



## GUARDIAN DENTAL

### Plan Comparison & Employee Contributions

	In-Network	Out-of-Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Preventive Coinsurance	100%	100%
Basic Coinsurance	100%	80%
Major Coinsurance	60%	50%
Annual Maximum	\$1,500	\$1,000
Orthodontia Coinsurance (Child only)	50%	50%
Orthodontia Lifetime Maximum (Child only)	\$1,500	\$1,000

	DPPO	
Bi-Weekly Cost	Company Pays	You Pay
Employee	\$12.00	\$6.00
Employee + Family	\$35.00	\$17.50