

**Dental Benefit Summary**

**Group Number:** 354954

**About Your Benefits:**

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Using your dental insurance for regular dental check- ups can improve your health. Your dental insurance can also help save you money if more serious dental treatments are needed.

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

	<b>PPO</b>	
<b>Network</b>	DentalGuard Preferred	
<b>Your Monthly premium</b>	<b>\$30.80</b>	
You and spouse	\$61.61	
You and child(ren)	\$60.07	
You, spouse and child(ren)	\$90.87	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	80%	80%
Major Care (e.g. crowns, dentures)	80%	80%
Orthodontia	50%	50%
<b>Annual Maximum Benefit</b>	\$1200	\$1200
<b>Lifetime Orthodontia Maximum</b>	\$1000	
<b>Dependent Age Limits(Non-Student/Student)</b>	19/24	

## A Sample of Services Covered by Your Plan:

		<b>PPO</b> <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:		No Age Limits
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:		Once Every 6 Months (Enhanced)
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Bridges and Dentures	80%	80%
	Inlays, Onlays, Veneers**	80%	80%
	Single Crowns	80%	80%
Orthodontia	Orthodontia	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. \*\*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.

### Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at [www.guardiananytime.com](http://www.guardiananytime.com)

### Find A Dentist:

Visit [www.GuardianLife.com](http://www.GuardianLife.com)  
Under "Contact Us", Click on "Find A Provider"

### Questions?

Call the Guardian Helpline (888) 600-1600  
Call weekdays, 7:00 AM to 8:30 PM, EST. And refer to your plan number: 354954

## 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