

EOI Service Co. Inc



# Dental Coverage

Here is your new coverage. Make sure you are aware of the deadline date for your coverage elections. If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year.



## PLAN HIGHLIGHTS:

- Dental

## Questions? Concerns?

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Helpline (888) 600-1600  
Call weekdays, 7:00AM to 8:30PM, EST. And refer to  
your plan number: 00496485

Learn more about Guardian at  
[www.guardianlife.com](http://www.guardianlife.com).



## We're ready to get working for you

If you're like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we're here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytime<sup>sm</sup>, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytime<sup>sm</sup> at [www.GuardianAnytime.com](http://www.GuardianAnytime.com). We promise it will be time well spent.

Welcome to Guardian!

- Review your benefits
- Complete your enrollment form, if applicable
- Sign and return form to your plan administrator

# Welcome

**Dear EOI Service Co. Inc Employee,**

We're pleased to tell you that Guardian will be our dental coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and reliable dental claims payment.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

EOI Service Co. Inc

## **UNDERSTAND YOUR COVERAGE:**

**Plan Details** This booklet explains your basic plan options. Your detailed certificate of coverage will be provided to you after you enroll.

**Call the Helpline** Questions answered at (888) 600-1600.

**Find a network dentist in minutes**  
Use our Provider Online Search at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

**Understand your benefits**  
Please find a glossary for insurance terms included.

## Why Dental Insurance?

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Dental insurance will keep these visits affordable and is a cost-effective way to minimize health care costs for you and your family. The American Dental Hygienists' Association estimates that for every \$1 spent on prevention or oral health care, as much as \$8 to \$50 is saved on future emergency and restorative procedures. Using your dental insurance for regular dental check ups can improve your health by helping you:

- 1) Prevent Oral Cancer:** According to The Oral Cancer Foundation, someone dies from oral cancer every hour of every day in the United States alone. When you have your dental cleaning, your dentist is also screening you for oral cancer, which is highly curable if diagnosed early.
- 2) Prevent Gum Disease:** Gum disease is an infection in the gum tissues and bone that keep your teeth in place and is one of the leading causes of adult tooth loss. If diagnosed early, it can be treated and reversed. If treatment is not received, a more serious and advanced stage of gum disease may follow. Regular dental cleanings and check ups, flossing daily and brushing twice a day are key factors in preventing gum disease.
- 3) Help Maintain Good Physical Health:** Recent studies have linked heart attacks and strokes to gum disease, resulting from poor oral hygiene. A dental cleaning every six months helps to keep your teeth and gums healthy and could possibly reduce your risk of heart disease and strokes, as well as many other serious conditions.
- 4) Keep Your Teeth:** Since gum disease is one of the leading causes of tooth loss in adults, regular dental check ups and cleanings, brushing and flossing are vital to keeping as many teeth as you can. Keeping your teeth means better chewing function and ultimately, better health.
- 5) Prevent the Need for Advanced Treatment:** Your dentist and hygienist will be able to detect any early signs of problems with your teeth or gums that can be easily treatable. If these problems go untreated, root canals, gum surgery and removal of teeth could become the only treatment options available.
- 6) Have a Bright and White Smile:** Your dental hygienist can remove most tobacco, coffee and tea stains. During your cleaning, your hygienist will also polish your teeth to a beautiful shine.
- 7) Protect your children's health:** Tooth decay is the most common chronic childhood disease, five times more common than asthma and results in a loss of 51 million school hours each year. Regular check ups can help prevent tooth decay in your children.

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Sources: [www.about.com](http://www.about.com), [American Academy of Pediatrics](http://AmericanAcademyofPediatrics.org)

# Dental Plans

**Option 1:** With your **Pre-Paid** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

**Option 2:** With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

COMPARE THE PLANS	Option 1: Pre-Paid	Option 2: PPO	
<b>Network</b>	Managed DentalCare	DentalGuard Preferred	
<b>Calendar year deductible</b>		<i>In-Network</i>	<i>Out-Network</i>
Individual	No deductible	\$50	\$50
Family limit		3 per family	
Waived for		Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>Network only</i>	<i>In-Network</i>	<i>Out-Network</i>
Preventive Care	You pay a copay for each	100%	100%
Basic Care	covered procedure. See	80%	80%
Major Care	"Plan Details", for	50%	50%
Orthodontia	more information.	50%	50%
<b>Annual Maximum Benefit</b>	Unlimited	\$2000	\$2000
<b>Maximum Rollover</b>	Maximum Rollover is not applicable for this plan type.	Yes	
Rollover Threshold		\$800	
Rollover Amount		\$400	
Rollover In-network Amount		\$600	
Rollover Account Limit		\$1500	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	\$1500	
<b>Office visit copay</b>	\$0	None	
<b>Dependent Age Limits</b>	26	26	

## YOUR GUARDIAN PLAN OFFERS:

**Orthodontia coverage** for adults and children

**Maximum rollover** If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

**National PPO network** of more than 87,000 dentists at over 200,000 locations nationwide.

**Reliable claims payment** four days on average

**Find out** if your dentist is in Guardian's network at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: Pre-Paid	Option 2: PPO	
		You Pay	Plan pays (on average)	
		<i>Network only</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	\$0	100%	100%
	Frequency:	2 times in 12 months^	Once Every 6 Months	
	Fluoride Treatments	\$0	100%	100%
	Limits:	No Age Limits	Under Age 14	
	Oral Exams	\$0	100%	100%
	Sealants (per tooth)	\$5	100%	100%
	X-rays	\$0	100%	100%
Basic Care	Anesthesia*	Restrictions Apply	80%	80%
	Fillings‡	\$5-15	80%	80%
	Perio Surgery	\$75-195	80%	80%
	Periodontal Maintenance	\$15	80%	80%
	Frequency:	2 times in 12 months^ (Standard)	Once Every 6 Months (Enhanced)	
	Repair & Maintenance of Crowns, Bridges & Dentures	\$5-45	80%	80%
	Root Canal	\$75-150	80%	80%
	Scaling & Root Planing (per quadrant)	\$18-30	80%	80%
	Simple Extractions	\$10	80%	80%
	Surgical Extractions	\$30-75	80%	80%
Major Care	Bridges and Dentures	\$155-\$295	50%	50%
	Inlays, Onlays, Veneers**	\$70-150	50%	50%
	Single Crowns	\$200	50%	50%
Orthodontia	Orthodontia	\$1,500-2,800	50%	50%
	Limits:	Adults & Child(ren)	Adults & Child(ren)	
Cosmetic Care	Bleaching	\$165	Not Covered	Not Covered
	Deferred Services for Future Employees	None	Orthodontia - 12 Months	

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. \*General Anesthesia - restrictions apply. ‡For PPO and or Indemnity members, Fillings- restrictions may apply to composite fillings.

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: 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 services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments 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 prosthodontic 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. Contract # GP-1-DG2000 et al.
- Important information about Guardian's Managed DentalGuard Pre-Paid (Florida, New York) Plan, Guardian's Managed DentalGuard (Colorado) Plan, Managed DentalGuard Inc.'s (Ohio) Plan, Managed Dental Care's DHMO (California) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard (New Jersey) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan and Managed DentalGuard -LIBERTY Dental Plan of Nevada, Inc. (Nevada): This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be

provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed DentalGuard. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. Unless specifically included, the Managed DentalGuard plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage. GP-1-MDG1, et al. or GP-1-MDG-FL-1-08, et al. (Florida), GP-1-MDG-NY1, et al. or GP-1-MDG-NY-1-08, et al. (New York), GP-1-MDG-CO-1, et al. (Colorado), GP-1MDC1, et al. or GP-1-MDC-CA-1-08, et al. (California), GP-1-MDG-1-NJ, et al. or GP-1-MDG-NJ-1-08, et al. (New Jersey), GP-1-MDG-TX1, et al. or GP-1-MDG-TX-1-08, et al. (Texas), GP-1-MDG-OH-1, et al. (Ohio), NV110717, et al (Nevada).

- **For PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have 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. R3 – DG2000

## UNDERSTANDING YOUR BENEFITS—DENTAL

<b>Basic care</b>	Moderately complex dental services. Most plans consider fillings and extractions to be basic care.
<b>Co-insurance</b>	The portion of the covered charge paid by Guardian.
<b>Copay</b> (short for <b>copayment</b> )	A fixed fee paid to a dentist at the time a dental service is performed. Some sample copays are shown in this booklet. A complete list is shown in your certificate booklet.
<b>Claims Payment Basis</b>	<b>PPO &amp; NAP</b> The usual cost for a specific dental service in your area. Amounts over the specified Usual Customary & Reasonable percentile (90%) are usually the patient's responsibility: <b>In-Network:</b> Benefits are based on a negotiated contracted fee schedule, and no balance billing. <b>Out-of-Network:</b> Benefits are based on usual, reasonable, and customary rates for a given area.
<b>Deductible</b>	The amount of charges you and your family must pay each plan year before the plan pays you any benefits.
<b>Dental office number</b>	The unique identification number assigned to a dental provider. Each family member must select a primary care dentist and enter his or her number on the enrollment form.
<b>Family limit</b>	Maximum number of deductibles your family must pay in each plan year before this plan starts paying benefits for all covered family members for the rest of the plan year.
<b>In-network charges</b>	Charges for services provided by dentists who are a member of your plan's network.
<b>Major care</b>	More complex dental services. Most plans consider crowns and dentures to be major care.
<b>Out-of-network charges</b>	Charges for services provided by dentists who are not members of your plan's network.
<b>Plan year</b>	The 12 month period used to apply this plan's deductible and annual maximum. Your plan's plan year is the calendar year.
<b>PPO</b> (Preferred Provider Organization)	Plan that lets you visit any dentist, but usually provides better benefits for the services of PPO network dentists. PPO dentists have agreed to accept discounted fees as payment in full.
<b>Pre-determination Review</b>	Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Have your dentist fax your treatment plan to Guardian, note that it is a pre-determination review and we will let your dentist know what benefits would be payable. This includes orthodontic treatment if your plan includes it. Pre-determination applies to PPO and Indemnity plans only.
<b>Pre-Paid Plan</b>	A plan that requires you to visit a network dentist. You pay a fixed copay to the dentist for each service performed. No benefits are available for services of dentists who are not in the network.
<b>Preventive care</b>	Most routine dental services. Most plans consider checkups and cleanings to be preventive care.

## **ADDITIONAL MATERIALS**



# Maximum Rollover<sup>®</sup>

## Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$2000	\$800	\$400	\$600	\$1500

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

### NOTES:

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2009, the claim activity in 2010 will be used and applied to MRAs for use in 2011.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year.

Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.

CDT Codes ++	Covered Dental Services	Patient Charges
D0999	Office visit during regular hours, general dentist only *	\$0
	<b>Evaluations</b>	
D0120	Periodic oral examination – established patient	0
D0140	Limited oral evaluation – problem focused	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation – new or established patient	0
D0170	Re-evaluation – limited, problem focused (established patient, not post-operative visit)	0
D0180	Comprehensive periodontal evaluation – new or established patient	0
	<b>Radiographs/Diagnostic Imaging (Including Interpretation)</b>	
D0210	Intraoral – complete series (including bitewings)	0
D0220	Intraoral – periapical first film	0
D0230	Intraoral – periapical each additional film	0
D0240	Intraoral – occlusal film	0
D0270	Bitewing – single film	0
D0272	Bitewings – two films	0
D0273	Bitewings – three films	0
D0274	Bitewings – four films	0
D0277	Vertical bitewings – 7 to 8 films	0
D0330	Panoramic film	0
	<b>Tests and Examinations</b>	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
	<b>Dental Prophylaxis</b>	
D1110	Prophylaxis – adult, for the first two services in any 12-month period + #	0
D1120	Prophylaxis – child, for the first two services in any 12-month period + #	0
D1999	Prophylaxis – adult or child, for each additional service in same 12-month period + #	60
	<b>Topical Fluoride Treatment (Office Procedure)</b>	
D1203	Topical application of fluoride (prophylaxis not included) – child, for the first two services in any 12-month period + =	0
D1204	Topical application of fluoride (prophylaxis not included) – adult, for the first two services in any 12-month period + =	0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients, for the first two services in any 12-month period + =	0
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period + =	20
	<b>Other Preventive Services</b>	
D1310	Nutritional counseling for control of dental disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant – per tooth (molars) ^	0
D9999	Sealant – per tooth (non-molars) ^	35
	<b>Space Maintenance (Passive Appliances)</b>	
D1510	Space maintainer – fixed - unilateral	0
D1515	Space maintainer – fixed - bilateral	0
D1525	Space maintainer – removable - bilateral	0
D1550	Re-cementation of space maintainer	0
D1555	Removal of fixed space maintainer	0
	<b>Amalgam Restorations (Including Polishing)</b>	
D2140	Amalgam – one surface, primary or permanent	0
D2150	Amalgam – two surfaces, primary or permanent	0
D2160	Amalgam – three surfaces, primary or permanent	0
D2161	Amalgam – four or more surfaces, primary or permanent	0
	<b>Resin-Based Composite Restorations - Direct</b>	
D2330	Resin-based composite – one surface, anterior	0
D2331	Resin-based composite – two surfaces, anterior	0
D2332	Resin-based composite – three surfaces, anterior	0
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	0
D2390	Resin-based composite crown, anterior	0
D2391	Resin-based composite – one surface, posterior	0
D2392	Resin-based composite – two surfaces, posterior	0
D2393	Resin-based composite – three surfaces, posterior	0
D2394	Resin-based composite – four or more surfaces, posterior	0
	<b>Inlay/Onlay Restorations **</b>	
D2510	Inlay – metallic – one surface **	60
D2520	Inlay – metallic – two surfaces **	75
D2530	Inlay – metallic – three or more surfaces **	75
D2542	Onlay – metallic – two surfaces **	80
D2543	Onlay – metallic – three surfaces **	80
D2544	Onlay – metallic – four or more surfaces **	80
D2610	Inlay – porcelain/ceramic – one surface	60
D2620	Inlay – porcelain/ceramic – two surfaces	75
D2630	Inlay – porcelain/ceramic – three or more surfaces	75
D2642	Onlay – porcelain/ceramic – two surfaces	80
D2643	Onlay – porcelain/ceramic – three surfaces	80
D2644	Onlay – porcelain/ceramic – four or more surfaces	80

CDT Codes ++	Covered Dental Services	Patient Charges
	<b>Crowns – Single Restorations Only ^^</b>	
D2740	Crown – porcelain/ceramic substrate	\$100
D2750	Crown – porcelain fused to high noble metal **	95
D2751	Crown – porcelain fused to predominantly base metal	95
D2752	Crown – porcelain fused to noble metal	95
D2780	Crown – ¼ cast high noble metal **	85
D2781	Crown – ¼ cast predominantly base metal	85
D2782	Crown – ¼ cast noble metal	85
D2783	Crown – ¼ porcelain/ceramic	85
D2790	Crown – full cast high noble metal **	95
D2791	Crown – full cast predominantly base metal	95
D2792	Crown – full cast noble metal	95
D2794	Crown – titanium	95
	<b>Other Restorative Services</b>	
D2910	Recement inlay, onlay, or partial coverage restoration	0
D2915	Recement cast or prefabricated post and core	0
D2920	Recement crown	0
D2930	Prefabricated stainless steel crown – primary tooth	10
D2931	Prefabricated stainless steel crown – permanent tooth	10
D2932	Prefabricated resin crown	20
D2933	Prefabricated stainless steel crown with resin window	20
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	20
D2940	Sedative filling	0
D2950	Core buildup, including any pins	20
D2951	Pin retention – per tooth, in addition to restoration	0
D2952	Post and core in addition to crown, indirectly fabricated	30
D2953	Each additional indirectly fabricated post – same tooth	10
D2954	Prefabricated post and core in addition to crown	25
D2957	Each additional prefabricated post – same tooth	8
D2960	Labial veneer (resin laminate) – chairside	40
D2970	Temporary crown (fractured tooth)	15
D2971	Additional procedures to construct new crown under existing partial denture framework	125
	<b>Pulp Capping</b>	
D3110	Pulp cap – direct (excluding final restoration)	0
D3120	Pulp cap – indirect (excluding final restoration)	0
	<b>Pulpotomy</b>	
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	10
D3221	Pulpal debridement, primary and permanent teeth	10
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	10
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	15
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	15
	<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-up Care)</b>	
D3310	Root canal, anterior (excluding final restoration)	70
D3320	Root canal, bicuspid (excluding final restoration)	80
D3330	Root canal, molar (excluding final restoration)	140
D3331	Treatment of root canal obstruction; non-surgical access	0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	70
D3333	Internal root repair of perforation defects	40
	<b>Endodontic Retreatment</b>	
D3346	Retreatment of previous root canal therapy – anterior	80
D3347	Retreatment of previous root canal therapy – bicuspid	95
D3348	Retreatment of previous root canal therapy – molar	150
	<b>Apicoectomy/Periradicular Services</b>	
D3410	Apicoectomy/periradicular surgery – anterior	90
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	95
D3425	Apicoectomy/periradicular surgery – molar (first root)	100
D3426	Apicoectomy/periradicular surgery (each additional root)	40
D3430	Retrograde filling – per root	15
D3950	Canal preparation and fitting of preformed dowel or post	20
	<b>Surgical Services (Including Usual Postoperative Care)</b>	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	60
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	20
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	105
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	35
D4249	Clinical crown lengthening – hard tissue	85
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	155
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	95
D4268	Surgical revision procedure, per tooth	0
D4270	Pedicle soft tissue graft procedure	100
D4271	Free soft tissue graft procedure (including donor site surgery)	110
D4273	Subepithelial connective tissue graft procedures, per tooth	120

CDT Codes ++	Covered Dental Services	Patient Charges
<b>Non-Surgical Periodontal Service</b>		
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$25
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	15
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	15
<b>Other Periodontal Services</b>		
D4910	Periodontal maintenance, for the first two services in any 12-month period + #	15
D4920	Unscheduled dressing change (by someone other than treating dentist)	0
D4999	Periodontal maintenance, each additional service in same 12-month period + #	60
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>		
D5110	Complete denture – maxillary	110
D5120	Complete denture – mandibular	110
D5130	Immediate denture – maxillary	110
D5140	Immediate denture – mandibular	110
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>		
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	90
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	90
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	130
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	130
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	140
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	140
<b>Adjustments to Dentures</b>		
D5410	Adjust complete denture – maxillary	5
D5411	Adjust complete denture – mandibular	5
D5421	Adjust partial denture – maxillary	5
D5422	Adjust partial denture – mandibular	5
<b>Repairs To Complete Dentures</b>		
D5510	Repair broken complete denture base	0
D5520	Replace missing or broken teeth – complete denture (each tooth)	0
<b>Repairs To Partial Dentures</b>		
D5610	Repair resin denture base	0
D5620	Repair cast framework	0
D5630	Repair or replace broken clasp	0
D5640	Replace broken teeth – per tooth	0
D5650	Add tooth to existing partial denture	0
D5660	Add clasp to existing partial denture	0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	0
<b>Denture Rebase Procedures</b>		
D5710	Rebase complete maxillary denture	0
D5711	Rebase complete mandibular denture	0
D5720	Rebase maxillary partial denture	0
D5721	Rebase mandibular partial denture	0
<b>Denture Reline Procedures</b>		
D5730	Reline complete maxillary denture (chairside)	0
D5731	Reline complete mandibular denture (chairside)	0
D5740	Reline maxillary partial denture (chairside)	0
D5741	Reline mandibular partial denture (chairside)	0
D5750	Reline complete maxillary denture (laboratory)	0
D5751	Reline complete mandibular denture (laboratory)	0
D5760	Reline maxillary partial denture (laboratory)	0
D5761	Reline mandibular partial denture (laboratory)	0
<b>Interim Prosthesis</b>		
D5820	Interim partial denture (maxillary)	45
D5821	Interim partial denture (mandibular)	45
<b>Other Removable Prosthetic Services</b>		
D5850	Tissue conditioning, maxillary	0
D5851	Tissue conditioning, mandibular	0
<b>Fixed Partial Denture Pontics ^^</b>		
D6210	Pontic – cast high noble metal	90
D6211	Pontic – cast predominantly base metal	90
D6212	Pontic – cast noble metal	90
D6214	Pontic – titanium	90
D6240	Pontic – porcelain fused to high noble metal *	90
D6241	Pontic – porcelain fused to predominantly base metal	90
D6242	Pontic – porcelain fused to noble metal	90
D6245	Pontic – porcelain/ceramic	90
<b>Fixed Partial Denture Retainers – Inlays/Onlays ^^</b>		
D6600	Inlay – porcelain/ceramic – two surfaces	75
D6601	Inlay – porcelain/ceramic – three or more surfaces	75
D6602	Inlay – cast high noble metal, two surfaces **	75
D6603	Inlay – cast high noble metal, three or more surfaces **	75
D6604	Inlay – cast predominantly base metal, two surfaces	75

CDT Codes ++	Covered Dental Services	Patient Charges
<b>Fixed Partial Denture Retainers – Inlays/Onlays ^^ (continued)</b>		
D6605	Inlay – cast predominantly base metal, three or more surfaces	\$75
D6606	Inlay – cast noble metal, two surfaces	75
D6607	Inlay – cast noble metal, three or more surfaces	75
D6608	Onlay – porcelain/ceramic, two surfaces	80
D6609	Onlay – porcelain/ceramic, three or more surfaces	80
D6610	Onlay – cast high noble metal, two surfaces **	80
D6611	Onlay – cast high noble metal, three or more surfaces **	80
D6612	Onlay – cast predominantly base metal, two surfaces	80
D6613	Onlay – cast predominantly base metal, three or more surfaces	80
D6614	Onlay – cast noble metal, two surfaces	80
D6615	Onlay – cast noble metal, three or more surfaces	80
D6624	Inlay – titanium	75
D6634	Onlay – titanium	75
<b>Fixed Partial Denture Retainers – Crowns ^^</b>		
D6740	Crown – porcelain/ceramic	100
D6750	Crown – porcelain fused to high noble metal **	95
D6751	Crown – porcelain fused to predominantly base metal	95
D6752	Crown – porcelain fused to noble metal	95
D6780	Crown – ¾ cast high noble metal **	85
D6781	Crown – ¾ cast predominantly base metal	85
D6782	Crown – ¾ cast noble metal	85
D6783	Crown – ¾ porcelain/ceramic	85
D6790	Crown – full cast high noble metal **	95
D6791	Crown – full cast predominantly base metal	95
D6792	Crown – full cast noble metal	95
D6794	Crown – titanium	95
<b>Other Fixed Partial Denture Services</b>		
D6930	Recement fixed partial denture	0
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	30
D6972	Prefabricated post and core in addition to fixed partial denture retainer	25
D6973	Core build up for retainer, including any pins	20
D6976	Each additional cast post – same tooth	10
D6977	Each additional prefabricated post – same tooth	8
D6999	Multiple crown and bridge unit treatment plan – per unit, six or more units per treatment plan ^^	125
<b>Extractions</b>		
D7111	Extraction, coronal remnants – deciduous tooth	10
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10
<b>Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, And Routine Postoperative Care)</b>		
D7210	Surgical removal of erupted tooth – requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	35
D7220	Removal of impacted tooth – soft tissue	50
D7230	Removal of impacted tooth – partially bony	70
D7240	Removal of impacted tooth – completely bony	80
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	85
D7250	Surgical removal of residual tooth roots (cutting procedure)	40
D7261	Primary closure of a sinus perforation	250
<b>Other Surgical Procedures</b>		
D7280	Surgical access of an unerupted tooth	90
D7283	Placement of device to facilitate eruption of impacted tooth	35
D7285	Biopsy of oral tissue – hard (bone, tooth)	45
D7286	Biopsy of oral tissue – soft	40
D7288	Brush biopsy – transepithelial sample collection	65
<b>Alveoloplasty – Surgical Preparation Of Ridge For Dentures</b>		
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	35
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	16
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	45
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	30
<b>Surgical Excision Of Intra-Osseous Lesions</b>		
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	60
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	110
<b>Excision Of Bone Tissue</b>		
D7471	Removal of lateral exostosis (maxilla or mandible)	75
D7472	Removal of torus palatinus	75
D7473	Removal of torus mandibularis	75
<b>Surgical Incision</b>		
D7510	Incision and drainage of abscess – intraoral soft tissue	25
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	30
<b>Other Repair Procedures</b>		
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	60
D7963	Frenuloplasty	100

CDT Codes ++	Covered Dental Services	Patient Charges
	<b>Unclassified Treatment</b>	
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0
D9120	Fixed partial denture sectioning	15
D9215	Local anesthesia	0
D9220	Deep sedation/general anesthesia – first 30 minutes +++	195
D9221	Deep sedation/general anesthesia – each additional 15 minutes +++	75
D9241	Intravenous conscious sedation/analgesia – first 30 minutes +++	195
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes +++	75
	<b>Professional Consultation</b>	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30
	<b>Professional Visits</b>	
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	0
D9440	Office visit – after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
	<b>Miscellaneous Services</b>	
D9951	Occlusal adjustment – limited	0
D9971	Odontoplasty – one to two teeth	10
D9972	External bleaching – per arch	165
	Broken appointment	25

Current Dental Terminology (CDT) © American Dental Association (ADA)

- + The Patient Charges for codes D1110, D1120, D1203, D1204, D1206 and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999 and D4999 for the applicable Patient Charge.
- ++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan booklet and the Manual (including the Quality Management retrospective review). Other codes may be used to describe Covered Services.
- \* The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is an "M". The Plan will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is a "G". The ID Card and Eligibility Report will indicate if the Office Visit Fee is \$5 or \$10.
- # Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.
- = Fluoride Treatment - a total of four services in any 12-month period.
- ^ Sealants are limited to permanent teeth up to the 16th birthday.
- \*\* If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.
- ^^ The Patient Charge for these services is per unit.
- +++ Procedure codes D9220, D9221, D9241 and D9242 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other covered surgical services.

Underwritten by: (IL) - First Commonwealth Insurance Company, (MO) - First Commonwealth of Missouri, (IN) - First Commonwealth Limited Health Services Corporation, (MI) - First Commonwealth Inc., (CA) - Managed Dental Care, (TX) - Managed DentalGuard, Inc. (DHMO), (NJ) - Managed DentalGuard, Inc., (FL, NY) - The Guardian Life Insurance Company of America. All First Commonwealth, Managed DentalGuard, Inc., and Managed Dental Care entities referenced are wholly-owned subsidiaries of The Guardian Life Insurance Company of America. Limitations and exclusions apply. Plan documents are the final arbiter of coverage.



# MANAGED DENTALGUARD ORTHODONTIC BENEFITS

## Managed DentalGuard Orthodontic Plan Schedule – Option W

CDT Codes	Covered Services and Patient Charges	Patient Charges	Orthodontics In Progress
	<b>Orthodontics</b>		
D8070	Comprehensive orthodontic treatment of the transitional dentition **		
D8080	Comprehensive orthodontic treatment of the adolescent dentition **	Child: \$1500	***
D8090	Comprehensive orthodontic treatment of the adult dentition **	Adult: 2800	***
D8660	Pre-orthodontic treatment visit (includes treatment plan, records, evaluation and consultation)	250	***
D8670	Periodic orthodontic treatment visit	0	***
D8680	Orthodontic retention	400	***
	Broken appointment	25	***

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v.08192

\*\* Child orthodontics is limited to dependent children under age 19; adult orthodontics is limited to dependent children age 19 and above and employee or spouse. A Member's age is determined on the date of banding.

\*\*\* Treatment in progress: Orthodontic Treatment – Comprehensive orthodontic treatment is started when the teeth are banded. Orthodontic treatment procedures which are listed on the Plan Schedule and were started but not completed prior to the Member's eligibility to receive benefits under this plan may be covered if the Member identifies a Participating Orthodontic Specialty Care Dentist who is willing to complete the treatment at a patient charge equal to 85% of the Participating Orthodontic Specialty Care Dentist's usual fee. In this situation retention services would also be at 85% of the Participating Orthodontic Specialty Care Dentist's usual fee. When comprehensive orthodontic treatment is started prior to the Member's eligibility to receive benefits under this plan, the Patient Charge for orthodontic retention is equal to 85% of the Participating Orthodontic Specialty Care Dentist's usual fee. Also refer to the Orthodontic Takeover Treatment-in-Progress section.

++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan Booklet and the Manual.

### The Plan Covers:

- Orthodontic services as listed under Covered Dental Services and Patient Charges, limited to one (1) course of treatment per Member. We must preauthorize treatment, and it must be performed by a Participating Orthodontic Specialist Dentist.
- Up to twenty-four (24) months of comprehensive orthodontic treatment.
- Treatment plan and records, including initial records and any interim and final records.
- Comprehensive orthodontic treatment, including the fixed banding appliances and related visits only.
- Retention services following a course of comprehensive orthodontic treatment that was covered under this Plan.
- Orthodontic retention, including any and all necessary fixed and removable appliances and related visits.
- If a Member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the Plan provides the standard orthodontic benefit. The Member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the Participating Orthodontic Specialist Dentist's usual fee.

### This Plan Does Not Cover:

- Any procedure listed as an exclusion, in excess of Plan limitations, or as not covered under MDG.
- Orthodontic treatment performed by any dentist other than a Participating Orthodontic Specialist Dentist.
- Limited orthodontic treatment and interceptive (Phase I) treatment.
- Treatment beyond twenty-four (24) months. (The Member will be responsible for an additional charge for each additional month of treatment, based upon the Participating Orthodontic Specialist Dentist's contracted fee.)
- Except as described under treatment in progress – orthodontic treatment, orthodontic services are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Plan. If a Member's coverage terminates after the fixed banding appliances are inserted, the Participating Orthodontist Specialty Care Dentist may prorate his or her usual fee over the remaining months of treatment.
- Orthodontic services after a Member's coverage terminates.
- Any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets.
- Procedures, appliances or devices to (a) guide minor tooth movement or (b) to correct or control harmful habits.
- Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Replacement or repair of orthodontic appliances damaged due to the neglect of the Member.
- Extractions performed solely to facilitate orthodontic treatment.
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- If a Member transfers to another Participating Orthodontic Specialty Care Dentist after authorized comprehensive orthodontic treatment has started under this Plan, the Member will be responsible for any additional costs associated with the change in Orthodontic Specialty Care Dentist and subsequent treatment.

Managed DentalGuard is underwritten by Managed Dental Care in CA; First Commonwealth in IL, MO, MI and IN; Guardian in FL and NY, and Managed DentalGuard, Inc. in NJ and TX. Managed Dental Care, First Commonwealth and Managed DentalGuard, Inc. are wholly owned subsidiaries of The Guardian Life Insurance Company of America.

# Employee Benefits Hotline (EBH)

Benefit specialists are available to answer questions as you sign up for your Guardian benefits

Toll-free Phone	
1-888-600-1600	7:00 a.m. – 8:30 p.m. EST
Monday-Friday	6:00 a.m. – 7:30 p.m. CST
	5:00 a.m. – 6:30 p.m. MST
	4:00 a.m. – 5:30 p.m. PST

**STEP 1: Ask yourself these questions to determine if you should call the Employee Benefits Hotline.** If you answer “yes” to any of these questions, prepare to contact the Hotline (go to STEP 2):

- Do I need help completing my enrollment forms?
- Do I have questions about the benefits covered under the plans my employer is offering?
- Do I need to make my first dental appointment immediately following my enrollment?  
*(If so, it's suggested you contact the Hotline at least 72 hours prior to your visit so you can ensure your provider has your coverage information. Coverage begins on your plan's effective date.)*

**STEP 2: Prepare to contact the Hotline**

- Name of the company you work for
- Your company's group number  
*(Both can be found on the front of the enrollment materials)*

**STEP 3: Call 888-600-1600 to get answers!**

- Press #1 to identify yourself as an employee.
- At the next prompt:
- Press #1 if your questions relate to Dental Benefits
- Press #0 for all other questions
- Enter your company's group number

**IMPORTANT NOTE:** The Employee Benefits Hotline provides pre-enrollment support in over 50 languages! Once you are enrolled in a plan, you will receive additional information and new toll-free phone numbers. If you are looking for a dentist or vision provider who participates in your plan, go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com).



# *Finding a dentist is easy*

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**Go online – it just takes minutes!**

The best way to save money through your dental plan is by seeing a dentist in your plan's network. Guardian's Find a Provider site makes it easy for you to search for a dentist that meets your needs.

Guardian's Find a Provider site is available to you 24 hours a day, 7 days a week.

- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of dentists' information (ie. office status, distance)
- Create a quick-list of "favorite" dentists — for easy reference online
- Get maps and directions to a dentist's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit the site
- Create a customized directory of dentists
- Nominate a dentist to be included in a network
- And much more!

**Just go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) and click on "Find a Provider". You can also find a dentist on the go from your smart phone – simply download our app.**

## DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at [www.GuardianLife.com](http://www.GuardianLife.com).

DATE: \_\_\_\_\_

Employer: \_\_\_\_\_

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **DENTIST INFO**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Please submit completed form to:

Guardian  
DentalGuard Preferred  
P.O. Box 2465  
Spokane, WA 99210-9817  
or FAX to: 509-468-6550





## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective: 9/23/2013

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your Protected Health Information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law.

Guardian is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices concerning PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. If we make material changes to our privacy practices, copies of revised notices will be made available on request and circulated as required by law. Copies of our current Notice may be obtained by contacting Guardian (using the information supplied below), or on our Web site at: [www.GuardianLife.com/PrivacyPolicy](http://www.GuardianLife.com/PrivacyPolicy)

### **What is Protected Health Information (PHI):**

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. PHI refers particularly to information acquired or maintained by us as a result of your having health coverage (including medical, dental, vision and LTC coverage).

### **In What Ways may Guardian Use and Disclose your Protected Health Information (PHI):**

Guardian has the right to use or disclose your PHI without your written authorization to assist in your treatment, to facilitate payment and for health care operations purposes. There are certain circumstances where we are required by law to use or disclose your PHI. And there are other purposes, listed below, where we are permitted to use or disclose your PHI without further authorization from you. Please note that examples are provided for illustrative purposes only and are not intended to indicate every use or disclosure that may be made for a particular purpose.

Guardian has the right to use or disclose your PHI for the following purposes:

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to supply information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and resources you may receive. For example, we may disclose your PHI for payment purposes to a health care provider or a health plan. Such purposes may include: ascertaining your range of benefits; certifying that you received treatment; requesting details regarding your treatment to determine if your benefits will cover, or pay for, your treatment.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations. For example, we may use your PHI for underwriting and premium rating purposes.

Appointment Reminders. Guardian may use and disclose your PHI to contact you and remind you of appointments.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Plan Sponsors. Guardian may use or disclose PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan may contact us regarding benefits, service or coverage issues. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor so that the sponsor can obtain premium bids for health insurance coverage, or to decide whether to modify, amend or terminate your group health plan.

Guardian is required to use or disclose your PHI:

- To you or your personal representative (someone with the legal right to act for you);
- To the Secretary of the Department of Health and Human Services, when conducting a compliance investigation, review or enforcement action; and
- Where otherwise required by law.

Guardian is Required to Notify You of any Breaches of Your PHI.

Although Guardian takes reasonable, industry-standard measures to protect your PHI, should a breach occur, Guardian is required by law to notify affected individuals. A breach means the acquisition, access, use, or disclosure of PHI in a manner not permitted by law that compromises the security or privacy of the PHI.

Other Uses and Disclosures.

Guardian may also use and disclose your PHI for the following purposes without your authorization:

- We may disclose your PHI to persons involved in your care, such as a family member or close personal friend, when you are incapacitated, during an emergency or when permitted by law.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI to a government oversight agency authorized by law to conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for organ or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to comply with workers' compensation and other similar programs.
- We may disclose your PHI to third party business associates that perform services for us, or on our behalf (e.g. vendors).
- Guardian may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to authorized federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations authorized by law.
- We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official (e.g., for the institution to provide you with health care services, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals).
- We may disclose your PHI to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Your Rights with Regard to Your Protected Health Information (PHI):**

Your Authorization for Other Uses and Disclosures. Other than for the purposes described above, or as otherwise permitted by law, Guardian must obtain your written authorization to use or disclosure your PHI. You have the right to revoke that authorization in writing except to the extent that: (i) we have taken action in reliance upon the authorization prior to your written revocation, (ii) you were required to give us your authorization as a condition of obtaining coverage, or (iii) and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under federal and state law, certain kinds of PHI will require enhanced privacy protections. These forms of PHI include information pertaining to:

- HIV/AIDS testing, diagnosis or treatment
- Venereal and /or communicable Disease(s)
- Genetic Testing
- Alcohol and drug abuse prevention, treatment and referral
- Psychotherapy notes

We will only disclose these types of delineated information when permitted or required by law or upon your prior written authorization.

Your Right to an Accounting of Disclosures. An ‘accounting of disclosures’ is a list of the disclosures we have made, if any, of your PHI. You have the right to receive an accounting of certain disclosures of your PHI that were made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

We ask that you submit your request in writing. Your request must state a requested time period not more than six years prior to the date when you make your request. Your request should indicate in what form you want the list (e.g., paper, electronically).

Your Right to Obtain a Paper Copy of This Notice. You have a right to request a paper copy of this notice even if you have previously agreed to accept this notice electronically.

Your Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the U.S. Secretary of Health and Human Services. If you wish to file a complaint with Guardian, you may do so using the contact information below. You will not be penalized for filing a complaint.

*Any exercise of the Rights designated below must be submitted to the Guardian in writing. Guardian may charge for reasonable costs associated with complying with your requests; in such a case, we will notify you of the cost involved and provide you the opportunity to modify your request before any costs are incurred.*

Your Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a restriction on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

Guardian is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian's use, disclosure or both; and (c) to whom you want the limits to apply.

Your Right to Request Confidential Communications. You have the right to request that Guardian communicate with you about your PHI be in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We are required to accommodate all reasonable requests made in writing, when such requests clearly state that your life could be endangered by the disclosure of all or part of your PHI.

Your Right to Amend Your PHI If you feel that any PHI about you, which is maintained by Guardian, is inaccurate or incomplete, you have the right to request that such PHI be amended or corrected. Within your written request, you must provide a reason in support of your request. Guardian reserves the right to deny your request if: (i) the PHI was not created by Guardian, unless the person or entity that created the information is no longer available to amend it (ii) if we do not maintain the PHI at issue (iii) if you would not be permitted to inspect and copy the PHI at issue or (iv) if the PHI we maintain about you is accurate and complete. If we deny your request, you may submit a written statement of your disagreement to us, and we will record it with your health information.

Your Right to Access to Your PHI. You have the right to inspect and obtain a copy of your PHI that we maintain in designated record sets. Under certain circumstances, we may deny your request to inspect and copy your PHI. In an instance where you are denied access and have a right to have that determination reviewed, a licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

**How to Contact Us:**

If you have any questions about this Notice or need further information about matters covered in this Notice, please call the toll-free number on the back of your Guardian ID card. If you are a broker please call 800-627-4200. All others please contact us at 800-541-7846. You can also write to us with your questions, or to exercise any of your rights, at the address below:

**Attention:** Guardian Corporate Privacy Officer  
National Operations

**Address:** The Guardian Life Insurance Company of America  
Group Quality Assurance - Northeast  
P.O. Box 2457  
Spokane, WA 99210-2457



Employer:  
**EOI Service Co. Inc**  
**1820 E 1st Street**  
**Santa Ana, CA 92705**

Guardian Group Plan Number: **00496485**

The Guardian Life Insurance Company of America

**Managed Dental Care of California**  
*A wholly owned subsidiary of Guardian*

<b>EMPLOYER USE ONLY</b> <input type="checkbox"/> New Application <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Drop Dependent(s) <input type="checkbox"/> Change Address <input type="checkbox"/> Change Name <input type="checkbox"/> Drop Coverage as of: / /			
Class <b>1</b>	Hours Worked	Division	Benefits Effective / /
Keep a copy for your records and return form to: <b>Midwest Regional Office, P.O. Box 8012, Appleton, WI 54912-8012</b>			

<b>ABOUT YOURSELF</b> <i>Print clearly in black or blue ink.</i>			
First, Middle Initial, Last Name <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -
Address	City	State	Zip
Preferred E-mail	Day Phone	Eve Phone	The best way to reach you: <input type="checkbox"/> E-mail <input type="checkbox"/> Day Phone <input type="checkbox"/> Eve Phone
Job Title	Work Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> COBRA/State Continuation	Date work status began / /	
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have a domestic partner (DP), is your partnership registered with the State of California? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>ABOUT YOUR DEPENDENTS</b> <input type="checkbox"/> A sheet with information about additional dependents is attached.					
Spouse First, Middle Initial, Last Name <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	Marriage Date (mm/dd/yyyy) / /	
Child 1 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	<input type="checkbox"/> Full-time student, at (school):	Attending Since / /
Child 2 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	<input type="checkbox"/> Full-time student, at (school):	Attending Since / /
Child 3 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	<input type="checkbox"/> Full-time student, at (school):	Attending Since / /
Child 4 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	<input type="checkbox"/> Full-time student, at (school):	Attending Since / /
To drop coverage for yourself or your dependents, check the box(es) to the right of the name(s) and select the coverage(s) to drop below. Attach a separate sheet if you wish to drop more than one dependent from different coverages. <input type="checkbox"/> Dental					

**CHOOSE YOUR DENTAL COVERAGE***Check one box only*

	<b>Option 1: Pre-Paid</b>	<b>Option 2: PPO</b>	
Employee alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I waive this coverage
Employee and Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I waive this coverage
Employee and Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I waive this coverage
Entire family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I waive this coverage

**List dental office location number(s) (Pre-Paid Plan only)**

Employee \_\_\_\_\_ Spouse \_\_\_\_\_ Child(ren) \_\_\_\_\_

 A separate sheet with additional dental office numbers for dependents is attached.**If you or your family have lost dental coverage, please explain below. Late entry penalties may apply.**Reason for Loss of coverage:  Termination of Employment  Divorce  Death of Spouse  Termination or Expiration of coverage

Date of coverage loss

/ /

If you are waiving coverage, are you covered under another dental plan?

 Yes  No

If you are waiving dependent coverage, are your dependents covered under another dental plan?

 Yes  No**IMPORTANT NOTES**

- Proof of insurability does not apply to dental, but if you waive dental coverage and later decide to enroll, you may be subject to a late entrant penalty and your dental benefits may be limited for a period of time. Guardian may waive late-entrant penalties if you lose dental coverage due to termination of the plan, loss of employment, death of spouse, divorce or where a court has ordered coverage be provided for an eligible spouse or eligible children, provided you apply within 30 days.
- Late entrant penalties or proof of insurability do not apply to Pre-Paid dental coverage. The Pre-Paid dental plan refers to, as applicable, Managed DentalGuard dental HMO plans underwritten by Managed Dental Care. Eligibility for this coverage is only available at the open enrollment period.

**SIGNATURE**

- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- I agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.

- I attest that the information provided above is true and correct to the best of my knowledge.
- Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**SIGNATURE OF EMPLOYEE** **X****DATE**



# Thank You

If applicable, return your completed form to your plan administrator.

## Please remember to:

- Check the coverage you want
- Include your social security number  
(and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form
- Sign and date form

## Date form submitted:

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## **Make the most of your Guardian benefits at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

- Review your benefits
- Look up amounts and services covered in your plan
- Check the status of a claim
- Receive e-mail alerts when a response to your dental\* claim is available online
- View and print dental or vision ID cards
- Print forms and plan materials...and much more

**To register, go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

# **EOI Service Co. Inc Dental Benefits Plan**