Carrier Name: GUARDIAN

Plan Name: EM - Dental 7

In-Network Single Deductible: $50

In-Network Family Deductible: 3 per family

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: 3 per family

In-Network Annual Maximum: $2000

Out-of-Network Annual Maximum: $2000

Frequencies Cleaning: Once Every 6 Months

Frequencies Exam:

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 90%

Out-of-Network Fillings: 90%

In-Network Simple Extractions: 90%

Out-of-Network Simple Extractions: 90%

In-Network Root Canal: 90%

Out-of-Network Root Canal: 90%

In-Network Periodontal Gum Disease: 90%

Out-of-Network Periodontal Gum Disease: 90%

In-Network Oral Surgery: 90%

Out-of-Network Oral Surgery: 90%

In-Network Crowns: 60%

Out-of-Network Crowns: 60%

In-Network Dentures: 60%

Out-of-Network Dentures: 60%

In-Network Bridges: 60%

Out-of-Network Bridges: 60%

In-Network Implants: 60%

Out-of-Network Implants: 60%

In-Network Orthodontia: 50%

Out-of-Network Orthodontia: 50%

Orthodontia Lifetime Maximum: $2000

Orthodontia Maximum Age: Child(ren)

Out of Network Explanation: 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.

Waiting Period for Major Services:

Plan Year: 07/25

Network Type: PPO

Network Name: DentalGuard Preferred Network

Member Website: [www.Guardianlife.com](http://www.Guardianlife.com)

Customer Service Phone Number: