



# Albany Medical School

## Benefit and Cost Summary

**In-Network Deductible- \$25 (\*Waived for Preventive Services)**  
**Out-of-Network Deductible- \$75 ( Not Waived for Preventive Services)**  
**Plan Annual max \$500**

Services	Percentage Paid	
	In-Network	Out-of-Network
<b>Preventive Services*</b>	100%	90%
Emergency Palliative Treatment		
Oral Examination - every six months		
X-Rays - four bitewings every twelve months full mouth series every five years		
Teeth Cleaning - every six months		
Fluoride Treatment		
Space Maintainers for Children - under age 16		
Topical Sealants for unrestored molar teeth		
-one treatment for child (ren) under 16 in a three (3) year period		
<b>Basic Services</b>	50%	40%
Laboratory Test		
Diagnostic Consultation- one per year		
Fillings: Amalgam & Acrylic		
Crowns: Stainless Steel		
Repairs of dentures, bridgework, crowns, etc.		
Endodontic Services/Root Canal Therapy		
Periodontal Services		
Oral Surgery- Uncomplicated extractions		
General Anesthesia- surgical procedures only		
Injectable Antibiotics- for treatment of a dental condition only		
<b>Major Services</b>	0%	0%
Bridges Installation-fixed and removable		
Dentures- Full and Partial		
Crowns: Acrylic Metal, Porcelain		
Inlays		
Onlays		
Posts		

*Although there are no insured benefits for major services students will receive substantial savings from in-network Guardian providers.*



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- \*Deductible is waived for Preventive services. 3 individual deductibles per family.
- Eligible dependents include your unmarried children up to age 20 or 26, if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.
- Students/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant<sup>1</sup> penalties.
- All out of network services will be paid for only up to the maximum fee level established with our contracted network dentists. Any amount that is charged over the fee schedule is the responsibility of the patient.
- 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.
- **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

<sup>1</sup> A late entrant is a person who becomes insured more than 31 days after he is eligible; or becomes insured again, after his coverage lapsed because he did not make required payments. We won't cover charges incurred by a late entrant for (1) Group II (basic) services until 6 months from the date he is insured by this plan; and (2) Group III (major) services until 12 months from the date he is insured by this plan.

**DentalGuard General Limitations and Exclusions:** 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. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

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. If you have any question regarding your dental benefits, please contact HSA Consulting, Inc. toll free at 888-978-8355 and identify yourself as a Albany Medical School Student.