### NEW YORK MANAGED DENTALGUARD BENEFIT – GENERAL DISCLOSURES

For more detailed information regarding your dental benefits or any other assistance regarding your dental plan, please contact us at the telephone number on your ID card or contact your employer.

## **BENEFIT OVERVIEW**

Depending on the Dental Benefit Plan elected, your plan may include coverage for dental examinations, cleanings, fluoride, fillings, crowns, implants, and orthodontics. Some plans may have coverage for procedures that would require review for medical necessity, and procedures which may require prior approval from your plan. There are no claim forms to complete, no deductibles and no annual maximums.

### **NETWORK PROVIDERS**

Each member will be assigned to a primary care dentist of their choice. A member's primary care dentist is responsible for coordinating all dental care and providing all covered services. Upon referral by your primary care dentist, certain services may be eligible for referral to a contracted specialist.

A list of primary care dentists can be located at guardianlife.com by selecting 'Find a Dentist'. You may also contact us directly at 1-888-482-7342 for further assistance.

### **PREMIUMS**

For your insurance coverage to begin and remain in place, the required premiums must be paid. We worked with your employer to decide how and when the premium payments must be made. Please contact your employer to verify details regarding your financial responsibility for premium payments.

# **COPAYMENTS & PLAN LIMITATIONS**

You may have to pay a copayment each time you receive a service that's covered by your dental plan. Some services may be subject to benefit limitations, additional conditions, and exclusions.

Patient charges, benefit limitations for covered services, and exclusions can be located in your plan booklet. You may also contact us directly at 1-888-482-7342 for further assistance.

# **AVAILABILITY OF TRANSLATION SERVICES**

Translation services are available free of charge for non-English speaking members. Please contact us at the telephone number on your ID card to access these services.

#### **COMPLAINTS**

You may file a complaint by contacting the telephone number on your ID card. Additionally, if you are dissatisfied with a claim appeal determination or at any other time you're dissatisfied, you may call the New York State Department of Financial Services at 1-800-342-3736 or write them at:

New York State Department of Financial Services Consumer Assistance Unit One Commerce Plaza Albany, NY 12257 www.dfs.ny.gov

If you need assistance filing a grievance or appeal, you may also contact the state independent Consumer Assistance Program at:

Community Health Advocates 633 Third Avenue, 10th Fl. New York, NY 10017

Call toll free: 1-888-614-5400/e-mail cha@cssny.org

### **EXTERNAL APPEALS**

You may initiate an External Appeal by requesting an External Appeal request form from the New York State Department of Financial Services by calling 1-800-400-8882, and mailing the completed form to the Insurance Department at the address shown on the form or you can submit it by fax to (800) 332-2729. If you have questions or need assistance completing the form you can call 1-800-400-8882 or email <a href="mailto:externalappealquestions@dfs.ny.gov">externalappealquestions@dfs.ny.gov</a>.