

# Dental Insurance



## Your dental insurance if offered by Guardian.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- What you pay for the plan
- What you pay when you get care
- How out-of-network care is covered

Your annual maximum cost for care (out-of-pocket maximum).

See your plan details for out-of-network information.



Find an in-network provider



### In-Network Care

### Dental Guard Preferred

<b>Annual Deductible</b> January - December	\$50 per individual \$150 per family
<b>Annual Maximum</b> January - December	\$2,000 per individual
<b>Waiting Period</b>	none for preventive services, basic, major services
<b>Preventative Services</b> Cleanings, routine exams, space maintainers, fluoride, sealants, and x-rays	plan pays 100% of covered services
<b>Basic Services</b> Fillings, extractions; certain endo/perio, and oral surgery procedures (see benefit summary for details)	you pay 20% AD
<b>Major Services</b> Crowns, bridges, implants, dentures, inlays, onlays, veneers, and general anesthesia; certain endo/perio, and oral surgery procedures (see benefit summary for details)	you pay 50% AD
<b>Orthodontic Services</b> Children up to age 19	50% up to \$1,500
<b>Orthodontic Lifetime Maximum</b>	\$1,500
<b>Your Cost for Coverage</b>	<b>Per Paycheck</b>
Employee Only	\$0
Employee + Spouse	\$25.59
Employee + Child (ren)	\$26.00
Employee + Family	\$46.81
Dual Spouse	\$15.80

### Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The plan pays benefits based on the reasonable & customary charge for particular service. If the out-of-network provider charges more, you’ll be responsible for paying the amount that exceeds the reasonable & customary limit plus the applicable coinsurance and deductible. Please refer to plan documents for out-of-network information.

\*This information is designed to help you choose a benefit plan for 2025 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.

\*\* CY (Calendar Year)

\*\*\* AD (After Deductible)