



Guardian DentalGuard Preferred

(Dual Option DMO/PPO)

◆ **DentalGuard Preferred Rates (PPO)**

Two Tier	Four Tier
\$34.70 <i>Employee only</i>	\$34.70 <i>Employee only</i>
N/A	\$74.05 <i>Employee/Spouse*</i>
N/A	\$67.64 <i>Employee/Child(ren)</i>
\$92.02 <i>Family*</i>	\$107.96 <i>Family*</i>

◆ **HealthPass offers Guardian DentalGuard Preferred (In-Network and Out-of-Network dental plan)**

- No referrals are needed to see a specialist
- Unlimited ability to change dentists
- Includes out-of-area emergency coverage
- \$50 deductible for In-Network services
- \$75 deductible for Out-of-Network services
- Annual maximum of \$1,000

◆ **Affordable & Flexible Care**

Guardian DentalGuard Preferred combines the freedom of a PPO dental plan with the economy of managed care. Whenever you or a family member needs dental services, you may visit a carefully screened In-Network dentist or any dentist you wish. If you visit an In-Network dentist, you will typically receive a higher level of benefits and save on out-of-pocket costs.

◆ **About the Plan**

With Guardian Preferred DentalGuard, 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.

Dental coverage can only be elected by a group that is enrolling in HealthPass medical coverage. If a group begins their medical coverage on the 15th of the month, dental coverage will begin on the 1st of the following month.

***Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family for groups enrolled in Four Tier; Family for groups enrolled in Two Tier.**

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.



HealthPass

DentalGuard Preferred

\$1,000 Maximum
 \$50 In-Network deductible / \$75 Out-of-Network deductible
 (waived for Preventive care)

X-rays and Sealants covered as basic

Out-of-Network covered at the 70th percentile

Virgin Groups & Employees: Crowns, Bridges, Prostho-and Periodontic coverage deferred for 12 months

Transfer Groups: Crowns, Bridges, Prostho-and Periodontic deferred 12 months for future hires only

Sample Covered Charges

Coinsurance

Code	Name	In Network	Out of Network
Diagnostic and Preventive			
120	Periodic Examination	100%	80%
1110	Prophylaxis-adult (teeth cleaning)	100%	80%
210	Full mouth x-rays (basic service, subject to deductible)	80%	80%
Restorative			
Fillings (amalgam)			
2140	one surface – permanent	80%	80%
2150	two surfaces – permanent	80%	80%
2160	three surfaces – permanent	80%	80%
Endodontics			
Root Canal therapy			
3310	anterior	50%	50%
3320	bicuspid	50%	50%
3330	molar	50%	50%
Periodontics			
4341	Perio scaling & root planning, per quad.	50%	50%
4210	Gingivectomy, per quadrant	50%	50%
4211	Gingivectomy, per tooth, up to 2 teeth	50%	50%
Crown and Bridge			
2740	Porcelain Crown	50%	50%
2750-52	Porcelain with metal crown*	50%	50%
2790-92	Cast metal crown*	50%	50%
Prosthodontics			
5110-20	Complete denture (upper or lower)	50%	50%
5213	Partial denture	50%	50%
5730	Denture reline (chairside)	50%	50%
5750	Denture reline (laboratory)	50%	50%
Oral Surgery			
7110	Extract single tooth	50%	50%
7510	Incision and drainage of abscess	50%	50%
Impactions			
7220	Extract impacted tooth, soft tissue	50%	50%
7230	Extract impacted tooth, partial bony	50%	50%
7240	Extract impacted tooth, full bony	50%	50%
Orthodontia – Comprehensive Treatment			
	Child to age 18	N/A	N/A
	Member over age 18	N/A	N/A

* If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

DentalGuard Dental Insurance Plan General Limitations and Exclusions: 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), orthodontic (unless expressly provided for), cosmetic or experimental treatments, 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. GP-1-DG-2000 et al.