



New Dental PPO options for 2023-2024

Garland ISD will be offering two dental PPO options beginning September 1, 2023. It is important that you familiarize yourself with the differences in the two plans so you can make the best choice for you and your family. Below is a side-by-side comparison of the two plan options. The DHMO plan will also be offered and will remain the same for 2023-2024.

THE CURRENT PPO PLAN WILL BECOME THE BUY-UP PLAN, WITH ADULT ORTHODONTIA ADDED.

	BASE PPO PLAN		BUY-UP PPO PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$50 (3 per family)	\$50 (3 per family)	\$50 (3 per family)	\$50 (3 per family)
Deductible Waived for Preventive	Yes	Yes	Yes	Yes
Preventive Care	100%	100%	100%	100%
Basic Care	80%	80%	80%	80%
Major Care	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$1,000		\$1,250	
Maximum Rollover	Included		Included	
Rollover Threshold	\$500		\$600	
Rollover Amount	\$250		\$300	
Rollover Account Limit	\$1,000		\$1,250	
Lifetime Ortho Max	\$1,000 (Child Only)		\$1,000 (Adult & Child)	
Reimbursement Level	Negotiated Fee Schedule	Negotiated Fee Schedule	Negotiated Fee Schedule	90th Percentile
Monthly Rates				
Employee Only	\$31.77		\$45.08	
Employee + Spouse	\$68.18		\$96.76	
Employee + Child(ren)	\$77.79		\$105.20	
Employee + Family	\$113.41		\$155.06	

Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data from for the dentist’s zip code. The above examples may change based on updated fee data and has been created for illustrative purposes only. Guardian’s Preferred Provider Organization consists of Dentists in the DentalGuard Preferred (“DGP”) network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.GuardianLife.com to confirm your Dentist’s participation.

This is only a partial list of services. Your certificate of benefits will show exactly what is covered and excluded.



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One of the biggest differences in the two plans is how **Out-of-Network** providers are reimbursed for services, which impacts your out-of-pocket expense. **Negotiated Fee Schedule** means that providers are reimbursed based on the negotiated fee schedule that has been agreed upon by Guardian and In-Network providers. If you see an out-of-network provider on the Base Plan, using a basic filling as an example, the average charge for zip code 75042 is \$124. The negotiated fee schedule will pay an In-Network provider \$88. If you see an out-of-network provider, and they charge \$124, you will be responsible for the remaining \$36, in addition to your normal co-insurance and deductible, if applicable.

90th Percentile means that 90% of the dentists in a specific geographic are charging the same fee or less for a specific service. The remaining 10% of dentists charge more. If you see an out-of-network provider on the Buy-up plan, using the same basic filing as an example, the 90th percentile is \$157 for zip code 75042. If your out-of-network dentist charges less than the 90th percentile, the plan will pay up to that amount, and you will be responsible for your regular co-insurance and deductible, if applicable.

		Base Plan		Buy-up Plan	
		Average Charge	In-Network Negotiated Fee Schedule	Out-of-Network 90th Percentile Reimbursement	
ZIP CODE: 75042	Cleaning (Adult)	\$91	Dentist Charges: \$91 Plan Pays: \$53 Member pays: \$0 (dentist adheres to fee schedule, no deductible or co-insurance for preventive)	Dentist Charges: \$91 Plan Pays: \$53 Member Pays: \$38	90th Percentile: \$131 Dentist Charges: \$115 Plan Pays: \$115 Member Pays: \$0*
	Routine Filling	\$124	Dentist Charges: \$124 Plan Pays: \$88 Member Pays: \$18 (20% co-insurance of negotiated fee plus deductible, if applicable)	Dentist Charges: \$124 Plan Pays: \$88 Member Pays: \$36 (in addition to applicable deductible and co-insurance)	90th Percentile: \$157 Dentist Charges: \$135 Plan Pays: \$135 Member Pays: \$27 (20% of dentist charge plus deductible, if applicable)*
ZIP CODE: 75075	Cleaning (Adult)	\$107	Dentist Charges: \$107 Plan Pays: \$63 Member Pays: \$0 (dentist adheres to fee schedule, no deductible or co-insurance for preventive)	Dentist Charges: \$107 Plan Pays: \$63 Member Pays: \$44	90th Percentile: \$130 Dentist Charges: \$120 Plan Pays: \$120 Member Pays: \$0*
	Routine Filling	\$141	Dentist Charges: \$141 Plan Pays: \$102 Member Pays: \$20 (20% co-insurance of negotiated fee plus deductible, if applicable)	Dentist Charges: \$141 Plan Pays: \$102 Member Pays: \$39 (in addition to applicable deductible and co-insurance)	90th Percentile: \$164 Dentist Charges: \$149 Plan Pays: \$149 Member Pays: \$30 (20% of dentist charge plus deductible, if applicable)*

*If the dentist charges above the 90th percentile, the member will be responsible for the difference, plus applicable deductible and co-insurance.