



Ask about Maximum Rollover!



TYPE OF PLAN	DMO – 3NYM
Sample Covered Charges*	In-Network Only
Deductible (3 Per Family)	None
Max Annually	Unlimited
Benefit Determination	Co-Pay Schedule
Deferred Services	None
Office Visit Co-Pay	\$5.00
Orthodontia	\$2,425 Adult / Child
<b>PREVENTIVE SERVICES</b>	<b>CO-INSURANCE IN-NET</b>
1110-Prophylaxis Adult/Child	\$0.00
1201-Topical App/Fluoride	\$0.00
1351-Sealants – Per Tooth	\$8.00
0330-Panoramic Film	\$0.00
0270-74-Bitewing X-Rays	\$12.00
<b>BASIC SERVICES</b>	<b>CO-INSURANCE IN-NET</b>
3310-Anterior Root Canal	\$120.00
2140-Amalgam – 1 Surf Perm	\$17.00
2940-Sedative Fillings	\$17.00
4910-Periodontal Maintenance Procedure	\$22.00
7210-Surgical Removal Erupted Tooth w/Flap	\$90.00
<b>MAJOR SERVICES</b>	<b>CO-INSURANCE IN-NET</b>
2510-Inlay-Metallic-1 Surf	\$280.00
5110-Upper&Lower Denture	\$452.00
6211-Pontic-Cast–Base Metal	\$385.00

TYPE OF PLAN	DMO – 6NYM
Sample Covered Charges*	In-Network Only
Deductible (3 Per Family)	None
Max Annually	Unlimited
Benefit Determination	Co-Pay Schedule
Deferred Services	None
Office Visit Co-Pay	\$5.00
Orthodontia	\$2,425 Adult / Child
<b>PREVENTIVE SERVICES</b>	<b>CO-INSURANCE IN-NET</b>
1110-Prophylaxis Adult/Child	\$0.00
1201-Topical App/Fluoride	\$0.00
1351-Sealants – Per Tooth	\$0.00
0330-Panoramic Film	\$0.00
0270-74-Bitewing X-Rays	\$0.00
<b>BASIC SERVICES</b>	<b>CO-INSURANCE IN-NET</b>
3310-Anterior Root Canal	\$0.00
2140-Amalgam – 1 Surf Perm	\$0.00
2940-Sedative Fillings	\$0.00
4910-Periodontal Maintenance Procedure	\$0.00
7210-Surgical Removal Erupted Tooth w/Flap	\$0.00
<b>MAJOR SERVICES</b>	<b>CO-INSURANCE IN-NET</b>
2510-Inlay-Metallic-1 Surf	\$244.00
5110-Upper&Lower Denture	\$362.00
6211-Pontic-Cast–Base Metal	\$308.00



**Underwritten by Guardian**  
(Guardian Life Insurance Company of New York)

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Over 70,000 dentists and 120,000 PPO network locations nationwide!

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**CUSTOMIZE YOUR BENEFIT PLAN**

Eligibility: All Active EE's regularly scheduled to Work  
Waiting Period: May elect Date of Hire, or 30, 60, 90 or 180 days  
Hours Worked: Minimum of 20, 25, 30, 35, 40

Spouse/Dependents: Lawful Spouse, Domestic Partners, Children Age 20/26 if Student  
Employer Contributions: Contributory / Voluntary  
Participation Required: Dual Option – Minimum of 2 lives (50% Contrib. / 25% Voluntary)  
Plan Selection: You may choose (2) of the 5 plans offered. (Only one DMO plan may be selected)

TYPE OF PLAN	PPO – KZ	
Sample Covered Charges*	In-Net / Out-Net	
Deductible (3 Per Family)	\$0 Prev / \$50 Basic & Major	
Max Annually (In/Out)	<b>\$1,000</b>	
Benefit Determination	Negotiated Fees / MAC	
Deferred Services	None	
Office Visit Co-Pay	\$0.00	
Orthodontia (Child Only Age 19)	50% Co-Ins up to \$1,000	
PREVENTIVE SERVICES	IN-NET	OUT-NET
1110-Prophylaxis Adult/Child	100%	100%
1201-Topical App/Fluoride	100%	100%
1351-Sealants – Per Tooth	100%	100%
0330-Panoramic Film	100%	100%
0270-74-Bitewing X-Rays	100%	100%
BASIC SERVICES	IN-NET	OUT-NET
3310-Anterior Root Canal	80%	70%
2140-Amalgam – 1 Surf Perm	80%	70%
2940-Sedative Fillings	80%	70%
4910-Periodontal Maintenance Procedure	80%	70%
7210-Surgical Removal Erupted Tooth w/Flap	80%	70%
MAJOR SERVICES	IN-NET	OUT-NET
2510-Inlay-Metallic-1 Surf	50%	50%
5110-Upper&Lower Denture	50%	50%
6211-Pontic-Cast–Base Metal	50%	50%

TYPE OF PLAN	PPO – MS	
Sample Covered Charges*	In-Net / Out-Net	
Deductible (3 Per Family)	\$0 Prev / \$50 Basic & Major	
Max Annually (In/Out)	<b>\$1,500</b>	
Benefit Determination	Negotiated Fees / MAC	
Deferred Services	None	
Office Visit Co-Pay	\$0.00	
Orthodontia (Child Only Age 19)	50% Co-Ins up to \$1,500	
PREVENTIVE SERVICES	IN-NET	OUT-NET
1110-Prophylaxis Adult/Child	100%	100%
1201-Topical App/Fluoride	100%	100%
1351-Sealants – Per Tooth	100%	100%
0330-Panoramic Film	100%	100%
0270-74-Bitewing X-Rays	100%	100%
BASIC SERVICES	IN-NET	OUT-NET
3310-Anterior Root Canal	90%	75%
2140-Amalgam – 1 Surf Perm	90%	75%
2940-Sedative Fillings	90%	75%
4910-Periodontal Maintenance Procedure	90%	75%
7210-Surgical Removal Erupted Tooth w/Flap	90%	75%
MAJOR SERVICES	IN-NET	OUT-NET
2510-Inlay-Metallic-1 Surf	60%	50%
5110-Upper&Lower Denture	60%	50%
6211-Pontic-Cast–Base Metal	60%	50%

TYPE OF PLAN	PPO – CS	
Sample Covered Charges*	In-Net / Out-Net	
Deductible (3 Per Family)	\$0 Prev / \$50 Basic & Major	
Max Annually (In/Out)	<b>\$2,000 (in)</b>	<b>\$1,000 (out)</b>
Benefit Determination	Negotiated Fees/90 <sup>th</sup> UCR%	
Deferred Services	None	
Office Visit Co-Pay	\$0.00	
Orthodontia (Child Only Age 19)	50% Co-Ins up to \$2,000	
PREVENTIVE SERVICES	IN-NET	OUT-NET
1110-Prophylaxis Adult/Child	100%	100%
1201-Topical App/Fluoride	100%	100%
1351-Sealants – Per Tooth	100%	100%
0330-Panoramic Film	100%	100%
0270-74-Bitewing X-Rays	100%	100%
BASIC SERVICES	IN-NET	OUT-NET
3310-Anterior Root Canal	90%	75%
2140-Amalgam – 1 Surf Perm	90%	75%
2940-Sedative Fillings	90%	75%
4910-Periodontal Maintenance Procedure	90%	75%
7210-Surgical Removal Erupted Tooth w/Flap	90%	75%
MAJOR SERVICES	IN-NET	OUT-NET
2510-Inlay-Metallic-1 Surf	60%	50%
5110-Upper&Lower Denture	60%	50%
6211-Pontic-Cast–Base Metal	60%	50%

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 Maximum Allowable Charges are paid at In-Network Negotiated Fee Schedule.*