



## Dental Benefit Summary – Split Max PPO QD with Child Ortho

Network	DentalGuard Preferred (PPO)	
	In-Network	Out-of-Network
<b>Calendar year deductible<sup>1</sup></b>	\$50	\$50
Waived for	Preventive	Preventive
<b>Annual Maximum</b>	\$2000	\$1500
	<i>Coinsurance (Percentage Paid by Plan)</i>	
	Fee Schedule	UCR 90 <sup>th</sup> percentile
<b>Preventive Services</b>	In-Network	Out-of-Network
Oral Examination - every six months		
Teeth Cleaning - every six months		
Fluoride Treatments for Children - every six months to age 19		
Space Maintainers for Children - under age 16	100%	100%
X-Rays		
Topical Sealants for unrestored molar teeth		
-one treatment for child(ren) under 16 in a three (3) year period		
<b>Basic Services</b>		
Diagnostic Consultation- one per year		
Fillings: Amalgam, Silicate, Acrylic		
Anesthesia <sup>2</sup>		
Oral Surgery	90%	80%
Endodontic Services/Root Canal Therapy		
Periodontal Maintenance Services – every six months		
Repair & Maintenance of Crowns, Bridges & Dentures		
<b>Major Services</b>		
Bridge Installations-fixed and removable		
Dentures- Full and Partial		
Single Crowns	60%	50%
Implants		
Inlays, Onlays, Veneers <sup>3</sup>		
<b>Orthodontia – Child(ren) Only<sup>4</sup></b>	50%	50%
Lifetime Maximum		\$1500
<b>Dependent Age Limit</b>		26
<b>Maximum Rollover</b>		
Rollover Threshold		\$700
Rollover Amount		\$350
Rollover In-network Amount		\$500
Rollover Account Limit		\$1250

This is only a partial list of dental services. The plan policy shows exactly what is covered and excluded.

<sup>1</sup> No more than 3 individual deductibles per family. <sup>2</sup>General Anesthesia – restrictions apply.

<sup>3</sup>Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling materials.

<sup>4</sup> Child only orthodontics – the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by the plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained.

Employee/Dependents enrolling outside of the plan eligibility period may be subject to Late Entrant penalties.

**Orthodontic coverage is not available for groups with less than 5 enrolled employees.**

**Groups with 2- 9 enrolled employees: Major and Periodontal services are deferred for 12 months.**

**Groups with 5-24 enrolled employees: Orthodontics is deferred for 12 months. Orthodontic services are Deferrals may be waived with proof of appropriate coverage from employer’s immediate prior carrier.**

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All out of network services are based on usual, reasonable, and customary rates for given area.

Guardian has contracted with dental providers to provide discounts off services and procedures to Guardian dental plan members. To locate a provider, visit our On-Line Provider Directory at [www.GuardianLife.com](http://www.GuardianLife.com).

**Pre-determination Review** - Guardian will gladly assist the member and their dentist by determining what benefits could be payable for services and procedures over \$300. The dentist should fax the member's treatment plan to Guardian, note that it is a pre-determination review and Guardian will let the member's dentist know what benefits would be payable

**Special Limitation:** Teeth lost or missing before a member becomes insured by a Guardian plan. A member may have one or more congenitally missing teeth or have lost one or more teeth before becoming insured by a Guardian plan. Guardian will not pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the member becomes insured by the Guardian plan.

**A late entrant** is a member who becomes insured more than 31 days after they are eligible; or becomes insured again, after their coverage lapsed because they did not make required payments. Guardian won't cover charges incurred by a late entrant for (1) Group II (basic) services until 6 months from the date he is insured by this plan; and (2) Group III (major) and (3) Group IV (ortho) services until 12 months from the date member is insured by this plan. This is in addition to any deferred services.

**DentalGuard General Limitations and Exclusions:** 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, 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 #GP-I-DG2000 et al.

**This handout is for illustrative purposes. Members will receive benefit booklets. If there is a discrepancy between this handout and the member benefit booklet, the benefit booklet prevails.**