

The Guardian Essentials dental insurance policy provides coverage for both in-network and out-of-network services, with specific deductibles and maximums. For individuals, the deductible is \$60 in-network and \$120 out-of-network, while for families, it is \$180 in-network and \$360 out-of-network. The out-of-pocket maximum for members under 19 is \$350 for one child and \$700 for two or more children, after which Guardian covers 100% of dental charges for the remainder of the year. For members aged 19 and over, the annual maximum reimbursement for services is \$1,000 for both in-network and out-of-network care. Preventive services are covered at 100% after the deductible is met, while basic and major services are covered at 50% after a waiting period of six and twelve months, respectively. Medically necessary orthodontia for members under 19 is covered at 50% in-network and 30% out-of-network.

The policy allows members to choose any dentist, but using a dentist within Guardian's DentalGuard Preferred network may result in higher reimbursement rates. The plan includes pediatric dental services as mandated by the Affordable Care Act. Exclusions for members aged 19 and older include treatment for conditions arising from employment injuries, experimental procedures, cosmetic services, and certain dental prosthetics unless specific conditions are met. For members under 19, exclusions also encompass services not prescribed by a dentist, experimental treatments, and those related to temporomandibular joint dysfunction. The policy emphasizes that coverage limitations apply, and the plan documents serve as the final authority on coverage determinations.