



Service Station Dealers &
Automotive Services of Greater NY

7/1/23 - 6/30/24

Guardian®

Guardian Dental Election Form

Full Name

Station Name

Effective Date

Home Address

City

State

Zip

Email Address

Home Phone Number

Fax Number

Plan Features	Dental Guard 2000		Managed Dental Guard
	In-Network	Out-of-Network	In-Network Only
Deductible / Maximum Accumulation Period	Calendar Year (1/1 - 12/31)		Calendar Year (1/1 - 12/31)
Dependent Age Limit	20/26		20/26
Network	Dental Guard Pref (NY)	N/A	Managed Dental Care- Guardian (NY)
Reimbursement Level	N/A	UCR 70%	Fee Schedule
Office Visit Co-Pay	None		\$12
Plan Deductible (Individual / Family)	\$50/\$150	\$75/\$225	None
Deductible Waived For	Preventive	Preventive	N/A
Preventive Care (Cleanings, Oral Exams, etc.)	100%	80%	See fee schedule
Basic Procedures (Extractions, fillings, etc.)	80%	80%	See fee schedule
Major Procedures (Crowns, dentures, etc.)	50%	50%	See fee schedule
Child Orthodontia (up to age 19)	Not Covered		See fee schedule
Plan Year Maximum Benefit	\$1,000		Unlimited
Orthodontia Lifetime	N/A		None
Election			
Single	<input type="checkbox"/> \$63.21		<input type="checkbox"/> \$25.95
Employee/Spouse	<input type="checkbox"/> \$126.79		<input type="checkbox"/> \$51.87
Employee/Children	<input type="checkbox"/> \$131.58		<input type="checkbox"/> \$66.08
Family	<input type="checkbox"/> \$195.89		<input type="checkbox"/> \$82.90

- Please visit Guardian at <https://www.guardiananytime.com/fpapp/FPWeb/search> to find in-network providers. **MUST** include your selected Dental Office # on your enrollment form when selecting the MDG (Managed Dental Guard) plan **ONLY**.
- Guardian enrollment form **must** be completed in addition to dental election form for any changes.

"By signing below, in order to avoid cancellation, I agree to pay all insurance premiums by the end of the billing month."

Signature

Date

Please return completed form via Secure Fax to:

(914) 962-0108. If you have any questions, please call (866) 573-4768 ext. 2481