

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	\$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 BENEFIT & CARE	Member Responsibility for Cost-Sharing	Member Responsibility for Cost-Sharing	
Pediatric Dental Care <ul style="list-style-type: none"> <li data-bbox="212 293 506 354">• Emergency Dental Care <li data-bbox="212 396 495 456">• Preventive Dental Care <li data-bbox="212 565 527 592">• Routine Dental Care <li data-bbox="212 735 426 763">• Endodontics <li data-bbox="212 906 426 933">• Periodontics <li data-bbox="212 1076 457 1104">• Prosthodontics <li data-bbox="212 1213 432 1240">• Oral Surgery <li data-bbox="212 1349 432 1377">• 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	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 – Other Covered Services	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost- Sharing	Please see the Limitations and Exclusions shown under Section VII of your Certificate of Coverage.
Group I Services			
• Prophylaxis	0% Coinsurance after Deductible	0% Coinsurance after Deductible	
• Office Visits, Evaluations And Examination	0% Coinsurance after Deductible	0% Coinsurance after Deductible	
• Radiographs	0% Coinsurance after Deductible	0% Coinsurance after Deductible	
Group II Services			
• Restorative Services	40% Coinsurance after Deductible – see Limits	40% Coinsurance after Deductible – see Limits	
• Diagnostic Services	40% Coinsurance after Deductible – see Limits	40% Coinsurance after Deductible – see Limits	
• Endodontic Services	40% Coinsurance after Deductible – see Limits	40% Coinsurance after Deductible – see Limits	
• Periodontal Services	40% Coinsurance after Deductible – see Limits 40% Coinsurance after Deductible – see Limits	40% Coinsurance after Deductible – see Limits	
• Periodontal Surgery	40% Coinsurance after Deductible – see Limits	40% Coinsurance after Deductible – see Limits	

<ul style="list-style-type: none"> • Periodontal Surgery Related 	<p>40% Coinsurance after Deductible – see Limits</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>
<ul style="list-style-type: none"> • Surgical Extractions 	<p>40% Coinsurance after Deductible – see Limits</p>	<p>40% Coinsurance after Deductible – see Limits</p>	
<ul style="list-style-type: none"> • Other Oral Surgical Procedures 	<p>40% Coinsurance after Deductible – see Limits</p>	<p>40% Coinsurance after Deductible – see Limits</p>	
<ul style="list-style-type: none"> • Non-Surgical Extractions 	<p>40% Coinsurance after Deductible – see Limits</p>	<p>40% Coinsurance after Deductible – see Limits</p>	
<ul style="list-style-type: none"> • Other Services 			