



Your dental coverage

Option 1 or 2: CORE PLAN or BUY-UP PLAN plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan (7/1 - 6/30)

Option 1: CORE PLAN

Option 2: BUY-UP PLAN

Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Plan year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$0	\$0
Family limit	\$150 per family	\$150 per family	Not applicable	Not applicable
Waived for	Preventive	Preventive	Not applicable	Not applicable
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	100%	100%	100%	100%
Basic Care	50%	50%	75%	75%
Major Care	50%	50%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit	\$1000		\$1500	
Preventive Services Exempt from Maximum	Yes (applies to all levels)		Yes (applies to all levels)	
Lifetime Orthodontia Maximum	Not Applicable		\$2000	
Dependent Age Limits	26		26	



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A Sample of Services Covered by Your Plan:

		Option 1: CORE PLAN		Option 2: BUY-UP PLAN	
		<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%	100%
	Frequency:	2 per calendar year		2 per calendar year	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	No Age Limits		No Age Limits	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	50%	50%	75%	75%
	Fillings‡	50%	50%	75%	75%
	Inlays, Onlays, Veneers**	50%	50%	75%	75%
	Perio Surgery	50%	50%	75%	75%
	Periodontal Maintenance	50%	50%	75%	75%
	Frequency:	2 per calendar year		2 per calendar year	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	75%	75%
	Root Canal	50%	50%	75%	75%
	Scaling & Root Planing (per quadrant)	50%	50%	75%	75%
	Simple Extractions	50%	50%	75%	75%
	Single Crowns	50%	50%	75%	75%
Surgical Extractions	50%	50%	75%	75%	
Major Care	Bridges and Dentures	50%	50%	50%	50%
	Dental Implants	50%	50%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			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. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



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Manage Your Benefits:

Go to www.Guardianlife.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.Guardianlife.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.

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-I-DG2000 et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16