

# Dental Plans

## UNDERSTAND YOUR PLAN

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

UNDERSTAND YOUR PLAN	PPO	
	<i>In-network</i>	<i>Out-of-network</i>
<b>Plan year deductible</b>		
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
<b>Charges covered for you</b> (co-insurance)	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g., cleanings)	100%	80%
Basic Care (e.g, fillings, extractions)	80%	80%
Major Care (e.g., crowns, dentures)	50%	50%
Orthodontia	Not Covered	
<b>Annual Maximum Benefit</b>	\$1500	\$1500
<b>Preventive Services Exempt from Maximum</b>	Not Waived	
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover In-network Amount	\$500	
Rollover Account Limit	\$1250	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	
<b>Network</b>	DentalGuard Preferred	

## YOUR GUARDIAN PLAN OFFERS:

**Family coverage** for spouse and children to age 25 (26 if full-time student)

**No charge for in-network preventive care**

**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)

CATEGORY	PLAN DETAILS	PPO	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	80%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	80%
	Limits:	No Age Limits	
	Oral Exams	100%	80%
	Sealants (per tooth)	100%	80%
	X-rays	100%	80%
Basic Care	Anesthesia	80%	80%
	Fillings (one surface)†	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	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Single Crowns	50%	50%

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. \*General Anesthesia—Restrictions apply & may be subject to medical necessity. †Silver fillings and white fillings for front teeth. Other types of fillings may be paid at other benefit levels.

### 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

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.

- 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

## UNDERSTANDING YOUR BENEFITS—DENTAL

<b>Basic care</b>	Moderately complex dental services. Most plans consider fillings and extractions to be basic care.
<b>Co-insurance</b>	The portion of the covered charge paid by Guardian.
<b>Deductible</b>	The amount of charges you and your family must pay each plan year before the plan pays you any benefits.
<b>Family limit</b>	Maximum number of deductibles your family must pay in each plan year before this plan starts paying benefits for all covered family members for the rest of the plan year.
<b>In-network charges</b>	Charges for services provided by dentists who are a member of your plan's network.
<b>Major care</b>	More complex dental services. Most plans consider crowns and dentures to be major care.
<b>Out-of-network charges</b>	Charges for services provided by dentists who are not members of your plan's network.
<b>Plan year</b>	The 12 month period used to apply this plan's deductible and annual maximum.
<b>PPO</b> (Preferred Provider Organization)	Plan that lets you visit any dentist, but usually provides better benefits for the services of PPO network dentists. PPO dentists have agreed to accept discounted fees as payment in full.
<b>Preventive care</b>	Most routine dental services. Most plans consider checkups and cleanings to be preventive care.
<b>UCR</b> (Usual and Customary Rate)	<b>PPO &amp; NAP</b> The usual cost for a specific dental service in your area. Amounts over the specified UCR percentile (90%) are usually the patient's responsibility: <b>In-Network:</b> Benefits are based on a negotiated contracted fee schedule, and no balance billing. <b>Out-of-Network:</b> Benefits are based on usual, reasonable, and customary rates for a given area.