



**IBEW Local 18**  
**DentalGuard Preferred Provider (PPO) Program**  
**Benefit Summary**

	Percentage Paid	
	In-network	Out-of-network
<b>Deductible</b> (*Waived for Preventive Services)	<b>None</b>	<b>\$25.00*</b>
<b>Preventive Services</b>	<b>100%</b>	<b>100%</b>
<ul style="list-style-type: none"> <li>○ Teeth Cleaning – two per calendar year</li> <li>○ Fluoride Treatments; two per calendar year (under age 19)</li> <li>○ Oral Examination – two per calendar year</li> <li>○ Periodontal Maintenance Procedure – two per calendar year</li> <li>○ Space Maintainers for Children</li> <li>○ X-Rays – two series of standard or eight film for vertical bitewings twice in any twelve month period.</li> </ul>		
<b>Basic Services</b>	<b>90%</b>	<b>80%</b>
<ul style="list-style-type: none"> <li>○ Topical Sealants for unrestored molar teeth - one treatment for child(ren) under 16 in a three (3) year period per tooth</li> <li>○ Endodontic Services/Root Canal Therapy</li> <li>○ Fillings</li> <li>○ General Anesthesia- surgical procedures only</li> <li>○ Injectable Antibiotics- for treatment of a dental condition only</li> <li>○ Oral Surgery</li> <li>○ Periodontal Surgery – one time per quadrant in 30 months</li> </ul>		
<b>Major Services</b>	<b>60%</b>	<b>60%</b>
<ul style="list-style-type: none"> <li>○ Bridges Installation-fixed and removable</li> <li>○ Repairs of dentures</li> <li>○ Crowns: Resin and Metal</li> <li>○ Dentures- Full and Partial</li> <li>○ Inlays, Onlays and Crown Restorations – limited to five years after original placement</li> </ul>		
<b>Orthodontic Services</b>	<b>80%</b>	<b>80%</b>
<ul style="list-style-type: none"> <li>○ \$2,000 lifetime maximum for adults &amp; child(ren)</li> <li>○ The deductible does not apply to Orthodontic services</li> </ul>		
<b>Annual Plan Maximum for Preventive, Basic and Major Services</b>		<b>\$2,000</b>

## Plan Features

- \*Deductible is waived for Preventive services. 3 individual deductibles per family.
- Children are covered up to age 19 or 25 if a full time student.
- All out of network services are based on usual, reasonable, and customary rates for given area.
- Dental Claims - P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-541-7846, fax: 509-468-4590.
- Guardian has contracted with dental providers to provide discounts off services and procedures to Guardian dental plan members. To locate a provider, please reference our On-Line Provider Directory at [www.GuardianLife.com](http://www.GuardianLife.com).
- Pre-determination Review - Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Have your dentist fax your treatment plan to Guardian, note that it is a pre-determination review and we will let your dentist know what benefits would be payable. This includes orthodontic treatment if your plan includes it.
- **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 - DG2000

**DentalGuard General Limitations and Exclusions:** 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), orthodontia (unless expressly provided for), cosmetic or experimental treatments, 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-DG2000 et al.

This handout is for illustrative purposes. You will receive benefit booklets when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.