



# Dental Insurance

PROVIDED BY



# Postdoctoral Benefit Program

## GUARDIAN HMO DENTAL PLAN

|                               | HMO                      |
|-------------------------------|--------------------------|
|                               | In-Network               |
| Core Benefits                 | Postdoc Pays             |
| Annual Deductible             | None                     |
| Annual Benefit Maximums       | Unlimited                |
| <u>PREVENTIVE/DIAGNOSTIC</u>  |                          |
| Office Visit                  | \$5                      |
| Routine Exam                  | \$0                      |
| Teeth Cleanings (Prophylaxis) | \$0                      |
| X-rays                        | \$0                      |
| <u>BASIC PROCEDURES</u>       |                          |
| Fillings                      | Varies up to \$63 Copay  |
| Endodontics                   | Varies up to \$400 Copay |
| Periodontics                  | Varies up to \$231 Copay |
| Oral Surgery                  | Varies up to \$259 Copay |
| <u>MAJOR PROCEDURES</u>       |                          |
| Crowns                        | Varies up to \$511 Copay |
| Dentures                      | Varies up to \$709 Copay |
| <u>ORTHODONTIA</u>            |                          |
| Child                         | \$3,070 Copay*           |
| Adult                         | \$3,430 Copay*           |

\*Does not include start-up and retention fees

For more detailed plan design  
information go to:

<http://clients.garnett-powers.com/pd/northwestern/>

# Postdoctoral Benefit Program

## GUARDIAN PPO DENTAL PLAN

|                               | PPO                    |                        |
|-------------------------------|------------------------|------------------------|
|                               | In-Network             | Out-of-Network         |
| <b>Core Benefits</b>          | <b>Postdoc Pays</b>    |                        |
| Annual Deductible             | \$50 / \$150           |                        |
| Annual Benefit Maximums       | \$3,000                |                        |
| <u>PREVENTIVE/DIAGNOSTIC</u>  |                        |                        |
| Routine Exam                  | 0%                     | 0% of UCR              |
| Teeth Cleanings (Prophylaxis) | 0%                     | 0% of UCR              |
| X-rays                        | 0%                     | 0% of UCR              |
| <u>BASIC PROCEDURES</u>       |                        |                        |
| Fillings                      | 20%*                   | 20% of UCR*            |
| Endodontics                   | 20%*                   | 20% of UCR*            |
| Periodontics                  | 20%*                   | 20% of UCR*            |
| Oral Surgery                  | 20%*                   | 20% of UCR*            |
| <u>MAJOR PROCEDURES</u>       |                        |                        |
| Crowns                        | 50%*                   | 50% of UCR*            |
| Dentures                      | 50%*                   | 50% of UCR*            |
| <u>ORTHODONTIA</u>            |                        |                        |
| Child                         | Child Only—50%*        | Child Only—50% of UCR* |
| Adult                         | (\$3,000 lifetime max) | (\$3,000 lifetime max) |

\*After deductible has been met

For more detailed plan design  
information go to:

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UCR = The amount paid for a dental service in a geographic area based on what providers in the area usually charge for the same or similar dental service.

# Accessing Care Out-of-Network Using the PPO Dental Plan

When you seek services in-network, meaning, from providers listed in the PPO network, you pay less for care.

When you pay 50% for major services from an in-network PPO dentist, you are paying 50% of a contracted, discounted rate. This is not the case with out-of-network providers.

**Out-of-Network Example:** The out-of-network dentist charges \$1,000 for a porcelain crown on a molar. This dentist can charge whatever they want for this service since they are not in the network.

Your percentage of the cost for out-of-network care is 50% after the \$50 deductible.

For this service (a crown), the Usual, Customary and Reasonable (UCR) cost is \$800, so you pay \$425.

IN ADDITION, you owe the difference between the UCR amount and the dentist's charge (\$1,000 - \$800), which is an additional \$200.

Total estimated cost out-of-network for the porcelain crown on a molar: \$625