

GUARDIAN® DENTAL COVERAGE FOR INDIVIDUALS AND FAMILIES -- MICHIGAN

Guardian Advantage PPO Gold

With This Plan:

- You have access to over 114,000 dentists.
- Get most services, including: oral exams cleanings and x-rays covered at 100%.
- You can see any dentist you want, but save up to 35% when you visit a dentist that participates in Guardian's network.
- Can choose to see a dentist outside of the network, where you'll be reimbursed based on the lower of your dentist's fees, or 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 the deductible and any amounts over the maximum allowable charge as well as any co-insurance.

| Benefits Summary (see your policy for details) | | |
|---|--|--|
| | In-Network Fee Schedule | Out-of-Network Fee Schedule |
| Deductibles What you pay out-of-pocket before the plan pays benefits | You Pay | |
| Individual | \$50 | \$50 |
| Waived for Preventive Care | Yes | No |
| Plan Maximum The maximum amount that you can be reimbursed for services received | | |
| Graded Benefit Maximum <i>Benefit Year Maximum increases every 12 months for 3 years, one preventive visit required per year per member</i> | 1st Year Max: \$1000 2nd Year Max: \$1250 3rd Year Max: \$1500 | 1st Year Max: \$1000 2nd Year Max: \$1250 3rd Year Max: \$1500 |
| Lifetime Maximum for Orthodontia <i>Applies to members under age 19 only</i> | \$1000 | \$1000 |
| Benefit Year Maximum for Orthodontia <i>Applies to members under age 19 only</i> | \$500 | \$500 |
| Lifetime Maximum for Implants <i>See Limitations & Exclusions</i> | \$1000 | \$1000 |
| Co-Insurance The amount Guardian pays toward the cost of a covered charge | Guardian Pays | |
| Preventive Services <i>Most routine dental services, including: oral exams, cleanings, x-rays</i> | 100% No Waiting Period* | 100% No Waiting Period* |
| Basic Services <i>Moderately complex dental services, including: fillings and simple extractions</i> | 70% After a 6-month waiting period* | 70% After a 6-month waiting period* |
| Major Services <i>More complex dental services including: crowns, implants, complex extractions, oral surgery, periodontal, and endodontic services</i> | 50% After a 12-month waiting period* | 50% After a 12-month waiting period* |
| Orthodontia <i>Applies to members under age 19 only</i> | 50% After a 12-month waiting period* | 50% After a 12-month waiting period* |
| *The waiting period is the initial time period following enrollment for which no benefits would be paid. | | |



Find a dentist at
<https://mydental.guardianlife.com>

Limitations and Exclusions for Guardian PPO Plans

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

Please refer to a schedule for full plan description, the list of covered dental services and plan exclusions and limitations.

This plan does not pay for:

- Any service or treatment method which does not meet professionally recognized standards of dental practice or which is considered to be experimental in nature.
- Educational services, including, but not limited to: (1) oral hygiene instruction; (2) tobacco counseling; or (3) nutritional counseling.
- Any service performed in conjunction with, as part of, or related to a service which is not covered by this Policy.
- Any service furnished solely for cosmetic reasons. This includes, but is not limited to: (1) characterization and personalization of a Dental Prosthesis; (2) bleaching of discolored teeth; and (3) odontoplasty.
- Treatment of congenital or developmental malformations or the replacement of congenitally missing teeth.
- Pulp vitality tests or caries susceptibility tests.
- The localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue.
- Any service performed on a tooth or teeth with a guarded, questionable or poor prognosis.
- Any restoration, service, Appliance or Dental Prosthesis used solely to: (1) alter vertical dimension; (2) restore or maintain occlusion; (3) treat a condition necessitated by attrition or abrasion; or (4) splint or stabilize teeth for periodontal reasons.
- Replacement of a lost, missing or stolen Appliance or Dental Prosthesis or the fabrication of a spare Appliance or Dental Prosthesis.
- Any service, Appliance, Dental Prosthesis, modality or surgical service intended to treat or diagnose disturbances of the temporomandibular joint (TMJ) that are incidental to, or result from, a medical condition unless required due to state law.
- We will not pay to replace an existing Dental Prosthesis with any Dental Prosthesis unless: (1) it is at least 10 years old and is no longer usable; or (2) it is damaged while in the covered person's mouth in an Injury suffered while covered and cannot be made serviceable.
- A Dental Prosthesis will not be covered when replacing a tooth or teeth lost or extracted before being covered under this Policy.

*Guardian Dental is underwritten by The Guardian Life Insurance Company of America, New York, NY.
Policy Form #IP-DEN-16*

Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage.

