



GUARDIAN®

# ADP TotalSource – Northeast Region Benefit Summary

In-Network Deductible - None  
Out-of-Network Deductible - \$50 (Not waived for Preventive Services)

| Services                                                                                             | Percentage Paid   |                       |
|------------------------------------------------------------------------------------------------------|-------------------|-----------------------|
|                                                                                                      | <u>In-Network</u> | <u>Out-of-Network</u> |
| <b>Preventive Services</b>                                                                           | <b>100%</b>       | <b>100%</b>           |
| Emergency Palliative Treatment                                                                       |                   |                       |
| Oral Examination – every 6 months                                                                    |                   |                       |
| X-Rays – 4 bitewings every 12 months, full mouth series every 5 years                                |                   |                       |
| Teeth Cleaning – every 6 months                                                                      |                   |                       |
| Fluoride Treatments for Children – every 6 months under age 14                                       |                   |                       |
| Space Maintainers for Children – under age 16                                                        |                   |                       |
| Topical Sealants for unrestored molar teeth – 1 treatment for child(ren) under 16 in a 3 year period |                   |                       |
| <b>Basic Services</b>                                                                                | <b>90%</b>        | <b>75%</b>            |
| Laboratory Test                                                                                      |                   |                       |
| Diagnostic Consultation – one per year                                                               |                   |                       |
| Fillings: Amalgam, Silicate, Acrylic                                                                 |                   |                       |
| Crowns: Stainless Steel                                                                              |                   |                       |
| Oral Surgery – simple extractions                                                                    |                   |                       |
| Repairs of dentures, bridgework, crowns, etc.                                                        |                   |                       |
| General Anesthesia – surgical procedures only                                                        |                   |                       |
| Injectable Antibiotics – for treatment of a dental condition only                                    |                   |                       |
| <b>Major Services</b>                                                                                | <b>60%</b>        | <b>50%</b>            |
| Bridges Installation – fixed and removable                                                           |                   |                       |
| Endodontic Services/Root Canal Therapy                                                               |                   |                       |
| Periodontal Services                                                                                 |                   |                       |
| Oral Surgery – complex extractions                                                                   |                   |                       |
| Dentures – Full and Partial                                                                          |                   |                       |
| Crowns: Acrylic Metal, Porcelain                                                                     |                   |                       |
| Inlays/Onlays/Posts                                                                                  |                   |                       |
| <b>Annual Maximum</b>                                                                                |                   |                       |
| There is a \$1,200 annual maximum for Preventive, Basic and Major services combined.                 |                   |                       |
| <b>Orthodontic Services</b>                                                                          | <b>50%</b>        | <b>50%</b>            |
| \$1,200 Lifetime Maximum for child(ren) under age 19                                                 |                   |                       |
| The deductible and maximum rollover does not apply to Orthodontic services.                          |                   |                       |



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### Maximum Rollover:

With Maximum Rollover, we'll roll over a portion of each member's unused annual maximum, called the Maximum Rollover Amount, into his or her Maximum Rollover Account (MRA). The MRA can be used in future years, if a member reaches the plan's Annual Maximum.

To qualify, a member must submit a claim and not exceed the paid claims Threshold during the benefit year. The employee and each insured dependent maintain separate MRAs based on their own claim activity. Each member's MRA may not exceed the MRA limit.

| PLAN ANNUAL MAXIMUM | THRESHOLD | MAXIMUM ROLLOVER AMOUNT | MAXIMUM ROLLOVER ACCOUNT LIMIT |
|---------------------|-----------|-------------------------|--------------------------------|
| \$1200              | \$600     | \$300                   | \$1200                         |

### Additional Information:

- Children are covered up to age 26, regardless of student status.
- Deductibles are limited to 3 per family (\$150 maximum).
- All benefit payments for out-of-network services are based on the 80<sup>th</sup> percentile of usual, reasonable, and customary rates for given area.
- Dental Claims - P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-541-7846, fax: 509-468-4590.
- Guardian has contracted with dental providers to provide discounts off services and procedures to Guardian dental plan members. To locate a provider, please reference our On-Line Provider Directory at [www.GuardianLife.com](http://www.GuardianLife.com).
- Pre-determination Review - Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Have your dentist fax your treatment plan to Guardian, note that it is a pre-determination review and we will let your dentist know what benefits would be payable. (This includes orthodontic treatment if your plan includes it)

### 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.

### College Tuition Benefit:

College Tuition Benefits are included for all ADP TotalSource members with Guardian dental coverage. To learn more about the program and start earning Tuition Rewards for your children, grandchildren, nieces and nephews, simply Register and Set Up your Tuition Rewards account by visiting: [www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com).

The username for online registration is always the ADP TotalSource Guardian Dental Group Plan #: **404556**

The password is always the same, too: **Guardian**

This handout is for illustrative purposes. You will receive benefit booklets.  
If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.