



Dental Plan Design

Guardian offers one of the largest dental networks nationwide. Find out if your dentist participates in Guardian's DentalGuard Preferred Network at www.guardianlife.com.

The dental plan provides three levels of treatment.

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| Level I | Preventive dental procedures including <ul style="list-style-type: none">- traditional x-rays- fluoride treatment- check-ups- 100% paid |
| Level II | \$25 deductible per individual/ \$75 deductible per family
Traditional expenses for <ul style="list-style-type: none">- fillings- crown- extractions- plan pays 80% of expenses incurred |
| Level III | \$25 deductible per individual/ \$75 deductible per family <ul style="list-style-type: none">- Complex dental procedures- Plan pays 50% of expenses incurred |

Dependents are covered until the end of the year they turn age 26.

The calendar year deductible is combined for levels II and III. For example, if you have a Level II service and a Level III service within the same calendar year, you will only have to satisfy one deductible for the calendar year. So you only have to pay the \$25 deductible for individual or \$75 deductible per family one time in any calendar year.

Guardian offers "Maximum Roll Over" as an additional benefit under the dental plan. Maximum Rollover: There is a \$1,000 annual maximum for Preventive, BaWFSIc and Major services combined, subject to Maximum Rollover.

With Maximum Rollover, Guardian will roll over a portion of each member's unused annual maximum, called the Maximum Rollover Amount, into his or her Maximum Rollover Account (MRA). The MRA can be used in future years, if a member reaches the plan's Annual Maximum. Roll over balances will be identified and reported at the conclusion of each plan year.



Summary of Benefits

Group ID: 00453048

Dental Network: DentalGuard Pref NAP

Dental – DentalGuard Pref NAP		
What is the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental – DentalGuard Pref NAP network will be most cost effective.	
	In Network	Out of Network
Calendar Year Deductible	Deductible shown in Out of Network is a combined deductible for in and out of network services	\$25, Once the annual deductible is met by each of the three family members, no further deductible applies.
Preventive		Waived
Basic		Not Waived
Major		Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,000
Maximum Rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay? (as a % of reasonable & customary)
Preventive Services:		
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care	100%	100%
Bitewings X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleanings	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Services:		
Fillings (one surface)	80%	80%
General Anesthesia	80%	80%
Simple Extractions	80%	80%
Major Services:		
Scaling & Root Planing (per quad)	50%	50%
Dentures	50%	50%
Single Crowns	50%	50%
Orthodontia	Not Covered	Not Covered

General Exclusions:

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services)
- Orthodontia
- 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.