

# RALLS INDEPENDENT SCHOOL DISTRICT



## Dental Coverage

Here is your new dental coverage, which includes your enrollment form. **Make sure you return the completed form, if applicable, to your plan administrator.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year.



### HIGHLIGHTS:

- Single and family coverage available
- Visit any dentist
- Orthodontia coverage for children
- Reliable dental claims payment; 4 day average turnaround

### Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 8:00AM to 8:30PM, EST

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



GUARDIAN®

## 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!

# Dental Plans

With your **NAP Dental Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

## UNDERSTAND YOUR PLAN

### NAP Dental Plan

<b>Network</b>	DentalGuard Preferred	
<b>Your Monthly premium</b>	<b>\$27.99</b>	
You and spouse	\$54.86	
You and child(ren)	\$69.24	
You, spouse and child(ren)	\$96.16	
<b>Plan year deductible</b>	<i>In-Network</i>	<i>Out-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-Network</i>
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	80%	80%
Major Care (e.g. crowns, dentures)	50%	50%
Orthodontia	50%	50%
<b>Annual Maximum Benefit</b>	\$1000	\$1000
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover Account Limit	\$1000	
<b>Lifetime Orthodontia Maximum</b>	\$1000	
<b>Dependent Age Limits (Non-Student/Student)</b>	25/26	

## YOUR GUARDIAN PLAN OFFERS:

**Orthodontia coverage** for children

**No charge for preventive care** (subject to plan limits)

**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 70,000 dentist locations

**Reliable claims payment** four days on average

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

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

**CATEGORY PLAN DETAILS**

**NAP Dental Plan**

Plan pays (on average)

	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	100%	100%
Cleaning (prophylaxis) Frequency:	Once Every 6 Months	100%
Fluoride Treatments	100%	100%
Limits:	Under Age 14	
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
X-rays	100%	100%
Basic Care	80%	80%
Anesthesia*	80%	80%
Fillings†	80%	80%
Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
Major Care	50%	50%
Bridges and Dentures	50%	50%
Inlays, Onlays, Veneers**	50%	50%
Perio Surgery	50%	50%
Periodontal Maintenance	50%	50%
Frequency:	Once Every 6 Months (Standard)	
Root Canal	50%	50%
Scaling & Root Planning (per quadrant)	50%	50%
Simple Extractions	50%	50%
Single Crowns	50%	50%
Surgical Extractions	50%	50%
Orthodontia	50%	50%
Limits:	Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only 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 of 19; if full-time status is required by your plan 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. †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,

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.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.

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.

■ **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



Employer:  
**RALLS INDEPENDENT SCHOOL DISTRICT**  
**810 AVE I**  
**RALLS, TX 79357**

Guardian Group Plan Number: **00416482**

The Guardian Life Insurance Company of America

<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>All Eligible Employees</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	Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your primary language?	Do you have a disability, which would affect your ability to communicate or read? <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) / /	<input type="checkbox"/> Full-time student, at (school):	City/State: 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) / /	<input type="checkbox"/> Full-time student, at (school):	City/State: 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) / /	<input type="checkbox"/> Full-time student, at (school):	City/State: 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) / /	<input type="checkbox"/> Full-time student, at (school):	City/State: 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>Your monthly premium</b>	<b>NAP Dental Plan</b>			
Employee alone	<input type="checkbox"/> <b>\$27.99</b>			<input type="checkbox"/> I waive this coverage
Employee and Spouse	<input type="checkbox"/> <b>\$54.86</b>			<input type="checkbox"/> I waive this coverage
Employee and Child(ren)	<input type="checkbox"/> <b>\$69.24</b>			<input type="checkbox"/> I waive this coverage
Entire family	<input type="checkbox"/> <b>\$96.16</b>			<input type="checkbox"/> I waive this coverage
<b>If you or your family have lost dental coverage, please explain below. Late entry penalties may apply.</b>				
Reason for Loss of coverage: <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Divorce <input type="checkbox"/> Death of Spouse <input type="checkbox"/> Termination or Expiration of coverage <input type="checkbox"/> Reduction in Work Hours				Date of coverage loss / /
If you are waiving coverage, are you covered under another dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are waiving dependent coverage, are your dependents covered under another dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> 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 31 days.

**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 understand that the premium amounts shown above are estimations. If the premium amounts shown above and the deductions for premiums shown on my paycheck stub do not agree, my paycheck stub will prevail. I understand that the premium amounts may be amended.
- **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**

## Maximum Rollover

### 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	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$1000

#### 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 2008, the claim activity in 2009 will be used and applied to MRAs for use in 2010.

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.



# Finding a dentist is easy

## 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.GuardianLife.com](http://www.GuardianLife.com)**.

Under "Resources", click on "Find a Provider".

# 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

## You chose....

### Dental:

- NAP Dental Plan

## 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 coverage amounts
- Check the status of a claim
- Receive e-mail alerts when a response to your dental\* or medical claim is available online
- Print forms and plan materials...and much more

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

# RALLS INDEPENDENT SCHOOL DISTRICT Dental Benefits Plan

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7 Hanover Square, New York 10004

\*Not available to members with Guardian pre-paid Dental/DHMO plans (including FirstCommonwealth and Managed DentalGuard plans).