



GUARDIAN DENTAL PLAN #287432 DIV #0006
 Rates effective January 1, 2017 - December 31, 2017



| PPO ZD Class 6 | In-Network | Out-of-Network |
|--------------------------|---|----------------|
| Individual | | \$37.65 |
| 2-Person | | \$93.44 |
| Employee/Child(ren) | | \$103.20 |
| Family | | \$157.93 |
| | Monthly Rates (Rates shown do not include the \$2 month administrative fee) | |
| Office Visit Co-pay | None | None |
| | (One office visit may cover multiple services) | |
| Preventive | 100% | 100% |
| Basic | 100% | 80% |
| Major | 60% | 50% |
| Orthodontia | N/A | N/A |
| Calendar Year Deductible | \$50 | \$50 |
| | Once the annual deductible is met by each of three family members, no further deductibles apply | |
| Calendar Year Maximum | \$1,000.00 | \$1,000.00 |
| | The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services | |
| | Dependents covered to Age 20/26 Non-Student/Student | |
| Group Eligibility | 1-4 employees 100% participation required 5-49 employees 75% participation required | |
| | Coverage starts the 1st of the month following 30 days of Membership/Hire Employee must work minium of 35 hours | |
| | Open Enrollment during the month of November for January 1st coverage. All paperwork must be received by Wednesday, November 30th. | |

Summaries available upon request. Waiting period applies to some major dental services

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