

Guardian Dental Plans

	Low PPO Plan		High PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Waived for Preventive Care)	\$25 / individual \$75 / family		\$50 / individual \$150 / family	
Annual Maximum Benefit	\$1,500 per person		\$2,000 per person	
	Guardian Pays		Guardian Pays	
Preventive Care – Cleanings, Fluoride treatment, Oral exams, Sealants, X-Rays	100%	100%	100%	100%
Basic Services – Anesthesia, Fillings	60% after deductible	60% after deductible	80% after deductible	80% after deductible
Major Services – Root canals, Periodontics, Bridges, Dentures, Implants, Inlays, Onlays, Veneers, Crowns, Simple extractions	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Orthodontia Services	40% after deductible up to \$1,000 per lifetime		50% after deductible up to \$1,500 per lifetime	

- This plan includes a maximum rollover of up to \$1,250 in the Low Plan and \$1,500 in the High Plan.
- This is not a full list of covered services. Please see your Certificate of Coverage for a complete list.
- When using out-of-network providers, you may be balance billed if the dentist charges more than the allowed amount for in-network dentists.

