

Dental Plans

The City of Tallahassee offers three (3) dental plans provided by Guardian. All three dental plans use a preferred provider organization (PPO) network.

DENTAL PLANS OVERVIEW

Regular visits to the dentist may do more than just brighten your smile—they can be important to your overall health. Many diseases produce oral signs and symptoms. All City of Tallahassee dental insurance plans provide coverage for preventive care, basic care, and major care. Two plans offer orthodontia coverage.

Choosing and personalizing your benefits depends on your specific dental care needs, budget, and the type of plan you prefer. Under the plans, you are free to visit any licensed dentist you choose. The dental plans offer a network of contracting providers to choose from when dental care is needed.

When a contracting network provider is used, the care is considered “in-network,” where out-of-pocket costs will be less, and the highest level of benefits is received. If a provider outside the network is used, the care is considered “out-of-network” and coverage is still provided, but the out-of-pocket costs will be significantly higher.

USING YOUR DENTAL BENEFIT IS EASY

- To find a preferred provider, visit www.guardianlife.com or download the Guardian App
- Scroll to the bottom of the page and click “**Find a dental or vision Provider.**”
- Select Plan Type” “**PPO: Dental Guard Preferred**” (enter a zip code)
- Contact the helpline at 1-888-600-1600
Reference Plan # 00025685

If a dentist is not listed in the Guardian network, employees can “**Nominate a Dentist**” located at the bottom of the page.

COST OF COVERAGE

You pay the full cost for your dental coverage based on:

- The plan you choose and
- The coverage level you choose

MONTHLY	SINGLE	EE+1	EE+ 2/MORE
PPO A	\$10.36	\$20.44	\$36.36
PPO B	\$30.62	\$60.72	\$109.84
PPO C	\$21.18	\$42.06	\$76.34

WHICH PLAN IS RIGHT FOR YOU?

The best dental plan for you depends on several factors:

- What are your anticipated dental expenses for next year?
- What can you afford to pay out-of-pocket (in terms of deductibles) when dental care is needed?
- Do you have other dental insurance?
- Is the dentist you want to see in-network?
- If the dentist you want to see is not in the network, can you afford the out-of-network costs?



Dental Plans at a Glance

Below is a highlight of the most common services utilized by employees and retirees.

GUARDIAN DENTAL

PLAN FEATURE	PPO A PLAN		PPO B PLAN		PPO C PLAN	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Choice of Dentist	PPO Network	Any dentist	PPO Network	Any dentist	PPO Network	Any dentist
Deductible* Per Calendar Year	Per Patient -\$50 Per Family - \$150	Per Patient -\$100 Per Family - \$300	Per Patient - \$25 Per Family - \$75	Per Patient -\$50 Per Family - \$150	Per Patient - \$25 Per Family - \$75	Per Patient -\$50 Per Family - \$150
Annual Maximum Per Calendar Year	\$1,000	\$1,000	\$2,000	\$2,000	\$1,500	\$1,500
Preventative Care	You pay 0% Plan pays 100%**	You pay 30% Plan pays 70%***	You pay 0% Plan pays 100%**	You pay 0% Plan pays 100%***	You pay 0% Plan pays 100%**	You pay 20% Plan pays 80%***
Basic Care	You pay 50% Plan pays 50%**	You pay 60% Plan pays 40%***	You pay 10% Plan pays 90%**	You pay 20% Plan pays 80%***	You pay 20% Plan pays 80%**	You pay 40% Plan pays 60%***
Major Care	You pay 65% Plan pays 35%**	You pay 65% Plan pays 35%***	You pay 40% Plan pays 60%** ONLY plan that covers implants	You pay 50% Plan pays 50%*** ONLY plan that covers implants	You pay 50% Plan pays 50%**	You pay 50% Plan pays 50%***
Orthodontia	Not Covered	Not Covered	You pay 50% Plan pays 50%** <i>Lifetime Maximum Per Individual - \$1,800 Under age 26 (On DOB)</i> ONLY plan that Includes Adult Ortho	You pay 50% Plan pays 50%*** <i>Lifetime Maximum Per Individual - \$1,800 Under age 26 (On DOB)</i> ONLY plan that Includes Adult Ortho	You pay 50% Plan pays 50%** <i>Lifetime Maximum Per Individual - \$1,800 Under age 26 (On DOB)</i>	You pay 50% Plan pays 50%*** <i>Lifetime Maximum Per Individual - \$1,500 Under age 26 (On DOB)</i>

* Deductible waived for Preventative and Orthodontia care on plans. Deductible **NOT** waived on PPO A Out of Network.

** Payment for percentage of negotiated fees as determined by Guardian, subject to cost sharing, deductible, and benefit maximums.

*** Payment for percentage of usual and customary charges for PPO B & PPO C, or a negotiated fee schedule as determined by Guardian for PPO A. You are responsible for 100% of any charges more than the usual and customary charge or negotiated fee schedule.

Dental Plan Important Details

ROLLOVER FEATURE

As an added benefit, all three plans feature a rollover benefit. Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit.

EXAMPLE

YEAR ONE: Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).

2024 Plan Change Breakdown

PPO A

REMOVED all orthodontic coverage.

ADDED out of network coverage for preventative, basic and major care.

How do these changes affect me and/or my dependents?

Retirees and/or dependents currently enrolled in the PPO A dental plan and are currently undergoing services or care for orthodontic coverage, or employees and/or dependents wishing to use orthodontic services in 2024, will no longer have orthodontic coverage under this plan.

What are my options?

Retirees and/or dependents wishing to continue utilizing orthodontic services or those employees and/or dependents looking to start using orthodontic services in 2024 will need to review plan options under PPO B or PPO C for orthodontic coverage.

NOTE: PPO B is the **ONLY** plan that provides coverage for adult orthodontics.

PPO B

ADDED

Implant coverage

Adult orthodontic coverage

INCREASED

Annual max from \$1,500 to \$2,000

Basic care in-network coverage from 80% to 90%

Orthodontic in and out of network coverage from \$1,500 to \$1,800

Periodontal maintenance from 2 in 12 months to 4 in 12 months

Prophylaxis (cleanings) from 2 in 12 months to 4 in 12 months.

PPO C

REMOVED all implant coverage.

How do these changes affect me and/or my dependents?

Retirees and/or dependents currently enrolled in the PPO C dental plan and are currently undergoing services or care for implant coverage, or employees and/or dependents wishing to use implant services in 2024, will no longer have implant coverage under this plan.

What are my options?

Retirees and/or dependents wishing to continue utilizing implant services or those employees and/or dependents looking to start using implant services in 2024 will need to review plan options under **PPO B** for implant coverage.