

Dental Plans



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	\$8.02		\$18.96	
You and spouse/domestic partner	\$5.42	\$19.21		\$41.25	
You and child(ren)	\$6.47	\$18.64		\$40.11	
You, spouse/domestic partner and child(ren)	\$11.09	\$27.88		\$58.50	
Plan year deductible	No deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual		\$50	\$50	\$50	\$50
Family limit		3 per family		3 per family	
Waived for		Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each covered procedure. See □Plan Details□, for more information.	100%	100%	100%	100%
Basic Care		60%	60%	80%	80%
Major Care		40%	40%	50%	50%
Orthodontia		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 applicable for this plan type.	Yes		Yes	
Rollover Threshold		\$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.

CATEGORY PLAN DETAILS Option 1: **DHMO** Option 2: **PPO LOW** Option 3: **PPO HIGH**

You Pay

Plan pays (on average)

Plan pays (on average)

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
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 filling 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.



Our oral health rewards program

Help encourage good oral care

The connection between oral and overall wellness is clear. Visiting the dentist regularly can help prevent and detect early stages of many diseases and conditions. Help your clients promote good oral care with our Maximum Rollover Oral Health Rewards Program — a unique tool that encourages and rewards members who visit the dentist.

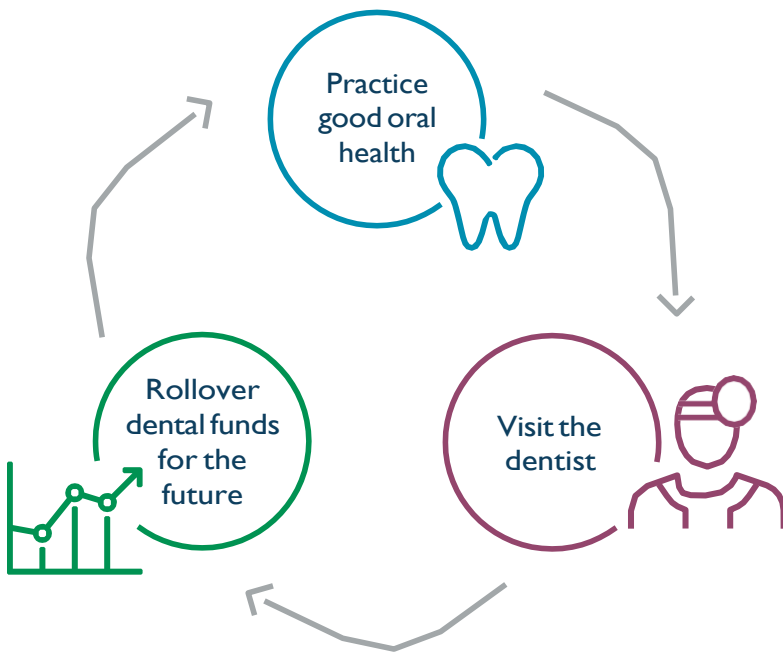
Helping employees maintain good health

- Members simply submit a claim without exceeding the paid claims threshold during the benefit year.
- Guardian will reward them by rolling over a portion of their unused annual dental maximum into their own personal Maximum Rollover Account (MRA) for future use.
- The reward can be used to supplement dental care costs in the future beyond the plan's normal annual maximum.
- Plus! If they use the services of in-network dentists exclusively during the benefit year, we'll increase the amount credited to the MRA!



How maximum rollover works

Guardian will roll over a portion of the unused annual dental maximum into a personal Maximum Rollover Account, which can be used in future years if the plan's annual maximum is reached. As an added advantage, additional money is rolled over if in-network dentists are used exclusively during the benefit year.



Continue to see how Max Rollover works

How maximum rollover works: \$750 annual example**

Depending on the plan’s annual maximum, if claims dollars for the year don’t exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$750	\$300	\$150	\$200	\$500
Maximum Claims Reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	The Maximum Rollover Account cannot exceed \$500

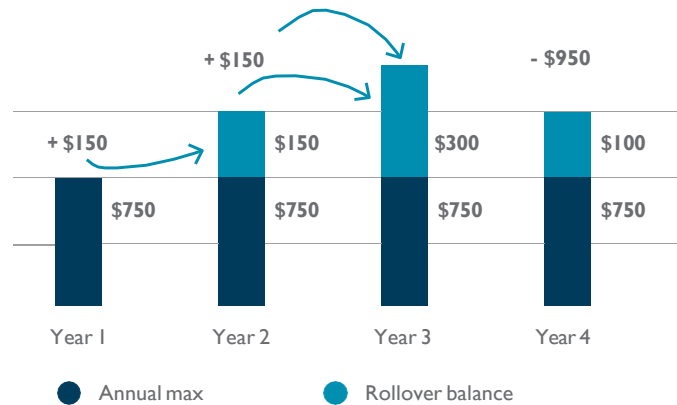
Sample plan: \$750 annual maximum

Year one: Jane starts with a \$750 Plan Annual Maximum. She submits \$200 in dental claims. Since she did not exceed the \$300 Threshold, she receives a \$150 rollover that will be applied to Year Two.

Year two: Jane now has an increased Plan Annual Maximum of \$900. This year, she submits \$250 in claims and receives an additional \$150 rollover added to her Plan Annual Maximum.

Year three: Jane now has an increased Plan Annual Maximum of \$1,050. This year, she submits \$950 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

Year four: Jane’s Plan Annual Maximum is \$850 (\$750 Plan Annual Maximum + \$100 remaining Maximum Rollover Amount accumulated).



**The Guardian Life Insurance
Company of America**
New York, NY
guardianlife.com

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, \$500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. **This example has been created for illustrative purposes only. Guardian’s Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-I-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

How maximum rollover works: \$1,500 annual example**

Depending on the plan's annual maximum, if claims dollars for the year don't exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1,500	\$700	\$350	\$500	\$1,250
Maximum Claims Reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	The Maximum Rollover Account cannot exceed \$1,250

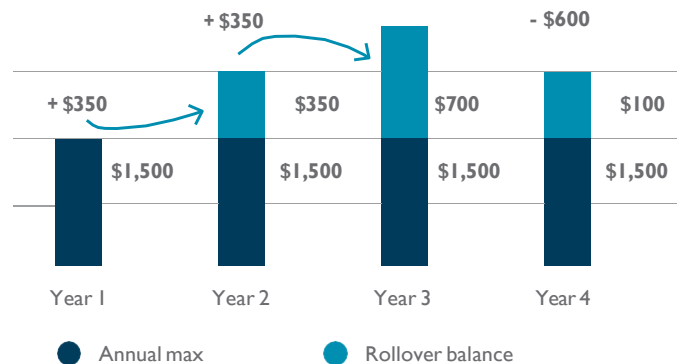
Sample plan: \$1,500 annual maximum

Year one: Jane starts with a \$1,500 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not exceed the \$700 Threshold, she receives a \$350 rollover that will be applied to Year Two.

Year two: Jane now has an increased Plan Annual Maximum of \$1,850. This year, she submits \$500 in claims and receives an additional \$350 rollover added to her Plan Annual Maximum.

Year three: Jane now has an increased Plan Annual Maximum of \$2,200. This year, she submits \$2,100 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

Year four: Jane's Plan Annual Maximum is \$1,600 (\$1,500 Plan Annual Maximum + \$100 remaining Maximum Rollover Amount accumulated).



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