

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

DENTAL PLAN RATES - PPO WN					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	31	\$42.07	\$15,650	\$42.07	\$15,650
EE & SP	8	\$81.93	\$7,865	\$81.93	\$7,865
EE & CH	12	\$85.84	\$12,361	\$85.84	\$12,361
FAMILY	30	\$125.73	\$45,263	\$125.73	\$45,263
TOTAL	81		\$81,139		\$81,139

If you have determined that your group is subject to ACA regulations which require you to include pediatric dental essential health benefits, Guardian can provide these benefits. Please contact your local Sales Office for options.

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Current Plan Benefits Summaries

CONTRACT TYPE: DENTAL GUARD 4

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PLAN BENEFITS SUMMARY

Network	In-Network DentalGuard Preferred	Out-of-Network None
Coinsurance		
Preventive	100%	100%
Basic	80%	50%
Major	60%	50%
Deductible	\$50	\$50
Waived for preventive?	Yes	Yes
Claim Payment Basis	Fee Schedule	UCR 90%
Maximum	\$1,000	\$1,000
Orthodontia	Included	
Lifetime Maximum	\$1,000	
Coinsurance	50%	
Maximum Rollover		
Threshold		N/A
Rollover Amount		N/A
In-network only rollover		N/A
Max Rollover Limit		N/A
Dependent Age Limit		26/30

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.