

# Dental Insurance

Underwritten by The Guardian Life Insurance Company of America

## Benefits Guide for CMA/County Medical Association & Society Members



- Butte-Glenn Medical Society
- Central Coast Medical Association
- Fresno-Madera Medical Society
- Humboldt-Del Norte County Medical Society
- Imperial County Medical Society
- Inyo-Mono County Medical Society
- Kern County Medical Society
- Kings County Medical Society
- Lassen-Plumas-Modoc-Sierra County Medical Society
- Los Angeles County Medical Association
- Mendocino-Lake County Medical Society
- Merced-Mariposa County Medical Society
- North Valley Medical Association
- Orange County Medical Association
- Placer-Nevada County Medical Society
- Riverside County Medical Association
- San Benito County Medical Society
- San Bernardino County Medical Society
- San Diego County Medical Society
- San Francisco Marin Medical Society
- San Joaquin Medical Society
- San Mateo County Medical Association
- Santa Clara County Medical Association/  
Monterey County Medical Society
- Santa Cruz County Medical Society
- Sierra Sacramento Valley Medical Society
- Siskiyou County Medical Society
- Solano County Medical Society/  
Napa County Medical Society
- Sonoma County Medical Association
- Stanislaus Medical Society
- Tehama County Medical Society
- Tulare County Medical Society
- Tuolumne County Medical Society
- Ventura County Medical Association
- Yuba-Sutter-Colusa Medical Society

### PPO Program

With The Guardian's PPO Program, you have options each time you need dental care. If you use an in-network dentist your out-of-pocket expenses will be lower. The Guardian has negotiated a fee schedule with in-network providers. You pay a percentage of an already discounted fee, which means lower costs.

Or, you can visit any out-of-network licensed dentist. The Guardian will pay a percentage of allowable (usual and customary) charges. Please refer to the comparison table for more information on the benefits.

### Eligibility

#### ★ Physicians Only

Association/Society members may apply as individuals to the Physician's dental program only during special annual enrollment periods.

#### In order to apply you must be:

- Actively engaged in the duties of your profession at least 30 hours per week

#### Eligible dependents

- Spouse
- Unmarried, dependent children under age 23 (age 25 if a full-time student)

#### ★ Physicians and Employees

Groups of physicians and employees may apply for dental coverage at any time. However, if individuals in a group do not enroll when first eligible (within the first 60 days of employment), they are subject to a late entrant penalty. If enrolling after the first 60 days of employment, benefits are payable immediately for Preventive Services, for Basic Services after six months of coverage and for Major Services after 12 months.

#### Employees of members may apply if:

- Actively working for an Association/Society member at least 30 hours per week

## How This Plan Works

### Maximum Rollover Benefit

This benefit allows an individual to rollover a portion of his or her unused annual maximum benefit each year as long as paid claims do not exceed a preset paid claims threshold. The rollover amount is deposited into a member's MRA (maximum rollover account) for use with future dental expenses. The MRA may be used when a member exceeds the maximum annual plan benefit in any future year.

The maximum non-PPO benefit is \$1,500 per person, per calendar year (\$2,000 under the PPO).

## Important Information

### 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. Waiting periods may also apply for some services. 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 treatment 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. GP-1-DG2000, et al

Additional details on covered expenses and exclusions are to be found in the certificate booklet given to each insured individual. This brochure is intended to outline the principal features of the group insurance program. All statements are subject to the terms of the contract between the Planholder and The Guardian Life Insurance Company of America.

As long as a covered individual does not exceed the annual \$700 threshold in paid claims, he or she will have \$350 accrued for future use in an MRA. If a member utilized only the services of a PPO provider during a year, then \$500 will be added to the MRA. The maximum account balance is \$1,250 per individual. When a covered individual exceeds the maximum annual plan benefit in any future year, additional benefits may be paid from the MRA.

### Participation Requirements

The following participation requirements must be met:

- Groups require 75% participation
- A DE3 verifying participation information is required
- An Equifax report paid by the insurance company may also be necessary

### Termination

#### ***Your coverage will terminate:***

- If you fail to pay your quarterly premium
- If you cease to be a member of the Association/Society

#### ***Dependent coverage will terminate when:***

- A person no longer qualifies as a dependent
- The period for which coverage has been paid ends
- Your coverage as an Association/Society member ends

#### ***Employee coverage will terminate:***

- If you or your employer fails to pay your quarterly premium
- If you cease to be an employee of an Association/Society member
- If your employer ceases to be an Association/Society member
- When you retire

## CMA/County Medical Association/Society Sponsored PPO Group Dental Program

	In-Network	Out-of-Network
<b>Maximum Benefit</b>	\$2,000 per person, per calendar year	\$1,500 per person, per calendar year
<b>Deductible, Calendar Year</b>	\$50 per person, \$100 per family	\$50 per person, \$100 per family
<b>Preventive Services</b> Oral exams, X-rays, teeth cleaning, fluoride treatments, topical sealants	100% of negotiated fee schedule (deductible waived)	80% of allowable charges (deductible waived)
<b>Basic Services</b> Lab tests, amalgam, silicate schedule or acrylic fillings, root canal, oral surgery, anesthesia, stainless steel & acrylic crowns	80% of negotiated fee schedule	70% of allowable charges
<b>Major Services</b> Gold & porcelain fillings & schedule crowns, prosthetics — subject to waiting period of 12 months	50% of negotiated fee schedule	40% of allowable charges
<b>Endodontics/Periodontics</b>	80% of negotiated fee schedule	70% of allowable charges
<b>Orthodontia</b> Subject to waiting period of 12 months	50% of negotiated fee schedule — \$500 per calendar year maximum	40% of allowable charges, \$500 per calendar year maximum

### Maximum Rollover Benefit

Maximum Annual Benefit Per Person	Paid Claims Threshold Amount	Maximum Rollover Amount	In-Network Only Services Maximum Rollover Amount	Maximum Rollover Account (MRA) Limit
\$1,500 per person per cal. yr.	\$700	\$350	\$500	\$1,250

### Here is an example of how this new benefit can work for an individual:

Year	Annual Paid Claims for an Individual	PPO Providers Only?	Paid Claims Greater than \$700	Result	Balance in MRA
1	\$400	No	No	\$350 credited to MRA	\$350
2	\$900	No	Yes	\$0 credited to MRA	\$350
3	\$600	Yes	No	\$500 credited to MRA	\$850
4	\$2,100*	No	Yes	\$0 credited to MRA; \$600 withdrawn from MRA	\$250

\* Assumes all services provided by out-of-network dentists.

### Dental Exclusions

The plan does not pay for:

- Oral hygiene, plaque control or diet instruction; or precision attachments
- Treatment which does not meet accepted standards of dental practice or treatment which is experimental in nature
- Orthodontic treatment, unless the plan provides specific benefits
- Any appliance or prosthetic device used to:
  - a. change vertical dimension;
  - b. restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment;
  - c. splint or stabilize teeth for periodontic reasons;
  - d. replace tooth structure lost as a result of abrasion or attrition; and
  - e. treat disturbances of the temporomandibular joint
- Replacing an appliance or prosthetic device with a like appliance or device, unless;
  - a. it is at least five years old and can't be made usable; or
  - b. it is damaged while in the covered person's mouth in an injury suffered while he is insured, and can't be fixed
- Replacing a lost, stolen or missing appliance or prosthetic device or making a space appliance or device
- Treatment needed due to:
  - a. an on-the-job or job-related injury; or
  - b. a condition for which benefits are payable by Workers' Compensation or similar laws.

### How To Apply

Please complete each question on the enclosed application and return to us.

**Send No Money Now.** You will be billed for your payment upon approval of your application by The Guardian.

## Questions?

Call Toll-Free 1-800-842-3761 • 8:00 AM - 5:00 PM Monday-Friday

If you have any questions about your eligibility, what the plan covers, rates, or how to complete the application, please do not hesitate to call. A Client Advisor will be able to immediately provide you with the information you need. Or you can email us: [CMACounty.Insurance.service@mercer.com](mailto:CMACounty.Insurance.service@mercer.com)

This brochure contains a partial description of some of the principal provisions and definitions of the coverage. The complete terms are set forth in the policy issued by The Guardian Life Insurance Company of America to the CMA/County Medical Associations & Societies.

### About Our Role and Compensation

The CMA/County Medical Associations and Societies, Mercer clients, have selected The Guardian Life Insurance Company of America for this insurance program. Alternative insurance products may be available in the insurance marketplace. Mercer Health & Benefits Insurance Services LLC is providing this single insurer option on behalf of the CMA/County Medical Associations and Societies. In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request. You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and entering the security code E448527213395 or call us at 1-888-206-5088 for specific details.

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800-842-3761 • [CMACounty.Insurance.service@mercer.com](mailto:CMACounty.Insurance.service@mercer.com) • [www.CountyCMAMemberInsurance.com](http://www.CountyCMAMemberInsurance.com)

Sponsored by:

## **CMA/County Medical Associations and Societies**

Underwritten by:



The Guardian Life Insurance Company of America  
7 Hanover Square, New York, NY 10004



633 West 5th Street, Suite 1200  
Los Angeles, CA 90071

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# Group Dental Program



FOR MEMBERS OF THE CMA/COUNTY MEDICAL ASSOCIATIONS & SOCIETIES

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**COVERAGE REQUESTED:**  **PHYSICIAN** (PLEASE FILL OUT SECTIONS 1, 3 & 4)  **EMPLOYEE** (PLEASE FILL OUT SECTIONS 1, 2, 3 & 4)  
**PARTICIPATION REQUIREMENTS:** GROUPS REQUIRE 75% PARTICIPATION IN THE SAME PLAN.

## SECTION 1 Employer/Physician Information (all applicants)

Employer/Physician Name \_\_\_\_\_  
 Employer/Physician Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

## SECTION 2 Employee Information (employees only)

Employee Name (last, first, middle initial) \_\_\_\_\_  
 Employee Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Occupation \_\_\_\_\_

## SECTION 3 General Information

Sex  Male  Female Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date Hired/Rehired \_\_\_\_\_  
 Marital Status  Single  Married  Divorced  Legally Separated  Widowed Hours Worked Per Week \_\_\_\_\_

## SECTION 4 Dependent Coverage (list all dependents to be covered)

**Dependent Coverage?:**  Yes  No (If "No" and you have eligible dependents, please complete a Refusal of Group Insurance Form)  
**Dependent Coverage For:**  SPOUSE ONLY  SPOUSE & CHILDREN  CHILD(REN) ONLY  
 (Dependents cannot be enrolled for coverages declined by the employee)

Dependent Name	Date of Birth	Sex	Student	Social Security Number
Spouse:		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child:		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child:		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child:		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child:		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If I am not required to contribute towards the cost of my plan, I must be enrolled and cannot refuse insurance.

I hereby: 1. request coverage for the Group Insurance for which I am, or may become, eligible; 2. authorize my employer to make the necessary deductions for the contributions, if any, required for the insurance; 3. state that I became an employee on the date stated above, and do currently work the number of hours per week stated above.

I understand that, if I must contribute to the cost of the plan, I must enroll within 31 days of the date I become eligible for group insurance coverage. If I do not, my dependents and I are not insured until I submit, and The Guardian approves, evidence that I and each of my dependents are insurable.

I am a member or am employed by a member, in good standing of the \_\_\_\_\_ County Medical Association/Society.

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.

Signature of Employee **X** \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employer/Physician **X** \_\_\_\_\_ Date \_\_\_\_\_

To be completed by insurance company \_\_\_\_\_

Group Number **271965** Class \_\_\_\_\_

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**OVER, PLEASE**

**Program Rates**

Monthly\* Premiums Effective January 1, 2018  
(Rates subject to change January 1, 2019)

\* Monthly rates are shown to the right. However, the program is billed on a quarterly basis. To determine your quarterly rate, multiply the monthly rate by three.

Dental PPO Program	
Individual Only	\$60.80
Individual and 1 Dependent	\$117.99
Individual and Family	\$191.79

**Important Information about Guardian's DentalGuard Preferred PPO Plans:**

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For more information, or answers to your questions, please call a Mercer Client Advisor at 800-842-3761.  
Or email us at [CMACounty.Insurance.service@mercer.com](mailto:CMACounty.Insurance.service@mercer.com)

**Mail completed application to:** Mercer, PO Box 14438, Des Moines, IA 50306-9803 or fax to: 515-365-0681

**About Our Role and Compensation**

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