



Summary of Benefits

Dental Benefit Summary

Group ID:	00509597	Coverage Type:	Contributory
Group Name:	MED3000 GROUP, INC	Class:	0001 ALL ELIGIBLE EMPLOYEES RESIDING IN IL, MO, TX OR FL
Waiting Period:	1st of the month following 30 day(s)	As of Date:	03/12/2015

Plan Information

Your dental networks are: Managed Dental Guard - Pre-Paid (TX) , Managed Dental Guard - Pre-Paid (FL) , First Commonwealth - HMO (IL) , First Commonwealth - HMO (MO) , Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up , Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up and Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up

Coverage Information

	Managed Dental Guard - Pre-Paid (TX)	Managed Dental Guard - Pre-Paid (FL)	First Commonwealth - HMO (IL)	First Commonwealth - HMO (MO)	LOW PLAN	MEDIUM PLAN	HIGH PLAN
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Guard - Pre-Paid (TX)	You are only covered if you go to a dentist who belongs to the Managed Dental Guard - Pre-Paid (FL)	You are only covered if you go to a dentist who belongs to the First Commonwealth - HMO (IL) network.	You are only covered if you go to a dentist who belongs to the First Commonwealth - HMO (MO) network.	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.

Calendar year deductible	None	None	None	None	\$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.	\$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.	\$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	None	None	None	None	Waived	Waived	Waived	Waived	Waived	Waived
Basic	None	None	None	None	Not Waived	Not Waived	Not Waived	Not Waived	Not Waived	Not Waived
Major	None	None	None	None	Not Waived	Not Waived	Not Waived	Not Waived	Not Waived	Not Waived
Calendar Year Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	The amount shown in the out of	\$1,000	The amount shown in the out of network	\$1,250	The amount shown in the out of network	\$1,500

	Managed Dental Guard - Pre-Paid (TX)	Managed Dental Guard - Pre-Paid (FL)	First Commonwealth - HMO (IL)	First Commonwealth - HMO (MO)	LOW PLAN		MEDIUM PLAN		HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Guard - Pre-Paid (TX) network.	You are only covered if you go to a dentist who belongs to the Managed Dental Guard - Pre-Paid (FL) network.	You are only covered if you go to a dentist who belongs to the First Commonwealth - HMO (IL) network.	You are only covered if you go to a dentist who belongs to the First Commonwealth - HMO (MO) network.	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.	
					In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
					network field is your combined Calendar Year maximum for both in and out of network services.		field is your combined Calendar Year maximum for both in and out of network services.		field is your combined Calendar Year maximum for both in and out of network services.	
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Available	Not Available	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in	\$1,000	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in	\$1,250

	Managed Dental Guard - Pre-Paid (TX)	Managed Dental Guard - Pre-Paid (FL)	First Commonwealth - HMO (IL)	First Commonwealth - HMO (MO)	LOW PLAN		MEDIUM PLAN		HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Guard - Pre-Paid (TX) network.	You are only covered if you go to a dentist who belongs to the Managed Dental Guard - Pre-Paid (FL) network.	You are only covered if you go to a dentist who belongs to the First Commonwealth - HMO (IL) network.	You are only covered if you go to a dentist who belongs to the First Commonwealth - HMO (MO) network.	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.	
					In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
							and out of network services		and out of network services	
Maximum rollover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Available	Not Available	Not Available	Not Available	Yes	Yes
Monthly Switch	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
	How much will it cost?	How much will it cost?	How much will it cost?	How much will it cost?	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)
Office Visit Co-pay (one office visit may cover multiple services)	\$5	\$5	\$5	\$5	None	None	None	None	None	None

	Managed Dental Guard - Pre-Paid (TX)	Managed Dental Guard - Pre-Paid (FL)	First Commonwealth - HMO (IL)	First Commonwealth - HMO (MO)	LOW PLAN		MEDIUM PLAN		HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Guard - Pre-Paid (TX) network.	You are only covered if you go to a dentist who belongs to the Managed Dental Guard - Pre-Paid (FL) network.	You are only covered if you go to a dentist who belongs to the First Commonwealth - HMO (IL) network.	You are only covered if you go to a dentist who belongs to the First Commonwealth - HMO (MO) network.	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Pittsburgh, Pa Buy-Up network will be most cost effective.	
					In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Preventive Care:	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	100%	100%	100%	100%	100%	100%
Bitewing X-Rays	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	100%	100%	100%	100%	100%	100%
Cleaning	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	100%	100%	100%	100%	100%	100%
Oral Exams	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	100%	100%	100%	100%	100%	100%
Basic Care:	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	80%	80%	80%	80%	90%	90%
Full Mouth X-Rays	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	80%	80%	80%	80%	90%	90%
Fillings (one	May be an	May be an	May be an	May be an	80%	80%	80%	80%	90%	90%

	Managed Dental Guard - Pre-Paid (TX)	Managed Dental Guard - Pre-Paid (FL)	First Commonwealth - HMO (IL)	First Commonwealth - HMO (MO)	LOW PLAN		MEDIUM PLAN		HIGH PLAN	
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					In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Preventive Care:	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	100%	100%	100%	100%	100%	100%
Bitewing X-Rays	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	100%	100%	100%	100%	100%	100%
Cleaning	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	100%	100%	100%	100%	100%	100%
Oral Exams	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	100%	100%	100%	100%	100%	100%
Basic Care:	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	80%	80%	80%	80%	90%	90%
Full Mouth X-Rays	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	80%	80%	80%	80%	90%	90%
Fillings (one	May be an	May be an	May be an	May be an	80%	80%	80%	80%	90%	90%

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					In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	additional fee	additional fee	additional fee	additional fee						
Single Crowns	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	0%	0%	50%	50%	60%	60%
Orthodontia	Consult Your Benefit Booklet	Consult Your Benefit Booklet	Consult Your Benefit Booklet	Consult Your Benefit Booklet	Not Available	Not Available	50%	50%	50%	50%

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-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. 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. (Florida), GP-1MDC1, et al. (California), GP-1-MDG-TX1, et al. (Texas), GP-1-MDG-NY1, et al. (New York), GP-1-MDG-1-NJ, et al. (New Jersey)

Important information about First Commonwealth Inc.'s and their subsidiaries's dental plans (Illinois, Missouri, Wisconsin, Michigan and Indiana):

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 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 First Commonwealth. 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. The First Commonwealth plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under First Commonwealth plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The First Commonwealth plan documents are the final arbiter of coverage. INS GMC 11/97.

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



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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.

	Managed Dental Guard - Pre-Paid (TX)	Managed Dental Guard - Pre-Paid (FL)	First Commonwealth - HMO (IL)	First Commonwealth - HMO (MO)	LOW PLAN		MEDIUM PLAN		HIGH PLAN	
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					In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
surface)	additional fee	additional fee	additional fee	additional fee						
Simple Extractions	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	80%	80%	80%	80%	90%	90%
Sealants (per tooth)	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	80%	80%	80%	80%	90%	90%
Major Care:	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	0%	0%	50%	50%	60%	60%
General Anesthesia ¹	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	0%	0%	50%	50%	60%	60%
Scaling & Root Planing (per quadrant)	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	0%	0%	50%	50%	60%	60%
Dentures	May be an	May be an	May be an	May be an	0%	0%	50%	50%	60%	60%

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					In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
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Single Crowns	May be an additional fee	May be an additional fee	May be an additional fee	May be an additional fee	0%	0%	50%	50%	60%	60%
Orthodontia	Consult Your Benefit Booklet	Consult Your Benefit Booklet	Consult Your Benefit Booklet	Consult Your Benefit Booklet	Not Available	Not Available	50%	50%	50%	50%

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- 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.

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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



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