



# Summary of Benefits

## Dental Benefit Summary

Group ID:	00486319	Coverage Type:	Voluntary
Group Name:	CHRISTOPHER RURAL HEALTH PLANNING CORP	Class:	0001 PHYSICIANS & EXECUTIVES
Waiting Period:	None	As of Date:	02/24/2022

## Plan Information

Your dental networks is: DentalGuard Preferred Platinum

## Coverage Information

	TIER 1 DentalGuard Preferred Platinum	TIER 2 DentalGuard Preferred Gold and DentalGuard Preferred Silver	TIER 3 Non-Contracted
<b>What's the most cost-effective way to use dental insurance?</b>	You may go to any dentist, however those who belong to the <b>DentalGuard Preferred Platinum</b> will be most cost effective.		
	TIER 1	TIER 2	TIER 3
<b>Calendar year deductible</b>	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived	Waived
Basic	Not Waived	Not Waived	Not Waived
Major	Not Waived	Not Waived	Not Waived
<b>Calendar Year Maximum Benefit</b>	\$1,500	The amount shown in the Tier 3 column is your combined Calendar Year maximum for both Tier 2 and Tier 3 services.	\$1,500

	TIER 1	TIER 2	TIER 3
	DentalGuard Preferred Platinum	DentalGuard Preferred Gold and DentalGuard Preferred Silver	Non-Contracted
<b>What's the most cost-effective way to use dental insurance?</b>	You may go to any dentist, however those who belong to the <b>DentalGuard Preferred Platinum</b> will be most cost effective.		
	TIER 1	TIER 2	TIER 3
<b>Lifetime Orthodontia Maximum</b>	\$1,500	The amount shown in the Tier 3 field is your combined Lifetime Orthodontia Maximum for both Tier 2 and Tier 3 services.	\$1,500
<b>Maximum rollover</b>	Yes	Yes	Yes
<b>Monthly Switch</b>	Not Available	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?	How much does the plan pay?(as a percentage of Reasonable and Customary)
<b>Office Visit Co-pay (one office visit may cover multiple services)</b>	None	None	None
<b>Preventive Care:</b>	100%	100%	100%
Bitewing X-Rays	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%
Cleaning	100%	100%	100%
Oral Exams	100%	100%	100%
Sealants (per tooth)	100%	100%	100%
<b>Basic Care:</b>	100%	90%	80%
Fillings (one surface)	100%	90%	80%
General Anesthesia <sup>1</sup>	100%	90%	80%
Scaling & Root Planing (per quadrant)	100%	90%	80%
Simple Extractions	100%	90%	80%
<b>Major Care:</b>	70%	60%	50%

	TIER 1 DentalGuard Preferred Platinum	TIER 2 DentalGuard Preferred Gold and DentalGuard Preferred Silver	TIER 3 Non-Contracted
<b>What's the most cost-effective way to use dental insurance?</b>	You may go to any dentist, however those who belong to the <b>DentalGuard Preferred Platinum</b> will be most cost effective.		
	TIER 1	TIER 2	TIER 3
Dentures	70%	60%	50%
Single Crowns	70%	60%	50%
<b>Orthodontia</b>	50%	50%	50%

## 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.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

**Disclaimer:** Guardian's DentalGuard Preferred Provider Organization consists of dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in your Schedule of Benefits. Network access varies by geographic location and zip code.

 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.