

# 2025 Guardian Dental – Alternate Plan Option \$1250 Annual Max with Enhanced Benefits



			CURRENT				\$1250 Annual Max with Enhanced Benefits Option			
Carrier Name			Guardian				Guardian			
Plan Name			Low Plan - DentalGuard Preferred Gold & Silver		High Plan - DentalGuard Preferred Gold & Silver		Low Plan-DentalGuard Preferred Gold & Silver		Buy up High Plan-DentalGuard Preferred Gold & Silver	
PLAN DESIGN*										
Network			INN [DentalGuard Preferred Network]	OON	INN [DentalGuard Preferred Network]	OON	INN [DentalGuard Preferred Network]	OON	INN [DentalGuard Preferred Network]	OON
Calendar Year (CY) Deductible (Individual / Family)			\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum			\$1,000	\$1,000	\$1,000	\$1,000	\$1,250	\$1,250	\$1,250	\$1,250
Annual Maximum Provision			Rollover Threshold: \$500; Maximum Rollover Reward: \$250; Rollover Account Maximum: \$1,000		Rollover Threshold: \$500; Maximum Rollover Reward: \$250; Rollover Account Maximum: \$1,000		Rollover Threshold: \$600; Maximum Rollover Reward: \$300; Rollover Account Maximum: \$1,250		Rollover Threshold: \$600; Maximum Rollover Reward: \$300; Rollover Account Maximum: \$1,250	
Coinsurance										
Preventive Services			100%	100%	100%	100%	100%	100%	100%	100%
Cleaning Frequency			1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months	1 in 6 months
Deductible Waived?			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic			50%	50%	80%	80%	50%	50%	80%	80%
Periodontics			5%	5%	50%	50%	25%	25%	50%	50%
Endodontics			5%	5%	50%	50%	25%	25%	50%	50%
Major			5%	5%	50%	50%	25%	25%	50%	50%
Major Waiting period			none	none	none	none	none	none	none	none
Implants			5%	5%	50%	50%	25%	25%	50%	50%
Orthodontics			Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
OON Reimbursement Level			90th percentile of the prevailing fee		90th percentile of the prevailing fee		90th percentile of the prevailing fee		90th percentile of the prevailing fee	
COST ANALYSIS										
PEPM Rates - Enrollment per AMP		Plan 1	Plan 2	Low Plan - DentalGuard Preferred Gold & Silver	High Plan - DentalGuard Preferred Gold & Silver	Low Plan-DentalGuard Preferred Gold & Silver		Buy up High Plan-DentalGuard Preferred Gold & Silver		
Employee (EE) Only		30	24	\$18.56	\$36.64	\$21.64		\$38.84		
EE + Spouse		3	10	\$37.66	\$74.36	\$43.91		\$78.82		
EE + Child(ren)		3	5	\$60.46	\$92.86	\$70.50		\$98.43		
EE + Family		8	13	\$86.00	\$139.22	\$100.28		\$147.57		
Total Enrollment		44	52							
Estimated Monthly Premium			\$1,539		\$3,897		\$1,795		\$4,131	
Estimated Annual Premium			\$18,470		\$46,765		\$21,536		\$49,571	
Dollar Difference from Current							\$3,066		\$2,806	
Percent Change from Current							16.6%		6.0%	
Total Combined Annual Cost										
Estimated Annual Premium			\$65,235				\$71,107			
Dollar Difference from Current							\$5,872			
Percent Change from Current							9.0%			
PLAN PROVISIONS										
Rate Guarantee			1 Year rate guarantee ending 12/31/2024				1 Year rate Guarantee Ending 12/31/2025			

\*NOTE: Benefit deviations from Current are identified in blue font