



Summary of Benefits

Dental Benefit Summary

Group ID:	00488734	Coverage Type:	Contributory
Group Name:	FRASER PUBLIC SCHOOLS	Class:	0005 ALL ELIGIBLE ADMINISTRATIVE ASSISTANTS AND MEDIA TECHNOLOGY ASSISTANTS
Waiting Period:	1st of the month following date of hire	As of Date:	10/21/2019

Plan Information

Your dental networks is: Dental - DentalGuard Pref NAP - Michigan

Coverage Information

	NAP - CLASS 5	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Michigan network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	None	None
Preventive		
Basic		
Major		
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Maximum rollover	Not Available	Not Available
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None

	NAP - CLASS 5	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Michigan network will be most cost effective.	
	In Network	Out of Network
Preventive Care:	75%	75%
Bitewing X-Rays	75%	75%
Full Mouth X-Rays	75%	75%
Cleaning	75%	75%
Oral Exams	75%	75%
Sealants (per tooth)	75%	75%
Basic Care:	75%	75%
Fillings (one surface)	75%	75%
General Anesthesia ¹	75%	75%
Scaling & Root Planing (per quadrant)	75%	75%
Simple Extractions	75%	75%
Single Crowns	75%	75%
Major Care:	50%	50%
Dentures	50%	50%
Orthodontia	Not Available	Not Available

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to 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 (unless they are expressly provided for).
- 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-DEN -16 et al.

 1 Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.