



FAX COVER SHEET

Fax Number: 2814993197

From: Guardian

Re: Verification of Benefits

Date: 05/23/23 07:53:06 AM

Pages (Including cover): 10

Great News - Verification of Benefits Has Been Enhanced

As part of our continued effort to improve the service that we provide, we are pleased to share our new and improved Verification of Benefits (VOB) document. This new document was designed to be easy to find the information that you need. Key enhancements include:

- Breakdown of services for in/out of network
- Patient history and last date of service
- Frequencies and CDT codes for key services

This enhanced VOB is available on most plans. We hope you like it and find it helpful.

The Guardian Life Insurance Company of America, New York, NY.
2019-76217 (03-21)



Dental Eligibility for SANDERS, COLBY as of May 23, 2023

Group Name	FORT BEND INDEPENDENT SCHOOL	Patient Name	SANDERS, COLBY
Group Number	00470637	Date of Birth	06/14/2007
Member Name	CARR SANDERS, COURTNEY	Dependent Age Limit	26
		Student Age Limit	26
		Ortho Age Limit	19

Plan Information

- The patient's plan is **DentalGuard Preferred**.
- Out of Network benefits are considered at reasonable and customary
- Benefit period is from January 01 to December 31.
- Claims must be submitted within fifteen months from the date of service in order to be considered.
- Dental office action needed: in order to evaluate the coverage for this treatment and respond as quickly as possible, we must receive supporting diagnostic materials, such as diagnostic intraoral photographs, radiographs and/or chart notes about the claim.
- Please submit as soon as possible so we can process the claim accurately.

Effective Dates of Coverage (by Service Category)

Below are the effective dates of coverage for eligible patients. Dates may differ between service categories.

Name	Relationship	Prev	Basic	Perio	Major	Ortho	TMJ	Endo	Oral Surgery	Cosmetic
SANDERS, COLBY	S	09/01/15	09/01/15	09/01/15	09/01/15	09/01/15	09/01/15	09/01/15	09/01/15	

Deductibles

			Deductible		Met-to-Date		
Individual Dental:			Out-Network		\$50.00 - Waived for Preventive		\$0.00
			In-Network		\$50.00 - Waived for Preventive		\$0.00
Family Dental:			Out-Network		3 per family - Waived for Preventive		0
			In-Network		3 per family - Waived for Preventive		0



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Plan Maximums

Plan Limit Information:	Yearly Plan Limit		Year Met-to-Date	Lifetime Plan Limit	Lifetime Met-to-Date
Dental	Out-Network	\$2000.00	\$0.00	N/A	N/A
	In-Network	\$2000.00	\$0.00	N/A	N/A
Orthodontic	Out-Network	N/A	N/A	\$2000.00	\$0.00
	In-Network	N/A	N/A	\$2000.00	\$0.00

Plan Options

Blank fields indicate that no applicable data is provided

		Coinsurance			
Service	Category	In-Network	Out-Network	Message**	Last Visit (if provided)*
Anesthesia	Basic	80%	80%	Anesthesia (D9222, D9223, D9230, D9239, D9243, D9248) is covered when performed with 3 or more covered non-surgical extractions, any covered surgical service or for children under age 8 with extensive dental procedures performed during the same visit.	
Bridge/Denture	Major	50%	50%	Replacement of a denture or bridge is covered when it is at least 5 years old and is no longer useable.	
Cleanings/Prophylaxis	Preventive	100%	100%	Prophylaxis (cleaning) (D1110, D1120) is covered twice in a calendar year. Adult prophylaxis (D1110) is covered age 12 and over.	12/28/2022
Consultations				This is not a covered procedure.	
Cosmetic				Not Covered	



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Crown/Inlay/Onlay	Major	50%	50%	<p>Porcelain crowns are covered on all teeth, subject to all other plan provisions.</p> <p>Prefabricated crowns (stainless steel or resin crowns) (D2928-D2934) are covered under the major service category.</p> <p>CLINICAL REVIEW REQUIRED FOR CROWNS *** (includes onlays, veneers, post & cores and buildups). Submission must include diagnostic pre-operative x-ray, patient chart notes and any relevant intraoral photographs.</p> <p>Single crowns (D2710, D2712, D2720-D2722, D2740, D2750-D2753, D2780-D2783, D2790-D2792, D2794). Core buildup (D2950) is considered in conjunction with a covered unit of a crown or bridge and only when necessitated by substantial loss of natural tooth structure.</p> <p>Replacement of an inlay, onlay, crown or veneer is covered when it is at least 5 years old and is no longer useable.</p> <p>Replacement of a post and core (D2952, D2953, D2954, D2957) is covered when it is at least 5 years old and is no longer useable.</p>	
Endodontics	Basic	80%	80%	<p>Pulp caps (D3110, D3120) are limited to permanent teeth, once per tooth, per lifetime. Considered part of the restoration.</p> <p>Endodontic therapy, root canal treatment and retreatment (D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3347, D3348) is covered once per tooth per lifetime.</p>	
Exams/Oral Evaluations	Preventive	100%	100%	<p>Oral evaluations are covered twice in a calendar year.</p> <p>Detailed and extensive oral evaluation (D0160) is not covered.</p> <p>Diagnostic casts (D0470) are covered under the preventive service category.</p>	12/28/2022



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Fillings	Basic	80%	80%	<p>Resin-based composite restorations (white fillings) (D2330-D2335) are covered with no surface restriction.</p> <p>Pin retention (D2951) is limited to 2 pins per restoration.</p> <p>Protective restoration (D2940) is covered if no other treatment, other than oral evaluation or radiographic images, is performed during the same visit.</p> <p>Amalgam restorations (silver fillings) and resin-based composite restorations (white fillings) are covered with no frequency limitation, subject to all other plan provisions.</p> <p>Posterior resin-based composite restorations (white fillings) (D2391-D2394) receive the alternate benefit of an amalgam restoration (silver filling) (D2140-D2161).</p>	
Fluoride	Preventive	100%	100%	<p>Fluoride (D1206, D1208) is covered twice in a calendar year, subject to all other plan provisions.</p> <p>Fluoride (D1206, D1208) is covered up to age 16, subject to all other plan provisions.</p>	12/28/2022
Implants				Surgical placement of an implant (D6010, D6013, D6040, D6050) is not covered. The dental prosthesis placed on the implant will be considered if the tooth was extracted while insured with this Guardian plan or when covered by the prior plan.	
Oral Surgery	Basic	80%	80%		
Orthodontics	Ortho	50%	50%		
Palliative/Emergency Treatment	Preventive	100%	100%	<p>After hours visit (D9440) or palliative treatment (D9110) is covered once in any 6 consecutive month period, when no other treatment, other than x-rays, is performed during the same visit.</p> <p>Limited oral evaluation - problem focused (D0140) is covered twice per calendar year if no other treatment, other than radiographic images, is performed in the same visit.</p>	
Periodontics	Basic	80%	80%	<p>Splinting (D4322, D4323) is covered with no limitations.</p> <p>Full mouth debridement (D4355) is covered once in any 36 consecutive month period regardless of other services</p>	Perio scaling & root planing: UR-Date Not Found UL-Date Not Found LL-Date Not Found LR-Date Not Found



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				performed during the visit or in the previous 36 months. CLINICAL REVIEW REQUIRED FOR PERIODONTAL SCALING AND ROOT PLANING ***. Submission must include diagnostic pre-operative x-rays (not panorex) and periodontal charting. Periodontal scaling and root planing (D4341, D4342) is covered once per quadrant in any 24 consecutive month period. Covered when there is radiographic and pocket charting evidence of bone loss. Bone replacement graft (D4263, D4264) and guided tissue regeneration, resorbable or nonresorbable barrier (D4266, D4267) are limited to once per area or tooth, per lifetime. Services must be performed on the same day and the tooth must be present. Scaling in presence of generalized moderate/severe gingival inflammation (D4346) is considered once in 24 months, inclusive of frequency limit for prophylaxis/periodontal maintenance procedure, must be performed more than 12 months after D1110 or D4910. Scaling in presence of generalized moderate/severe gingival inflammation (D4346) is considered if no prior perio procedures performed, except full mouth debridement, no prior prophy within 12 months, no prophy or perio procedure performed on the same date.	
Periodontal Maintenance	Basic	80%	80%	Periodontal maintenance (D4910) is covered under the Basic service category. Adult prophylaxis (D1110) is covered age 12 and over.	12/28/2022



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Repair/Reline/Rebase	Major	50%	50%	<p>Repairs to dentures (D5511-D5671) are covered when performed more than 12 months after the initial insertion of the denture, subject to all other plan provisions.</p> <p>Denture reline (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) is covered when performed more than 6 months after the initial insertion of the denture, subject to all other plan provisions.</p> <p>Denture rebase (D5710, D5711, D5720, D5721) is covered once per denture in any 12 consecutive month period, subject to all other plan provisions.</p> <p>Denture reline (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) is covered once per denture in any 12 consecutive month period, subject to all other plan provisions.</p> <p>Denture rebase (D5710, D5711, D5720, D5721) is covered when performed more than 6 months after the initial insertion of the denture, subject to all other plan provisions.</p>	
Sealants	Preventive	100%	100%	<p>Sealants (D1351, D1352) are covered on restored and unrestored permanent first and second molars, subject to all other plan provisions.</p> <p>Sealants (D1351, D1352) are covered up to age 16.</p> <p>Sealants (D1351, D1352) are covered once per tooth in any 36 consecutive month period.</p>	
TMJ	TMJ	50%	50%		



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X-Rays	Preventive	100%	100%	<p>Bitewing radiographs (D0270-D0277), limited to either a maximum of 4 bitewing films or a set of vertical bitewings, in one visit, are covered once in a calendar year. Complete series of radiographic images (D0210) or panoramic radiographic image (D0330) is covered once in any 36 consecutive month period.</p> <p>Cone beams (D0364, D0365, D0366, D0367) are not covered.</p> <p>Fourteen or more individual x-rays, including bitewings, performed on the same date will receive the benefit of a full mouth series of x-rays (D0210).</p> <p>Intraoral periapical and occlusal x-rays (D0220, D0230, D0240) are covered up to a maximum allowable amount of a full mouth series of x-rays (D0210).</p>	<p>Bitewings: 12/28/2022 FullMouth/panoramic: 11/27/2015</p>
Other Basic				<p>Oral cancer screening (D0431) is covered on Covered Persons age 40 and older. Limited to once in any 24 consecutive month period.</p> <p>Maintenance and repair of inlay, onlay, crown, post and core, veneer, denture, implant prosthetic and bridge (D2910-D2920, D2980-D2983, D5410-D5671, D5710-D5765, D5850, D5851, D6092, D6093, D6930, D6980 and D9120) are covered under Major.</p> <p>Oral cancer screening (D0431) is covered under the Basic service category, subject to all other plan provisions.</p> <p>Occlusal guard (night guard) (D9944, D9945) is covered with no osseous surgery requirement. Limited to once in any 36 consecutive month period.</p> <p>Tissue conditioning (D5765, D5850, D5851) is covered with no frequency limitation, subject to all other plan provisions.</p> <p>Tissue conditioning (D5765, D5850, D5851) is covered when performed more than 6 months after the initial insertion, subject to all other plan provisions.</p> <p>Prefabricated crowns (stainless steel or resin crowns) (D2928-D2934) are</p>	



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Other Major				Dental prostheses needed to replace teeth missing prior to being insured are considered after the Covered Person has been covered with this Guardian plan for 12 months or more, subject to all other plan provisions.	
Other Preventive				<p>Space maintainers (D1510-D1527, D1575), re-cement or re-bond space maintainer (D1551, D1552, D1553) and minor treatment to control harmful habits (D8210, D8220) are covered under the Basic service category.</p> <p>Minor treatment to control harmful habits (D8210, D8220) is covered once in 5 years.</p> <p>Minor treatment to control harmful habits (D8210, D8220) is covered with no age limit, subject to all other plan provisions.</p> <p>Space maintainers (D1510-D1527, D1575) are covered once in 5 years, subject to all other plan provisions.</p> <p>Collection of microorganisms for culture and sensitivity (bacteriological studies) (D0415) is covered with no limitations.</p> <p>Space maintainers (D1510, D1516, D1517, D1520, D1526, D1527, D1575) are considered only when necessary to replace prematurely lost or extracted deciduous teeth.</p> <p>Space maintainers (D1510, D1516, D1517, D1520, D1526, D1527, D1575) are considered on patients under the age of 16.</p> <p>Interim caries arresting medicament application (D1354) is not covered.</p> <p>Pulp vitality tests (D0460) are not covered.</p> <p>Oral pathology laboratory (D0472-D0502) is not covered.</p>	



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***Dates are not provided for all services**

****Message can include Service Frequency, Age Limitations, Variations, etc.**

These are general plan benefits; any payments, implied or otherwise, are subject to all policy provisions and limitations in force at the time services are rendered. This statement is not a guarantee of eligibility and/or benefits. Waiting periods may apply.

For faster claim processing you may submit your claims electronically using payer ID #**64246**

Guardian Anytime, our secure benefits website, is better than ever. We've added more details about Guardian patients' covered services, including the last time a service was covered. Go to www.GuardianAnytime.com today.

Predetermination

When the expected cost of a proposed course of treatment is \$300 or more, we recommend that a predetermination be submitted to the claims address

To submit a Claim

Group Dental Claims
PO Box 981572
El Paso, TX 79998-1572

Online Services

www.GuardianAnytime.com
Offers 24/7 service for benefits and claim information.