Summary of Benefits

Dental Benefit Summary

Group ID:	00506420	Coverage Type:	Voluntary
Group Name:	CAN-AM CONSULTANTS, INC.	Class:	0002 CONTRACTORS
Waiting Period:	1st of the month following date of hire	As of Date:	01/01/2024

Plan Information

Your dental networks is: Dental - DentalGuard Pref - Syracuse

Coverage Information

	Dental - DentalGuard Pref - Syracuse	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the **Dental - DentalGuard Pref - Syracuse** network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	$750
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	80%	60%
Fillings (one surface)	80%	60%
General Anesthesia[1]	80%	60%
Scaling & Root Planing (per quadrant)	80%	60%
Simple Extractions	80%	60%
Major Care:	80%	60%
Dentures	80%	60%
Single Crowns	80%	60%
Orthodontia	Not Available	Not Available

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

1 Restrictions apply and may be subject to medical necessity.

Summary of Benefits

Vision Benefit Summary

Group ID:	00506420	Coverage Type:	Voluntary
Group Name:	CAN-AM CONSULTANTS, INC.	Class:	0002 CONTRACTORS
Waiting Period:	1st of the month following date of hire	As of Date:	01/01/2024

Plan Information

Your networks are: VSP - Choice Full Feature and Davis - Full Feature - Designer

Coverage Information

	VSP - Choice Full Feature		Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Co-Pay				
First service provided	Not applicable		Not applicable	
Exams	Exams $20.00		Exams $20.00	
Materials	Materials (waived for conventional and planned replacement contact lenses) $20.00		Materials (waived for non-formulary elective contact lenses) $20.00	
How often can I obtain service?	**Exams:** Once a year. **Lenses:** Once a year. **Frames:** Once a year. **Materials:** Once a year.		**Exams:** Once a year. **Lenses:** Once a year. **Frames:** Once a year. **Materials:** Once a year.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**

	VSP - Choice Full Feature		Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Eye exams	Copay applies	Amount over: $39.00	Copay applies	Amount over: $50.00
Lenses				
Single vision lenses	Copay applies	Amount over: $23.00	Copay applies	Amount over: $48.00
Lined bifocal lenses	Copay applies	Amount over: $37.00	Copay applies	Amount over: $67.00
Lined trifocal lenses	Copay applies	Amount over: $49.00	Copay applies	Amount over: $86.00
Lenticular lenses	Copay applies	Amount over: $64.00	Copay applies	Amount over: $126.00
Contact Lenses				
Conventional	Amount over: $130.00	Amount over: $100.00	$130.00, 15% discount on amount over $130.00.	Amount over: $105.00
Planned replacement	Amount over $130.00	$120 Max (copay waived)	$130.00, 15% discount on amount over $130.00.	Amount Over $105.00
Medically necessary	Copay Applies	Amount over: $210.00	Covered in full with prior approval. Copay does not apply.	Amount over: $210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance	15% off professional fee [1]	Included in Elective Contact Lens allowance
Frames	$130.00, 20% discount on amount over $130.00.	Amount over: $46.00	$130.00, 20% discount on amount over $130.00, except Sam's Club/Walmart. [2]	Amount over: $48.00
Lens & Frame Allowance	No discounts	No discounts	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts	No additional charge for: Oversize lens, polycarbonate for kids, polycarbonate for adults with strong prescriptions [3]	No discounts

	VSP - Choice Full Feature		Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
			, tinting. Others discounted at 20%-50% off retail price.	
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts	Up to 25% off usual and customary.	No discounts
Hearing	No discounts	No discounts	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

1 If contact lenses from formulary are chosen, then evaluation and fit may be included. When contact lenses not in the Formulary are chosen and the evaluation, fit and lenses are supplied by the same vision provider at the same time, all can be applied to the elective contact lens allowance.

2 Frames from Davis Vision's Fashion, Designer, or Premier collections are covered in full in excess of the plan's materials copay. Frames from a Davis Vision network provider that are not in the collections are covered up to the plan's retail

allowance in excess of the plan's materials copay.

[3] Polycarbonate lenses covered in full for monocular patients and patients with prescriptions greater than or equal to +/-6.00 diopters.

At Sam's Club/Walmart Vision Centers, members receive Sam's Club/Walmart's everyday low price on frame and contact lenses purchases. For eyeglass lens purchases the member receives the lesser of Sam's Club/Walmart's everyday low price or the Davis Vision fixed charge.

Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.