



## Dental Plans Overview (January 01, 2021 - December 31, 2021)

	PPO 2		PPO 1	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services	50%	50%	50%	50%
Orthodontia	Not covered	Not covered	50% child(ren)	50% child(ren)
Deductible	\$50 (waived for preventive)	\$75 (waived for preventive)	\$50 (waived for preventive)	\$50 (waived for preventive)
Annual Max	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime Ortho Max	N/A		\$1500	
<b>Preventive Services</b>				
Exams/Cleanings 1 every 6 months	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Fluoride	Covered at 100% 1 every 6 months to age 19	Covered at 100% 1 every 6 months to age 19	Covered at 100% 1 every 6 months to age 19	Covered at 100% 1 every 6 months to age 19
Sealants	Covered at 100% 1 per 36 months to age 16	Covered at 100% 1 per 36 months to age 16	Covered at 100% 1 per 36 months to age 16	Covered at 100% 1 per 36 months to age 16
<b>Basic Services</b>				
X-rays – bitewing 1 every 6 months, full mouth 1 every 36	Covered at 80%	Covered at 80%	Covered at 80%	Covered at 80%
Fillings	Covered at 80% - Amalgam and Composite Resin	Covered at 80% - Amalgam and Composite Resin	Covered at 80% - Amalgam and Composite Resin	Covered at 80% - Amalgam and Composite Resin
Extractions	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
Periodontics	Covered at 50% Scaling and root planning 1 every 24 months	Covered at 50% Scaling and root planning 1 every 24 months	Covered at 80% Scaling and root planning 1 every 24 months	Covered at 80% Scaling and root planning 1 every 24 months
Endodontics	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
General Anesthesia	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
Oral Surgery	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
<b>Major Services</b>				
Crowns/Inlays/Onlays	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs
Prosthodontics	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs
Implants	Not covered	Not covered	Not covered	Not covered

**Wisconsin Only**

<b>Guardian Dental Plans Employee Contributions</b>	
Effective January 01, 2021 through December 31, 2021	
Dental Plans	Bi-Weekly Rates
<b>PPO 1 Plan</b>	
Employee	<b>\$11.95</b>
Family	<b>\$37.64</b>
<b>PPO 2 Plan</b>	
Employee	<b>\$11.65</b>
Family	<b>\$34.63</b>

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