



GUARDIAN DENTAL PLAN #287432 DIV #0004
 Rates effective January 1, 2017 - December 31, 2017



PPO Z1 Class 2	In-Network	Out-of-Network
Individual		\$38.90
2-Person		\$92.44
Employee/Child(ren)		\$101.88
Family		\$156.35
	Monthly Rates (Rates shown do not include the \$2 month administrative fee)	
Office Visit Co-pay	None	None
	(One office visit may cover multiple services)	
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Orthodontia	N/A	N/A
Calendar Year Deductible	\$50	\$50
	Once the annual deductible is met by each of three family members, no further deductibles apply	
Calendar Year Maximum	\$1,000.00	\$1,000.00
	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services	
	Dependents covered to Age 26	
Group Eligibility	1-4 employees 100% participation required 5-49 employees 75% participation required	
	Coverage starts the 1st of the month following 30 days of Membership/Hire Employee must work minium of 35 hours	
	Open Enrollment during the month of November for January 1st coverage. All paperwork must be received by Wednesday, November 30th.	

Summaries available upon request. Waiting period applies to some major dental services

PO Box 1616 Troy NY 12181-1616
518-720-8888