



# Guardian Choice for Families and Individuals

- See any dentist you want but you can save more when you visit a dentist that participates in Guardian’s Preferred network. As one of the largest networks nationwide, chances are your dentist is already participating. Charges for services provided by participating dentists are reimbursed directly from Guardian.
- Get most preventive services, such as oral exams, cleanings and x-rays covered at 100% once the annual deductible has been reached.
- **This plan also includes the pediatric dental Essential Health Benefit (EHB) as mandated by the Affordable Care Act (ACA), which is a comprehensive set of dental services for children under age 19.**
- You can choose to see a dentist outside of the network and you’ll be reimbursed based on the lower of your dentist’s fees, or the maximum allowable charge, which is the amount that would be paid to dentists who have agreed to be reimbursed according to a negotiated fee schedule. You would be responsible for any amounts over the maximum allowable charge as well as any co-insurance.

## Summary Of Benefits

	In-Network	Out-of-Network
<b>Deductibles</b> <i>What you pay out-of-pocket before the plan pays benefits</i>	<b>You Pay</b>	
<b>Individual</b>	\$50	\$50
<b>Family</b> <i>(3 or more insured adults)</i>	\$150	\$150
<b>Out of Pocket Maximum</b> <i>Applies to members under 19 only. Once this amount is reached, Guardian will pay 100% of your child’s dental charges for the rest of the year.</i>		
<b>Individual</b> <i>(One Child)</i>	\$350	n/a
<b>Family</b> <i>(2 or more Children)</i>	\$700	n/a
<b>Plan Maximum</b> <i>Applies to members 19 and over. The maximum amount that you can be reimbursed for services received</i>		
<b>Annual Maximum</b>	\$1,000	\$1,000
<b>Co-insurance</b> <i>The amount Guardian pays toward the cost of a covered charge</i>	<b>Guardian Pays</b>	
<b>Preventive Services</b> <i>Most routine dental services, including: oral exams, cleanings, x-rays</i>	100%	100%
<b>Basic Services</b> <i>Simple restorative services (fillings), diagnostic services, oral surgery, endodontic and periodontal services</i>	80% <i>After 6 month waiting period*</i>	80% <i>After 6 month waiting period*</i>
<b>Major Services</b> <i>More complex dental services including: crowns, bridges and dentures</i>	50% <i>After a 12 month waiting period*</i>	50% <i>After a 12 month waiting period*</i>
<b>Medically Necessary Orthodontia</b> <i>Applies to members under age 19 only</i>	50%	50%
*The waiting period is the initial time period following the effective date of coverage for which no benefits would be paid. Applies to members age 19 and older.		

# Limitations and Exclusions for Guardian Choice PPO Plan

**The Limits and Exclusions listed here apply to Covered Persons age 19 and older.**

## Exclusions

Covered Services and Supplies do not include:

1. Treatment which is:
  - a. not included in the list of Covered Services and Supplies;
  - b. not Dentally Necessary; or
  - c. Experimental in nature.
2. Any Charges which are:
  - a. Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, the Plan will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and Supplies.
  - b. Not imposed against the person or for which the person is not liable.
  - c. Reimbursable by Medicare Part A and Part B. If a person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her benefits under this Policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for persons insured under Employers who notify the Plan that they employ 20 or more Employees during the previous business year, this exclusion will not apply to an Actively at Work Employee and/or his or her spouse who is age 65 or older if the Employee elects coverage under this Policy instead of coverage under Medicare.
3. Services or supplies resulting from or in the course of Your regular occupation for pay or profit for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Plan of all such benefits.
4. Services or supplies provided by a Dentist, Dental Hygienist, denturist or doctor who is:
  - a. a Close Relative or a person who ordinarily resides with You or a Dependent;
  - b. an Employee of the Employer;
  - c. the Employer.
5. Services and supplies which may not reasonably be expected to successfully correct the Covered Person's dental condition for a period of at least 3 years, as determined by the Plan.
6. All services for which a claim is received more than 6 months after the date of service.
7. Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The Covered Charge for the Services is based on the single dental procedure code that accurately represents the treatment performed.
8. Services and supplies provided primarily for cosmetic purposes.
9. Services and supplies obtained while outside of the United States, except for Emergency Dental Care.
10. Correction of congenital conditions or replacement of congenitally missing permanent teeth, regardless of the length of time the deciduous tooth is retained.
11. Diagnostic casts.
12. Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
13. Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
14. Restorative procedures, root canals and appliances, which are provided because of attrition, abrasion, erosion, abfraction, wear, or for cosmetic purposes in the absence of decay.
15. Veneers
16. Appliances, inlays, cast restorations, crowns and bridges, or other laboratory prepared restorations used primarily for the purpose of splinting (temporary tooth stabilization).
17. Replacement of a lost or stolen Appliance or Prosthesis.
18. Replacement of stayplates.
19. Extraction of pathology-free teeth, including supernumerary teeth (unless for medically necessary orthodontia)
20. Socket preservation bone graphs
21. Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
22. Treatment for a jaw fracture.
23. Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the Policy.
24. Orthodontic services, supplies, appliances and Orthodontic-related services, unless an Orthodontic rider was included in the Policy.
25. Oral sedation and nitrous oxide analgesia are not covered.
26. Therapeutic drug injection.
27. Completion of claim forms.
28. Missed dental appointments.
29. Replacement of missing teeth prior to coverage effective date.

# Limitations and Exclusions for Guardian Choice PPO Plans

## The Exclusions listed here apply to Covered Persons under the age of 19.

The exclusions in this section apply to all benefits. Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.

We do not cover the following:

- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group;
- Services and treatment performed prior to your effective date of coverage;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice.
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/ mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Those submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist;
- Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law;
- Those for which the member would have no obligation to pay in the absence of this or any similar coverage;
- Those which are for specialized procedures and techniques;
- Those performed by a dentist who is compensated by a facility for similar covered services performed for members;
- Duplicate, provisional and temporary devices, appliances, and services;
- Plaque control programs, oral hygiene instruction, and dietary instructions;
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth;
- Gold foil restorations;
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan;
- Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization;
- Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient);
- Charges by the provider for completing dental forms;
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it;
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners;
- Cone Beam Imaging and Cone Beam MRI procedures;
- Sealants for teeth other than permanent molars;
- Precision attachments, personalization, precious metal bases and other specialized techniques;

## Limitations and Exclusions for Guardian Choice PPO Plans

- Replacement of dentures that have been lost, stolen or misplaced;
- Orthodontic care for dependent children age 19 and over;
- Repair of damaged orthodontic appliances;
- Replacement of lost or missing appliances;
- Fabrication of athletic mouth guard;
- Internal and external bleaching;
- Nitrous oxide;
- Oral sedation;
- Topical medicament center
- Bone grafts when done in connection with extractions, apicoetomies or non-covered/non eligible implants.
- When two or more services are submitted and the services are considered part of the same service to one another the Plan will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by Guardian.
- When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), the Plan will pay for the service that represents the final treatment as determined by Guardian.
- All out of network services listed in this Schedule of Benefits are subject to the maximum allowable fee charges as defined by Guardian. The member is responsible for all remaining charges that exceed the allowable maximum.
- Any service not listed in the benefits section.
- Replacement of missing teeth prior to coverage effective date.