



Dental Benefit Summary

Group Number: 00565521

A Dental insurance plan through Guardian:

- · Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- · Helps offset potentially expensive dental procedures, such as crowns and fillings
- · Gives you access to one of the nation's largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian's find a provider mobile app
- · Fast and easy claim payments

About Your Benefits:

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	In-Network	Out-of-Network	
Individual	\$50	\$50	
Family limit	3 per family		
Waived for	Preventive	Preventive	
Charges covered for you (co-insurance)	In-Network	Out-of-Network	
Preventive Care	100%	100%	
Basic Care	100%	80%	
Major Care	60%	50%	
Orthodontia	50%	50%	
Annual Maximum Benefit	\$2000	\$2000	
Maximum Rollover	Yes		
Rollover Threshold	\$8	\$800	
Rollover Amount	\$400		
Rollover Account Limit	\$1500		
Lifetime Orthodontia Maximum	\$1000		
Dependent Age Limits	26		

A Sample of Services Covered by Your Plan:

D	D	$\boldsymbol{\cap}$

		Plan þays (on average)		
		In-network	Out-of-network	
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	Fillings‡	100%	80%	
	Perio Surgery	100%	80%	
	Periodontal Maintenance	100%	80%	
	Frequency:	Once Eve	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	80%	
	Root Canal	100%	80%	
	Scaling & Root Planing (per quadrant)	100%	80%	
Major Care	Anesthesia*	60%	50%	
	Bridges and Dentures	60%	50%	
	Inlays, Onlays, Veneers**	60%	50%	
	Simple Extractions	60%	50%	
	Single Crowns	60%	50%	
	Surgical Extractions	60%	50%	
Orthodontia	Orthodontia	50%	50%	
	Limits:	Child(r	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 filing 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.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

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, 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: 00565521

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-I-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