

## DentalGuard Preferred PPO 70 UCR Rates

	Four Tier
<b>Employee</b>	<b>\$52.45</b>
<b>Employee/Spouse</b>	<b>\$110.44</b>
<b>Employee/Child(ren)</b>	<b>\$102.46</b>
<b>Family</b>	<b>\$160.90</b>

## About Guardian Dental

With Guardian DentalGuard Preferred PPO 70 UCR you and your family can count on accessible, concerned care. Plus there are never any claim forms to complete for In-Network services! If you choose to go Out-of-Network, most dentists will submit your claims directly to Guardian - hassle free. Either an In-Network or Out-of-Network general participating dentist may suggest you see a specialist. No referrals are needed for specialist care. You are always free to see any specialist you would like or choose one from your Guardian provider directory.

## Plan Highlights

(In-Network and Out-of-Network dental plan)

- No referrals are needed to see a specialist
- Out-of-area emergency coverage
- \$50 deductible for In-Network services/\$50 deductible for Out-of-Network services
- Annual maximum of 1,500 In-Network, \$500 rollover
- Implant benefit

*The following billing and administrative fees apply to the Guardian DentalGuard Preferred PPO 70 UCR plan: EE \$9.25, EE/Spouse \$18.25, EE+Child(ren) \$18.25, Family \$26.50. Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers. Rates for Domestic Partners are the same rates for Employee/Spouse and Family. This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.*



# Your dental coverage

**PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
<b>Your Network is</b>	DentalGuard Preferred	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	None
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia	Not Covered (applies to all levels)	
<b>Annual Maximum Benefit</b>	\$1500	\$1000
	Combined In-Network and Out-of-Network maximum of \$1000 with an additional \$500 of benefit In-Network	
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	
<b>Dependent Age Limits</b>	26	



# Your dental coverage

## A Sample of Services Covered by Your Plan:

		<b>PPO</b>	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:		Once Every 6 Months
	Fluoride Treatments	100%	100%
	Limits:		Under Age 14
	Oral Exams	100%	100%
	X-rays	100%	100%
			X-rays other than bitewings in Basic
Basic Care	Anesthesia*	90%	80%
	Fillings‡	90%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
Major Care	Bridges and Dentures	60%	50%
	Dental Implants	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Perio Surgery	60%	50%
	Periodontal Maintenance	60%	50%
	Frequency:		Once Every 6 Months
	Root Canal	60%	50%
	Scaling & Root Planing (per quadrant)	60%	50%
	Simple Extractions	60%	50%
	Single Crowns	60%	50%
	Surgical Extractions	60%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



# Your dental coverage

## Manage Your Benefits:

Go to [www.Guardianlife.com](http://www.Guardianlife.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

## Find A Dentist:

Visit [www.Guardianlife.com](http://www.Guardianlife.com) Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network 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. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments 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. Contract # GP-I-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, 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. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

## How maximum rollover works\*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
<b>\$1,000</b> Maximum claims reimbursement	<b>\$500</b> Claims amount that determines rollover eligibility	<b>\$250</b> Additional dollars added to a plan's annual maximum for future years	<b>\$350</b> Additional dollars added if only in-network providers were used during the benefit year	<b>\$1,000</b> The limit that cannot be exceeded within the maximum rollover account



### Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

\* This example has been created for illustrative purposes only.

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, 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. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2023 The Guardian Life Insurance Company of America.

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