

Dental Plan:

Guardian

Employees receive the Guardian Low Plan at no cost if enrolled in the Medical/Rx plan.

Guardian Low Plan

Guardian High Plan

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (Applies to Type B and C Services Only)	\$50 per person \$150 family	\$50 per person \$150 family	\$50 per person \$150 family	\$50 per person \$150 family
Annual Maximum Per Person	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum (Child to age 19 only)	N/A	N/A	\$1,000	\$1,000
Preventive Includes: cleanings, oral exams, fluoride treatments, x-rays, space maintainers, sealants	100%	100%	100%	100%
Basic Restorative Includes: general anesthesia, simple extractions, periodontal maintenance, fillings, root canal, scaling & root planning (per quadrant)	80%	80%	90%	80%
Major Restorative Includes: bridges & dentures, inlays, onlays, perio surgery, repair & maintenance of crowns, bridges & dentures, single crowns, surgical extractions	0%	0%	60%	50%
Orthodontia	N/A	N/A	50%	50%

Dependent Children are covered to age 26

Dental Maximum Rollover

Guardian will rollover a portion of your unused annual maximum. To be eligible you must have a paid claim (not just a visit) and must have not exceed the paid claims threshold during the benefit year. To obtain more information visit www.GuardianAnytime.com.

