



**GUARDIAN DENTAL PLAN #287432 DIV #0006**  
 Rates effective January 1, 2017 - December 31, 2017



PPO ZD Class 6	In-Network	Out-of-Network
Individual		\$37.65
2-Person		\$93.44
Employee/Child(ren)		\$103.20
Family		\$157.93
	Monthly Rates (Rates shown do not include the \$2 month administrative fee)	
Office Visit Co-pay	None	None
	(One office visit may cover multiple services)	
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Orthodontia	N/A	N/A
Calendar Year Deductible	\$50	\$50
	Once the annual deductible is met by each of three family members, no further deductibles apply	
Calendar Year Maximum	\$1,000.00	\$1,000.00
	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services	
	Dependents covered to Age 26	
Group Eligibility	1-4 employees 100% participation required    5-49 employees 75% participation required	
	Coverage starts the 1st of the month following 30 days of Membership/Hire Employee must work minium of 35 hours	
	Open Enrollment during the month of November for January 1st coverage. All paperwork must be received by Wednesday, November 30th.	

**Summaries available upon request. Waiting period applies to some major dental services**

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