



2023 GUARDIAN DENTAL PLAN COMPARISON

	OPTION 1: PPO	OPTION 2: VALUE PLAN
Deductible		
Single	\$50	\$50
Family (3 per family)	\$150	\$150
No Deductible for Preventive		
Annual Maximum	\$1,500	\$1,500
Preventive	100%	100%
Basic	80%	100%
Major	50%	60%
Child Ortho (Age 19)	50%	50%
Orth Lifetime Maximum	\$1,500	\$1,500
Claim Payment Basis	Fixed Fee/90th percentile of usual & customary	Fixed Fee Schedule
*Rollover Rewards - Rollover Rewards may be available if insured submits at least one claim for covered charges during a benefit year and, in that benefit year, receives benefits that are not in excess of these Rollover Reward Threshold amounts		
Rollover Reward Threshold*	\$700	\$700
Rollover Reward Non-Network Provider Amount	\$350	\$350
Rollover Reward In-Network Provider Amount	\$500	\$500
Rollover Reward Account Maximum Limit	\$1,250	\$1,250