

2021

GUARDIAN DENTAL GUARD

IN-NETWORK COVERAGE * (Dentist is a participating Provider with The Guardian)

<p>100% Preventive Services</p> <p>Teeth Cleaning Fluoride treatments for Children Space maintainers Emergency Treatment Oral Examinations X-Rays Topical Sealants</p>	\$50 Per Person Benefit Year Deductible		<p>50% Orthodontic Services Children to age 19</p> <p>Active Orthodontic Appliances All other orthodontic services</p>
	<p>100% Basic Services</p> <p>Laboratory tests Fillings- Amalgam, Silicate, and Acrylic Stainless steel Crowns Diagnostic Casts</p>	<p>60% Major</p> <p>Gold and porcelain Installation of bridge work and crowns Periodontal Services Extractions & other Oral Surgery Periodontal Surgery Endontics Root canal Repair and Main. of Bridgework & Dentures</p>	
		40% copayment	50% copayment
			\$1,500 Lifetime Maximum
\$1,000 Per Person Calendar Year Maximum			

OUT-OF-NETWORK COVERAGE

*(Dentist is not participating Provider with The Guardian)

<p>100 %* Preventive Services</p> <p>Teeth Cleaning Fluoride treatments for Children Space maintainers Emergency Treatment Oral Examinations X-Rays Topical Sealants</p>	\$50 Per Person Benefit Year Deductible		<p>50%* Orthodontic Services Children to age 19</p> <p>Active Orthodontic Appliances All other orthodontic services</p>
	<p>80%* Basic Services</p> <p>Laboratory tests Fillings- Amalgam, Silicate, and Acrylic Stainless steel Crowns Diagnostic Casts</p>	<p>50%* Major Services</p> <p>Gold and porcelain Installation of bridge work and crowns Periodontal Services Extractions & other Oral Surgery Periodontal Surgery Endontics Root canal Repair and Main. of Bridgework & Dentures</p>	
		20% copayment	50% copayment
			\$1500 Lifetime Maximum
\$1,000 Per Person Calendar Year Maximum			

Monthly Premiums: Individual \$57.75 Family \$165.18