



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

	DHMO 4000	PPO 2		PPO 1	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services	Scheduled copay	100%	100%	100%	100%
Basic Services	Scheduled copay	80%	80%	80%	80%
Major Services	Scheduled copay	50%	50%	50%	50%
Orthodontia	Scheduled copay adult & child(ren)	Not covered	Not covered	50% child(ren)	50% child(ren)
Deductible	N/A, \$0 office visit copay	\$50 (waived for preventive)	\$75 (waived for preventive)	\$50 (waived for preventive)	\$50 (waived for preventive)
Annual Max	Unlimited	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime Ortho Max	N/A	N/A		\$1500	
Preventive Services					
Exams/Cleanings 1 every 6 months	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Fluoride	Covered at 100% 1 every 6 months	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 18 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	Covered at 100% 1 per 36 months to age 16
Basic Services					
X-rays – bitewing 1 every 6 months, full mouth 1 every 36	Covered at 100%	Covered at 80%	Covered at 80%	Covered at 80%	Covered at 80%
Fillings	Scheduled copay - 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	Covered at 80% - Amalgam and Composite Resin
Extractions	Scheduled copay	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
Periodontics	Scheduled copay Scaling and root planning 1 every 12 months	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	Scheduled copay	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
General Anesthesia	Scheduled copay	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
Oral Surgery	Scheduled copay	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
Major Services					
Crowns/Inlays/Onlays	1 per 5 years	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	1 per 5 years	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	Not covered

DHMO plan is not available to Wisconsin employees



Full-Time (40 Hrs per Week)

Guardian Dental Plans Employee Contributions	
Effective January 01, 2021 through December 31, 2021	
Dental Plans	Semi-Monthly Rates
DHMO 4000 Plan	
Employee	\$5.82
Family	\$16.01
PPO 1 Plan	
Employee	\$12.95
Family	\$40.77
PPO 2 Plan	
Employee	\$12.62
Family	\$37.52