

Dental Benefit Summary

Group Number: 00400822

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 **Value or NAP** 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: Value or NAP	
Your Network is	Managed DentalGuard	DentalGuard Preferred	
Calendar year deductible		<i>Value Plan</i>	<i>NAP Plan</i>
Individual	No deductible	<i>In / Out-Net</i>	<i>In / Out-Net</i>
Family limit		\$50	\$50
Waived for		3 per family	
		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>Value Plan</i>	<i>NAP Plan</i>
Preventive Care	You pay a copay for each covered procedure. See "Plan Details", for more information.	<i>In / Out-Net</i>	<i>In / Out-Net</i>
Basic Care		100%	100%
Major Care		100%	80%
Orthodontia		60%	50%
		50%	50%
Annual Maximum Benefit	Unlimited	\$2000	\$2000
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	Option 2: Value or NAP	
		<i>You Pay</i>	<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 [^]	2 in 12 Months	
	Fluoride Treatments	\$0	100%	100%
	Limits:	No Age Limits	Under Age 14	
	Oral Exams	\$0	100%	100%
	Sealants (per tooth)	\$0	100%	100%
	X-rays	\$0	100%	100%
Basic Care	Fillings [‡]	\$0	100%	80%
	Periodontal Maintenance	\$0	100%	80%
	Frequency:	2 times in 12 months [^] (Standard)	Once Every 6 Months (Enhanced)	
	Repair & Maintenance of Crowns, Bridges & Dentures	\$0-160	100%	80%
	Scaling & Root Planing (per quadrant)	\$0	100%	80%
	Simple Extractions	\$0	100%	80%
Major Care	Anesthesia*	Restrictions Apply	60%	50%
	Bridges and Dentures	\$381-575	60%	50%
	Inlays, Onlays, Veneers**	\$250-370	60%	50%
	Perio Surgery	\$200-380	60%	50%
	Root Canal	\$120-270	60%	50%
	Single Crowns	\$375	60%	50%
	Surgical Extractions	\$30-200	60%	50%
Orthodontia	Orthodontia	\$2,500-2,800	50%	50%
	Limits:	Adults & Child(ren)	Child(ren)	
Cosmetic Care	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 & 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.