

key*

00438073

0001

E

V28.0

THIS PAGE INTENTIONALLY LEFT BLANK



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, X-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic; it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.

You will receive these benefits if you meet the conditions listed in the policy.

**GUARDIAN[®] is a registered trademark of The Guardian Life Insurance Company of America
CITY OF NEWTON**

ALL ELIGIBLE CITY OF NEWTON EMPLOYEES

2020-104309 (07/22)

Kit created 01/26/2023
Group number: 00438073



Your dental coverage

Option 1 or 2: PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan

Option 1: PPO

Option 2: PPO

Your Network is	DentalGuard Preferred		DentalGuard Preferred	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar year deductible				
Individual	\$25	\$25	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	100%	100%	100%	100%
Basic Care	100%	80%	100%	80%
Major Care	0%	0%	60%	50%
Orthodontia	Not Covered (applies to all levels)		Not Covered (applies to all levels)	
Annual Maximum Benefit	\$750		\$1500	
Maximum Rollover	No		Yes	
Rollover Threshold			\$700	
Rollover Amount			\$350	
Rollover In-network Amount			\$500	
Rollover Account Limit			\$1250	
Lifetime Orthodontia Maximum	Not Applicable		Not Applicable	
Dependent Age Limits(Non-Student/Student)	20/26		20/26	



Your dental coverage

A Sample of Services Covered by Your Plan:

	Option 1: PPO		Option 2: PPO		
	Plan pays (on average)		Plan pays (on average)		
	In-network	Out-of-network	In-network	Out-of-network	
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	
	Frequency:	Once Every 6 Months	Once Every 6 Months	Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	
	Limits:	No Age Limits	No Age Limits	No Age Limits	
	Oral Exams	100%	100%	100%	
	Periodontal Maintenance	100%	100%	100%	
	Frequency:	Once Every 3 Months	Once Every 3 Months	Once Every 3 Months	
	Sealants (per tooth)	100%	100%	100%	
	X-rays	100%	100%	100%	
	Basic Care	Anesthesia*	100%	80%	100%
Fillings [‡]		100%	80%	100%	
Perio Surgery		100%	80%	100%	
Repair & Maintenance of Crowns, Bridges & Dentures		100%	80%	100%	
Root Canal		100%	80%	100%	
Scaling & Root Planing (per quadrant)		100%	80%	100%	
Simple Extractions		100%	80%	100%	
Surgical Extractions		100%	80%	100%	
Major Care		Bridges and Dentures	0%	0%	60%
Dental Implants		Not Covered	Not Covered	60%	50%
Inlays, Onlays, Veneers**	0%	0%	60%	50%	
Single Crowns	0%	0%	60%	50%	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. *For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology 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 limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age, then 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. **General Anesthesia – restrictions apply. †For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network 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 (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-DG2000 et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy/limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Your Guardian Vision Access Program

If you're eligible, you can receive discounts on vision care services or supplies from vision providers within the Vision Service Plan (VSP) Preferred Provider Organization (PPO) network.

You must pay the entire discounted fee directly to your VSP Network doctor. Discounts are not available from providers outside the VSP network.

You'll save on exams, materials, and more

Average discounts:

Eye exams	20% off the usual charge
Frames, standard lenses, and lens options	20% off the usual charge when a complete pair of prescription glasses is purchased
Contact lens professional services	15% off the usual charge for professional services (contact lenses are not discounted)
Laser surgery	An average of 15% off the laser surgeon's usual charge, or 5% off of any promotional price if it's less than the usual discounted price



It's easy to save

Find a participating doctor near you by visiting guardiananytime.com/fpapp/FPWeb/vision or calling **1 800 877 7195**.

You don't need to bring your ID card, but you do need to let your doctor know that you have the Guardian VSP Access Plan at the time of service to receive your discount.

This is not insurance. If you qualify, you must pay the entire discounted fee directly to the VSP network doctor. There is no charge for the Discount Vision Access program. You must be enrolled in a Guardian dental plan in order to be eligible for the Discount Vision Access program. When you are no longer enrolled for dental coverage, your access to the network discounts ends.

The Guardian Life Insurance Company of America, New York, NY 10004-4025, guardiananytime.com. Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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 Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form No. No. GP-1-VSN-96-1 et al

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America
guardianlife.com

© Copyright 2020 The Guardian Life Insurance Company of America
2020-105022 (07/22)

ADDITIONAL MATERIALS

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works *

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500	\$700	\$350	\$500	\$1,250
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to a plan's annual maximum for future years	Additional dollars added if only in-network providers were used during the benefit year	The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America
 guardianlife.com

© Copyright 2020 The Guardian Life Insurance Company of America
 2020-105050 (07/22)

THIS PAGE INTENTIONALLY LEFT BLANK



Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice of Information Practices form

Notice advising Massachusetts applicants about the kinds of information that may be obtained in connection with their insurance application and confidentiality rules pertaining thereto.

Visit <https://www.guardiananytime.com/notices55> to read more.

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Dental insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information. Visit <https://www.guardiananytime.com/notices50> to read more.

THIS PAGE INTENTIONALLY LEFT BLANK



Guardian Life, P.O. Box 14319,
Lexington, KY 40512

Please print clearly and mark carefully.

Employer Name: CITY OF NEWTON	Group Plan Number: 00438073	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Add Employee Dependents <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		

Class: ALL ELIGIBLE CITY OF NEWTON EMPLOYEES Division: _____ Subtotal Code: _____ (Please obtain this from your Employer)

About You: First, MI, Last Name:	Employer Provided Identification:	Social Security Number
Your Social Security Number must be provided if enrolling for Life Coverage, Short Term Disability Coverage and/or Long Term Disability Coverage.		
Address	City	State
Zip	Zip	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yy): ____ - ____ - ____	
Phone (indicate primary): <input type="checkbox"/> Home (____) ____-____ <input type="checkbox"/> Work (____) ____-____ <input type="checkbox"/> Mobile (____) ____-____		
Email Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____	Are you married or do you have a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of marriage/union: ____ - ____ - ____
	Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Placement date of adopted child: ____ - ____ - ____

About Your Job:	Job Title:
Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Cobra/State Continuation	Date of full time hire: ____ - ____ - ____
Hours worked per week: _____	

About Your Family: Please include the names of the dependents you wish to enroll for coverage. If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Your dependent's Social Security Number must be provided if enrolling for Life Coverage. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (wherever the term "Spouse" appears on this form, it also includes "Partner").	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 1:	<input type="checkbox"/> Add <input type="checkbox"/> Drop Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 2:	<input type="checkbox"/> Add <input type="checkbox"/> Drop Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 3:	<input type="checkbox"/> Add <input type="checkbox"/> Drop Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 4:	<input type="checkbox"/> Add <input type="checkbox"/> Drop Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

Drop Coverage:

Drop Employee Drop Dependents

The date of withdrawal cannot be prior to the date this form is completed and signed.

Last Day of Coverage: _____

Termination of Employment Retirement

Last Day Worked: _____

Other Event: _____

Date of Event: _____

Coverage Being Dropped:

Dental Employee Spouse Child(ren)

I have been offered the above coverage(s) and wish to drop enrollment for the following reasons:

Covered under another insurance plan

Other _____

(additional information may be required)

Loss Of Other Coverage:

I and/or my dependents were previously covered under Loss of coverage was due to:

Termination of Employment: _____

Divorce/Separation _____

Death of Spouse _____

Termination/Expiration of Coverage _____

Coverage Lost Dental

Dental Coverage: You must be enrolled to cover your dependents. Check only one box.

Employee Only Employee, Spouse & Dependent/Child(ren)

Option 1: PPO

Option 2: PPO

Signature

- I understand that my dependents cannot be enrolled for a coverage if I am not enrolled for that coverage.
 - Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.
 - I understand that if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person's insurability. Guardian or its designee has the right to reject my request.
 - I understand that my coverage will not be effective until approved by Guardian or its designated underwriter.
 - 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 agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.
 - I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.
 - I consent to electronic communication from Guardian, such as emails and text messages, regarding my coverage(s). I may change this election only by providing (thirty) 30 days prior written notice.
 - I attest that the information provided above is true and correct to the best of my knowledge.
 - "Caution: If you answers on this application are incorrect or untrue, Guardian has the right to deny benefits or rescind your policy."
- Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any material, false information or conceals for purpose of misleading information concerning any fact material hereto, may be guilty of committing a fraudulent insurance act as determined by a court of law, which may be a crime, and may also be subject to civil penalties, or denial of insurance benefits.
- The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.
- SIGNATURE OF EMPLOYEE X _____ DATE _____

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefit.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Missouri: Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any knowingly false information, or conceals for purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits subject to the conditions/provisions of the policy.

Oregon: Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information, or conceals for purpose of misleading information concerning any fact material thereto, may be committing a fraudulent act, and may be subject to civil penalties or denial of insurance benefits.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who 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 subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

