



Individual Dental Policy

Underwritten by Premier Access Insurance Company

This Individual Dental Insurance Coverage Policy, which is underwritten by Premier Access Insurance Company (“Premier Access”), a California corporation, provides important information for the Guardian Life Insurance Company of America (“Guardian”) dental plan. Premier Access will administer and pay benefits in accordance with, and subject to, the terms of this Policy. This promise is based on the Policyholder's application and payment of the required premiums. Guardian certifies that you are being issued this Policy and Certificate (collectively referred to as “Policy”) as the Policy Holder for the Dental Insurance described in this Policy. This Policy includes the Schedule of Benefits for the plan. **PLEASE READ THIS POLICY CAREFULLY.**

THIS POLICY ONLY DESCRIBES DENTAL INSURANCE.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICES WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THESE NOTICE(S) CAREFULLY.

FOR RESIDENTS OF CALIFORNIA

IMPORTANT NOTICES

RIGHT TO EXAMINE POLICY

You have the right to examine this Policy. If, within ten (10) days of delivery of this policy to you, you are dissatisfied, you may return the Policy to Premier Access at the address listed below and have your premium refunded. If the Policy is returned to Premier Access during this time period, it shall be void from the beginning and it will be as though no Policy had been issued.

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT
PREMIER ACCESS AT:

PREMIER ACCESS
8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826
(844) 561-5600 (TTY/TDD 711)
[dentalexchange.guardianlife.co](http://dentalexchange.guardianlife.com)

[m](http://dentalexchange.guardianlife.com)

IF, AFTER CONTACTING PREMIER ACCESS, YOU FEEL THAT A SATISFACTORY SOLUTION
HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA
DEPARTMENT OF INSURANCE AT:

CALIFORNIA DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-HELP
TDD: 800-482-4TDD
www.insurance.ca.gov

IMPORTANT: If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options you may call the Plan's Member Service at (844) 561-5600 (TTY 711) or Your insurance broker. To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

Please note that benefits are only available in the state of California. We will not pay benefits for services rendered outside the state of California except for Emergency Treatment or when delay of treatment could endanger the health of the Covered Person. If you receive services inside of the state of California or receive Emergency Treatment, we will pay benefits to an In-Network or Out-of-Network provider.

Dear Guardian Individual Policy Holder,

Thank you for enrolling in the Guardian individual dental plan in the state of California.

This individual dental plan helps you limit your out-of-pocket costs the most when you choose a dentist who is a contracted dentist. You also may receive dental care from any licensed dentist. Please access our website at dentalexchange.guardianlife.com to view contracted dentists. Please check with your dentist to verify that your plan is accepted.

This Policy is designed to provide you with important information about your dental benefits. It (1) discloses the terms and conditions of your coverage; (2) is designed to help you make the most of your dental program; (3) will help you understand how the dental plan works; and (4) will provide information on how to obtain dental care. You may wish to carry this Policy with you to the dental office, as your dentist may want to reference this Policy to determine the best course of treatment for you.

Please read this Policy carefully as it will help you understand how your plan works. It is always important to discuss your dental needs with your dentist so you can determine how this dental plan can meet them. We are dedicated to providing you with access to excellent dental care and service.

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DENTAL POLICY OF INSURANCE

This Individual Dental Policy, along with the Schedule of Benefits with Exclusions and Limitations, provides a complete description of your entitlements and the Policy's restrictions and limitations.

ENTIRE CONTRACT; CHANGES

This Policy, including the Schedule of Benefits with Exclusions and Limitations, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the date of issue of this policy, no misstatements, except fraudulent misstatements, made by the applicant in the application for the policy shall be used to void the policy or to deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of the two-year period.

CONFORMITY WITH LAW

If any provision of this Policy is held to be illegal or invalid for any reason, such decision shall not affect the validity of the remaining provisions of this contract, but such remaining provisions shall continue in full force and effect unless the illegality and invalidity prevent the accomplishment of the objectives and purposes of this contract.

NOTICE REGARDING YOUR RIGHTS AND RESPONSIBILITIES

Rights:

- We will treat communications, financial records and records pertaining to your care in accordance with all applicable laws relating to privacy.
- Decisions with respect to dental treatment are the responsibility of you and the dentist. We neither require nor prohibit any specified treatment. However, only certain specified services are covered for benefits.
- You may request a pre-treatment estimate of benefits for the dental services to be provided. However, actual benefits will be determined after treatment has been performed.
- You may request a written response from Premier Access to any written concern or complaint.
- You have the right to receive an explanation of benefits which describes the benefit determinations for your dental insurance.

Responsibilities:

- If the dentist agrees to accept part of the payment directly from Us, You are responsible for payment of the remaining part of the dentist's charge.
- You should consult with the dentist about treatment options, proposed and potential procedures, anticipated outcomes, potential risks, anticipated benefits and alternatives. You should share with the dentist the most current, complete and accurate information about your medical and dental history and current conditions and medications.
- You should follow the treatment plans and health care recommendations agreed upon by you and the dentist.

ELIGIBILITY AND ENROLLMENT

Who May Enroll

You and any of your eligible dependents may enroll in this plan. We define eligible dependents as:

- Your lawful spouse or domestic partner.
- Your children or grandchildren, up to age 26 for whom You provide care, including adopted children, step-children, or other children for whom You are required to provide dental care pursuant to a court or administrative order.
- Your children who are incapable of self-sustaining employment and support due to a developmental disability or physical handicap.

Other dependents if the Policy Holder provides benefits for these dependents.

When Coverage Begins

Coverage will begin on the first day of the month following the date your premium payment is received by Premier Access, so long as the premium is received the twenty-fifth (25th) day of the preceding month. If premium is not received by the 25th calendar day of a month, coverage will begin on the first day of the second month following the month in which premium was received. Check with Premier Access if you have any questions about when your coverage begins.

Minimum Enrollment Period

You must enroll for a minimum of 12 months. Enrollment in this dental plan beyond your initial 12-month commitment will be automatically continued until you disenroll. If coverage is voluntarily discontinued, you may not re-enroll during the 12-month period immediately following the voluntary termination.

Disenrollment

Enrollment in this dental plan beyond your initial 12-month commitment will be automatically continued until you disenroll.

If you disenroll before your pre-paid rate term expires, you will be charged the monthly rates for any months you were actively enrolled when calculating refund amounts.

Disenrollment may also occur when your premium payment is not received by the 1st of the month following the due date on your invoice. Please see section "Grace Period" for more information.

Loss of Eligibility

You will lose your eligibility:

- On the first day of the month for which Premier Access does not receive the required premium payment, subject to the Grace Period, below;
- On the last day of the month in which a notice of voluntary termination is received;
- For pediatric benefits, on the last day of the birth month in which the member turns age 19, then the member will transition to adult coverage;
- For dependent children over the age of 19, on the last day of the policy year in which the member turns age 26.

In the event of contract termination, no further benefits will be provided to you and none of the Policy provisions will apply. If you fail to pay the premium through and including the final month of the contract, all coverage may be terminated at the end of the grace period, and you may be responsible for the usual fees for any services received during the period the premium went unpaid, including the Grace Period.

When Payment is Due

Your payment is due by the 25th of the month in which you receive an invoice. If it is not received by the 25th, it is considered delinquent.

Grace Period

A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force (subject to Our right to cancel in accordance with the Cancellation provision.) If the account continues to be delinquent for more than 31 days, your enrollment will be terminated and you will not be able to re-enroll for 12 months following termination.

Cancellation of Benefits

If the required premium is not paid, your coverage may be canceled after not less than thirty (30) day grace period and you have been provided appropriate notice.

Reinstatement

If any renewal premium be not paid within the Grace Period, a subsequent acceptance of premium by Premier Access or by any agent duly authorized by Premier Access to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the policy; provided, however, that if Premier Access or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by the insurer or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless the insurer has previously notified the insured in writing of its disapproval of such application.

The reinstated policy shall cover only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than ten (10) days after such date. In all other respects the insured and insurer shall have the same rights there under as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

Termination of Contract

Your contract with Premier Access is for a period of twelve (12) months and automatically renews as described previously. If your contract is terminated, your Policy will be terminated.

OVERVIEW OF DENTAL BENEFITS

The Schedule of Benefits contains the benefits and sets forth the deductible, coinsurance or copayment amounts, and the exclusions and limitations. Please review the Schedule of Benefits carefully to understand what benefits are covered under this plan and your financial responsibility. The Guardian dental plan covers "Dentally Necessary" dental care.

This Dental Insurance gives Covered Persons access to Dentists who have contracted with Premier Access. Contracted Dentists have agreed to limit their charge for a Covered Service to the Maximum Allowed Charge for such service. Under this plan, We pay benefits for Covered Services performed by either In-Network Dentists or Out-of-Network Dentists. However, the Covered Person may be able to reduce out-of-pocket costs by using an In-Network Dentist because Out-of-Network Dentists have not entered into an agreement with Us to limit their charges.

Deductibles

The Deductible amounts, if any, are shown in the Schedule of Benefits.

Benefit Amounts

We will pay benefits in an amount equal to the Covered Percentage as shown in the Schedule of Benefits for charges incurred for a Covered Service, subject to the conditions set forth in this Policy.

In-Network

If a Covered Service is performed by an In-Network Dentist, Premier Access will base the benefit on the Covered Percentage of the Maximum Allowed Charge.

If an In-Network Dentist performs a Covered Service, You will be responsible for paying:

- The Deductible, if any; and
- Any other part of the Maximum Allowed Charge for which We do not pay benefits.

Out-of-Network

If a Covered Service is performed by an Out-of-Network Dentist, Premier Access will base the benefit on the Covered Percentage of the Reasonable and Customary Charge.

Out-of-Network Dentists may charge more than the Reasonable and Customary Charge. If an Out-of-Network Dentist performs a Covered Service, the Covered Person will be responsible for paying:

- The Deductible; and
- Any other part of the Maximum Allowed Charge for which We do not pay benefits; and
- Any amount in excess of the Maximum Allowed Charge charged by the Out-of-Network Dentist.

Please note that benefits are only available in the state of California. We will not pay benefits for services rendered outside the state of California except for Emergency Treatment or when delay of treatment could endanger the health of the Covered Person. If you receive services inside of the state of California or receive Emergency Treatment, we will pay benefits to an In-Network or Out-of-Network provider.

Pre-Treatment Estimates

Pre-Treatment estimate requests are not required but may be submitted to Premier Access for more complicated and expensive procedures such as crowns, wisdom teeth extractions, bridges, dentures, or periodontal surgery. When your dentist submits a pre-treatment estimate request to Premier Access, you will receive an estimate of your share of the cost and how much Premier Access will pay before treatment begins. A pre-treatment estimate is particularly useful in the following cases:

- If you are having extensive work done and the total charges will exceed \$300.00;
- To make sure a particular procedure is covered;
- To see if any maximum benefits will be exceeded; or
- If you need to plan your payment in advance.

By asking your dentist for a Pre-treatment estimate from Premier Access before you agree to receive any prescribed major treatment, you will have an estimate up front of what the dental plan will pay, and the difference you will need to pay. Your dentist may also be able to present alternative treatment options that will lower your share of the bill while still meeting your dental care needs.

Customer Service

We provide toll-free access to our Customer Services Associates to assist you with benefit coverage questions, resolving problems, or changing your selecting a dentist. Premier Access's Customer Service can be reached Monday through Friday at **(844) 561-5600**

(TTY/TDD 711) from 6:00 am to 6:00 pm, Pacific Standard Time. Automated service is also provided after hours for eligibility verification.

You may also send us any written correspondence to:

**Premier Access
8890 Cal Center Drive
Sacramento, CA 95826**

Selecting Your Dentist

When you enroll in the plan, you may receive dental care from:

- An In-Network Dentist; or
- An Out-of-Network Dentist

Please note that you enjoy the greatest benefits, including out-of-pocket savings, when you choose Premier Access contracted dentist. Please refer to the provider directory for a complete listing of Premier Access's contracted dentists. Or you may access our website at dentalexchange.guardianlife.com to view Premier Access contracted dentists. Please check with your Premier Access dentist to verify that your plan is accepted.

Changing your Dentist

You can choose any Premier Access contracted provider at any time. If you wish to change dentists, please review Premier Access's provider directory for dentists in your area and call to schedule an appointment. You may also call Customer Service at (844) 561-5600 (TTY/TDD 711) for assistance in choosing a dentist.

FILING CLAIMS

Filing a Claim for Dental Insurance Benefits

When you receive services from an in-network dentist, he or she will file the claim for dental insurance benefits for you. If you need to file a claim yourself, both the notice of claim and any receipts or other supporting documentation should be sent to Premier Access as set forth below. You can request a claim form by calling Us at **(844) 561-5600 (TTY/TDD 711)** or from our website at dentalexchange.guardianlife.com.

Notice of Claim

Written notice of claim must be given to Premier Access within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at 8890 Cal Center Dr., Sacramento CA 95826 or to any of Our authorized agents with information sufficient to identify the insured, shall be deemed notice to the insurer.

Claim Forms

Upon a notice of claim, We will furnish you such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, you shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Proof of Loss

Written proof of loss must be furnished to Us within 180 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Time of Payment of Claims

Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Alternative Dental Treatment

If other procedures, services or courses of treatment could be done to correct a dental condition, coverage will be limited to the least costly procedure. Premier Access may request x-rays and any other appropriate information from the Dentist. If medically necessary orthodontia is required and covered under this plan, the treatment will not be alternated with any other treatment.

Appealing the Initial Determination

If Premier Access denies your claim, you may appeal the initial determination. You may send your appeal to:

**Premier Access
8890 Cal Center Drive
Sacramento, CA 95826**

Upon your written request, we will provide you with copies of documents, records and other information relevant to your claim. Appeals must be in writing and must include at least the following information:

- Your name
- Name of the plan

- Reference to the initial decision
- Whether the appeal is the first or second appeal of the initial determination
- An explanation why you are appealing the initial determination.

As part of each appeal, you may submit any written comments, documents, records, or other information relating to your claim.

After we receive your written request appealing the initial determination or determination on the first appeal, we will conduct a full and fair review of your claim. We will notify you in writing of our final decision within 30 days after receipt of your written request for review, except that under special circumstances.

If we deny the claim on appeal, we will send you a final written decision that states the reason(s) why the claim you appealed is being denied and references any specific plan provision(s) on which the denial is based. If an internal rule, guideline or other criterion was relied upon in denying the claim on appeal, the final written decision will state the rule, guideline or other criterion or indicate that such rule, guideline or other criterion was relied upon and that you may request a copy free of charge. Upon written request, we will provide you free of charge with copies of documents, records and other information relevant to your claim.

Independent Review

In the event that You believe a claim was improperly denied, modified or delayed by Us or one of Our providers due to the proposed health care services being not medically necessary, You have the right to request an Independent Medical Review (IMR) by the California Department of Insurance (CDI). You must request an external review within 60 days receipt of the adverse benefit determination notice.

With regard to experimental or investigative therapies, We will notify You of the right to request an IMR within 5 business days of the adverse benefit determination notice. If Your physician determines that the proposed therapy would be significantly less effective if not promptly initiated, You can request an expedited review and the analyses and recommendations of the panel of experts will be rendered within seven days of the request for expedited review. At the request of the expert(s), the deadline can be extended by up to three days. The IMR for experimental and investigative therapies will follow the standard procedures except that the reviewer will base his or her determination on relevant medical and scientific evidence.

You can request an IMR by following the steps outlined below.

1. Notify the CDI to request an IMR by filling out an application.
2. Agree and provide written consent to participate in an IMR.
3. The CDI will determine if the request is eligible for an IMR.

4. The IMR Organization will have 30 days to review once all information is gathered unless the request involves an imminent and serious threat to health, which can be expedited and a decision rendered in 3 days.
5. The IMR organization will send the decision to You, Us and the Insurance Commissioner.
6. The Commissioner will adopt the recommendation of the IMR organization and promptly notify You and Guardian. The decision is binding to Us.

Expedited Review of Urgent Care Claims

You may also request an expedited external review for claims involving urgent care issues. A request for expedited review of an adverse benefit determination of medical necessity may be submitted either orally or in writing. If the request is made orally, we shall send written confirmation to you acknowledging the receipt of the request for an expedited review within 24-hours. All necessary information for an expedited review will be transmitted by telephone, facsimile or other available expeditious method between us and you to ensure a quick and efficient response. We will provide the final determination as soon as possible but no later than 72-hours after receipt of your request for review of an adverse benefit determination.

You may also contact to California Department of Insurance at:

**CALIFORNIA DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-HELP
TDD: 800-482-4TDD
www.insurance.ca.gov**

GENERAL PROVISIONS

Assignment

Your rights and benefits under this Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment. Upon receipt of a Covered Service, you may assign dental insurance benefits to the dentist providing such service. If you assign payment of dental insurance to the dentist, in writing, we will pay benefits directly to the dentist. In no event shall the payment to the dentist exceed the amount of benefit provided by the policy with respect to the service or billing of the Dentist. Otherwise, we will pay dental insurance benefits to you.

Recovery of Overpayments

We have the right to recover any overpayment for services received. An overpayment occurs if the total amount paid by Us on a claim for dental insurance benefits is more than the total of the benefits due under this Policy.

How We Recover Overpayments

We may recover the overpayment from you by:

- Reducing any future benefits payable for dental insurance under this Policy or any other Policy issued to you by Us;
- Demanding an immediate refund of the overpayment from you; and
- In the case of recovery of an overpayment, we will provide you with written notice clearly stating the cause of the error and the amount of the overpayment.

Continuity of Care

Current Members

If You are a current insured of this plan, You may be eligible to continue receiving Covered Services from a former Premier Access contracted dentist whose contract with Premier Access is terminated (a "Terminated Provider") for treatment of an acute condition, a serious chronic condition, terminal illness, the care of a newborn child between birth and age 36 months, for performance of a surgery or other procedure that has been recommended and documented by the provider to occur within 180 days of the contract's termination date, or for a pregnancy which either has reached the second or third trimester or is at high risk. Continuity of care is available for 90 days or longer if necessary to ensure a safe transfer to another provider. The safety of a transfer may be determined by Premier Access with the terminated provider, and must be consistent with good medical practice. Please call Premier Access at (844) 561-5600 to see if You are eligible for this benefit. You may request a copy of Premier Access's Continuity of Care Policy from Premier Access. You must make a specific request to continue under the care of Your Terminated Provider. Premier Access is not required to continue your care with your terminated provider if you are not eligible under Premier Access's Continuity of Care

Policy or if Premier Access cannot reach agreement with Your Terminated Provider on the terms regarding your care in accordance with California law.

New Members

If You are a new member of this plan, you may be eligible to temporarily continue receiving Covered Services from an Out-of-Network Dentist for treatment of an acute condition, a serious chronic condition, terminal illness, the care of a newborn child between birth and age 36 months, for performance of a surgery or other procedure that has been recommended and documented by the provider to occur within 180 days of the contract's termination date, or for a pregnancy which either has reached the second or third trimester or is at high risk. Continuity of care is available for 90 days or longer if necessary to ensure a safe transfer to another provider. The safety of a transfer may be determined by Premier Access with the terminated provider, and must be consistent with good medical practice. If the services were being provided by a non-participating provider at the time your coverage becomes effective. Please call Premier Access at (844) 561-5600 to see if you may be eligible for this benefit. You may request a copy of Premier Access's Continuity of Care Policy from Premier Access. You must make a specific request to continue under the care of Your Out-of-Network Dentist. Premier Access is not required to continue Your care with Your Out-of-Network Dentist if You are not eligible under Premier Access's Continuity of Care Policy or if Premier Access cannot reach agreement with Your Out-of-Network Dentist on the terms regarding Your care in accordance with California law.

Change in Beneficiary

Unless the insured makes an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

Legal Actions

No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of (3) three years after the time written proof of loss is required to be furnished.

DEFINITIONS

These definitions apply when the following terms are used, unless otherwise defined where they are used. Not all defined terms are used in their usual meaning and some have meanings that limit their application; therefore, please refer to this Definitions section for a helpful understanding of the defined terms that are capitalized.

Benefit Year means a twelve month period beginning on the effective date of this policy or an anniversary of that effective date.

Covered Percentage means:

- For a Covered Service performed by an In-Network Dentist, the percentage of the Maximum Allowed Charge that We will pay for such services after any required Deductible is satisfied; and
- For a Covered Service performed by an Out-of-Network Dentist, the percentage of the Reasonable and Customary Charge that We will pay for such services after any required Deductible is satisfied.

Covered Person means a person for whom Dental Insurance coverage has been purchased so long as it is in effect under this Policy.

Covered Service means a dental service used to treat a Covered Person's dental condition which is:

- Prescribed or performed by a Dentist while the Dental Insurance provided this policy is in effect;
- Dentally Necessary to treat the condition; and
- Described in the Schedule of Benefits as a Covered Service.

Deductible means the amount you must pay before We will pay for Covered Services.

Dentally Necessary means the services are required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's dental condition due to dental disease, in order to attain or maintain the individual's achievable dental health, provided that such services are:

- (1) Not primarily for the convenience of the patient or dentist;
- (2) Not primarily cosmetic in nature; and
- (3) Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's dental condition.

Dentist means:

- A person licensed to practice dentistry in the jurisdiction where such services are performed; or

- Any other person whose services, according to applicable law, must be treated as Dentist's services for purposes of this policy. Each such person must be licensed where the services are performed and must act within the scope of that license. The person must also be certified and/or registered if required.

Domestic Partner means a person who has registered as a party to a domestic partnership in the state of California. The term “spouse”, whenever used, will include a Domestic Partner.

Emergency Treatment means bona fide emergency services which are reasonably necessary to relieve the sudden onset of severe pain, fever, swelling, serious bleeding, severe discomfort, or to prevent the imminent loss of teeth.

Guardian means Guardian Life Insurance Company of America.

In-Network Dentist means a Dentist who is contracted with Premier Access and has a contractual agreement with Premier Access to accept the Maximum Allowed Charge as payment in full for a dental service.

Maximum Allowed Charge means the lesser of:

- The amount charged by the Dentist; or
- The maximum amount which the In-Network Dentist has agreed with Premier Access to accept as payment in full for the dental service.

Medically Necessary means when a procedure or service is medically necessary to prevent disease and promote oral health, restore oral structures to promote health and function, and treat emergency conditions.

Out-of-Network Dentist means a Dentist who is not contracted with Premier Access.

Premier means Premier Access Insurance Company.

Reasonable and Customary Charge means the lowest of:

- The Dentist’s actual charge for the service or supplies; or
- The average charge by the Dentist or other providers in the same zip code of the services or supplies for the period of one year prior to the date the services were received; or
- The usual charge of other dentist or other providers in the same zip code equal to the 80th percentile of charges based on charge information for the same or similar services or supplies.

We, Us and Our means Premier Access Insurance Company and/or Guardian Life Insurance Company of America.

California Essential Health Benefit – PPO Family with EHB (for Children)

This summary of benefits, along with the exclusions and limitations describe the benefits of the California Family Dental PPO Policy. Please review closely to understand all benefits, exclusions and limitations. Member Cost Share amounts describe the Enrollee's out of pocket costs.

Child-ONLY* Essential Health Benefit	Member Cost Share In-Network	Covered Percentage In Network	Member Cost Share Out-of-Network**	Covered Percentage Out-of-Network**
<i>Class I/Preventive</i> - Cleanings, Exams, Fluoride, Sealants, Space Maintainers, Emergency Pain, and Radiographs (Bitewings, Full Mouth X-ray, Panoramic Film).	0%	100%	10%	90%
<i>Class II/Basic</i> - Restorations (Amalgams and Anterior Resins) and Periodontal Maintenance.	20%	80%	30%	70%
<i>Class III/Major</i> - Simple Extractions, Surgical Extractions, Oral Surgery, Anesthesia (General Anesthesia and Intravenous Sedation), Periodontics, Endodontics, Inlay, Onlays, Crowns, Crown Repair, Bridges, Bridge Repairs, Dentures and Denture Repair.	50%	50%	50%	50%
<i>Class IV/Orthodontia</i> <i>(Only for pre-authorized Medically Necessary Orthodontia)</i>	50%	50%	50%	50%
Deductible (waived for Class I)(per person)	\$65	N/A	\$65	N/A
Family Deductible (waived for Class I)(2+ children)	\$130	N/A	\$130	N/A
Out of Pocket Maximum (OOP) (per person)	\$350	N/A	N/A	N/A
Family Out of Pocket Maximum*** (OOP) (2+ children)	\$700	N/A	N/A	N/A
Annual Maximum	N/A			
Ortho Lifetime Maximum	N/A			
Waiting Period	N/A			
<i>* This Policy is available for individuals up to age 19.</i>				
<i>**Benefits are based on the Usual and Customary charges of the majority of dentists in the same geographic area.</i>				
<i>***2 family members must each meet the out of pocket maximum in a Policy year. Once fulfilled the family maximum has been met and will not be applied to additional family members</i>				

THERE IS NO OUT OF POCKET MAXIMUM WHEN SERVICES ARE RECEIVED OUT-OF-NETWORK.



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Adult-ONLY* PPO Benefit	Member Cost Share In-Network	Covered Percentage In Network	Member Cost Share Out-of-Network**	Covered Percentage Out-of-Network**
<i>Class I/Preventive</i> - Cleanings, Exams, Emergency Pain, Radiographs-Bitewings and Radiographs (Full Mouth X-ray, Panoramic Film).	0%	100%	10%	90%
<i>Class II/Basic</i> - Restorations (Amalgams & Anterior Resin) and Periodontal Maintenance.	20%	80%	30%	70%
<i>Class III/Major</i> - Inlay, Onlays, Crowns, Crown Repair, Bridges, Bridge Repairs, Dentures, Denture Repair, Simple Extractions, Surgical Extractions, Oral Surgery, Endodontics, Periodontics and Anesthesia.	50%	50%	50%	50%
<i>Class IV/Orthodontia</i>	N/A			
Deductible (waived for Class I)	\$50			
Family Deductible (waived for Class I)(2+ children)	N/A			
Out of Pocket Maximum (OOP) (per person)	N/A			
Out of Pocket Maximum (OOP) (per family - 2+ children)	N/A			
Annual Maximum	\$1,500			
Ortho Lifetime Maximum	N/A			
Waiting Period	6 months for Major Services (Waived with proof of prior coverage)***			
<i>* This Policy is available for individuals ages 19 and over.</i>				
<i>**Benefits are based on the Usual and Customary charges of the majority of dentists in the same geographic area.</i>				
<i>*** Prior coverage with a group plan not more than 30 days lapse prior to effective date.</i>				



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The service area includes the following counties in California: Alameda, Amador, Butte, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Kern, Kings, Lake, Los Angeles, Madera, Marin, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Ventura, Yolo and Yuba.

Provider Availability

If a network general or specialist dentist is unavailable and the member has no option but to receive medically necessary covered treatment from a non-network general or specialist dentist, We will be available to assist a member in identifying a non-network general or specialist dentist and will cover the treatment at the in-network cost share, which includes applicability of the in-network deductible and out-of-pocket maximum. Consideration for in-network reimbursement of treatment performed by a non-network general or specialist dentist will be limited to covered medically necessary dental services. Please refer to the provider directory for a complete listing of Our contracted dentists. Or you may access DentalExchange.guardianlife.com to view Premier Access contracted dentists.

We shall provide accessibility to dentally required specialists who are certified or eligible for certification by the appropriate specialty board, through contracting or referral. The provider accessibility standards are as follows:

1. A general dentist is not located: a) within 30 minutes or 15 miles of a member's home or place of employment;
2. A specialist dentist is not located: a) within 60 minutes or 30 miles of a member's home or place of employment;
3. Urgent appointments are not available within 72 hours of the time of request for appointment, when consistent with the member's individual needs and as required by professionally recognized standards of practice;
4. Non-urgent appointments are not available within 36 business days of the request for appointment; and
5. Preventive appointments are not available within 40 business days of the request for appointment.

We will verify information related to the notification from the member that a network general or specialist dentist was not available within the parameters above. The information verified may include, but may not be limited to, review of the network general and specialist dentists available within the required driving distance from the member's home or place of employment. The applicable waiting time for a particular appointment may be extended if the referring or treating dentist, acting within the scope of the dentist's practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the covered person.



California Essential Health Benefit – PPO Family with EHB (for Children)

CLASSES OF COVERED SERVICES AND SUPPLIES

(Individuals up to Age 19)

Coverage is provided for the dental services and supplies summarized below. For a complete list of covered services, please reference the listing at the end of this section.

Please note the age and frequency limitations that apply for certain procedures. All frequency limits specified are applied to the day.

For Your Policy, specific Covered Services and Supplies may fall under a Class category other than what is stated below. If Your Policy has Class categorizations different from below, it is specified on the Schedule of Benefits.

Class I: Preventive Dental Services

Diagnostic and Preventive Benefits

Benefit includes:

- Initial and periodic oral examinations
- Consultations, including specialist consultations
- Topical fluoride treatment
- Preventive dental education and oral hygiene instruction
- Radiographs (x-rays)
- Prophylaxis services (cleanings)
- Dental sealant treatments
- Space Maintainers, including removable acrylic and fixed band type
- Preventive dental education and oral hygiene instruction

Limitations

- Exams are limited to one (1) in a six (6) consecutive month period – this does not apply to Emergency Treatment
- Bitewing x-rays in conjunction with periodic examinations are limited to one (1) series of four (4) films in any six (6) consecutive month period.
- Full mouth x-rays in conjunction with periodic examinations are limited to once every thirty-six (36) consecutive months
- Panoramic film x-rays are limited to once every thirty-six (36) consecutive months except when documented as essential for a follow-up/post-operative exam (such as after oral surgery).
- Prophylaxis services (cleanings) are limited to one (1) in a six (6) consecutive month period
- Fluoride treatments are limited to one (1) in a six (6) consecutive month period
- Dental sealant treatments are limited to permanent first and second molars only. Limited to once per tooth in a thirty-six (36) consecutive month period.

Class II: Basic Dental Services

Restorative Dentistry

Restorations include:

- Amalgam, composite resin, acrylic, synthetic or plastic restorations for the treatment of caries
- Micro filled resin restorations which are non-cosmetic
- Replacement of a restoration
- Use of pins and pin build-up in conjunction with a restoration
- Sedative base and sedative fillings



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Limitations

Restorations are limited to the following:

- For the treatment of caries, if the tooth can be restored with amalgam, composite resin, acrylic, synthetic or plastic restorations; any other restoration such as a crown or jacket is considered optional
- Replacement of a restoration is covered only when it is defective, as evidenced by conditions such as recurrent caries or fracture, and replacement is dentally necessary. Limited to once per tooth in a twelve (12) consecutive month period.
-

Periodontal Maintenance

- Periodontal maintenance procedure (following active treatment). Benefit limited to one (1) periodontal maintenance procedure per three (3) consecutive month period.
- Periodontal maintenance procedures may be used in those cases in which a patient has completed active periodontal therapy. The procedure includes any examination for evaluation, curettage, root planing and/or polishing as may be necessary.

Class III: Major Dental Services

Oral Surgery

Oral Surgery includes:

- Extractions, including surgical extractions
- Removal of impacted teeth
- Biopsy of oral tissues
- Alveolectomies
- Excision of cysts and neoplasms
- Treatment of palatal torus

- Treatment of mandibular torus
- Frenectomy
- Incision and drainage of abscesses
- Post-operative services, including exams, suture removal and treatment of complications
- Root recovery (separate procedure)

Limitation

- The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists

Endodontics

- Direct pulp capping
- Therapeutic pulpotomy
- Pulpal debridement
- Partial pulpotomy
- Pulpal therapy (both anterior and posterior)
- Apexification filling with calcium hydroxide
- Root amputation
- Root canal therapy, including culture canal and limited retreatment of previous root canal therapy as specified below
- Apicoectomy
- Vitality tests

Limitations

Root canal therapy, including culture canal, is limited as follows:

- Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present and/or the patient is experiencing symptoms



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- Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit

Periodontics

Periodontic benefits include:

- Emergency Treatment, including treatment for periodontal abscess and acute periodontitis
- Periodontal scaling and root planing, and subgingival curettage
- Gingivectomy
- Osseous or muco-gingival surgery

Limitation

Periodontal scaling and root planing is limited to four (4) quadrant treatments in any twenty-four (24) consecutive months

Crown and Fixed Bridge

Crown and fixed bridge benefits include:

- Crowns, including those made of acrylic, acrylic with metal, porcelain, porcelain with metal, full metal, gold onlay or three quarter crown, and stainless steel
- Related dowel pins and pin build-up
- Fixed bridges, which are cast, porcelain baked with metal, or plastic processed to gold
- Recementation of crowns, bridges, inlays and onlays
- Cast post and core, including cast retention under crowns
- Repair or replacement of crowns, abutments or pontics

Limitations

The crown benefit is limited as follows:

- Replacement of each unit is limited to once every sixty (60) consecutive months, except when the crown is no longer functional
- Only acrylic crowns and stainless steel crowns are a benefit for children under twelve (12) years of age. Limited to once per tooth in a twelve (12) consecutive month period. If other types of crowns are chosen as an optional benefit for children under twelve (12) years of age, the covered dental benefit level will be that of an acrylic crown
- Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. For example, if the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling
- Veneers posterior to the second bicuspid are considered optional. An allowance will be made for a cast full crown

The fixed bridge benefit is limited as follows:

- Fixed bridges will be used only when a partial cannot satisfactorily restore the case.
 - If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment
- A fixed bridge is covered when it is necessary to replace a missing permanent anterior tooth in a person sixteen (16) years of age or older and the patient's oral health and general dental condition permits. For children under the age of sixteen (16), it is considered optional dental treatment. If performed on a Member under the age of sixteen (16), the applicant must pay the difference in cost between the fixed bridge and a space maintainer



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- Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic
- Fixed bridges are optional when provided in connection with a partial denture on the same arch
- Replacement of an existing fixed bridge is covered only when it cannot be made satisfactory by repair
- The program allows up to five (5) units of crown or bridgework per arch. Upon the sixth unit, the treatment is considered full mouth reconstruction, which is optional treatment

Removable Prosthetics

The removable prosthetics benefit includes:

- Dentures, full maxillary, full mandibular, partial upper, partial lower, teeth, clasps and stress breakers
- Office or laboratory relines or rebases
- Denture repair
- Denture adjustment
- Tissue conditioning
- Denture duplication
- Space Maintainer
- Stayplate

Limitations

The removable prosthetics benefit is limited as follows:

- Partial dentures will not be replaced within sixty (60) consecutive months, unless:
 1. It is necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible; or

2. The denture is unsatisfactory and cannot be made satisfactory
- The covered dental benefit for partial dentures will be limited to the charges for a cast chrome or acrylic denture if this would satisfactorily restore an arch. If a more elaborate or precision appliance is chosen by the patient and the dentist, and is not necessary to satisfactorily restore an arch, the patient will be responsible for all additional charges
 - A removable partial denture is considered an adequate restoration of a case when teeth are missing on both sides of the dental arch. Other treatments of such cases are considered optional
 - Full upper and/or lower dentures are not to be replaced within sixty (60) consecutive months unless the existing denture is unsatisfactory and cannot be made satisfactory by reline or repair
 - The covered dental benefit for complete dentures will be limited to the benefit level for a standard procedure. If a more personalized or specialized treatment is chosen by the patient and the dentist, the patient will be responsible for all additional charges
 - Office or laboratory relines are limited to one (1) per arch in any twelve (12) consecutive months
 - Tissue conditioning is limited to twice per denture in a thirty-six (36) consecutive month period
 - Stayplates are a benefit only when used as anterior space maintainers for children

Implants

Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Prior authorization is required.



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Class IV: Medically Necessary Orthodontia

Orthodontics

Orthodontic procedures are a benefit only when the diagnostic casts verify a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09) or one of the six automatic qualifying conditions below exist or when there is written documentation of a craniofacial anomaly from a credentialed specialist on their professional letterhead. f. The automatic qualifying conditions are:

- i) cleft palate deformity. If the cleft palate is not visible on the diagnostic casts written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request,
- ii) craniofacial anomaly. Written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request,
- iii) a deep impinging overbite in which the lower incisors are destroying the soft tissue of the palate,
- iv) a crossbite of individual anterior teeth causing destruction of soft tissue,
- v) an overjet greater than 9 mm or reverse overjet greater than 3.5 mm,
- vi) a severe traumatic deviation (such as loss of a premaxilla segment by burns, accident or osteomyelitis or other gross pathology). Written documentation of the trauma or pathology shall be submitted with the prior authorization request.

Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the Policy.

Please see the list of covered procedures listed below in the CDT Code and Procedure Code Description listing.

Other Benefits

Other dental benefits include:

- Local anesthetics
- Oral sedatives when dispensed in a dental office by a practitioner acting within the scope of their licensure
- Nitrous oxide when dispensed in a dental office by a practitioner acting within the scope of their licensure
- Emergency Treatment, palliative treatment
- Coordination of benefits with Member's health plan in the event hospitalization or outpatient surgery setting is medically appropriate for dental services

General Exclusions

Covered Services and Supplies do not include:

1. Treatment which is:
 - a. not included in the list of Covered Services and Supplies except Medically Necessary Orthodontia;
 - b. not Dentally Necessary; or
 - c. Experimental in nature.
2. Any Charges which are:
 - a. Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, the Policy will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and Supplies.
 - b. Not imposed against the person or for which the person is not liable.
 - c. Reimbursable by Medicare Part A and Part B. If a person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her benefits under this Policy



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- will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law.
3. Services or supplies resulting from or in the course of Your regular occupation for pay or profit for which You or Your Dependent are paid benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and provide notification of all such benefits. Benefits paid under this Policy that are also paid under any Workers' Compensation Law, Employer's Liability Law or similar law may be recovered.
 4. Services or supplies provided by a Dentist, Dental Hygienist, dentist or doctor who is a Close Relative or a person who ordinarily resides with You or a Dependent.
 5. Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The Covered Charge for the Services is based on the single dental procedure code that accurately represents the treatment performed.
 6. Services and supplies provided primarily for cosmetic purposes including bleaching/whitening.
 7. Services and supplies obtained while outside of the United States, except for Emergency Treatment.
 8. Diagnostic casts.
 9. Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
 10. Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
 11. Restorative procedures, root canals and appliances, which are provided because of attrition, abrasion, erosion, abfraction, wear, or for cosmetic purposes in the absence of decay.
 12. Veneers
 13. Appliances, inlays, cast restorations, crowns and bridges, or other laboratory prepared restorations used primarily for the purpose of splinting (temporary tooth stabilization).
 14. Replacement of a lost or stolen Appliance or Prosthesis.
 15. Replacement of stayplates.
 16. Extraction of pathology-free teeth, including supernumerary teeth (unless for medically necessary orthodontia)
 17. Socket preservation bone graphs
 18. Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
 19. Treatment for a jaw fracture.
 20. Orthodontic services, supplies, appliances and Orthodontic-related services, unless an Orthodontic rider was included in the Policy.
 21. Oral sedation and nitrous oxide analgesia are covered only as described in the covered services section.
 22. Therapeutic drug injection.
 23. Charges for completion of claim forms.
 24. Missed dental appointments.
 25. The difference in cost between a covered service and an optional service. For instance, when an amalgam is an appropriate restorative treatment and a crown is opted instead. The amount of the benefit payment will be for the amalgam only.



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COVERED DENTAL PROCEDURES

(Individuals up to Age 19)

CDT Code and Procedure Code Description

Diagnostic

D0120 Periodic oral evaluation - established patient
D0140 Limited oral evaluation – problem focused
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150 Comprehensive oral evaluation – new or established patient
D0160 Detailed and extensive oral evaluation – problem focused, by report
D0170 Re-evaluation – limited, problem focused (established patient; not postoperative visit)
D0171 Re-evaluation – post-operative office visit
D0180 Comprehensive periodontal evaluation – new or established patient
D0210 Intraoral - complete series of radiographic images
D0220 Intraoral - periapical first radiographic image
D0230 Intraoral - periapical each additional radiographic image
D0240 Intraoral - occlusal radiographic image
D0250 Extraoral - first radiographic image
D0251 Extraoral – posterior dental radiographic image
D0260 Extraoral - each additional radiographic image
D0270 Bitewing - single radiographic image
D0272 Bitewings - two radiographic images
D0273 Bitewings - three radiographic images
D0274 Bitewings - four radiographic images
D0277 Vertical bitewings - 7 to 8 radiographic images
D0310 Sialography
D0320 Temporomandibular joint arthrogram, including injection
D0322 Tomographic survey
D0330 Panoramic radiographic image
D0340 Cephalometric radiographic image
D0350 Oral/Facial photographic images

D0351 3D photographic image
D0460 Pulp vitality tests
D0470 Diagnostic casts
D0502 Other oral pathology procedures, by report
D0601 Caries risk assessment and documentation, with a finding of low risk
D0602 Caries risk assessment and documentation, with a finding of moderate risk
D0603 Caries risk assessment and documentation, with a finding of high risk
D0999 Unspecified diagnostic procedure, by report

Preventive

D1110 Prophylaxis – adult
D1120 Prophylaxis – child
D1206 Topical application of fluoride varnish - child 0 to 20
D1208 Topical application of fluoride - child 0-20
D1310 Nutritional counseling for control of dental disease
D1320 Tobacco counseling for the control and prevention of oral disease
D1330 Oral hygiene instructions
D1351 Sealant – per tooth
D1352 Preventive resin restoration in a moderate to high caries risk patient - permanent tooth
D1510 Space maintainer-fixed – unilateral
D1515 Space maintainer-fixed – bilateral
D1520 Space maintainer-removable – unilateral
D1525 Space maintainer-removable – bilateral
D1550 Re-cementation of space maintainer
D1555 Removal of fixed space maintainer
D1575 Distal shoe space maintainer – fixed - unilateral

Restorative

D2140 Amalgam – one surface, primary or permanent
D2150 Amalgam – two surfaces, primary or permanent
D2160 Amalgam – three surfaces, primary or permanent



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D2161 Amalgam – four or more surfaces, primary or permanent
D2330 Resin-based composite – one surface, anterior
D2331 Resin-based composite – two surfaces, anterior
D2332 Resin-based composite – three surfaces, anterior
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)
D2390 Resin-based composite crown, anterior
D2391 Resin-based composite – one surface, posterior
D2392 Resin-based composite – two surfaces, posterior
D2393 Resin-based composite – three surfaces, posterior
D2394 Resin-based composite – four or more surfaces, posterior
D2710 Crown – resin - based composite (indirect)
D2712 Crown - 3/4 resin-based composite (indirect)
D2721 Crown – resin with predominantly base metal
D2740 Crown – porcelain/ceramic substrate
D2751 Crown – porcelain fused to predominantly base metal
D2781 Crown – 3/4 cast predominantly base metal
D2783 Crown – 3/4 porcelain/ceramic
D2791 Crown – full cast predominantly base metal
D2910 Recement inlay, onlay, or partial coverage restoration
D2915 Recement cast or prefabricated post and core
D2920 Recement crown
D2921 Reattachment of tooth fragment, incisal edge or cusp
D2929 Prefabricated porcelain/ceramic crown - primary tooth
D2930 Prefabricated stainless steel crown – primary tooth
D2931 Prefabricated stainless steel crown – permanent tooth
D2932 Prefabricated resin crown
D2933 Prefabricated stainless steel crown with resin window
D2940 Protective restoration
D2941 Interim therapeutic restoration – primary dentition
D2949 Restorative foundation for an indirect restoration
D2950 Core buildup, including any pins
D2951 Pin retention – per tooth, in addition to restoration
D2952 Post and core in addition to crown, indirectly fabricated

D2953 Each additional indirectly fabricated post – same tooth
D2954 Prefabricated post and core in addition to crown
D2955 Post removal
D2957 Each additional prefabricated post -same tooth

D2971 Additional procedures to construct new crown under existing partial denture framework
D2980 Crown repair, necessitated by restorative material failure
D2999 Unspecified restorative procedure, by report

Endodontics

D3110 Pulp cap – direct (excluding final restoration)
D3120 Pulp cap – indirect (excluding final restoration)
D3220 Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament
D3221 Pulpal debridement, primary and permanent teeth
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
D3310 Endodontic therapy, anterior tooth (excluding final restoration)
D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)
D3330 Endodontic therapy, molar tooth (excluding final restoration)
D3331 Treatment of root canal obstruction; non-surgical access
D3333 Internal root repair of perforation defects
D3346 Retreatment of previous root canal therapy – anterior
D3347 Retreatment of previous root canal therapy – bicuspid
D3348 Retreatment of previous root canal therapy – molar
D3351 Apexification/Recalcification/Pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection etc.)



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D3352 Apexification/Recalcification/Pulpal regeneration - interim medication replacement

D3410 Apicoectomy/Periradicular surgery – anterior

D3421 Apicoectomy/Periradicular surgery – bicuspid (first root)

D3425 Apicoectomy/Periradicular surgery – molar (first root)

D3426 Apicoectomy/Periradicular surgery – (each additional root)

D3427 Periradicular surgery without apicoectomy

D3430 Retrograde filling – per root

D3910 Surgical procedure for isolation of tooth with rubber dam

D3999 Unspecified endodontic procedure, by report

Periodontics

D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bound spaces per quadrant

D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant

D4249 Clinical crown lengthening – hard tissue

D4260 Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant

D4261 Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces, per quadrant

D4265 Biologic materials to aid in soft and osseous tissue regeneration

D4341 Periodontal scaling and root planing – four or more teeth per quadrant

D4342 Periodontal scaling and root planing – one to three teeth, per quadrant

D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis

D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth

D4910 Periodontal maintenance

D4920 Unscheduled dressing change (by someone other than treating dentist)

D4999 Unspecified periodontal procedure, by report By Report

Prosthodontics (Removable)

D5110 Complete denture – maxillary

D5120 Complete denture – mandibular

D5130 Immediate denture – maxillary

D5140 Immediate denture – mandibular

D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)

D5212 Mandibular partial denture – resin base (including any conventional clasps, rest and teeth)

D5213 Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)

D5214 Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)

D5221 – Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)

D5222 – Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)

D5223 – Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

D5224 – Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

D5410 Adjust complete denture – maxillary

D5411 Adjust complete denture – mandibular

D5421 Adjust partial denture – maxillary

D5422 Adjust partial denture – mandibular

D5510 Repair broken complete denture base

D5520 Replace missing or broken teeth – complete denture (each tooth)

D5610 Repair resin denture base

D5620 Repair cast framework



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D5630 Repair or replace broken clasp
D5640 Replace broken teeth – per tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture
D5730 Reline complete maxillary denture (chairside)
D5731 Reline complete mandibular denture (chairside)
D5740 Reline maxillary partial denture (chairside)
D5741 Reline mandibular partial denture (chairside)
D5750 Reline complete maxillary denture (laboratory)
D5751 Reline complete mandibular denture (laboratory)
D5760 Reline maxillary partial denture (laboratory)
D5761 Reline mandibular partial denture (laboratory)
D5850 Tissue conditioning, maxillary
D5851 Tissue conditioning, mandibular
D5860 Overdenture – complete, By Report
D5862 Precision attachment, by report
D5863 Overdenture – complete maxillary
D5864 Overdenture – partial maxillary
D5865 Overdenture – complete mandibular
D5866 Overdenture – partial mandibular
D5899 Unspecified removable prosthodontic procedure, by report By Report

Maxillofacial Prosthetics

D5911 Facial moulage (sectional)
D5912 Facial moulage (complete)
D5913 Nasal prosthesis
D5914 Auricular prosthesis
D5915 Orbital prosthesis
D5916 Ocular prosthesis
D5919 Facial prosthesis
D5922 Nasal septal prosthesis
D5923 Ocular prosthesis, interim
D5924 Cranial prosthesis

D5925 Facial augmentation implant prosthesis
D5926 Nasal prosthesis, replacement
D5927 Auricular prosthesis, replacement
D5928 Orbital prosthesis, replacement
D5929 Facial prosthesis, replacement
D5931 Obturator prosthesis, surgical
D5932 Obturator prosthesis, definitive
D5933 Obturator prosthesis, modification
D5934 Mandibular resection prosthesis with guide flange
D5935 Mandibular resection prosthesis without guide flange
D5936 Obturator prosthesis, interim
D5937 Trismus appliance (not for TMD treatment)
D5951 Feeding aid
D5952 Speech aid prosthesis, pediatric
D5953 Speech aid prosthesis, adult
D5954 Palatal augmentation prosthesis
D5955 Palatal lift prosthesis, definitive
D5958 Palatal lift prosthesis, interim
D5959 Palatal lift prosthesis, modification
D5960 Speech aid prosthesis, modification
D5982 Surgical stent
D5983 Radiation carrier
D5984 Radiation shield
D5985 Radiation cone locator
D5986 Fluoride gel carrier
D5987 Commis sure splint
D5988 Surgical splint
D5991 Topical Medicament Carrier
D5999 Unspecified maxillofacial prosthesis, by report

Implant Services



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Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Prior authorization is required.

D6010 Surgical placement of implant body: endosteal implant
D6011 Second stage implant surgery
D6013 Surgical placement of mini implant
D6040 Surgical placement: eposteal implant
D6050 Surgical placement: transosteal implant
D6052 Semi-precision attachment abutment
D6053 Implant/Abutment – supported removable denture for completely edentulous arch
D6054 Implant/Abutment – supported removable denture for partially edentulous arch
D6055 Connecting bar - implant supported or abutment supported
D6056 Prefabricated abutment - includes modification and placement
D6057 Custom fabricated abutment - includes placement
D6058 Abutment supported porcelain/ceramic crown
D6059 Abutment supported porcelain fused to metal crown (high noble metal)
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 Abutment supported porcelain fused to metal crown (noble metal)
D6062 Abutment supported cast metal crown (high noble metal)
D6063 Abutment supported cast metal crown (predominantly base metal)
D6064 Abutment supported cast metal crown (noble metal)
D6065 Implant supported porcelain/ceramic crown
D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)
D6068 Abutment supported retainer for porcelain/ceramic FPD
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)

D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072 Abutment supported retainer for cast metal FPD (high noble metal)
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074 Abutment supported retainer for cast metal FPD (noble metal)
D6075 Implant supported retainer for ceramic FPD
D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6078 Implant/Abutment supported fixed denture for completely edentulous arch
D6079 Implant/Abutment supported fixed denture for partially edentulous arch
D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
D6081 Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
D6085 Provisional implant crown
D6090 Repair implant supported prosthesis, by report
D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6092 Recement implant/abutment supported crown
D6093 Recement implant/abutment supported fixed partial denture
D6094 Abutment supported crown (titanium)
D6095 Repair implant abutment, by report
D6100 Implant removal, by report



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D6110 Implant/abutment supported removable denture for edentulous arch – maxillary
D6111 Implant/abutment supported removable denture for edentulous arch – mandibular
D6112 Implant/abutment supported removable denture for partially edentulous arch – maxillary
D6113 Implant/abutment supported removable denture for partially edentulous arch – mandibular
D6114 Implant/abutment supported fixed denture for edentulous arch – maxillary
D6115 Implant/abutment supported fixed denture for edentulous arch – mandibular
D6116 Implant/abutment supported fixed denture for partially edentulous arch – maxillary
D6117 Implant/abutment supported fixed denture for partially edentulous arch – mandibular
D6190 Radiographic/Surgical implant index, by report
D6194 Abutment supported retainer crown for FPD (titanium)
D6199 Unspecified implant procedure, by report

Fixed Prosthodontics

D6211 Pontic – cast predominantly base metal
D6241 Pontic – porcelain fused to predominantly base metal
D6245 Pontic –porcelain/ceramic
D6251 Pontic – resin with predominantly base metal
D6721 Crown – resin with predominantly base metal
D6740 Crown – porcelain/ceramic
D6751 Crown – porcelain fused to predominantly base metal
D6781 Crown – 3/4 cast predominantly base metal
D6783 Crown – 3/4 porcelain/ceramic
D6791 Crown – full cast predominantly base metal
D6930 Recement fixed partial denture

D6980 Fixed partial denture repair, necessitated by restorative material failure

D6999 Unspecified fixed prosthodontic procedure, by report

Oral and Maxillofacial Surgery

D7111 Extraction, coronal remnants – deciduous tooth
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220 Removal of impacted tooth – soft tissue
D7230 Removal of impacted tooth – partially bony
D7240 Removal of impacted tooth – completely bony
D7241 Removal of impacted tooth – completely bony, with unusual surgical complications
D7250 Surgical removal of residual tooth roots (cutting procedure)
D7260 Oroantral fistula closure
D7261 Primary closure of a sinus perforation
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 Surgical access of an unerupted tooth
D7283 Placement of device to facilitate eruption of impacted tooth
D7285 Biopsy of oral tissue – hard (bone, tooth)
D7286 Biopsy of oral tissue – soft
D7290 Surgical repositioning of teeth
D7291 Transseptal fiberotomy/supra crestal fiberotomy, by report
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant



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D7321 Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7340 Vestibuloplasty – ridge extension (secondary epithelialization)
D7350 Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7410 Excision of benign lesion up to 1.25 cm
D7411 Excision of benign lesion greater than 1.25 cm
D7412 Excision of benign lesion, complicated
D7413 Excision of malignant lesion up to 1.25 cm
D7414 Excision of malignant lesion greater than 1.25 cm
D7415 Excision of malignant lesion, complicated
D7440 Excision of malignant tumor – lesion diameter up to 1.25 cm
D7441 Excision of malignant tumor – lesion diameter greater than 1.25 cm
D7450 Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7451 Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm
D7460 Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7461 Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm
D7465 Destruction of lesion(s) by physical or chemical method, by report
D7471 Removal of lateral exostosis (maxilla or mandible)
D7472 Removal of torus palatinus
D7473 Removal of torus mandibularis
D7485 Surgical reduction of osseous tuberosity
D7490 Radical resection of maxilla or mandible
D7510 Incision and drainage of abscess – intraoral soft tissue
D7511 Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7520 Incision and drainage of abscess – extraoral soft tissue
D7521 Incision and drainage of abscess - extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)

D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540 Removal of reaction producing foreign bodies, musculoskeletal system
D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610 Maxilla – open reduction (teeth immobilized, if present)
D7620 Maxilla – closed reduction (teeth immobilized, if present)
D7630 Mandible – open reduction (teeth immobilized, if present)
D7640 Mandible – closed reduction (teeth immobilized, if present)
D7650 Malar and/or zygomatic arch – open reduction
D7660 Malar and/or zygomatic arch – closed reduction
D7670 Alveolus – closed reduction, may include stabilization of teeth
D7671 Alveolus – open reduction, may include stabilization of teeth
D7680 Facial bones – complicated reduction with fixation and multiple surgical approaches
D7710 Maxilla – open reduction
D7720 Maxilla – closed reduction
D7730 Mandible – open reduction
D7740 Mandible – closed reduction
D7750 Malar and/or zygomatic arch – open reduction
D7760 Malar and/or zygomatic arch – closed reduction
D7770 Alveolus – open reduction stabilization of teeth
D7771 Alveolus, closed reduction stabilization of teeth
D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches
D7810 Open reduction of dislocation
D7820 Closed reduction of dislocation
D7830 Manipulation under anesthesia
D7840 Condylectomy
D7850 Surgical discectomy, with/without implant
D7852 Disc repair
D7854 Synovectomy
D7856 Myotomy



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D7858 Joint reconstruction
D7860 Arthroscopy
D7865 Arthroplasty
D7870 Arthrocentesis
D7871 Non-arthroscopic lysis and lavage
D7872 Arthroscopy – diagnosis, with or without biopsy
D7873 Arthroscopy – surgical: lavage and lysis of adhesions
D7874 Arthroscopy – surgical: disc repositioning and stabilization
D7875 Arthroscopy – surgical: synovectomy
D7876 Arthroscopy – surgical: discectomy
D7877 Arthroscopy – surgical: debridement
D7880 Occlusal orthotic device, by report D7881 Occlusal orthotic device adjustment
D7899 Unspecified TMD therapy, by report
D7910 Suture of recent small wounds up to 5 cm
D7911 Complicated suture – up to 5 cm
D7912 Complicated suture – greater than 5 cm
D7920 Skin graft (identify defect covered, location and type of graft)
D7940 Osteoplasty – for orthognathic deformities
D7941 Osteotomy – mandibular rami
D7943 Osteotomy – mandibular rami with bone graft; includes obtaining the graft
D7944 Osteotomy – segmented or subapical
D7945 Osteotomy – body of mandible
D7946 LeFort I (maxilla – total)
D7947 LeFort I (maxilla – segmented)
D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
D7949 LeFort II or LeFort III – with bone graft
D7950 Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report
D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach

D7952 Sinus augmentation with bone or bone substitute via a vertical approach
D7955 Repair of maxillofacial soft and/or hard tissue defect
D7960 Frenulectomy also known as frenectomy or frenotomy – separate procedure not incidental to another procedure
D7963 Frenuloplasty
D7970 Excision of hyperplastic tissue – per arch
D7971 Excision of pericoronal gingiva
D7972 Surgical reduction of fibrous tuberosity
D7980 Sialolithotomy
D7981 Excision of salivary gland, by report
D7982 Sialodochoplasty
D7983 Closure of salivary fistula
D7990 Emergency tracheotomy
D7991 Coronoidectomy
D7995 Synthetic graft – mandible or facial bones, by report
D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7999 Unspecified oral surgery procedure, by report

Orthodontics

D8080 Comprehensive orthodontic treatment of the adolescent dentition
D8210 Removable appliance therapy
D8220 Fixed appliance therapy
D8660 Pre-orthodontic treatment visit
D8670 Periodic orthodontic treatment visit (as part of contract)
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8681 Removable orthodontic retainer adjustment
D8691 Repair of orthodontic appliance
D8692 Replacement of lost or broken retainer
D8693 Rebonding or recementing: and/or repair, as required, of fixed retainers



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D8694 Repair of fixed retainers, includes reattachment
D8999 Unspecified orthodontic procedure, by report

Adjunctives

D9110 Palliative (emergency) treatment of dental pain – minor procedure
D9120 Fixed partial denture sectioning
D9210 Local anesthesia not in conjunction with operative or surgical procedures
D9211 Regional block anesthesia
D9212 Trigeminal division block anesthesia
D9215 Local anesthesia in conjunction with operative or surgical procedures
D9220 Deep sedation/general anesthesia – first 30 minutes
D9221 Regional block anesthesia
D9223 Deep sedation/general anesthesia – each 15 minute increment
D9230 Inhalation of nitrous oxide/anxiolysis analgesia
D9241 Intravenous conscious sedation/analgesia – first 30 minutes
D9242 Intravenous conscious sedation/analgesia – each additional 15 minutes
D9243 Intravenous conscious sedation/analgesia – each 15 minute increment
D9248 Non-intravenous conscious sedation
D9310 Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician
D9311 Consultation with a medical health professional
D9410 House/Extended care facility call
D9420 Hospital or ambulatory surgical center call
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed
D9440 Office visit – after regularly scheduled hours
D9610 Therapeutic parenteral drug, single administration
D9612 Therapeutic parenteral drug, two or more administrations, different medications
D9910 Application of desensitizing medicament

D9930 Treatment of complications (post-surgical) – unusual circumstances, by report
D9950 Occlusion analysis – mounted case
D9951 Occlusal adjustment – limited
D9952 Occlusal adjustment – complete
D9999 Unspecified adjunctive procedure, by report



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CLASSES OF COVERED SERVICES AND SUPPLIES (Individuals age 19 and over)

Coverage is provided for the dental services and supplies described in this section.

Please note the age and frequency limitations that apply for certain procedures. All frequency limits specified are applied to the day.

For Your Policy, specific Covered Services and Supplies may fall under a Class category other than what is stated below. If Your Policy has Class categorizations different from below, it is specified on the Schedule of Benefits.

Class I: Preventive Dental Services

- Comprehensive exams, periodic exams, evaluations, re-evaluations, limited oral exams, or periodontal evaluations. Limited to 1 per 6 month period, except for Emergency Treatment.
- Dental prophylaxis (cleaning and scaling). Benefit limited to either 1 dental prophylaxis or 1 periodontal maintenance procedure per 6 month period, but not both.
- Topical fluoride treatment.
 - Limited to one per 6 month period.
- Palliative (emergency) treatment of dental pain
 - Considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered during the same visit.
- Sealant applications are limited to one per 36 month period, on un-restored pit and fissures of a 1st and 2nd permanent molar.
- X-rays:
 - Intraoral complete series x-rays, including bitewings and 10 to 14 periapical x-rays, or panoramic film. Limited to one per 60

month period. Payable amount for the total of bitewing and intraoral periapical x-rays is limited to the maximum allowance for an intraoral complete series x-rays in a calendar year.

- Bitewing x-rays (two or four films). Limited to one per 12 month period. Payable amount for the total of bitewing and intraoral periapical x-rays is limited to the maximum allowance for an intraoral complete series x-rays in a calendar year.
- Other X-rays:
 - Intraoral periapical x-rays.
 - Payable amount for the total of bitewing and intraoral periapical x-rays is limited to the maximum allowance for an intraoral complete series x-rays in a calendar year.
 - Intraoral occlusal x-rays, limited to one film per arch per 6 month period.
 - Extraoral x-rays, limited to one film per 6 month period.
 - Other x-rays (except films related to orthodontic procedures or temporomandibular joint dysfunction).
- Space maintainers, including all adjustments made within 6 months of installation.

Class II: Basic Dental Services

- Amalgam and composite restorations, limited as follows:
 - Multiple restorations on one surface will be considered a single filling.
 - Multiple restorations on different surfaces of the same tooth will be considered connected.
 - Benefits for replacement of an existing restoration will only be



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considered for payment if at least 36 months have passed since the existing restoration was placed (except in extraordinary circumstances involving external, violent and accidental means or due to radiation therapy).

- Additional fillings on the same surface of a tooth in less than 36 months, by the same office or same Dentist are not covered, except in extraordinary circumstances involving external, violent and accidental means or due to radiation therapy.
- Sedative bases and liners are considered part of the restorative service and are not paid as separate procedures.
- Composite restorations are also limited as follows:
 - Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations on anterior teeth will be considered single surface restorations
 - Acid etch is not covered as a separate procedure
 - Benefits limited to anterior teeth only.
 - Benefits for composite resin restorations on posterior teeth are limited to the benefit for the corresponding amalgam restoration.
- Pins, in conjunction with a final amalgam restoration
- Stainless steel crowns, limited to one per 36 month period for teeth not restorable by an amalgam or composite filling.
- Periodontal maintenance procedure (following active treatment). Benefit limited to either 1 periodontal maintenance procedure or 1 dental prophylaxis per 6 month period, but not both.
- Periodontal maintenance procedures may be used in those cases in which a patient has completed active periodontal therapy, and commencing no sooner than 3 months thereafter. The procedure includes any examination for evaluation, curettage, root planing and/or polishing as may be necessary.

- Consultation, including specialist consultations, limited as follows:
 - Considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered on the same date.
 - Benefits will not be considered for payment if the purpose of the consultation is to describe the Dental Treatment Plan.

Class III: Major Dental Services

- Inlays and onlays (metallic), limited as follows:
 - Covered only when the tooth cannot be restored by an amalgam or composite filling.
 - Covered only if more than 5 years have elapsed since last placement.
 - Build-up procedure is considered covered and is inclusive in the fee.
 - Benefits are based on the date of cementation.
- Porcelain restorations on anterior teeth, limited as follows:
 - Covered only when the tooth cannot be restored by an amalgam or composite filling.
 - Covered only if more than 5 years have elapsed since last placement.
 - Limited to permanent teeth. Porcelain restorations on over-retained primary teeth are not covered.
 - Build-up procedure is considered covered and is inclusive in the fee.
 - Benefits are based on the date of cementation.
- Cast crowns, limited as follows:
 - Covered only when the tooth cannot be restored by an amalgam or composite filling.
 - Covered only if more than 5 years have elapsed since last



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- placement.
- Limited to permanent teeth. Cast crowns on over-retained primary teeth are not covered.
- Crowns on third molars are covered when adjacent first or second molars are missing and the tooth is in function with an opposing natural tooth.
- Build-up procedure is considered covered and inclusive in the fee.
- Benefits are based on the date of cementation.
- Crown lengthening is limited to a single site when contiguous teeth are involved.
- Re-cementing inlays, crowns and bridges are limited to three per tooth, 12 months after last cementation.
- Post and core:
 - Covered only for endodontically- treated teeth, which require crowns.
 - 1 post and core is covered per tooth.
- Full dentures, limited as follows:
 - Limited to 1 full denture per arch.
 - Replacement covered only if 5 years have elapsed since last replacement AND the full denture cannot be made serviceable (please refer to the Denture or Bridge Replacement/Addition provision under Exclusions and Limitations for exceptions).
 - Services include any adjustments or relines which are performed within 12 month of initial insertion.
 - We will not pay additional benefits for personalized dentures or overdentures or associated treatment.
 - Benefits for dentures are based on the date of delivery.
- Partial dentures, including any clasps and rests and all teeth, limited as follows:
 - Limited to one partial denture per arch.
 - Replacement covered only if 5 years have elapsed since last placement AND the partial denture cannot be made serviceable (please refer to the denture or bridge replacement/addition provision under exclusions and limitations for exceptions).
 - Services include any adjustments or relines which are performed within 12 months of initial insertion.
 - There are no benefits for precision or semi-precision attachments.
 - Benefits for partial dentures are based on the date of delivery.
- Denture adjustments are limited to:
 - One time in any 12 month period; and
 - Adjustments made more than 12 months after the insertion of the denture.
- Repairs to full or partial dentures, bridges, and crowns are limited to repairs or adjustments performed up to 3 times after the initial insertion.
- Rebasing dentures are limited to one time per 12 month period.
- Relining dentures is a covered benefit 12 months after initial insertion of the denture.
 - Limited to one time per 12 month period
- Tissue conditioning is limited to one time in a 12 month period.
- Fixed bridges (including Maryland bridges) are limited as follows:
 - Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge:
 - Is more than 5 years old (see the Denture or Bridge Replacement/Addition provision under Exclusions and Limitations for exceptions); and
 - Cannot be made serviceable.
 - A fixed bridge replacing the extracted portion of a hemisected tooth is not covered.



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- Placement and replacement of a cantilever bridge on posterior teeth will not be covered.
- Benefits for bridges are based on the date of cementation.
- Re-cementing bridges is limited to repairs or adjustment performed more than 12 months after the initial insertion.
- Oral surgery services as listed below, including an allowance for local anesthesia and routine post-operative care:
 - Simple extractions
 - Surgical extractions, including extraction of third molars with pathology (wisdom teeth)
 - Alveoplasty
 - Vestibuloplasty
 - Removal of exostoses (including tori) – maxilla or mandible
 - Frenulectomy (frenectomy or frenotomy)
 - Excision of hyperplastic tissue – per arch
- Tooth re-implantation and/or stabilization of accidentally avulsed or displaced tooth and/or alveolus, limited to permanent teeth only.
- Root removal – exposed roots.
- Biopsy
- Incision and drainage
- The most inclusive procedure will be considered for payment when two or more surgical procedures are performed.
- Pulpotomy (primary teeth only).
- Root canal therapy:
 - Including all pre-operative, operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia, all irrigants, obstruction of root canals and routine follow-up care
 - Limited to one time on the same tooth per 24 month period by the same provider.
 - Limited to permanent teeth only.
- Apicoectomy/periradicular surgery (anterior, bicuspid, molar, each additional root), including all preoperative, operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care.
- Retrograde filling - per root.
- Root amputation - per root.
- Hemisection, including any root removal and an allowance for local anesthesia and routine post-operative care does not include a benefit for root canal therapy.
- Periodontal scaling and root planing, limited as follows:
 - 4 or more teeth per quadrant, limited to a minimum of 5mm pockets (per tooth), with radiographic evidence of bone loss, covered 1 time per quadrant per 24 month period.
 - 1 to 3 teeth per quadrant, limited to minimum of 5mm pockets (per tooth), with radiographic evidence of bone loss, covered 1 time per area per 24 month period.
 - Under unusual circumstances, additional documentation can be submitted for review.
 - Following osseous surgery root planing is a benefit after 36 months in the same area.
- Periodontal related services as listed below, limited to one time per quadrant of the mouth in any 36 month period with charges combined for procedures as listed below:
 - Gingival flap procedures.
 - Gingivectomy procedures.
 - Osseous surgery.
 - Pedicle tissue grafts.
 - Soft tissue grafts.



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- Subepithelial tissue grafts.
- Bone replacement grafts.
- Guided tissue regeneration.
- Crown lengthening procedures - hard tissue.
- The most inclusive procedure will be considered for payment when 2 or more surgical procedures are performed.
- General anesthesia and intravenous sedation, limited as follows:
 - Considered for payment as a separate benefit only when medically necessary and when administered in the Dentist's office or outpatient surgical center in conjunction with complex oral surgical services which are covered under the Policy.
 - Not a benefit for the management of fear and anxiety;
 - Oral sedation is not a covered benefit.

EXCLUSIONS AND LIMITATIONS

Treatment Outside of the Covered Service Area

Treatment outside of your covered state and/or United States is not covered, unless the treatment is for Emergency Treatment.

Missing Teeth Limitation

A Covered Person may have one or more congenitally missing teeth or may have had one or more teeth lost or extracted before he or she became covered by this Policy. For the first 24 months of coverage, a full denture, partial denture or fixed bridge will not be covered when replacing a tooth or teeth lost or extracted before being covered under this Policy.

Denture or Bridge Replacement/Addition

- Replacement of a full denture, partial denture, or fixed bridge is covered when:
 - 5 years have elapsed since last replacement of the denture or bridge; OR
 - The denture or bridge was damaged while in the Covered Person's mouth when an injury was suffered involving external, violent and accidental means. The injury must have occurred while insured under this Policy, and the appliance cannot be made serviceable.

However, the following exceptions will apply:

- Benefits for the replacement of an existing partial denture that is less than 5 years old will be covered if there is a Dentally Necessary extraction of an additional Functioning Natural Tooth that cannot be added to the existing partial denture.
- Benefits for the replacement of an existing fixed bridge that is less than 5 years old will be payable if there is a Dentally Necessary extraction of an additional Functioning Natural Tooth, and the extracted tooth was not an abutment to an existing bridge.
- Replacement of a lost bridge is not a Covered Benefit.
- A bridge to replace extracted roots when the majority of the natural crown is missing is not a Covered Benefit.
- Replacement of an extracted tooth will not be considered a Covered Benefit if the tooth was an abutment of an existing Prosthesis that is less than 5 years old.
- Replacement of an existing partial denture, full denture, crown or



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bridge with more costly units/different type of units is limited to the corresponding benefit for the existing unit being replaced.

Implants

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

General Exclusions

Covered Services and Supplies do not include:

1. Treatment which is:
 - a. not included in the list of Covered Services and Supplies;
 - b. not Dentally Necessary; or
 - c. Experimental in nature.
2. Any Charges which are:
 - d. Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, the Policy will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and Supplies.
 - e. Not imposed against the person or for which the person is not liable.
 - f. Reimbursable by Medicare Part A and Part B. If a person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her benefits under this Policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law.
3. Services or supplies resulting from or in the course of Your regular occupation for pay or profit for which You or Your Dependent are paid under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and provide notification of all such benefits. Benefits paid under this Policy that are also paid under any Workers' Compensation Law, Employer's Liability Law or similar law may be recovered.
4. Services or supplies provided by a Dentist, Dental Hygienist, denturist or doctor who is a Close Relative or a person who ordinarily resides with You or a Dependent.
5. Services and supplies which may not reasonably be expected to successfully correct the Covered Person's dental condition for a period of at least 3 years.
6. All services for which a claim is received more than 6 months after the date of service.
7. Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The Covered Charge for the Services is based on the single dental procedure code that accurately represents the treatment performed.
8. Services and supplies provided primarily for cosmetic purposes, including bleaching/whitening.
9. Services and supplies obtained while outside of the United States, except for Emergency Treatment.
10. Correction of congenital conditions or replacement of congenitally missing permanent teeth, regardless of the length of time the deciduous tooth is retained.
11. Diagnostic casts.
12. Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
13. Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
14. Restorative procedures, root canals and appliances, which are provided because of attrition, abrasion, erosion, abfraction, wear, or for cosmetic purposes in the absence of decay.
15. Veneers.
16. Appliances, inlays, cast restorations, crowns and bridges, or other laboratory prepared restorations used primarily for the purpose of



California Essential Health Benefit – PPO Family with EHB (for Children)

- splinting (temporary tooth stabilization).
- 17. Replacement of a lost or stolen Appliance or Prosthesis.
- 18. Replacement of stayplates.
- 19. Extraction of pathology-free teeth, including supernumerary teeth.
- 20. Socket preservation bone graphs.
- 21. Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
- 22. Treatment for a jaw fracture.
- 23. Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the Policy.
- 24. Non- Medically Necessary Orthodontic services, supplies, appliances and Orthodontic-related services.
- 25. Oral sedation and nitrous oxide analgesia are not covered.
- 26. Therapeutic drug injection.
- 27. Charges for the completion of claim forms.
- 28. Missed dental appointments.
- 29. Replacement of missing teeth prior to coverage effective date.

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

Premier Access Insurance Company, a wholly owned subsidiary of Guardian Life Insurance Company of America, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Guardian and its subsidiaries does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Premier Access Insurance Company provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; written information in other formats (large print, audio, accessible electronic formats); and provides free language services to people whose primary language is not English, such as: qualified interpreters and Information written in other languages.

If you need these services, call 1-844-561-5600.

If you believe that Guardian or its subsidiaries has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Premier Access Civil Rights Coordinator
ATTN: Manager Compliance Metrics, Corporate Compliance
Guardian Life Insurance Company of America
7 Hanover Square - 23F
New York, New York 10004

212-919-3162

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Premier Access's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

IMPORTANT NOTICE REGARDING LANGUAGE ASSISTANCE & DISCRIMINATION

AVISO IMPORTANTE SOBRE LA ASISTENCIA DE IDIOMA Y DISCRIMINACIÓN

English	<p>If you or the person you are helping has questions about your insurance benefits, claims, or coverage, you have the right to get help and information in your language at no cost. To talk to an interpreter: if you have insurance from your employer, call the telephone number on your identification card; for all other members, please call 844-561-5600.</p> <p>The Guardian and its subsidiaries* comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p>
Spanish Español	<p>Si usted o la persona que está ayudando tiene preguntas acerca de su seguro, las reclamaciones o cobertura, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete: si tiene seguro de su empleador, llame al número de teléfono que aparece en su tarjeta de identificación; para todos los demás miembros, por favor llame al 844-561-5600.</p> <p>The Guardian y sus subsidiarias * cumplir con las leyes federales aplicables de derechos civiles y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad, o sexo.</p>
Chinese 中文	<p>如果你或你正在帮助的人拥有约你的保险利益，索赔或覆盖的问题，你有没有成本，以获取帮助和信息在你的语言的权利。要交谈的解释：如果您从您的雇主有保险，打电话给你的身份证上的电话号码;所有其他成员，请致电 844-561-5600。</p> <p>卫报及其子公司*遵守适用的联邦民权法和种族，肤色，国籍，年龄，残疾，或性的基础上不歧视。</p>
Vietnamese Tiếng Việt	<p>Nếu bạn hoặc người bạn đang giúp đỡ có câu hỏi về quyền lợi bảo hiểm, yêu cầu của bạn, hoặc bảo hiểm, bạn có quyền được trợ giúp và thông tin trong ngôn ngữ của bạn miễn phí. Để nói chuyện với một thông dịch viên: nếu bạn có bảo hiểm từ công ty của bạn, hãy gọi số điện thoại trên thẻ nhận dạng của bạn; cho tất cả các thành viên khác, xin vui lòng gọi 844-561-5600.</p> <p>The Guardian và các công ty con của nó * tuân thủ pháp luật quyền dân sự liên bang áp dụng và không phân biệt đối xử trên cơ sở chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, khuyết tật, hoặc quan hệ tình dục.</p>
Korean 한국어	<p>당신이나 당신이 도움이되고 사람이 당신의 보험 혜택, 청구, 또는 범위에 대한 질문이있는 경우, 당신은 무료로 귀하의 언어로 도움과 정보를 얻을 수있는 권리가 있습니다. 통역 얘기하려면, 당신은 당신의 고용주로부터 보험이있는 경우, 귀하의 ID 카드에 전화 번호로 전화; 다른 모든 구성원에 대해, 844-561-5600로 전화 해주십시오.</p> <p>가디언과 그 자회사는 해당 연방 민권법을 준수하고 인종, 피부색, 출신 국가, 연령, 장애, 또는 성별에 근거하여 차별하지 않습니다*.</p>
Tagalog Tagalog	<p>Kung ikaw o ang taong ikaw ay pagtulong ay may mga katanungan tungkol sa inyong mga benepisyo sa insurance, claims, o coverage, ikaw ay may karapatan upang makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makipag-usap sa isang interpreter: kung mayroon kang insurance mula sa iyong tagapag-empleyo, tawagan ang numero ng telepono sa iyong identification card; para sa lahat ng iba pang mga miyembro, mangyaring tumawag sa 844-561-5600.</p> <p>The Guardian at ang mga subsidiaries * sumusunod sa naaangkop na mga Pederal na batas sa mga karapatang sibil at hindi maaaring makita ang kaibhan sa batayan ng lahi, kulay, bansang pinagmulan, edad, kapansanan, o sex.</p>
Russian Русский	<p>Если вы или человек, которому вы помогаете есть вопросы по поводу вашего страховых выплат, претензий, или покрытия, вы имеете право получить помощь и информацию на вашем языке без каких-либо затрат. Для того, чтобы поговорить с переводчиком: если у вас есть страхование от Вашего работодателя, позвоните по номеру телефона на вашей идентификационной карточке; для всех остальных членов, просьба звонить по телефону 844-561-5600.</p> <p>The Guardian и его дочерние компании * соответствии с действующими федеральными законами о гражданских правах и не допускать дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, инвалидности или пола.</p>
Arabic العربية	<p>إذا كنت أنت أو الشخص الذي يساعد ديه أسئلة حول فوائد التأمين والمطالبات، أو تغطية، لديك الحق في الحصول على المساعدة والمعلومات في لغتك دون أي تكلفة. التحدث الى مترجم: إذا كان لديك التأمين من صاحب العمل الخاص بك، الاتصال على رقم الهاتف على بطاقة الهوية الخاصة بك. لجميع الأعضاء، يرجى الاتصال 5600-561-844.</p> <p>الجاردیان والشركات التابعة لها * الالتزام بالقوانين الاتحادية المطبقة الحقوق المدنية ولا تميز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة، أو الجنس..</p>
French Creole-Haitian Creole Kreyòl Ayisyen	<p>Si ou menm oswa moun nan w ap ede gen kesyon sou benefis asirans ou, reklamasyon, oswa pwoteksyon, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou a pa koute. Pou pale ak yon entèprèt: si ou gen asirans nan men anplwayè ou, rele nimewo telefòn sou kat idantifikasyon ou; pou tout lòt manm, tanpri rele 844-561-5600.</p> <p>The Guardian ak filiales li yo * konfòme yo avèk lwa sou dwa sivil Federal aplikab yo, epi pa fè diskriminasyon sou baz ras, koulè, orijin nasyonal, laj, andikap, oswa fè sèks.</p>
Polish Polskie	<p>Jeśli Ty lub osoba, do której pomoc ma pytania dotyczące świadczeń z ubezpieczenia, roszczenia lub pokrycia, masz prawo do uzyskania pomocy i informacji w swoim języku, bez żadnych kosztów. Aby rozmawiać z tłumacza: jeśli masz ubezpieczenie od pracodawcy, należy zadzwonić pod numer telefonu na karcie identyfikacyjnej; dla wszystkich pozostałych członków, zadzwoń 844-561-5600.</p> <p>The Guardian i jej spółek zależnych * przestrzegania obowiązujących przepisów federalnych praw obywatelskich i nie dyskryminacji ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność, czy płeć.</p>

French Français	<p>Si vous ou la personne que vous aidez a des questions sur vos prestations d'assurance, les prétentions ou la couverture, vous avez le droit d'obtenir de l'aide et de l'information dans votre langue, sans frais. Pour parler à un interprète: si vous avez l'assurance de votre employeur, appelez le numéro de téléphone sur votre carte d'identité; pour tous les autres membres, s'il vous plaît appelez 844-561-5600.</p> <p>The Guardian et ses filiales * sont conformes aux lois fédérales relatives aux droits civils applicables et ne fait pas de discrimination sur la base de la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe.</p>
Italian Italiano	<p>Se voi o la persona che state aiutando ha domande circa la vostra prestazioni assicurative, reclami, o la copertura, si ha il diritto di richiedere assistenza e informazioni nella propria lingua, senza alcun costo. Per parlare con un interprete: se avete l'assicurazione dal datore di lavoro, chiamare il numero di telefono sulla carta d'identità; per tutti gli altri membri, si prega di chiamare 844-561-5600.</p> <p>The Guardian e le sue controllate * conformi alle leggi federali vigenti diritti civili e non discrimina sulla base di razza, colore, nazionalità, età, disabilità, o di sesso.</p>
Persian-Farsi فارسی-فارسى	<p>اگر شما یا شخصی که شما در حال کمک به سوالات در مورد مزایای بیمه خود را، ادعا می کند، و یا پوشش، شما حق دریافت کمک و اطلاعات به زبان خود را بدون هیچ هزینه داشته باشید. برای صحبت با یک مترجم: اگر بیمه از کارفرمای خود، تماس با شماره تلفن بر روی کارت شناسایی خود را. برای همه اعضای دیگر، لطفاً 844-561-5600-5600 تماس بگیرید..</p> <p>گاردین و شرکتهای تابعه آن * * * مطابق با قوانین فدرال حقوق مدنی قابل اجرا می کند و بر اساس نژاد، رنگ پوست، ملیت، سن، معلولیت و یا رابطه جنسی قائل نمی شود.</p>
Armenian Հայերեն	<p>Եթե դուք կամ այն անձը, դուք օգնում ունի հարցեր ձեր ապահովագրական հատուցումներից, պահանջների, կամ լուսաբանման, դուք իրավունք ունեք ստանալու օգնություն եւ տեղեկատվություն Ձեր լեզվով ոչ մի գնով: Խոսել է թարգմանչի: Եթե ունեք ապահովագրություն Ձեր գործատուի, զանգահարեք հեռախոսահամարը Ձեր նույնականացման քարտ. բոլոր մյուս անդամների համար, խնդրում ենք զանգահարել 844-561-5600.</p> <p>The Guardian եւ իր դուստր ձեռնարկություններն * համապատասխանեն կիրառելի դաշնային քաղաքացիական իրավունքների օրենքների եւ չի խտրականություն հիման վրա ռասայի, մաշկի գույնի, ազգային ծագման, տարիքի, հաշմանդամության, կամ սեռից:</p>
German Deutsche	<p>Wenn Sie oder die Person, die Sie helfen, Fragen zu Ihrem Versicherungsleistungen , Ansprüche oder Abdeckung, haben Sie das Recht auf kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um auf einen Dolmetscher sprechen: Wenn Sie eine Versicherung von Ihrem Arbeitgeber haben, rufen Sie die Telefonnummer auf der Ausweis Karte ; für alle anderen Mitglieder, rufen Sie bitte 844-561-5600.</p> <p>The Guardian und ihre Tochtergesellschaften * mit den geltenden Bundes Bürgerrechte Gesetze einhalten und nicht zu diskriminieren auf der Grundlage von Rasse, Hautfarbe , nationaler Herkunft, Alter, Behinderung oder Geschlecht.</p>
Portuguese Português	<p>Se você ou a pessoa que você está ajudando tem dúvidas sobre seus benefícios de seguro, reivindicações, ou cobertura, você tem o direito de obter ajuda e informações na sua língua, sem nenhum custo. Para falar com um intérprete: se você tem seguro de seu empregador, ligue para o número de telefone no seu cartão de identificação; para todos os outros membros, ligue para 844-561-5600.</p> <p>Este aviso tem informações importantes sobre a sua aplicação ou sua cobertura de seguro. Olhe para as datas-chave neste</p> <p>The Guardian e suas subsidiárias * cumprir com as leis federais aplicáveis direitos civis e não discriminar com base em raça, cor, nacionalidade, idade, deficiência ou sexo.</p>

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