

COLONIE CHAMBER OF COMMERCE GUARDIAN DENTAL PLAN SUMMARY

Group/Member Services #	295675 – Div 0002 In Network: w/ “Preferred” Provider	800-541-7846 Out of Network: “Non-preferred” Provider
Deductible	In Network: \$50.00/Person/Year	Out of Network: \$75.00/Person/Year
Preventive Services Coverage	Deductible (stated above) is waived for Preventive Care both in & out of network Emergency Exam; Cleaning/Periodontal Maintenance Services 1/6 months. Full or Panoramic X-ray: 1/5 yrs. Bitewings: 1/12 months. Sealants: 1 Treatment /36 mos/to age 16, Fluoride Treatment 1/6mos to age 14. Space Maintainers: Initial Appliance to Age 14 In & Out of Network 100% Coverage in accordance with UCR Schedule of Benefits	
Basic Procedures Coverage	Filings, Diagnostic, Endodontic & Periodontal Services, Oral Surgery, Surgical & Simple Extractions, Various anesthetics when connected to covered surgical procedures. Repair of Dentures. Repair/recementation/maintenance of crowns/bridges: 12 months after insertion. Late enrollment penalty = 6 month delay of health coverage	
	IN NETWORK 90 % Coverage In accordance w/UCR schedule of benefits	OUT OF NETWORK: 80% Coverage in accordance w/UCR schedule of benefits
Major Procedures Coverage	Posts & Cores & Installation of Bridgework/Crowns are covered when “medically” necessary. Inlays / Onlays (in the presence of an inlay). Prosthodontice (full or partial dentures) Late enrollment penalty = 1 year delay in coverage	
	IN NETWORK: 60% Coverage in accordance w/ UCR schedule of benefits	OUT OF NETWORK: 50% Coverage in accordance w/UCR schedule of benefits
Definition of “UCR”	“UCR” means “usual, customary & reasonable”. It is defined as: <i>The amount reimbursed to providers based on the prevailing fees in a specific area.</i> All dental claims are processed in accordance with a schedule of benefits set up along UCR guidelines	
Deps/Student	Dependants to Age 26	
Domestic Ptrns	Domestic partners are eligible for coverage.	
Annual Benefit	\$1,000.00 Annual Maximum Benefit/ insured person	
Maximum Rollover Benefit Information	Guardian will “roll” a portion of each insureds’ unused annual benefit into a “Maximum Rollover Account” Or “MRA” to be used in future years. Even better, if you use only preferred providers, Guardian will increase the amount credited to you in your MRA! To qualify you must submit a claim & not exceed the paid claims threshold during the benefit year. You & each insured dependent will have your own MRA & will receive statements detailing these accounts.	
Monthly Premiums	Proposed premiums For April 1, 2011-March 31,2012: Individual: \$ 49.81 Employee +1: \$ 94.76 Employee +2 or more: \$134.46	
Eligibility Requirements	Services \$300.00+ Pre-Determination Required Groups of 1 or more persons eligible – Must work 30 hours/work Firms w/ 4 or fewer employees: 100% of those eligible must enroll / Firms w/5 or more employees: 75% of those eligible must enroll Submission of appropriate tax paperwork: Schedule C,E,F, NYS 45 or NYS 45 ATT is required.	
Enrollment Guidelines	New Employees / Members: 1 st of month after 30 days employment or membership Existing Employees / Members: During Open Enrollment Only Open Enrollment: Held annual during Feb/Mar for April 1 effective date of coverage	

