Guardian

# Summary of Benefits

Low Option without Ortho Coverage
Class: Non-Affliated

## 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.