



IN THE BUSINESS OF YOUR SUCCESSSM



2014/2015

Plan Description: Guardian Value Midwest
Product: Dental - PPO
Network: DentalGuard Preferred

Provider: Guardian Dental
Member Services Phone #: 1-800-541-7846
Plan Website Address: <http://www.guardianlife.com>

Benefit	In-Network	Out-of-Network
Deductibles & Maximum Amounts		
Calendar Year Benefit Maximum	• \$1,000	• \$1,000
Calendar Year Deductible - Individual	• \$50	• \$50
Calendar Year Deductible - Family	• \$150	• \$150
Preventive & Diagnostic Services		
Preventive & Diagnostic Services	• 100%	• 100% of In-Network Established Fee
Basic / Restorative Services		
Basic / Restorative Services	• Deductible then 80%	• Deductible then 80% of In-Network Established Fee
Major Services		
Major Services	• Deductible then 50%	• Deductible then 50% of In-Network Established Fee
Orthodontic Services		
Orthodontic Lifetime Maximum	• \$1,000 lifetime maximum for child(ren) under age 19. Adult ortho not covered	• \$1,000 lifetime maximum for child(ren) under age 19. Adult ortho not covered
Orthodontic Deductible	• None	• None
Orthodontic Coinsurance	• 50%	• 50% of In-Network Established Fee
Diagnosis	• 50%	• 50% of In-Network Established Fee
Initial Placement of Orthodontic Appliance	• Covered as part of Active and Retention Treatments	• Covered as part of Active and Retention Treatments
Active and Retention Treatments	• 50%	• 50% of In-Network Established Fee
Services		
Oral Examination Copay / Coinsurance	• 100%	• 100% of In-Network Established Fee
Dental X-Rays	• 100%	• 100% of In-Network Established Fee
Prophylaxis - Adult	• 100%	• 100% of In-Network Established Fee
Prophylaxis - Child	• 100%	• 100% of In-Network Established Fee
Topical Application of Fluoride	• 100%	• 100% of In-Network Established Fee
Topical Application of Sealants	• 100%	• 100% of In-Network Established Fee
Fillings	• Deductible then 80%	• Deductible then 80% of In-Network Established Fee
Periodontic Services	• Deductible then 80%	• Deductible then 80% of In-Network Established Fee
Extractions	• Simple and Surgical Extractions: Deductible then 80%	• Deductible then 80% of In-Network Established Fee
Endodontics	• Deductible then 80%	• Deductible then 80% of In-Network Established Fee
Oral Surgery	• Deductible then 80%	• Deductible then 80% of In-Network Established Fee
Inlays	• Deductible then 50%	• Deductible then 50% of In-Network Established Fee
Crowns	• Deductible then 50%	• Deductible then 50% of In-Network Established Fee
Dentures	• Deductible then 50%	• Deductible then 50% of In-Network Established Fee
Bridges	• Deductible then 50%	• Deductible then 50% of In-Network Established Fee

This benefit summary has been prepared by a licensed Insurance carrier or broker based on documents provided by the applicable licensed Insurance carrier. Please refer to the Plan Document and Certificate of Coverage (COC) for terms and conditions of all benefits. Benefits may require pre-certification in order to avoid a reduction in benefits or denial of coverage. The insured should contact the carrier at the phone number indicated on this summary or refer to the COC for further details prior to seeking treatment. If there is any conflict between this benefit summary and the Plan Document or COC, the Plan Document and COC govern. This health insurance plan is part of a large group health plan, as such Medicare is the secondary payer for any insured member that is enrolled in Medicare and this plan. If eligible for Medicare due to ESRD, Medicare becomes primary payer after thirty months of Medicare eligibility. If member is a COBRA participant, Medicare is the primary payer.