

Individual Dental Insurance products are underwritten by The Guardian Life Insurance Company of America, New York, New York (“Guardian”) or by one of its wholly owned subsidiaries. Dental Insurance Plans (“Plan”, “Plans”) are not available in all states. Policy limitations and exclusions apply. The actual limitations and exclusions that apply to your Dental Insurance Plan are governed by the policy forms approved for use in your state (“Policy”). Please refer to your Policy for a complete list of limitations and exclusions. In the event of a conflict between this document and the language stated in your Guardian dental insurance Policy, the language of the Policy shall control.

Dental Plan exclusions and limitations will vary by the Policy forms approved for use in your state, and may include but is not limited to any or all of the following:

- A dental service that occurs when this coverage isn’t in place.
- Any dental service for which there’s no charge.
- Any dental service that’s needed because of an on-the-job or job-related injury or that’s covered by Worker’s Compensation or similar laws.
- Any dental service that doesn’t meet professionally recognized standards of dental practice or that’s considered to be experimental.
- Any dental service that’s performed in conjunction with or related to a service that isn’t covered by this Policy.
- Any dental service on a tooth with a guarded, questionable, or poor prognosis.
- Any dental service that’s used solely to:
 - alter occlusal vertical dimensions
 - restore or maintain occlusion
 - treat a condition resulting from attrition, abrasion, erosion or abfraction
 - splint or stabilize teeth for periodontal reasons
- Replacing extracted or missing wisdom teeth.
- Localized use of antimicrobial agents into diseased crevicular tissue.
- Any dental service that’s provided solely for cosmetic reasons, such as teeth whitening, characterization or personalization of a dental prosthesis, or odontoplasty, unless this Policy provides specific benefits for these services.
- Replacement of a lost, missing, or stolen appliance or dental prosthesis, or the fabrication of a spare appliance or dental prosthesis.
- Upgrading from one appliance or dental prosthesis to another appliance or dental prosthesis, such as replacing a bridge with a dental implant or replacing a denture with a bridge.
- A temporary or provisional appliance or dental prosthesis, unless it’s an interim partial denture that replaces anterior teeth extracted while this coverage was in place. These are the incisor and cuspid teeth located in the front of the mouth.
- A bridge that replaces the extracted portion of a hemisected tooth.
- The placement of more than one crown or bridge unit per tooth.
- Overdentures and related services, including root canal therapy on teeth supporting the overdenture.
- Detailed and extensive oral evaluations.
- Any service that’s educational or instructional, such as oral hygiene instruction or nutritional counseling.
- Bite registration, bite analysis or occlusion analysis – mounted case.

- Duplication of X-rays.
- Completion of claim forms.
- OSHA or other infection control measures.
- Cephalometric X-rays.
- Cone beam images.
- Oral or facial photographs.
- Prescription medication.
- Medications dispensed in a dental office for home use.
- Application of desensitizing medications and resins.
- Separate charges for local anesthesia.
- Occlusal guards.
- Occlusal adjustments.
- Pulp vitality tests.
- Caries susceptibility tests.
- Specialized techniques.
- Precision attachments.
- Maxillofacial prosthetics to repair facial or skeletal anomalies, maxillofacial surgery, orthognathic surgery, or any oral surgery requiring the setting of a fracture or dislocation that results from or is incidental to a medical condition.
- Treatment of congenital or developmental malformations or the replacement of congenitally missing teeth.
- Any dental service intended to treat or diagnose disorders of the temporomandibular joint (TMJ), unless this Policy specifically provides benefits for these services.
- Any dental service coded by the dentist as unspecified.
- The isolation of a tooth with a rubber dam.
- Gingival irrigation.
- Tooth re-implantation or tooth transplantation
- Dental implants, services associated with implant placement, implant abutments or the maintenance of a dental implant, unless this Policy specifically provides benefits for these services, unless this Policy specifically provides benefits for these services.
- Orthodontic treatment, unless this Policy specifically provides benefits for these services.