



Your dental coverage

Option 1 or 2: Low Plan or High Plan 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	Option 1: Low Plan		Option 2: High Plan	
	Tier 1	Tier 2	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family (applies to all levels)		3 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%	100%	100%
Basic Care	80%	50%	80%	50%
Major Care	50%	50%	50%	50%
Orthodontia	Not Covered (applies to all levels)		100%	100%
Annual Maximum Benefit	\$1500 (applies to all levels)		\$1500 (applies to all levels)	
Lifetime Orthodontia Maximum	Not Applicable (applies to all levels)		\$2000 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)		26 (applies to all levels)	



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A Sample of Services Covered by Your Plan:

		Option 1: Low Plan <i>Plan pays (on average)</i>		Option 2: High Plan <i>Plan pays (on average)</i>		
		Tier 1	Tier 2	Tier 1	Tier 2	
Preventive Care	Cleaning (prophylaxis) Frequency:	100%	100%	100%	100%	
	Fluoride Treatments Limits:	100%	100%	100%	100%	
	Oral Exams	100%	100%	100%	100%	
	Sealants (per tooth)	100%	100%	100%	100%	
	X-rays	100%	100%	100%	100%	
			2 per calendar year (applies to all levels)		2 per calendar year (applies to all levels)	
			Under Age 19 (applies to all levels)		Under Age 19 (applies to all levels)	
Basic Care	Anesthesia*	80%	50%	80%	50%	
	Fillings‡	80%	50%	80%	50%	
	Perio Surgery	80%	50%	80%	50%	
	Periodontal Maintenance Frequency:	80%	50%	80%	50%	
		2 per calendar year (applies to all levels)		2 per calendar year (applies to all levels)		
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	50%	80%	50%	
	Root Canal	80%	50%	80%	50%	
	Scaling & Root Planing (per quadrant)	80%	50%	80%	50%	
	Simple Extractions	80%	50%	80%	50%	
Surgical Extractions	80%	50%	80%	50%		
Major Care	Bridges and Dentures	50%	50%	50%	50%	
	Inlays, Onlays, Veneers**	50%	50%	50%	50%	
	Single Crowns	50%	50%	50%	50%	
Orthodontia	Orthodontia	Not Covered		100%	100%	
	Limits:	(applies to all levels)		Adults & Child(ren) (applies to all levels)		

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 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.