



Dental Benefit Summary – Split Max PPO QD with Child Ortho

Network	DentalGuard Preferred (PPO)	
	In-Network	Out-of-Network
Calendar year deductible¹	\$50	\$50
Waived for	Preventive	Preventive
Annual Maximum	\$2000	\$1500
	<i>Coinsurance (Percentage Paid by Plan)</i>	
	Fee Schedule	UCR 80 th percentile
Preventive Services	In-Network	Out-of-Network
Oral Examination - every six months		
Teeth Cleaning - every six months		
Fluoride Treatments for Children - every six months to age 19		
Space Maintainers for Children - under age 16	100%	100%
X-Rays		
Topical Sealants for unrestored molar teeth		
-one treatment for child(ren) under 16 in a three (3) year period		
Basic Services		
Diagnostic Consultation- one per year		
Fillings: Amalgam, Silicate, Acrylic		
Anesthesia ²		
Oral Surgery	90%	80%
Endodontic Services/Root Canal Therapy		
Periodontal Maintenance Services – every six months		
Repair & Maintenance of Crowns, Bridges & Dentures		
Major Services		
Bridge Installations-fixed and removable		
Dentures- Full and Partial		
Single Crowns	60%	50%
Implants		
Inlays, Onlays, Veneers ³		
Orthodontia – Child(ren) Only⁴	50%	50%
Lifetime Maximum		\$1500
Dependent Age Limit		26
Maximum Rollover		
Rollover Threshold		\$700
Rollover Amount		\$350
Rollover In-network Amount		\$500
Rollover Account Limit		\$1250

This is only a partial list of dental services. The plan policy shows exactly what is covered and excluded.

¹ No more than 3 individual deductibles per family. ²General Anesthesia – restrictions apply.

³Crowns, 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 materials.

⁴ Child only orthodontics – the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by the plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant penalties.

Orthodontic coverage is not available for groups with less than 5 enrolled employees.

Groups with 2- 9 enrolled employees: Major and Periodontal services are deferred for 12 months.

Groups with 5-24 enrolled employees: Orthodontics is deferred for 12 months.

Deferrals may be waived with proof of appropriate coverage from employer’s immediate prior carrier.

All out of network services are based on usual, reasonable, and customary rates for given area.

Guardian has contracted with dental providers to provide discounts off services and procedures to Guardian dental plan members. To locate a provider, visit our On-Line Provider Directory at www.GuardianLife.com.

Pre-determination Review - Guardian will gladly assist the member and their dentist by determining what benefits could be payable for services and procedures over \$300. The dentist should fax the member's treatment plan to Guardian, note that it is a pre-determination review and Guardian will let the member's dentist know what benefits would be payable

Special Limitation: Teeth lost or missing before a member becomes insured by a Guardian plan. A member may have one or more congenitally missing teeth or have lost one or more teeth before becoming insured by a Guardian plan. Guardian will not pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the member becomes insured by the Guardian plan.

A late entrant is a member who becomes insured more than 31 days after they are eligible; or becomes insured again, after their coverage lapsed because they did not make required payments. Guardian won't cover charges incurred by a late entrant for (1) Group II (basic) services until 6 months from the date he is insured by this plan; and (2) Group III (major) and (3) Group IV (ortho) services until 12 months from the date member is insured by this plan. This is in addition to any deferred services.

DentalGuard General Limitations and Exclusions: 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, 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.

This handout is for illustrative purposes. Members will receive benefit booklets. If there is a discrepancy between this handout and the member benefit booklet, the benefit booklet prevails.

Maximum Rollover[®]

Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

PLAN ANNUAL MAXIMUM**	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1500	\$700	\$350	\$500	\$1250

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$100 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

NOTES:

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November 2012, the claim activity in 2013 will be used and applied to MRAs for use in 2014.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year.

Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.

Your Guardian VSP Vision Access Program

An eligible person can receive discounts on vision care services or supplies from a vision provider that is under contract with Vision Service Plan's (VSP) Preferred Provider Organization (PPO) network. The eligible person must pay the entire discounted fee directly to the VSP network doctor. Discounts are not available from providers who are not members of VSP's network.

Average Discounts

- Eye Exams: 20% off the VSP doctor's usual charge
- Frames, Standard Lenses and Lens Options: 20% to 30% off VSP doctor's usual charge, when a complete pair of prescription glasses is purchased.
- Contact Lens Professional Services: 15% off VSP doctor's usual charge for professional services. The contact lenses are not discounted.
- Laser Surgery: an average of 15% off the laser surgeon's usual charge or 5% off of any promotional price, if it is less than the usual discounted price

No ID cards are required, but the patient must notify the VSP network doctor that they have the Guardian VSP Access Plan at the time of service to receive their discount. Discounts are only available from the VSP network doctor that provided the eye exam to the patient within the last 12 months.

This is not insurance. The eligible person must pay the entire discounted fee directly to the VSP network doctor. There is no charge for the Discount Vision Access program. A person must be enrolled in a Guardian dental plan in order to be eligible for the Discount Vision Access program. When a person is no longer enrolled in a Guardian dental plan, access to the network discounts ends.

To find a VSP network doctor, visit www.guardiananytime.com or call VSP member services at 1-877-814-8970.