



# Summary of Benefits

## Dental Benefit Summary

Group ID: 00073733  
 Group Name: CARDONE VENTURES LLC  
 Waiting Period: 1st of the month following 1 day(s)

### Plan Information

Your dental networks are: Dental - DentalGuard Pref , Dental - DentalGuard Pref and Dental - DentalGuard Pref

### Coverage Information

What's the most cost-effective way to use dental insurance?	Dental - DentalGuard Pref		Dental - DentalGuard Pref		Dental - DentalGuard Pref	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Calendar year deductible</b>	Out of Network is a combined deductible for in and out of network services.	\$75, Once the annual deductible is met by each of three family members, no further deductibles apply.	Out of Network is a combined deductible for in and out of network services.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	Out of Network is a combined deductible for in and out of network services.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive		Waived		Waived		Waived
Basic		Not Waived		Not Waived		Not Waived
Major		Not Waived		Not Waived		Not Waived
<b>Calendar Year Maximum Benefit</b>	The amount shown in the out of network field is your	\$1,000	The amount shown in the out of network field is your	\$1,000	The amount shown in the out of network field is your	\$1,500

What's the most cost-effective way to use dental insurance?	Dental - DentalGuard Pref		Dental - DentalGuard Pref		Dental - DentalGuard Pref	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.		With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.		With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.	
	combined Calendar Year maximum for both in and out of network services.		combined Calendar Year maximum for both in and out of network services.		combined Calendar Year maximum for both in and out of network services.	
<b>Lifetime Orthodontia Maximum</b>	Not Available	Not Available	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,000
<b>Maximum rollover</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Monthly Switch</b>	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
	How much does the plan pay?		How much does the plan pay?		How much does the plan pay?	
<b>Office Visit Co-pay (one office visit may cover multiple services)</b>	None	None	None	None	None	None
<b>Preventive Care:</b>	90%	90%	100%	100%	100%	100%
Bitewing X-Rays	90%	90%	100%	100%	100%	100%
Full Mouth X-Rays	90%	90%	100%	100%	100%	100%
Cleaning	90%	90%	100%	100%	100%	100%
Oral Exams	90%	90%	100%	100%	100%	100%
Sealants (per tooth)	90%	90%	100%	100%	100%	100%
<b>Basic Care:</b>	70%	70%	80%	80%	90%	90%
Fillings (one surface)	70%	70%	80%	80%	90%	90%
General Anesthesia <sup>1</sup>	70%	70%	80%	80%	90%	90%
Scaling & Root Planing (per quadrant)	70%	70%	80%	80%	90%	90%
Simple Extractions	70%	70%	80%	80%	90%	90%
<b>Major Care:</b>	50%	50%	50%	50%	60%	60%
Dentures	50%	50%	50%	50%	60%	60%
Single Crowns	50%	50%	50%	50%	60%	60%
<b>Orthodontia</b>	Not Available	Not Available	50%	50%	50%	50%

## General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to 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 (unless they are expressly provided for).
- 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-DEN -16 et al.

 1 Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.