

Webster Chamber Guardian Dental Plans

	Dental Guard Pref - Basic Plan		Dental Guard Pref Buy Up Premium Plan	
Monthly Premiums	\$46.57		\$65.20	
	\$98.24		\$137.53	
	\$89.68		\$125.51	
	\$143.14		\$200.39	
	In Network	Out of Network	In Network	Out of Network
	You may go to any dentist, however, those who belong to the Dental-DentalGuard Pref Network will be the most cost effective.			
	Deductibles			
Preventive Services	No Deductible	No Deductible	No Deductible	No Deductible
Basic Services	\$50 Deductible - Once the annual deductible is met by each of three members of the family, no further deductibles apply.	\$50 Deductible - Once the annual deductible is met by each of three members of the family, no further deductibles apply.	\$50 Deductible - Once the annual deductible is met by each of three members of the family, no further deductibles apply.	\$50 Deductible - Once the annual deductible is met by each of three members of the family, no further deductibles apply.
Major Services	Not Covered	Not Covered	\$50 Deductible - Once the annual deductible is met by each of three members of the family, no further deductibles apply.	\$50 Deductible - Once the annual deductible is met by each of three members of the family, no further deductibles apply.
Calendar Year Maximum Benefit	\$750 In and Out Combined	\$750 In and Out Combined	\$750 In and Out Combined	\$750 In and Out Combined
	How much does the Plan pay?			
Preventive Care	100%	100%	100%	100%
Bitwing X-Rays	100%	100%	100%	100%
Full Mouth X-Rays	100%	100%	100%	100%
Cleaning	100%	100%	100%	100%
Oral Exams	100%	100%	100%	100%
Sealants (Per Tooth)	100%	100%	100%	100%
Basic Care:	100%	80%	100%	80%
Fillings	100%	80%	100%	80%
General Anesthesia ¹	100%	80%	100%	80%
Sealing & Root Planing (Per Quadrant)	100%	80%	100%	80%
Simple Extractions	100%	80%	100%	80%
Major Care:	Not Covered	Not Covered	60%	50%
Dentures	Not Covered	Not Covered	60%	50%
Single Crowns	Not Covered	Not Covered	60%	50%
Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered

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

¹ Restrictions apply and may be subject to medical necessity.