

Dental - Guardian 2023

Members may choose to visit in or out-of- network providers. Using in-network providers will result in lower out of pocket costs.

	In-Network (DentalGuard Preferred)	Out-of-Network
Annual Deductible - Waived for Preventive Services		
Individual	\$125	
Family Limit	Up to \$375	
Annual Maximum		
Per Person / Family	\$2,000 plus Max Rollover	
Preventive Services	100% No Deductible	
Exams	2x Per 12 Months	
Cleanings		
X-Rays		
Basic Services	80% After Deductible	
Fillings		
Root Canals		
Periodontics		
Extractions		
Major Services	80% After Deductible	
Crowns		
Bridges		
Implants		
Dentures		
Orthodontia		
Benefit Percentage	Not Covered	
Late Entrant Wait Period		
Basic Services	6 Months	
Major Services	12 Months	

Late Entrant Wait Period: a late entrant is someone who previously declined dental coverage and enrolls at a future open enrollment. Late Entrants must wait 6 months to receive Basic Services and 12 months to receive Major Services under the plan.

*Out of Network dentists may balance bill for charges over reasonable & customary.

Dental Maximum Rollover®

Guardian will roll over a portion of your unused maximum into your personal Maximum Rollover Account (MRA). If you reach your Annual Maximum in future years, you can use money from your MRA. To qualify, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Please see your plan documents for more details on thresholds and MRA limits.

Rollover Threshold: \$800
Rollover Amount: \$400
Rollover In-Network Amount: \$600
Rollover Account Limit: \$1500



Dental Payroll Deductions - (Monthly)

Employee	\$46.65
Employee & Spouse	\$76.59
Employee & Child(ren)	\$66.55
Employee & Family	\$84.69

Vision - Guardian 2023

The Diocese offers a vision plan through Guardian with VSP Network. This vision plan provides coverage both In-Network and Out-of-Network.

Benefit Coverage		
	<i>In Network Benefits</i>	<i>Out of Network Benefits</i>
Exam	\$10 Copay	Up to \$59
Lenses		
Single	\$25 Copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Frames		
Frames	\$130 allowance after \$25 copay	Up to \$70
Costco Frames	\$70 allowance after \$25 copay 20% discount off balance	
Contact Lenses (in lieu of eyeglasses)		
Fitting and Evaluation	\$60 Allowance	N/A
Elective contact lenses	\$200 Allowance	Up to \$120
Frequency - Once Every:		
Exam	Once every 12 Months	
Lenses/Contacts	Once every 12 Months	
Frame	Once every 24 Months	

In-Network Only: Discounts are available for Laser Vision Correction



Vision Payroll Deductions - (Monthly)	
Employee	\$10.27
Employee & Spouse	\$16.86
Employee & Child(ren)	\$14.12
Employee & Family	\$18.62

