



GUARDIAN®

Delta vs. Guardian PPO Dental Comparison

Delta Preferred		Guardian
100%/80%/50%	<i>In-Network</i>	100%/90%/60%
80%/80%/50%	<i>Out-of-Network</i>	100%/80%/50%
\$1500 In/\$1250 Out	<i>Annual Maximum</i>	\$2000 In/ \$1500 Out
\$1500 Lifetime Child Only	<i>Orthodontia</i>	\$1000 Lifetime Adult/Child
Not Available	<i>Teeth Whitening</i>	50% to \$500 every two yrs.
Not Available	<i>Max Rollover Dollars</i>	Yes, see Benefit Summary
Twice per year	<i>Periodontal Cleaning</i>	Up to four per year
Not Available	<i>White Fillings for Molars</i>	Yes
Child to age 19	<i>Fluoride Treatment</i>	Adults and Children

<i>Total Dentists in L.A., Orange, Riverside & S.B Counties</i>		
8,456		9,915

**Engineers & Architects, Inc.
PPO Benefit Illustration**

Deductible (*Waived for Preventive Services) \$50.00	In-network	Out-of-network
Preventive Services		
<ul style="list-style-type: none"> o Fluoride Treatments; every six months (No Age Limit). o Oral Examination - every six months o Teeth Cleaning - every 6 months / Periodontal Cleaning – every 3 Months o X-Rays - four bitewings every twelve months full mouth series every five yrs. 	100%	100%
Basic Services		
<ul style="list-style-type: none"> o Crowns: Stainless Steel o Endodontic Services/Root Canal Therapy o Fillings: Amalgam & Anterior Composites, Posterior Compsites o Oral Surgery o Periodontal Services (other than Periodontal Maintenance Procedure) o Repairs of dentures, bridgework, crowns, etc. 	90%	80%
Major Services		
<ul style="list-style-type: none"> o Bridges Installation-fixed and removable o Crowns: Resin, Metal o Dental Implants o Dentures- Full and Partial 	60%	50%
Orthodontic Services		
<ul style="list-style-type: none"> o \$1,000 lifetime maximum for adults & child(ren) under age 19 o Orthodontic services are not subject to Maximum Rollover 	50%	50%
Cosmetic Services		
<ul style="list-style-type: none"> o Bleaching - limited to once every 24 months for each arch. o \$500 Annual Maximum 	50%	50%

o There is a \$2,000 *In-network* and \$1,500 *Out-of-network* annual max Preventive,Basic and Major services combined, subject to Maximum Rollover.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1500	\$700	\$350	\$500	\$1250

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$2,000 PPO/\$1,500 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.