

Dental Benefit Summary

Group Number: 00527597

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400¹? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

¹<http://health.costhelper.com/dental-crown.html>.

Option 1: With your **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. The DHMO Plan is available in CA, CO, FL, IL, IN, MI, MO, NJ, NY, and OH.

Option 2: With your **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 limited to our PPO fee schedule.

Your Dental Plan	Option 1: DHMO	Option 2: PPO	
Your Network is	First Commonwealth	DentalGuard Preferred	
Calendar year deductible	No deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual		\$50	\$50
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each	100%	100%
Basic Care	covered procedure. See	80%	80%
Major Care	“Plan Details”, for	50%	50%
Orthodontia	more information.	Not Covered	
Annual Maximum Benefit	Unlimited	\$1000	\$1000
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	Yes	
Rollover Threshold		\$500	
Rollover Amount		\$250	
Rollover In-network Amount		\$350	
Rollover Account Limit		\$1000	
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable	
Office visit copay	\$5	None	
Dependent Age Limits(Non-Veteran/Veteran)	26/30 ‡	26/30 ‡	

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.

A Sample of Services Covered by Your Plan:

		Option 1: DHMO You Pay	Option 2: PPO Plan pays (on average)	
Preventive Care	Cleaning (prophylaxis)	Network only \$0	In-network 100%	Out-of-network 100%
	Frequency:	2 times in 12 months [^]	Once Every 6 Months	
	Fluoride Treatments	\$0	100%	100%
	Limits:	No Age Limits	Under Age 19	
	Oral Exams	\$0	100%	100%
	Sealants (per tooth)	\$0	100%	100%
	X-rays	\$0	100%	100%
Basic Care	Fillings [‡]	\$0	80%	80%
	Perio Surgery	\$200-380	80%	80%
	Periodontal Maintenance	\$0	80%	80%
	Frequency:	2 times in 12 months [^] (Standard)	Once Every 6 Months (Standard)	
	Root Canal	\$120-270	80%	80%
	Scaling & Root Planing (per quadrant)	\$0	80%	80%
	Simple Extractions	\$0	80%	80%
Major Care	Anesthesia*	Restrictions Apply	50%	50%
	Bridges and Dentures	\$381-575	50%	50%
	Dental Implants	Not Covered	50%	50%
	Inlays, Onlays, Veneers**	\$250-370	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$0-160	50%	50%
	Single Crowns	\$375	50%	50%
	Surgical Extractions	\$30-200	50%	50%
Orthodontia	Orthodontia Limits: \$1,500-2,800 Adults & Child(ren)	Not Covered		
Cosmetic Care	Bleaching \$165	Not Covered	Not Covered	

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. (^Additional cleanings are available for an additional co-pay).

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 and dental network, 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: 00527597

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.