



## **GUARDIAN DENTAL GUARD 2000 BENEFITS** **ANNUAL MAXIMUM BENEFIT PER PERSON \$1000**

### **Preventive Services -100% in accordance with UCR schedule of benefits.**

Deductible waived both in and out of network for preventive care. Services covered include 2 cleanings per year/per person, x-rays, oral exam, fluoride treatments, space maintainers, sealants for children and emergency treatment.

### **Basic Services - 90% for In-network Providers– 80% for Out-of-network providers in accordance with UCR schedule of benefits.**

After deductible of \$50/person for in-network providers and \$75/person for out-of-network providers is met. Services covered include fillings, extractions, oral surgery, periodontal services, root canal, anesthesia, repair and maintenance of bridgework, dentures and crowns.

### **Major Services - 60% for In-network Providers—50% for Out-of-network providers in accordance with UCR schedule of benefits.**

After deductible of \$50/person for in-network providers and \$75/person for out-of-network providers is met. No waiting period for major services when enrollment is within guidelines listed below. Services covered include crowns, inlays, bridges, post & cores, **(when medically necessary)** full and partial dentures. **No orthodontia coverage under this policy.**

**Dental claims are processed in accordance with usual, customary and reasonable (UCR) schedule of benefits. Other limitations may apply. Please see your contract or contact Guardian at 1-800-541-7846.**

#### Quarterly (Monthly) Premium:

Individual:	\$ 144.30 (\$48.10)
Employee+1:	\$ 285.90 (\$95.30)
Family:	\$ 410.94 (\$136.98)

#### **IMPORTANT DETAILS:**

- New members must enroll within 90 days of establishing membership or during Open Enrollment. **Open enrollment is March 1 for an April 1st effective date.**
- New employees may enroll for coverage effective the 1st of the month following 30 days of employment or during Open Enrollment.
- Enrollment at any other time will result in **“Late Enrollment Penalties” (1 yr wait on major services)** being applied.
- Eligible dependents covered to age 26.
- All employees must work at least 30 hours per week minimum.
- Businesses with 1-4 employees: 100% of those eligible must participate.
- Businesses with 5 or more employees: 75% of those eligible must participate. Pre-determination of benefits for all procedures of \$300 or more is recommended. All insurance is billed quarterly and includes a one-time set up fee of \$20 is charged for each new employee.

**For applications or additional information, contact Shelli Taber at 518-439-0512 or email at [STaber@bethlehemchamber.com](mailto:STaber@bethlehemchamber.com)**