



Dental Plans Overview (January 01, 2021 - December 31, 2021)

	DHMO 4000	PPO 2		PPO 1	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services	Scheduled copay	100%	100%	100%	100%
Basic Services	Scheduled copay	80%	80%	80%	80%
Major Services	Scheduled copay	50%	50%	50%	50%
Orthodontia	Scheduled copay adult & child(ren)	Not covered	Not covered	50% child(ren)	50% child(ren)
Deductible	N/A, \$0 office visit copay	\$50 (waived for preventive)	\$75 (waived for preventive)	\$50 (waived for preventive)	\$50 (waived for preventive)
Annual Max	Unlimited	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime Ortho Max	N/A	N/A		\$1500	
Preventive Services					
Exams/Cleanings 1 every 6 months	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Fluoride	Covered at 100% 1 every 6 months	Covered at 100% 1 every 6 months to age 19	Covered at 100% 1 every 6 months to age 19	Covered at 100% 1 every 6 months to age 19	Covered at 100% 1 every 6 months to age 19
Sealants	Covered at 100% 1 per 18 months to age 16	Covered at 100% 1 per 36 months to age 16	Covered at 100% 1 per 36 months to age 16	Covered at 100% 1 per 36 months to age 16	Covered at 100% 1 per 36 months to age 16
Basic Services					
X-rays – bitewing 1 every 6 months, full mouth 1 every 36	Covered at 100%	Covered at 80%	Covered at 80%	Covered at 80%	Covered at 80%
Fillings	Scheduled copay - Amalgam and Composite Resin	Covered at 80% - Amalgam and Composite Resin	Covered at 80% - Amalgam and Composite Resin	Covered at 80% - Amalgam and Composite Resin	Covered at 80% - Amalgam and Composite Resin
Extractions	Scheduled copay	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
Periodontics	Scheduled copay Scaling and root planning 1 every 12 months	Covered at 50% Scaling and root planning 1 every 24 months	Covered at 50% Scaling and root planning 1 every 24 months	Covered at 80% Scaling and root planning 1 every 24 months	Covered at 80% Scaling and root planning 1 every 24 months
Endodontics	Scheduled copay	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
General Anesthesia	Scheduled copay	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
Oral Surgery	Scheduled copay	Covered at 50%	Covered at 50%	Covered at 80%	Covered at 80%
Major Services					
Crowns/Inlays/Onlays	1 per 5 years	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs
Prosthodontics	1 per 5 years	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs	Covered at 50% - 1 per 5 yrs
Implants	Not covered	Not covered	Not covered	Not covered	Not covered

DHMO plan is not available to Wisconsin employees

Guardian Dental Plans Employee Contributions	
Effective January 01, 2021 through December 31, 2021	
Dental Plans	Bi-Weekly Rates
DHMO 4000 Plan	
Employee	\$5.37
Family	\$14.78
PPO 1 Plan	
Employee	\$11.95
Family	\$37.64
PPO 2 Plan	
Employee	\$11.65
Family	\$34.63