

SECTION XVII

**PREFERRED PROVIDER ORGANIZATION DENTAL INSURANCE
SCHEDULE OF BENEFITS**

The Guardian Life Insurance Company of America
A Mutual Company – Incorporated 1860 by the State of New York
10 Hudson Yards, New York, New York 10001

COST-SHARING	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT			
Deductible			
• One (1) Member under Age 19	\$50.00	\$100.00	
• Two (2) or More Members under Age 19	\$100.00	\$200.00	
Out-of-Pocket Limit			
• One (1) Member under Age 19	\$425.00	None	
• Two or More Members under Age 19	\$850.00	None	
Annual and Lifetime Limits	None	None	

PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Dental Care <ul style="list-style-type: none"> <li data-bbox="201 329 491 391">• Emergency Dental Care <li data-bbox="201 431 491 493">• Preventive Dental Care <li data-bbox="201 599 512 628">• Routine Dental Care <li data-bbox="201 769 407 799">• Endodontics <li data-bbox="201 940 407 969">• Periodontics <li data-bbox="201 1110 443 1140">• Prosthodontics <li data-bbox="201 1245 415 1274">• Oral Surgery <li data-bbox="201 1380 415 1409">• Orthodontics 	<ul style="list-style-type: none"> <li data-bbox="569 329 785 391">0% Coinsurance after Deductible <li data-bbox="569 431 785 493">0% Coinsurance after Deductible <li data-bbox="569 599 806 660">50% Coinsurance after Deductible <li data-bbox="569 769 806 831">50% Coinsurance after Deductible <li data-bbox="569 940 806 1002">50% Coinsurance after Deductible <li data-bbox="569 1110 806 1172">50% Coinsurance after Deductible <li data-bbox="569 1245 806 1307">50% Coinsurance after Deductible <li data-bbox="569 1369 856 1461">50% Coinsurance after Deductible – see Limits 	<ul style="list-style-type: none"> <li data-bbox="930 329 1146 391">0% Coinsurance after Deductible <li data-bbox="930 431 1146 493">0% Coinsurance after Deductible <li data-bbox="930 599 1167 660">50% Coinsurance after Deductible <li data-bbox="930 769 1167 831">50% Coinsurance after Deductible <li data-bbox="930 940 1167 1002">50% Coinsurance after Deductible <li data-bbox="930 1110 1167 1172">50% Coinsurance after Deductible <li data-bbox="930 1245 1167 1307">50% Coinsurance after Deductible <li data-bbox="930 1369 1302 1461">50% Coinsurance after Deductible – see Limits 	<p data-bbox="1402 329 1606 456">One Dental Exam & Cleaning Per 6-Month Period</p> <p data-bbox="1402 529 1619 792">Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals</p>

<p>COST-SHARING</p> <p>ADULT DENTAL CARE Other Covered Services</p> <p>Deductible</p> <ul style="list-style-type: none"> • Per Member • Three (3) or more covered Members (When 3 Insureds meet the Deductible, no additional Deductibles will be required to be met for that Benefit Year.) <p>Annual Maximum Per Covered Member</p> <p>Lifetime Maximum Benefit</p>	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$50.00</p> <p>\$150.00</p> <p>\$1,000.00</p> <p>None</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$100.00</p> <p>\$300.00</p> <p>\$1,000.00</p> <p>None</p>	
<p>ADULT DENTAL CARE – Other Covered Services</p> <p>Group I Services</p> <ul style="list-style-type: none"> • Prophylaxis • Office Visits, Evaluations And Examination • Radiographs 	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>0% Coinsurance after Deductible</p> <p>0% Coinsurance after Deductible</p> <p>0% Coinsurance after Deductible</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>0% Coinsurance after Deductible</p> <p>0% Coinsurance after Deductible</p> <p>0% Coinsurance after Deductible</p>	<p>Please see the Limitations and Exclusions shown under Section VII of your Certificate of Coverage.</p>

<p>Group II Services</p> <ul style="list-style-type: none"> • Restorative Services • Diagnostic Services • Non-Surgical Extractions • Other Services 	<p>50% Coinsurance after Deductible – see Limits</p> <p>50% Coinsurance after Deductible – see Limits</p> <p>50% Coinsurance after Deductible – see Limits</p> <p>50% Coinsurance after Deductible – see Limits</p>	<p>50% Coinsurance after Deductible – see Limits</p> <p>50% Coinsurance after Deductible – see Limits</p> <p>50% Coinsurance after Deductible – see Limits</p> <p>50% Coinsurance after Deductible – see Limits</p>	<p>Please see the Limitations and Exclusions shown under Section VII of your Certificate of Coverage.</p>
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