



# 2020 Ancillary Benefit Payroll Deductions

Effective 7/1/2020



## Guardian - Dental Guard Preferred

	In-Network	Out-of-Network
<b>CYD Preventive Services</b>	\$0	\$0
<b>Per Person Deductible</b>	\$50	\$100
<b>Maximum Benefit</b>	\$2,000	\$2,000
<b>Preventive Services</b> (100% / 0%)	Oral exam Cleanings Fluoride Treatment (To age 19) Bitewing X-Rays Sealants (To age 16) Space Maintainers/Harmful Habit Appliances	
<b>Basic Services</b> (80% / 20%)	X-Rays - Other than Bitewing Fillings Perio Maintenance Procedure Periodontal Services Periodontal Surgery Simple Extractions Complex Extractions Endodontic Services Repair/Maintenance of Crowns, Bridges, and Dentures General Anesthesia	
<b>Major Services</b> (50% / 50%)	Bridges and Dentures Implants Single Crowns Inlays, Onlays, and Veneers	
<b>Payroll Deduction - 24 Pay</b>		
<b>Employee</b>	\$11.22	
<b>Employee + Spouse</b>	\$22.76	
<b>Employee + Children</b>	\$24.21	
<b>Family</b>	\$37.77	

## Guardian - Vision VSP Network

	In-Network	Out-of-Network
<b>Exam</b>	\$0	Up to \$39
<b>Exam Frequency</b>	Once Per Calendar Year	
<b>Frames</b>	\$200 Retail Allowance	\$46 Allowance
<b>Frames Frequency</b>	Once Every Other Calendar Year	
<b>Standard Plastic Lenses</b>		
Single Vision	\$0	Up to \$23
Bifocal	\$0	Up to \$37
Trifocal	\$0	Up to \$49
Lenticular	\$0	Up to \$64
<b>Lens Frequency</b>	Once Per Calendar Year	
<b>Contact Lenses</b>		
Elective	\$200 Allowance	\$100 Allowance
Medically Necessary	\$0	\$210 Allowance
<b>Contact Lens Frequency</b>	Once Per Calendar Year	
<b>Payroll Deduction - 24 Pay</b>		
<b>Employee</b>	\$ 5.85	
<b>Employee + Spouse</b>	\$ 9.85	
<b>Employee + Children</b>	\$10.04	
<b>Family</b>	\$15.89	