

Effective: January 01, 2017

Group Number: 00983823

Dental Benefit Summary

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>.

Your Guardian PPO plan offers two levels of coverage: Enhanced and Standard. The coverage you receive is based on your choice of dentist, which means you have control over out-of-pocket costs. You can see any dentist you want and have access to quality dental care and savings through all of our DentalGuard Preferred network providers, but save the most when the dentist's network tier is listed under **Enhanced Coverage**. See below for details on what DentalGuard Preferred network tier(s) are listed under each coverage level. Network tiers under **Enhanced Coverage** will be listed first when you search for a dentist on www.GuardianAnytime.com.

Your Dental Plan

NAP Dental Plan

	Enhanced Coverage	Standard Coverage
Your Network is DentalGuard Preferred	Alliance Select, Elite, Connect	Plus, Non-Contracted
Calendar year deductible	<i>Enhanced</i>	<i>Standard</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all tiers)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Enhanced</i>	<i>Standard</i>
Preventive Care	80%	80%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia		Not Covered
Annual Maximum Benefit	\$1 000 (applies to all tiers)	
Maximum Rollover	Yes (applies to all tiers)	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	Not Applicable (applies to all tiers)	
Dependent Age Limits	26 (applies to all tiers)	

A Sample of Services Covered by Your Plan:

		NAP Dental Plan	
		<i>Plan pays (on average)</i>	
Preventive Care	Cleaning (prophylaxis)	80%	80%
	Frequency:	Once Every 6 Months (applies to all tiers)	
	Fluoride Treatments	80%	80%
	Limits:	Under Age 19 (applies to all tiers)	
	Oral Exams	80%	80%
	Sealants (per tooth)	80%	80%
	X-rays	80%	80%
		X-rays other than bitewings in Basic 80%	
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Simple Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months (applies to all tiers)	
		(Standard)	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Single Crowns	50%	50%
Surgical Extractions	50%	50%	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.GuardianAnytime.com to confirm your Dentist's tiered participation.

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 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, which can be found on the first page of your dental benefit summary.

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-DG6 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-DG6