



IBEW Local 18-Sponsored
Guardian Dental Plans
Effective July 1, 2024



CA Insurance License: 0602572

What's New for July 1, 2024*

- * Guardian PPO Dental plan includes coverage for teeth whitening!*
- * This benefit is part of a Cosmetic Rider and treated separately from existing deductibles, annual benefit maximums, and coinsurance; member cost-shares vary based on Cosmetic Rider plan design

IBEW Local 18-Sponsored Guardian Dental Plans

- * **NEW** – Both plans include coverage for teeth whitening!*
- * Choice between DHMO and PPO dental plans
- * Both plans cover the entire family at no monthly premium cost to members and retirees
- * Both plans include comprehensive orthodontia coverage for adults and children

**Effective 7/1/2024, PPO benefit is treated separately from existing deductibles, annual benefit maximums, and coinsurance*

IBEW Local 18-Sponsored Guardian PPO Dental Plan

- * **NEW** – Includes coverage for teeth whitening!*
- * Flexibility of in and out-of-network dentists
- * Rich PPO benefits available
- * No annual deductible for in-network services
- * Includes coverage for implants

**Effective 7/1/2024, PPO benefit is treated separately from existing deductibles, annual benefit maximums, and coinsurance*

IBEW Local 18-Sponsored Guardian DHMO Plan

- * No deductibles
- * No claim forms
- * Fixed copay schedule, varies based on procedure
- * Includes coverage for teeth whitening

IBEW Local 18-Sponsored Guardian Dental Plans In-Network Benefits

	Guardian PPO	Guardian DHMO
Annual Deductible*	\$0	\$0
Annual Maximum Benefit*	\$3,000 per person	Unlimited
Orthodontia Lifetime Maximum	\$2,000 per person	Not Applicable
Preventive Care	100%	Copay varies
Basic Care	90%	Copay varies
Major Care	60%	Copay varies
Orthodontia	80%	\$1,500 - \$2,800 copay
Teeth Whitening	\$500 annual maximum benefit, covered once every 24 months per arch**	\$165 copay per arch for bleaching

*Annual benefits are based on calendar year

**Effective 7/1/24, PPO benefit is part of a Cosmetic Rider and treated separately from existing deductibles, annual benefit maximums, and coinsurance; member cost-shares vary based on Cosmetic Rider plan design.

Please note, this is only a brief summary of benefits, refer to the actual policies or certificates for complete details.

Guardian Dental Teeth Whitening

In-Network Benefits

Effective July 1, 2024

Teeth Whitening	Guardian PPO	Guardian DHMO
Annual Deductible (Per Person)	\$25 per person	None
Annual Maximum (Per Person)	\$500**	N/A
Coinsurance/Copay	50%	\$165 copay per arch
Frequency	Once per 24 months per arch	N/A

*Effective 7/1/24

**Does not apply to non-cosmetic PPO deductible and annual maximums

Signing Up for IBEW Local 18- Sponsored Benefits

- * Open Enrollment will be Monday, April 29, 2024 through Friday, May 10, 2024
 - * Enrollment changes are effective July 1, 2024
- * Access to convenient online enrollment and benefit resources at www.mybenefitchoices.com/Local18
 - * Please note, online enrollment is only available for IBEW Local 18-sponsored plans
- * For assistance with Open Enrollment please contact the IBEW Local 18 Benefit Service Center (800) 842-6635

Questions and Answers

