

Association of Realtors® Premier Access Dental Plans

Please see the information re the plans on the next page.

Please use this link to get a quote, find a provider and to apply:

<https://mydental.guardianlife.com/secure/PAWEBSITE.PROVIDER.UI/WBSPrvNewSearch.aspx?logarea=Member>

Premier Access PPO Dental

NEW PLAN EFFECTIVE DECEMBER 1, 2015

BENEFITS	Adult Only Plan PPO		Child Only* Essential Health Benefit PPO	
	In Network	Out of Network**	In Network	Out of Network**
TYPE 1 - PREVENTIVE & DIAGNOSTIC SERVICES <ul style="list-style-type: none"> Diagnostic: Routine periodic examinations Preventive: Dental prophylaxis (routine teeth cleaning), child fluoride, and sealants Radiographs: Bitewings and full mouth x-rays 	100% Deductible does not apply	100% Deductible does not apply	100% Deductible does not apply	100% Deductible does not apply
TYPE 2 - BASIC SERVICES <ul style="list-style-type: none"> Restorative: Amalgam fillings, resin fillings and stainless steel crowns Endodontics: Pulpal therapy and root canals (Adult plan)† Periodontics: Treatment of diseases of the gums (Adult plan)† Oral Surgery: Extractions and other oral surgery, including pre and post operative (Adult plan)† Other: Space maintainers, recementation of crowns, emergency palliative treatment 	80%	80%	80%	80%
TYPE 3 - MAJOR SERVICES <ul style="list-style-type: none"> Restorative: inlays, onlays and crowns Fixed and Removable Prosthodontics: Bridges, partials and complete dentures Other: Pontics, repair of crowns and bridges, repair of full and partial dentures 	50%	50%	50%	50%
TYPE 4- ORTHODONTICS *	NOT COVERED	NOT COVERED	50%	50%
Calendar Year Deductible per person	\$50		\$65	
Calendar Year Maximum Benefit	\$1,500			
Family Out of Pocket Maximum*** (2+ children)			\$700 (\$350 per person)	N/A
Waiting Periods	6 Month Wait on Major Services (waived with proof of prior coverage)		None	

Monthly Premium Rate

RATES ARE BASED ON ZIP CODE	\$40.00 - \$49.00	\$28.00 - \$33.00
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PLEASE VISIT LINK BELOW TO CONFIRM RATES AND APPLY ONLINE

<https://mydental.guardianlife.com/secure/PAWEBSITE.MEMBER.UI/WBSIndPlanEnrollment.aspx?BrokerId=1228>

* This plan is available for individuals up to age 19. (Only for pre-authorized medically necessary orthodontia)

** Benefits are based on the Usual and Customary charges of the majority of dentists in the same geographic area. Covered charges are based on the lower of: 1) the dentist's actual charge for the service, 2) the dentist's usual charge for the service, 3) or the UCR amount for the service based on the 80th percentile of dentists in the same geographic area.

*** Only 2 family members must each meet the out of pocket maximum in a plan year. Once the family maximum has been met there are no further charges for additional family members.

† In the Child Only Plan, this service is covered under Type 3 at 50%.