

**GUARDIAN DENTAL COVERAGE  
ON THE HEALTH INSURANCE EXCHANGE FOR FLORIDA**

Find a dentist at  
[www.GuardianAnytime.com](http://www.GuardianAnytime.com)

The Guardian DentalGuard DHMO plans allow you to choose to receive care from any participating licensed dentist in the network, and pay a set co-pay for your office visit.

Under the Affordable Care Act (ACA), insurers must provide coverage for 10 essential health benefits (EHBs). This plan includes the pediatric essential health benefit, which is a comprehensive set of dental services for children under 19, including diagnostic and preventive benefits such as oral examinations, x-rays, topical fluoride, and dental sealants, restorative services such as fillings, as well as coverage for major services such as oral surgery and crowns. These services are covered without annual or lifetime limits as long as you receive care in-network. Also included is coverage for medically necessary orthodontics.

<b>Guardian's Managed DentalGuard - Florida Essentials Family Benefits</b>		
	In-Network	Out-of-Network
	<b>You Pay</b>	
<b>Diagnosis &amp; Preventive Care</b> <i>*Exams, cleaning, x-rays</i>	\$0	Not Covered
<b>Basic Services</b> <i>*Fillings, simple tooth extractions</i>	\$69	Not Covered
<b>Major Services</b> <i>*Crowns, inlays, onlays, and cast restorations</i>	\$346	Not Covered
<b>Standard Orthodontic Coverage</b> (without verification of medical necessity) D8080 <i>*Comprehensive Orthodontic Treatment of the Adolescent</i>	\$2,500	Not Covered
<b>Standard Orthodontic Coverage</b> (without verification of medical necessity) D8090 <i>*Comprehensive Orthodontic Treatment of the Adult</i>	\$2,800	Not Covered
<b>Office Visit</b>	\$5	Not Covered
<b>Out of Pocket Maximum (Individual / Family) – Applies to child essential health benefits only)</b>	\$350/\$700	Not Covered
<b>Annual Maximum</b>	None	None

**Plan designs are not available in the following counties: Bay, Franklin, Holmes, Jackson, Washington**

\*Current Dental Terminology (c) 2013 American Dental Association (ADA). All rights reserved. Note: Procedures listed under Preventive, Basic, Major and Orthodontics are for sample purposes only and do not encompass all covered services. Patient charges listed are average copayment charges derived from the plans benefit copayment schedule. Actual patient charges will vary based on the procedure. Products are not available in all states. Please see your policy contract for details. Limitations and exclusions apply. Plan documents are the final arbiter of coverage.

Underwritten by The Guardian Life Insurance Company of America.



GuardianAnytime.com

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