



Summary of Benefits

Dental Benefit Summary

Group ID:	00539871	Coverage Type:	Contributory
Group Name:	LUZERNE COUNTY HEAD START, INC.	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 90 day(s)	As of Date:	05/23/2019

Plan Information

Your dental networks is: DentalGuard Preferred

Coverage Information

	Enhanced Coverage	Standard Coverage
	DentalGuard Preferred Alliance Select, DentalGuard Preferred Elite and DentalGuard Preferred Connect	DentalGuard Preferred Plus and Non-Contracted
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the DentalGuard Preferred Alliance Select, DentalGuard Preferred Elite and DentalGuard Preferred Connect will be most cost effective.	
	Enhanced Coverage	Standard Coverage
Calendar year deductible	None	None
Preventive		
Basic		
Major		
Calendar Year Maximum Benefit	The amount shown in the Standard Coverage column is your combined Calendar Year maximum for both Enhanced Coverage and Standard Coverage services.	\$1,250
Lifetime Orthodontia Maximum	The amount shown in the Standard Coverage field is your combined Lifetime Orthodontia Maximum for both Enhanced Coverage and Standard Coverage services.	\$1,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available

	Enhanced Coverage	Standard Coverage
	DentalGuard Preferred Alliance Select, DentalGuard Preferred Elite and DentalGuard Preferred Connect	DentalGuard Preferred Plus and Non-Contracted
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the DentalGuard Preferred Alliance Select, DentalGuard Preferred Elite and DentalGuard Preferred Connect will be most cost effective.	
	Enhanced Coverage	Standard Coverage

How much does the plan pay?

How much does the plan pay?(as a percentage of fee schedule.)

Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	100%	100%
Fillings (one surface)	100%	100%
General Anesthesia ¹	100%	100%
Scaling & Root Planing (per quadrant)	100%	100%
Simple Extractions	100%	100%
Major Care:	50%	50%
Dentures	50%	50%
Single Crowns	50%	50%
Orthodontia	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.