

# Dental Plans

**Option 1 or 2:** With your **PREFERRED** or **CUSTOM** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

**Option 3:** With your **SELECT** 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.

COMPARE THE PLANS	Option 1: PREFERRED		Option 2: CUSTOM		Option 3: SELECT	
Network	DentalGuard Preferred		DentalGuard Preferred		DentalGuard Preferred	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>
Preventive Care (e.g. cleanings)	100%	100%	100%	80%	100%	80%
Basic Care (e.g. fillings)	90%	80%	90%	80%	80%	70%
Major Care (e.g. crowns, dentures)	60%	50%	60%	50%	50%	40%
Orthodontia	Not Covered		50%	50%	Not Covered	
<b>Annual Maximum Benefit</b>	\$1500	\$1500	\$1500	\$1000	\$1000	\$1000
			Combined In-Network and Out-of-Network maximum of \$1000 with an additional \$500 of benefit In-Network			
<b>Maximum Rollover</b>	Yes		Yes		Yes	
Rollover Threshold	\$700		\$500		\$500	
Rollover Amount	\$350		\$250		\$250	
Rollover In-network Amount	\$500		\$350		\$350	
Rollover Account Limit	\$1250		\$1000		\$1000	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable		\$1000		Not Applicable	
<b>Dependent Age Limits(Non-Student/Student)</b>	19/25		19/25		19/25	

## YOUR GUARDIAN PLAN OFFERS:

**No charge for preventive care** (subject to plan limits)

**Coverage of ViziLite Plus** early cancer detection screening exams

**Maximum rollover** If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

**National PPO network** of more than 70,000 dentist locations

**Reliable claims payment** four days on average

**Find out** if your dentist is in Guardian's network at [www.guardianlife.com](http://www.guardianlife.com)

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: PREFERRED		Option 2: CUSTOM		Option 3: SELECT	
		Plan pays (on average)		Plan pays (on average)		Plan pays (on average)	
		In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	80%	100%	80%
	Frequency:	Once Every 6 Months		Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	80%	100%	80%
	Limits:	No Age Limits		No Age Limits		No Age Limits	
	Oral Exams	100%	100%	100%	80%	100%	80%
	Periodontal Maintenance	100%	100%	100%	80%	100%	80%
	Frequency:	Once Every 3 Months (Enhanced)		Once Every 3 Months (Enhanced)		Once Every 3 Months (Enhanced)	
Sealants (per tooth)	100%	100%	100%	80%	100%	80%	
X-rays	100%	100%	100%	80%	100%	80%	
Basic Care	Anesthesia*	90%	80%	90%	80%	80%	70%
	Fillings‡	90%	80%	90%	80%	80%	70%
	Perio Surgery	90%	80%	90%	80%	80%	70%
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%	90%	80%	80%	70%
	Root Canal	90%	80%	90%	80%	80%	70%
	Scaling & Root Planing (per quadrant)	90%	80%	90%	80%	80%	70%
	Simple Extractions	90%	80%	90%	80%	80%	70%
	Surgical Extractions	90%	80%	90%	80%	80%	70%
Major Care	Bridges and Dentures	60%	50%	60%	50%	50%	40%
	Dental Implants	60%	50%	60%	50%	50%	40%
	Inlays, Onlays, Veneers**	60%	50%	60%	50%	50%	40%
	Single Crowns	60%	50%	60%	50%	50%	40%
Orthodontia	Orthodontia	Not Covered		50%	50%	Not Covered	
	Limits:			Child(ren)			

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only 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 of 19; 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. ‡Fillings – restrictions may apply to composite fillings.

## 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.

■ **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