Dental Plans

Guardian

Option 1: 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: PPO LOW plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.
Option 3: PPO HIGH 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: DHMO	Option 2: PPO LOW	Option 3: PPO HIGH
Network	Managed DentalGuard	DentalGuard Preferred	DentalGuard Preferred
Your Semi-monthly premium	**$1.21**	**$6.85**	**$16.62**
You and spouse/domestic partner	$5.42	$16.85	$36.54
You and child(ren)	$6.47	$16.34	$35.52
You, spouse/domestic partner and child(ren)	$11.09	$24.59	$51.96
Plan year deductible		*In-Network* / *Out-of-Network*	*In-Network* / *Out-of-Network*
Individual	No deductible	$50 / $50	$50 / $50
Family limit		3 per family	3 per family
Waived for		Preventive / Preventive	Preventive / Preventive
Charges covered for you (co-insurance)	*Network only*	*In-Network* / *Out-of-Network*	*In-Network* / *Out-of-Network*
Preventive Care	You pay a copay for each	100% / 100%	100% / 100%
Basic Care	covered procedure. See	60% / 60%	80% / 80%
Major Care	"Plan Details", for	40% / 40%	50% / 50%
Orthodontia	more information.	Not Covered (applies to all levels)	50% / 50%
Annual Maximum Benefit		$750 / $750	$1500 / $1500
Preventive Services Exempt from Maximum	Not Applicable	No	Yes
Maximum Rollover	Maximum Rollover is not	Yes	Yes
Rollover Threshold	applicable for this plan type.	$300	$700
Rollover Amount		$150	$350
Rollover Account Limit		$500	$1250
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable	$1500
Office visit copay	$5	None	None
Dependent Age Limits	26	26	26

YOUR GUARDIAN PLAN OFFERS:

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

Great selection of dentists convenient to you - yours is likely in our network!

Reliable claims payment four days on average

Find out if your dentist is in Guardian's network at www.Guardianlife.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

Benefit information illustrated within this material reflects the plan covered by Guardian as of 06/15/2021

CATEGORY	PLAN DETAILS	Option 1: DHMO *You Pay*	Option 2: PPO LOW *Plan pays (on average)*		Option 3: PPO HIGH *Plan pays (on average)*	
		Network only	*In-network*	*Out-of-network*	*In-network*	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	$0	100%	100%	100%	100%
	Frequency:	2 in 12 months	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	$0	100%	100%	100%	100%
	Limits:	Under Age 18	Under Age 14		Under Age 14	
	Oral Exams	$0	100%	100%	100%	100%
	Sealants (per tooth)	$8	100%	100%	100%	100%
	X-rays	$0	100%	100%	100%	100%
Basic Care	Fillings‡	$8-28	60%	60%	80%	80%
	Simple Extractions	$15	60%	60%	80%	80%
	Surgical Extractions	$40-140	60%	60%	80%	80%
Major Care	Anesthesia*	$98	40%	40%	50%	50%
	Bridges and Dentures	$443-575	40%	40%	50%	50%
	Dental Implants	N/A	40%	40%	50%	50%
	Inlays, Onlays, Veneers**	$235-420	40%	40%	50%	50%
	Perio Surgery	$125-380	40%	40%	50%	50%
	Periodontal Maintenance	$27	40%	40%	50%	50%
	Frequency:	Once every 3 to 6 months (applies to all tiers) (Standard)	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	$16-120	40%	40%	50%	50%
	Root Canal	$120-180	40%	40%	50%	50%
	Scaling & Root Planing (per quadrant)	$30-50	40%	40%	50%	50%
	Single Crowns	$375	40%	40%	50%	50%
Orthodontia	Orthodontia	$1895-2195	Not Covered		50%	50%
	Limits:	Adults & Child(ren)			Adults & Child(ren)	
Cosmetic Care	Bleaching	$165	Not Covered (applies to all tiers)		Not Covered (applies to all tiers)	

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 filing 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 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.

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.