

Dental Benefit Summary

Group Number: 00514207

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

Option 1: With your **Value** 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.

Your Dental Plan	Option 1: Value		Option 2: PPO	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	None	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	80%	80%	100%	80%
Basic Care	60%	60%	80%	70%
Major Care	30%	30%	50%	40%
Orthodontia	25%	25%	50%	50%
Annual Maximum Benefit	\$1000	\$1000	\$1500	\$1500
Maximum Rollover	No		Yes	
Rollover Threshold			\$700	
Rollover Amount			\$350	
Rollover In-network Amount			\$500	
Rollover Account Limit			\$1250	
Lifetime Orthodontia Maximum	\$1000		\$1500	
Dependent Age Limits	26		26	

A Sample of Services Covered by Your Plan:

		Option 1: Value		Option 2: PPO	
		Plan pays (on average)		Plan pays (on average)	
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	80%	80%	100%	80%
	Frequency:	2 per calendar year		2 per calendar year	
	Fluoride Treatments	80%	80%	100%	80%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	80%	80%	100%	80%
	Sealants (per tooth)	80%	80%	100%	80%
	X-rays	80%	80%	100%	80%
Basic Care	Anesthesia*	60%	60%	80%	70%
	Fillings‡	60%	60%	80%	70%
	Periodontal Maintenance	60%	60%	80%	70%
	Frequency:	2 per calendar year		2 per calendar year	
	Scaling & Root Planing (per quadrant)	60%	60%	80%	70%
	Simple Extractions	60%	60%	80%	70%
Major Care	Bridges and Dentures	30%	30%	50%	40%
	Dental Implants	Not Covered	Not Covered	50%	40%
	Inlays, Onlays, Veneers**	30%	30%	50%	40%
	Perio Surgery	30%	30%	80%	70%
	Repair & Maintenance of Crowns, Bridges & Dentures	30%	30%	50%	40%
	Root Canal	30%	30%	80%	70%
	Single Crowns	30%	30%	50%	40%
	Surgical Extractions	30%	30%	80%	70%
Orthodontia	Orthodontia	30%	30%	50%	50%
	Limits:	Adults & 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.

Manage Your Benefits:

Go to 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
Click on "Find A Provider"; You will need to know your plan and dental network, 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: 00514207

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

EXCLUSIONS AND LIMITATIONS

■ Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred 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