

Dental Plans

COMPARE YOUR PLANS

Buy-Up Plan

Base Plan

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

COMPARE THE PLANS

Option 1: PPO

Option 2: PPO

Calendar year deductible	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
	Individual	\$50	\$50	\$75
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
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 (e.g., cleanings)	100%	100%	100%	100%
Basic Care (e.g., fillings)	80%	80%	50%	50%
Major Care (e.g., crowns, dentures)	50%	50%	25%	25%
Orthodontia	Not Covered		Not Covered	
Annual Maximum Benefit	\$1000	\$1000	\$1000	\$1000
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$500		\$500	
Rollover Amount	\$250		\$250	
Rollover In-network Amount	\$350		\$350	
Rollover Account Limit	\$1000		\$1000	
Lifetime Orthodontia Maximum	Not Applicable		Not Applicable	
Network	DentalGuard Preferred		DentalGuard Preferred	

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 20 (26 if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student)

No charge for preventive care (subject to plan limits)

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

CATEGORY	PLAN DETAILS	Option 1: PPO <i>Plan pays (on average)</i>		Option 2: PPO <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:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
Basic Care	X-rays	100%	100%	100%	100%
	Anesthesia	80%	80%	50%	50%
	Fillings (one surface)	80%	80%	50%	50%
	Periodontal Maintenance	80%	80%	50%	50%
	Frequency:	Once Every 6 Months (Standard)		Once Every 6 Months (Standard)	
Major Care	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	50%	50%
	Scaling & Root Planing (per quadrant)	80%	80%	50%	50%
Major Care	Bridges and Dentures	50%	50%	25%	25%
	Inlays, Onlays, Veneers**	50%	50%	25%	25%
	Perio Surgery	50%	50%	25%	25%
	Root Canal	50%	50%	25%	25%
	Simple Extractions	50%	50%	25%	25%
	Single Crowns	50%	50%	25%	25%
	Surgical Extractions	50%	50%	25%	25%

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; full-time student age does not apply to the initial placement of the appliance. 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.

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, 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