Guardian® PPO for Families and Individuals

- See any dentist you want but you can save more when you visit a dentist that participates in Guardian's DentalGuard 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 - This document is provided for summary purposes only and is not a complete description of plan benefits, limitations, and exclusions. Read your plan documents for details on plan benefits, limitations, and exclusions.

	In-Network	Out-of-Network
Deductibles *What you pay out-of-pocket before the plan pays benefits*	**You Pay**	
Individual	$50	$100
Family *(3 or more insured adults)*	$150	$300
Out of Pocket Maximum *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.*		
Individual *(One Child)*	$400	n/a
Family *(2 or more Children)*	$800	n/a
Plan Maximum *Applies to members 19 and over. The maximum amount that you can be reimbursed for services received.*		
Annual Maximum	$1,000	$1,000
Co-insurance *The amount Guardian pays toward the cost of a covered charge.*	**Guardian Pays**	
Preventive Services *Most routine dental services, including: oral exams, cleanings, x-rays*	100%	100%
Basic Services *Simple restorative services (fillings) and diagnostic services.*	50% *After 6 month waiting period**	50% *After 6 month waiting period**
Major Services *More complex dental services including: crowns, complex extractions, oral surgery, periodontal and endodontic services.*	50% *After 12 month waiting period**	50% *After 12 month waiting period**
Medically Necessary Orthodontia *Applies to members under age 19 only*	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 PPO Family Plan

The Limitations listed here apply only to those services listed below under this Section; they do not apply to Pediatric Dental Care.

Teeth Lost, Extracted or Missing Before A Covered Person Becomes Covered By This Plan: A Member may have one or more congenitally missing teeth or may have had one or more teeth lost or extracted before he or she became Covered by this Policy. For the first 12 months You are covered by this Policy, We do not Cover charges for a Dental Prosthesis which replaces such teeth unless the Dental Prosthesis also replaces one or more eligible natural teeth lost or extracted after he or she became Covered by this Policy.

The following applies to ALL Members:
No coverage is available under this Policy for the following:

A. Cosmetic Services.
We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect, except for pediatric orthodontics as described in the **Pediatric and Adult Dental Care** sections of this Policy. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.

B. Experimental or Investigational Treatment.
We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.

C. Felony Participation.
We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.

D. Government Facility.
We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law

E. Medical Services.
We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.

F. Medically Necessary.
In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.

G. Medicare or Other Governmental Program.
We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

H. Military Service.
We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

I. No-Fault Automobile Insurance.
We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

J. Services Not Listed.
We do not Cover services that are not listed in this Policy as being Covered.

K. Services Separately Billed by Hospital Employees.
We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

L. Services with No Charge.
We do not Cover services for which no charge is normally made.

M. Workers' Compensation.
We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

The Guardian Life Insurance Company of America
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Guardian Dental is underwritten by The Guardian Life Insurance Company of America, New York, NY. Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage. Individual Policy Form IP-DENF-EXCH-24-NY. This plan may not be available in all Counties. Please visit the See Plans and Prices section at https://nystateofhealth.ny.gov to confirm availability in your area.
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