



## About Your Benefits:

	PPO	
<b>Your Network is</b>	DentalGuard Preferred	
<b>Calendar year deductible</b>	In-Network (Contracted)	Out-of-Network (Non-Contracted)
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	In-Network (Contracted)	Out-of-Network (Non-Contracted)
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	90%	90%
Major Care (e.g. crowns, dentures)	60%	60%
Orthodontia	50%	50%
<b>Annual Maximum Benefit</b>	<b>\$2,000</b>	<b>\$2,000</b>
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$800	
Rollover Amount	\$400	
Rollover In-network Amount <b>**N/A: TX, GA, MT</b>	\$600	
Rollover Account Limit	\$1,500	
<b>Lifetime Orthodontia Maximum</b>	<b>\$2,000</b>	
<b>Dependent Age Limits</b>	<b>26</b>	

### Claims payment basis

#### PPO & NAP

The usual cost for a specific dental service in your area. Amounts over the maximum allowable charge are usually the patient's responsibility:

**In-Network (Contracted):** Benefits are based on a negotiated contracted fee schedule, and no balance billing.

**Out-of-Network (Non-Contracted):** Benefits are based on a schedule of maximum allowable charges for a given area.

**A sample of services covered by your plan:**

**PPO**

Plan pays (on average)

		In-Network (Contracted)	Out-of-Network (Non-Contracted)
<b>Preventive Care</b>	Cleaning (prophylaxis) Frequency:	100%	100%
	Fluoride Treatments	100%	100%
	Limits:		Under Age 19
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
<b>Basic Care</b>	Anesthesia*	90%	90%
	Fillings	90%	90%
	Perio Surgery	90%	90%
	Periodontal Maintenance	90%	90%
	Frequency:		Once Every 3 Months (Enhanced)
	Repair and Maintenance of Crowns, Bridges and Dentures	90%	90%
	Root Canal	90%	90%
	Scaling and Root Planing (per quadrant)	90%	90%
	Simple Extractions	90%	90%
	Surgical Extractions	90%	90%
<b>Major Care</b>	Bridges and Dentures	60%	60%
	Dental Implants	60%	60%
	Inlays, Onlays, Veneers**	60%	60%
	Single Crowns	60%	60%
<b>Orthodontia</b>	Orthodontia	50%	50%
	Limits:		Adult & Child(ren)

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.

**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-DG6 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–DG6.

**The Guardian Life Insurance Company of America**  
New York, NY

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only 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 of 19; 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. \*General Anesthesia — restrictions apply. The Guardian Life Insurance Company of America, New York, NY 10004. Guardian® is a registered trademark of The Guardian Life Insurance Company of America.