



## FAX COVER SHEET

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**Fax Number:** 2814993197

**From:** Guardian

**Re:** Verification of Benefits

**Date:** 09/07/22 03:14:50 PM

**Pages (Including cover):** 7

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### 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 HARDEN, LISA as of September 7, 2022

<b>Group Name</b>	MACKIE WOLF ZIENTZ & MANN,	<b>Patient Name</b>	HARDEN, LISA
<b>Group Number</b>	00569654	<b>Date of Birth</b>	02131968
<b>Member Name</b>	HARDEN, LISA	<b>Dependent Age Limit</b>	26
		<b>Student Age Limit</b>	26

## Plan Information

- The patient's plan is **Dentalguard Preferred**.
- Out of Network benefits are considered at the fee schedule
- 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
HARDEN, LISA	M	01/01/20	01/01/20	01/01/20	01/01/20		01/01/20	01/01/20	01/01/20	

## Deductibles

	Deductible		Met-to-Date	
<b>Individual Dental:</b>	Out-Network	\$50.00 - Waived for Preventive	Out-Network	\$0.00
	In-Network	\$50.00 - Waived for Preventive	In-Network	\$0.00
<b>Family Dental:</b>	Out-Network	3 per family - Waived for Preventive	Out-Network	0
	In-Network	3 per family - Waived for Preventive	In-Network	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	\$1200.00	\$143.00	N/A	N/A
	In-Network	\$1200.00	\$143.00	N/A	N/A

### MaxRollover Summary

Threshold	\$600
Maximum Rollover Amount	\$300
Rollover Amount if all Benefits Paid In-Network	\$0.0
Maximum Rollover Account Maximum	\$1,200
Personal Maximum Rollover Account	\$700

This is a sample of the maximum rollover benefits under this plan. It is not an all inclusive list nor is it a guarantee of the amount of benefits payable. All benefits are subject to the patient's eligibility as defined by the plan on the date services are rendered.

### 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	100%	100%	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	60%	60%	Replacement of a denture or bridge is covered when it is at least 10 years old and is no longer useable.	



## Dental Eligibility for HARDEN, LISA as of September 7, 2022

Cleanings/Prophylaxis	Preventive	100%	100%	Prophylaxis (cleaning) (D1110, D1120) is covered once in any 6 consecutive month period. Adult prophylaxis (D1110) is covered age 12 and over. Prophylaxis (cleaning) (D1110, D1120) or periodontal maintenance (D4910) is covered once in any 6 consecutive month period.	08/18/2022
Consultations	Basic	100%	100%	Consultations (D9310) are covered once per dental specialty in any 12 consecutive month period; covered when no other treatment, other than radiographic images, is performed during the same visit.	
Cosmetic				Not Covered	
Crown/Inlay/Onlay	Major	60%	60%	Single crowns (D2710, D2712, D2720-D2722, D2740, D2750-D2753, D2780-D2783, D2790-D2792, D2794) are covered under the major service category, subject to review. Dental office action needed: in order to evaluate the coverage for crowns 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. Replacement of a post and core (D2952, D2953, D2954, D2957) is covered when it is at least 10 years old and is no longer useable. Replacement of an inlay, onlay, crown or veneer is covered when it is at least 10 years old and is no longer useable.	
Endodontics	Major	60%	60%	Endodontics is covered under the Major service category.	
Exams/Oral Evaluations	Preventive	100%	100%	Oral evaluations, including codes D0120, D0145, D0150, D0170, D0180 or D9430, are covered once in any 6 consecutive month period. The limited oral evaluation - problem focused (D0140) is not included in the frequency limitation or last visit date.	08/18/2022



## Dental Eligibility for HARDEN, LISA as of September 7, 2022

Fillings	Basic	100%	100%	Resin-based composite restorations (white fillings) (D2330-D2335) are covered with no surface restriction. Posterior resin-based composite restorations (white fillings) (D2391-D2394) receive the alternate benefit of an amalgam restoration (silver filling) (D2140-D2161). Amalgam (silver fillings) and resin-based composite restorations (white fillings) are covered once per tooth surface in any 12 months for covered persons up to age 19 and once per tooth surface in any 36 months for all other covered persons.	
Fluoride	Preventive	100%	100%	Fluoride (D1206, D1208) is covered up to age 19, subject to all other plan provisions. Fluoride (D1206, D1208) is covered once in any 6 consecutive month period.	Date Not Found
Implants	Major	60%	60%	Implant procedures are covered without review, when there is a liability.	
Oral Surgery	Major	60%	60%	Oral surgery is covered under the Major service category.	
Orthodontics				Not Covered	
Palliative/Emergency Treatment	Preventive	100%	100%	Limited oral evaluation - problem focused (D0140) is covered once in any 6 consecutive month period if no other treatment, other than radiographic images, is performed in the same visit.	
Periodontics	Major	60%	60%	Non-surgical periodontics is covered under the Major service category. Surgical periodontics is covered under the Major service category. Includes codes: D4210-D4212, D4240-D4249, D4260, D4261, D4263, D4264, D4266-D4268, D4270-D4278, D4283, D4285, D9942-D9945 and D9951-D9952. 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.	Perio scaling & root planing: UR-Date Not Found UL-Date Not Found LL-Date Not Found LR-Date Not Found



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Periodontal Maintenance	Major	60%	60%	Periodontal maintenance (D4910) is covered under the Major service category. Prophylaxis (cleaning) (D1110, D1120) is covered once in any 6 consecutive month period. Adult prophylaxis (D1110) is covered age 12 and over. Prophylaxis (cleaning) (D1110, D1120) or periodontal maintenance (D4910) is covered once in any 6 consecutive month period.	08/18/2022
Repair/Reline/Rebase	Major	60%	60%	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.	
Sealants	Preventive	100%	100%	Sealants (D1351, D1352) are covered up to age 16. Sealants (D1351, D1352) are covered once per tooth in any 36 consecutive month period. Sealants (D1351, D1352) are covered on unrestored permanent molars.	
TMJ	TMJ	60%	60%		
X-Rays	Preventive	100%	100%	Bitewing radiographic images (D0270-D0277) - limited to either a maximum of 4 bitewing films or a set (7-8 films) of vertical bitewings, in one visit, once in any 12 consecutive month period. Complete series of radiographic images (D0210) or panoramic radiographic image (D0330) is covered once in any 36 consecutive month period.	Bitewings: 08/18/2022 FullMouth/panoramic: Date Not Found
Other Basic				Localized delivery of antimicrobial agents via a controlled release vehicle (D4381) is not covered. Oral cancer screening (D0431) is not covered. Occlusal guard (night guard) (D9944, D9945) is covered when done within 6 months after osseous surgery. Covered once per lifetime.	



## Dental Eligibility for HARDEN, LISA as of September 7, 2022

Other Major				Dental prostheses needed to replace teeth missing prior to being insured with this Guardian plan are not covered unless the tooth was extracted while covered by the prior plan.	
Other Preventive				Minor treatment to control harmful habits (D8210, D8220) is covered only when needed to inhibit thumb sucking, up to age 14, limited to the initial appliance only.	

**\*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](http://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](http://www.GuardianAnytime.com)  
Offers 24/7 service for benefits and claim information.