



Lafayette Hotel
DentalGuard Preferred Provider Voluntary (PPO VP) Program
Benefit & Cost Illustration

	Percentage Paid	
	In-network	Out-of-network
Deductible (*Waived for Preventive Services)	\$50.00*	\$75.00*
 Services		
Preventive Services	100%	80%
<ul style="list-style-type: none"> ○ Emergency Palliative Treatment ○ Fluoride Treatments - every six months (No Age Limit) ○ Oral Examination - every six months ○ Space Maintainers for Children - under age 16 ○ Teeth Cleaning - every six months ○ Topical Sealants for unrestored molar teeth - one treatment for child(ren) under 16 in a three (3) year period 		
Basic Services	80%	80%
<ul style="list-style-type: none"> ○ Crowns: Stainless Steel ○ Diagnostic Consultation- one per year ○ X-Rays – four bitewings every twelve months full mouth series every five years. ○ Fillings: Amalgam & Anterior and Posterior Composites ○ General Anesthesia- surgical procedures only ○ Injectable Antibiotics- for treatment of a dental condition only ○ Laboratory Test ○ Periodontal Services – scaling and root planing only 		
Major Services	50%	50%
<ul style="list-style-type: none"> ○ Bridges Installation-fixed and removable ○ Endodontic Services/Root Canal Therapy ○ Periodontal Services ○ Crowns: Resin, Metal and Porcelain ○ Oral Surgery – Complicated and Uncomplicated extractions ○ Dentures- Full and Partial ○ Repairs of dentures, bridgework, crowns, etc. ○ Inlays ○ Onlays ○ Posts 		

Bi-Weekly Cost

Employee	\$15.64
Employee & Spouse	\$31.49
Employee & Child(ren)	\$28.94
Employee & Family	\$44.69

Plan Features

- There is a \$1,000 annual maximum for Preventive, Basic and Major services combined.
- *Deductible is waived for Preventive services. 3 individual deductibles per family.
- Children are covered up to age 20 or 26 if a full time student.
- Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant¹ penalties.
- No waiting periods apply for eligible employees/dependents
- All out of network services are based on usual, reasonable, and customary rates for given area.
- Dental Claims - P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-541-7846, fax: 509-468-4590.
- Guardian has contracted with dental providers to provide discounts off services and procedures to Guardian dental plan members. To locate a provider, please reference our On-Line Provider Directory at www.GuardianLife.com.
- Pre-determination Review - Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Have your dentist fax your treatment plan to Guardian, note that it is a pre-determination review and we will let your dentist know what benefits would be payable.
- **Special Limitation:** 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

¹ A late entrant is a person who becomes insured more than 31 days after he is eligible; or becomes insured again, after his coverage lapsed because he did not make required payments. We won't cover charges incurred by a late entrant for (1) Group II (basic) services until 6 months from the date he is insured by this plan; and (2) Group III (major) services until 12 months from the date he is insured by this plan.

DentalGuard General Limitations and Exclusions

This policy provides dental insurance only. Coverage is limited to those 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, 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-DG2000 et al.

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.

