Guardian Dental Rates

Upstate NY

Groups of 2 to 50

PLAN INCLUDES:
- Maximum Rollover
- Vision Access
- Composite Filings
- Implant Coverage

	Preventive/Basic/Major	Deductible	Waived for	Annual Maximum	Reimbursement
INN	100%/80%/50%	$50	Preventive Services	$1000	Fee Schedule
ONN	100%/80%/50%	$50	Preventive Services	$1000	Fee Schedule
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan VZ	$29.22	$80.41	N/A	$26.74	$79.25	$5.67	$25.09	$74.41	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan VZ	$28.66	$78.72	N/A	$26.11	$78.23	$6.52	$24.73	$74.16	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan VZ	$25.27	$69.72	N/A	$23.36	$70.42	$5.97	$21.83	$65.86	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

SIC CODE INDUSTRY LOADS					
Industry	SIC	%Load	Industry	SIC	%Load
Veterinary Services	074x	7%	Entertainers	792x	50%
Automobile Sales & Services	55xx	3%	Sports Teams	7999	25%
Government Employees	43xx, 92xx-97xx	8%	Dentists	802x	DTQ
Insurance & Real Estate	64xx, 653x	8%	Legal Services	81xx	5%
			Teachers	821x-822x, 824x, 829x	7%

IMPORTANT NOTES

»Rates and premiums presented are based on the employee data at time of quote. Final rates and premiums are based on the plans selected and employee/dependent data provided on the enrollment forms. State specific requirements apply.

»For non-transferred groups of 2-9 enrolled employees, a 12 month deferral of major and periodontic services applies. This wait will be waived for current employees and dependents if the group presently has dental coverage with major coverage (a copy of the current carrier's bill is required for proof). To waive the deferral requirement for all employees for 5-9 cases, multiply rates by 1.03 for Transfer Cases and by 1.15 for Non-Transfer Cases.

»The administrative fee on all 2-15 groups is $2 per employee per month, up to a maximum of $10 per month. This will be waived if the planholder enrolls in Guardian Anytime and selects the online billing option.

»Orthodontia rates are optional. Ortho rate gets added to FAM rate for 2-tier and to EE/CH and FAM rate for 4-tier. Groups with 5-24 lives require a 12 month waiting period for Ortho coverage (can be waived only for current enrolled employees of a transferred group if Ortho is inforce with the prior plan).

»If there is an average of more than 4 children per dependent (EE+CH or FAM) unit, call your Guardian Sales Office for more information.

»Guardian requires either a minimum monthly premium of $83.33 or minimum annual premium of $1,000.

»Dependent children are covered up to age 20, or age 26 if full-time student.

»***On plans with OON reimbursement based on the fee schedule, the dentist can balance bill the patient for the difference between the fee schedule and the actual charge.

»Rates assume 65% participation

»Rates are valid for effective dates between 07/01/2025 and 12/31/2025

»The information provided above is intended as a brief summary only. Please refer to the dental insurance plan documents for a complete description of covered services, limitations and exclusions. GP-1-DG2000, et al.; *GP-1-FFM-13, et al.; *GP-1-SHOP-13, et al. (*varies by state)

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Guardian Dental Rates

Upstate NY

Groups of 2 to 50

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- Vision Access
- Composite Filings
- Implant Coverage

	Preventive/Basic/Major	Deductible	Waived for	Annual Maximum	Reimbursement
INN	100%/80%/50%	$50	Preventive Services	$1000	Fee Schedule
ONN	100%/80%/50%	$50	Preventive Services	$1000	90th
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan PX	$38.68	$106.59	N/A	$35.40	$103.20	$5.67	$33.21	$96.88	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan PX	$36.70	$100.93	N/A	$33.43	$98.46	$6.52	$31.66	$93.32	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan PX	$35.00	$96.71	N/A	$32.36	$95.37	$5.97	$30.24	$89.18	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

SIC CODE INDUSTRY LOADS					
Industry	SIC	%Load	Industry	SIC	%Load
Veterinary Services	074x	7%	Entertainers	792x	50%
Automobile Sales & Services	55xx	3%	Sports Teams	7999	25%
Government Employees	43xx, 92xx-97xx	8%	Dentists	802x	DTQ
Insurance & Real Estate	64xx, 653x	8%	Legal Services	81xx	5%
			Teachers	821x-822x, 824x, 829x	7%

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»The administrative fee on all 2-15 groups is $2 per employee per month, up to a maximum of $10 per month. This will be waived if the planholder enrolls in Guardian Anytime and selects the online billing option.

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Upstate NY

Groups of 2 to 50

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- Vision Access
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- Implant Coverage

	Preventive/Basic/Major	Deductible	Waived for	Annual Maximum	Reimbursement
INN	100%/100%/60%	$50	Preventive Services	$1000	Fee Schedule
ONN	100%/80%/50%	$100	Not Waived	$1000	Fee Schedule
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan N1	$31.66	$86.16	N/A	$28.97	$84.51	$5.67	$27.18	$79.35	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan N1	$31.82	$86.31	N/A	$28.99	$85.14	$6.52	$27.46	$80.70	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan N1	$26.90	$73.47	N/A	$24.87	$73.88	$5.97	$23.23	$69.10	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

SIC CODE INDUSTRY LOADS					
Industry	SIC	%Load	Industry	SIC	%Load
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Government Employees	43xx, 92xx-97xx	8%	Dentists	802x	DTQ
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			Teachers	821x-822x, 824x, 829x	7%

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Upstate NY

Groups of 2 to 50

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- Implant Coverage

	Preventive/Basic/Major	Deductible	Waived for	Annual Maximum	Reimbursement
INN	100%/80%/50%	$50	Preventive Services	$1000	Fee Schedule
ONN	80%/70%/40%	$100	Not Waived	$1000	90th
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan X7	$31.80	$87.81	N/A	$29.09	$86.02	$5.67	$27.30	$80.76	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan X7	$30.79	$84.83	N/A	$28.05	$83.80	$6.52	$26.56	$79.43	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan X7	$27.69	$76.68	N/A	$25.60	$76.86	$5.97	$23.92	$71.87	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

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Industry	SIC	%Load	Industry	SIC	%Load
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Automobile Sales & Services	55xx	3%	Sports Teams	7999	25%
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INN	100%/80%/50%	$50	Preventive Services	$1000	Fee Schedule
ONN	100%/80%/50%	$100	Preventive Services	$1000	90th
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
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	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan UY	$38.02	$104.83	N/A	$34.79	$101.59	$5.67	$32.64	$95.38	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan UY	$35.89	$98.76	N/A	$32.69	$96.48	$6.52	$30.96	$91.44	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan UY	$34.03	$94.10	N/A	$31.46	$92.96	$5.97	$29.39	$86.92	$5.63

Preventive Services
- Examinations every 6 months
- Prophylaxis every 6 months
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- Space Maintainers
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- Vision Access
- Composite Filings
- Implant Coverage

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ONN	100%/80%/50%	$50	Preventive Services	$1000	90th
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan BW	$40.55	$111.18	N/A	$37.11	$107.40	$5.67	$34.81	$100.82	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan BW	$38.49	$105.28	N/A	$35.06	$102.42	$6.52	$33.21	$97.07	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan BW	$36.25	$99.67	N/A	$33.51	$98.10	$5.97	$31.31	$91.73	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

SIC CODE INDUSTRY LOADS					
Industry	SIC	%Load	Industry	SIC	%Load
Veterinary Services	074x	7%	Entertainers	792x	50%
Automobile Sales & Services	55xx	3%	Sports Teams	7999	25%
Government Employees	43xx, 92xx-97xx	8%	Dentists	802x	DTQ
Insurance & Real Estate	64xx, 653x	8%	Legal Services	81xx	5%
			Teachers	821x-822x, 824x, 829x	7%

IMPORTANT NOTES

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»The administrative fee on all 2-15 groups is $2 per employee per month, up to a maximum of $10 per month. This will be waived if the planholder enrolls in Guardian Anytime and selects the online billing option.

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»If there is an average of more than 4 children per dependent (EE+CH or FAM) unit, call your Guardian Sales Office for more information.

»Guardian requires either a minimum monthly premium of $83.33 or minimum annual premium of $1,000.

»Dependent children are covered up to age 20, or age 26 if full-time student.

»***On plans with OON reimbursement based on the fee schedule, the dentist can balance bill the patient for the difference between the fee schedule and the actual charge.

»Rates assume 65% participation

»Rates are valid for effective dates between 07/01/2025 and 12/31/2025

»The information provided above is intended as a brief summary only. Please refer to the dental insurance plan documents for a complete description of covered services, limitations and exclusions. GP-1-DG2000, et al.; *GP-1-FFM-13, et al.; *GP-1-SHOP-13, et al. (*varies by state)

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Guardian Dental Rates

Upstate NY

Groups of 2 to 50

PLAN INCLUDES:
- Maximum Rollover
- Vision Access
- Composite Filings
- Implant Coverage

	Preventive/Basic/Major	Deductible	Waived for	Annual Maximum	Reimbursement
INN	100%/90%/60%	$50	Preventive Services	$1000	Fee Schedule
ONN	100%/80%/50%	$100	Preventive Services	$1000	90th
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan UD	$40.13	$109.82	N/A	$36.72	$106.16	$5.67	$34.45	$99.66	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan UD	$38.21	$104.24	N/A	$34.81	$101.47	$6.52	$32.97	$96.17	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan UD	$35.72	$98.09	N/A	$33.02	$96.64	$5.97	$30.85	$90.36	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

SIC CODE INDUSTRY LOADS					
Industry	SIC	%Load	Industry	SIC	%Load
Veterinary Services	074x	7%	Entertainers	792x	50%
Automobile Sales & Services	55xx	3%	Sports Teams	7999	25%
Government Employees	43xx, 92xx-97xx	8%	Dentists	802x	DTQ
Insurance & Real Estate	64xx, 653x	8%	Legal Services	81xx	5%
			Teachers	821x-822x, 824x, 829x	7%

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Guardian Dental Rates

Upstate NY

Groups of 2 to 50

PLAN INCLUDES:
- Maximum Rollover
- Vision Access
- Composite Filings
- Implant Coverage

	Preventive/Basic/Major	Deductible	Waived for	Annual Maximum	Reimbursement
INN	100%/100%/60%	$50	Preventive Services	$1500	Fee Schedule
ONN	100%/80%/50%	$50	Preventive Services	$1000	90th
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan B1	$44.39	$120.54	N/A	$40.62	$115.96	$5.67	$38.11	$108.86	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan B1	$42.71	$115.57	N/A	$38.90	$111.79	$6.52	$36.85	$105.95	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan B1	$39.32	$107.16	N/A	$36.35	$105.03	$5.97	$33.96	$98.20	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

SIC CODE INDUSTRY LOADS					
Industry	SIC	%Load	Industry	SIC	%Load
Veterinary Services	074x	7%	Entertainers	792x	50%
Automobile Sales & Services	55xx	3%	Sports Teams	7999	25%
Government Employees	43xx, 92xx-97xx	8%	Dentists	802x	DTQ
Insurance & Real Estate	64xx, 653x	8%	Legal Services	81xx	5%
			Teachers	821x-822x, 824x, 829x	7%

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Guardian Dental Rates

Upstate NY

Groups of 2 to 50

PLAN INCLUDES:
- Maximum Rollover
- Vision Access
- Composite Filings
- Implant Coverage

	Preventive/Basic/Major	Deductible	Waived for	Annual Maximum	Reimbursement
INN	100%/100%/60%	$50	Preventive Services	$1000	Fee Schedule
ONN	100%/80%/50%	$100	Preventive Services	$1000	90th
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan U1	$41.48	$113.31	N/A	$37.95	$109.35	$5.67	$35.61	$102.66	$5.38

	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan U1	$39.69	$108.08	N/A	$36.15	$104.97	$6.52	$34.24	$99.49	$6.24

	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan U1	$36.79	$100.89	N/A	$34.01	$99.24	$5.97	$31.78	$92.79	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

SIC CODE INDUSTRY LOADS					
Industry	SIC	%Load	Industry	SIC	%Load
Veterinary Services	074x	7%	Entertainers	792x	50%
Automobile Sales & Services	55xx	3%	Sports Teams	7999	25%
Government Employees	43xx, 92xx-97xx	8%	Dentists	802x	DTQ
Insurance & Real Estate	64xx, 653x	8%	Legal Services	81xx	5%
			Teachers	821x-822x, 824x, 829x	7%

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Guardian Dental Rates

Upstate NY

Groups of 2 to 50

PLAN INCLUDES:
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- Vision Access
- Composite Filings
- Implant Coverage

	Preventive/Basic/Major	Deductible	Waived for	Annual Maximum	Reimbursement
Value	100%/100%/60%	$50	Preventive Services	$1000	Fee Schedule
NAP	100%/80%/50%	$50	Preventive Services	$1000	90th
Orthodontia	50% to $1000 Lifetime Maximum				

	120-124, 144-146			120-124, 144-146			120-124, 144-146		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan J1	$36.75	$101.26	N/A	$33.63	$98.32	$5.67	$31.55	$92.31	$5.38
	125-127, 130-132, 140-143			125-127, 130-132, 140-143			125-127, 130-132, 140-143		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan J1	$34.86	$95.89	N/A	$31.76	$93.86	$6.52	$30.08	$88.97	$6.24
	128-129, 133-139, 147-149			128-129, 133-139, 147-149			128-129, 133-139, 147-149		
	2-4 Lives (Enrolled)			5-15 Lives (Enrolled)			16-50 Lives (Enrolled)		
	EE	FAM	ORTHO	EE	FAM	ORTHO	EE	FAM	ORTHO
Plan J1	$33.25	$91.88	N/A	$30.74	$90.90	$5.97	$28.72	$85.00	$5.63

Preventive Services

- Examinations every 6 months
- Prophylaxis every 6 months
- Fluoride Treatments every 6 monthsto age 19
- Sealants
- Space Maintainers
- X-rays, full mouth every 60 months

Basic Services

- Filings
- Posterior Composites
- Endodontic Services/Root Canal Treatment
- Periodontal Services
- Extractions
- Complex Oral Surgery
- General Anesthesia (surgical procedures only)
- Repairs of dentures, bridgework, crowns

Major Services

- Crowns: Resin, Metal
- Prefabricated Post & Core
- Full and Partial Dentures
- Bridgework
- Implants

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Industry	SIC	%Load	Industry	SIC	%Load
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Plan Options, Loads & Discounts

Upstate NY

Cross Sell Discounts

If dental sold with other coverages, multiply rates by:		
	2-14	25-50
Dental +1 Line	0.98	0.98
Dental +2 Lines	0.98	0.98
Dental +3 Lines	0.98	0.98
Dental +4 Lines	0.98	0.98
Dental +5 Lines	0.98	0.98

Annual Maximums

To vary annual maximum, multiply rates by:	
$750	0.93
$1200	1.05
$1500	1.12
$2000	1.18
$2500	1.24
Do not use for plans B1, BW or QD	

Participation requirements:

If Participation is not 65%, multiply rates by:	
75% - 100%	0.99
65% - 74%	1.0
60% - 64%	1.02
50% - 59%	1.05
45% - 49%	1.13
35% - 44%	1.21
30% - 34%	1.27
25% - 29%	1.34

Voluntary Requirements

Eligible Employees	Requires Participation
2 - 24*	Greater of 4 or 30%*
25 - 50*	Greater of 5 or 25%*
*If participation is below 65% apply appropriate participation load using the participation factors shown on this page	

Guardian Choice Dental Plans Summary

Two Great Plan Designs - One Great Price!
Choose the dental plan that's right for you
and switch each year at enrollment time if your needs change!

	Value Plan	Network Access Plan
In-network:	Benefits are based on a negotiated contracted fee schedule (an average discount of 30%). No additional fees to the dentist!	
Out-of-network:	▪ Benefits are based on the discounted fee schedules agreed upon by our network dentists.	▪ Benefits are based on a combination of industry, third party and internal data that dentists in your area charge for each procedure.
	▪ Any amount that is charged over the fee schedule is the responsibility of the patient	
Co-insurance	▪ Preventive services are covered 100% ▪ Co-insurance (benefits) for other services are higher than the Network Access Plan.	▪ Preventive services are covered 100% ▪ Co-insurance (benefits) for other services are lower than the Value Plan.
Save money by using network providers	▪ If you always use network providers, consider the Value Plan. ▪ With higher co-insurance levels, your out-of-pocket costs are reduced for in-network dentists.	▪ If you want freedom to choose between in-network and out-of-network providers, consider the Network Access Plan. ▪ Coverage out-of-network is not limited to the discounted fees our in-network dentists charge.
▪ Premiums are the same for either plan		
▪ Switch plans each year at annual enrollment time		
▪ Save an average of 30% over what dentists usually charge by using network providers		