



Summary of Benefits

Dental Benefit Summary

Group ID:	00368222	Coverage Type:	Contributory
Group Name:	SUB-BOARD I, INC.	Class:	0001 ALL ELIGIBLE EMPLOYEES EXCEPT STUDENTS, ATHLETIC COACHES/TRAINERS, STUDENT LEADERSHIP INTERNS, TICKET OFFICE CASHIERS, GRADUATE EDITORIAL ASSISTANTS AND STUDENT GOVERNMENT
Waiting Period:	1st of the month following date of hire		
		As of Date:	05/01/2017

Plan Information

Dental - DentalGuard Pref - Syracuse

Coverage Information

	Dental - DentalGuard Pref - Syracuse	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Syracuse network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)

	Dental - DentalGuard Pref - Syracuse	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref - Syracuse network will be most cost effective.	
	In Network	Out of Network
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	80%	80%
Fillings (one surface)	80%	80%
General Anesthesia ¹	80%	80%
Scaling & Root Planing (per quadrant)	80%	80%
Simple Extractions	80%	80%
Major Care:	50%	50%
Dentures	50%	50%
Single Crowns	50%	50%
Orthodontia	50%	50%

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

Pediatric Essential Health Benefit Coverage Information


	Dental - DentalGuard Pref - Syracuse - Low	
	In Network	Out of Network
Calendar year deductible	\$150, Each family member must satisfy their individual deductible amount.	\$150, Each family member must satisfy their individual deductible amount.
Preventive	Waived	Not Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Orthodontia	Not Waived	Not Waived
Individual Out of Pocket Maximum	\$350	N/A
Family Out of Pocket Maximum	\$700	N/A
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Diagnostic & Preventive Care:	70%	70%
Oral Exam	70%	70%
Cleaning	70%	70%
X-Rays	70%	70%
Sealants	70%	70%
Fluoride	70%	70%
Basic Care:	50%	50%
Anesthesia	50%	50%
Fillings	50%	50%
Oral Surgery	50%	50%
Major Care:	50%	50%
Periodontal Maintenance	50%	50%
Periodontal Services	50%	50%
Endodontics/Root Canal Treatment	50%	50%
Dentures	50%	50%
Single Crowns	50%	50%
Implants	50%	50%
Medically Necessary Orthodontia	50%	50%

General Exclusions

- Reasonable, member out-of-pocket max as determined by each state. This means that once the member has reached his or her out-of-pocket max, the pediatric dental essential health benefits will be paid at 100% for the remainder of the benefit year.
- No annual or lifetime maximums may be applied to the pediatric dental essential health benefits.
- Limitation on orthodontia, where covered, to medically necessary only.
- Medically necessary orthodontics includes, but may not be limited to, orthodontic treatment of skeletal, dental and/or occlusal conditions due to cleft palate and resulting in severe or handicapping malocclusion. Medically necessary orthodontics does not include orthodontic treatment performed solely for crowded dentitions (crooked teeth), excessive spacing between teeth, and/or having horizontal/vertical (overjet/overbite) discrepancies.

Exclusions and Limitations:

[Important information about Guardian's Managed Dental Care Plans. This plan provides dental benefits through the network of participating general dentists and speciality care dentists. All covered services must be provided by the member's Primary Care Dentist. Speciality care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed Dental Care. Only those services listed in the plans schedule are covered. Certain services are subject to annual or periodic limitations. Where orthodontic benefits are specially included, the plan provides for one course of comprehensive treatment per lifetime. per member. Unless specifically included, the Managed Dental Care plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's

 1 Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.