



# Dental Proposal - Standard Option\*

Prepared for: NY Health Alliance (100-104,111-114,116)

- PLAN INCLUDES
- ◇ Maximum Rollover
  - ◇ Vision Access
  - ◇ Composite Fillings
  - ◇ Implant coverage

| Plan UY        | Coinsurance | Deductible | Waived for Preventive | Reimbursement |
|----------------|-------------|------------|-----------------------|---------------|
| In-Network     | 100/80/50   | \$50       | Yes                   | Fee Schedule  |
| Out of Network | 100/80/50   | \$100      | Yes                   | 90% of UCR    |

Orthodontia: 50% to \$1000 Lifetime Maximum

|               | \$1,000<br>Annual Maximum | \$1,500<br>Annual Maximum | \$2,000<br>Annual Maximum | \$2,500<br>Annual Maximum |
|---------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Employee      | 61.25                     | 69.82                     | 75.33                     | 79.62                     |
| EE/Spouse     | 124.34                    | 141.74                    | 152.94                    | 161.64                    |
| EE/Child(ren) | 139.68                    | 159.24                    | 171.81                    | 181.59                    |
| Family        | 214.85                    | 244.93                    | 264.27                    | 279.31                    |

## PREVENTIVE ADVANTAGE RATES

(Preventive Advantage: Preventive services do **not** reduce the annual maximum)

|               |        |        |        |        |
|---------------|--------|--------|--------|--------|
| Employee      | 63.39  | 71.22  | 76.09  | 80.02  |
| EE/Spouse     | 128.69 | 144.58 | 154.46 | 162.45 |
| EE/Child(ren) | 144.57 | 162.42 | 173.53 | 182.49 |
| Family        | 222.37 | 249.83 | 266.91 | 280.70 |

### PREVENTIVE SERVICES

- Examinations every 6 months
- X-rays, full mouth every 5 years
- Prophylaxis every 6 months
- Sealants
- Fluoride Treatments every 6 months to age 19
- Space maintainers

### BASIC SERVICES

- Repairs of dentures, bridgework, crowns
- General Anesthesia (surgical procedures only)
- Periodontal Services
- Extractions
- Endodontic Services/Root Canal Treatment
- Fillings/Posterior Composites
- Complex Oral Surgery

### MAJOR SERVICES

- Prefabricated Post & Core
- Crowns: Resin, Metal
- Bridgework
- Full and Partial Dentures
- Implants

# For groups with 5-15 enrolled

## IMPORTANT NOTES

- » Rates and premiums presented are based on the employee data at time of quote. Final rates and premiums are based on the plans selected and employee/dependent data provided on the enrollment forms. State specific requirements apply.
- » For non-transferred groups of 5-15 enrolled employees, a 12 month deferral of major and periodontic services applies. This wait will be waived for current employees and dependents if the group presently has dental coverage with major coverage (a copy of the current carrier's bill is required for proof). To waive the deferral requirement for all employees for 5-15 cases, multiply rates by 1.03 for Transfer Cases and by 1.15 for Non-Transfer Cases.
- » Orthodontia rates are optional. Ortho rate gets added to FAM rate for 2-tier and to EE/CH and FAM rate for 4-tier. Groups with 5-24 lives require a 12 month waiting period for Ortho coverage (can be waived only for current enrolled employees of a transferred group if Ortho is in force with the prior plan). If there is an average of more than 4 children per dependent (EE+CH or FAM) unit, call New York Health Alliance for more information at 516-996-4631.
- » Dependent children are covered up to age 20, or age 26 if full-time student.
- » Rates are guaranteed for 12 months
- » **Rates are valid for effective dates 1/1/2022 through 6/30/2022**
- » 65% Participation Required



### DentalGuard Dental Insurance Plan 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 services (except as covered under Preventive Services), orthodontic (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. GP-1-DNTL-90-1 et al.