



Summary of Benefits

Dental Benefit Summary

Group ID:	00438073	Coverage Type:	Contributory
Group Name:	CITY OF NEWTON	Class:	0001 ALL ELIGIBLE CITY OF NEWTON EMPLOYEES
Waiting Period:	None	As of Date:	04/07/2021

Plan Information

Your dental networks are: Dental - DentalGuard Pref - Massachusetts and Dental - DentalGuard Pref - Massachusetts Buy-Up

Coverage Information

	Dental - DentalGuard Pref - Massachusetts		Dental - DentalGuard Pref - Massachusetts Buy-Up	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Massachusetts network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Massachusetts Buy-Up network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Calendar year deductible	\$25, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$25, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived	Waived	Waived
Basic	Not Waived	Not Waived	Not Waived	Not Waived
Major	Not Waived	Not Waived	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined	\$750	The amount shown in the out of network field is your combined	\$1,500

	Dental - DentalGuard Pref - Massachusetts		Dental - DentalGuard Pref - Massachusetts Buy-Up	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Massachusetts network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Massachusetts Buy-Up network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
	Calendar Year maximum for both in and out of network services.		Calendar Year maximum for both in and out of network services.	
Maximum rollover	Not Available	Not Available	Yes	Yes
Monthly Switch	Not Available	Not Available	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None	None	None
Preventive Care:	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%	100%
Cleaning	100%	100%	100%	100%
Oral Exams	100%	100%	100%	100%
Sealants (per tooth)	100%	100%	100%	100%
Basic Care:	100%	80%	100%	80%
Fillings (one surface)	100%	80%	100%	80%
General Anesthesia ¹	100%	80%	100%	80%
Scaling & Root Planing (per quadrant)	100%	80%	100%	80%
Simple Extractions	100%	80%	100%	80%
Major Care:	0%	0%	60%	50%
Dentures	0%	0%	60%	50%
Single Crowns	0%	0%	60%	50%
Orthodontia				

	Dental - DentalGuard Pref - Massachusetts		Dental - DentalGuard Pref - Massachusetts Buy-Up	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Massachusetts network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Massachusetts Buy-Up network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
	Not Available	Not Available	Not Available	Not Available

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to 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 (unless they are expressly provided for).
- 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-DEN -16 et al.

 ¹ Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Vision Benefit Summary

Group ID:	00438073	Coverage Type:	Contributory
Group Name:	CITY OF NEWTON	Class:	0001 ALL ELIGIBLE CITY OF NEWTON EMPLOYEES
Waiting Period:	None	As of Date:	04/07/2021

Plan Information

Coverage Information

What's the most cost-effective way to use vision benefits?

Co-Pay

First service provided

Exams

Materials

How often can I obtain service?

Eye exams

Lenses

Single vision lenses

Lined bifocal lenses

Lined trifocal lenses

Lenticular lenses

Contact Lenses

What's the most cost-effective way to use vision benefits?

Conventional

Planned replacement

Medically necessary

Evaluation and fitting

Frames

Lens & Frame Allowance

Cosmetic Extras

Laser correction surgery

Hearing

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. 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-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.



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