

Managed DentalGuard U20 & U40

Rates are guaranteed for one year from issue
 Rates are valid 1/1/22 - 6/30/22
 Enrollment is for a minimum of 12 consecutive months
 Minimum of 2 Enrolled
 After 3 years, Guardian pays the general dentist office visit copays for members and dependents

Network

Managed DentalGuard
 Network Coverage Only – No Out-of-Network Benefit
 Your primary dentist provides referral for specialty care
 No claim forms

Office Visits
Deductible
Annual Maximum
Preventive Services*
Basic Services
Major Services
Orthodontic Services

\$5 Primary Office Visit Fee
 No Deductible
 Unlimited Maximum Benefits
 No patient charge for covered services
 See Schedule
 See Schedule
 Coverage for Adults and Children

RATES FOR MANAGED DENTALGUARD ORTHODONTIC BENEFITS

Managed DentalGuard Orthodontic Plan Schedule – Option V

CDT* Codes	Covered Services and Patient Charges	Patient Charges	Orthodontics In Progress
Orthodontics			
D8070	Comprehensive orthodontic treatment of the transitional		***
D8080	Comprehensive orthodontic treatment of the adolescent	Child \$2500	***
D8090	Comprehensive orthodontic treatment of the adult dentition	Adult \$2800	
D8660	Pre-orthodontic treatment visit (includes treatment plan,	250	***
D8670	Periodic orthodontic treatment visit	0	***
D8680	Orthodontic retention	400	***
	Broken appointment	25	***

Coverage Type	Plan Type U20M5-V
Employee Only	\$15.34
Employee + Spouse	\$30.68
Employee + Child(ren)	\$36.11
Employee + Family	\$48.99

Coverage Type	Plan Type U40M5-V
Employee Only	\$20.23
Employee + Spouse	\$40.44
Employee + Child(ren)	\$47.81
Employee + Family	\$64.78

Managed DentalGuard Orthodontic Plan Schedule – Option W

CDT* Codes	Covered Services and Patient Charges	Patient Charges	Orthodontics In Progress
Orthodontics			
D8070	Comprehensive orthodontic treatment of the transitional		***
D8080	Comprehensive orthodontic treatment of the adolescent	Child \$1500	***
D8090	Comprehensive orthodontic treatment of the adult dentition	Adult \$2800	
D8660	Pre-orthodontic treatment visit (includes treatment plan,	250	***
D8670	Periodic orthodontic treatment visit	0	***
D8680	Orthodontic retention	400	***
	Broken appointment	25	***

Coverage Type	Plan Type U20M5-W
Employee Only	\$15.34
Employee + Spouse	\$30.68
Employee + Child(ren)	\$40.86
Employee + Family	\$53.19

Coverage Type	Plan Type U40M5-W
Employee Only	\$20.23
Employee + Spouse	\$40.44
Employee + Child(ren)	\$52.56
Employee + Family	\$68.98

Current Dental Terminology (CDT) © American Dental Association (ADA)

** Child orthodontics is limited to dependent children under age 19; adult orthodontics is limited to dependent children age 19 and above and employee or spouse.

A Member's age is determined on the date of banding.

*** Treatment in progress: Orthodontic Treatment – Comprehensive orthodontic treatment is started when the teeth are banded.

Orthodontic treatment procedures which are listed on the Plan Schedule and were started but not completed prior to member's eligibility

to receive benefits under this plan may be covered if the member identifies a Participating Orthodontic Specialty Care Dentist who is willing to complete the treatment at a patient charge equal to 85% of the Participating Orthodontic Specialty Care Dentist's usual fee. In this situation retention services would also be at 85% of the Participating Orthodontic Specialty Care Dentist's usual fee.

When comprehensive orthodontic treatment is started prior to the Member's eligibility to receive benefits under this plan, the Patient Charge for orthodontic retention is equal to 85% of the Participating Orthodontic

Specialty Care Dentist's usual fee. Also refer to the Orthodontic Takeover Treatment-in-Progress section.

++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan Booklet and the Manual.