

Dental Benefit Summary

Group Number: 00518592

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>.

Option 1: With your **DHMO** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: With your **Guardian Choice** plan, employees select either a Network Access Plan (NAP) or a Value Plan and can change their election annually. Premium rates are the same for both plans. The Value Plan offers members who choose to see a Guardian participating dentist the most savings and Out-of-Network benefits are limited to our PPO fee schedule.

Your Dental Plan	Option 1: DHMO	Option 2: PPO	
Your Network is	Managed DentalGuard	DentalGuard Preferred	
Your Monthly premium	\$10.27	\$38.11	
You and spouse	\$17.75	\$65.58	
You and child(ren)	\$26.76	\$63.85	
You, spouse and child(ren)	\$32.01	\$99.42	
Calendar year deductible		<i>Value Plan</i>	<i>NAP Plan</i>
		<i>In / Out-Net</i>	<i>In / Out-Net</i>
Individual	No deductible	\$50	\$50
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>Value Plan</i>	<i>NAP Plan</i>
		<i>In / Out-Net</i>	<i>In / Out-Net</i>
Preventive Care	You pay a copay for each	100%	100%
Basic Care	covered procedure. See	100%	80%
Major Care	"Plan Details", for	60%	50%
Orthodontia	more information.	50%	50%
Annual Maximum Benefit	Unlimited	\$1000	\$1000
Lifetime Orthodontia Maximum	Not Applicable	\$1000	
Office visit copay	\$5	None	
Dependent Age Limits	26	26	

A Sample of Services Covered by Your Plan:

		Option 1: DHMO <i>You Pay</i>	Option 2: PPO <i>Plan pays (on average)</i>	
		<i>Network only</i>	<i>Value Plan</i>	<i>NAP Plan</i>
			<i>In / Out-Net</i>	<i>In / Out-Net</i>
Preventive Care	Cleaning (prophylaxis)	\$0	100%	100%
	Frequency:	2 times in 12 months [^]	Once Every 6 Months	
	Fluoride Treatments	\$0	100%	100%
	Limits:	No Age Limits	Under Age 19	
	Oral Exams	\$0	100%	100%
	Sealants (per tooth)	\$0	100%	100%
Basic Care	X-rays	\$0	100%	100%
	Anesthesia*	Restrictions Apply	100%	80%
	Fillings [‡]	\$0	100%	80%
	Perio Surgery	\$200-380	100%	80%
	Periodontal Maintenance	\$0	100%	80%
	Frequency:	2 times in 12 months [^] (Standard)	Once Every 6 Months (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	\$0-160	100%	80%
	Root Canal	\$120-270	100%	80%
	Scaling & Root Planing (per quadrant)	\$0	100%	80%
	Simple Extractions	\$0	100%	80%
Major Care	Surgical Extractions	\$30-200	100%	80%
	Bridges and Dentures	\$381-575	60%	50%
	Dental Implants	Not Covered	60%	50%
	Inlays, Onlays, Veneers**	\$250-370	60%	50%
Orthodontia	Single Crowns	\$375	60%	50%
	Orthodontia	\$2,500-2,800	50%	50%
Cosmetic Care	Limits:	Adults & Child(ren)	Child(ren)	
	Bleaching	\$165	Not Covered	Not Covered

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. (^Additional cleanings are available for an additional co-pay).

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 and dental network, which can be found on the first page of your dental benefit summary.

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-I-DG2000 et al.
- Important information about Guardian's Managed DentalGuard Pre-Paid (Florida, New York) Plan, Guardian's Managed DentalGuard (Colorado) Plan, Managed DentalGuard Inc.'s (Ohio) Plan, Managed Dental Care's DHMO (California) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard (New Jersey) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan and Managed DentalGuard -LIBERTY Dental Plan of Nevada, Inc. (Nevada): This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed DentalGuard. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime, per member. Unless specifically included, the Managed DentalGuard plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage. GP-I-MDG-I, et al. or GP-I-MDG-FL-I-08, et al. (Florida), GP-I-MDG-NY-I, et al. or GP-I-MDG-NY-I-08, et al. (New York), GP-I-MDG-CO-I, et al. (Colorado), GP-I-MDC-I, et al. or GP-I-MDC-CA-I-08, et al. (California), GP-I-MDG-I-NJ, et al. or GP-I-MDG-NJ-I-08, et al. (New Jersey), GP-I-MDG-TX-I, et al. or GP-I-MDG-TX-I-08, et al. (Texas), GP-I-MDG-OH-I, et al. (Ohio), NVI10717, et al (Nevada).
- **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