



Dental Benefit Summary

Group Number: 00517225

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 \$1,400<sup>1</sup>? 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 dentists, no claim forms to file and excellent customer service. Enroll today and smile next time you see your dentist!

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	
<b>Your Monthly Premium</b>	<b>\$0.00</b>	
You and spouse	\$34.02	
You and child(ren)	\$51.84	
You, spouse and child(ren)	\$82.93	
Your Network Is	DentalGuard Preferred	
<b>Calendar Year Deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Per Individual Member	\$50	\$50
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
<b>Annual Maximum Benefit</b>	\$1,500	\$1,500
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover Account Limit	\$1,000	
<b>Lifetime Orthodontia Maximum</b>	\$1,000	
<b>Dependent Age Limits</b>	26	

Penalty for Late Entrants:

During the first 12 months that a late entrant is covered by this *plan*, we won't pay for the following services:

- All Group II, Group III and Group IV Services.

Charges for the services we don't cover under this provision are not considered to be covered charges under this *plan*, and therefore can't be used to meet this *plan's* deductibles.

We don't apply a late entrant penalty to covered charges incurred for services needed solely due to an *injury* suffered by a *covered person* while insured by this *plan*.

A late entrant is a person who: (a) becomes covered by this dental *plan* more than 31 days after he or she is eligible; or (b) becomes covered again, after his or her coverage lapsed because he or she did not make required payments.

**A Sample of Services Covered by Your Plan:**

		<b>PPO</b> <i>Plan pays (on average)</i>	
		<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Twice per 12 Months	
	Flouride Treatments	100%	100%
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	Limits:	Under age 16	
Basic Care	X-rays	100%	100%
	Anesthesia <sup>2</sup>	80%	80%
	Fillings <sup>3</sup>	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Twice per 12 Months	
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
Major Care	Simple Extractions	80%	80%
	Bridges and Dentures	50%	50%
	Inlay, Onlays, Veneers <sup>4</sup>	50%	50%
	Perio Surgery	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%
Orthodontia	Surgical Extractions	50%	50%
	Orthodontia	50%	50%
	Limits:	Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded.

<sup>1</sup><http://health.costhelper.com/dental-crown.html> <sup>2</sup>General Anesthesia – restrictions apply. <sup>3</sup>Fillings – restrictions will apply to composite fillings.

<sup>4</sup>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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period.

**Manage Your Benefits:**

Go to [www.GuardianAnytime.com](http://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](http://www.GuardianAnytime.com) Click on "Find A Provider"; you will need to know your plan and dental network, which can be found on the first page of your dental summary

**Questions about your Benefits? Please call 1-888-600-1600!**

**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 (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 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.