



Your dental coverage

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 based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan

PPO

| Your Network is | DentalGuard Preferred | |
|---|-------------------------------------|-----------------------|
| Calendar year deductible | <i>In-Network</i> | <i>Out-of-Network</i> |
| Individual | \$0 | \$0 |
| Family limit | 3 per family | |
| Waived for | Not applicable | Not applicable |
| Charges covered for you (co-insurance) | <i>In-Network</i> | <i>Out-of-Network</i> |
| Preventive Care | 100% | 100% |
| Basic Care | 100% | 100% |
| Major Care | 100% | 100% |
| Orthodontia | Not Covered (applies to all levels) | |
| Annual Maximum Benefit | \$5000 | |
| Lifetime Orthodontia Maximum | Not Applicable | |
| Dependent Age Limits | 0 | |



Your dental coverage

A Sample of Services Covered by Your Plan:

| | | PPO | |
|-----------------|--|-------------------------------|-----------------------|
| | | <i>Plan pays (on average)</i> | |
| | | <i>In-network</i> | <i>Out-of-network</i> |
| Preventive Care | Cleaning (prophylaxis) | 100% | 100% |
| | Frequency: | Once Every 3 Months | |
| | Fluoride Treatments | 100% | 100% |
| | Limits: | No Age Limits | |
| | Oral Exams | 100% | 100% |
| | Periodontal Maintenance | 100% | 100% |
| | Frequency: | Once Every 3 Months | |
| | Sealants (per tooth) | 100% | 100% |
| | X-rays | 100% | 100% |
| Basic Care | Anesthesia* | 100% | 100% |
| | Fillings‡ | 100% | 100% |
| | Inlays, Onlays, Veneers** | 100% | 100% |
| | Perio Surgery | 100% | 100% |
| | Repair & Maintenance of Crowns, Bridges & Dentures | 100% | 100% |
| | Root Canal | 100% | 100% |
| | Scaling & Root Planing (per quadrant) | 100% | 100% |
| | Simple Extractions | 100% | 100% |
| | Single Crowns | 100% | 100% |
| | Surgical Extractions | 100% | 100% |
| Major Care | Bridges and Dentures | 100% | 100% |
| | Dental Implants | 100% | 100% |

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 filling 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.



Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.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.Guardianlife.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.

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.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16



Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Dental insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.