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			
DeductibleOne (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	\$425.00	None	
Two or More Members under Age 19	\$850.00	None	
Annual and Lifetime Limits	None	None	
PEDIATRIC DENTAL	Participating Provider	Non-Participating Provider	Limits

ESSENTIAL HEALTH	Member Responsibility	Member Responsibility for	
BENEFIT & CARE	for Cost-Sharing	Cost-Sharing	
Pediatric Dental Care			
 Emergency Dental 	0% Coinsurance	0% Coinsurance	One Dental
Care	after Deductible	after Deductible	Exam &
	00/ 0	20, 2	Cleaning Per 6-
 Preventive Dental 	0% Coinsurance	0% Coinsurance	Month Period
Care	after Deductible	after Deductible	
			Full mouth X-
			rays or
Routine Dental Care	50% Coinsurance	50% Coinsurance	panoramic X-
Noutille Delital Care	after Deductible	after Deductible	rays at 36
			month intervals
			and bitewing X-
			rays at 6 month
 Endodontics 	50% Coinsurance	50% Coinsurance	intervals
	after Deductible	after Deductible	
	50% Coinsurance	50% Coinsurance	
 Periodontics 	after Deductible	after Deductible	
	alter Deductible	alter Deductible	
 Prosthodontics 	50% Coinsurance	50% Coinsurance	
Frostriodornics	after Deductible	after Deductible	
Oral Surgery	50% Coinsurance	50% Coinsurance	
	after Deductible	after Deductible	
	50% Coinsurance	50% Coinsurance	
 Orthodontics 	after Deductible – see	after Deductible – see Limits	
	Limits	and Deductible – see Limits	
COST-SHARING			

ADULT DENTAL CARE Other Covered Services	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost- Sharing	
Deductible • Per Member	\$50.00	\$100.00	
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.)	\$150.00	\$300.00	
Annual Maximum Per Covered Member	\$1,500.00	\$1,500.00	
Lifetime Maximum Benefit	None	None	

ADULT DENTAL CARE	Double in a time Double in a	Non Double in a bigg Double in	Diagram and the control of the contr
ADULT DENTAL CARE – Other Covered Services	Participating Provider Member Responsibility	Non-Participating Provider Member Responsibility for Cost-	Please see the Limitations and
Other Covered Services	for Cost-Sharing	Sharing	Exclusions
	lor cost-channg	Silainig	shown under
Group I Services			Section VII of
			your Certificate
 Prophylaxis 	0% Coinsurance	0% Coinsurance	of Coverage.
	after Deductible	after Deductible	
	00/ 0 :	00/ 0 :	
Office Visits,	0% Coinsurance after Deductible	0% Coinsurance after Deductible	
Evaluations And Examination	alter Deductible	alter Deductible	
Examination	0% Coinsurance	0% Coinsurance	
 Radiographs 	after Deductible	after Deductible	
Group II Services			
	400/ 0 :	100/ 0	
Restorative Services	40% Coinsurance after Deductible – see	40% Coinsurance	
	Limits	after Deductible – see Limits	
 Diagnostic Services 	40% Coinsurance	40% Coinsurance	
	after Deductible – see	after Deductible – see Limits	
	Limits		
Endodontic			
Services	40% Coinsurance	40% Coinsurance	
Services	after Deductible – see	after Deductible – see Limits	
	Limits		
	40% Coinsurance	40% Coinsurance	
	after Deductible – see	after Deductible – see Limits	
Periodontal	Limits		
Services	40% Coinsurance	40% Coinsurance	
	after Deductible – see	after Deductible – see Limits	
	Limits	400/ 0 :	
 Periodontal Surgery 	40% Coinsurance after Deductible – see	40% Coinsurance after Deductible – see Limits	
	Limits	aiter Deductible – See Limits	
	Lilling		
		1	

Periodontal Surgery	40% Coinsurance	40% Coinsurance	Please see the
Related	after Deductible – see Limits	after Deductible – see Limits	Limitations and Exclusions
Surgical Extractions	40% Coinsurance after Deductible – see Limits	40% Coinsurance after Deductible – see Limits	shown under Section VII of your Certificate of Coverage.
Other Oral Surgical	40% Coinsurance	40% Coinsurance	
Procedures	after Deductible – see Limits	after Deductible – see Limits	
Non-Surgical			
Extractions	40% Coinsurance after Deductible – see	40% Coinsurance after Deductible – see Limits	
Other Services	Limits		