

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	\$75.00	\$150.00	
• Two (2) or More Members under Age 19	\$150.00	\$300.00	
Out-of-Pocket Limit			
• One (1) Member under Age 19	\$350.00	None	
• Two or More Members under Age 19	\$700.00	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"> <li data-bbox="212 329 506 391">• Emergency Dental Care <li data-bbox="212 431 495 493">• Preventive Dental Care <li data-bbox="212 597 527 626">• Routine Dental Care <li data-bbox="212 768 422 797">• Endodontics <li data-bbox="212 938 422 967">• Periodontics <li data-bbox="212 1109 453 1138">• Prosthodontics <li data-bbox="212 1247 432 1276">• Oral Surgery <li data-bbox="212 1385 432 1414">• 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

<p>COST-SHARING</p> <p>ADULT DENTAL CARE Other Covered Services</p> <p>Deductible</p> <ul style="list-style-type: none"> • Per Member • 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.) <p>Annual Maximum Per Covered Member</p> <p>Lifetime Maximum Benefit</p>	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$75.00</p> <p>\$225.00</p> <p>\$1,500.00</p> <p>None</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$150.00</p> <p>\$450.00</p> <p>\$1,500.00</p> <p>None</p>	
<p>ADULT DENTAL CARE – Other Covered Services</p> <p>Group I Services</p> <p>Group II Services</p>	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>0% Coinsurance after Deductible</p> <p>40% Coinsurance after Deductible – see Limits</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>0% Coinsurance after Deductible</p> <p>40% 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>