

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 (2) or More Members under Age 19	\$850.00	None	
Annual and Lifetime Limits	None	None	
PEDIATRIC DENTAL	Participating Provider	Non-Participating Provider	Limits

ESSENTIAL HEALTH BENEFIT & CARE	Member Responsibility for Cost-Sharing	Member Responsibility for Cost-Sharing	
Pediatric Dental Care <ul style="list-style-type: none"> <li data-bbox="201 331 491 363">• Emergency Dental <li data-bbox="201 467 491 526">• Preventive Dental Care <li data-bbox="201 604 512 636">• Routine Dental Care <li data-bbox="201 740 407 773">• Endodontics <li data-bbox="201 876 407 909">• Periodontics <li data-bbox="201 1013 449 1045">• Prosthodontics <li data-bbox="201 1149 407 1182">• Oral Surgery <li data-bbox="201 1286 407 1318">• Orthodontics 	<ul style="list-style-type: none"> <li data-bbox="571 331 785 389">0% Coinsurance after Deductible <li data-bbox="571 461 785 519">0% Coinsurance after Deductible <li data-bbox="571 591 806 649">50% Coinsurance after Deductible <li data-bbox="571 721 806 779">50% Coinsurance after Deductible <li data-bbox="571 850 806 909">50% Coinsurance after Deductible <li data-bbox="571 980 806 1039">50% Coinsurance after Deductible <li data-bbox="571 1110 806 1169">50% Coinsurance after Deductible <li data-bbox="571 1240 856 1299">50% Coinsurance after Deductible – see limits 	<ul style="list-style-type: none"> <li data-bbox="915 331 1129 389">0% Coinsurance after Deductible <li data-bbox="915 461 1129 519">0% Coinsurance after Deductible <li data-bbox="915 591 1150 649">50% Coinsurance after Deductible <li data-bbox="915 721 1150 779">50% Coinsurance after Deductible <li data-bbox="915 850 1150 909">50% Coinsurance after Deductible <li data-bbox="915 980 1150 1039">50% Coinsurance after Deductible <li data-bbox="915 1110 1150 1169">50% Coinsurance after Deductible <li data-bbox="915 1240 1276 1299">50% Coinsurance after Deductible – see limits 	<p data-bbox="1390 331 1591 454">One Dental Exam & Cleaning Per 6-Month Period</p> <p data-bbox="1390 526 1608 792">Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals</p>