

# Dental Plans

**Option 1 or 2: PPO** plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. 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.

**Option 3: PPO** 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: PPO		Option 2: PPO		Option 3: PPO	
Network	DentalGuard Preferred Network		DentalGuard Preferred Network		PPO	
	Enhanced Coverage	Standard Coverage	Enhanced Coverage	Standard Coverage	Enhanced Coverage	Standard Coverage
<b>Calendar year deductible</b>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Enhanced</i>	<i>Standard</i>
Individual	\$75	\$75	\$50	\$50	\$50	\$50
Family limit	3 per family (applies to all levels)		3 per family (applies to all levels)		3 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Enhanced</i>	<i>Standard</i>
Preventive Care	90%	90%	100%	100%	100%	100%
Basic Care	70%	70%	80%	80%	90%	90%
Major Care	50%	50%	50%	50%	60%	60%
Orthodontia	Not Covered (applies to all levels)		50%	50%	50%	50%
<b>Annual Maximum Benefit</b>	\$1000 (applies to all levels)		\$1000 (applies to all levels)		\$1500 (applies to all levels)	
<b>Maximum Rollover</b>	Yes (applies to all levels)		Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	\$500		\$500		\$700	
Rollover Amount	\$250		\$250		\$350	
Rollover In-network Amount	\$350		\$350		\$500	
Rollover Account Limit	\$1000		\$1000		\$1250	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable (applies to all levels)		\$1000 (applies to all levels)		\$1000 (applies to all levels)	
<b>Dependent Age Limits</b>	26 (applies to all levels)		26 (applies to all levels)		26 (applies to all levels)	

## YOUR GUARDIAN PLAN OFFERS:

**No charge for preventive care** (subject to plan limits)

**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](http://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: PPO <i>Plan pays (on average)</i>		Option 2: PPO <i>Plan pays (on average)</i>		Option 3: PPO <i>Plan pays (on average)</i>	
		Tier1	Tier 2	Tier1	Tier 2	<i>Network only</i>	
Preventive Care	Cleaning (prophylaxis) Frequency:	90%	90%	100%	100%	100%	100%
	Fluoride Treatments	90%	90%	100%	100%	100%	100%
	Limits:	Under Age 14 (applies to all levels)		Under Age 14 (applies to all levels)		Under Age 14	
	Oral Exams	90%	90%	100%	100%	100%	100%
	X-rays	90%	90%	100%	100%	100%	100%
		X-rays other than bitewings in Basic 70%		X-rays other than bitewings in Basic 80%		X-rays other than bitewings in Basic 90%	
Basic Care	Fillings†	70%	70%	80%	80%	90%	90%
	Periodontal Maintenance Frequency:	70%	70%	80%	80%	90%	90%
	Scaling & Root Planing (per quadrant)	70%	70%	80%	80%	90%	90%
	Simple Extractions	70%	70%	80%	80%	90%	90%
Major Care	Anesthesia*	50%	50%	50%	50%	60%	60%
	Bridges and Dentures	50%	50%	50%	50%	60%	60%
	Dental Implants	50%	50%	50%	50%	60%	60%
	Inlays, Onlays, Veneers**	50%	50%	50%	50%	60%	60%
	Perio Surgery	50%	50%	50%	50%	60%	60%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	50%	50%	60%	60%
	Root Canal	50%	50%	50%	50%	60%	60%
	Single Crowns	50%	50%	50%	50%	60%	60%
	Surgical Extractions	50%	50%	50%	50%	60%	60%
Orthodontia	Orthodontia	Not Covered		50%	50%	50%	50%
	Limits:	(applies to all levels)		Child(ren) (applies to all levels)		Child(ren)	

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.

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit [www.Guardianlife.com](http://www.Guardianlife.com) to confirm your Dentist's tiered participation. 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.*

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network 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 # DG7-P et al.

# Dental Maximum Rollover<sup>®</sup>

## Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

*Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.*

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1000	\$500	\$250	\$350	\$1000
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	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,000 in total

\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

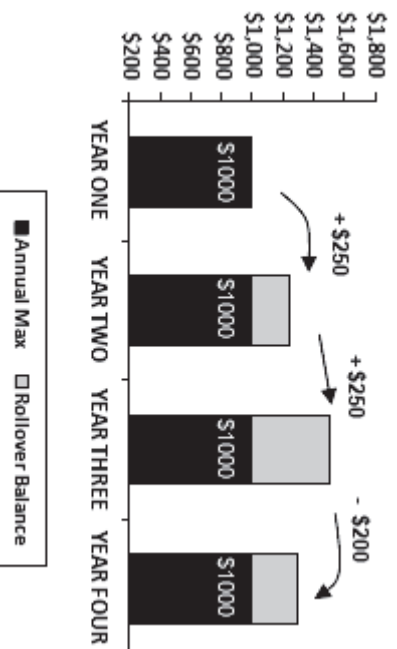
### Here's how the benefits work:

**YEAR ONE:** Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

**YEAR TWO:** Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

**YEAR THREE:** Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

**YEAR FOUR:** Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

### NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit. Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries. 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.

Policy Form #GP-1-DG2000, et al.

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Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1500	\$700	\$350	\$500	\$1250
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	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,750 in total

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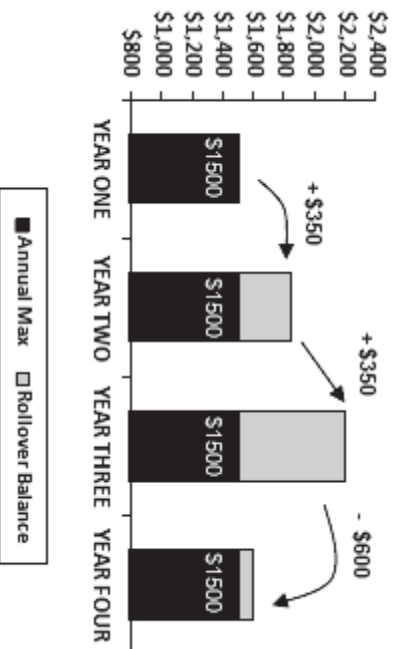
### Here's how the benefits work:

**YEAR ONE:** Jane starts with a \$1,500 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach 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 \$50 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 amount accumulated in her Maximum Rollover Account.

**YEAR FOUR:** Jane's Plan Annual Maximum is \$1,600 (\$1,500 Plan Annual Maximum + \$100 remaining in her Maximum Rollover Account).



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