

SECTION XVII

**PARTICIPATING 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	\$60.00	\$120.00	
• Two (2) or More Members under Age 19	\$120.00	\$240.00	
Out-of-Pocket Limit			
• One (1) Member under Age 19	\$375.00	None	
• Two or More Members under Age 19	\$750.00	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"> • Emergency Dental Care • Preventive Dental Care • Routine Dental Care • Endodontics • Periodontics • Prosthodontics • Oral Surgery • 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>\$60.00</p> <p>\$180.00</p> <p>\$1,000.00</p> <p>None</p>	<p>Non-Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$120.00</p> <p>\$360.00</p> <p>\$1,000.00</p> <p>None</p>	
<p>ADULT DENTAL CARE – Other Covered Services</p> <p>Group I Services</p> <p>Group II Services</p> <p>Group III Services</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>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>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> <p>There is a 12 month waiting period for Group III Services.</p>