



Commodity Floor Brokers and Traders Association

Dental Coverage

Here is your new dental coverage, which includes your enrollment form. **Make sure you return the completed form, if applicable, to your plan administrator.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year.



HIGHLIGHTS:

- Choice of two dental plans
- Single and family coverage available
- Plan Coverage begins January 01, 2008

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 8:00AM to 8:30PM, EST

*Find out if your dentist is in Guardian's network
at www.guardianlife.com.*



COVER YOURSELF WITH GUARDIAN

Guardian is a leading provider in group and individual insurance coverage.

Founded in 1860, The Guardian Life Insurance Company of America is one of the largest mutual insurance companies in the United States. Today, more than six million employees and their families rely on Guardian as their benefits partner. As one of the few insurers still mutually owned by our participants, we have built our success on the time-tested values of quality, innovation and unmatched service.

For more information on how we can protect you and your family, visit www.guardianlife.com.

- Review your benefits.
- Complete your enclosed enrollment form, if applicable.
- Sign and return form to your plan administrator.

Welcome

Dear Commodity Floor Brokers and Traders Association Employee,

We're pleased to tell you that Guardian will be our dental coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and reliable dental claims payment.

Commodity Floor Brokers and Traders Association

UNDERSTAND YOUR COVERAGE:

Plan Details This booklet explains your basic plan options. Your detailed certificate of coverage along with your dental card will be provided to you after you enroll.

Call the Helpline Questions answered at (888) 600-1600.

Find a network dentist in minutes
Use our Provider Online Search at www.guardianlife.com

Ask your plan administrator
Change your coverage or replace a lost ID card by contacting your plan administrator.

Understand your benefits
Please find a glossary for insurance terms included.

Why Dental Insurance?

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Dental insurance will keep these visits affordable and is a cost-effective way to minimize health care costs for you and your family. The American Dental Hygienists' Association estimates that for every \$1 spent on prevention or oral health care, as much as \$8 to \$50 is saved on future emergency and restorative procedures. Using your dental insurance for regular dental check ups can improve your health by helping you:

- 1) Prevent Oral Cancer:** According to The Oral Cancer Foundation, someone dies from oral cancer every hour of every day in the United States alone. When you have your dental cleaning, your dentist is also screening you for oral cancer, which is highly curable if diagnosed early.
- 2) Prevent Gum Disease:** Gum disease is an infection in the gum tissues and bone that keep your teeth in place and is one of the leading causes of adult tooth loss. If diagnosed early, it can be treated and reversed. If treatment is not received, a more serious and advanced stage of gum disease may follow. Regular dental cleanings and check ups, flossing daily and brushing twice a day are key factors in preventing gum disease.
- 3) Help Maintain Good Physical Health:** Recent studies have linked heart attacks and strokes to gum disease, resulting from poor oral hygiene. A dental cleaning every six months helps to keep your teeth and gums healthy and could possibly reduce your risk of heart disease and strokes, as well as many other serious conditions.
- 4) Keep Your Teeth:** Since gum disease is one of the leading causes of tooth loss in adults, regular dental check ups and cleanings, brushing and flossing are vital to keeping as many teeth as you can. Keeping your teeth means better chewing function and ultimately, better health.
- 5) Prevent the Need for Advanced Treatment:** Your dentist and hygienist will be able to detect any early signs of problems with your teeth or gums that can be easily treatable. If these problems go untreated, root canals, gum surgery and removal of teeth could become the only treatment options available.
- 6) Have a Bright and White Smile:** Your dental hygienist can remove most tobacco, coffee and tea stains. During your cleaning, your hygienist will also polish your teeth to a beautiful shine.
- 7) Protect your children's health:** Tooth decay is the most common chronic childhood disease, five times more common than asthma and results in a loss of 51 million school hours each year. Regular check ups can help prevent tooth decay in your children.

Sources: www.about.com, *American Academy of Pediatrics*

Dental Plans

COMPARE YOUR PLANS

Option 1: With your **Pre-Paid** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

COMPARE THE PLANS	Option 1: Pre-Paid	Option 2: PPO	
Calendar year deductible		<i>In-network</i>	<i>Out-of-network</i>
Individual	No deductible	\$50	\$50
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g., cleanings)	You pay a copay for each covered procedure. See	100%	100%
Basic Care (e.g., fillings, extractions)	covered procedure. See	80%	80%
Major Care (e.g., crowns, dentures)	"Plan Details", over, for	50%	50%
Orthodontia	more information.	Not Covered	
Annual Maximum Benefit	Unlimited	\$1000	\$1000
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable	
Office visit copay	\$0	None	
Network	Managed DentalGuard	DentalGuard Preferred	

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 20 (26 if full-time student)

National PPO network of more than 70,000 dentist locations

Reliable claims payment four days on average

Plan coverage begins January 01, 2008

Find out if your dentist is in Guardian's network at www.guardianlife.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: Pre-Paid	Option 2: PPO	
		You Pay	Plan pays (on average)	
		Network only	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	\$0	100%	100%
	Frequency:	2 in 12 Months	Once Every 6 Months	
	Fluoride Treatments	\$0	100%	100%
	Limits:	Under Age 18	No Age Limits	
	Oral Exams	\$0	100%	100%
	Sealants (per tooth)	\$8	100%	100%
	X-rays	\$0	100%	100%
Basic Care	Anesthesia*	Not Covered	80%	80%
	Fillings (one surface)†	\$17	80%	80%
	Perio Surgery	\$190	80%	80%
	Periodontal Maintenance	\$22	80%	80%
	Frequency:	Once every 3 to 6 months (Standard)	Once Every 6 Months (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	\$110-150	80%	80%
	Root Canal	\$120-185	80%	80%
	Scaling & Root Planing (per quadrant)	\$40	80%	80%
	Simple Extractions	\$22	80%	80%
	Surgical Extractions	\$50-80	80%	80%
Major Care	Bridges and Dentures	\$452-500	50%	50%
	Inlays, Onlays, Veneers**	\$295-380	50%	50%
	Single Crowns	\$395	50%	50%
Orthodontia	Orthodontia	\$2,425	Not Covered	
	Limits:	Adults & Child(ren)		

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; full-time student age does not apply to the initial placement of the appliance. Orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia—Restrictions apply & may be subject to medical necessity. †Silver fillings and white fillings for front teeth. Other types of fillings may be paid at other benefit levels.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: 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.
- Important information about Guardian's Managed DentalGuard Pre-Paid (Florida) Plan, Managed Dental Care's DHMO (California) Plan and Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan: This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's

Primary Care Dentist and approved in advance by Managed DentalGuard. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. Unless specifically included, the Managed DentalGuard plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage. GP-1-MDG1, et al. or GP-1-MDG-FL-1-08, et al. (Florida), GP-1MDC1, et al. or GP-1-MDC-CA-1-08, et al. (California), GP-1-MDG-TX1, et al. or GP-1-MDG-TX-1-08, et al. (Texas), GP-1-MDG-NY1, et al. or GP-1-MDG-NY-1-08, et al. (New York), GP-1-MDG-1-NJ, et al. or GP-1-MDG-NJ-1-08, et al. (New Jersey)

- **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

UNDERSTANDING YOUR BENEFITS—DENTAL

Basic care	Moderately complex dental services. Most plans consider fillings and extractions to be basic care.
Co-insurance	The portion of the covered charge paid by Guardian.
Copay (short for copayment)	A fixed fee paid to a dentist at the time a dental service is performed. Some sample copays are shown in this booklet. A complete list is shown in your certificate booklet.
Deductible	The amount of charges you and your family must pay each plan year before the plan pays you any benefits.
Dental office number	The unique identification number assigned to a dental provider. Each family member must select a primary care dentist and enter his or her number on the enrollment form.
Pre-Paid Plan	A plan that requires you to visit a network dentist. You pay a fixed copay to the dentist for each service performed. No benefits are available for services of dentists who are not in the network.
Family limit	Maximum number of deductibles your family must pay in each plan year before this plan starts paying benefits for all covered family members for the rest of the plan year.
In-network charges	Charges for services provided by dentists who are a member of your plan's network.
Major care	More complex dental services. Most plans consider crowns and dentures to be major care.
Out-of-network charges	Charges for services provided by dentists who are not members of your plan's network.
Plan year	The 12 month period used to apply this plan's deductible and annual maximum. Your plan's plan year is the calendar year.
PPO (Preferred Provider Organization)	Plan that lets you visit any dentist, but usually provides better benefits for the services of PPO network dentists. PPO dentists have agreed to accept discounted fees as payment in full.
Preventive care	Most routine dental services. Most plans consider checkups and cleanings to be preventive care.
UCR (Usual and Customary Rate)	PPO & NAP The usual cost for a specific dental service in your area. Amounts over the specified UCR percentile (90%) are usually the patient's responsibility: In-Network: Benefits are based on a negotiated contracted fee schedule, and no balance billing. Out-of-Network: Benefits are based on usual, reasonable, and customary rates for a given area.



Employer:
Commodity Floor Brokers and Traders Association
One North End Avenue
New York, NY 10282

Guardian Group Plan Number: **388859**

The Guardian Life Insurance Company of America

EMPLOYER USE ONLY <input type="checkbox"/> New Application <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Drop Dependent(s) <input type="checkbox"/> Change Address <input type="checkbox"/> Change Name <input type="checkbox"/> Drop Coverage as of: / /			
Hours Worked	Division	Benefits Effective / /	
Keep a copy for your records and return form to: Northeast Regional Office, P.O. Box 26040, Lehigh Valley, PA 18002-6040			

ABOUT YOURSELF <i>Print clearly in black or blue ink.</i>			
First, Middle Initial, Last Name <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -
Address	City	State	Zip
Preferred E-mail	Day Phone	Eve Phone	The best way to reach you: <input type="checkbox"/> E-mail <input type="checkbox"/> Day Phone <input type="checkbox"/> Eve Phone
Job Title	Work Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> COBRA/State Continuation	Date work status began / /	
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ABOUT YOUR DEPENDENTS <input type="checkbox"/> A sheet with information about additional dependents is attached.				
Spouse First, Middle Initial, Last Name <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	Marriage Date / /
Child 1 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	<input type="checkbox"/> Full-time student, at (school):
Child 2 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	<input type="checkbox"/> Full-time student, at (school):
Child 3 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	<input type="checkbox"/> Full-time student, at (school):
Child 4 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	<input type="checkbox"/> Full-time student, at (school):
To drop coverage for yourself or your dependents, check the box(es) to the right of the name(s) and select the coverage(s) to drop below. Attach a separate sheet if you wish to drop more than one dependent from different coverages. <input type="checkbox"/> Dental				

CHOOSE YOUR DENTAL COVERAGE *Check one box only*

	Option 1: Pre-Paid	Option 2: PPO	
Employee alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I waive this coverage
Employee and Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I waive this coverage
Employee and Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I waive this coverage
Entire family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I waive this coverage

List dental office location number(s) (Pre-Paid Plan only)

Employee _____ Spouse/DP _____ Child(ren) _____
 A separate sheet with additional dental office numbers for dependents is attached.

If you or your family have lost dental coverage, please explain below. Late entry penalties may apply.

Reason for Loss of coverage: Termination of Employment Divorce Death of Spouse Date of coverage loss
 Termination or Expiration of coverage / /

If you are waiving coverage, are you covered under another dental plan? Yes No
 If you are waiving dependent coverage, are your dependents covered under another dental plan? Yes No

IMPORTANT NOTES

- Proof of insurability does not apply to dental, but if you waive dental coverage and later decide to enroll, you may be subject to a late entrant penalty and your dental benefits may be limited for a period of time. Guardian may waive late-entrant penalties if you lose dental coverage due to termination of the plan, loss of employment, death of spouse, divorce or where a court has ordered coverage be provided for an eligible spouse or eligible children, provided you apply within 30 days.
- Late entrant penalties or proof of insurability do not apply to Pre-Paid dental coverage. The Pre-Paid dental plan refers to, as applicable; Managed DentalGuard plans underwritten by The Guardian Life Insurance Company of America. Eligibility for this coverage is only available at the open enrollment period.

SIGNATURE

- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- I agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.
- **I attest that the information provided above is true and correct to the best of my knowledge.**
- **Any person knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and stated value of the claim for each such violation (does not apply to life insurance).**

SIGNATURE OF EMPLOYEE **X**

DATE



Guardian Employee Benefits Hotline

1-888-600-1600

ebh@glic.com

Guardian is pleased to offer you our *Employee Benefits Hotline* to help you get quick and easy information about the benefits and services being offered by your employer. Simply dial 1-888-600-1600 and a friendly insurance professional will be available to help you. Or, send an e-mail message to ebh@glic.com anytime and receive a prompt response.

How Will The Hotline Help Me?

By calling the Hotline, you will receive the information needed to understand your benefits and make sound decisions for you and your family. For instance, if you have a question about enrolling into a Guardian plan or about the kinds of services a plan covers, a Guardian Representative is there to give you the answers you need.

But that's not all! If your employer is offering Guardian dental, medical or vision coverage, our representatives are supplied with an updated directory of network providers. They can search for a doctor by name or geographic location to help you find the nearest qualified professional.

When Can I Call?

To accommodate your busy schedule, the Hotline is open from 8:00 a.m. until 8:30 p.m. (Eastern Time), Monday through Friday. And the call is toll-free.

What Will I Need Before I Place My Call?

Not much. Just tell the Hotline representative your company's name and they will take care of the rest.

How Long Can I Use This Service?

For as long as your company is enrolling employees in Guardian benefits plans. Once you are officially enrolled, you will receive your certification notice and identification card, including other toll-free numbers to service you in the future.

Thank you for choosing Guardian. We encourage you to call our Hotline to get more information about your benefits, select your network provider or find out about additional products and services we offer.

**Managed DentalGuard
Patient Charges**

MDG Codes++	Covered Services	4NYM Ortho 1
	Appointments & Diagnostic Services	
101	Office visit - during regular hours - participating general dentist only	\$ 5.00
102	Broken appointment (without 24 hours notice)	\$ 20.00
0120/0140/0150	Oral evaluation	No Charge
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	No Charge
9310	Consultation (by dentist other than practitioner providing treatment)	\$ 30.00
9430	Office visit for observation - regular hours - no other service performed	No Charge
9440	Emergency office visit - after regularly scheduled office hours	\$ 20.00
	Radiographs	
0210	Intraoral - complete series (including bitewings)	No Charge
0220/0230/0240	Intraoral - periapical or occlusal - each film	No Charge
0270/0272/0274	Bitewings	No Charge
0330	Panoramic film	No Charge
	Preventive & Space Maintenance	
1110	Prophylaxis - adult (first 2 services in any 12 month period) +	No Charge
1120	Prophylaxis - child (first 2 services in any 12 month period) +	No Charge
1201/1203	Topical application of fluoride, may include prophylaxis - child	No Charge
1310	Nutritional counseling for control of dental disease	No Charge
1330	Oral hygiene instruction	No Charge
1351	Sealant - per tooth	\$ 8.00
1510	Space maintainer - fixed - unilateral	\$ 54.00
1515	Space maintainer - fixed - bilateral	\$ 72.00
1550	Recementation of space maintainer	\$ 12.00
	Restorative	
2110	Amalgam - one surface - primary	\$ 15.00
2120	Amalgam - two surfaces - primary	\$ 19.00
2130	Amalgam - three surfaces - primary	\$ 23.00
2131	Amalgam - four or more surfaces - primary	\$ 28.00
2140	Amalgam - one surface - permanent	\$ 17.00
2150	Amalgam - two surfaces - permanent	\$ 22.00
2160	Amalgam - three surfaces - permanent	\$ 26.00
2161	Amalgam - four or more surfaces - permanent	\$ 32.00
2210	Silicate cement - per restoration	\$ 15.00
2330	Resin/composite - one surface, anterior	\$ 20.00
2331	Resin/composite - two surfaces, anterior	\$ 26.00
2332	Resin/composite - three surfaces, anterior	\$ 32.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$ 38.00
2336	Composite resin crown, anterior - primary	\$ 40.00
2380	Resin/composite - one surface, posterior - primary	\$ 23.00
2381	Resin/composite - two surfaces, posterior - primary	\$ 27.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$ 33.00
2385	Resin/composite - one surface, posterior - permanent	\$ 24.00
2386	Resin/composite - two surfaces, posterior - permanent	\$ 32.00
2387	Resin/composite - three or more surfaces, posterior - permanent	\$ 38.00
	Crown, Bridge & Other Cast Restorations	
2510	Inlay - metallic - one surface**	\$ 280.00
2520/6520	Inlay - metallic - two surfaces**	\$ 320.00
2530/6530	Inlay - metallic - three or more surfaces**	\$ 370.00
2543/6543	Onlay - metallic - three surfaces**	\$ 380.00
2544/6544	Onlay - metallic - four or more surfaces**	\$ 395.00
2702	Crown supporting existing partial denture, in addition to crown	\$ 125.00
2703	Multiple crown and bridge unit treatment plan - per unit	\$ 125.00
2740	Crown - porcelain/ceramic substrate	\$ 395.00
2750 - 2752	Crown - porcelain fused to metal**	\$ 395.00
2790 - 2792	Crown - full cast metal**	\$ 395.00
2810/6780	Crown - 3/4 cast metallic**	\$ 395.00
6210 - 6212	Pontic - cast metal**	\$ 385.00
6240 - 6242	Pontic - porcelain fused to metal**	\$ 385.00
6750 - 6752	Crown - abutment - porcelain fused to metal**	\$ 395.00
6790 - 6792	Crown - abutment - full cast metal**	\$ 395.00
	Other Restorative Services	
2910/2920/6930	Recent inlay, crown, bridge	\$ 18.00
2930/2931	Prefabricated stainless steel crown	\$ 110.00
2932	Prefabricated resin crown	\$ 135.00
2940	Sedative filling	\$ 17.00
2950/6973	Core buildup, including any pins	\$ 100.00
2951	Pin retention - per tooth, in addition to restorator	\$ 22.00
2952/6970	Cast post & core	\$ 155.00
2954/6972	Prefabricated post & core	\$ 125.00
2960	Labial veneer (laminare) - chairside	\$ 295.00
	Endodontics	
3110/3120	Pulp cap	\$ 10.00
3220	Therapeutic pulpotomy	\$ 25.00
3310	Root canal - anterior	\$ 120.00
3320	Root canal - bicuspid	\$ 145.00
3330	Root canal - molar	\$ 185.00
3346	Root canal - retreatment - anterior	\$ 150.00

**Managed DentalGuard
Patient Charges**

3347	Root canal - retreatment - bicuspid	\$ 170.00
3348	Root canal - retreatment - molar	\$ 210.00
3410	Apicoectomy/periradicular surgery - anterior	\$ 120.00
3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$ 135.00
3425	Apicoectomy/periradicular surgery - molar - first root	\$ 160.00
3426	Apicoectomy/periradicular surgery - each additional root	\$ 58.00
3430	Retrograde filling - per root	\$ 36.00
Periodontics		
4210	Gingivectomy or gingivoplasty - per quadrant	\$ 100.00
4211	Gingivectomy or gingivoplasty - per tooth	\$ 30.00
4240	Gingival flap procedure-including root planing - per quadrant	\$ 120.00
4249	Clinical crown lengthening - hard tissue	\$ 140.00
4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$ 190.00
4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$ 115.00
4270	Pedicle soft tissue graft procedure	\$ 140.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$ 145.00
4341	Periodontal scaling & root planing - per quadrant	\$ 40.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$ 24.00
4910	Periodontal maintenance procedures (following active therapy)	\$ 22.00
4920	Unscheduled dressing change (by other than treating dentist)	\$ 19.00
9951	Occlusal adjustment - limited - per visit	\$ 20.00
Prosthodontics (Removable)		
5110/5120	Complete denture (including routine post delivery care)	\$ 452.00
5130/5140	Immediate denture (including routine post delivery care)	\$ 492.00
Partial dentures (including routine post delivery care):		
5211	Upper Partial - resin base - including clasps, rests, teeth	\$ 381.00
5212	Lower Partial - resin base - including clasps, rests, teeth	\$ 443.00
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$ 500.00
Repairs & adjustments:		
5410/11/21/22	Denture adjustments	\$ 25.00
5510	Repair broken complete denture base	\$ 50.00
5520/5640	Replace missing or broken teeth - per per tooth	\$ 45.00
5610	Repair resin saddle or base	\$ 55.00
5630	Repair or replace clasp	\$ 70.00
5650	Add tooth to existing partial	\$ 65.00
5660	Add clasp to existing partial	\$ 80.00
5710/11/20/21	Rebase denture	\$ 200.00
5730/31/40/41	Reline denture (chairside)	\$ 110.00
5750/51/60/61	Reline denture (laboratory)	\$ 150.00
5820/5821	Interim partial denture (stayplate)	\$ 175.00
5850/5851	Tissue conditioning	\$ 45.00
Oral Surgery		
7110/7120	Extraction - each tooth	\$ 22.00
7130	Root removal - exposed roots	\$ 30.00
7210	Surgical removal of erupted tooth	\$ 40.00
7220	Removal of impacted tooth - soft tissue	\$ 50.00
7230	Removal of impacted tooth - partially bony	\$ 70.00
7240	Removal of impacted tooth - completely bony,	\$ 80.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$ 100.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 45.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$ 90.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$ 100.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$ 85.00
7285	Biopsy of oral tissue - hard	\$ 50.00
7286	Biopsy of oral tissue - soft	\$ 35.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$ 50.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$ 60.00
7450	Removal of odontogenic cyst/tumor - up to 1.25cm	\$ 155.00
7451	Removal of odontogenic cyst/tumor - over 1.25cm	\$ 250.00
7470	Removal of exostosis - maxilla or mandible	\$ 190.00
7510	Incision & drainage of intraoral abscess	\$ 45.00
7960	Frenulectomy (separate procedure)	\$ 100.00
Miscellaneous Services		
9110	Emergency Palliative Treatment	\$ 20.00
9215	Local Anesthesia	No Charge
Orthodontics		
8601	Orthodontic evaluation and consultation	\$ 100.00
8602	Orthodontic treatment plan and records, including x-rays, study models and diagnostic photos	\$ 150.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months: dependent child to age 18 (as determined by the member's age on the date of banding)	\$ 2,425.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months: employee, spouse, or dependent child over age 18 (as determined by the member's age on the date of banding)	\$ 2,425.00
8670	Periodic comprehensive orthodontic treatment visit	No Charge
8680	Orthodontic retention	\$ 425.00

** Covered services are subject to this plan's exclusions, limitations and plan provisions.

** There will be an additional charge for the actual cost of gold/high noble metal and noble metal for these procedures.



Good News! Your Dental Plan Is Even Better Than You Think

Savings on in-network providers average 30% of what dentists usually charge!

- **In-network:** Benefits are based on a negotiated contracted fee schedule. No balance billing!
- **Out-of-network:** Benefits are based on usual, reasonable, and customary rates for a given area.

NAP & PPO Plan Example:

Network vs. Non-Network Savings*			
Difference in your out-of-pocket expense: \$55			
Benefits for a Root Canal (on a molar)			
Network Care		Non-Network Care	
Typical network dentist fee:	\$587	Average non-network dentist fee:	\$860
Plan Pays:	\$470**	Plan Pays:	\$688**
You Pay:	\$117	You Pay:	\$172
<small>*Savings may be greater or less depending on your dentist's location **Assumes service is covered at an 80% co-insurance level</small>			

More Reasons to Use Network Care

- One of the industry's largest Preferred Provider networks – highly skilled dental professionals at over 70,000 locations.
- Network dentists are easy to locate. Simply use the On-Line DentalGuard Provider Directory at www.GuardianLife.com or call the number on the back of your ID card. If your provider does not participate, Guardian's convenient dentist referral program can help add them to the network!
- No claim forms to complete. Just present your new DentalGuard Preferred Network ID card to the provider.

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.



GUARDIAN®

Finding a dentist is easy

Go online – it takes just minutes!

It's easy to find dentists you can trust. Whether you're looking for a list of dentists that serve your plan (in-network) or trying to locate a specific dentist, it takes just minutes through Guardian's Provider Online Search.

Guardian's Provider Online Search is available to you 24 hours a day, 7 days a week.



Here are just a few things you can do online:

- Customize your search by specialty, languages spoken, gender and more
- Get side-by-side comparisons of dentists' information (ie. office status, distance)
- Create a short-list of "favorite" dentists – for quick reference online
- Get maps and directions to a dentist's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit Provider Online Search
- Create a customized directory of dentists
- Nominate a dentist to be included in a network
- And much more!

Just go to www.GuardianLife.com.

Under "Resources", click on "Provider Online Search".

Thank You

If applicable, return the completed form to your plan administrator.

Please remember to:

- Check the coverage you want
- Include your social security number (and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form.
- Sign and date form

You chose...

Dental:

- Option 1: Pre-Paid
- Option 2: PPO

Date form submitted



Your Benefits Information ... Anytime, Anywhere www.GuardianAnytime.com

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) online at www.GuardianAnytime.com—24 hours a day, 7 days a week.

Anytime, anywhere you have an internet connection, you'll be able to:

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Print forms and plan materials
- And so much more!

To register, go to www.GuardianAnytime.com

Commodity Floor Brokers and Traders Association Dental Benefits Plan