

DENTAL

DENTAL PPO PLANS

Locate In-Network Providers

www.guardiananytime.com

1. Click Find a Provider,
2. Then Find a Dentist...
3. Under Select a Plan, choose PPO
4. Or CALL CUSTOMER SERVICE at **800.541.7846**

Value Plan

Your dental coverage is provided through Guardian. With the Value Plan DPPO, you must see an In-Network dentist. You have lower out-of-pocket costs for Basic and Major dental services than you would with the NAP Plan option. If you already see an In-Network dentist or if you are willing to change to an In-Network dentist, the Value Plan may be a good option to save money on dental expenses. If you go to an out of network dentist on the value plan, the dentist payments are based on the discounted fee schedules agreed upon by network dentist and you will pay more for the visit than on the NAP Plan.

Network Access Plan

With the Network Access Plan (NAP) DPPO, you may see any dentist that you choose. However, In-Network dentists have agreed to accept reduced fees for the services they provide. They have also agreed not to charge you any amount that exceeds the allowable amount, aside from deductibles, coinsurance and services that are limited or not covered under the plan. This will reduce your out-of-pocket expenses. If your dentist is an out-of-network provider, dental benefits will be based on reasonable and customary charges.

In-Network Benefit	Value Plan	Network Access Plan
Calendar Year Maximum (Per Person)	\$2,000	\$2,000
Annual Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Frequency Cleanings (Preventive Only)	Twice per calendar year (January 1 – December 31)	Twice per calendar year (January 1 – December 31)
Class A – Preventive and Diagnostic Care (Prophylaxis Oral exam, Sealants, Diagnostic Casts, Radiographs)	0% no deductible applies	0% no deductible applies
Class B – Basic Services (Endodontic, Periodontal, Space Maintainers, Surgical Extractions)	0%	20%
Class C – Major Services (Crown, Inlay, Dentures, Bridge)	40%	50%
Class D – Orthodontia* Child (Under 19 Years Old)	50%	50%

There is one set of rates for both the Value and NAP Dental PPO Plans.

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	\$26.07	\$32.93
Employee + 1	\$52.13	\$65.85
Employee + Family	\$78.19	\$98.76

*Lifetime Payment Limit of \$2,000 for orthodontic treatment.

Pre-treatment review is available on a voluntary basis when dental work in excess of \$300 is proposed.



DENTAL HMO PLAN

Your dental coverage is provided through Guardian. With your DHMO plan, you enjoy negotiated discounts from In-Network dentists. Out-of-network visits are not covered. You must designate and use a participating provider. You pay a fixed copay for each covered service. There are no deductibles or plan maximums. Under the DHMO Dental Plan, should your treatment plan require the services of a specialist, you will be referred to one. Please note that there is no coverage available outside of Texas.

When using a participating dentist, the amount you will be responsible for paying is the applicable copay associated with the type of service you receive. See the certificate of coverage for a list of copay amounts located on the benefits webpage (<http://www.fortbendisd.com/Page/78016>).

Cleaning Frequency: Twice per calendar year (January 1 – December 31)

Orthodontia: Available for both children and adults.

Locate In-Network Providers

www.guardiananytime.com

1. Click Find a Provider,
2. Then Find a Dentist...
3. Under Select a Plan, choose Managed Dental Care
4. Or CALL CUSTOMER SERVICE at **888.618.2016**

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	\$5.36	\$6.76
Employee + 1	\$8.90	\$11.24
Employee + Family	\$16.57	\$20.93

See Guardian DHMO Plan Copay Schedule <https://www.fortbendisd.com/Page/78016>

