



Summary of Benefits

Dental Benefit Summary

Group ID:	00021711	Coverage Type:	Contributory
Group Name:	FERRIS STATE UNIVERSITY	Class:	0003 NON-BARGAINING EMPLOYEES: ADMINISTRATIVE SUPPORT/ADMINISTRATIVE TEMPORARY
Waiting Period:	1st of the month following 1 day(s)	As of Date:	08/13/2021

Plan Information

Your dental networks are: Dental - DentalGuard Pref NAP - Michigan and Dental - DentalGuard Pref NAP - Michigan

Coverage Information

	DENTAL LOW PLAN		DENTAL HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Michigan network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Michigan network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Calendar year deductible	None	None	None	None
Preventive				
Basic				
Major				
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	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,200
Lifetime Orthodontia Maximum	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	\$1,500

	DENTAL LOW PLAN		DENTAL HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Michigan network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Michigan network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Maximum rollover	Yes	Yes	Yes	Yes
Monthly Switch	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?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None	None	None
Preventive Care:	80%	80%	100%	100%
Bitewing X-Rays	80%	80%	100%	100%
Full Mouth X-Rays	80%	80%	100%	100%
Cleaning	80%	80%	100%	100%
Oral Exams	80%	80%	100%	100%
Sealants (per tooth)	80%	80%	100%	100%
Basic Care:	60%	60%	80%	80%
Fillings (one surface)	60%	60%	80%	80%
General Anesthesia ¹	60%	60%	80%	80%
Scaling & Root Planing (per quadrant)	60%	60%	80%	80%
Simple Extractions	60%	60%	80%	80%
Single Crowns	See Major Care for benefits	See Major Care for benefits	80%	80%
Major Care:	50%	50%	80%	80%
Dentures	50%	50%	80%	80%
Single Crowns	50%	50%	See Basic Care for benefits	See Basic

	DENTAL LOW PLAN		DENTAL HIGH PLAN	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Michigan network will be most cost effective.		You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Michigan network will be most cost effective.	
	In Network	Out of Network	In Network	Out of Network
Orthodontia	50%	50%	50%	Care for benefits 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.