Guardian

Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO *Plan pays (on average)*	
		Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	2 in 12 Months (applies to all levels)	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19 (applies to all levels)	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings‡	75%	75%
	Perio Surgery	75%	75%
	Periodontal Maintenance	75%	75%
	Frequency:	2 in 12 months (applies to all levels)	
	Root Canal	75%	75%
	Scaling & Root Planing (per quadrant)	75%	75%
	Simple Extractions	75%	75%
	Surgical Extractions	75%	75%
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.

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 filing 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.

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PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on Guardian's fee schedule.

Your Dental Plan	**PPO**	
	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network
Calendar year deductible	*Tier 1*	*Tier 2*
Individual	$100	$100
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	*Tier 1*	*Tier 2*
Preventive Care	100%	100%
Basic Care	75%	75%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	$1000 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	$500	
Rollover Amount	$250	
Rollover Amount	$350	
Rollover Account Limit	$1000	
Lifetime Orthodontia Maximum	$1000 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	