

Guardian Dental Plan Comparison

Services	Option 1	Option 2
Preventative* (e.g., cleanings)	100%**	100%**
Perio Rider (4 visits)	Yes	Yes
Basic (e.g., fillings, extractions)	80%**	50%**
Major (e.g., crowns, dentures)	50%**	50%**
Orthodontia	See Rates below	See Rates below
Individual Annual Deductible*	\$50	\$25
Maximum Annual Family Deductible	\$150 ~ 3 Per Family	\$50 ~ 2 Per Family
Calander Year Maximum per Dependent	\$1,000	\$1,000
Benefit Type	Fee Based	Fee Based
Maximum Rollover Benefit (see reverse side)	Yes	Yes
Rollover threshold	Less than \$500	Less than \$500
Rollover amount	\$250	\$250
Dependent Coverage****	Dep 20/26 FTS	Dep 20/26 FTS
2010 Rates		
No Orthodontia		
Single	\$32.02	\$28.60
Family	\$88.57	\$79.08
With \$1000 Orthodontia for Dependents***		
Single	\$32.02	\$28.60
Family	\$100.41	\$90.92

* Deductible waived for Preventative Services

** Benefits are based on participating provider fee schedules

***Orthodontia benefits are available to groups with 5+ covered lives

****Dependents covered to Age 20 / Age 26 if Full Time Students


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 Benefits Advocate

Plans contain a 12 month waiting period for Periodontal & Major Services for all employer groups size 2-9 WITHOUT prior dental coverage.

This benefit comparison is a brief summary of benefits. It is NOT a contract.