

Rates:	High Plan	Low Plan
Single	\$29.15	\$18.53
Two Person	\$50.85	\$30.16
Family	\$94.12	\$51.53

## Dental Benefit Summary

**Group Number:** 00579411

### A Dental insurance plan through Guardian:

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation's largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian's find a provider mobile app
- Fast and easy claim payments

### About Your Benefits:

**Option 1 or 2: High Plan or Low Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: High Plan		Option 2: Low Plan	
<b>Your Network is</b>	DentalGuard Preferred		DentalGuard Preferred	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%
Basic Care	80%	80%	50%	50%
Major Care	40%	40%	0%	0%
Orthodontia	50%	50%	Not Covered (applies to all levels)	
<b>Annual Maximum Benefit</b>	\$1000	\$1000	\$750	\$750
<b>Maximum Rollover</b>	Yes		No	
Rollover Threshold	\$500			
Rollover Amount	\$250			
Rollover In-network Amount	\$350			
Rollover Account Limit	\$1000			
<b>Lifetime Orthodontia Maximum</b>	\$1250		Not Applicable	
<b>Dependent Age Limits(Non-Student/Student)</b>	20/26		20/26	

## A Sample of Services Covered by Your Plan:

		Option 1: High Plan		Option 2: Low Plan	
		Plan pays (on average)		Plan pays (on average)	
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	80%	80%	50%	50%
	Fillings‡	80%	80%	50%	50%
	Perio Surgery	80%	80%	50%	50%
	Periodontal Maintenance	80%	80%	50%	50%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Root Canal	80%	80%	50%	50%
	Scaling & Root Planing (per quadrant)	80%	80%	50%	50%
	Simple Extractions	80%	80%	50%	50%
	Surgical Extractions	80%	80%	50%	50%
Major Care	Bridges and Dentures	40%	40%	0%	0%
	Inlays, Onlays, Veneers**	40%	40%	0%	0%
	Repair & Maintenance of Crowns, Bridges & Dentures	40%	40%	0%	0%
	Single Crowns	40%	40%	0%	0%
Orthodontia	Orthodontia	50%	50%	Not Covered	
	Limits:	Child(ren)			

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. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

***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. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.***

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

### Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00579411

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**