



Guardian Dental Value Plan

	Details	In Network Co-insurance	Out of Network Co-insurance
Preventive Services	Oral Exams (once / 6 months) Cleanings (once / 6 months) X-Rays (Full-mouth series once/60 months) Fluoride Treatment (to age 14, once/6 months) Sealants (to age 16, once/36 months)	100%	100%
Basic Services	Fillings Simple extractions Space maintainers / Harmful Habit Appliances	50%	50%
Major Services	Bridges & Dentures Endodontic services (eg. root canal) Single Crowns Complex Extractions Repair & maintenance of crowns, bridges and dentures General anesthesia Periodontal services (eg. scaling, root planing) Periodontal surgery Inlays, onlays & veneers	50%	50%
Dependent Age Limits	To Age 26 (The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than a dishonorable discharge, from military service.)	-	-
Waiting Periods	None	-	-
Deductible	\$50		
Network	DentalGuard Preferred Guardian has one of the nation's largest selection of dentists and we're growing fast, with over 115,000 dentists and more than 370,000 locations In and Out of Network benefits paid at the same co-insurance percentages, but all benefits are paid on the discounted PPO fees.	Receive regular PPO savings	Receive benefits but might be responsible for the difference between the discount PPO fees and the out of network dentist's regular fees for services performed
Annual Maximum	\$1,000	-	-
Maximum Rollover	Threshold: \$500 Rollover Amount: \$250 In network only rollover: \$350 Account limit: \$1,000	-	-
International Dental Travel Assistance	While travelling internationally, Guardian members can get a referral to a local dentist for immediate care. This service is available 24/7, in over 200 countries. Coverage will be considered under out of network benefits. This service is administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with (The) Guardian Life Insurance (Company of America) ("Guardian"), and the services they provide are separate and apart from the benefits provided by Guardian.	-	-

Summary of Plan Limitations & Exclusions

Guardian Group Dental

In order to be eligible for coverage: employees must be legally working (a) in the United States or (b) outside of the United States, for a US based employer, in a country or region approved by Guardian.

Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Depending on plan type, deductibles, waiting periods, per service frequency limitations, and payment limits may apply.

The list of dental services shown is not exhaustive.

A Dental Prosthesis when replacing a tooth or teeth lost or extracted before being covered under this Plan unless they were extracted while covered by the Prior Plan. In NY, this limitation only applies for the first 12 months the member is covered.

This coverage will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description.

This plan does not pay for:

- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition.
- Cosmetic or experimental treatments, unless specifically listed in the BENEFITS section of this proposal as a covered cosmetic service.
- Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device.
- Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers' Compensation or similar laws.
- Treatment for which no charge is made.
- Overdentures
- Maxillofacial prosthetics
- The replacement of extracted or missing third molars/wisdom teeth.
- Treatment of congenital or developmental malformations, or the replacement of congenitally missing teeth.
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations.
- Any procedure performed in conjunction with, as part of or related to a non-covered procedure.
- Any procedure not specifically listed as a covered benefit.

GP-1-DG2000 et al.

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.

Exclusions and Limitations

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic,

periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

PPO and or Indemnity Special Limitation:

- Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000.

The Guardian Life Insurance Company of America
New York, NY

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only 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 of 19; 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia — restrictions apply. The Guardian Life Insurance Company of America, New York, NY 10004. Guardian® is a registered trademark of The Guardian Life Insurance Company of America. ©Copyright 2021 The Guardian Life Insurance Company of America. 2021-126741