

ACCESS DENTAL PLAN FAMILY DENTAL HMO

Access Dental DHMO plans allow you to choose to receive care from any participating dentist in the network, and pay set co-pays for your office visit and services. *Under this plan, you must be assigned to a primary care dentist of your choice from our network of contracted providers. All care must be provided or arranged by your primary care dentist.*

Covered services include:

- Diagnostic and preventive benefits such as oral examinations, x-rays, topical fluoride, and dental sealants
- Restorative services such as fillings and crowns
- Oral surgery
- Adolescent Orthodontics

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.

SAMPLE COSTS

A complete list of covered procedures and copays can be found on the Schedule of Benefits. The copays are only valid for covered services provided by a network dentist. Services provided or arranged by your primary care dentist are covered without waiting periods and annual or lifetime limits.

PROCEDURE	EHB CHILD ONLY * COPAY RANGE	ADULT** COPAY RANGE
DIAGNOSIS & PREVENTIVE CARE <i>Oral Exam, Preventive-Cleaning, Topical Fluoride Application, Sealants per tooth, Preventive - X-rays and Space maintainers - Fixed, cleaning, x-rays, topical fluoride</i>	\$0	\$0
BASIC SERVICES <i>Restorative Procedures, Periodontal Maintenance Services, Adult Periodontics (other than maintenance) Adult Endodontics (Group Dental Plans only)</i>	\$0-\$25	\$0-\$25
MAJOR SERVICES <i>Crowns & Casts, Prosthodontics, Endodontics, periodontics (other than maintenance), and Oral Surgery</i>	\$0-\$350	\$0-\$400
STANDARD ORTHODONTIC COVERAGE <i>(only for pre-authorized Medically Necessary Orthodontia, EHB only)</i>	\$350	N/A
OFFICE VISIT	\$0	\$0
OUT OF POCKET MAXIMUM (INDIVIDUAL / FAMILY) <i>(Applies to the pediatric essential health benefits only)</i>	\$350/\$700	N/A

DENTALEXCHANGE.GUARDIANLIFE.COM



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*This plan is available for individuals up to age 19. **This plan is available for individuals ages 19 and over. Note: Procedures listed above are for sample purposes only and do not encompass all covered services. Actual patient charges will vary based on the procedure and are listed on the full co-payment schedule. Limitations and exclusions apply. Please see your policy contract for details. Plan documents are the final arbiter of coverage. Policy ID: HBEX-EOC-IP-CA-18
Underwritten by: Access Dental Plan, a wholly owned subsidiary of The Guardian Life Insurance Co. of America. This plan may not be available in all counties. Please visit Covered California website at www.coveredca.com for pricing and availability.