

**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**

<b>COST-SHARING</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	
<b>PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</b>			
<b>Deductible</b>			
• One (1) Member under Age 19	\$75.00	\$150.00	
• Two (2) or More Members under Age 19	\$150.00	\$300.00	
<b>Out-of-Pocket Limit</b>			
• One (1) Member under Age 19	\$350.00	None	
• Two or More Members under Age 19	\$700.00	None	
<b>Annual and Lifetime Limits</b>	None	None	

<b>PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT &amp; CARE</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Limits</b>
<b>Pediatric Dental Care</b> <ul style="list-style-type: none"> <li data-bbox="212 329 506 391">• Emergency Dental Care</li> <li data-bbox="212 431 495 493">• Preventive Dental Care</li> <li data-bbox="212 597 527 626">• Routine Dental Care</li> <li data-bbox="212 768 426 797">• Endodontics</li> <li data-bbox="212 938 426 967">• Periodontics</li> <li data-bbox="212 1109 457 1138">• Prosthodontics</li> <li data-bbox="212 1247 432 1276">• Oral Surgery</li> <li data-bbox="212 1385 432 1414">• Orthodontics</li> </ul>	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

<p><b>COST-SHARING</b></p> <p><b>ADULT DENTAL CARE Other Covered Services</b></p> <p><b>Deductible</b></p> <ul style="list-style-type: none"> <li>• Per Member</li> <li>• 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.)</li> </ul> <p><b>Annual Maximum Per Covered Member</b></p> <p><b>Lifetime Maximum Benefit</b></p>	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$75.00</p> <p>\$225.00</p> <p>\$1,000.00</p> <p>None</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$150.00</p> <p>\$450.00</p> <p>\$1,000.00</p> <p>None</p>	
<p><b>ADULT DENTAL CARE – Other Covered Services</b></p> <p><b>Group I Services</b></p> <p><b>Group II Services</b></p>	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>0% Coinsurance after Deductible</p> <p>50% Coinsurance after Deductible – see Limits</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>0% Coinsurance after Deductible</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> <p>There is a 6 month waiting period for Group II Services.</p>