



Dental Benefit Summary

Group Number: 00554377

About Your Benefits:

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals. Plus, you save money and have the assurance that you are getting the right care when you use one of our contracted dentists. Guardian has been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll with Guardian, you have access to one of the nation's largest dental networks offering significant discounts so you know there's always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

With your **PPO** plan, you save money by visiting a PPO dentist. Out-of network visits are not covered.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$25	N/A
Family limit	3 per family	
Waived for	Preventive and Basic	Not applicable
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	80%	Not Covered
Basic Care	80%	Not Covered
Major Care	50%	Not Covered
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit *	\$1250	N/A
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable
Dependent Age Limits(Non-Student/Student) #	19/26	

Dependents are covered up to the age 19 or up to age 26 if they are a full-time student. If your dependent is a full-time student, you will need to provide proof of student status once a semester in order to continue coverage. Proof of student status can be either a letter from the registrar's office listing the semesters the student is enrolled or a copy of the student class schedule. If you submit a class schedule it must include the student's name, the school's name, and what semester the classes are for.

*As per collective bargaining unit.

A Sample of Services Covered by Your Plan:

		PPO Plan pays (on average)	
		In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis) Frequency: (combined with perio maintenance)	80%	Not Covered 4 in calendar year
	Fluoride Treatments Limits:	80%	Not Covered Under Age 18
	Oral Exams	80%	Not Covered
	X-rays	80%	Not Covered
Basic Care	Anesthesia*	80%	Not Covered
	Fillings‡	80%	Not Covered
	Perio Surgery	80%	Not Covered
	Periodontal Maintenance Frequency: (combined with cleanings)	80%	Not Covered 4 in calendar year
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	Not Covered
	Root Canal	80%	Not Covered
	Scaling & Root Planing (per quadrant)	80%	Not Covered
	Simple Extractions	80%	Not Covered
	Surgical Extractions	80%	Not Covered
Major Care	Bridges and Dentures	50%	Not Covered
	Dental Implants	50%	Not Covered
	Inlays, Onlays, Veneers**	50%	Not Covered
	Single Crowns	50%	Not Covered

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.

*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.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.GuardianAnytime.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.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00554377

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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. **PPO and Indemnity 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