

IIABA SPONSORED DENTAL PLAN PROVIDED BY
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
 THE PROTECTION YOUR FAMILY NEEDS, AT RATES YOU CAN AFFORD!

As a member of IIABA you have access to a terrific benefits lineup, including an excellent dental plan. The IIABA plans nationwide are underwritten by the Guardian Life Insurance Company of America. Guardian is a multi-line insurance group with many years of experience.

DENTAL BENEFIT HIGHLIGHTS

Dental Services	Basic Option		Enhanced Option	
	In	Out	In	Out
Preventive	100%	100%	100%	80%
Basic:	80%	80%	90%	80%
Major:	N/A	N/A	60%	50%
Ortho:	N/A	N/A	50%	50%
Annual Deductible:	\$50 per calendar year		\$50 per calendar year	
Annual Benefit Maximum:	\$500 per calendar year		\$1,000 per calendar year	

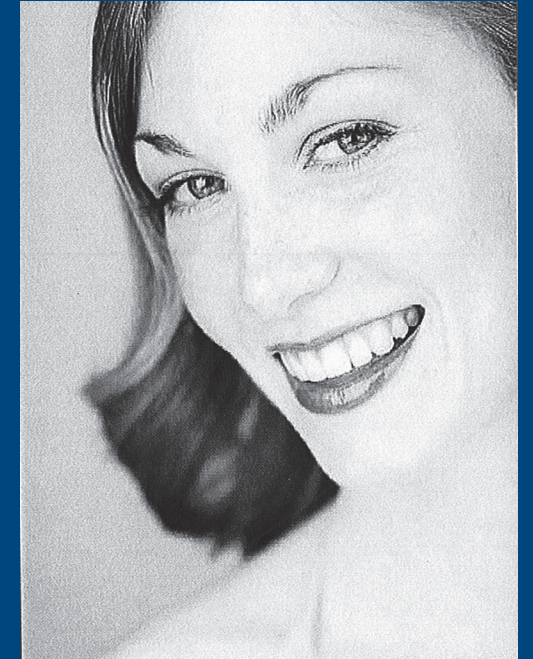
If you have additional questions or would like to receive a quote, please contact IIABA Employee Benefits Manager, Christine Munoz, at christine.munoz@iiaba.net or (800) 848-4401.



Big "I"
**EMPLOYEE
 BENEFITS**

127 South Peyton Street
 Alexandria, VA 22314
 800-848-4401
www.independentagent.com

**DENTAL
 PROGRAM**



*Protection for the people you love
 from the association you trust.*



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BENEFIT & COST SUMMARIES / Q&A ABOUT THE BIG "I" DENTAL PLAN

IIABA / BASIC PLAN

Deductible – \$50 individual
(waived for preventive services)

Services	% Paid	
	In	Out
Preventive Services Emergency Palliative Treatment Oral Examination, every 6 months X-Rays, four 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 one treatment for child(ren) under 16 in a three (3) year period	100%	N/A
Basic Services Laboratory Test Diagnostic Consultation, 1 per year Fillings: Amalgam, Silicate & Acrylic General Anesthesia, surgical procedures only Injectable Antibiotics, for treatment of a dental condition only Repair & Maintenance of Bridges, Crowns, & Dentures	90%	N/A

- There is a \$500 Basic annual maximum for Preventive, and Basic services combined.
- Deductible is waived for Preventive services. 3 individual deductibles per family.
- Children are covered up to age 20 or 26 if a full-time student.
- Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant* penalties.
- All out of network services are based on usual, reasonable, and customary rates for given area.
- 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.
- Dental Claims, P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-541-7846, fax: 509-468-4590.
- 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.

IIABA / ENHANCED PLAN

In-Network Deductible – \$50 individual
Out-of-Network Deductible – \$50
(waived for preventive services)

Services	% Paid	
	In	Out
Preventive Services Emergency Palliative Treatment Oral Examination, every 6 months X-Rays, four 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 one treatment for child(ren) under 16 in a three (3) year period	100%	80%
Basic Services Laboratory Test Diagnostic Consultation, 1 per year Fillings: Amalgam, Silicate & 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	90%	80%
Major Services Bridges Installation, fixed and removable Dentures, Full and Partial Crowns: Acrylic Metal, Porcelain Inlays Onlays Posts Implants	60%	50%
Orthodontic Services \$1,500 Lifetime Maximum for child(ren) under age 19 The deductible does not apply to Orthodontic services	50%	N/A

IIABA / ENHANCED PLAN

- There is a \$1,000 annual maximum for Preventive, Basic and Major services combined, subject to the maximum rollover.
- 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.

Even better, if a member uses the services of Preferred Providers exclusively during the benefit year, we'll increase the amount credited to his or her MRA to the In-network Only Maximum Rollover Amount.

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.

WHO IS ELIGIBLE?

IIABA members and/or employees working at least 30 hours a week are eligible to apply.

WHAT ARE THE AGENCY PARTICIPATION REQUIREMENTS?

Agencies must have at least 2 employees and a minimum of 75% participation.

CAN I USE OUT-OF-NETWORK DENTISTS?

Guardian has contracted with dental providers to provide discounts off services and procedures. If you use an out of network provider services are considered at the Usual, Reasonable, & Customary rates for a given area.

THROUGH WHAT AGE CAN MY DEPENDENT CHILDREN PARTICIPATE?

Dependent children are covered through age 25 regardless of student status.

WHAT IF I ENROLL OUTSIDE MY ELIGIBILITY PERIOD?

Employee & Dependents enrolling outside of their eligibility period are subject to late entrant penalties.

DENTALGUARD SPECIAL LIMITATIONS:

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

DENTALGUARD GENERAL LIMITATIONS & EXCLUSIONS

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.

- *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.*



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