



Schedule of Benefits DentalGuard

Schedule A Description

All Eligible Employees

41 Employees

Dental PPO – Plan Type WD

DentalGuard Preferred, Northern California

In-Network Schedule Features

- The individual deductible amount is \$50 per calendar year.
- There are three (3) individual deductibles per family. If three family members pay the cash deductible in a calendar year, the deductible for all other insured family members will be waived for the rest of year. A two-deductible-per-family limit is also available.
- The deductible is waived for Preventive services.
- We pay 100% of covered charges for Preventive services, 90% of covered charges after the deductible for Basic services, and 60% of covered charges after the deductible for Major services to a maximum of \$1,000 per benefit year, per covered person.

Out-of-Network Schedule Features

- The individual deductible amount is \$50 per calendar year.
- There are three (3) individual deductibles per family. If three family members pay the cash deductible on a calendar year, the deductible for all other insured family members will be waived for the rest of year. A two-deductible-per-family limit is also available.
- We pay 100% of covered charges for Preventive services, 80% of covered charges after the deductible for Basic services, and 50% of covered charges after the deductible for Major services to a maximum of \$1,000 per benefit year, per covered person.

Other Schedule Features

- No deferred services have been elected.



Schedule Exclusions

- Except as explained in Replacement Plan, we do not pay for a prosthetic device replacing teeth lost before a covered person became insured for this plan. But we will pay for a device to replace those teeth if it also replaces teeth lost or extracted while the covered person is insured by this plan.
- We do not pay for replacing an appliance or prosthetic device with a like appliance or any appliance or prosthetic device, unless: (a) it is at least ten years old and can't be made usable, or (b) it is damaged while in the covered person's mouth in an injury suffered while insured and can't be fixed.
- We do not pay for general anesthesia, intramuscular sedation, intravenous sedation, non-intravenous sedation or inhalation sedation, including but not limited to nitrous oxide except when administered in conjunction with covered periodontal surgery, surgical extractions, the surgical removal of impacted teeth, apicoectomies, root amputations and 'Other Oral Surgical Procedures' as defined by the contract; local anesthetic if billed as a separate procedure.

Schedule Assumptions

- Contributory for Employees and Dependents.
- 75% of all eligible employees or 90% of all employees that are not covered elsewhere must be enrolled.
- 75% of all eligible dependents that are not covered elsewhere must be enrolled.
- If employee participation is less than 75%, or less than 10 employees enroll, contact The Guardian Group Sales Office of possible exceptions.
- Usual, customary and reasonable (UCR) charges are limited to the 90th percentile.
- The proposed plan meets all legal conditions and The Guardian's underwriting requirements.