



Your dental coverage

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.

| Your Dental Plan | PPO | |
|---|-------------------------------------|-----------------------|
| Your Network is | DentalGuard Preferred | |
| Calendar year deductible | <i>In-Network</i> | <i>Out-of-Network</i> |
| Individual | \$50 | \$50 |
| Family limit | 3 per family | |
| Waived for | Preventive | Preventive |
| Charges covered for you (co-insurance) | <i>In-Network</i> | <i>Out-of-Network</i> |
| Preventive Care | 100% | 100% |
| Basic Care | 100% | 100% |
| Major Care | 60% | 60% |
| Orthodontia | Not Covered (applies to all levels) | |
| Annual Maximum Benefit | \$2000 | \$2000 |
| Maximum Rollover | Yes | |
| Rollover Threshold | \$800 | |
| Rollover Amount | \$400 | |
| Rollover In-network Amount | \$600 | |
| Rollover Account Limit | \$1500 | |
| Lifetime Orthodontia Maximum | Not Applicable | |
| Dependent Age Limits | 26 | |



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A Sample of Services Covered by Your Plan:

| | | PPO | |
|---------------------------------------|--|-------------------------------|-----------------------|
| | | <i>Plan pays (on average)</i> | |
| | | <i>In-network</i> | <i>Out-of-network</i> |
| Preventive Care | Cleaning (prophylaxis) | 100% | 100% |
| | Frequency: | Once Every 6 Months | |
| | Fluoride Treatments | 100% | 100% |
| | Limits: | Under Age 19 | |
| | Oral Exams | 100% | 100% |
| | Sealants (per tooth) | 100% | 100% |
| | X-rays | 100% | 100% |
| Basic Care | Anesthesia* | 100% | 100% |
| | Fillings‡ | 100% | 100% |
| | Perio Surgery | 100% | 100% |
| | Periodontal Maintenance | 100% | 100% |
| | Frequency: | Once Every 6 Months | |
| | Repair & Maintenance of Crowns, Bridges & Dentures | 100% | 100% |
| | Root Canal | 100% | 100% |
| Scaling & Root Planing (per quadrant) | 100% | 100% | |
| Major Care | Bridges and Dentures | 60% | 60% |
| | Inlays, Onlays, Veneers** | 60% | 60% |
| | Simple Extractions | 60% | 60% |
| | Single Crowns | 60% | 60% |
| | Surgical Extractions | 60% | 60% |

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.

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.



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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

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