

The Guardian Life Insurance Company of America provides an Individual Dental Family Insurance Policy, which is a limited benefit dental insurance plan focused solely on dental services. This policy is guaranteed renewable as long as premiums are paid punctually, and any rate changes will be communicated with a 60-day notice prior to renewal. Policyholders have a ten-day examination period to review the policy and can return it for a refund if dissatisfied. Governed by Ohio law, the policy includes a Schedule of Benefits that outlines coverage for both pediatric and non-pediatric dental services. For non-pediatric services, cash deductibles are \$60 for preferred providers and \$120 for non-preferred providers, with an annual maximum of \$1,000 per covered person. Coverage rates are 100% for diagnostic and preventive services (Group I), and 50% for basic (Group II) and major services (Group III), with waiting periods of none for Group I, six months for Group II, and twelve months for Group III.

Pediatric dental services cover children under 19, featuring similar deductibles and payment rates, with an out-of-pocket maximum of \$350 per child or \$700 for multiple children, after which covered charges are reimbursed at 100%. There are no annual maximums for pediatric services. The policy promotes the use of preferred providers through a dental PPO, which typically offers higher benefits, and claims are usually submitted by these providers. Policyholders must understand their coverage, exclusions, and limitations, including any services requiring prior authorization.

The policy specifies various dental services and their limitations, such as office visits, oral evaluations, and limited problem-focused re-evaluations restricted to one visit every six months per dentist. Coverage for space maintainers is limited to individuals under 16, with specific allowances for initial appliances. Radiographs are included for evaluation and diagnosis, with limits on the number and type allowed. Basic restorative services have specific conditions, including limits on the replacement of existing restorations and allowances for amalgam and resin restorations. Major restorative services cover crowns, inlays, onlays, and prosthodontic services, with specific conditions for coverage based on decay or injury.

Oral surgical procedures, including the removal of residual tooth roots and impacted teeth, are covered, along with diagnostic and treatment radiographs and post-surgical care. However, certain services may be covered under an employer's medical plan, and waiting periods apply to specific services. Exclusions include treatments provided at no charge, job-related injuries, experimental procedures, cosmetic services unless specified, and various other specific dental procedures.

For pediatric services, the policy outlines covered services, including diagnostic and preventive care, with limitations on the frequency of treatments. Restorative services are covered with specific limitations, and major restorative services include crowns and implant-supported prosthetics, with restrictions on the number of implants covered. The policy also covers dentures, crown and prosthodontic restorative services, and endodontic services, with specific allowances and exclusions.

The policy emphasizes that services not covered may still be available at discounted fees from contracted dentists, and orthodontic services require prior authorization. The policy constitutes the entire contract of insurance, with any changes needing approval from an executive officer of the insurer. Misstatements made by the applicant cannot void coverage after two years, except in cases of fraud.

Policyholders have rights including compliance with privacy laws, the ability to request pre-treatment estimates, and the right to receive explanations of benefits. Responsibilities include paying any charges for services and adhering to treatment plans. Coverage begins on the first day of the month following premium payment, with a minimum enrollment period of twelve months. Disenrollment can occur if premiums are unpaid or eligibility requirements are not met, and there is a grace period of thirty-one days for premium payments. The policy may be canceled by the insured after the initial commitment, with unearned premiums refunded.

Claims can be filed by preferred providers or by the policyholder, with specific timelines for submitting notice of claim and proof of loss. Legal actions regarding claims cannot be initiated until sixty days after proof of loss is provided. The policy clarifies definitions of terms such as Clean Claim and Covered Service, emphasizing that benefits will not be paid for non-Dentally Necessary services or primarily cosmetic services. Guardian complies with federal civil rights laws, ensuring accessibility and support for all policyholders, and provides assistance in preferred languages at no cost.