



## Employer Services Corporation - Dental Plans

May 1, 2017 - April 30, 2018

	The Guardian DentalGuard PPO - Enhanced* <i>(Option 3)</i>		The Guardian DentalGuard PPO - Basic* <i>(Option 2)</i>		The Guardian DentalGuard PPO - Value Plan <i>(Option 1)</i>	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Dependent Coverage</b>	Children to 20 Students to 26		Children to 20 Students to 26		Children to 20 Students to 26	
<b>Preventive Services</b>	100%	100%	100%	100%	100%	100%
<b>Minor Restorative</b>	90%	60%	80%	50%	80%	50%
<b>Major Restorative</b>	50%	40%	50%	25%	0%	0%
<b>Annual Maximum</b>	\$1,500 per person In Network ** \$750 per person Out of Network per calendar year		\$1,000 per person In Network ** \$750 per person Out of Network per calendar year		\$750 per person In Network ** \$500 per person Out of Network per calendar year	
<b>Annual Deductible</b>	In Network Preventative - \$0 In Network Minor & Major - \$0 Out of Network Preventative - \$0 Out of Network Minor & Major - \$50		In Network Preventative - \$0 In Network Minor & Major - \$0 Out of Network Preventative - \$0 Out of Network Minor & Major - \$50		In Network Preventative - \$0 In Network Minor & Major - \$0 Out of Network Preventative - \$0 Out of Network Minor & Major - \$50	
<b>Orthodontia</b>	Adult and Children. Services covered 50% up \$2,000 Lifetime Limit per Person		Children only. Services covered 50% up \$750 Lifetime Limit per Person		None	
<b>Services Include (but not limited to)</b>	Single Crown (Major) Inlays, Onlays, Veneers & Post (Major) Adult & Child Orthodontia Dental Implants (Major) Maximum roll-over*		Single Crown (Major) Inlays, Onlays, Veneers & Post (Major) Child Orthodontia All Endontics (Major) Maximum roll-over*		Cleanings (Preventive Care) Oral Exams (Preventive Care) X-Rays (Preventive Care) Fillings (Basic Care) Simple Extractions (Basic Care)	

**All of the above options include the College Tuition Benefit. Go to <http://www.guardian.collegetuitionbenefit.com/> for more information**

*\*Enhanced and Basic Plans includes benefit rollover provision Maximum Rollover Account (MRA). See summary for details.*

**\*\*Annual Maximum and Annual Deductible amounts are based on calendar year (January - December)**

**\*\*\*All plans Out-of-Network coverage will be based on Fee Schedule.**

*Eligibility is based on Participation Requirements. This is not a complete comparison or contract and should be understood as only a guide to assist you. Please refer to your plan document for a complete benefit detail. Rates are subject to change at anytime at the discretion of the health care provider.*

### Employer Services Corporation

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