



GUARDIAN DENTAL PLAN #295675 DIV #0000

Rates effective April 1, 2016 - March 31, 2017

Low Option #295675 Class 0001			High Option #295675 Class 0002					
	In-Network	Out-of-Network	In-Network	Out-of-Network				
Individual	\$44.71		\$45.81					
2-Person	\$86.64		\$90.76					
Family	\$123.68		\$130.46					
<i>Monthly Rates (Rates shown do not include the \$7 monthly administrative fee)</i>								
Office Visit Co-pay	None	None	None	None				
<i>(One office visit may cover multiple services)</i>								
Preventive	100%	100%	100%	100%				
Basic	100%	80%	90%	80%				
Major	0%	0%	60%	50%				
Orthodontia	N/A	N/A	N/A	N/A				
Calendar Year Deductible	\$50	\$50	\$50	\$75				
<i>Once the annual deductible is met by each of three family members, no further deductibles apply.</i>								
Calendar Year Maximum	\$750		\$1,000					
<i>The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services</i>								
Maximum Rollover Detail			Maximum Rollover Detail					
N/A			Threshold	\$500				
			Rollover amount	\$250				
			In-network Only Rollover amount	\$350				
			Maximum Rollover Account Limit:	\$1,000				
						If a member submits a claim and does not exceed the \$500 paid claims threshold during the benefit year, Guardian will roll over \$250 into their Maximum Rollover Account (MRA) for use in future years.		
						If a member uses Guardian Preferred Providers exclusively during the benefits year, the amount is increased to \$350.		
Each employee and dependent maintain separate MRA's based on their own claim activity.								
Dependents covered to Age 26								
Group eligibility: 1-4 employees 100% participation required - 5-49 employees 75% participation required								
Coverage starts the 1st of the month following 30 days of Membership/hire - Employee must work minimum of 35 hours								
Open Enrollment is in March for April 1st when plan renews								

SUMMARY ONLY - TERMS OF THE CONTRACT PREVAIL