



A Physician Owned Nonprofit Health Plan



GUARDIAN® Dental Benefit Plan Highlights

Guardian Dental Plan: Nap Plan

Key Plan Features

Out-of-Network: <ul style="list-style-type: none"> Benefits are based on usual, customary and reasonable (UCR) charges that dentists in your area charge for each procedure. 	Co-insurance: <ul style="list-style-type: none"> Preventive services are covered 100% 	Save Money by using Network Providers: <ul style="list-style-type: none"> Provides the freedom to choose between in-network and out-of-network providers. Coverage out-of-network is not limited to the discounted fees our in-network dentists charge. Save an average of 30% over what dentists usually charge by using network providers
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Plan Details	In-network	Out-of-network	Plan Services	In-network	Out-of-network	
Calendar year deductible			Preventive Care	Cleaning (prophylaxis) 100% Once Every 6 Months 100% 100% No Age Limits	100% 100%	
Individual	\$50	\$50				
Family Unit	3 per family		Frequency:			
Waived for	Preventive	Preventive	Fluoride Treatments			
Charges covered for you (co-insurance)			Limits:			
Preventive Care (e.g. cleanings)	<i>In-network</i>	<i>Out-of-network</i>	Oral Exams	100%	100%	
Basic Care (e.g. fillings)	100%	100%	Sealants (per tooth)	100%	100%	
Major Care (e.g. crowns, dentures)	80%	80%	X-rays	100%	100%	
Orthodontia	50%	50%	Basic Care			
Annual Maximum Benefit	\$1500	\$1500	Anesthesia	80%	80%	
Maximum Rollover	Yes		Fillings (one surface)	80%	80%	
Rollover Threshold	\$700		Perio Surgery	80%	80%	
Rollover Amount	\$350		Periodontal Maintenance	80%	80%	
Rollover In-network	N/A		Frequency:	Once Every 6 Months (Standard)		
Rollover Account Limit	\$1250		Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	
Lifetime Orthodontia Maximum	\$1000		Root Canal	80%	80%	
Network	DentalGuard Preferred		Scaling & Root Planing (per quadrant)	80%	80%	
<p>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; full-time student age does not apply to the initial placement of the appliance. 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.</p>			Simple Extractions	80%	80%	
			Surgical Extractions	80%	80%	
			Major Care	Bridges and Dentures	50%	50%
			Dental Implants	50%	50%	
			Inlays, Onlays, Veneers**	50%	50%	
			Single Crowns	50%	50%	
Orthodontia	Orthodontia	50%	50%			
			Limits:	Child(ren)		

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, any treatments to the extent benefits are payable by any other pay 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. n **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

Additional Feature of Your Guardian Plan:

- Family coverage** for spouse and children to age 26 (26 if full-time student).
- No charge for preventive care** (subject to plan limits)
- Coverage of VizLite Plus** - early cancer detection screening exams.
- National PPO network** of more than 70,000 dentist locations.
- Provider On-Line Search** via Guardian's website at www.guardianlife.com