

Dental Plans

Option 1 or 2: With your **High Plan or Low Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

COMPARE THE PLANS	Option 1: High Plan		Option 2: Low Plan	
Network	DentalGuard Preferred		DentalGuard Preferred	
Your Monthly premium You and 1 dependent (Spouse or Child) You, spouse and child(ren)	See Employee Handbook		See Employee Handbook	
Calendar year deductible	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>
Individual	\$100	\$100	\$50	\$50
Family limit	3 per family		2 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>
Preventive Care (e.g. cleanings)	100%	100%	100%	100%
Basic Care (e.g. fillings)	80%	80%	50%	50%
Major Care (e.g. crowns, dentures)	50%	50%	0%	0%
Orthodontia	50%	50%	Not Covered	
Annual Maximum Benefit	\$1000	\$1000	\$1000	\$1000
Maximum Rollover	Yes		No	
Rollover Threshold	\$500			
Rollover Amount	\$250			
Rollover In-network Amount	\$350			
Rollover Account Limit	\$1000			
Lifetime Orthodontia Maximum	\$1000		Not Applicable	
Dependent Age Limits (Non-Student/Student)	20/26		20/26	

YOUR GUARDIAN PLAN OFFERS:

No charge for preventive care (subject to plan limits)

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

National PPO network of more than 70,000 dentist locations

Reliable claims payment four days on average

Find out if your dentist is in Guardian's network at www.guardianlife.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: High Plan <i>Plan pays (on average)</i>		Option 2: Low Plan <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	80%	80%	50%	50%
	Fillings‡	80%	80%	50%	50%
	Perio Surgery	80%	80%	50%	50%
	Periodontal Maintenance	80%	80%	50%	50%
	Frequency:	Once Every 6 Months (Enhanced)		Once Every 6 Months (Enhanced)	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	50%	50%
	Root Canal	80%	80%	50%	50%
	Scaling & Root Planing (per quadrant)	80%	80%	50%	50%
	Simple Extractions	80%	80%	50%	50%
	Surgical Extractions	80%	80%	50%	50%
Major Care	Bridges and Dentures	50%	50%	0%	0%
	Inlays, Onlays, Veneers**	50%	50%	0%	0%
	Single Crowns	50%	50%	0%	0%
Orthodontia	Orthodontia	50%	50%	Not Covered	
	Limits:	Child(ren)			

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **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 material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; 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. ‡Fillings – restrictions may apply to composite fillings.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred 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.

- **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

Maximum Rollover[®]

Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each 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.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$350	\$1000

** 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.

NOTES:

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 2009, the claim activity in 2010 will be used and applied to MRAs for use in 2011.

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.

Good News! Your Dental Plan Is Even Better Than You Think

Savings on in-Network providers average 30% of what dentists usually charge!

In-network: Benefits are based on a negotiated contracted fee schedule. No balance billing!

Out-of-network: Benefits are based on usual, reasonable, and customary rates for a given area.

NAP & PPO Plan Example:

Network vs. Non-Network Savings*			
Difference in your out-of-pocket expense: \$61			
Benefits for a Root Canal (on a molar)			
Network Care		Non-Network Care	
Typical network dentist fee:	\$665	Average non-network dentist fee:	\$968
Plan Pays:	\$532**	Plan Pays:	\$774**
You Pay:	\$133	You Pay:	\$194
*Savings may be greater or less depending on your dentist's location			
**Assumes service is covered at an 80% co-insurance level			

More Reasons to Use Network Care

- One of the industry's largest Preferred Provider networks – highly skilled dental professionals at over 128,000 locations.
- Network dentists are easy to locate. Simply use the On-Line DentalGuard Provider Directory at www.GuardianLife.com or call the number on the back of your ID card. If your provider does not participate, Guardian's convenient dentist referral program can help add them to the network!
- No claim forms to complete. Just present your new DentalGuard Preferred Network ID card to the provider.

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-1-DG2000 et al.

Finding a Provider

How to Look Up DentalGuard Preferred Providers Online

Guardian's innovative web technology lets you look up a provider right from your computer. Our Find a Provider Search function is simple and easy-to-use. Just follow these steps:

Visit Guardian's web page at www.GuardianAnytime.com:

- Click on "Find A Provider" at the top of the page
- Click on the box that says "Find a Dentist"

On the next web page, follow these easy steps to search:

- Under "Select Your Dental Plan" **Choose PPO**
- Under "Search by" select "Search by Location", "Location & Dentist's Name", or "Location & Office Practice Name".
- Under "Your Location", enter Zip Code or Street Address information
- Under "Distance" select your mile radius, then "Select your Dental Network" **Choose – DentalGuard Preferred**
Note: You also have the option to include foreign language spoken and office status in your search.
- Click "Continue" to view the list of network providers

You can also find a dentist on the go from your smart phone – simply download our app at www.GuardianAnytime.com/mobile.