

# Carroll County Schools

All Full Time Employees



## Dental Coverage

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

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



### HIGHLIGHTS:

- Choice of two dental plans
- Single and family coverage available
- Visit any dentist
- Reliable dental claims payment; 4 day average turnaround

### Questions? Concerns?

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Helpline (888) 600-1600

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

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



## COVER YOURSELF WITH GUARDIAN

Guardian is a leading provider of employee benefits and individual insurance coverage.

Founded in 1860, The Guardian Life Insurance Company of America is one of the largest mutual life insurance companies in the United States. As a mutual company, Guardian is focused 100% on the needs of our customers – employers who choose Guardian and their employees covered by our plans. Today, more than six million employees and their families rely on Guardian as their employee benefits provider.

We have built our success on the time-tested values of quality, innovation and high-quality service. In July 2008 Standard & Poor's upgraded Guardian's credit rating to AA+ (Very Strong). We've been around for 148 years insuring the people and businesses we protect and we'll continue to provide benefits and services our customers have come to expect from us.

For more information on how we can protect you and your family, please visit [www.GuardianLife.com](http://www.GuardianLife.com)

# Dental Plans

## COMPARE YOUR PLANS

**Option 1 or 2:** With your **High Plan or Low Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

COMPARE THE PLANS	Option 1: High Plan		Option 2: Low Plan	
<b>Your Monthly premium</b> You, spouse and child(ren)	<b>\$27.80</b> \$100.47		<b>\$19.72</b> \$62.90	
<b>Calendar year deductible</b>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
<b>Charges covered for you</b> (co-insurance)	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g. cleanings)	100%	100%	100%	100%
Basic Care (e.g. fillings)	80%	80%	80%	80%
Major Care (e.g. crowns, dentures)	50%	50%	0%	0%
Orthodontia	50%	50%	Not Covered	
<b>Annual Maximum Benefit</b>	\$1500	\$1500	\$750	\$750
<b>Maximum Rollover</b>	Yes		No	
Rollover Threshold	\$700			
Rollover Amount	\$350			
Rollover Account Limit	\$1250			
<b>Lifetime Orthodontia Maximum</b>	\$1500		Not Applicable	
<b>Network</b>	DentalGuard Preferred		DentalGuard Preferred	

## YOUR GUARDIAN PLAN OFFERS:

**Family coverage** for spouse and children to age 20 (26 if full-time student)

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

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

**National PPO network** of more than 70,000 dentist locations

**Reliable claims payment** four days on average

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

CATEGORY	PLAN DETAILS	Option 1: High Plan <i>Plan pays (on average)</i>		Option 2: Low Plan <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis) Frequency: Once Every 6 Months	100%	100%	100%	100%
	Fluoride Treatments Limits: Under Age 19	100%	100%	100%	100%
	Oral Exams	100%	100%	100%	100%
	Periodontal Maintenance Frequency: Once Every 6 Months (Enhanced)	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
	Basic Care	Anesthesia	80%	80%	80%
Fillings (one surface)		80%	80%	80%	80%
Perio Surgery		80%	80%	80%	80%
Repair & Maintenance of Crowns, Bridges & Dentures		80%	80%	80%	80%
Root Canal		80%	80%	0%	0%
Scaling & Root Planing (per quadrant)		80%	80%	80%	80%
Simple Extractions		80%	80%	80%	80%
Surgical Extractions		80%	80%	80%	80%
Major Care	Bridges and Dentures	50%	50%	0%	0%
	Inlays, Onlays, Veneers**	50%	50%	0%	0%
	Single Crowns	50%	50%	0%	0%
Orthodontia	Orthodontia	50%	50%	Not Covered	
	Limits: Child(ren)				

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

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; full-time student age does not apply to the initial placement of the appliance. Orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period (^Additional cleanings are available for an additional co-pay).

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary

- only. Residents of Illinois - Dependent age limits 26/26. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.
- **Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 – DG2000



Employer:  
**Carroll County Schools**  
**164 Independence Drive**  
**Carrollton, GA 30116**

Guardian Group Plan Number: **00451751**

The Guardian Life Insurance Company of America

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

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

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

<b>CHOOSE YOUR DENTAL COVERAGE</b>			<i>Check one box only</i>
<b>Your monthly premium</b> Employee alone	<b>Option 1: High Plan</b> <input type="checkbox"/> \$27.80	<b>Option 2: Low Plan</b> <input type="checkbox"/> \$19.72	<input type="checkbox"/> I waive this coverage
Entire family	<input type="checkbox"/> \$100.47	<input type="checkbox"/> \$62.90	<input type="checkbox"/> I waive this coverage
<b>If you or your family have lost dental coverage, please explain below. Late entry penalties may apply.</b>			
Reason for Loss of coverage: <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Divorce <input type="checkbox"/> Death of Spouse <input type="checkbox"/> Termination or Expiration of coverage			Date of coverage loss / /
If you are waiving coverage, are you covered under another dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are waiving dependent coverage, are your dependents covered under another dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## IMPORTANT NOTES

- Proof of insurability does not apply to dental, but if you waive dental coverage and later decide to enroll, you may be subject to a late entrant penalty and your dental benefits may be limited for a period of time. Guardian may waive late-entrant penalties if you lose dental coverage due to termination of the plan, loss of employment, death of spouse, divorce or where a court has ordered coverage be provided for an eligible spouse or eligible children, provided you apply within 30 days.
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## SIGNATURE

- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- I agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.
- I understand that the premium amounts shown above are estimations. If the premium amounts shown above and the deductions for premiums shown on my paycheck stub do not agree, my paycheck stub will prevail. I understand that the premium amounts may be amended.
- **I attest that the information provided above is true and correct to the best of my knowledge.**
- **Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

SIGNATURE OF EMPLOYEE **X**

DATE

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GUARDIAN®

## Employee Benefits Hotline

Have a question before you enroll in your Guardian plans?  
Call or email us to get answers!

Toll-free Phone	Email
1-888-600-1600 8:00 a.m. – 8:30 p.m., Monday – Friday, Eastern Time	Email your question to: ebh@glic.com

The Employee Benefits Hotline is dedicated to answering questions about the Guardian benefits your employer is offering you. Benefit specialists are available to help provide you with information you need, so that you can make sound decisions for you and your family and sign up for the plans that best suit your needs.

Contact the Employee Benefits Hotline for things like:

- Benefits covered under the plans your employer is offering
- Doctors, dentists or vision providers who participate in your plan\*
- Help with completing your enrollment form...and more

### Who may contact the Employee Benefits Hotline?

- Prospective members who are enrolling in a Guardian benefits plan
- If you are enrolling in a Guardian Dental or Medical plan, your doctor or dentist may contact the hotline to verify benefits and eligibility for you as you enroll

### What if English is not my first language – can someone still help me?

Yes. The Employee Benefits Hotline provides support in over 50 different languages!

### What do I need to include in my email or have ready before I call?

Just the name of the company you work for.

### Can I call or email the Employee Benefits Hotline with questions even *after* I enroll?

Once you are officially enrolled in a plan, you will receive additional information – including other toll-free phone numbers – to service you after you have signed up.

\* Available if employer is offering Guardian dental, medical or vision coverage.



# Maximum Rollover

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

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

Even better, if you use the services of Preferred Providers exclusively during the benefit year, Guardian will increase the amount credited to your MRA.

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

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

You will receive an annual MRA statement detailing your account and those of your dependents.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1500	\$700	\$350	\$500	\$1250

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

### NOTES:

For calendar year accumulation cases with a plan effective date in October, November or December, the Maximum Rollover Feature starts as of the first full benefit year. For example, if a plan starts in November of 2006, claim activity in 2007 will be used and applied to MRAs for use in 2008.

Maximum Rollover applies to new entrants who join the plan with 3 months or less remaining in the benefit year, as of the next benefit year.

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





GUARDIAN®

# Finding a dentist is easy

## Go online – it takes just minutes!

It's easy to find dentists you can trust. Whether you're looking for a list of dentists that serve your plan (in-network) or trying to locate a specific dentist, it takes just minutes through Guardian's Provider Online Search.

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



Here are just a few things you can do online:

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

Just go to [www.GuardianLife.com](http://www.GuardianLife.com).  
Under "Resources", click on "Provider Online Search".

# Thank You

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

## Please remember to:

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

## You chose...

### Dental:

- Option 1: High Plan
- Option 2: Low Plan

## Date form submitted

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## **Your Benefits Information ... Anytime, Anywhere [www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) online at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)—24 hours a day, 7 days a week.

Anytime, anywhere you have an internet connection, you'll be able to:

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Print forms and plan materials
- And so much more!

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

# **Carroll County Schools Dental Benefits Plan**