



## Hampshire County Group Insurance Voluntary Dental Program

### Dental Plan Choice

As an industry leader and innovator in the area of voluntary dental benefits, Guardian Insurance Company understands that you demand **choice**. That's why Guardian is offering a voluntary option that allows you to choose between a basic preventative plan and a plan that provides more extensive coverage.

The Dual Option provides you with the freedom to choose a dental plan that best fits your individual needs. Consider the cost and the benefits of each plan and then determine which one is best for you and your family.

### Plan Features

- Increased benefits within the DentalGuard Preferred Network
- PPO provider coverage throughout the country
- Underwritten by Guardian Insurance Company
- Fast and accurate claims service
- Employee choice between two excellent dental plans

**Rates are guaranteed until June 30, 2024.**

### Benefits of the DentalGuard Plan

Your plan pays the indicated percentages of Usual & Customary fees shown on pages 2 and 3 for covered services listed and described in your Group Certificate. Benefits are paid after any applicable deductible has been met up to the Annual Maximum. Usual & Customary fees are based on charges of providers in the area where the dental services are performed.

The **Core Plan** offers protection that provides coverage for the most common Preventive and Basic Restorative Services such as exams, cleanings, x-rays, fluorides, fillings, and simple extractions. This program allows you complete freedom to choose any dentist you wish.

The **High Plan** covers all of the same services as the Core Plan and also provides benefits for major services like periodontics (gum treatment), endodontics (root canal therapy), complex oral surgery, removal of impacted teeth, crowns, inlays, dentures, and bridges. The High Plan provides excellent value from day one of coverage. In Year 2, the coverage is 50% for major services. Details about the plan may be found on page 3.

### Enrollment Process

The effective date of the new Hampshire County Group Insurance Trust voluntary dental program is **July 1, 2021**. If you would like to enroll in the new dental program, please complete the enclosed enrollment form and return it to your benefits administrator.

If you have further questions regarding the dental plans, Guardian is available to answer your questions by phone. Just call the Guardian Employee Benefit Hot-line at (888) 600-1600 and identify yourself as a Hampshire County Group Insurance Trust employee.



**Core DentalGuard Plan for  
Hampshire County Group Insurance Trust  
Group No. 437465**

**Benefit Maximum:**

Per person, per plan year.....\$1,000

**Deductible: In-Network Out-of-Network**

Per plan year. Waived for preventive services.

Per person \$50 \$50

(3 individual deductibles per family)

**Insured Percent: In-Network Out-of-Network**

Preventative 100% 100%

Basic 100% 80%

**Preventive Services.....No Waiting Period**

- Routine oral examinations- once every 6 mo.
- Routine dental cleanings- once every 6 mo.
- Bitewing x-rays- once every 12 mo.
- Bitewing x-rays- full mouth series every 5 yr.
- Emergency examinations
- Fluoride treatments\*- once every 12 mo.
- Sealants\*- once per permanent molar every 3 yr.
- Space maintainer- includes adjustments
- Harmful habit appliances- once per person

\*Children under age 16

**Basic Services.....No Waiting Period**

- All other x-rays
- Fillings
- Simple extractions
- Minor periodontics
- General anesthesia-surgical procedures only
- Stainless steel crowns

**DentalGuard 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. Deductions 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.



**Other Policy Provisions**

**Effective Date**

The group contract is effective July 1, 2021. Your individual effective date may differ depending on when your enrollment form is received.

**Eligibility**

Full-time employees, legal spouse, and dependent children to age 26.

**Usual & Customary fees**

Benefits are based on the usual & customary charges for covered services. The usual & customary charge is based on the general level of charges for similar procedures, services and supplies made by dentists in the area where your dentist practices.

**Pre-Determination of Benefits**

If the cost of treatment is expected to be \$300 or more, your dentist should submit a pre-determination to Guardian. This will allow you and your dentist to know the amount covered by insurance and the amount you will have to pay, before treatment is started.

Monthly Payroll Deduction

July 1, 2021 - June 30, 2024

	Rates
Employee	\$26.26
Employee + 1 Dependent	\$51.82
Family	\$96.84



**High DentalGuard Plan for  
Hampshire County Group Insurance Trust  
Group No. 437465**

**Benefit Maximum:**

Per person, per plan year.....\$1,000

**Deductible:      In-Network      Out-of-Network**

Per plan year. Waived for preventive services.

Per person                      \$50                      \$50

(3 individual deductibles per family)

**Insured Percent:**

	Preventive In/Out	Basic In/Out	Major In/Out
1st Yr.	100%/100%	100%/80%	0%/0%
2nd Yr.	100%/100%	100%/80%	50%/50%

**Preventive Services.....No Waiting Period**

- Routine oral examinations- once every 6 mo.
- Routine dental cleanings- once every 6 mo.
- Bitewing x-rays- once every 12 mo.
- Bitewing x-rays- full mouth series every 5 yr.
- Emergency examinations
- Fluoride treatments\*- once every 12 mo.
- Sealants\*- once per permanent molar every 3 yr.
- Space maintainer- includes adjustments
- Harmful habit appliances- once per person  
\*Children under age 16

**Basic Services.....No Waiting Period**

- All other x-rays
- Fillings
- Simple extractions
- Minor periodontics: scaling & root planing
- General anesthesia-surgical procedures only
- Stainless steel crowns

**Major Services**

**12 Month Waiting Period**

- Adjustments and repairs to: dentures, crowns, inlays, onlays, fixed bridgework
- Endodontics
- Denture relines/rebases
- Complex oral surgery
- Major periodontics
- Full or partial dentures
- Crowns, inlays, onlays
- Fixed bridgework

**Other Policy Provisions**

**Effective Date**

The group contract is effective July 1, 2021. Your individual effective date may differ depending on when your enrollment form is received.

**Eligibility**

Full-time employees, legal spouse and dependent children to age 26.

**Usual & Customary fees**

Benefits are based on the usual & customary charges for covered services. The usual & customary charge is based on the general level of charges for similar procedures, services and supplies made by dentists in the area where your dentist practices.

**Pre-Determination of Benefits**

If the cost of treatment is expected to be \$300 or more, your dentist should submit a pre-determination to Guardian. This will allow you and your dentist to know the amount covered by insurance and the amount you will have to pay, before treatment is started.

Monthly Payroll Deduction

July 1, 2021 - June 30, 2024	Rates
Employee	\$47.65
Employee + 1 Dependent	\$90.44
Family	\$140.01

**DentalGuard 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. Deductions 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.

