



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
Core Benefits	Postdoc Pays	
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

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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
