

Why Have Dental Insurance?

Your teeth need to last you a lifetime. Dental benefits not only help you save on caring for them, but can help keep you healthy. Visits to the dentist can protect your health and also detect early stages of many diseases and conditions. Insurance makes these visits more affordable. Dental insurance not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals.

The Affordable Care Act and Pediatric Dental Care

Under the Affordable Care Act (ACA), insurers must provide coverage for 10 essential health benefits (EHBs). One of these benefits is for pediatric dental care for children under age 19, which is a comprehensive set of dental services, including diagnostic and preventive benefits such as oral examinations, x-rays, topical fluoride, and dental sealants, restorative services such as fillings, as well as coverage for major services such as oral surgery and crowns. **All of Premier Access's exchange plans include the pediatric essential health benefit**, and these services are covered without annual or lifetime limits when care is received in-network. Also included is coverage for medically necessary orthodontia.

Why Premier Access for Your Dental Coverage?

Premier Access has the experience to help ensure that you and your family get the care they need. Here are just some of the benefits of having Premier Access as your dental insurance provider:

Dental expertise – The dental care system is different from the medical care system, and dental insurance providers have adapted accordingly to deliver cost-effective benefits that keep members satisfied. Many providers have developed processes that may help them pay claims faster.

Dental Network – The network is one of the most important considerations when choosing a dental plan. It's important that you have a wide selection of local dentists from which to choose. Insurance providers who specialize in dental are better able to develop relationships with large numbers of dentists and negotiate discounts — which can save you money.

Cost savings - In some states, when pediatric dental benefits are included within a medical plan, a member may have to meet the medical policy Out-of-Pocket Maximum before the pediatric dental essential health benefits (EHBs) begin to pay at 100%. This could result in more out-of-pocket costs for dental treatments.

Premier Access Insurance Company/Access Dental are wholly owned subsidiaries of The Guardian Life Insurance Company of America, New York, NY. Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, 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. #2016-29623 (10/18)

A Choice of Plans

With Premier Access and Access Dental, you have a choice between plans so that you can choose the one that best fits your budget, lifestyle, and needs:

Premier Access's PPO Plan

The Premier Access PPO Plan provides freedom of choice in choosing how to receive your dental care. **You can see any licensed dentist, but you can save money when using dentists that participate in Premier Access's PPO network.** Costs for services provided by participating dentists are based on negotiated, discounted fee schedules, and are reimbursed directly from Premier Access, sometimes at a higher coinsurance percentage than if you used a non-network provider. **By using dentists within the Premier Access network, patients often see an average savings of up to 30%.** Family members under your plan are free to see the same dentist or choose another participating dentist, and you are still free to use providers that don't participate in our network. Out-of-network benefits are based a maximum allowable charge, which is the amount that would be paid to dentists who have agreed to be reimbursed according to a negotiated fee schedule; you are responsible for any amounts over the maximum allowable charge as well as any copayments.

Access Dental's DHMO plan

With a DHMO plan, you must choose one dentist (or dental office) as your provider. Should you need to see a specialist, your primary dentist will refer you, though specialty services may need to be pre-authorized by Premier Access.

With a DHMO plan, you have **no annual maximum** and **no deductible**, and instead pay a copayment based on the dental service you received. These plans can be very affordable for both individuals and families because many diagnostic and preventive services often have no copayment. If you go to another dentist, however, you could be responsible for paying the entire bill yourself, so choosing the right dentist is important.

Helpful Benefits Information Available 24/7

Members can access information about their benefits on our secure website at www.PremierLife.com. Here are just a few of the things you can do on the site:

- Find a Dentist
- View and print ID cards
- Estimate of the cost of a procedure
- Review benefits
- Check the status of a claim
- Learn valuable information to help manage your dental health.