

Dental Benefit Summary

Group Number: 00541392

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

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

| Your Dental Plan | PPO | |
|--|-----------------------|-----------------------|
| Your Network is | DentalGuard Preferred | |
| Your Monthly premium | \$26.69 | |
| You and spouse | \$52.40 | |
| You and child(ren) | \$65.98 | |
| You, spouse and child(ren) | \$91.99 | |
| Calendar year deductible | <i>In-Network</i> | <i>Out-of-Network</i> |
| Individual | \$50 | \$50 |
| Family limit | 3 per family | |
| Waived for | Preventive | Preventive |
| Charges covered for you (co-insurance) | <i>In-Network</i> | <i>Out-of-Network</i> |
| Preventive Care | 100% | 100% |
| Basic Care | 80% | 80% |
| Major Care | 50% | 50% |
| Orthodontia | 50% | 50% |
| Annual Maximum Benefit | \$1500 | |
| Maximum Rollover | Yes | |
| Rollover Threshold | \$700 | |
| Rollover Amount | \$350 | |
| Rollover Account Limit | \$1250 | |
| Lifetime Orthodontia Maximum | \$1500 | |
| Dependent Age Limits(Non-Student/Student) | 25/26 | |

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 6 Months | |
| | Fluoride Treatments | 100% | 100% |
| | Limits: | Under Age 19 | |
| | Oral Exams | 100% | 100% |
| | Sealants (per tooth) | 100% | 100% |
| | X-rays | 100% | 100% |
| Basic Care | Anesthesia* | 80% | 80% |
| | Fillings‡ | 80% | 80% |
| | Repair & Maintenance of Crowns, Bridges & Dentures | 80% | 80% |
| | Simple Extractions | 80% | 80% |
| Major Care | Bridges and Dentures | 50% | 50% |
| | Dental Implants | 50% | 50% |
| | Inlays, Onlays, Veneers** | 50% | 50% |
| | Perio Surgery | 50% | 50% |
| | Periodontal Maintenance | 50% | 50% |
| | Frequency: | Once Every 6 Months (Standard) | |
| | Root Canal | 50% | 50% |
| | Scaling & Root Planing (per quadrant) | 50% | 50% |
| | Single Crowns | 50% | 50% |
| | Surgical Extractions | 50% | 50% |
| 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. **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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub 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: 00541392

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-1-DG2000 et al.
- **PPO and or 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