


<b>Dental Insurance Plan 09/01/2019 - 09/01/2020</b>	 <b>GUARDIAN®</b>
<b>Plan</b>	Guardian NAP PX
<b>Plan Type</b>	PPO
<b>Annual Deductible / Office Visit Copay</b>	\$50
<b>Annual Maximum</b>	\$1500
<b>Type I Co-insurance</b>	100%
<b>Type II Co-Insurance</b>	80%
<b>Type III Co-Insurance</b>	50%
<b>Orthodontia Coverage</b>	50% (Under 18; \$1000 lifetime max)
<b>Endodontic &amp; Periodontic</b>	50%
<b>U/C Percentile</b>	Not Applicable
<b>Waiting Periods</b>	12 month for new enrollees
<b>Plan Type</b>	DentalGuard Preferred