

2016 Dental Benefits Summary

Plan Details

Provider	Guardian
Plan	DentalGuard Preferred Network (PPO)
Coverage Area	Nationwide
Dependent Age Limits	26th Birthday

Benefit Highlights

	In Network	Out of Network
Coinsurance		
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Annual Deductible		
Amount	\$50	\$50
Waived for Previous Services	Yes	Yes
Annual Maximum Benefit		\$3,000
Ortho Max		\$2,000
Maximum Rollover Detail		
Threshold		\$1,000
Rollover Amount		\$500
In-network Only Rollover		\$750
Maximum Rollover Limit		\$1,500

If a member's claims do not exceed the \$1,000 paid claims threshold during the benefit year, Guardian will roll over \$500 into their Maximum Rollover Account (MRA) for use in future years.

If a member uses Guardian Preferred Providers exclusively during a benefit year, the threshold is increased to \$750.

Each employee and dependent maintain separate MRAs based on their own claim activity.

Each member's MRA may not exceed the \$1500 Maximum Rollover Account Limit.

Member Rates

	Monthly	Annual
Member	\$15	\$180
Member + Spouse	\$30	\$360
Member + Children	\$40	\$480
Family	\$55	\$660

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way the Certificate of Coverage (COC), the COC shall prevail. It is recommend that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.
