Guardian's Family Essentials Dental PPO Plan

With Guardian’s PPO option, you can see any dentist you want but save more when you visit a dentist that participates in Guardian’s DentalGuard Preferred network. As one of the largest nationwide networks on and off the health insurance marketplace, chances are your dentist is already a participant. 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 any amounts over the UCR as well as any co-insurance.

### Guardian Family Essentials PPO Benefits

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>What you pay out-of-pocket before the plan pays benefits</td>
<td>You Pay</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Waived for Preventive Care</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Out of Pocket Maximum** — Applies to members under 19 only

Once this amount is reached, Guardian will pay 100% of your child’s dental charges for the rest of the year.

| Individual (One Child) | $350 | n/a |
| Family (2+ Children)  | $700 | n/a |

**Plan Maximum**

The maximum amount that you can be reimbursed for services received.

- Annual Maximum
  - Applies to members 19 and over*  
    - Guardian Pays
      - $750

**Co-Insurance**

The amount Guardian pays toward the cost of a covered charge.

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>100%</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Services</td>
<td>75%</td>
<td>55%</td>
</tr>
<tr>
<td>Major Services</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Medically Necessary Orthodontia</td>
<td>50%</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Waiting Periods**

The initial time period following enrollment for which no benefits would be paid.

<table>
<thead>
<tr>
<th>Major Services</th>
<th>n/a</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Necessary Orthodontia</td>
<td>none</td>
<td>none</td>
</tr>
</tbody>
</table>

**Maximum Rollover** — Applies to members 19 and over

This allows you to rollover a part of your annual maximum for future use.

- **Threshold:** Maximum dollar amount of claims that can be paid for you to be eligible
  - $300

- **Rollover Amount:** Amount you can rollover this year
  - $150
  - $200

- **Account Limit:**
  - $500

*Annual maximums may apply to children under 19 for services that are not included in the pediatric essential health benefit.

Plan designs are not available in the following counties: Nantucket
Get the “Maximum” from your PPO dental benefits

A solution to reducing costs and allowing employees to get more out of their dental funds

Guardian will roll over a portion of your unused annual dental maximum into a personal Maximum Rollover Account, which can be used in future years if you reach your plan’s annual maximum. As an added advantage, more money is rolled over if in-network dentists are used exclusively during the benefit year.

How Maximum Rollover Works

Depending on the plan’s annual maximum, if claims dollars for the year don’t exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

<table>
<thead>
<tr>
<th>Plan Annual Maximum</th>
<th>Threshold</th>
<th>Maximum Rollover Amount</th>
<th>In-Network Only Rollover Amount</th>
<th>Maximum Rollover Account Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>$500</td>
<td>$250</td>
<td>$350</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Maximum Claims Reimbursement

Claims amount that determines rollover eligibility

Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year.

Maximum Rollover Account cannot exceed $1,000

Here’s how the benefits work (Sample Plan)

YEAR ONE: Jane starts with a $1,000 Plan Annual Maximum. She submits $150 in dental claims. Since she did not exceed the $500 Threshold, she receives a $250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of $1,250. This year, she submits $300 in claims and receives an additional $250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of $1,500. This year, she submits $1,400 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

YEAR FOUR: Jane’s Plan Annual Maximum is $1,100 ($1,000 Plan Annual Maximum + $100 remaining Maximum Rollover Amount accumulated).
Limitations and Exclusions for Guardian PPO Plans

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

The list of dental services illustrated and limitations and exclusions listed below are not exhaustive. Please refer to a certificate of coverage for full plan description and the list of covered dental services.

This plan does not pay for:

- Any restoration procedure, appliance or dental prosthesis used solely to: a) alter vertical dimension; b) restore or maintain occlusion, except to the extent that this plan covers orthodontic treatment; c) splint or stabilize teeth for periodontal reasons; or d) treat a condition caused by abrasion or attrition.
- Cosmetic or experimental treatments, unless specifically listed in your benefit details, are not covered.
- Replacing a lost, stolen or missing appliance or prosthetic device; or making a spare appliance or device.
- Treatment needed due to: a) an on-the-job or job-related injury; or b) a condition for which benefits are payable by Workers’ Compensation or similar laws.
- Replacing an appliance or prosthetic device with a like appliance or device, unless: a) it is damaged while in the covered person’s mouth in an injury suffered while insured, and can’t be fixed; or b) can’t be made usable and meets the replacement age criteria selected by the employer.
- Treatment of congenital or developmental malformations, or the replacement of congenitally missing teeth.
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations.
- Any procedure performed in conjunction with, as part of, or related to a non-covered procedure.

Guardian Dental is underwritten by The Guardian Life Insurance Company of America, New York, NY.

Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage. Dental policy form #GP-I-DG2000 et al.