



SEIU LOCAL 200UNITED BENEFIT FUND GUARDIAN DENTAL PLAN

Good dental health leads to a better life. Regular exams and cleanings from your dentist help teeth and gums stay healthy, not to mention, the growing evidence linking oral health with our general well-being. The SEIU Local 200United Benefit Fund is proud to offer our Guardian Dental Plan to ensure your years ahead are your healthiest yet.

In-network			
Plan Code	Coinsurance**	Deductible *	Waiting Period
Dental **	80/80/50	\$25 Single / \$75 Family	None

* Deductible is waived for preventative services.

** This dental plan pays out-of-network claims at 90% UCR.

Monthly Rates

Plan Code	Single	Family
Dental Plan for Brewster CSD	\$34.50	\$88.00

**\$1,000 Annual
Maximum**

**2 exams per year
(once every 6
months)**

**Guardian Plan
highlights include
Out-of-Network
claims paid at 90%
UCR**

**Locate In-Network
Providers
Guardiananytime.com**

**SEIU LOCAL
200UNITED BENEFIT
FUND**

**701 Erie Blvd. West
Syracuse, NY 13204
(315)424-1750 x217**



SEIU Local 200 United Benefit Fund
Guardian Dental Plan
Brewster CSD

BENEFITS		
	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$25.00 Calendar Year 3 Per Family	
Period Family Limit Waived For	Preventative	Preventative
Claim Payment Basis	Negotiated Fee Schedule	UCR 90th
Annual Maximum	\$1,000.00	\$1,000.00
Network	DentalGuard Preferred	
Coinsurance - Preventive	80%	80%
	*Oral Exams(once/6 mos.) *Cleanings(once/6mos.) covered even if annual maximum has been met *Perio Maintenance Procedure(once/6mos.) covered even if annual maximum has been met *Combined Cleanings/Perio Maintenance Limit (2 in a 12 consecutive months period) *X-Rays (Full-Month series once/36 mos.) *Fluoride Treatment(to age 19, once/6mos.) *Sealants(to age 16, once/36mos) *Space Maintainers/Harmful Habit Appliances	
Coinsurance - Basic	80%	80%
	*Fillings (include posterior composites) *Periodontal Services (eg. Scaling and Root Planing) *Periodontal Surgery *Simple Extractions *Complex Extractions *Endodontic Services(eg. Root Canal) *Repair & Maintenance of Crowns, Bridges & Dentures *General Anesthesia	
Coinsurance - Major	50%	50%
	*Bridges & Dentures *Single Crowns *Inlays, Onlays & Veneers	
Coinsurance - Orthodontia	50% for Children (Orthodontia in Progress - Covered)	
Coinsurance - Orthodontia Lifetime Maximum	\$1,000	
Dependent Age Limits	To Age 26	
Waiting Periods	None	



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.

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.