Zuub

Dental Coverage	Remaining Benefits	Deductible Remaining	Last Verification
ACTIVE	$1847.00	$0	03/04/2020
01/01/2020 - 12/31/2020	/$2000.00	/$0	7 days ago

Patient Benefits - Joe Smith (3151239) 10/22/1982

Insurance Name:	GUARDIAN LIFE INSURANCE CO. OF AMER
Group Number:	00564148
Plan:	ABC Company
Eligibility:	01/01/2020 - 12/31/2020
Coverage:	Dental Care
Type:	Group Policy

DEDUCTIBLE	In-Network	Out-of-Network
Deductible (Individual)	--	--
Deductible (Family)	--	--

MAXIMUMS	Calendar Year	Lifetime	Remaining
Dental Care (Individual)	$2000.00	--	$1847.00
Orthodontics (Individual)	--	$2000.00	--

CO-INSURANCE	In-Network	Out-of-Network
FLUORIDE:	100%	100%
AD:D4910:	90%	80%
Oral Surgery:	60%	50%
COMPOSITES:	90%	80%
Anesthesia:	90%	80%
BITEWING X-RAYS:	100%	100%
Crown:	60%	50%
AD:D0140:	100%	100%
EXAMS:	100%	100%
FULL MOUTH/PANOREX:	100%	100%
HARMFUL HABITS APPLIANCE:	100%	100%
IMPLANTS:	0%	0%
AD:D7111:	100%	100%
AD:D7140:	100%	100%
Dental Care:	100%	100%
PROPHYLAXIS:	100%	100%
INLAY/ONLAY:	60%	50%
Prosthodontics:	60%	50%
AMALGAM & COMPOSITE:	90%	80%
SEALANTS:	100%	100%
AD:D1354:	90%	80%
Diagnostic:	100%	100%
Orthodontics:	50%	50%
TMJ TREATMENT:	0%	0%
DIAGNOSTIC X-RAY:	100%	100%
Periodontics:	90%	80%
Restorative:	90%	80%
Endodontics:	90%	80%
PERIO SURGERY:	90%	80%
DENTURES:	60%	50%
DENTURE REPAIR:	90%	80%
DENTURE RELINE:	90%	80%
BUILDUPS/POST AND CORE:	60%	50%
AD:D9940:	90%	80%

LIMITATIONS

- YOUR BENEFIT PERIOD IS FROM SEPTEMBER 1 TO AUGUST 31
- NON-CONTRACTED COVERAGE IS BASED ON REASONABLE AND CUSTOMARY
- MULTI-VISIT PROCEDURES ARE PAID ON THE PREPARATION DATE.
- WHEN THE EXPECTED COST OF A PROPOSED COURSE OF TREATMENT IS $300 OR MORE, WE RECOMMEND THAT A PREDETERMINATION BE SUBMITTED TO THE CLAIMS ADDRESS.

	Description	Last Visit
FLUORIDE	1 Visits in 6 Month	01/01/9999
AD:D4910		01/01/9999
Oral Surgery	• SURGICAL EXTRACTIONS AND OTHER ORAL SURGERY (D7210-D7261, D7280, D7282-D7288, D7295, D7310-D7350, D7410-D7415, D7440-D7465, D7471-D7473, D7485, D7510-D7521, D7560, D7960-D7990, D7999 ARE COVERED UNDER THE PREVENTIVE SERVICE CATEGORY.	
	• ORAL SURGICAL SERVICES PERFORMED BY AN OUT OF NETWORK DENTIST SHOULD FIRST BE SUBMITTED TO THE COVERED PERSON'S MEDICAL CARRIER.	
COMPOSITES	• PLAN DOES NOT LIMIT SURFACES OF COMPOSITE RESTORATIONS.	
Anesthesia	• ANESTHESIA (D9222, D9223, D9230, D9239, D9243, D9248) IS COVERED WHEN PERFORMED IN CONJUNCTION WITH THREE OR MORE COVERED NON-SURGICAL EXTRACTIONS PERFORMED DURING THE SAME VISIT OR WITH ANY COVERED SURGICAL SERVICE.	
BITEWING X-RAYS	1 Visits in 12 Month	02/29/2020
	• LIMITED TO EITHER A MAXIMUM OF 4 BITEWING FILMS OR A SET (7-8 FILMS) OF VERTICAL BITEWINGS.	
AD:D9310	1 Visits in 12 Month	
	• PER DENTAL SPECIALTY; COVERED WHEN NO OTHER TREATMENT, OTHER THAN RADIOGRAPHIC IMAGES, IS PERFORMED DURING THE SAME VISIT.	
Crown	1 Visits in 5 Years	
	• SINGLE CROWNS (D2710, D2712, D2720-D2722, D2740, D2750-D2753, D2780-D2783, D2790-D2792, D2794) ARE COVERED UNDER THE MAJOR SERVICE CATEGORY, SUBJECT TO REVIEW.	
	• IN ORDER TO EVALUATE THE COVERAGE FOR CROWNS AND RESPOND AS QUICKLY AS POSSIBLE, WE MUST RECEIVE SUPPORTING DIAGNOSTIC MATERIALS, SUCH AS DIAGNOSTIC INTRAORAL PHOTOGRAPHS, RADIOGRAPHS AND/OR CHART NOTES ABOUT THE CLAIM.	
	• INCLUDES VENEERS; WHEN THE APPLIANCE IS NO LONGER USEABLE.	
AD:D0140	1 Visits in 6 Month	01/01/9999
	• COVERED IF NO OTHER TREATMENT, OTHER THAN RADIOGRAPHIC IMAGES, IS PERFORMED IN THE SAME VISIT.	
EXAMS	1 Visits in 6 Month	02/29/2020
FULL MOUTH/PANOREX	1 Visits in 60 Month	01/01/9999
HARMFUL HABITS APPLIANCE	• COVERED ONLY WHEN NEEDED TO INHIBIT THUMB SUCKING; INITIAL APPLIANCE ONLY.	
AD:D7111		
AD:D7140		
Dental Care	• DENTAL PROSTHESES NEEDED TO REPLACE TEETH MISSING PRIOR TO BEING INSURED WITH THIS GUARDIAN PLAN ARE NOT COVERED UNLESS THE TOOTH WAS EXTRACTED WHILE COVERED BY THE PRIOR PLAN.	
	• ORTHODONTICS IS INCLUDED IN THE REGULAR DENTAL CALENDAR YEAR MAXIMUM.	
	• IN ORDER TO EVALUATE THE COVERAGE FOR THIS TREATMENT AND RESPOND AS QUICKLY AS POSSIBLE, WE MUST RECEIVE SUPPORTING DIAGNOSTIC MATERIALS, SUCH AS DIAGNOSTIC INTRAORAL PHOTOGRAPHS, RADIOGRAPHS AND/OR CHART NOTES ABOUT THE CLAIM.	
	• REPAIRS AND MAINTENANCE OF CROWNS, BRIDGES AND DENTURES (D2910-D2920, D2980, D5410-D5422, D5511-D5520, D5611-D5612, D5621-D5761, D5850-D5851, D6092-D6093, D6930, D6980, D9120) ARE COVERED UNDER THE PREVENTIVE SERVICE CATEGORY.	
AD:D9944	1 Visits in 1 Lifetime	
	• WHEN PERFORMED WITHIN 6 MONTHS AFTER OSSEOUS SURGERY	
AD:D9945	1 Visits in 1 Lifetime	
	• WHEN PERFORMED WITHIN 6 MONTHS AFTER OSSEOUS SURGERY.	
AD:D2391	• POSTERIOR RESIN-BASED COMPOSITE RESTORATIONS (WHITE FILLINGS) (D2391-D2394) RECEIVE THE ALTERNATE BENEFIT OF AN AMALGAM RESTORATION (SILVER FILLING) (D2140-D2161).	
AD:D2392	• POSTERIOR RESIN-BASED COMPOSITE RESTORATIONS (WHITE FILLINGS) (D2391-D2394 RECEIVE THE ALTERNATE BENEFIT OF AN AMALGAM RESTORATION (SILVER FILLING) (D2140-D2161).	
AD:D2393	• POSTERIOR RESIN-BASED COMPOSITE RESTORATIONS (WHITE FILLINGS) (D2391-D2394 RECEIVE THE ALTERNATE BENEFIT OF AN AMALGAM RESTORATION (SILVER FILLING) (D2140-D2161).	
AD:D2394	• POSTERIOR RESIN-BASED COMPOSITE RESTORATIONS (WHITE FILLINGS) (D2391-D2394 RECEIVE THE ALTERNATE BENEFIT OF AN AMALGAM RESTORATION (SILVER FILLING) (D2140-D2161).	
AD:D4341	1 Visits in 24 Month	01/01/9999
	• WHEN THERE IS RADIOGRAPHIC AND POCKET CHARTING EVIDENCE OF BONE LOSS.	
AD:D4342	1 Visits in 24 Month	01/01/9999
	• WHEN THERE IS RADIOGRAPHIC AND POCKET CHARTING EVIDENCE OF BONE LOSS.	
PROPHYLAXIS	1 Visits in 6 Month	02/29/2020
	• EITHER ONE REGULAR PROPHYLAXIS OR A PERIODONTAL MAINTENANCE PROCEDURE	
INLAY/ONLAY	1 Visits in 5 Years	
	• WHEN THE APPLIANCE IS NO LONGER USEABLE.	
Prosthodontics	1 Visits in 5 Years	
	• APPLIES TO DENTURES AND BRIDGES; WHEN THE APPLIANCE IS NO LONGE R USEABLE.	
AMALGAM & COMPOSITE	1 Visits in 12 Month	
AMALGAM & COMPOSITE	1 Visits in 36 Month	
SEALANTS	1 Visits in 36 Month	
	• LIMITED TO UNRESTORED PERMANENT MOLARS.	
AD:D1354		
Diagnostic	• HISTOPATHOLOGIC EXAMS (D0472, D0473, D0474, D0480, D0502) ARE COVERED UNDER THE PREVENTIVE SERVICE CATEGORY.	

NOT COVERED	Messages
AD:D4381	
IMPLANTS	• THE DENTAL PROSTHESIS PLACED ON THE IMPLANT WILL BE CONSIDERED IF THE TOOTH WAS EXTRACTED WHILE INSURED WITH THIS GUARDIAN PLAN OR WHEN COVERED BY THE PRIOR PLAN.
AD:D0431	