

## Your dental coverage

**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 a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
	Tier 1	Tier 2
<b>Your Network is</b> DentalGuard Preferred Network	In-Network	Out-of-Network
<b>Your Semi-monthly premium</b>	<b>\$13.66</b>	
You and Spouse	\$25.04	
You and Child(ren)	\$31.30	
You, Spouse and Child(ren)	\$43.81	
<b>Calendar year deductible</b>	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
<b>Charges covered for you</b> (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
<b>Annual Maximum Benefit</b>	\$1500 (applies to all levels)	
<b>Maximum Rollover</b>	Yes (applies to all levels)	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Account Limit	\$1250	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable (applies to all levels)	
<b>Dependent Age Limits</b>	26 (applies to all levels)	

DENTAL PREMIUM	
Employee Only:	\$13.66
Employee + Spouse:	\$25.04
Employee + Child(ren):	\$31.30
Family:	\$43.81

## Your dental coverage

### A Sample of Services Covered by Your Plan:

		<b>PPO</b> <i>Plan pays (on average)</i>	
		Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis) Frequency:	100%	100%
	Fluoride Treatments Limits:	100%	100%
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
			2 in 12 Months (applies to all levels)
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance Frequency:	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
			2 in 12 months (applies to all levels)
Major Care	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Single Crowns	50%	50%

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](http://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 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.

# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

## How maximum rollover works\*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
<b>\$1,500</b> Maximum claims reimbursement	<b>\$700</b> Claims amount that determines rollover eligibility	<b>\$350</b> Additional dollars added to a plan's annual maximum for future years	<b>\$1,250</b> The limit that cannot be exceeded within the maximum rollover account



### Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.