

**Guardian's Family Advantage Dental PPO Plan**

With Guardian's PPO option, you can see any dentist you want but save more when you visit a dentist that participates in Guardian's DentalGuard Preferred network. As one of the largest nationwide networks on and off the health insurance marketplace, chances are your dentist is already a participant. Charges for services provided by participating dentists are based on negotiated, discounted fee schedules, and are reimbursed directly from Guardian. If you choose to see a dentist outside of the network, you'll be reimbursed by the maximum allowable charge, which is the amount that would be paid to dentists who have agreed to be reimbursed according to a negotiated fee schedule. You would be responsible for any amounts over the maximum allowable charge as well as any co-insurance.

Guardian Family Advantage PPO Benefits		
	In-Network	Out-of-Network
<b>Deductibles</b> What you pay out-of-pocket before the plan pays benefits	<b>You Pay</b>	
Individual (Applies to members 19 and over)	\$50	\$50
Individual (Applies to members under 19)	\$65	\$65
Waived for Preventive Care	Yes	Yes
<b>Out of Pocket Maximum – Applies to members under 19 only</b> Once this amount is reached, Guardian will pay 100% of your child's dental charges for the rest of the year		
Individual (One Child)	\$350	n/a
Family (2+ Children)	\$700	n/a
<b>Plan Maximum</b> The maximum amount that you can be reimbursed for services received		
Annual Maximum Applies to members 19 and over*	\$1,500	\$1,500
<b>Co-Insurance</b> The amount Guardian pays toward the cost of a covered charge	<b>Guardian Pays</b>	
<b>Preventive Services</b> <i>Most routine dental services, including: oral exams, cleanings, x-rays</i>	100%	80%
<b>Basic Services</b> <i>Moderately complex dental services, including fillings, and simple extractions</i>	80%	60%
<b>Major Services</b> <i>More complex dental services including: crowns, complex extractions, oral surgery, periodontal and endodontic services</i>	50%	40%
<b>Medically Necessary Orthodontia</b> <i>Applies to members under age 19 only</i>	50%	0%
<b>Waiting Periods</b> The initial time period following enrollment for which no benefits would be paid		
<b>Major Services</b> <i>Applies to member 19 and older</i>	6 months	6 months
<b>Medically Necessary Orthodontia</b>	None	n/a
<b>Maximum Rollover – Applies to members 19 and over</b> This allows you to rollover a part of your annual maximum for future use		
<b>Threshold:</b> Maximum dollar amount of claims that can be paid for you to be eligible	\$700	
<b>Rollover Amount:</b> Amount you can rollover this year	\$350	
<b>In-Network only Rollover:</b> Rollover more if you see a network dentist	\$500	
<b>Account Limit</b>	\$1,250	

\*Annual maximums may apply to children under 19 for services that are not included in the pediatric essential health benefit



## Get the “Maximum” from your PPO dental benefits

### A solution to reducing costs and allowing employees to get more out of their dental funds

Guardian will roll over a portion of your unused annual dental maximum into a personal Maximum Rollover Account, which can be used in future years if you reach your plan’s annual maximum. As an added advantage, more money is rolled over if in-network dentists are used exclusively during the benefit year.

### How Maximum Rollover Works

Depending on the plan’s annual maximum, if claims dollars for the year don’t exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1,500	\$700	\$350	\$500	\$1,250
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	Maximum Rollover Account cannot exceed \$1,250

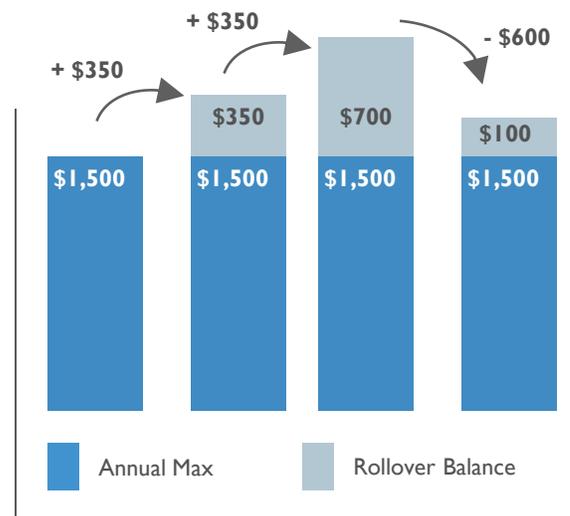
### Here’s how the benefits work (Sample Plan)

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

**YEAR FOUR:** Jane’s Plan Annual Maximum is \$1,600 (\$1,500 Plan Annual Maximum + \$100 remaining Maximum Rollover Amount accumulated).



## Limitations and Exclusions for Guardian PPO Plans

Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Depending on plan type, deductibles, waiting periods, per service frequency limitations, and payment limits may apply.

The list of dental services illustrated and limitations and exclusions listed below are not exhaustive. Please refer to a certificate of coverage for full plan description and the list of covered dental services.

This plan does not pay for:

- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition.
- Cosmetic or experimental treatments, unless specifically listed in your benefit details, are not covered.
- Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device.
- Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers' Compensation or similar laws.
- Replacing an appliance or prosthetic device with a like appliance or device, unless: a) it is damaged while in the covered person's mouth in an injury suffered while insured, and can't be fixed; or b) can't be made usable and meets the replacement age criteria selected by the employer.
- Treatment of congenital or developmental malformations, or the replacement of congenitally missing teeth.
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations.
- Any procedure performed in conjunction with, as part of, or related to a non-covered procedure.

*Guardian Dental is underwritten by The Guardian Life Insurance Company of America, New York, NY.*

*Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage. Dental policy form #GP-I-DG2000 et al.*

