

**Dental Benefit Summary**

**Group Number:** 00436824

**About Your Benefits:**

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals. Plus, you save money and have the assurance that you are getting the right care when you use one of our contracted dentists. Guardian been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll with Guardian, you have access to one of the nation's largest dental networks offering significant discounts so you know there's always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

**Option 1:** With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

**Option 2:** With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

<b>Your Dental Plan</b>	<b>Option 1: PPO</b>		<b>Option 2: PPO</b>	
<b>Your Network is</b>	DentalGuard Preferred		DentalGuard Preferred	
<b>Your Monthly premium</b>	<b>\$25.82</b>		<b>\$34.22</b>	
You and spouse/domestic partner	\$47.01		\$62.32	
You and child(ren)	\$55.74		\$74.06	
You, spouse/domestic partner and child(ren)	\$84.22		\$112.08	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$0	\$25
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Not applicable	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	90%
Basic Care	80%	80%	80%	60%
Major Care	40%	40%	60%	40%
Orthodontia	40%	40%	50%	40%
<b>Annual Maximum Benefit</b>	\$1000		\$2000	\$1000
			Combined In-Network and Out-of-Network maximum of \$1000 with an additional \$1000 of benefit In-Network	
<b>Maximum Rollover</b>	Yes		Yes	
Rollover Threshold	\$500		\$500	
Rollover Amount	\$250		\$250	
Rollover In-network Amount	\$350		\$350	
Rollover Account Limit	\$1000		\$1000	
<b>Lifetime Orthodontia Maximum</b>	\$1000		\$1000	
<b>Dependent Age Limits</b>	26		26	

## A Sample of Services Covered by Your Plan:

		<b>Option 1: PPO</b>		<b>Option 2: PPO</b>	
		<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	90%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	90%
	Limits:	No Age Limits		No Age Limits	
	Oral Exams	100%	100%	100%	90%
	Periodontal Maintenance	100%	100%	100%	90%
	Frequency:	Once Every 6 Months (Enhanced)		Once Every 6 Months (Enhanced)	
	Sealants (per tooth)	100%	100%	100%	90%
Basic Care	X-rays	100%	100%	100%	90%
		X-rays other than bitewings in Basic 80%		X-rays other than bitewings in Basic 80%	
	Anesthesia*	80%	80%	80%	60%
	Fillings‡	80%	80%	80%	60%
	Perio Surgery	80%	80%	80%	60%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	80%	60%
	Root Canal	80%	80%	80%	60%
Scaling & Root Planing (per quadrant)	80%	80%	80%	60%	
Major Care	Bridges and Dentures	40%	40%	60%	40%
	Inlays, Onlays, Veneers**	40%	40%	60%	40%
	Simple Extractions	40%	40%	60%	40%
	Single Crowns	40%	40%	60%	40%
	Surgical Extractions	40%	40%	60%	40%
Orthodontia	Orthodontia	40%	40%	50%	40%
	Limits:	Child(ren)		Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

*This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.*

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

### Find A Dentist:

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)  
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

### Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00436824

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those 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-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** 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