



IBEW Local 18-Sponsored  
Guardian Dental Plans  
Effective July 1, 2025



CA Insurance License: 0602572

# What's New for July 1, 2025\*

- \* Enhancements to IBEW Local 18 Benefit Service Center digital platform

*\*Effective 7/1/2025*

# IBEW Local 18-Sponsored Guardian Dental Plans

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

*\*PPO benefit is treated separately from existing deductibles, annual benefit maximums, and coinsurance*

# IBEW Local 18-Sponsored Guardian PPO Dental Plan

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

*\*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 bleaching

# 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

\*\*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

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

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

# Benefit Service Center Digital Platform

## Effective July 1, 2025\*

- \* Securely access your Guardian dental digital ID cards
- \* Available to spouses/domestic partners and enrolled dependents over 18 years old

\*Effective 7/1/2025

# Signing Up for IBEW Local 18- Sponsored Benefits

- \* Retiree Open Enrollment will be Saturday, May 3, 2025, through Friday, May 16, 2025
  - \* Enrollment changes are effective July 1, 2025
- \* Access to convenient online enrollment and benefit resources at [www.mybenefitchoices.com/Local18](http://www.mybenefitchoices.com/Local18)
  - \* Please note, online enrollment is only available for IBEW Local 18-sponsored plans
  - \* **NEW!** Digital platform enhancements\*
- \* For assistance with Open Enrollment please contact the IBEW Local 18 Benefit Service Center (800) 842-6635

\*Effective 7/1/2025

# Questions and Answers

