GUARDIAN®

Bartow County Schools

Dental Benefit Summary

Group Number: 00542463

About Your Benefits:

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals. Plus, you save money and have the assurance that you are getting the right care when you use one of our contracted dentists. Guardian been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll with Guardian, you have access to one of the nation's largest dental networks offering significant discounts so you know there's always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

With your 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 Enhanced Coverage reimbursement level you will maximize your savings.

Your Dental Plan	**PPO**	
	Enhanced Coverage	Standard Coverage
Your Network is DentalGuard Preferred	Alliance Select, Elite, Connect	Plus, Non-Contracted
Your Monthly premium	**$23.16**	
You and spouse	$44.60	
You and child(ren)	$49.94	
You, spouse and child(ren)	$71.34	
Calendar year deductible	*Enhanced*	*Standard*
Individual	$100	$100
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	*Enhanced*	*Standard*
Preventive Care	80%	80%
Basic Care	60%	60%
Major Care	40%	40%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	$1250	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	$600	
Rollover Amount	$300	
Rollover Account Limit	$1250	
Lifetime Orthodontia Maximum	Not Applicable (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	

A Sample of Services Covered by Your Plan:

		PPO *Plan pays (on average)*	
Preventive Care	Cleaning (prophylaxis)	80%	80%
	Frequency:	Once Every 6 Months (applies to all levels)	
	Fluoride Treatments	80%	80%
	Limits:	Under Age 19 (applies to all levels)	
	Oral Exams	80%	80%
	Sealants (per tooth)	80%	80%
	X-rays	80%	80%
Basic Care	Fillings‡	60%	60%
	Simple Extractions	60%	60%
Major Care	Anesthesia*	40%	40%
	Bridges and Dentures	40%	40%
	Dental Implants	40%	40%
	Inlays, Onlays, Veneers**	40%	40%
	Perio Surgery	40%	40%
	Periodontal Maintenance	40%	40%
	Frequency:	Once Every 6 Months (applies to all levels) (Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	40%	40%
	Root Canal	40%	40%
	Scaling & Root Planing (per quadrant)	40%	40%
	Single Crowns	40%	40%
	Surgical Extractions	40%	40%

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.GuardianAnytime.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 filing 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 plan 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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00542463

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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 # GP-1-DG6 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG6