



TEL Staffing & HR

PAYROLL
WORKERS COMP
HUMAN RESOURCES
BENEFITS
STAFFING



VOLUNTARY DENTAL INSURANCE

Which plan is best for you and your family?

Guardian Dental	Option 1			Option 2		
Deductible						
Single / Family Basic and Major Only	\$50 / \$150			\$50 / \$150		
Benefits	In-Network/Out-Network			In-Network/Out-Network		
Preventive Services	100% / 100%			100% / 100%		
Basis Services	80% / 80%			90% / 80%		
Major Services	50% / 50%			60% / 50%		
Oral Exam	Preventive			Preventive		
Bitewing X-Rays	Preventive			Preventive		
Cleanings	Preventive			Preventive		
Fluoride Treatment	Preventive			Preventive		
Fillings	Basic			Basic		
General Anesthesia	Basic			Basic		
Simple Extractions	Basic			Basic		
Repairs of dentures, crowns & bridgework	Basic			Basic		
Root Canal Molar	Major			Basic		
Periodontal Scaling	Major			Basic		
Oral Surgery	Major			Basic		
Crowns and Bridges	Major			Major		
Dentures	Major			Major		
Inlays	Major			Major		
Surgical Placement	Major			Major		
Annual Maximum	\$1,000			\$1,500		
Orthodontic Services	None			\$1,000		
Children under age 19				Life Time Maximum		
Waiting Period	None			None		
Rollover Benefit	Yes			Yes		
Dental Rates	Weekly	Biweekly	Monthly	Weekly	Biweekly	Monthly
Employee	\$7.43	\$14.85	\$29.70	\$9.08	\$18.16	\$36.32
Employee/Spouse	\$14.71	\$29.41	\$58.82	\$17.99	\$35.97	\$71.94
Employee/Children	\$15.22	\$30.45	\$60.89	\$20.68	\$41.30	\$82.75
Family	\$23.39	\$46.78	\$93.56	\$31.79	\$63.58	\$127.16

Dental Plan is a PPO and uses the DentalGuard Preferred Network

Go to www.guardiananytime.com for a listing of network dentist vision providers



GUARDIAN®

Please Note: This handout is for illustrative purposes. You will receive benefit booklets.
If there is a discrepancy between this handout and your benefit booklet, the booklet prevails.

