



Summary of Benefits

Dental Benefit Summary

Group ID:	00378495	Coverage Type:	Voluntary
Group Name:	LOCKPORT SCH DIST 91	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	None	As of Date:	01/28/2020

Plan Information

Your dental networks are: **Managed Dental Care- First Commonwealth Insurance Company- (IL) and First Commonwealth - DentalGuard Pref - Chicago**

Coverage Information

	Managed Dental Care- First Commonwealth Insurance Company- (IL)	First Commonwealth - DentalGuard Pref - Chicago	
What's the most cost-effective way to use dental insurance?	You are only covered if you go to a dentist who belongs to the Managed Dental Care - First Commonwealth Insurance Company- (IL) network.	You may go to any dentist, however those who belong to the First Commonwealth - DentalGuard Pref - Chicago network will be most cost effective.	
		In Network	Out of Network
Calendar year deductible		\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	\$75, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive		Waived	Waived
Basic		Not Waived	Not Waived
Major		Not Waived	Not Waived
Calendar Year Maximum Benefit		The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Maximum rollover		Not Available	Not Available

	Managed Dental Care- First Commonwealth Insurance Company- (IL)	First Commonwealth - DentalGuard Pref - Chicago	
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		In Network	Out of Network
Monthly Switch	Not Available	Not Available	Not Available
		How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	\$5	None	None
Preventive Care:		100%	80%
Cleaning		100%	80%
Oral Exams		100%	80%
Basic Care:		80%	80%
Bitewing X-Rays		80%	80%
Full Mouth X-Rays		80%	80%
Fillings (one surface)		80%	80%
Sealants (per tooth)		80%	80%
Single Crowns		80%	80%
Major Care:		50%	50%
General Anesthesia ¹		50%	50%
Scaling & Root Planing (per quadrant)		50%	50%
Dentures		50%	50%
Single Crowns		50%	50%
Simple Extractions		50%	50%
Orthodontia	Consult Your Benefit Booklet	Not Available	Not Available

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.

Important information about Guardian's Managed Dental Care Plans:

This plan provides dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed Dental Care. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. The Managed Dental Care plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed Dental Care plan documents are the final arbiter of coverage. GP-1-MDG1, et al. (Florida), GP-1MDC1, et al. (California), GP-1-MDG-TX1, et al. (Texas), GP-1-MDG-NY1, et al. (New York), GP-1-MDG-1-NJ, et al. (New Jersey)

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

 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.