

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	\$50.00	\$100.00	
• Two (2) or More Members under Age 19	\$100.00	\$200.00	
Out-of-Pocket Limit			
• One (1) Member under Age 19	\$450.00	None	
• Two or More Members under Age 19	\$900.00	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

COST-SHARING ADULT DENTAL CARE Other Covered Services Deductible <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.) Annual Maximum Per Covered Member Lifetime Maximum Benefit	Participating Provider Member Responsibility for Cost-Sharing \$50.00 \$150.00 \$1,000.00 None	Non-Participating Provider Member Responsibility for Cost-Sharing \$100.00 \$300.00 \$1,000.00 None	
ADULT DENTAL CARE – Other Covered Services Group I Services <ul style="list-style-type: none"> • Prophylaxis • Office Visits, Evaluations And Examination • Radiographs 	Participating Provider Member Responsibility for Cost-Sharing 0% Coinsurance after Deductible 0% Coinsurance after Deductible 0% Coinsurance after Deductible	Non-Participating Provider Member Responsibility for Cost-Sharing 0% Coinsurance after Deductible 0% Coinsurance after Deductible 0% Coinsurance after Deductible	Please see the Limitations and Exclusions shown under Section VII of your Certificate of Coverage.

Group II Services <ul style="list-style-type: none"> • Restorative Services • Diagnostic Services • Non-Surgical Extractions • Other Services 	50% Coinsurance after Deductible – see Limits 50% Coinsurance after Deductible – see Limits 50% Coinsurance after Deductible – see Limits 50% Coinsurance after Deductible – see Limits	50% Coinsurance after Deductible – see Limits 50% Coinsurance after Deductible – see Limits 50% Coinsurance after Deductible – see Limits 50% Coinsurance after Deductible – see Limits	Please see the Limitations and Exclusions shown under Section VII of your Certificate of Coverage.
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