



Concord Public Schools
Concord-Carlisle Regional School District
DENTAL INSURANCE SUMMARY

PLAN BENEFITS COVERAGE

Coverage is based on the type of service received (Group I, II or III described below) and whether you obtain services from a provider In-Network versus Out-of-Network. The maximum amount paid by this insurance for all services combined is \$1,500 annually per person (in and out-of-network combined).

Dental insurance is provided as a Preferred Provider Organization (PPO) Plan. You are granted a degree of choice in providers, but if you need or want services from *outside* the network, you will pay a higher share of the cost than if the provider were from within the PPO network.

Group I – Preventive Services*

- Oral examinations
- Teeth cleaning (every 6 months)
- X-rays
- Fluoride treatment for children
- Space maintainers for children

In-Network	Out-of-Network
100%	100%

*\$50 Annual Deductible Waived for Group I services

Group II – Basic Services

- Fillings (amalgam and acrylic)
- Root canals
- Extractions and other oral surgery
- Periodontal services

In-Network	Out-of-Network
100%	80%

Group III – Major Services

- Gold and porcelain fillings & crowns
- Initial installation of bridgework, crowns, and dentures
- Implants

In-Network	Out-of-Network
60%	50%

COST OF INSURANCE

	Family	Individual
Monthly Premium	\$144.24	\$50.84
Town Share	\$72.12	\$25.42
Employee Share	\$72.12	\$25.42
Bi-weekly Payroll Deduction	\$36.06	\$12.71

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

OTHER PROVISIONS

Deductible

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

Reasonable and Customary Charges

The maximum expense for each procedure is limited to usual, customary and reasonable charges in the geographic 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 enables the dentist to see how Guardian will cover the work while giving the employee an idea of what his/her out-of-pocket expense will be.

To find a participating provider:

Go to <http://www.GuardianAnytime.com> or call: 1-800-541-7846

The information needed for your search is:

Select Your Plan PPO
Select Your Dental Network DentalGuard Preferred

Employees may also nominate a dentist for the network.

IMPORTANT NOTICE TO EMPLOYEES:

You have 31 days from your initial date of eligibility to enroll. There is no annual open enrollment for this Dental Insurance. If an employee does not elect coverage when offered, there is no guarantee of enrollment eligibility in the future. Late enrollees are subject to coverage penalties and must wait 6 months for Group II services and 12 months for Group III services except for covered charges due solely to an injury suffered while insured.

This summary of benefits has been prepared as a guide for employees of the Concord Public Schools and the Concord-Carlisle Regional School District for illustrative purposes only. Guardian plan documents are the final arbiter of coverage. The premium costs listed for this insurance are valid as of December 1, 2013.

**Guardian Dental Plan
Effective Decem ber 1, 2013**

Supplemental Information for Implant Coverage in Group III - Major Services

Implant supported prosthetics

- Allowance includes the treatment plan and local anesthetic, when done in conjunction with a covered surgical placement of an implant, on the same tooth.
- Abutment supported crown
- Implant supported crown
- Abutment supported retainer for fixed partial denture
- Implant supported retainer for fixed partial denture
- Implant/abutment supported removable denture for completely edentulous arch
- Implant/abutment supported removable denture for partially edentulous arch
- Implant/abutment supported fixed denture for completely edentulous arch
- Implant/abutment supported fixed denture for partially edentulous arch
- Dental implant supported connecting bar
- Prefabricated abutment
- Custom abutment

Implant services

- Allowance includes the treatment plan, local anesthetic and post-surgical care. Limited to the replacement of permanent teeth only. The number of implants we cover is limited to the number of teeth extracted while insured under this plan.
- Surgical placement of implant body, endosteal implant
- Surgical placement, eposteal implant
- Surgical placement transosteal implant

Other Implant services

- Bone replacement graft for ridge preservation, per site, when done in conjunction with a covered surgical placement of an implant in the same site, limited to once per tooth, per lifetime
- Radiographic/surgical implant index - limited to once per arch in any 24 month period
- Repair implant supported prosthesis
- Repair implant abutment
- Implant removal