



DENTAL PLANS



	Guardian HMO	
Annual Deductible	Individual	\$0
	Family	\$0
Annual Maximum per Member	Unlimited	
Office Visit Copay	\$5	
Preventative Services		
Periodic Exams	\$0	
Adult Cleanings	\$0	
Bitewings X-Rays	\$0	
Basic Services		
Amalgam Permanent Filling (One Surface)	\$8	
Root Canal Molar	\$380	
Surgical Extraction	\$70	
Periodontal Scaling / Root Planing (Per Quadrant)	\$50	
Major Services		
Crown Porcelain Fused Noble Metal	\$375	
Full Denture	\$452	
Partial Denture	\$500	
Orthodontia		
Full Banded Case Child	\$1,895	
Full Banded Case Adult	\$2,195	
Out of Network	Not Covered	

For a full list of benefits, please refer to Employee Navigator. To search for a provider please visit guardianlife.com. Network: Managed DentalGuard

DENTAL PLANS



Low Plan

Guardian [®]		In-Network	Out-of-Network
Annual Deductible	Individual	\$50	\$50
	Family	\$150	\$150
Annual Maximum		\$1,000	\$1,000
Preventative Services		0%	0%
Basic Services		20%	20%
Major Services		50%	50%
Orthodontia		Not Covered	Not Covered
Ortho Lifetime Maximum		n/a	\$50
Out of Network Reimbursement		n/a	Fee Schedule

High Plan

Guardian [®]		In-Network	Out-of-Network
Annual Deductible	Individual	\$50	\$50
	Family	\$150	\$150
Annual Maximum		\$3,000	\$3,000
Preventative Services		0%	0%
Basic Services		20%	20%
Major Services		50%	50%
Orthodontia		50%	50%
Ortho Lifetime Maximum		\$1,000	\$1,000
Out of Network Reimbursement		n/a	Fee Schedule

For a full list of benefits, please refer to Employee Navigator.

To search for a provider please visit guardianlife.com. Network: DentalGuard Preferred.