

**Dental Benefit Summary**

**Group Number:** 00542688

**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 **Guardian Choice** plan, employees select either a Network Access Plan (NAP) or a Value Plan and can change their election annually. Premium rates are the same for both plans. The Value Plan offers members who choose to see a Guardian participating dentist the most savings and Out-of-Network benefits are limited to our PPO fee schedule.

| <b>Your Dental Plan</b>                       | <b>PPO</b>            |                     |
|---|-----------------------|---------------------|
| <b>Your Network is</b>                        | DentalGuard Preferred |                     |
| <b>Calendar year deductible</b>               | <i>Value Plan</i>     | <i>NAP Plan</i>     |
|   | <i>In / Out-Net</i>   | <i>In / Out-Net</i> |
| Individual                                    | \$50                  | \$50                |
| Family limit                                  | 3 per family          |                     |
| Waived for                                    | Preventive            | Preventive          |
| <b>Charges covered for you (co-insurance)</b> | <i>Value Plan</i>     | <i>NAP Plan</i>     |
|   | <i>In / Out-Net</i>   | <i>In / Out-Net</i> |
| Preventive Care                               | 100%                  | 100%                |
| Basic Care                                    | 100%                  | 80%                 |
| Major Care                                    | 60%                   | 50%                 |
| Orthodontia                                   | 50%                   | 50%                 |
| <b>Annual Maximum Benefit</b>                 | \$1000                |                     |
| <b>Maximum Rollover</b>                       | Yes                   |                     |
| Rollover Threshold                            | \$500                 |                     |
| Rollover Amount                               | \$250                 |                     |
| Rollover Account Limit                        | \$1000                |                     |
| <b>Lifetime Orthodontia Maximum</b>           | \$1000                |                     |
| <b>Dependent Age Limits</b>                   | 26                    |                     |

## A Sample of Services Covered by Your Plan:

|                 |   | <b>PPO</b>                        |                      |
|-----------------|---|-----------------------------------|----------------------|
|                 |   | <i>Plan pays (on average)</i>     |                      |
|                 |   | <i>Value Plan</i>                 | <i>NAP Plan</i>      |
| Preventive Care | Cleaning (prophylaxis)                                | In / Out-Net<br>100%              | In / Out-Net<br>100% |
|                 | Frequency:  | Once Every 6 Months               |                      |
|                 | Fluoride Treatments                                   | 100%                              | 100%                 |
|                 | Limits:   | Under Age 14                      |                      |
|                 | Oral Exams  | 100%                              | 100%                 |
| Basic Care      | X-rays  | 100%                              | 100%                 |
|                 | Anesthesia*   | 100%                              | 80%                  |
|                 | Fillings‡   | 100%                              | 80%                  |
|                 | Periodontal Maintenance                               | 100%                              | 80%                  |
|                 | Frequency:  | Once Every 6 Months<br>(Standard) |                      |
| Major Care      | Scaling & Root Planing (per quadrant)                 | 100%                              | 80%                  |
|                 | Simple Extractions                                    | 100%                              | 80%                  |
|                 | Bridges and Dentures                                  | 60%                               | 50%                  |
|                 | Dental Implants                                       | 60%                               | 50%                  |
|                 | Inlays, Onlays, Veneers**                             | 60%                               | 50%                  |
|                 | Perio Surgery   | 60%                               | 50%                  |
|                 | Repair & Maintenance of<br>Crowns, Bridges & Dentures | 60%                               | 50%                  |
|                 | Root Canal  | 60%                               | 50%                  |
| Orthodontia     | Single Crowns   | 60%                               | 50%                  |
|                 | Surgical Extractions                                  | 60%                               | 50%                  |
|                 | Orthodontia   | 50%                               | 50%                  |
|                 | Limits:   | Adults & Child(ren)               |                      |

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 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](http://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](http://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: 00542688

**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-DG2000 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-DG2000



# Guardian Choice – Additional Details

## You have the flexibility to choose the plan that can best meet your needs.

Both plans can meet your needs; the difference is how out-of-network benefits are reimbursed. If you visit a dentist in the Guardian network, you will receive the most savings through the Value Plan. If there is a possibility of using an out-of-network dentist then the Network Access Plan offers the highest out-of-network reimbursement.

Here's how this benefit works:

- **Premiums are the same for either plan**
- **Option to switch plans each year at annual enrollment time**
- **Save an average of 30% over what dentists usually charge by using network providers**

|                          | <b>Value Plan</b>  | <b>Network Access Plan</b>   |
|--------------------------|--|--|
| <b>Plan Description:</b> | You receive a higher co-insurance level with this plan than you would if you selected the NAP plan – which means less out-of-pocket costs. All benefits are paid based on a fee schedule. Therefore, when using out-of-network care, the dentist may charge the difference between the fee schedule and their regular fee. | You will receive the same reimbursement for in and out-of-network dentists. Co-insurance percentages for in-network care are not as high as with the Value Plan. In-network benefits are based on a negotiated PPO fee schedule, out-of-network charges are based on local UCR (usual, customary, reasonable) charges. |
| <b>Out-of-network:</b>   | <ul style="list-style-type: none"> <li>▪ Benefits are based on the discounted fee schedules agreed upon by our network dentists.</li> <li>▪ Any amount that is charged over the fee schedule is the responsibility of the patient.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Benefits are based on usual, customary and reasonable (UCR) charges that dentists in your area charge for each procedure.</li> </ul>  |
| <b>Co-insurance:</b>     | <ul style="list-style-type: none"> <li>▪ Preventive services are covered 100%.</li> <li>▪ Co-insurance for other services is higher than the Network Access Plan.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Preventive services are covered 100%.</li> <li>▪ Co-insurance for other services is lower than the Value Plan.</li> </ul>   |

To find a dentist in your network, visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com). You can also download our GuardianAnytime mobile app to use our Find-a-Provider tool.

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

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.



# 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  | Maximum Rollover Account Limit   |
|------------------------------|--|--|--|
| \$1000                       | \$500  | \$250  | \$1000   |
| Maximum claims reimbursement | Claims amount that determines rollover eligibility | Additional dollars added to Plan Annual Maximum for future years | 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.

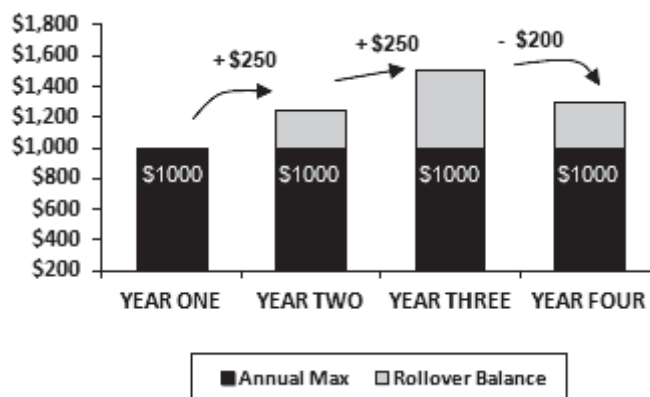
### Here's how the benefits work:

**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.

