions for Premier Choice PPO Plans

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

Limitations

Treatment Outside of the United States

Treatment outside of the United States is not covered, unless the treatment is for emergency care. Coverage for emergency services is limited to a reimbursement amount of \$100.00. Please refer to your Policy for additional information regarding emergency care.

Missing Teeth Limitation

Initial placement of a full denture, partial denture or fixed bridge will not be covered by the Plan to replace teeth that were missing prior to the effective date of coverage for You or Your Dependents. However, expenses for the replacement of teeth that were missing prior to the effective date will only be considered for coverage, if the tooth was extracted within 12 months of the effective date of the Policy and while You or Your Dependent were covered under a Prior Plan.

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.

Exclusions

Implants

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

We will not pay for:

- 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: 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 Plan 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 Policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for persons insured under Employers who notify the Plan that they employ 20 or more Employees during the previous business year, this exclusion will not apply to an Actively at Work Employee and/or his or her spouse who is age 65 or older if the Employee elects coverage under this Policy instead of coverage under Medicare.
- Services or supplies resulting from or in the course of Your regular occupation for pay or profit for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Plan of all such benefits.
- Services or supplies provided by a Dentist, Dental Hygienist, denturist or doctor who is: (a) a Close Relative or a person who ordinarily resides with You or a Dependent; (b) an Employee of the Employer; (c) the Employer.
- 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, as determined by the Plan.
- 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.

Limitations and Exclusions for Premier Choice PPO Plans

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

Exclusions

We will not pay for, continued:

- Services and supplies provided primarily for cosmetic purposes.
- Services and supplies obtained while outside of the United States, except for Emergency Dental Care.
- Correction of congenital conditions or replacement of congenitally missing permanent teeth, regardless of the length of time the deciduous tooth is retained.
- 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.
- 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.
- Orthodontic services, supplies, appliances and Orthodontic-related services, unless an Orthodontic rider was included in the Policy.
- Oral sedation and nitrous oxide analgesia are not covered.
- Therapeutic drug injection.
- Completion of claim forms.
- Missed dental appointments.
- Replacement of missing teeth prior to coverage effective date.

Limitations and Exclusions for Premier Choice PPO Plans

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

Exclusions

The exclusions in this section apply to all benefits. Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.

We will not pay for:

- 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: 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 Plan 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 Policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for persons insured under Employers who notify the Plan that they employ 20 or more Employees during the previous business year, this exclusion will not apply to an Actively at Work Employee and/or his or her spouse who is age 65 or older if the Employee elects coverage under this Policy instead of coverage under Medicare.
- Services or supplies resulting from or in the course of Your regular occupation for pay or profit for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Plan of all such benefits.
- Services or supplies provided by a Dentist, Dental Hygienist, denturist or doctor who is: a) a Close Relative or a person who ordinarily resides with You or a Dependent; b) an Employee of the Employer; c) the Employer.
- 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, as determined by the Plan.
- 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.
- Covered Services and supplies obtained while outside of the United States, except for Emergency Dental Care.
- Correction of congenital conditions or replacement of congenitally missing permanent teeth, regardless of the length of time the deciduous tooth is retained.
- Diagnostic casts, unless for medically necessary orthodontia.
- 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, wear, or for cosmetic purposes .
- Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
- Replacement of a lost or stolen Appliance or Prosthesis.
- Replacement of stayplates.
- 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.

Limitations and Exclusions for Premier Choice PPO Plans

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

Exclusions

The exclusions in this section apply to all benefits. Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.

We will not pay for, continued:

- Therapeutic drug injection.
- Completion of claim forms.
- Missed dental appointments.
- Porcelain and cast crowns
- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam resin filling.
- Pathology free third molar extraction or removal.
- Crown build-up is not covered as a separate service.
- Temporary tooth stabilization, other than covered space maintainers, is not covered.
- Oral sedation and nitrous oxide analgesia are not covered, except for
- Children through age 13.
- Implants, and procedures and appliances associated with them, are not benefits of Premier/Guardian programs.
- Replacement of missing teeth prior to coverage effective date.

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Underwritten by Premier Access Insurance Company, a wholly owned subsidiary of The Guardian Life Insurance Company of America, New York, NY. Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage. Individual Policy Form HBEX_PAD_UT_IP_COI_20. This plan may not be available in all Counties. Please visit the See Plans and Prices section at www.healthcare.gov to confirm availability in your area.