GUARDIAN® DENTAL COVERAGE FOR INDIVIDUALS AND FAMILIES – NEW HAMPSHIRE

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%.

*The waiting period is the initial time period following enrollment for which no benefits would be paid.

- You can see any dentist you want but save up to 35% when you visit a dentist that participates in Guardian's network.
- 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 based on Usual and Customary (UCR)
 charges. You would be responsible for the deductible and any amounts over the UCR as well as any co-insurance.

Benefits Summary (see your policy for details)		
	In-Network Fee Schedule	Out-of-Network Usual & Customary
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	Ist Year Max: \$1000	Ist Year Max: \$1000
Benefit Year Maximum increases every 12 months for 3 years, one preventative visit required per year per member	Ist Year Max: \$1000 2nd Year Max: \$1250 3rd Year Max: \$1500	Ist Year Max: \$1000 2nd Year Max: \$1250 3rd Year Max: \$1500
Lifetime Maximum for Orthodontia	\$1000	\$1000
Applies to members under age 19 only		
Benefit Year Maximum for Orthodontia	\$500	\$500
Applies to members under age 19 only		
Lifetime Maximum for Implants	\$1000	\$1000
See Limitations & Exclusions	φισσο	\$1000
Co-Insurance The amount Guardian pays toward the cost of a covered charge	Guardian Pays	
Preventive Services Most routine dental services, including: oral exams, cleanings, x-rays	100% No Waiting Period*	100% No Waiting Period*
Basic Services Moderately complex dental services, including fillings, and simple extractions	70% After a 6-month waiting period*	70% After a 6-month waiting period*
Major Services More complex dental services including: crowns, implants, complex extractions, oral surgery, periodontal, and endodontic services	50% After a 12-month waiting period*	50% After a 12-month waiting period*
Orthodontia Applies to members under age 19 only	50% After a 12-month waiting period*	50% After a 12-month waiting period*



Find a dentist at https:mydental.guardianlife.com

Page I of 2 File #2016-24788 Exp. 06/18

GUARDIAN® DENTAL COVERAGE FOR INDIVIDUALS AND FAMILIES - NEW HAMPSHIRE

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: (I) 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.



Page 2of 2 File #2016-24788 Exp. 06/18