

IBEW Local 18 Health & Welfare Trust

Group Plan #: 00456998



## Guardian Dental PPO.

Choosing a dental plan for you and your family is an important decision. Both Guardian Dental plans offered through the IBEW Local 18 Health & Welfare Trust provide coverage that will help protect and maintain you and your family's oral health.

Read below to learn more about your PPO Dental plan.

### PPO Plan

With this PPO plan, you may seek care at any provider, but your benefits are richer at in-network PPO dentists since they have agreed to accept fees that are, on average, 34% lower than standard charges. PPO plans cover Preventive, Basic, and Major care, up to the Annual Maximum.

### It's Easy to Use Your PPO Plan:

- Member-Level ID card Sent to Your Home
- Freedom to see any provider.
- No Deductible for Care at In-Network PPO providers; \$25 Deductible for Basic & Major Services at Out-of-Network providers.
- \$3,000 Annual Maximum Benefits for Preventive, Basic & Major type services.
- 100% Coverage for Cleanings, Exams, Fluoride & X-Rays to help keep you and your family healthy.
- Additional Benefits: Adult & Child Ortho up to \$2,000 Lifetime Maximum, White Fillings, Crowns and Implants

### Average cost of a root canal and associated dental work\*

	PPO Member At Non-PPO Dentist	PPO Member at PPO Dentist
Dentist Charges	\$1,600	\$960
You Pay	\$320	\$192

### Exclusions & Limitations

**PPO:** Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those 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), 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-DG6 et al.

**PPO and or Indemnity Special Limitation:** 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-DG6



\*Illustrative example only. See your plan for specific details regarding covered services. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY or its subsidiaries. Products not available in all states. Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage. Policy Form#GC-DEN-16-CA, et al.



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Find A PPO Network provider: [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

This plan uses the DentalGuard Preferred PPO Network for your PPO plan option.

BENEFITS COVERED	Benefits Paid for Care At Any Dentist	
YOUR RESPONSIBILITIES	<b>You are responsible for applicable annual deductibles and your coinsurance. Guardian's coverage levels (what the Plan pays) are shown below; you are responsible for the remaining amount.</b>	
	IN-NETWORK	OUT-OF-NETWORK
<b>ANNUAL DEDUCTIBLE</b>	\$0	(Applies to Basic & Major Services Only) \$25 per Individual, Up to 3 per family
<b>PREVENTIVE CARE</b>	<b>This Plan Pays:</b>	
Cleanings Frequency:	100%	100%
Oral Exams	100%	100%
Fluoride Treatments Limits:	100%	100%
Periodontal Maintenance Frequency:	100%	100%
X-Rays	100%	100%
<b>BASIC CARE</b>	<b>This Plan Pays:</b>	
General Anesthesia	90%	80%
Fillings <sup>1</sup>	90%	80%
Periodontal Surgery	90%	80%
Root Canal	90%	80%
Scaling & Root Planing	90%	80%
Sealants (per tooth)	90%	80%
Simple Extractions	90%	80%
<b>MAJOR CARE</b>	<b>This Plan Pays:</b>	
Bridges & Dentures	60% <sup>3</sup>	60% <sup>3</sup>
Single Crowns <sup>2</sup>	60% <sup>3</sup>	60% <sup>3</sup>
Inlays, Onlays & Veneers <sup>2</sup>	60% <sup>3</sup>	60% <sup>3</sup>
Repair & Maintenance of Crowns, Bridges, Dentures	60%	60%
Implants	60% <sup>3</sup>	60% <sup>3</sup>
<b>ANNUAL MAXIMUM</b>	\$3,000	
<b>ADULT &amp; CHILD ORTHODONTIA</b>	Covered at 80%, up to \$2,000 Lifetime Maximum Per Person	
<b>COSMETIC CARE (TEETH BLEACHING)<sup>4</sup></b>	<b>This Plan Pays:</b>	
Annual Deductible	\$25	\$50
Coinsurance	50% <sup>4</sup>	25% <sup>4</sup>
Annual Maximum	\$500	

**Need Assistance?**

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: **00456998**.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

**Manage Your Benefits:**

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

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1. Fillings – restrictions or additional cost may apply to composite fillings. 2. Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. 3. A 3-year replacement limitation applies to prosthetics. 4. Cosmetic Care is limited to once every 24 months. This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage.