

DentalGuard Preferred PPO 90 UCR Rates

	Four Tier
Employee	\$69.07
Employee/Spouse	\$145.90
Employee/Child(ren)	\$147.23
Family	\$226.88

About Guardian Dental

With Guardian DentalGuard Preferred PPO 90 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 needed to see a specialist
- Out-of-area emergency coverage
- \$50 deductible for In-Network/\$50 deductible for Out-of-Network, n/a preventive services
- Annual maximum of \$1,500 In-Network, n/a preventive services
- Implant benefit
- Child orthodontia benefit,\$1,500 max

The following billing and administrative fees apply to the Guardian DentalGuard Preferred PPO 90 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	
Your Network is	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1500	
Preventive Services Exempt from Maximum	Yes (applies to all levels)	
Maximum Rollover	Yes	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1500	
Dependent Age Limits	26	



Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO	
		<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 80%	
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months	
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Simple Extractions	50%	50%
	Single Crowns	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren)	

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 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 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

Preventive Advantage

Preventive dental care can be important for your overall health, which is why we don't deduct preventive benefit expenses from your annual maximum.

With Preventive Advantage, you can stretch your benefit further and save money. When visiting a dentist for preventive care, like an annual cleaning, all costs above the deductible and applicable coinsurance are covered.

How Preventive Advantage works for you

Obtain preventive care for maintaining good oral health, including these important services:

Oral exams

Cleanings

X-rays

Fluoride treatments

So you can save your annual maximum for unexpected services like:

Fillings

Root canals

Crowns

Oral surgeries

Dentures and bridgework



How it works

All you need to do is pay any applicable coinsurance and deductible for preventive care.

Your entire annual maximum amount will be preserved for other dental needs. Plus, preventive care is still covered even after your annual maximum is met.

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