

**RATES**

**LOW PLAN**

	Employee	Employee & Spouse	Employee & Child(ren)	Full Family		
<b>Monthly Rate</b>	\$11.58	\$21.86	\$28.39	\$34.39		

**BENEFITS**

	Low Plan	
	In-Network	Out-of-Network
<b>Coinsurance</b>	75/50/30	75/50/30
<b>DentalGuard Preferred Network Tiers</b>	DentalGuard Preferred	Out-of-Network
<b>Deductible</b>	<b>\$50</b>	
Period	Calendar Year	
Family Limit	3 per family	
Waived For	Preventive	Preventive
<b>Annual Maximum</b>	<b>\$1,000 plus Maximum Rollover</b>	
<b>Maximum Rollover</b>		
Threshold	\$500	
Rollover Amount	\$250	
Rollover Bonus Amount	\$350	
Account Limit	\$1,000	
<b>Claim Payment Basis</b>	Negotiated Fee Schedule	Negotiated Fee Schedule
<b>Coinsurance - Preventive</b>	<b>75%</b>	<b>75%</b>
	♦ Oral Exams (once/6 mos.) ♦ Cleanings (once/6 mos.) ♦ X-Rays (Full-mouth series once/36 mos.) ♦ Fluoride Treatment (no age limit, once/6 mos.) ♦ Space Maintainers/Harmful Habit Appliances	
<b>Coinsurance - Basic</b>	<b>50%</b>	<b>50%</b>
	♦ Fillings (include posterior composites) ♦ Simple Extractions ♦ Complex Extractions ♦ Endodontic Services (eg. Root Canal) ♦ General Anesthesia ♦ Sealants (to age 16, once/36 mos.)	
<b>Coinsurance - Major</b>	<b>30%</b>	<b>30%</b>
	♦ Bridges & Dentures ♦ Implants ♦ Single Crowns ♦ Repair & Maintenance of Crowns, Bridges & Dentures ♦ Perio Maintenance Procedure (once/6 mos.) ♦ Combined Cleanings/Perio Maintenance Limit (2 in a 12 consecutive months period) ♦ Periodontal Services (eg Scaling and Root Planing) ♦ Periodontal Surgery ♦ Inlays, Onlays & Veneers	
<b>Replacement Age for Prosthetic Devices (Crowns, Bridges &amp; Dentures)</b>	5 Years	
<b>Dependent Age Limits</b>	To Age 26	
<b>Waiting Periods</b>	None	
<b>Missing Tooth Exclusion</b>	Waived	
<b>Dental Contract</b>	DentalGuard 7	

**Provider Search (DentalGuard Network)**

To search for In-Network Providers please visit us at:  
<https://www.guardiananytime.com/fpapp/search>

**RATES**

**Mid-Plan**

	Employee	Employee & Spouse	Employee & Child(ren)	Full Family		
<b>Monthly Rate</b>	\$19.90	\$39.75	\$50.11	\$68.80		

**BENEFITS**

	Mid Plan	
	In-Network	Out-of-Network
<b>Coinsurance</b>	100/80/50	100/80/50
<b>DentalGuard Preferred Network Tiers</b>	DentalGuard Preferred	Out-of-Network
<b>Deductible</b>	<b>\$50</b>	
Period	Calendar Year	
Family Limit	3 per family	
Waived For	Preventive	Preventive
<b>Annual Maximum</b>	<b>\$1,000 plus Maximum Rollover</b>	
<b>Maximum Rollover</b>		
Threshold	\$500	
Rollover Amount	\$250	
Rollover Bonus Amount	\$350	
Account Limit	\$1,000	
<b>Claim Payment Basis</b>	Negotiated Fee Schedule	Negotiated Fee Schedule
<b>Coinsurance - Preventive</b>	<b>100%</b>	<b>100%</b>
	♦ Oral Exams (once/6 mos.) ♦ Cleanings (once/6 mos.) ♦ X-Rays (Full-mouth series once/36 mos.) ♦ Fluoride Treatment (no age limit, once/6 mos.) ♦ Space Maintainers/Harmful Habit Appliances	
<b>Coinsurance - Basic</b>	<b>80%</b>	<b>80%</b>
	♦ Fillings (include posterior composites) ♦ Simple Extractions ♦ Complex Extractions ♦ Endodontic Services (eg. Root Canal) ♦ General Anesthesia ♦ Sealants (to age 16, once/36 mos.)	
<b>Coinsurance - Major</b>	<b>50%</b>	<b>50%</b>
	♦ Bridges & Dentures ♦ Implants ♦ Single Crowns ♦ Repair & Maintenance of Crowns, Bridges & Dentures ♦ Perio Maintenance Procedure (once/6 mos.) ♦ Combined Cleanings/Perio Maintenance Limit (2 in a 12 consecutive months period) ♦ Periodontal Services (eg Scaling and Root Planing) ♦ Periodontal Surgery ♦ Inlays, Onlays & Veneers	
<b>Coinsurance - Orthodontia</b>	<b>50% for children (Orthodontia in Progress - covered)</b>	<b>50% for children (Orthodontia in Progress - covered)</b>
Orthodontia Lifetime Maximum	\$1,000	\$1,000
<b>Replacement Age for Prosthetic Devices (Crowns, Bridges &amp; Dentures)</b>	5 Years	
<b>Dependent Age Limits</b>	To Age 26	
<b>Waiting Periods</b>	None	
<b>Missing Tooth Exclusion</b>	Waived	
<b>Dental Contract</b>	DentalGuard 7	

**RATES**

**HIGH PLAN**

	Employee	Employee & Spouse	Employee & Child(ren)	Full Family		
<b>Monthly Rate</b>	\$38.07	\$73.70	\$89.32	\$118.76		

**BENEFITS**

	High Plan	
	In-Network	Out-of-Network
<b>Coinsurance</b>	80/80/80	80/80/80
<b>DentalGuard Preferred Network Tiers</b>	DentalGuard Preferred	Out-of-Network
<b>Deductible</b>	<b>\$50</b>	
Period	Calendar Year	
Family Limit	3 per family	
Waived For	Preventive	Preventive
<b>Annual Maximum</b>	<b>\$1,500 plus Maximum Rollover</b>	
<b>Maximum Rollover</b>		
Threshold	\$700	
Rollover Amount	\$350	
Rollover Bonus Amount	\$500	
Account Limit	\$1,250	
<b>Claim Payment Basis</b>	Negotiated Fee Schedule	UCR 90 <sup>th</sup>
<b>Coinsurance - Preventive</b>	<b>80%</b>	<b>80%</b>
	♦ Oral Exams (once/6 mos.) ♦ Cleanings (once/6 mos.) ♦ X-Rays (Full-mouth series once/36 mos.) ♦ Fluoride Treatment (no age limit, once/6 mos.) ♦ Space Maintainers/Harmful Habit Appliances	
<b>Coinsurance - Basic</b>	<b>80%</b>	<b>80%</b>
	♦ Fillings (include posterior composites) ♦ Simple Extractions ♦ Complex Extractions ♦ Endodontic Services (eg. Root Canal) ♦ General Anesthesia ♦ Sealants (to age 16, once/36 mos.)	
<b>Coinsurance - Major</b>	<b>80%</b>	<b>80%</b>
	♦ Bridges & Dentures ♦ Implants ♦ Single Crowns ♦ Repair & Maintenance of Crowns, Bridges & Dentures ♦ Perio Maintenance Procedure (once/6 mos.) ♦ Combined Cleanings/Perio Maintenance Limit (2 in a 12 consecutive months period) ♦ Periodontal Services (eg Scaling and Root Planing) ♦ Periodontal Surgery ♦ Inlays, Onlays & Veneers	
<b>Coinsurance - Orthodontia</b>	<b>50% for children (Orthodontia in Progress - covered)</b>	<b>50% for children (Orthodontia in Progress - covered)</b>
Orthodontia Lifetime Maximum	\$1,000	\$1,000
<b>Replacement Age for Prosthetic Devices (Crowns, Bridges &amp; Dentures)</b>	5 Years	
<b>Dependent Age Limits</b>	To Age 26	
<b>Waiting Periods</b>	None	
<b>Missing Tooth Exclusion</b>	Waived	
<b>Dental Contract</b>	DentalGuard 7	