

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	\$450.00	None	
• Two (2) or More Members under Age 19	\$900.00	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"> Emergency Dental Preventive Dental Care Routine Dental Care Endodontics Periodontics Prosthodontics Oral Surgery Orthodontics 	0% Coinsurance after Deductible 0% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible – see limits	0% Coinsurance after Deductible 0% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible 50% Coinsurance after Deductible – see limits	One Dental Exam & Cleaning Per 6- Month Period Full mouth X- rays or panoramic X- rays at 36 month intervals and bitewing X- rays at 6 month intervals